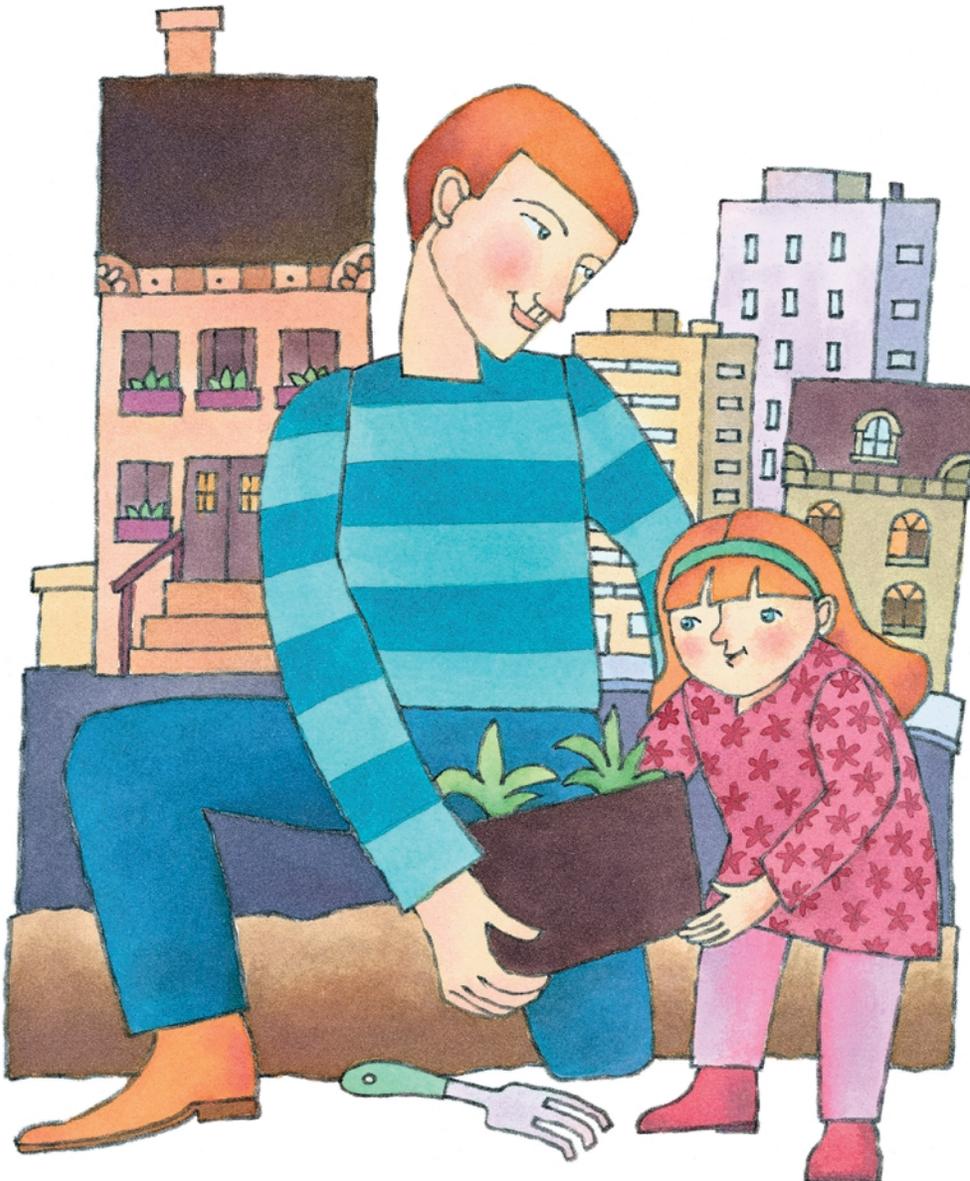




*Love is
the best
gift you
can give
a child.*

WE DID IT OURSELVES

AN EVALUATION
GUIDE BOOK



*Written by:
SRI International*

Supported by:



SIERRA HEALTH FOUNDATION
An Endowment for Northern California

WE DID IT OURSELVES

An Evaluation Guide Book

DEVELOPED FOR:
SIERRA HEALTH FOUNDATION
COMMUNITY PARTNERSHIPS FOR HEALTHY CHILDREN INITIATIVE

WRITTEN BY:
SRI INTERNATIONAL



COMMUNITY PARTNERSHIPS
for HEALTHY CHILDREN

An Initiative of Sierra Health Foundation



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Sierra Health Foundation is a private, independent foundation headquartered in Sacramento, California, that supports health and health-related activities in a 26 county region of northern California.

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Dedication

This Guide Book is dedicated to the men, women, children, and youth who have dedicated themselves, and the work in their communities, to the principles and goals of the Community Partnerships for Healthy Children initiative.

Principles

- Parents and families, supported by community resources, are first and foremost responsible for the healthy development and care of their children.
- When appropriate, emphasis should be given to prevention of and early intervention for preventable conditions.
- The physical and mental health of a child is affected by a wide variety of factors, family quality of life being the most significant. Other factors which can also influence child health include the environment, heredity, medical condition and treatment, culture, and geography.
- Effective solutions to the needs of children and their families require collaboration among decision-makers, providers, advocates and consumers that represent the diverse interests of the community.

Goals

- To improve the health and well-being of children and their families in the Sierra Health Foundation region.
- To assist the communities in the region to identify needs of children and families and pursue new opportunities to address these needs.
- To develop and strengthen the organizations and systems that respond to the needs of young children and families.
- To develop solutions to the needs of children and families by maximizing the use of existing financial resources and services through increased efficiencies, and/or the reallocation of some resources; and where necessary, by developing new resources.
- To achieve a lasting, positive impact on the ability of communities to respond to and organize around children's needs.

Sierra Health Foundation Community Partnerships for Healthy Children

Collaboratives

BUTTE COUNTY

Community Health Alliance of Oroville

CALAVERAS COUNTY

Calaveras Partnerships for Healthy Children

EL DORADO COUNTY

El Dorado County Children and Families Network

MODOC COUNTY

Modoc Collaborative – Families Matter

NEVADA COUNTY

Children’s Collaborative of Tahoe Truckee
Community Network for Children & Families

PLUMAS COUNTY

Plumas Children’s Network

SACRAMENTO COUNTY

Cordova Community Collaborative for Healthy Children and Families
Children First – Flats Network
Hagginwood Community Collaborative
North Highlands Children’s Coalition
Tahoe/Colonial Collaborative

SAN JOAQUIN COUNTY

San Joaquin County Healthy Children’s Collaborative

SHASTA COUNTY

Anderson Partnership for Healthy Children
Grassroots for Kids

STANISLAUS COUNTY

Ceres Partnership for Healthy Children
Modesto Airport Neighbors United
Oak Valley Family Support Network
West Modesto/King-Kennedy Neighborhood Collaborative
Westside Community Alliance



SUTTER COUNTY

United for Healthy Families

TRINITY COUNTY

Trinity – Kids First

TUOLUMNE COUNTY

Tuolumne YES Partnership

YOLO COUNTY

Yolo Collaborative for Healthy Children and Families

YUBA COUNTY

Yuba Community Collaborative for Healthy Children

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Preface

Sierra Health Foundation believes that healthy children are the product of healthy communities – and a healthy community is a place where people have a stake in one another’s lives, and make a commitment to build a future collaboratively.

In December of 1993, we began the Community Partnerships for Healthy Children (CPHC) initiative to promote the health and well-being of children, from birth through age eight, by supporting community-based efforts in many northern California communities. CPHC assists local leadership in mobilizing community members on behalf of children. At its heart is the principle that parents and families, supported by their communities, are first and foremost responsible for the healthy development and care of their children. For this reason, the initiative works to build the capacities of communities and residents to strengthen families to nurture healthy children.

The focus on children was selected because of our interest in prevention and the sense that communities are most likely to mobilize around children’s issues. Under this ten-year, \$20 million initiative, community-based collaboratives are working to identify assets and needs, establish child health priorities, and develop and implement action plans. Through a process that involves the matching of community assets to community needs, the collaboratives set their own goals and determine what is necessary to reach these goals.

There are three phases to the initiative. During Phase I, Community Development, we supported communities in their development of a collaborative that would focus on bettering the health of infants and young children. Phase I was devoted specifically to recruiting members, building a collaborative, assessing community strengths, assets and needs, and selecting one or more issues to address.

Throughout Phase II, Planning, communities were supported in the development of community-based strategic action plans. In Phase III, Implementation, collaboratives are carrying out their

plans. Throughout all three phases, our support provides funds for the “glue” that keeps such mobilization efforts together.

Thirty communities in northern California have participated in CPHC since its inception seven years ago. As these Guide Books are going to print, 25 of these communities are still engaged in this very difficult community building process.

To support the collaboratives throughout all phases of the initiative, we contracted with two organizations that have provided ongoing technical training and support and evaluation. Center for Collaborative Planning has provided technical assistance and training on community development, strategic planning and implementation; SRI International has conducted the overall evaluation of the CPHC initiative and has provided evaluation training to the local collaboratives.

It is the collective experience of the communities, the foundation staff, and consultants that serves as the basis for these Guide Books. Even though we have three years to go in this ten year effort, we feel this information is valuable and worth sharing now. These books are intended to provide practical “how to” assistance on what we have learned so far. In these Guide Books, you will learn about:

- *Building a collaborative;*
- *Planning collaboratively;*
- *Evaluating community efforts; and*
- *Effectively communicating your message.*

All of us involved with CPHC hope that you find these Guide Books useful and inspiring. Our journey has been a remarkable and rewarding one, and we know it can be for others.

SIERRA HEALTH FOUNDATION IS A PRIVATE, INDEPENDENT FOUNDATION HEADQUARTERED IN SACRAMENTO, CALIFORNIA, THAT SUPPORTS HEALTH AND HEALTH-RELATED ACTIVITIES IN A 26 COUNTY REGION OF NORTHERN CALIFORNIA.

Acknowledgements

SRI International wishes to thank Sierra Health Foundation for its support for the development of this Guide Book and its commitment to evaluation and capacity building throughout the course of the Community Partnerships for Healthy Children (CPHC) Initiative. We are especially indebted to Len McCandliss, President and CEO, and Dorothy Meehan, Vice President. The technical assistance which resulted in the development of this Guide Book was funded in part by the California Wellness Foundation.

We are grateful to have worked with many talented and committed members of CPHC collaboratives. These special individuals inspired us and many of the stories in the Guide Book. Their questions and feedback also helped shape how the material is presented in this Guide.

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About this Guide Book

We Did It Ourselves: An Evaluation Guide Book originally was written to supplement trainings on evaluation conducted for collaborative members by SRI International. The Guide Book was intended to be a reference when, after going home to their own communities, collaborative members had to work together to design and conduct an evaluation of their individual collaboratives, a requirement of the CPHC grant.

The Evaluation Guide Book provides step-by-step instructions on how to design and carry out an evaluation. It is written for the person who has never done an evaluation before. It could also be used as a reference by people interested in certain phases of the evaluation process, such as writing outcome and indicator statements or designing a community survey. There are three parts: Getting Started: What Do You Hope to Achieve?, Methods: How to Get the Information You Need, and Analysis: What to Do with All These Data? Each part contains stop-by-step instructions, worksheets, and exercises designed to help you apply what you have learned to the work of your collaborative or organization. A glossary at the end of the Guide Book defines key terms. (Words appearing in bold and italics throughout the text are defined in the glossary.) Real-life stories illustrate how actual collaborative members used the tools presented in this book and what they learned along the way.

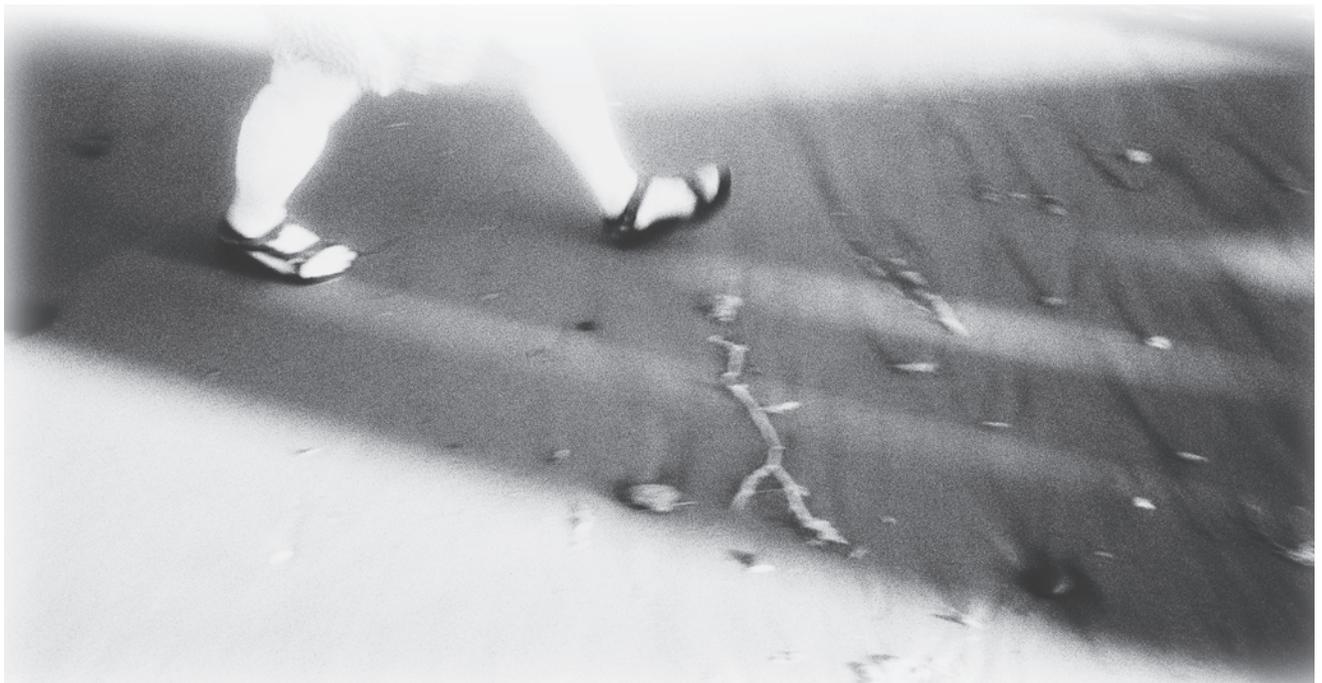
Although the Evaluation Guide Book is written specifically for community organizations undertaking a collaborative process to improve children's well-being, the steps outlined in this Guide could be applied to evaluate different issues addressed by other kinds of organizations, as well.

Does this Guide Book Stand Alone?

References are made in this Guide Book to companion guides in this set. These include:

- *If We Speak They Will Listen: The Importance of Communication Activities in Collaborative Building and Planning.* This Guide Book gives community members an introduction to the breadth and depth of ways to communicate to members of the collaborative, the community, the public, and the media. The communication Guide Book describes basic communication tools and methods such as brochures, flyers, posters, counter-top displays, newsletters, phone trees, the Internet, public speaking engagements, town hall meetings, and word of mouth.
- *We Did It Ourselves: A Guide Book to Improve the Well-Being of Children Through Community Development.* This Guide Book walks the reader through an asset-based approach to community engagement, planning and action for the health and well-being of children families and communities. The suggestions and activities contained in this Guide Book are the result of over 7 years of community building work to improve child health outcomes in 25 northern California communities.

In addition, many helpful resources are available about evaluation and outcome measurement. Some of these are referenced in Appendix A: Evaluation Resources at the end of this Guide Book. What this volume adds is an approach that was used in real communities by real, first-time evaluators in one particular initiative.



PART I.
GETTING STARTED:
WHAT DO YOU HOPE TO ACHIEVE?

Chapter 1.

Evaluation: Planning to Learn

On October 16, the Children's Collaborative sponsored a Health Fair.

with

On October 16, the Mytown Children's Collaborative sponsored a Health Fair. Twenty local agencies participated in the Health Fair, including the Mytown Hospital, the Public Health Department, Sam's drug store, the Mytown school district, and Friendly's Market. The Health Fair was attended by 285 people. Ninety percent of those attending live in Mytown, and 60% were parents of children age 8 years or younger. Forty-six children were immunized at the Health Fair, 150 people were screened for high blood pressure, and 200 nutrition packets were given away. Those who attended were highly satisfied with what the Fair had to offer, and most said they hoped that Mytown would do it again next year.

In order to know whether your collaborative is making a positive impact on your community, you will need to evaluate your collaborative's efforts. Evaluation is a tool for learning: it teaches you when you are successful, why you're successful, and what went wrong when you're not.

This chapter introduces some fundamental concepts related to evaluation. Many of these topics will be discussed in greater detail in later chapters.

What is an evaluation?

An *evaluation* is the systematic collection, analysis, and reporting of information for decision-making.

There are several important parts to this definition. "Systematic" is one. Systematic means the information for the evaluation is collected in an orderly way according to a set of procedures.

Another important phrase is "for decision-making." The point of doing an evaluation is to learn, and then to do something based on what you learned.

Why do an evaluation?

There are lots of reasons to do an evaluation. The first and most important reason to do an evaluation is to learn about something that is being carried out to see how it can be improved. A major theme of this series is to encourage your community to become a "learning community." A *learning community* is one where people try to improve community activities based on information and reflection. On the basis of evaluation data, learning communities can decide to stay with what they are doing, to alter it slightly or significantly, or to abandon it altogether. It is highly likely that not all of your activities will be perfect successes the first time through. If your collaborative does a good evaluation in its first year, you'll be able to improve on that year for the next. And when you look at what you've learned from your evaluation in the second year, you should be able to make the third year even better.

A second reason to do an evaluation is that it will provide data about your activities so that you can celebrate your successes within your collaborative and your community. You will also be able to communicate concrete information in materials you produce for your community, a funder, or the media. For example, contrast:

Evaluation data will allow your collaborative to communicate specific information about what it has accomplished to its members and the community at large.

The third reason to do an evaluation is that an organization such as an outside funding source is requiring it. Communities are often required to evaluate their efforts as a condition of receiving funding.

A fourth reason is to have evaluation data available for the future when the community might choose to apply to an outside funding source for additional support. Evaluation data in grant proposals communicate to potential funders that the community (1) has experience implementing an approach, (2) has examined the approach and shown it to be sound, and (3) values evaluation and is capable of conducting one. In short, evaluation data can show a potential funder that the applicant community is both capable of carrying out a proposal and committed to learning from what it is doing.

Finally, remember that your community is involved in an exciting experiment—collaboration is an innovative approach to improve the health and well-being of children. Foundations, universities, and government agencies all over the country are trying to figure out solutions to the same issues you are facing in your community. There are lots of organizations that want to learn and will learn from what you are doing in your community. Your evaluation data can make an important contribution to what is known nationally about community-based solutions to improving the lives of young children.

Who are the audiences for your evaluation?

Your evaluation might have several audiences:

1. Your collaborative
2. Your community
3. A funding organization
4. Other potential sources of funding
5. Those interested in improving the health of young children

But isn't evaluation about judging something to be good or bad?

Evaluation is about answering questions. One of those questions can be whether a *strategy* or activity worked. However, there are also many more questions that an evaluation can answer that extend far beyond whether an approach works. Evaluations can provide information about what was done, how it was done, whether those participating liked it or got anything out of it, and how much it cost to do something one way versus another way.

We already know what works. Why do we need an evaluation?

Enthusiasm and confidence in what your community is about to undertake are a very important part of the momentum to keep your work going. Confidence, however, shouldn't overshadow being open to improvement. No matter how well thought out your plan is, there is probably some way that it can be made better that you will see as you implement it. Being a learning community means being open to the possibility that what the community is doing can be done better—and your evaluation will provide the information to identify where and how it can be made better.

How big should our evaluation design be?

Your collaborative will have to make a number of choices during the planning process that will affect how large your evaluation will be. One factor in determining the size of your evaluation will be the number of evaluation questions you hope to answer. (Evaluation questions are discussed in Chapter 5.) The number of evaluation questions you write will depend largely on how many strategies your collaborative chooses to implement and how many *child and family outcomes* your collaborative decides to address. (Child and family outcomes are discussed in detail in Chapter 2.) When designing your strategies, be aware of the human and fiscal resources that you

have available to implement them. Also, remember that you will need to devote some of your effort to evaluate what you carry out. The more strategies you undertake, the more you will have to evaluate.

Based on these and other factors, your evaluation can be minimal or it can be very extensive. The more comprehensive the evaluation, the more you will learn. However, if the scope of your evaluation significantly exceeds the resources your collaborative has to carry it out, you won't learn very much at all—except that you can't do it. Your collaborative needs to design an evaluation that (1) will answer the questions that are most important to the collaborative and (2) is doable given the human and fiscal resources available.

We offer this as a rough guide. A general rule is that about 10% of the resources should go to evaluation. This means that if an activity requires 500 hours to carry it out, 50 hours should go to evaluation. If an activity costs \$7,000, then \$700 should be spent on evaluation. Remember, this is a general guideline, and your collaborative may have a very good reason to go higher or lower.

But we've never done an evaluation before.

Where do we start?

The first step in an evaluation is to spell out exactly what you are trying to accomplish (so you will know whether you have accomplished it when you are done) and what needs to happen for your community to get from where you are now to where you want to be. The first part of this guide, *Getting Started: What Do You Hope to Achieve?*, walks you through this process.

The second step is to figure out the best way to capture the information that will tell you whether your collaborative is on the right track. Part II of this guide, *Methods: How to Get the Information You Need*, reviews different ways to gather data and discusses which methods are most appropriate for which types of questions.

Finally, the last step is to make sense of the information you collect and to answer the question "Did we accomplish what we hoped to achieve?" for yourselves and your community. Part III, *Analysis: What to Do with All These Data?*, helps you determine the best way to summarize the data you have and report your results to your community.

Chapter 2.

Outcomes: Putting the Dream into Words

Identifying the outcomes you are trying to achieve is critical to your planning process and your evaluation design. This chapter will introduce the concept of outcomes and talk about the differences between child, family, and community outcomes.

What is an outcome?

An *outcome* is a result. It is how you will know you've accomplished what you intended to accomplish for children and their families. An *outcome statement* is your dream for children and families and your community put into words.

For example, these are outcome statements:

- Children will be safe from abuse and neglect in their homes.
- Children will be immunized.
- Parents will recognize normal child development and respond appropriately.
- The community will provide accessible health care.

Why measure outcomes?

One of the most important reasons to measure outcomes is to allow your collaborative to identify its successes and to adjust its *strategies* if need be.

- If you don't measure results, you can't tell success from failure.
- If you can't see success, you can't learn from it.
- If you can't recognize failure, you can't correct it.
- If you can demonstrate results, you can win public support.*

If you have completed the exercises in Phase II of the *We Did It Ourselves: A Guide Book to Improve the Well-Being of Children Through Community Development*, you may have already identified one or more child or family *issues* of concern to your community. You also may have developed a *vision statement*. This is a good motivator, but usually won't provide sufficient focus for your day-to-day work. A precise statement of the specific results you are seeking for children and families, i.e., your outcomes, should help you plan your next steps. Exhibit 2-1 further discusses the importance of outcomes.

* From Osbourne, D., & Gaebler, T. (1992). *Reinventing Government*. New York: Plume Publishing.

Are there different kinds of outcomes?

In our discussion, we will refer to three different levels of outcomes:

- *community outcomes*
- *family outcomes*
- *child outcomes*

What happens to families affects the health of children, and what happens or exists in communities has a direct effect on how well families are able to raise children. The nested circles in Exhibit 2-2 illustrate this principle. Much as a nest protects baby birds, a community nurtures and protects (or fails to protect) families, who in turn nurture and protect (or fail to protect) their children.

An important part of planning your work and developing the strategies your group or organization will implement will be to identify what you want to achieve for the community, for families, and for children.



Exhibit 2-1

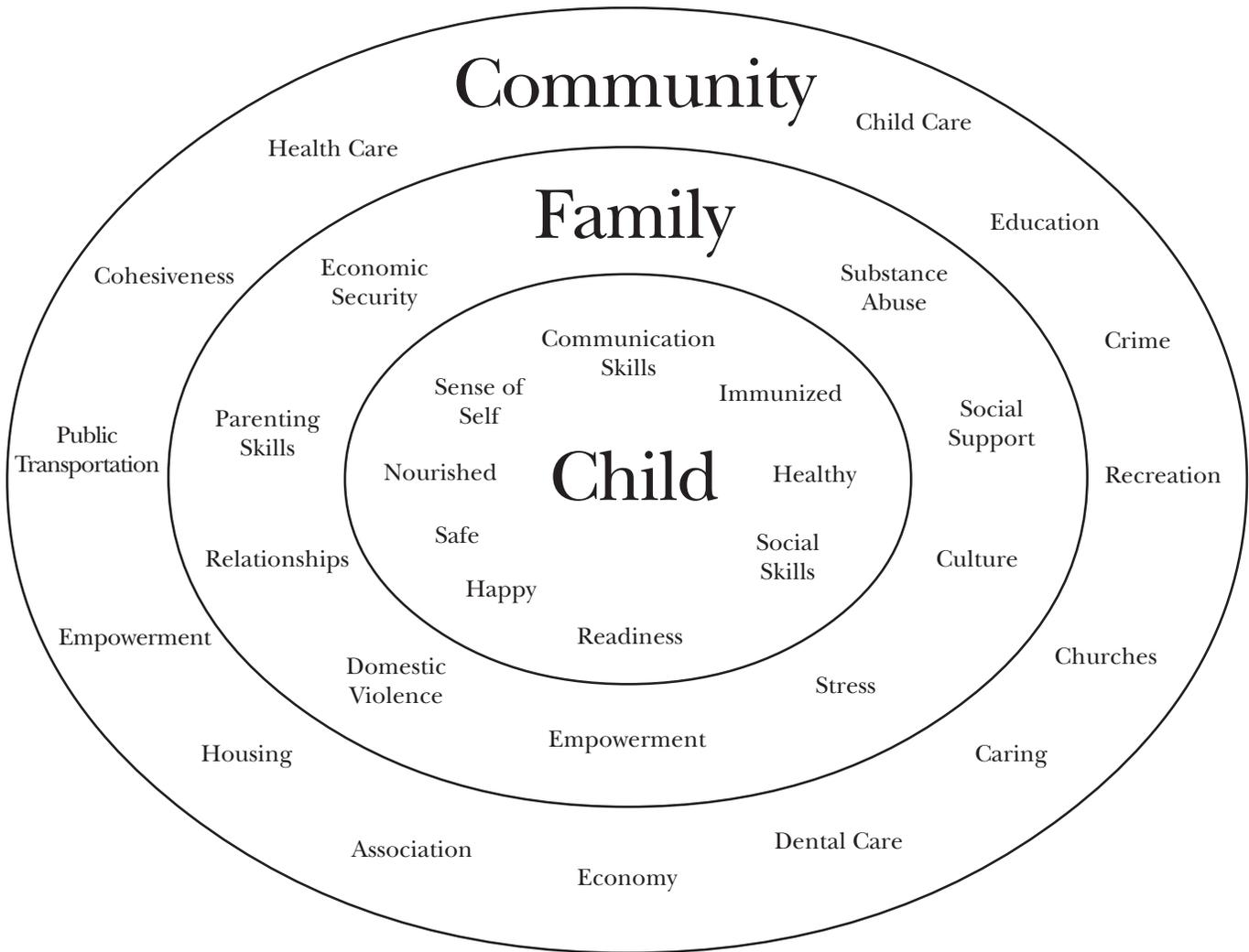
How a Focus on Outcomes Can Help*

A clearly understood, shared definition of the outcomes your group is trying to achieve and continuous monitoring of results can help you to:

1. **Keep your eyes on the prize.** Your purpose is to help children and families experience specific, positive changes in their lives, not just to provide more units of service or different types of services.
2. **Provide the rationale for collaboration.** A commitment to particular outcomes that are meaningful for each of the stakeholders provides a strong basis for continuing to work together.
3. **Manage day-to-day efforts.** With a clear focus on a defined set of goals, even when things get hectic or overwhelming, every one still will be able to go back to basic purposes and give the same answer to the question, “Now what was it we are trying to do here?”
4. **Increase your effectiveness.** Tracking your progress toward specific outcomes makes it much more likely that you will actually make a difference for families, because you’ll know whether and when you need to make course corrections in order to reach your goals.
5. **Improve your accountability to diverse groups.** Detailed knowledge of the results you are (or are not) achieving with families from diverse backgrounds helps you tailor your efforts more effectively to their needs.
6. **Increase participant satisfaction.** Following up to validate and document success allows participants the reward of knowing they are making a difference.
7. **Increase your credibility.** Being able to point to documented results gives you credibility with funders and constituents who want to know whether they’ve been getting their money’s worth.
8. **Advocate for change in the system.** Documented knowledge about what is and is not working in current systems for children and families provides a credible rationale for fundamental changes in how the system works.

* From Lodge, R., & Hart, B. (1994). *Thinking about Outcomes for Healthy Start Sites*. Davis, CA: Healthy Start Field Office.

Exhibit 2-2
Relationship between Community, Family, and Child Outcomes



What is a community outcome?

The outer circle of Exhibit 2-2 contains some of the concepts related to communities. They are not all the aspects of community one could possibly consider; you might include other words, such as 'library' or 'environment.' Some of the words describe services; others are adjectives that describe a community. What these words in the outer circle have in common is that they are all aspects of a community that have the potential to positively or negatively affect families' ability to raise healthy children. These are community level-outcomes.

"Systems outcome" is a phrase that often appears in the literature. It is a type of community outcome that refers to an outcome for a health care system, for social services, or for the integration of services. These types of outcomes belong in the outer circle.

What is a family outcome?

The middle circle shows aspects of families. Again, this list is not all-inclusive. Some of the words describe families; some are aspects of family functioning; some relate to knowledge. The unifying theme is that they are all aspects that can potentially affect families' capacity to raise healthy children. They are family-level outcomes.

What is a child outcome?

The inner circle contains aspects of the health and well-being of children. In developing your vision statement, you may have talked about your vision of a healthy child, and those concepts belong here. When you talk about what you want for children, you are talking about child outcomes.

Are child and family outcomes important?

Child and family outcomes are very important because they help you focus your work on not just making communities better but on making life better for children and families as well.

Looking at child and family outcomes in addition to community outcomes is a relatively new way of thinking. For many years, in areas such as health care or social services, questions about accomplishment have been answered by looking at how many services were provided or how many clients were served. For example, to report on the success of a parenting program, program developers would report on the number of parents who participated in the program. These are important numbers to collect. The *most* important question, however, is *not* "Was the service delivered?" but

rather "Did it have the intended effect?" A program or service or activity in the community is a means to an end. It is important to look at whether the end was really achieved. Child and family outcomes are important because they let you know whether you have been successful where it matters most: with children and families.

By putting your dreams for children and families into words, you are making a statement about what you intend to achieve. These statements will:

- Allow everyone involved to share an understanding of what your organization is trying to do for children and families.
- Allow your organization to hold itself accountable for what it sets out to do for children and families. If you never set a target, you can never reach it (or miss it).
- Allow your organization to present its successes with children and families to the community at large and seek additional support from other funding agents in the future.

Can some of our community outcomes be strategies?

Yes. If you change anything in the outer circle, you are changing the community in hopes that the change will affect families and children. By beginning a program, providing a service, or increasing access to resources, by strengthening your community in any way, you are changing the community.

Why not just look at community outcomes?

A change in the community is not the ultimate result that you are shooting for. You want to ultimately improve the lives of children and families. It is not enough to just seek to change your community. For one thing, the change in the community might not affect families the way you expect. For example, providing mobile health care in a van may sound like a great idea, but what if nobody uses it? You've changed the community, but not the lives of children and families.

Which comes first, outcomes or strategies?

Child and family outcomes! First you want to decide how you want children and families to be, and then you can decide how to get there. Remember, improving the health and well-being of children is the goal or result. Strategies are a means to an end.

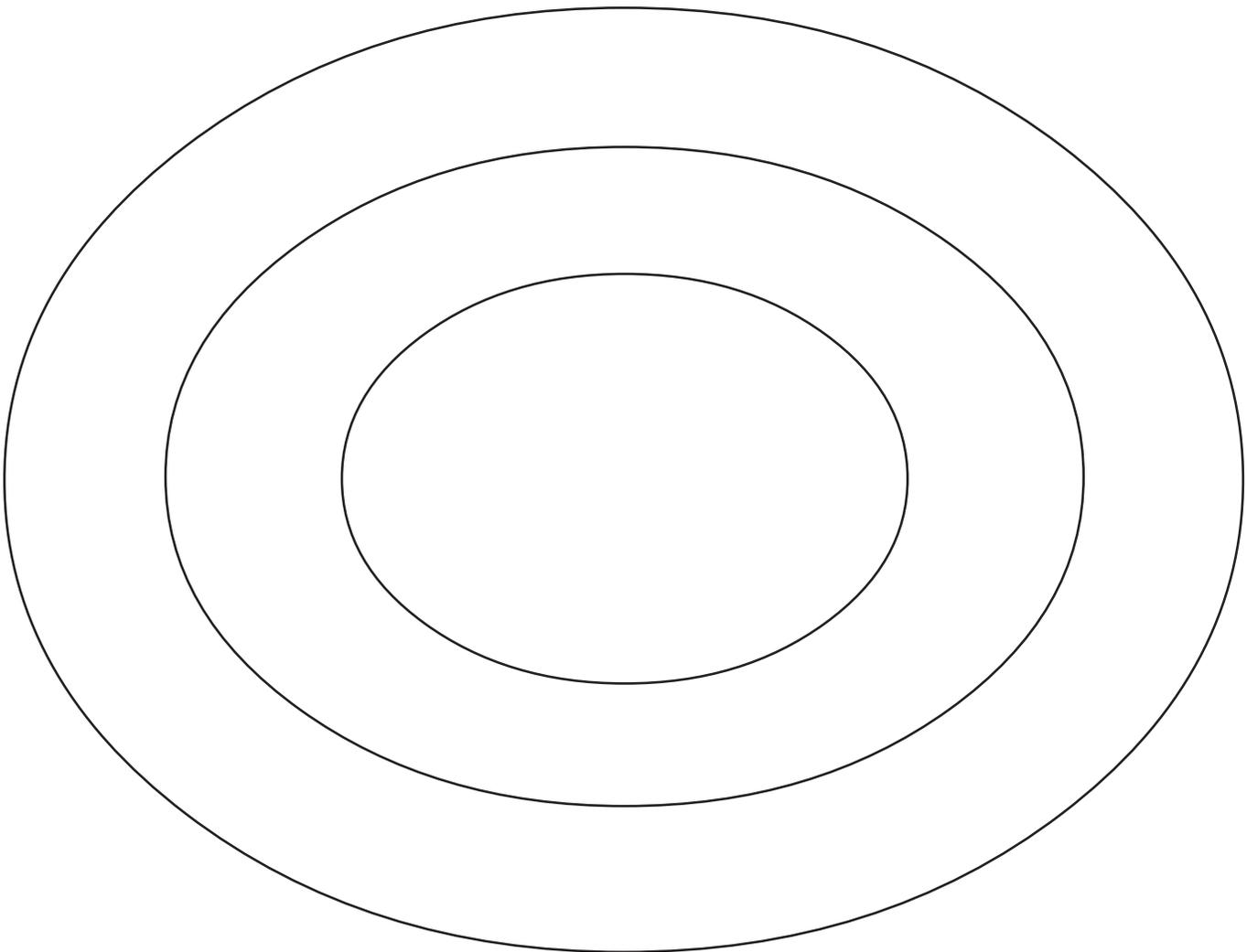
Worksheet 1: Types of Outcome

Purpose: (1) To clarify the difference between child, family, and community outcomes and (2) to connect the idea of your outcome to your community's issue(s).

Think about one of your community's issues. What are child-level outcomes related to this issue? What are family outcomes? Community outcomes? Write a word or two related to each in the appropriate circle.

Is the difference between the three types of outcomes clear?

Could you put something in each circle?



How can you have a means if you haven't identified an end? By starting with strategies or community outcomes, you are going backwards.

In order to better the lives of children and their families, one of your tasks will be to design strategies to positively affect one or more outcomes for children and families.

Why write outcome statements?

The next step is to turn your outcome concepts into statements. The words in the circles imply ideas, but they don't articulate exactly what you want to see happening for your children, families, and communities. Outcomes are written as statements so that you can describe the specific results that you are seeking for your children, families, and communities.

Do we have to have child, family, and community outcome statements?

You will want to have at least child or family outcome statements. For most issues, it will make sense to develop both. If, for some reason, you don't want to develop child statements, it should be crystal clear how your family outcomes relate to children.

Community-level outcomes round out the picture. Some community outcomes are strategies and some are value statements. For example, "Our community will have a recreation center" is a community outcome that is a strategy. An example of a community outcome that is a value statement is "Our community will not tolerate alcohol abuse."

You need to write your child and family outcome statements before you develop your strategies. Some of your community-level outcomes can also be written before your strategies. (*"Our community will not tolerate alcohol abuse."*) Community outcomes that reflect strategies will need to be written afterwards.

How do we write outcome statements?

Outcomes are written as statements. Think about your issue(s). What are the changes you would like to see occurring in children, families and communities related to your issue(s)?

Child outcome statements should start with a phrase like "Children will be..." Family outcomes should start with a phrase like "Families will be..." (This is important in order to avoid a tendency to turn community-level outcomes into child or family outcomes. For example, any statements about "families will have services..." are really community outcomes.) Community-level out-

comes should begin with the phrases "Our community will be..." or "Our community will have..." or "Our community will provide..."

What are some examples of child, family, and community outcome statements?

Children will be physically healthy.
Children will be well nourished.
Children will be adequately sheltered.
Children will be born healthy.
Children will be immunized.
Children will not be abused by their parents.
Children will be free from neglect in their homes.
Children will be safe in their homes from unintentional injury.
Children will be safe in out-of-home care.
Children will be free from violence in their neighborhood.
Children will be successful in school.
Children will be ready to learn.

Families will be socially supported.
Families will be knowledgeable about appropriate parenting.
Families will be free from substance abuse.
Families will be involved in their children's school.
Families will be economically secure.

Our community will provide recreational opportunities for families with young children.
Our community will respect and value our ethnic diversity.

How broad should the outcome statement be?

Outcomes should be a precise statement of the specific results you are seeking for children, families, and communities. The outcome statement should communicate exactly what you intend to achieve. It should be clear enough that your community can readily understand what you mean. Ideally, it should be specific enough for someone to see the ultimate end result. You want to avoid having a lot of very broad outcome statements or just one very narrow outcome statement.

If your outcome statement is broad, the *indicators* (to be discussed in Chapter 3) you choose will need to serve as further clarification. For example, if your outcome is "Children will be safe," it is unclear whether your focus is child abuse, unintentional injuries in the home, or violence on the streets. Yet there may be a reason your community wants this wording. The indicators or measurements of your outcome will need to clarify what kind of safety is the focus.

What is a “good” outcome statement?

Here are a few criteria:

1. The community can get behind it.
2. It is clear enough that your community can readily understand it. It is specific and unambiguous.
3. The statement is simple and straightforward.
4. Child and family outcome statements start with the phrase “Children will be...” or “Families will be....”
5. The outcome statement relates to your issue.
6. It relates directly to the health and well-being of children.

What approach should we use to begin writing outcome statements?

There are several approaches to writing outcome statements. How you want to develop your outcomes depends on what will work in your community and in your organization. Ultimately, the statements will have to have widespread support (this is also called “validation”) in your community, but that doesn’t mean everyone has to be involved in the first draft. Here are three possible approaches:

1. **The single-person approach.** A single individual develops a set of outcome statements from the selected issue and takes them to the larger group for discussion and approval and reworking as necessary. The group’s version is then taken to the community for approval.
2. **The work group or task force approach.** A small group of people volunteer to work on issues related to outcomes, indicators, and evaluation. This group’s first task would be developing a set of outcome statements from the selected issue. This group would take their work back to the larger group for discussion and approval and subsequently to the community.
3. **The whole-group approach.** The entire group would develop outcome statements based on the selected issue. The whole group would take its work to the community for approval. This approach may work fine if your group works efficiently together on these kinds of tasks. If your group has a tendency to go off in a lot of directions, it could take a long time to craft a few statements.

We recommend the middle approach, a work group, but you need to select the approach that will work best for your group. As your group works through this process, those involved need to learn the technical skills involved in evaluation design and data collection. Since these skills tend to build on one another, it is helpful and likely to be more productive if the same small group of people work on evaluation in the months ahead. The single-person approach would also work; however, this means “putting all your eggs in one basket.” If that person leaves your group, there won’t be backup expertise in your organization to build on.

After you decide whether a single person, a small group, or the entire group will be developing statements, we suggest you begin by thinking about the issue(s) that your community has selected. Brainstorm any number of child and family outcomes that follow from that issue. Remember the rule that always applies in brainstorming: Don’t let your creativity be constrained. The goal is to think broadly but also think only about your issue. If this process generates more outcome statements than you need or want to deal with, then prioritize using the criteria we have suggested above to get down to a workable set.

How many child and family outcomes should we have?

There is no right or wrong answer to this question. Some communities will have ten child and family outcomes, some will have only one; some will choose to specify many long-term outcomes, others will choose to narrow their focus. A few questions to ask yourselves are:

- Do you choose to state all of the child and family outcomes you would ever wish to achieve, or do you prefer to currently narrow your focus?
- How many child and family outcomes do you want to be held accountable for – to yourself and to the community?
- Would you and your community be satisfied if you achieved these changes for children and families and nothing more?

EXAMPLES FROM REAL LIFE: Using Community Assessment Data to Develop Child and Family Outcomes

While gathering information to assess the strengths and needs of their community, members of the newly formed Tuolumne YES Partnership were shocked to learn that the rate of child abuse reports in their county, 145 per 1,000, was almost twice the statewide average of 76 per 1,000. Worse, California already possessed the highest rate of any state in the nation. Members also learned that a striking 99% of all cases handled by the Child Protective Services agency in their community were drug and/or alcohol related. Based on a thoughtful analysis of these and other statistics, the Tuolumne YES Partnership concluded that substance abuse and child abuse had reached epidemic proportions in their community. To affect child abuse, they would have to address substance abuse, which was identified as an underlying cause of child abuse and as detrimental to so many areas of their children's lives.

Energized by the strength of their analysis and the clarity of their focus, members of the partnership went to work at crafting a vision of what they hoped to attain for the children and families of their community. This vision is the basis for the Tuolumne YES Partnership's outcome statements:

- Children will be safe in their homes free from violence, abuse, and neglect.
- Children will be born healthy and drug and alcohol free.
- Children will be physically healthy.
- Families will enjoy healthy and positive lifestyles.
- Our community will have healthy attitudes and practices regarding the use and abuse of alcohol, tobacco, and other drugs.

Three years after the partnership adopted these outcome statements and began to implement strategies (aimed at changing community norms that fostered substance abuse, focusing on prevention, and creating support systems and treatment options for parents), the rate of child abuse reports in the Tuolumne YES Partnership dropped from 145 to 121 per 1,000. This is an encouraging sign that Tuolumne YES Partnership's analysis of child abuse in their community and their strategic response are on target.



Worksheet 2: Writing Child and Family Outcome Statements

Hopefully, your group has selected issue(s) to focus on. The next step is to map or link your issue(s) to child and family outcomes. Remember, outcomes are results; they are how you will know you've accomplished what you intended to accomplish. They are the dream put into words.

1. Write one of your issues below.
Issue:

2. Now write one or more child or family outcome statements for the issue written above in the space provided.
Child Outcomes (Children will be...):

Family Outcomes (Families will be...):

3. Examine the outcomes according to the criteria:
Can the community get behind it?
 - Is it clear enough that community members can readily understand it? Is it specific and unambiguous?
 - Is the statement simple and straightforward?
 - Does the statement start with "Children will be..." or "Families will be..."?
 - Do the outcomes relate to your issue?
 - Are these outcomes for children or their families?

Chapter 3.

Indicators: Looking for Evidence

You have written a set of outcome statements for children, families, or both. You may also have written outcome statements for your community. Now it's time to identify ways to know whether you've achieved those outcomes. The way you'll know is with indicators.

What is an indicator?

An *indicator* is the piece of information that measures whether outcomes are being achieved. In other words, indicators are evidence that will allow the collaborative to track change or progress. For example, if your issue is child abuse and your child outcome is "Children will be safe from abuse in their homes," then a possible piece of evidence you might look at would be the change in the number of reported incidents of child abuse and neglect. By looking at indicators, you will be able to know whether you have achieved your outcome.

Some examples of indicators include:

- The rate of immunizations is an indicator of the outcome "Children will be physically healthy."
- School attendance rates are an indicator of the outcome "Children will be successful in school."
- The percentage of normal-weight births is an indicator of the outcome "Children will be born healthy."
- The percentage of parents who volunteer in classrooms is an indicator of the outcome "Families will be involved in their children's school."

Why are indicators important?

The indicators you choose will be very important because they will tell you what your work and energy have accomplished for children and families.

How should we go about identifying indicators?

Going from outcomes to indicators is very similar to going from issue to outcomes. Look at each outcome statement you have written and brainstorm what would constitute evidence to the community that the collaborative has made a difference in this outcome.

Again, the rules of brainstorming apply. Think creatively and don't reject anything that is logically linked to the outcome. Once you have generated a set of possibilities, go back and apply the criteria

below to narrow the list or to refine the wording to turn a weak indicator into a good indicator. The feasibility criterion may require some additional research in your community. You may need to investigate whether or not anyone in the community collects the data you want. If not, can you develop and implement a way to collect the data? If you find yourself in the enviable position of having too many good indicators, pick what you consider to be the best ones.

What is a "good" indicator?

Here are a few criteria:

1. The indicator is clearly related to the outcome and is a measurement of the outcome. It is the most direct evidence you can get for this outcome. This is the point where having very specific outcomes is helpful. If your outcome is not specific, then your indicators will need to clarify it. For example, if your outcome is simply "children will be safe," you will need to discuss and decide whether the indicators should focus on child abuse, unintentional injuries in the home, or violence on the streets or more than one of these things.
2. Indicators usually contain a statistic, a number (e.g., a percentage, an average, a total), something to track to see whether it goes up or down.
3. State whether you want to see an increase or decrease. Some rates are ambiguous and thus may not be good indicators to track. For example, if you are looking at mental health referrals, do you want them to increase or decrease? The same question could be asked about children in special education or rates of free and reduced-price lunch. You can use these kinds of indicators, but be clear on what direction you want them to move in.
4. The wording of an indicator should suggest how you are going to measure the outcome. There are many ways to measure outcomes, with various methods of collecting data, such as conducting door-to-door surveys, administering tests, and reviewing administrative (already existing) data. These methods will be discussed in detail in Part II of this Guide.
5. A measurement of something that is not a problem in your community is not likely to show a change for the better. For example, why track rates of school suspensions if the rate has been zero for the past five years?

6. Things that occur in very small numbers are not good indicators because an increase of a few incidences will look like a large percentage increase. For example, an increase in infant deaths from 1 to 2 translates to a 100% increase.
7. It is feasible for you to get the data. You may not have access to some data, and some data may require more resources to collect them than are feasible.
8. If you are using data collected by an agency, the data should be available for your community. Child abuse statistics for the county are not very useful if your group is focusing on a single town or neighborhood.

In October 1998, 35% of second-graders screened in the Pineville Elementary School District had healthy teeth and required no follow-up dental treatment.

In this example, the baseline for second-graders screened in the Pineville Elementary School District needing no follow-up dental treatment was 35%. The base year was 1998.

Baseline data provide a way to tell where you are in relation to the outcomes you intend to accomplish *before* you take any actions or implement your strategies. The goal is to make a positive change from your baseline for a particular indicator. In the example above, the goal will be to have more than 35% of second-graders pass their dental screening in subsequent years.

What are some examples of well-written indicators?

Indicators should be written as statements that address the criteria for good indicators. For example, “test scores” is a poorly worded *indicator statement*. Test scores on what? What will you do with test scores? An improved version is “An increase (*states direction*) in the average score (*number*) on the Iowa Test of Basic Skills given at the end of second grade (*method of measurement*).” Similarly, “improved parent knowledge” is a poorly worded indicator, whereas “An increase (*direction*) in the average score (*number*) on the Parent Knowledge of Child Development Assessment (*method of measurement*)” is much more precise.

How many indicators do we need?

We strongly encourage you to pick at least two indicators for each outcome and even more if possible. Why? Because there may be an error in the data or a problem with one of the indicators, so it is better to have more measures.

Also, outcomes are usually quite complex and cannot be measured by just one number. If you have lots of indicators, you will need to prioritize which indicators you will collect, based on your resources.

What is a baseline?

The *baseline* is where you start, where things are now before your collaborative begins its efforts to better your community. The *base year* is the year for which you will start collecting the information specified in your indicators.

What are baseline data?

Baseline data are the measures for each of your indicators for a base year. The following statement is an example of baseline data:

Why do we need to have baseline data?

To the extent that it is possible, you want to be able to show that what you are doing in the community had an effect. Tracking the outcome before, during, and after you have implemented your strategies will show you and the community just how successful you were at achieving your desired outcomes.

How do we collect baseline data?

Many of you may have some data that could serve as a baseline from information you already have collected for a *community assessment* or funding proposal, or from another community-related document. Now that you are focusing on a specific issue and have identified outcomes, you might find that you need more information about some of the outcomes. You might find that you want to collect or assemble additional data from new sources. If the data you need are not already being collected somewhere else, you will need to consider how you will collect the original data yourselves. (Data collection techniques will be covered in Chapter 9.)

When do we begin to collect baseline data?

As soon as possible. This way you know where the outcome stands before you begin your efforts to improve the lives of children and families. Over the next several years, you will take the same measurements again and again to see what kind of difference the collaborative has made.

If the indicator is *administrative data*, or data that someone else collects, you may be able to go back a decade or so to illustrate your baseline. This is called *trend data* because it allows you to see how the indicator has changed in the most recent past. For example, has your community experienced an increase in the number of child

abuse and neglect reports over the last 10 years? Trend data can answer this question. If you can get it, trend data are very powerful.

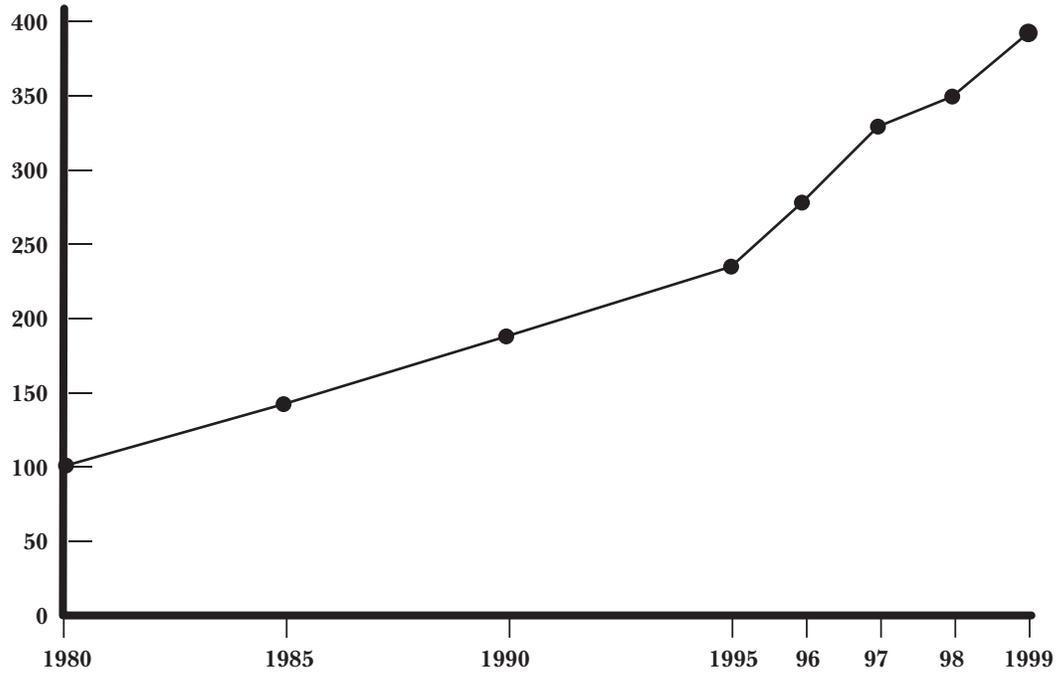
If you need to collect your own data, you will have a baseline starting as soon as you can collect it. Measure the indicators as soon as you can, as far in front of implementation as possible. As the years pass and you collect or compile more data, you will produce trend data for each of your indicators.

Your base year may not be the same for each indicator, depending on whether the information was collected for a particular year or when you are able to collect it directly. The important thing is that your collaborative has information for each indicator for at least one point in time before beginning to implement its strategies.

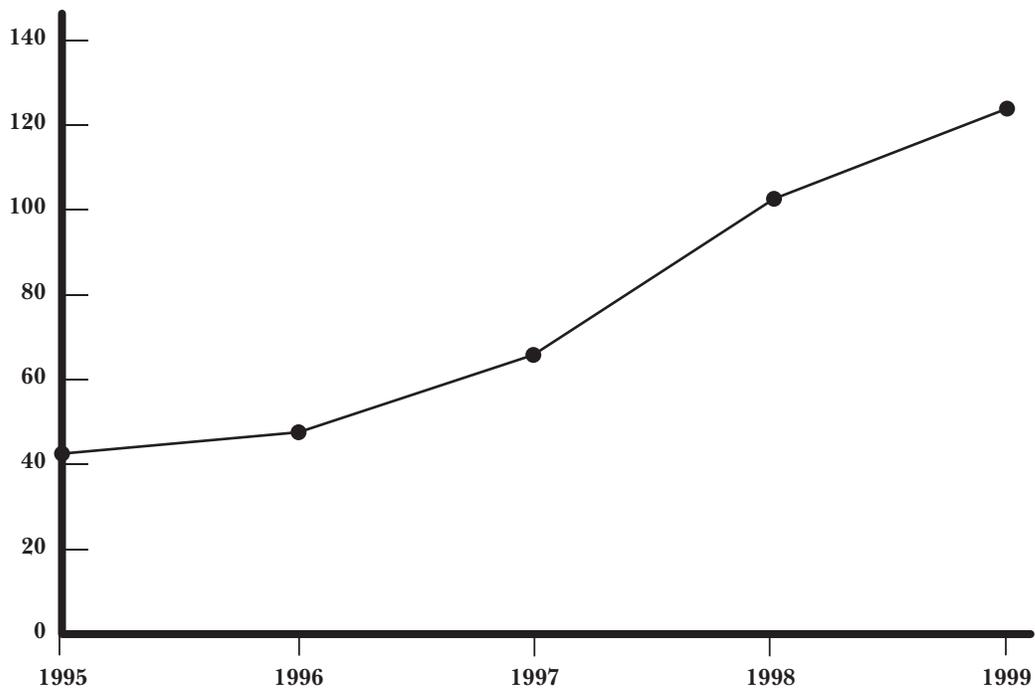
Exhibits 3-1 illustrates trend data using two types of baseline data. The first graph, “Number of Licensed Child Care Slots,” is an example of how trend data can look. This graph shows that the number of slots has been increasing since 1980. But in 1995, when the collaborative began implementing its strategy to increase the availability of child care, the number increased at a faster rate than before implementation. Without the data from before 1995, you do not appreciate how the increase in child care slots accelerated after the collaborative began its work. The second graph, “Number of Slots in High-Quality Child Care,” illustrates data collected from 1995. These data had to be collected by the collaborative since there were no data on child care quality available before 1995.



Exhibit 3-1
Indicator - Existing Data
Number of Licensed Child Care Slots



Indicator - New Data
Number of Slots in High-Quality Child Care



EXAMPLES FROM REAL LIFE:

Selecting Indicators for Which Data Are Available for Your Community

Through a series of community forums and assessments, the El Norte Children's Collaborative chose to focus on the issue of violence prevention. After brainstorming and lots of discussion, the members of the El Norte collaborative identified a wide span of outcomes and indicators related to this issue. They included "Children ages 0-8 will be free from abusive environments" to "Families will be free from substance abuse." Next, collaborative members developed indicators for these outcomes using the same process of collaborative brainstorming. Their indicators included the number of child emergency response calls according to CPS statistics and the number of arrests for drugs and alcohol. Many of the indicators were based on administrative data collected by traditional county-wide agencies and were available at the county level only, not for specific communities. Members knew that these data existed because they had been assembled when applying for the original grant and other grants.

Originally, El Norte had been a county-wide collaborative. For a county-wide collaborative, these data may have worked just fine. However, like a number of other collaboratives in the Community Partnerships for Healthy Children Initiative, the collaborative found it was too large a task to effect change on such a large geographic scale and decided to focus instead on three individual communities. After this decision, it quickly became clear that the indicators were unsatisfactory. Could activities within three small communities be expected to improve indicators that measured change for an entire county? Perhaps, if the results in those communities were dramatic enough, but not likely.

The El Norte Children's Collaborative experienced firsthand the importance of selecting indicators for which data are available for the same (or roughly the same) geographic span as your collaborative. Obtaining community-based data is difficult in many communities. The level at which administrative data are collected varies for different measures of child outcomes, and there is a scarcity of good data on child outcomes at the community level. Sometimes you may have to settle for a measure that covers a somewhat different geographic area than your collaborative, sometimes you may need to collect the data yourself, and sometimes you may decide that, for now, this indicator is not workable given the limitations of available data and of your own resources. Like El Norte, the challenge you face is to find multiple measures of outcomes that are meaningful and valuable for your community. Undoubtedly, this task requires commitment, ingenuity, and resources.



Chapter 4.

Assumptions: The Connections between Strategies and Outcomes

You've written your outcome statements and you've identified your indicators. What's next?

The next evaluation step is to develop an evaluation design. Before you can do that, however, you need to have selected the strategies you will be working on. To prepare for the evaluation design and as part of the development of strategies, you will need to think about your assumptions.

In the most technical terms, you will need to develop a conceptual framework or theory as to how your strategies will affect the outcomes you have selected. In designing strategies, you are putting forth hypotheses (theories) as to what will work in the community. In less technical terms (but exactly the same idea), you need to think about the assumptions or guesses you are making about what will and will not work in your community. As you begin planning the strategies you will put into place to affect your outcomes, you will be making a number of guesses or assumptions about what will and will not work to address your issues and achieve your outcomes. These are not “wild guesses” but guesses based on your research into what has been learned about some strategies in other communities. (See the “Understanding the Barriers to Success through Research” Tip Sheet in the *Community Development Guide Book*.) Even so, the application of a best-practice strategy to your community is still an experiment until you learn that it actually works in your community.

This chapter will introduce the concept of assumptions and present a technique, “assumption dominoes,” to help you identify the assumptions you will be testing when you implement your strategies.

What is an assumption?

An *assumption* is a guess about the way the world works. The strategies you will be implementing are linked to your outcomes by one or more assumptions.

In everyday life we make lots of assumptions:

- We assume that if we eat well, we will stay healthy.
- We assume that if we take medication for a headache, the pain will go away.
- We assume that it is (or is not) safe for our children to go to the park alone.
- We assume that if we listen to the weather forecast, we will know how to dress for the day.

Your assumptions about the way the world works are based on past knowledge and experience. You couldn't make it through a day if you didn't have some sense of order and predictability. Over all the years you've been around, you have built up a pretty solid sense of the way the world works.

Your sense and your fellow collaborative members' sense of the way the world works in your community will be brought to bear when you proceed through issue analysis as part of your strategic planning process. When you look for the underlying causes to your issue, you will be looking for what is known and what is assumed. Out of this process, you will come up with strategies to address the issue—again based on what has been learned by others and your understanding of the way the world works in your community. Every one of the issues—and certainly every one of the child and family outcomes—identified by collaboratives has to do with changing human behavior in some way. Everyone involved in identifying strategies will be making assumptions or taking guesses about what will work to change behavior.

Why are assumptions important?

Your evaluation design will be built around the assumptions that connect your child and family outcomes to your strategies, so it will be very important to identify what those assumptions are. When you implement your strategies, you are going to be testing those assumptions.

How do assumptions relate causes to strategies?

Let's look at how this might play out in a community. If the issue is access to health care, the collaborative is likely to have a discussion about why this is a problem and what can be done about it. The group may decide this is an issue because:

- There aren't enough local doctors, or
- There are enough doctors but not enough who will take Medicaid-eligible patients, or
- The doctors are there but the folks who need them don't have transportation, or
- The doctors are not respectful of diverse cultures, so many of the people in the community won't go to them.

In trying to understand your issue, you will put forth hypotheses (guesses or assumptions) about what is behind the issue. These assumptions are very, very important because they will drive the strategies you will come up with. Look at the four assumptions above as they relate to the outcome

“Children will be healthy”:

- Children aren’t healthy because there aren’t enough doctors.
- Children aren’t healthy because there are lots of poor children and the doctors won’t see them.
- Children aren’t healthy because there is no transportation to get them to the doctors.
- Children aren’t healthy because their families are uncomfortable going to the doctors we have.

Notice that these are very different assumptions about the way the world works. A collaborative is likely to come up with very different strategies to address the problem, depending on which of these assumptions the members think is operating.

What happens if assumptions are wrong?

Assumptions are guesses about how things are connected. Note that any of the assumptions in the example above could be wrong. What’s likely to happen if the collaborative bases its strategy on the wrong assumption? It’s not likely to make much of a difference in the health of children.

How do assumptions connect strategies to child and family outcomes?

Let’s take an example. Members of the Healthy Children’s Collaborative have selected child abuse as their issue. Their outcomes are “Children will be safe from abuse and neglect in their homes” and “Families will be safe and nurturing for their children.” In looking at the

causes for child abuse in their community, they have identified a lack of family-centered recreational activities as one of the factors contributing to child abuse. They decide that one strategy they will try to decrease child abuse in their community will be to develop more recreational opportunities for families.

What’s the assumption? That there is a connection between recreational activities and child abuse.

What happens if their assumption is correct? When the collaborative provides recreational opportunities for families, the incidence of child abuse will go down.

What happens if their assumption is wrong? The collaborative won’t do much—at least not with this strategy—toward achieving the outcome of “Children will be safe from abuse and neglect in their homes.”

Often there is not just one but a series of assumptions that links a child or family outcome to a strategy.

How do we identify our assumptions?

Assumption dominoes

One way you can connect your strategies to your outcomes is through a technique we call “*assumption dominoes*.” The objective is to identify everything that needs to happen if the strategy is to affect the outcome.

Use the following example to describe the assumption dominoes process to the collaborative or subgroup of your collaborative assigned the task of identifying underlying assumptions.

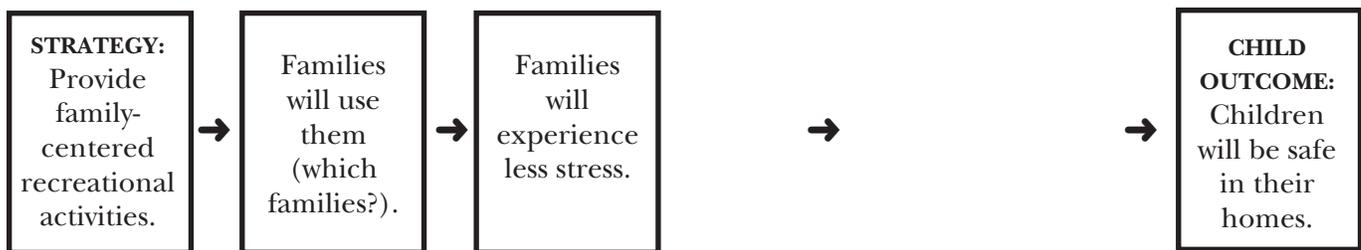
Step 1: Write down a strategy and the child outcome it is expected to affect on separate pieces of paper. Place these at opposite ends of a large sheet of paper (use Post-It paper or place pieces on “sticky” paper).



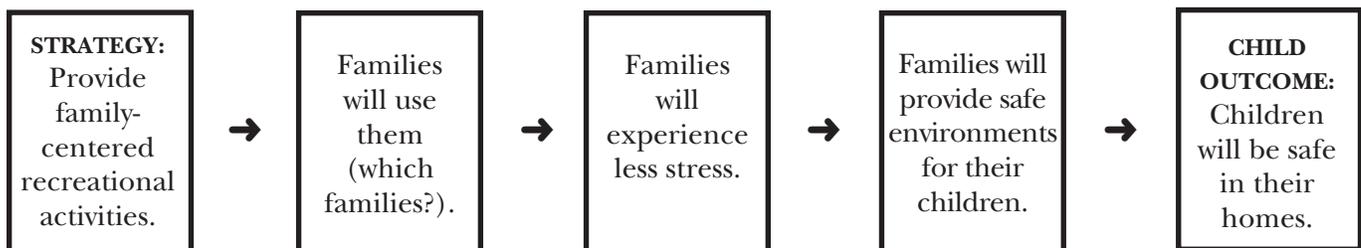
Step 2: Ask “What has to happen first if this strategy is to affect this outcome?” Write this on a piece of paper. Put this paper next to the strategy. If you see points that require clarification (for example, “which families?”), include them too.



Step 3: Ask “What has to happen next if this strategy is to affect this outcome?” Write this on a piece of paper. Put it next to the first step.



Step 4: Continue this process until all the links between the strategy and outcome are specified. The number of steps between your strategy and child outcome will vary, depending on the strategy. Stop when your answer to the “what happens next” question is a change in the child outcome.



This is the chain of dominoes, with each domino linked to the ones before and after it. For the strategy to be effective, that is, for the strategy to bring about the outcome, every single step in that assumption chain has to be correct. Just like a chain of dominoes that fall over one on the other, if you pull one out, you've broken the chain and the chain reaction. For example, if recreation activities are offered but families don't attend or utilize them, the link between providing recreational activities and affecting the safety of children in their homes is broken.

What's another example?

Let's look at another possible strategy for child abuse: parenting classes.

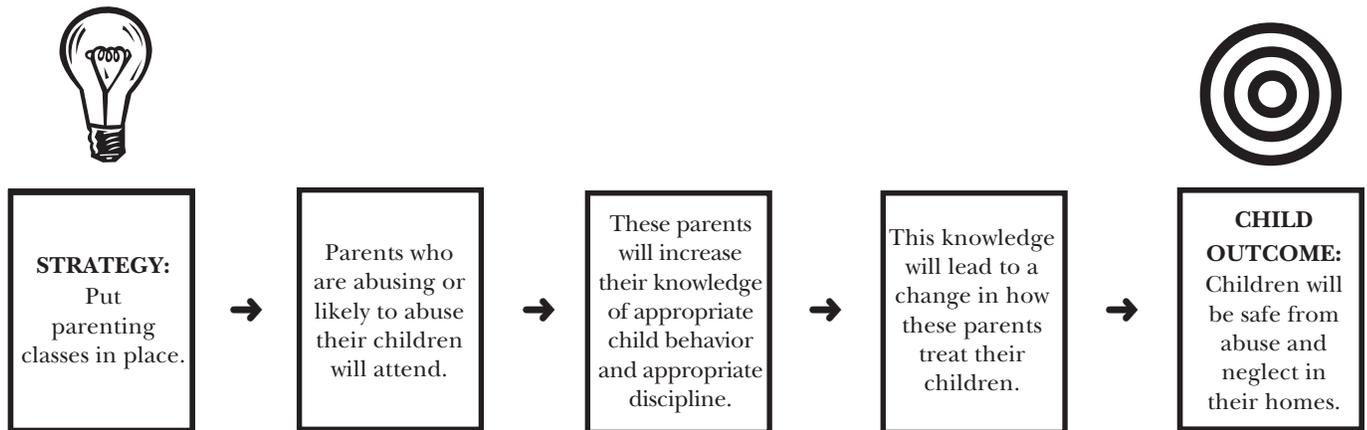
In looking for causal factors, the community has decided that one of the factors underlying

child abuse is that parents lack knowledge about appropriate child behavior. Many parents don't know that it is normal for two-year-olds to throw temper tantrums, and they don't know what to do about it when they do. The community decides to institute parenting classes.

What are the assumptions about underlying causes?

- Child abuse is caused by a lack of parenting knowledge.
- Parenting classes are a way to successfully address that problem.

What has to happen for those parenting classes to reduce child abuse? What are the assumptions that must be correct for this strategy to work?



When you set about to design your strategies, you will be making many assumptions about what will and will not work with regard to the child outcome you have identified in your community. **Make your assumptions explicit. Identify them. List them. Discuss them.**

How do the assumptions relate to the evaluation design?

Identifying and discussing the assumptions behind your strategy will allow you to run a “logic check” among your collaborative members on whether those assumptions make sense and whether the strategy is based on sound assumptions and is likely to have an effect. You are also laying the groundwork for your evaluation design, which will involve asking questions and collecting data to test the accuracy of each of the assumptions.

When we get to talking about evaluation design, we will help you figure out how to test each of these assumptions. You will want to test each of them because then, if something breaks down in the chain of assumptions, you’ll be able to pinpoint where the assumptions went wrong and decide what to do about it. The evaluation data will allow you to monitor whether there are any breaks in the assumption chain, and thus modify your strategy to increase your likelihood of success. For example, you may find that parents are not attending the parenting classes because they are held too close to dinner time. Enrollment increases when you schedule classes at a later time. By making this change in your strategy, you are able to improve your chances of achieving your child outcome.

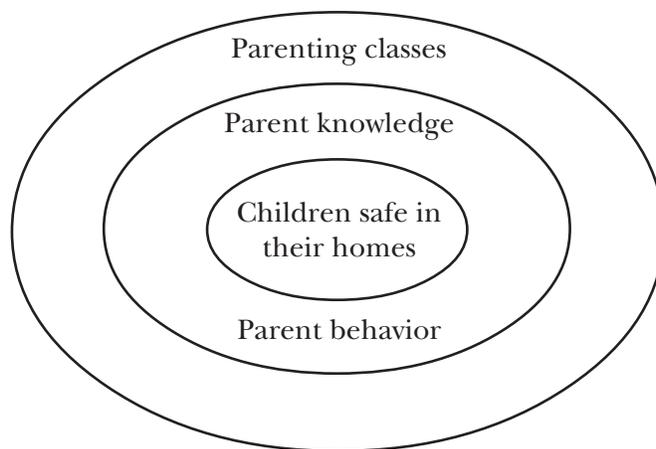
What are short-term vs. long-term outcomes?

The dominoes between the strategy and the outcome are intermediate outcomes or *short-term outcomes* that need to happen before the *long-term outcome* can be achieved. The child outcomes at the end of the previous examples (e.g., “Children will be safe from abuse and neglect in their homes”) are the long-term outcomes. The short-term outcomes are parents attending the classes or using the recreational activities, and increasing their knowledge or experiencing less stress.

How are assumptions connected to the three layers of outcomes?

Now go back to the nested circles of community, family, and child outcomes. The strategies you are developing will generally involve trying to put something in place in the community:

a program, a service, a resource, something that wasn’t in the community before. In many instances, this new resource will be expected to change something about all or some families in the community. This change in turn will bring about some kind of change in a health or wellness outcome for children. As we said in Chapter 2, what happens to families affects the health of children, and what happens or exists in communities has a direct effect on how well families are able to raise children. The health of communities, families, and children are linked together. As you go about developing your strategies, identify each of the dominoes that link the strategy or community outcome to a change in families (a family outcome) and how that change will link to a change in children (the child outcome).



When should we be checking our assumptions?

You will need to be talking about assumptions from the time you begin planning what strategy to implement until the time you have completed your work on that particular strategy. Assumptions will be part of your *issue analysis* and identification of *underlying causes*. (See discussion in Phase II: Asset-Based Community Planning of the *We Did It Ourselves: A Guide Book to Improve the Well-Being of Children Through Community Development*.) As you begin to formulate strategies, you’ll need to look carefully at the assumptions you are making—and possibly even reject some strategies if the collaborative sees the assumptions as unreasonable. Later, the evaluation data you collect will provide information about the validity of your assumptions.

Assumptions aren’t a stage the collaborative passes through. You’ll need to identify them early and revisit them as often as necessary. A learning organization continually revises its assumptions on the basis of new knowledge.

EXAMPLES FROM REAL LIFE: Learning by Evaluating Your Assumptions

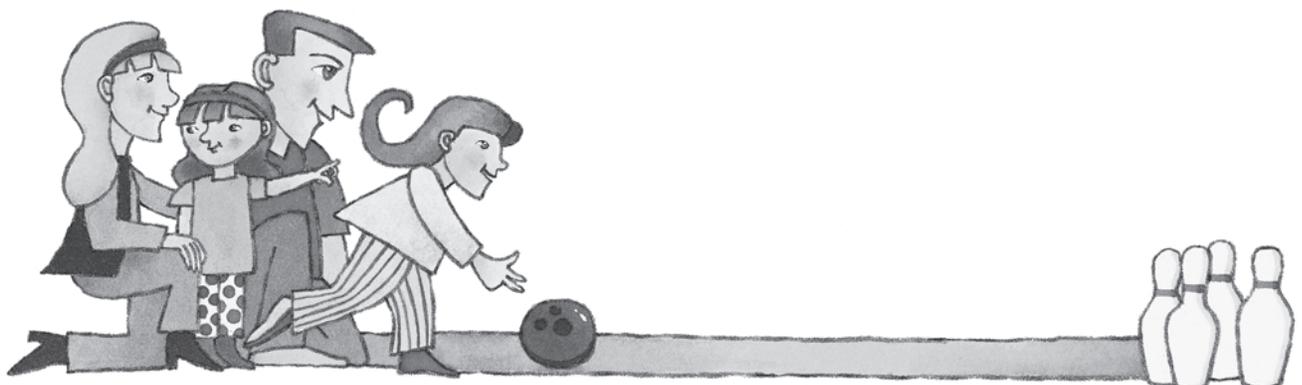
Modoc Collaborative - Families Matter adopted a “Train-the-Trainer” strategy. This strategy was designed to train parents to become parent mentors after receiving intensive training in parenting workshops. The assumption dominoes for this strategy were as follows:

1. Parent mentors will be trained by the parenting specialist.
2. Parent mentors will learn new skills.
3. Parent mentors will present workshops in various locations and at various times.
4. Parents will develop knowledge of positive parenting skills, child development, and the knowledge of what effect substances have on the unborn child and the family.
5. Parents will use these new skills and provide a positive environment for their children.

Because the newly trained parent mentors were volunteers, the collaborative expected that the mentors would have a different and perhaps more effective approach than agency staff in reaching people who were not seeking parenting classes at the Family Center. Once these volunteers completed the 12-week course, the collaborative expected that the newly trained mentors would use the new skills they had learned to present workshops to other parents. These parents would develop and use positive parenting skills.

By evaluating their assumptions about this strategy, the Modoc Collaborative learned that the Train-the-Trainer activity was not working the way they had expected. Although mentors received training and learned the new skills as predicted in their first two assumptions, none of the parent mentors had been able to use these skills in providing workshops for other parents (the third short-term outcome). With this break in the assumption chain, it was clear to the collaborative that they would not reach their other expected outcomes for this activity, that more parents would learn and use positive parenting skills. Consequently, the Modoc Collaborative re-examined the Train-the-Trainer strategy and their expectations for this program.

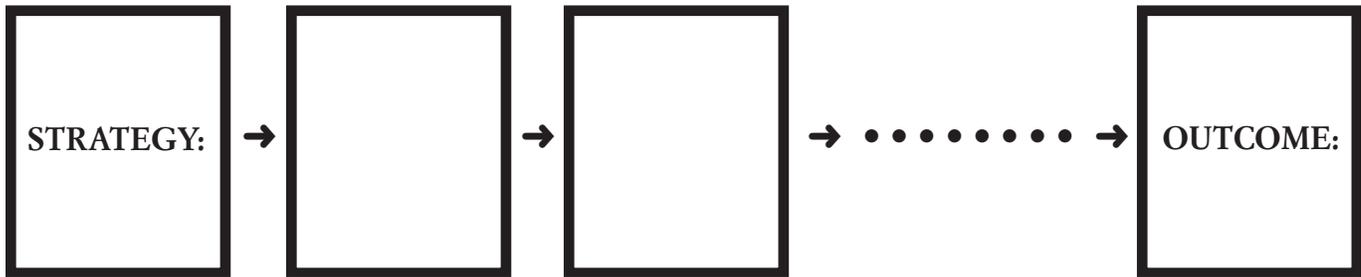
Collaborative members realized that they had not anticipated the positive impact the program would have on the parent “mentors” who had received the intensive training, in terms of both their growth as individuals and their ability to take on other important roles within their community. Although various obstacles had prevented the program graduates from teaching parenting workshops, they had become involved in other collaborative areas, such as becoming Court Appointed Special Advocate volunteers. The collaborative decided to change the name used to describe the graduates of the training program from “parent mentors” to “parent advocates,” which they felt better described the role these parents now played. The collaborative invited representatives from the county welfare-to-work program to be involved in helping to develop the training program and to refer welfare-to-work participants to the program. Modoc’s short-term outcomes were changed from teaching parenting workshops to empowering parents as individuals and advocates through intensive parenting workshops.



Worksheet 4: Assumption Dominoes

Purpose: To help identify the assumptions that link strategies and outcomes.

Write the strategy on a piece of paper and the outcome on another piece of paper. Place the strategy on the far left and the outcome on the far right on sticky paper. Work from the strategy by asking the question: “What would we expect to happen if this strategy were put in place?” Write the answer on a piece of paper and place it next to the strategy. Now repeat the question: “What would we expect to happen if this occurs?” Identify each step of the chain until the answer to the question is a change in the outcome.



When the chain has been completed, look it over to decide whether the strategy selected is logically linked to the outcome. If not, revise the strategy and begin again with assumption dominoes.

Chapter 5. Evaluation Questions: What Do You Want to Learn?

A crucial first step in designing an evaluation is to identify what the collaborative wants to know. What the collaborative wants to know is captured in a set of evaluation questions. Developing a good set of *evaluation questions* is very important because the questions will drive what type of information (data) you collect.

Evaluation questions can be developed at different levels. Questions at a very general level are important for capturing in a few words what an evaluation is looking at. General questions don't provide much detail, so they are not very helpful in figuring out how one would go about answering the questions. For example, one of the questions a collaborative should ask about its *strategic action plan* is:

Did the implementation of our strategic action plan improve the health and well-being of children in our community?

(The development of the strategic action plan is discussed in Phase II: Asset-Based Community Planning of the *We Did It Ourselves: A Guide Book to Improve the Well-Being of Children Through Community Development*.)

This is a very important question. It is also at a very general level that doesn't provide much direction about where to start to answer it. However, if you write more specific questions, such as:

Did we implement Strategy #1?

Did we implement Strategy #2?

etc.

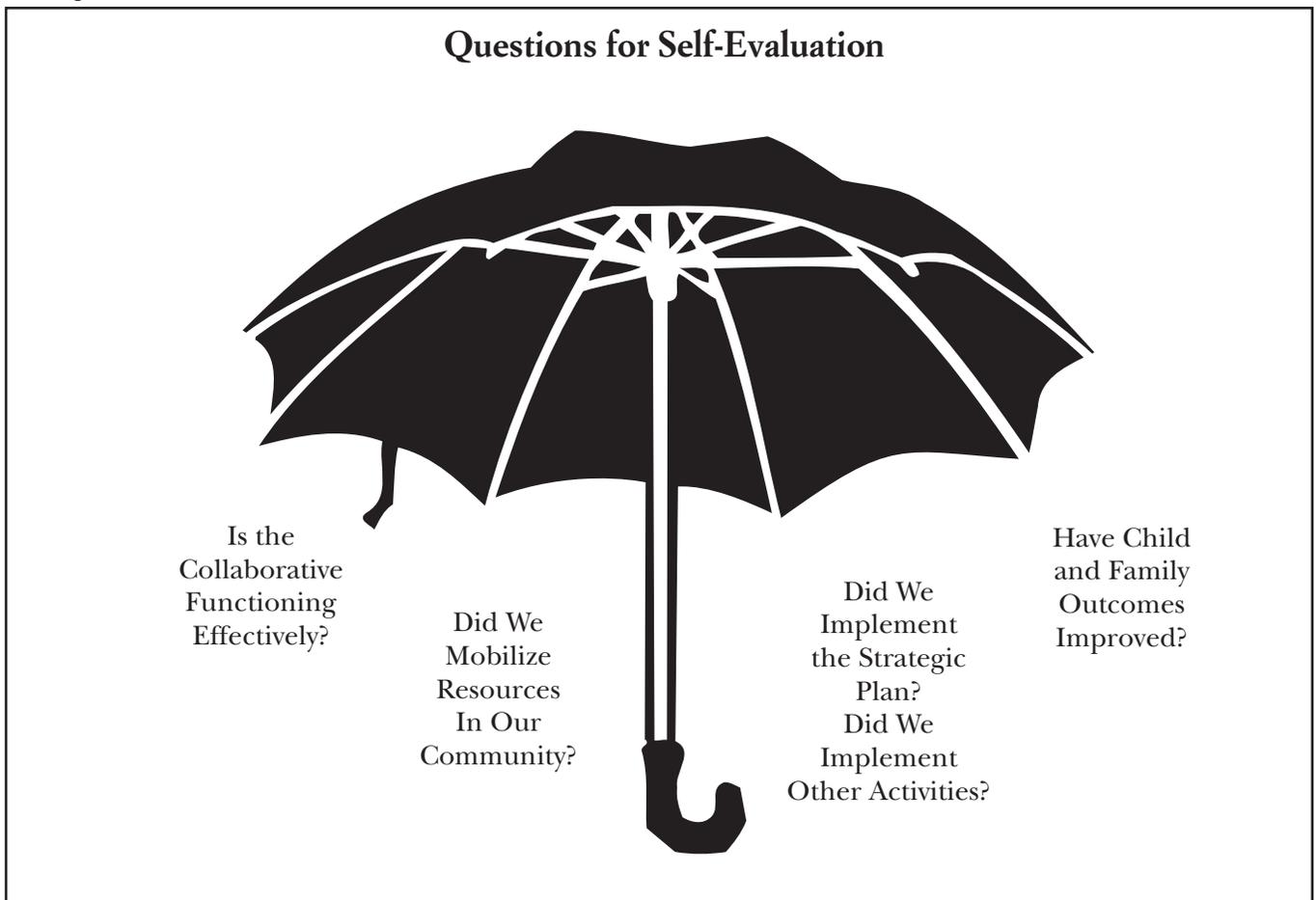
Did we achieve any change in Child Outcome #1?

etc.

it becomes clearer as to what information you might need to answer the questions. By answering the more specific questions, your collaborative will ultimately be able to answer the general question.

There are four very general umbrella questions that collaboratives might want to look at on a regular basis (for example, annually) with regard to their overall activities and effectiveness. These questions are:

1. Is our collaborative functioning effectively?
2. Did we mobilize resources in our community?
3. Did we implement the Strategic Action Plan for Year 1 (2, 3, etc.)? Did we implement other activities or programs?
4. Did we affect the health and well-being of children 0 to 8 years of age?



We are going to be focusing on the last three questions in the context of the Strategic Action Plan.

What are evaluation questions that relate to evaluating the Strategic Action Plan?

There are three categories of evaluation questions related to the Strategic Action Plan and the implementation of selected strategies:

1. Questions about implementation: Did we implement “it”? To what extent did we implement “it”? Did we mobilize resources? Which resources did we mobilize? What other activities did we carry out?
2. Questions about short-term outcomes: Did the short-term outcomes we expected happen?
3. Questions about long-term outcomes: Did the long-term outcomes we expected happen?

What are implementation questions? (“Did we do it?”)

Implementation questions are questions about the extent to which a strategy, activity, program, event, etc., was put in place and about the resources associated with it, such as:

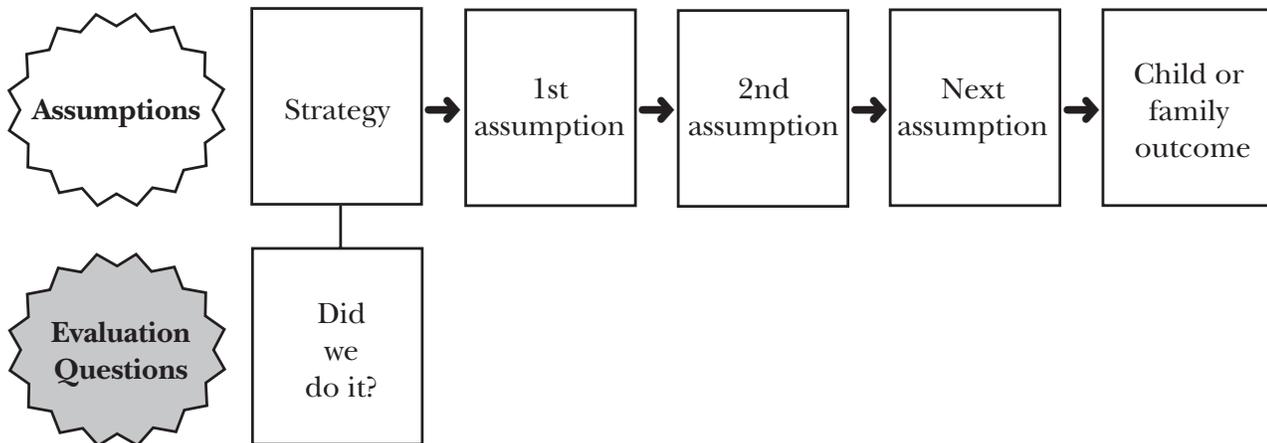
Was Strategy A implemented?

What activities related to Strategy A were implemented?

What resources were mobilized to implement the strategy?

How well did we implement Strategy A?

Notice that these are all questions about the strategy or the activities that make up the strategy.



When you write questions for your strategies, you will need to adapt the generic form of the “did we do it?” question to your particular strategy. Here are some examples of “did we do it?” questions rewritten to address particular strategies:

- Was a public awareness campaign implemented to make the community more aware of child abuse?
- What activities were carried out as part of this campaign?
- To what extent was each of these activities implemented?
- What resources were mobilized to carry out the public awareness campaign?
- What problems encountered in implementing the public awareness campaign can be improved? What aspects went very well?
- Was a parent education strategy put in place?
- What activities were implemented as part of this strategy?
- How well were they implemented?
- What resources were mobilized to carry out the parent education strategy?
- What problems were encountered in implementing parent education? What aspects went very well?

How specific should our implementation questions be?

You’ll need both general and specific questions. General questions are appropriate for describing and communicating about the focus of the evaluation to most audiences. The specific, nitty-gritty questions are needed by those working most closely on the evaluation because they pinpoint what data need to be collected.

If your strategy is made up of a lot of very different activities, then you will probably want to write a set of questions about each activity.

- Was a parenting class established?
- Was a Health Fair held?
- Was a recreation program initiated?
- Was a 24-hour parenting hotline established?
- Were Neighborhood Watch groups established?
- Were dental screening clinics held?

To produce information that will both document that the strategy/activity was implemented and give you information for improvement, you will need to anticipate all the things your collaborative would want to know about implementation of the strategy/activity. This thinking ahead will result in a very specific set of questions like when, how, how many, how long. These are the questions that will produce data for improvement (and

also document in detail what was carried out for the next generation of collaborative members). If your general question is: Was a parenting class established? think about and develop questions for all the other things you would want to know about the parenting class, for example:

- When and where were the classes held?
- How many sessions over how many weeks?
- How long were the sessions?
- What resources (individuals, associations, institutions, and funds) were mobilized to carry out the parenting class?
- How many people enrolled?
- Who enrolled (gender, age, number and ages of children, ethnic or linguistic group, etc.)?
- How many people attended?

Questions such as these will produce information that will allow your collaborative to reflect on whether the parenting class was a successful activity. For example, one way to improve on the parenting class (or any other program) is to get more people to participate. To do that, you need to collect data on how many people participated the first time, why some people dropped out, and what those who attended liked and didn’t like. The corresponding evaluation questions could be: How many people attended? Did people like the class? How many dropped out and why?

As part of writing questions, think about what your collaborative would want to know at some point down the road when you are reflecting on how to make the strategy better. Remember: Evaluation is the collection and reporting of information for **decision-making**. The kinds of decision your collaborative will make probably involve continuing to implement a strategy/activity as is, revising it in some way, or discontinuing it.

Why should we ask questions about implementation?

There are several good reasons why your collaborative should ask questions about implementation. The answers to implementation questions will provide information:

1. To document what you have accomplished so you can celebrate your successes.
2. To allow your collaborative to reflect on each strategy/activity to see how it can be improved. To be able to discuss how to improve something, you first have to know what you did.
3. To report to the community at large about the collaborative and what it is doing.
4. To report to a funder on how you have carried out your grant.

- To maintain a historical record for the next team of collaborative members.

Answers to implementation questions provide the difference between this:

The Yourtown Children’s Collaborative conducted a public awareness campaign on child abuse. The public awareness campaign consisted of billboards, public service announcements, newspaper articles, and announcements in association newsletters.

and this

The Yourtown Children’s Collaborative conducted a public awareness campaign on child abuse. Three billboards with the telephone number for reporting suspected abuse were placed in three locations (Highway 67 and Main Street; the H Street Exit off of I-40; Broadway at the entrance to Reed Park). Billboard space was donated by the Chamber of Commerce, and the billboard design was created by the Yourtown High School Graphics Class. Each of the billboard messages was in place for two months.

Two 30-second public service announcements were developed on child abuse. One focused on stress reduction for parents and the other on the community’s obligation to report. Each announcement aired 12 times on KKID between July and November. Air times were 6:20 am, 1:40 pm, 5:50 pm, and 11:25 pm. The announcements were developed by the collaborative and produced at no charge by KKID.

The Yourtown News ran a series of six feature articles between April and June on child abuse. Each article covered a topic related to child abuse and contained the telephone number for reporting suspected abuse. The reporter for the series has been a participating member of the collaborative since 1995.

Fourteen community associations also ran brief announcements reminding their members about child

abuse prevention and giving the telephone number for reporting suspected abuse. The participating associations included....

What about activities that are not in the Strategic Action Plan?

Our work with collaboratives has taught us that they often undertake additional activities after the Strategic Action Plan has been developed. This happens because new issues emerge or the collaborative is presented with a new opportunity to do something in the community to help children and families. Therefore, it is generally a good idea to write an evaluation question that covers activities not in the plan. Recall that the evaluation questions drive what data will be collected. Jumping ahead to Chapter 18 on writing the report, the data determine what you will be able to write about in your report. To ensure that your evaluation report will cover all of the things your collaborative worked on during the time period, it is a good idea to include an evaluation question such as:

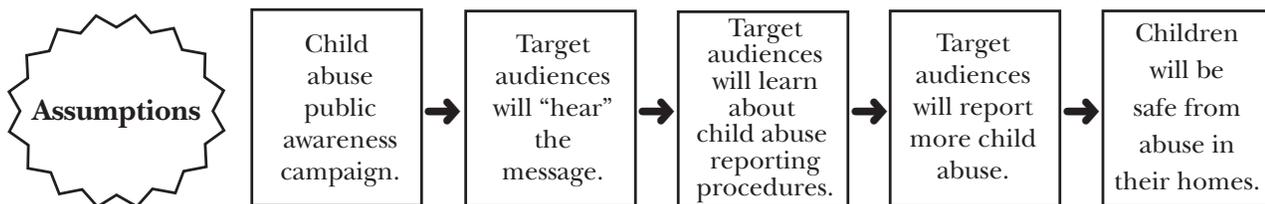
“What other activities did the collaborative carry out during the year?”

What are questions about short-term outcomes? (“Did it happen?”–short-term)

Short-term outcomes are outcomes that your collaborative expects to achieve before child and family outcomes are achieved. Short-term outcomes are the middle steps in the assumption dominoes chain. They are the intermediate or interim outcomes on the way to long-term outcomes. They are your predictions about what will happen when the strategy/activity is implemented.

Short-term outcomes are important because they are tangible evidence of success prior to long-term outcomes, and they indicate whether the assumptions your collaborative was working under are valid.

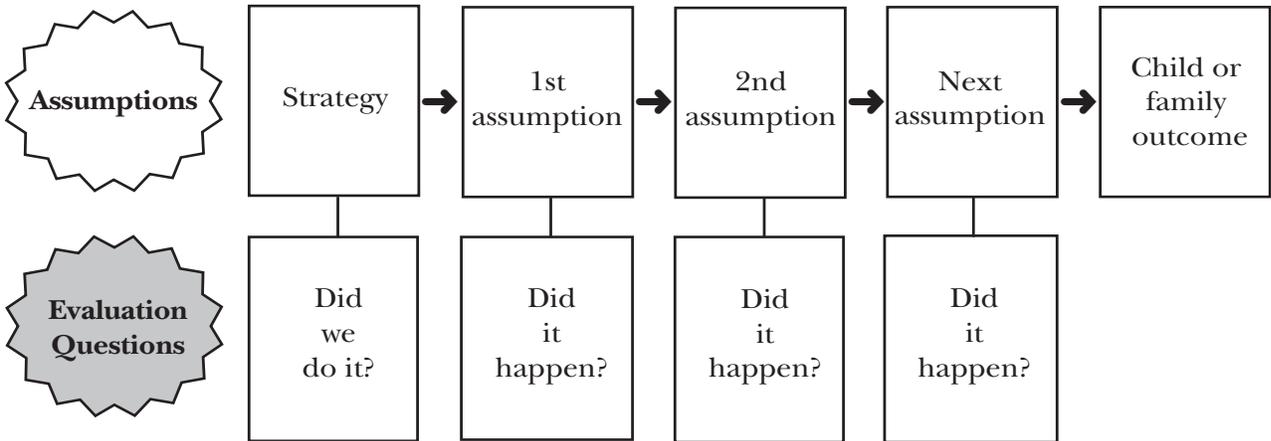
Example:



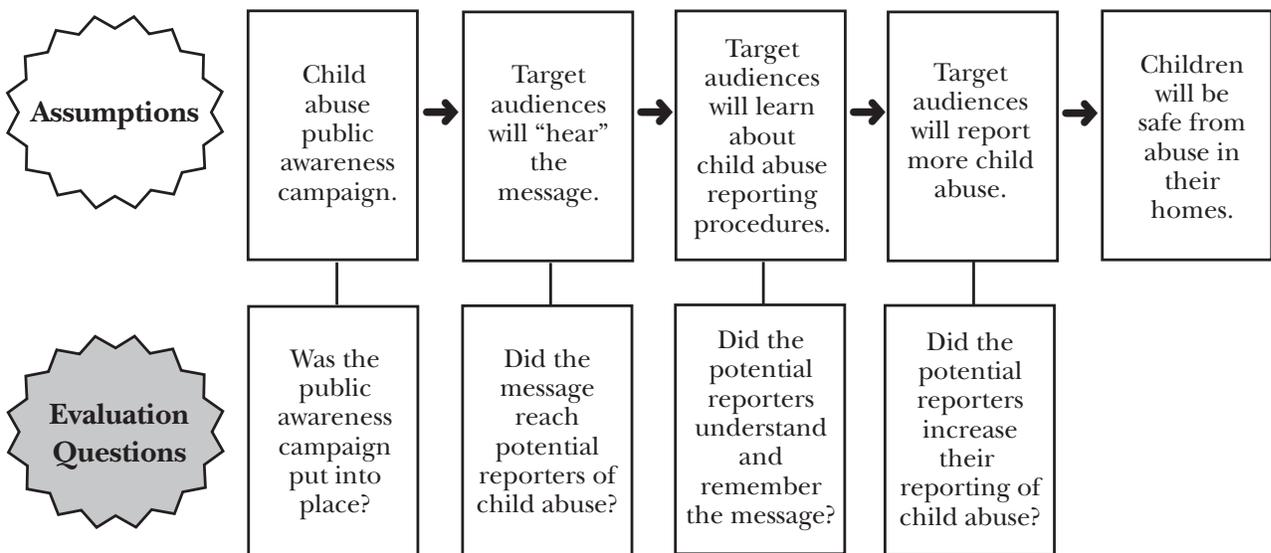
These assumptions are short-term outcomes that the collaborative has seen as connecting the public awareness campaign with children being safe in their homes from abuse and neglect.

Evaluation questions related to short-term outcomes or *short-term questions* take the short-term outcomes identified in the assumption dominoes

and ask, “Did it happen?” or “Was this achieved?” Remember, the assumption dominoes were the collaborative’s best guess as to what had to happen for the strategy to affect the outcome. A set of general and specific evaluation questions can be written for each domino.



For the public awareness campaign example, the evaluation questions related to short-term outcomes would be:



Each of these general questions also has a related set of more specific or detailed questions:

- Did the message reach potential reporters of child abuse?
- How many members of the community have seen the billboards?
- Heard the public service announcements?
- Read the newspaper articles?
- Read the information in the newsletters?
- Did the potential reporters understand and remember the message?

- How many members of the community know what constitutes child abuse and neglect?
- How many know how to report it?
- How many feel they have an obligation to report it?
- How many have changed their knowledge of child abuse or their attitude toward reporting recently?
- How many attribute their knowledge or change in attitude to seeing or hearing one of the messages of the child abuse campaign?

Did the potential reporters increase their reporting of child abuse?
Did child abuse reporting increase since the campaign was initiated?
Are different types of people reporting child abuse since the campaign was started?
Has there been an increase in false reports of child abuse and neglect?
How many people who are reporting saw or heard one of the campaign's messages about child abuse?

Why do we want to address questions about short-term outcomes?

Many of the child and family outcomes that collaboratives have selected will take a number of years to change. In your analyses of *underlying causes*, many of you have seen how the problems you are addressing are rooted in a complex web of related factors that aren't going to be easy or quick to change. (For a discussion of underlying causes, see the discussion on "What is blocking us from reaching our vision?" in Phase II: Asset-Based Community Planning of the *We Did It Ourselves: A Guide Book to Improve the Well-Being of Children Through Community Development*.) This means the indicators that you are measuring for your child and family outcomes may not show change for many years into the future.

Measuring the predicted short-term outcomes will give the collaborative members some interim information on whether or not what they have put in place is working in the expected direction. It will also provide information that can be used to improve the strategy if it is not working as expected.

If there is no information on the expected short-term outcomes, the collaborative will have to wait and watch to see whether the indicators for the child and family outcomes change and to learn whether they are on the right track.

Do we need to develop questions for all the assumptions in our assumption dominoes?

Not necessarily. We recommend that you develop questions for the short-term outcomes for at least one strategy. Your collaborative can decide which strategy or strategies it wants to evaluate in depth (that is, look at short-term outcomes) and which ones it wants to evaluate less thoroughly. The short-term-outcome questions provide very useful information, but you can easily end up with hundreds of evaluation questions if your collaborative is implementing many strategies and activities.

How do we decide how many and which strategies to evaluate in depth?

Your primary purpose in conducting your evaluation is to collect information to allow your collaborative to learn from experience and make appropriate adjustments. How much effort a collaborative wants to put into evaluation depends on what it wants to learn and the level of resources available. Here are some possible criteria to use in deciding which strategies to evaluate in depth:

- Are some strategies more closely tied to your vision and mission?
- Are some strategies more directly linked to your target population?
- Are some strategies more important to the collaborative than others?
- Are some strategies taking significantly more of the collaborative's human and fiscal resources to carry out?
- Does the collaborative expect that some strategies are going to be more powerful than others?
- Are some strategies being implemented by individuals or organizations more or less willing to collect data?
- Are some strategies easier to evaluate?

There are no hard and fast rules for either how many or which strategies to look at in depth. Each collaborative will have to decide on the basis of its interests and its resources. This decision will involve striking a balance. Most collaboratives will not be able to do everything. In general, it will be more useful to a collaborative to evaluate a few strategies well and the rest minimally rather than half-evaluate all of them.

The activities that make up our strategy are very different from one another. Can we do assumption dominoes and write evaluation questions about activities?

For some, a strategy is focused on one major activity; for others, a strategy may be made up of a number of different activities. Base your evaluation questions on activities if it is easier for your collaborative. The goal is to develop meaningful, important evaluation questions in a way that makes sense to the collaborative.

Do short-term-outcome questions refer to tasks that the collaborative carries out?

No, tasks are part of implementing the strategy. Groups sometimes think that short-term outcomes are the steps in carrying out an activity, for example, finding an instructor of the parenting

class, finding a location, publicizing the class, etc. These are not short-term outcomes. These are tasks that are steps in implementing the activity or strategy.

Short-term outcomes are predictions. They refer to what the collaborative expects to have happen after the steps that make up the activity have been carried out, for example, that parents will attend, that they will learn something, and so on.

What are questions about long-term outcomes?

Long-term outcomes are your child and family outcomes. What distinguishes them from the short-term outcomes is that they tend to be more difficult and take longer to accomplish.

To write the *long-term-outcome questions*, turn your child or family outcomes into questions:

- Are children safer?
- Are families more nurturing?
- Are children more physically healthy?
- Are families free from drug abuse?
- Are children more ready for school?

These outcomes are already part of your work, and you have already taken a significant step toward answering the corresponding questions by identifying your indicators and compiling your baseline data. Congratulations: this part of your evaluation design is well under way.

In following chapters, when we refer to long-term outcomes, we are talking about child and

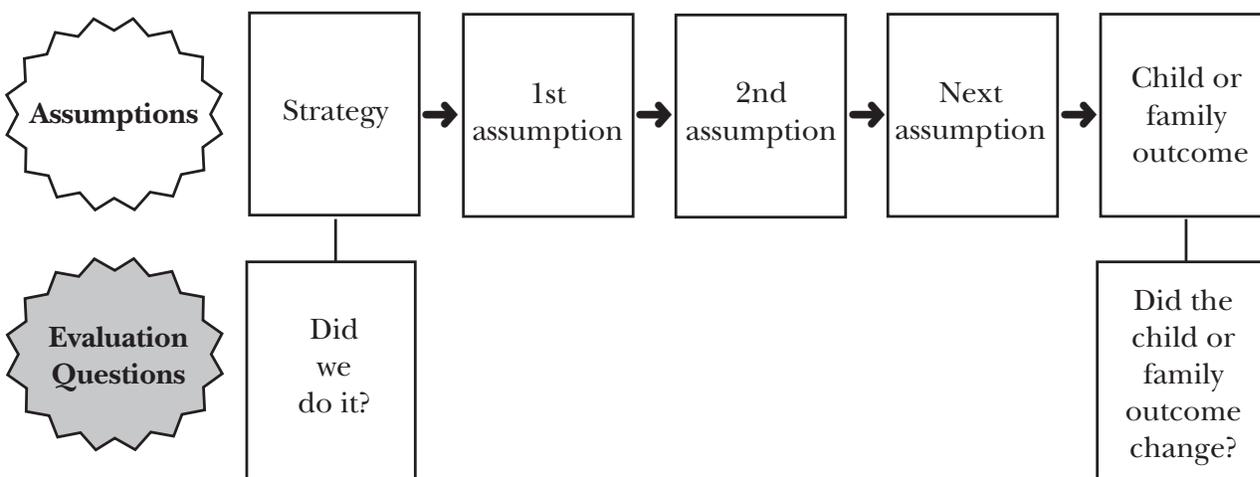
family outcomes. Community-level outcomes, though sometimes long-term in scope, are more likely to be strategies being implemented to affect child and family outcomes (and therefore covered by implementation questions) or steps along the way to achieving outcomes for children and families (and therefore covered by short-term-outcome questions.)

Overall, what evaluation questions do I need to write to do a good evaluation?

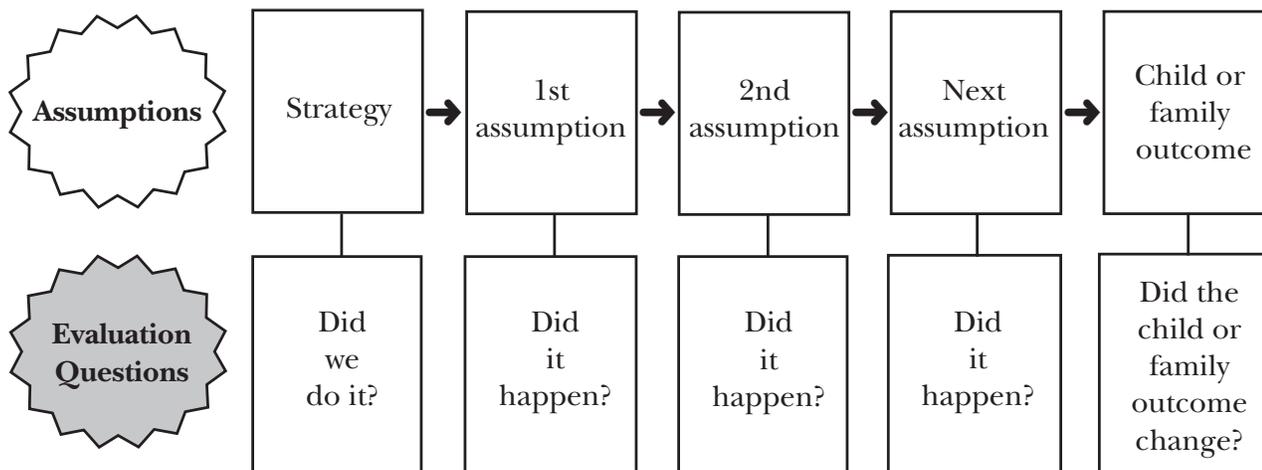
Collaboratives who want to do a thoughtful evaluation should develop:

- Evaluation questions about implementation for **each** of the strategies they choose to implement.
- An evaluation question that addresses other activities that they might undertake.
- Evaluation questions for the child and family outcomes associated with each of their strategies.
- Evaluation questions for short-term outcomes (i.e., your assumptions) for at least one of the strategies.
- Evaluation questions that address other issues of importance to you that are not included in the above.

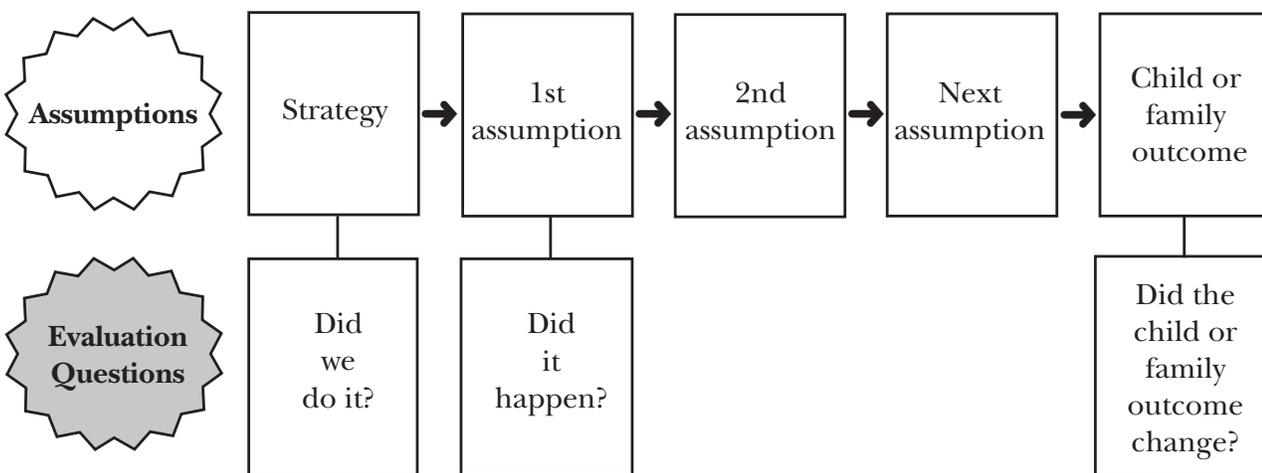
For some strategies (e.g., ones that others have proven are effective), you might write questions only about implementation and long-term outcomes.



For other strategies, the ones you choose to evaluate in depth, you will have questions about the short-term outcomes, as well as questions about implementation and long-term outcomes.



Additionally, collaboratives might also want to evaluate some but not all short-term outcomes associated with a strategy.



A possible format for your collaborative to use in recording your questions is included in Worksheets 5, 6, and 7 at the end of this chapter.

After developing your questions, you'll need to identify ways to get the answers, and that's the next step in developing an evaluation plan.

Worksheet 5: Implementation Questions (Did We Do It?)

Purpose: To develop evaluation questions about implementation.

1. Pick one of the strategies in your Strategic Action Plan and write it in Column 1.
2. In Column 2, write one or more evaluation questions about the implementation for this strategy. Remember, these are questions about “did we do it?”
3. If your strategy is made up of several different activities, write the first activity in Column 1 and write evaluation questions for this activity in Column 2. Continue for each subsequent activity. See sample matrix next page.

Strategies and Activities	Evaluation Questions about Implementation

Worksheet 5: Implementation Questions (concluded)

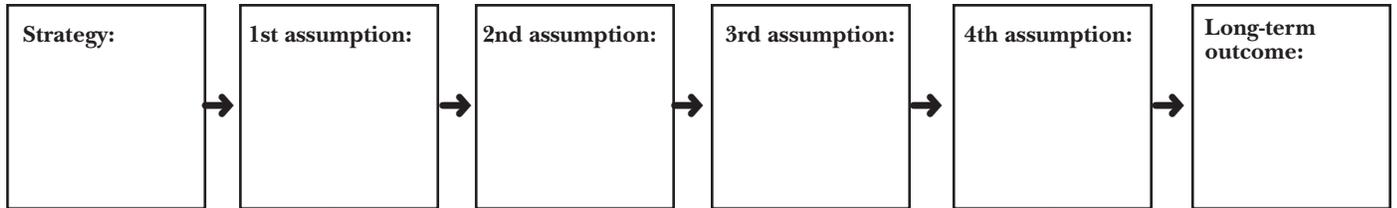
Sample Matrix for Evaluation Questions about Implementation (Did We Do It?)

Strategies and Activities	Evaluation Questions about Implementation
<p>Strategy: Public awareness campaign to reduce child abuse</p>	<p>Was the public awareness campaign put in place? What resources were mobilized?</p>
<p>Activity 1: Billboards on child abuse and reporting</p>	<p>Were the billboards put in place? If not, why not? How many? Where? How long? What resources were mobilized?</p>
<p>Activity 2: Public service announcements</p>	<p>Were public service announcements made and aired? If not, why not? What dates and what time of day? What resources were mobilized?</p>
<p>Activity 3: Newspaper articles</p>	<p>Were newspaper articles run? If not, why not? How many and when? How many people does the newspaper reach? What resources were mobilized to develop and run the newspaper articles?</p>
<p>Activity 4: Notices in association newsletters</p>	<p>Were notices put in association newsletters? If not, why not? How many associations? How many people did these newsletters reach? What resources were mobilized to get the notices in the newsletters?</p>

Worksheet 6: Questions about Short-Term Outcomes

Purpose: To develop evaluation questions about short-term outcomes.

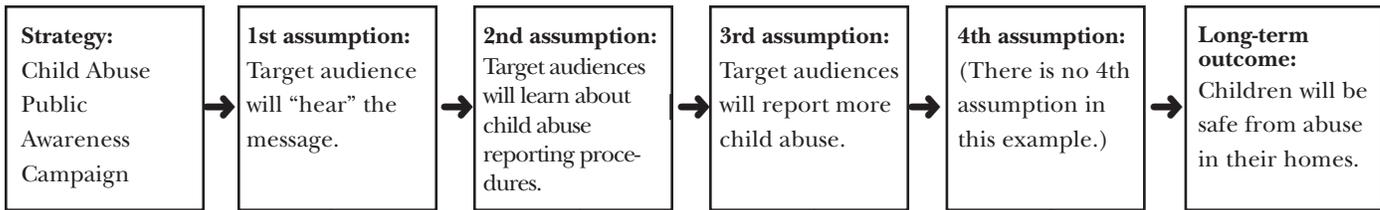
1. Pick one of the strategies in your Strategic Action Plan. Write the strategy in the “strategy” box and the child and family outcome in the “outcome” box. Complete the assumption dominoes in between, using as many columns as you need.
2. Underneath each domino column, write the general evaluation question that you would ask about that domino. Make sure the questions refer to your assumptions, not to tasks.
3. For each general evaluation question, think about whether there are specific questions that also should be addressed.



Short-term outcome 1	Short-term outcome 2	Short-term outcome 3	Short-term outcome 4
General question:	General question:	General question:	General question:
Other specific questions:	Other specific questions:	Other specific questions:	Other specific questions:

Worksheet 6: Questions about Short-term Outcomes (continued)

Sample Matrix for Evaluation Questions about Short-Term Outcomes (Did It Happen?)



Short-term outcome 1	Short-term outcome 2	Short-term outcome 3	Short-term outcome 4
<p>General question:</p> <p>Did the message reach potential reporters of child abuse?</p> <p>Other specific questions:</p> <p>What percentage of community residents surveyed remember hearing a public service announcement about child abuse reporting on the radio?</p> <p>What percentage of community residents surveyed remember seeing a billboard about child abuse reporting?</p> <p>What percentage of community residents surveyed remember reading a local newspaper article about child abuse reporting?</p>	<p>General question:</p> <p>Did the potential reporters understand and remember the message?</p> <p>Other specific questions:</p> <p>What percentage of residents who recall hearing the public service announcement remember who to contact to report suspected child abuse or neglect?</p> <p>What percentage of residents who recall seeing a billboard remember who to contact to report suspected child abuse or neglect?</p> <p>What percentage of residents who recall reading a newspaper article remember who to contact to report suspected child abuse or neglect?</p>	<p>General question:</p> <p>Did the potential reporters increase their reporting of child abuse?</p> <p>Other specific questions:</p> <p>How many reports of child abuse and neglect were received by CPS in a given year?</p> <p>How many reports were made by first-time reporters?</p> <p>How many reports were made by non-mandated reporters?</p>	<p>General question:</p>

Worksheet 7: Questions about Long-Term Outcomes

Purpose: To develop long-term-outcome questions.

- 1. Write your first child and family outcome in Column 1.
- 2. Write an evaluation question that corresponds to that outcome in Column 2.
- 3. Continue for each of your child and family outcomes.

Child and Family Outcomes	Long-Term Evaluation Questions
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

PART II.
METHODS: HOW TO GET THE
INFORMATION YOU NEED

Chapter 6. Evaluation Methods: Answering Your Evaluation Questions

Now that you have evaluation questions for your strategy or strategies and each of your assumptions or short-term outcomes, your collaborative will need to decide how you will answer those questions. You will be finding ways to answer the “Did we do it?” and “Did it happen?” questions. There are many ways, or methods, to answer your evaluation questions. What you need to know, who can provide the answers, and when you should collect the data are some of the things to consider when you decide on the method to use to answer each evaluation question.

Part II of this Guide looks at what you need to do to get the information that will answer your evaluation questions. Collecting the right information from the right people at the right time is essential to learning how your implementation efforts are going and why. This chapter will provide an overview of methods for collecting data to answer your evaluation questions. Specific evaluation methods will be discussed in detail in Chapters 7, 8, and 9.

What are evaluation methods?

Evaluation methods are ways to collect data in order to answer your evaluation questions. You may have already identified the methods you will use to answer the evaluation questions related to your long-term child and family outcomes. These are the data you are collecting for the indicators (see Chapter 3), and they will answer the evaluation questions about long-term child and family outcomes.

What are some examples of ways to collect data?

There are many ways of gathering information to answer your evaluation questions. Some common ways include:

- Written surveys or questionnaires
- Interviews
- Focus groups
- Direct observations (including videotaping)
- Knowledge tests
- Other tests or assessments
- Administrative data (such as school attendance records or crime statistics).

Each of these methods for collecting data will be discussed in detail in Chapter 9.

Evaluation methods are generally considered to fall into one of two categories: *qualitative methods* and *quantitative methods*.

Qualitative methods allow selected issues to be studied in detail and in depth. Examples of qualitative methods include focus groups, unstructured interviews, and videotapings. Qualitative methods provide the opportunity to study something without having to decide beforehand exactly what type of information will be coded. For example, a qualitative approach to answering a question about why families don't use community recreation facilities more often might include observations of the current programs, focus groups with parents of young children who haven't used the recreation facilities, and some questioning of parents who do use the programs. Qualitative methods provide rich information but can be very challenging to analyze because sometimes it is hard to know how to reduce so much information to key findings. If you have conducted focus groups in the past, you might have had this experience.

Quantitative methods involve a set of common measures with structured responses. Examples of quantitative evaluation methods include institutional data, structured interviews, survey questionnaires, tests, checklists for observing behavior, etc. The questions for the interview or questionnaire are worked out ahead of time, so every person is asked the exact same questions. Continuing with the example above, an alternative approach to learning why community recreation programs are not being used would be to do a community survey. A set of survey questions and likely responses would be developed by the evaluator. This survey would be distributed to a large number of people. The advantage of this approach is that it provides information from lots of people. The disadvantage is that the person developing the survey needs to know the questions to ask and the responses people are likely to give to each. Answers to the questions are tallied, and results are presented numerically (“63% of the parents said. . .”). Quantitative evaluation methods work well if you want to collect information from a large group or population of people. They also produce data that are easier and quicker to analyze.

Can we use qualitative and quantitative evaluation methods?

You can use both qualitative and quantitative evaluation methods. Sometimes a quantitative method will be more appropriate to answer your

evaluation question, and other times a qualitative method will be more appropriate. Sometimes both are appropriate. In general, the choice between qualitative and quantitative evaluations is based on how much you already know about what you are studying, how many people you want to reach, and what kind of data you want. Is it more important to know general information from a lot of people or in-depth information from a few? The type of evaluation method you use will depend on how your collaborative answers these evaluation questions.

Who do we collect data from?

Deciding who to collect information from to answer a particular evaluation question is an important part of developing an evaluation method. You need to decide which people are most able to provide the data that will help you answer your evaluation questions. What you want to know about them or from them depends on your evaluation questions. The group of people you are trying to reach with a particular strategy or activity are your *target population*. It is for this group that the change you seek is critical, and it is they who have the information that will help you answer your questions.

Identify your target population by asking “Who are we trying to reach with this strategy or activity?” The target population for a community-wide information campaign would be the entire community. The target population for a parents’ hot line would be parents. The target population for an immunization program would be all young children 0-5 years old. You will need to collect data from or about your target population to answer your evaluation questions.

Some target populations will be more or less receptive to a particular type of data collection. You will need to consider which approach will be most productive. For example, would the target population of parents of young children be more receptive to a telephone interview, a focus group, or a mail survey?

Small target population: If your target population is small, you can collect data from all or nearly all of them. For example, if your target population is women and children in shelters, you could conceivably collect data from all or nearly all of the residents. Qualitative evaluation methods can be effective with small target populations.

Large target population: If your target population is large, you may need to collect data from only some of them. For example, if your target population is parents of young children, you

could collect data from some parents at each elementary school in your community. The group of people you collect data from is referred to as your *sample*. With large target populations, quantitative evaluation methods are most common, although qualitative methods could be used with subsets of a large target population.

When do we collect data?

Since the intent of your strategies and related activities is to effect some type of change in your community or a segment of your community, you want to collect data over time that will show that change has occurred. There are two ways to measure or show this change: *repeated measures* and *retrospective data* collection.

With *repeated measures*, the same data are collected two or more times on some type of schedule. The same data collection method (the same survey, test, interview, etc.) is used repeatedly. The first time the data are collected provides the *baseline*. The baseline is the starting point. We have already discussed the need to collect baseline data on your child and family indicators. If it is completed prior to implementing a strategy, a first-time measure can also be a *pretest* of attitudes or knowledge.

The same data are subsequently collected with a regular interval of time between collections, such as annually, semiannually, or at the end of a class or the end of a public awareness campaign. The second and subsequent times you use the method to collect data are *interim measures* or *posttests*.

Baseline or pretest data collection is done before a strategy, activity, or intervention is put in place. It tells you about your target population before you try to make any changes. For example, pretest data tell you how much parenting skills knowledge a participant had before taking a parenting class. In another example, baseline or pretest data tell you what percentage of your community knew what constituted grounds for reporting child abuse and neglect before a public awareness campaign to increase reporting of child abuse and neglect was implemented.

Data collection for posttests or interim measures is done at key points during the implementation of the strategy, activity, or intervention, and at the conclusion of it. Comparisons can then be made between the results of the pretest or baseline and the results of the posttest(s) or interim measures to show whether change occurred. If an intervention is short, such as a parenting class, posttesting is done at its conclusion. If the intervention is repeated

with a new group of participants, pre- and posttesting are repeated with them. Comparisons between pre- and posttests of parenting knowledge would indicate whether participants' knowledge changed.

For longer-term activities, such as a public awareness campaign on child abuse and neglect (what it is and how to report it), subsequent data collection could be done annually or semiannually. The results of the later data collection on the community's knowledge of what constitutes child abuse and neglect would be compared with the results of the baseline. This comparison would tell you whether the percentage of the community who could correctly identify child abuse and neglect had increased, decreased, or stayed the same.

Retrospective data collection is the second way to collect data to show change. Retrospective data are collected after the strategy, activity, or intervention is completed. This method asks respondents to provide current information, as well as information about a previous period of time, and may also ask them to evaluate how much change has occurred between the previous and current points in time. If a strategy, activity, or intervention has been in place for a considerable period of time, retrospective data collection is required. If for some other reason data collection can be done only once, retrospective data collection also is the desirable approach.

Is our method feasible?

Some additional considerations need to be taken into account when developing the methods for collecting data: your collaborative's human and financial resources.

Human resources. Will you have the human resources to do the data collection? If you are considering conducting focus groups with potential reporters of child abuse or neglect, the evaluator/facilitator will need to be well trained, sensitive, and observant. If you are considering conducting a structured telephone interview, the interviewers will need to be trained to be objective, and they may need to be from the target group to be trusted or perceived as credible. You will have to determine how many interviewers you need to achieve the number of completed interviews you want within a certain period of time. Depending on your resources, you may want to consider hiring additional help. One collaborative found that hiring students from a local college or university was an affordable way to conduct a door-to-door neighborhood survey.

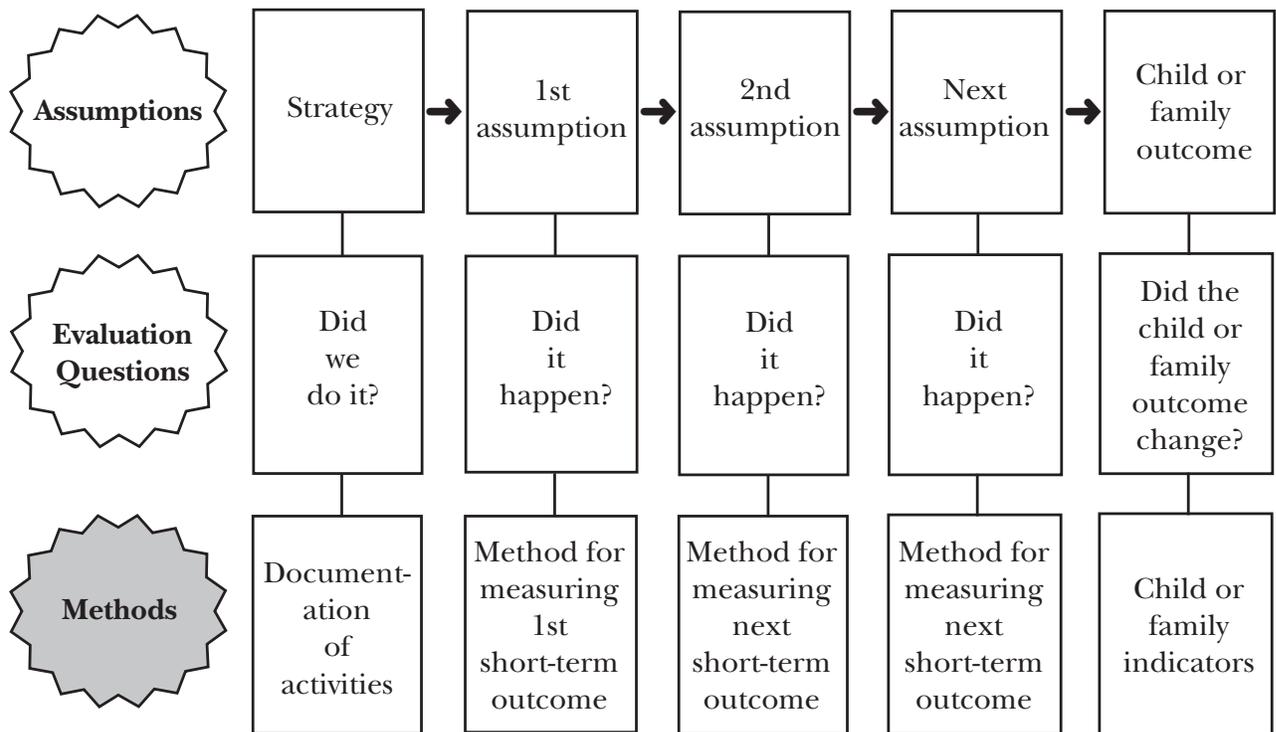
Financial resources. What will be the costs of the methods you have selected? As mentioned in Chapter 4, there is a general rule of thumb that evaluation should require about 10% of the total investment in a project. Some methods are considerably more costly than others. For example, a mail survey costs less to do than an in-home, in-person survey if you have to hire people to do your interviews. The 10% refers to the entire evaluation effort and will need to cover data collection, analysis, and reporting. The abilities to accomplish these activities may be found among your membership, or you may want to hire someone with a certain expertise to assist you.

It is important to select the evaluation method that will provide you with the data you need, given the resources you have available.

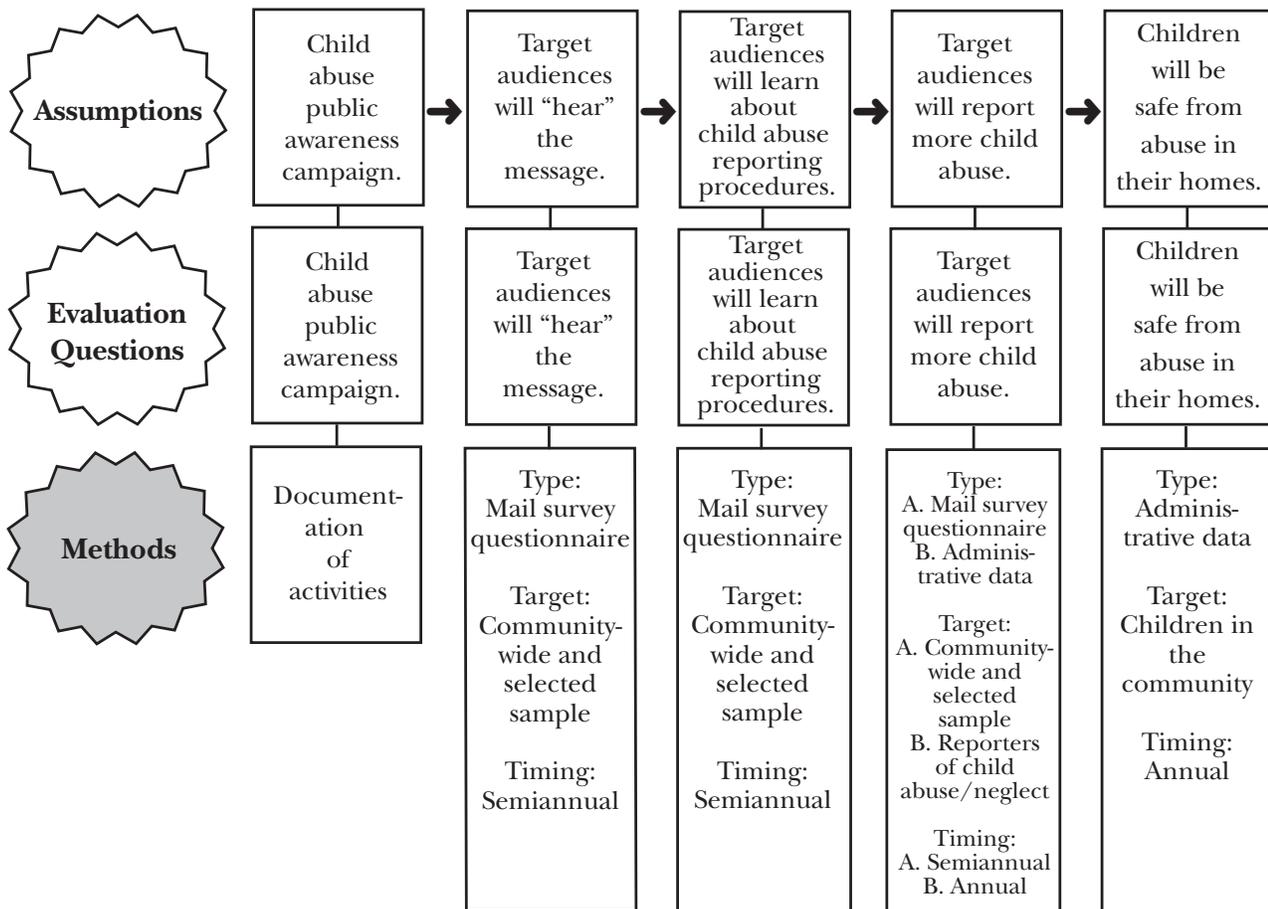
Do we need a method for each evaluation question?

You will need to identify an evaluation method for each of your implementation and long-term-outcome evaluation questions. The same method can often be used to answer more than one question. For the evaluation questions on implementing your strategy ("Did we do it?"), you will answer the question by documenting the implementation. For the evaluation questions about your long-term outcomes, the methods will be the ones that you are using to collect data on your indicators.

For the strategies you choose to evaluate in depth, each short-term outcome question will need to have a corresponding method for collecting data. For the evaluation question on each short-term outcome (“Did we achieve the first, second, third, etc., short-term outcome?”), you will identify one or more methods to collect data to answer the question.



The following is an example showing methods for the public awareness campaign on child abuse that was introduced in the previous chapters. Keep in mind that this is only an example, and alternative methods are possible and may even be preferable. Each of the data collection methods mentioned is addressed in Chapters 8 and 9.



Measuring the implementation of a strategy

The implementation of a strategy is measured by documenting how, when, where, and by whom the strategy was implemented.

Measuring the first short-term outcome

For the evaluation question related to the first short-term outcome, “Did the public awareness campaign message reach potential reporters of child abuse?”, the evaluation method could be a questionnaire surveying selected target groups within the community every six months.

Type of data collection: The data would be collected with a mail survey questionnaire to provide quantitative data. Specific items on the questionnaire would address more detailed evaluation questions, such as whether the respondent saw billboards, heard public service announcements, read newspaper articles, or read the newsletters.

Target group: Because the target group is so large, that is, the entire community, data collected from a sample of the community would be sufficient. There are some key segments within the community that are of special interest because of their contact with families at risk of child abuse or neglect: health professionals, teachers, parents, neighbors of low-income families, individuals with contact with substance abusers, etc. These segments of the community would be targeted and a representative number of them identified to be surveyed.

Timing of data collection: The data collected the first time are retrospective data. The questionnaire would ask whether the respondent had seen the billboards, public service announcements, or newspaper or newsletter articles in the last six months, and therefore is retrospective in its design. Since one can assume that no one would have seen any of the campaign approaches before their implementation, the level of awareness at the time of the first data collection will measure the change from zero. Subsequent data collection times, every six months, would be repeated measures. They will show changes in awareness compared with previous data collection times.

Measuring the second short-term outcome

For the evaluation question related to the second short-term outcome, “Did the potential reporters understand and remember the message?”, the evaluation method could be additional items on the same mail survey questionnaire.

Type of data collection: The data would be collected with a mail questionnaire to provide quantitative data. Specific items on the questionnaire would address more detailed evaluation questions, such as what constitutes child abuse and neglect, how to report abuse or neglect, whether the respondents feel an obligation to report, whether their attitude toward reporting abuse or neglect has changed, and whether they attribute a change in attitude to seeing or hearing one of the messages of the campaign.

Target group: The same.

Timing of data collection: Data collected semiannually.

Measuring the third short-term outcome

For the evaluation question related to the third short-term outcome, “Did the potential reporters increase their reporting of child abuse?”, the evaluation method would be an item on the questionnaire asking the respondents whether their reporting of child abuse had increased. Child abuse reporting data also should be collected from institutional sources, such as the local child protective services agency or its equivalent. Social workers taking reports could be asked to collect some additional data, such as whether the reporters had seen or heard the public awareness campaign and what target groups they represented.

Type of data collection: Community survey and institutional quantitative data.

Target population: Same for survey. Actual reporters of child abuse/neglect for institutional data collection.

Timing of data collection: Data collected semiannually for the survey. Annual institutional data collection.

Measuring the long-term outcome

For the evaluation question related to the long-term outcome, “Are more children safe in their homes from abuse and neglect?”, the evaluation method would be the data collection method specified in indicators of long-term outcomes. In this case, the indicators were the number of child abuse reports and number of children removed from families—data to be collected from the local protective services agency.

Type of data collection: Administrative quantitative data.

Target population: Children in the community.

Timing of data collection: Collected annually. The next chapters will explore several methods of collecting data in detail. Chapter 7 helps you identify what evaluation methods work best for which types of evaluation questions. Chapter 8 tells you how to document your hard work so that you can answer your implementation questions. Chapter 9 looks at additional data collection tools, such as interviews and questionnaires, that you may need to use to answer your other evaluation questions. Before deciding on which methods work best to answer your evaluation questions, take the time to read the next three chapters. There is a lot of information presented in these chapters to digest. Remember, the goal of evaluation is to learn about what you are doing, the effect you are having, and how you can improve this for next year: to be a learning community. The reason for thinking carefully about evaluation methods is so that you can collect the best information you can. Your decisions will be only as sound as the information that they are based on.



Chapter 7. Identifying the Focus of the Evaluation Questions: A Step on the Way to Selecting Evaluation Methods

As you learned in Chapter 6, after developing a set of evaluation questions, you need to select a method to answer each question. The method is the tool or technique you will use to collect the information needed to answer your evaluation question. You may find that many of your questions can be answered by the same method.

An intermediate step along the way to selecting a method is to identify the general topic areas that you want to learn about. The topic areas are the focus of your evaluation questions. Some methods are better suited than others to address certain topics. Identifying the focus of each of your evaluation questions will point you in the direction of some methods and away from others.

In this chapter, we discuss eight possible topic areas that CPHC collaboratives might be interested in learning about. These topics are:

- Implementation
- Opportunities in the community
- Participation and utilization
- Awareness
- Satisfaction
- Attitudes, norms, and psychological states
- Knowledge
- Behavior.

This set does not represent all possible topics, but we suspect it encompasses the topic areas of most of the evaluation questions that you have developed. Each of these topic areas is described briefly in this chapter, along with a very brief discussion of appropriate methods. These recommendations are summarized in a matrix with accompanying examples. The methods from which you will be choosing include:

- Documentation
- Written surveys
- Interviews
- Focus groups
- Tests of knowledge
- Other tests or assessments
- Direct observation
- Administrative data.

Documentation will be discussed in Chapter 8. The remaining methods will be discussed in detail in Chapter 9.

1. Implementation

Evaluation questions about implementation refer to carrying out your strategies and activities. In Chapter 5, we described implementation questions as the “did we do it?” questions. Chapter 5 also contains many examples of implementation questions, that is, questions that ask about the extent to which a strategy or activity was implemented and the resources that were mobilized to do so.

2. Opportunities in the Community

For some of you, evaluation questions about opportunities in the community are the same thing as questions about implementation. Many collaboratives have designed strategies that focus on increasing opportunities in the community (for example, providing more recreation programs, instituting parenting classes, or developing activities that allow parents to spend time with their children and with other parents). For these collaboratives, the strategy and the opportunity are one and the same thing.

Other collaboratives may be implementing strategies in which the opportunity should (but may not) result from the implementation of the strategy. For example, if a collaborative was implementing an economic development strategy, the intended result would be more jobs in the community. The increase in jobs would be the increased opportunity in the community. A second example would be a community that was planning to implement a strategy designed to train more licensed child care providers. The intent of the strategy is to increase opportunities in the community. The number of child care providers and the number of children who can be provided with licensed child care would be the resulting opportunity.

The distinction is important for these collaboratives because it would be foolish for them to assume that the desired opportunities would increase just because the strategy was implemented. In fact, this is an assumption that needs to be tested. The evaluation questions related to opportunities are specific forms of “did the [opportunity] increase?”

Methods to measure increased opportunities in the community include documentation (that is, documenting the result of putting the strategy in place), direct observation (for example, observing families playing in the park after the cleanup activities), and use of administrative data (for example, the number of jobs in the community).

3. Participation and Utilization

Participation refers to attendance at an event, a class, or a program. Utilization generally refers to the use of a service. Both have to do with the number of people who take advantage of a particular resource that is available in the community.

Some collaboratives may have identified resources in the form of programs and services that exist in the community, but for various reasons are not being used as fully as they might be. These collaboratives might be instituting a strategy designed to get people to take fuller advantage of the resources that are present in the community. Collaboratives that are instituting new programs will probably be interested in tracking the extent to which the community in general or a particular segment (for example, Spanish-speaking parents) uses the new resource. Usually, collaboratives will be seeking to increase participation. However, for some services that address negative aspects of community life, such as foster care for children removed from abusive homes, the ultimate goal is a reduction in use.

In addition to tracking the number of people participating, collaboratives may want to know about why more people aren't participating or why they drop out after they start a program. Answers to questions such as these provide concrete information that can be used to make resources more accessible and more accessed.

Examples of evaluation questions about participation and utilization include:

- How many people participated? Attended? Made use of the service?
- How can participation/utilization be increased?
- What are the barriers to participation?
- Why didn't more people participate?
- Why are former participants no longer participating?

In general, "how many?" questions are answered by a count. These counts can be obtained through actual head counts, sign-in sheets, attendance checks, or, for events with lots of people, giving tickets to a raffle or a free treat to every attendee. The "how?" and "why?" questions, however, are better answered through surveys, interviews, or focus groups because these techniques provide more qualitative information.

4. Awareness

Evaluation questions about awareness refer to people's knowledge of a specific event, program, or aspect of community life. Unlike participation,

which refers to actually taking part in something, awareness just means the person knows something exists. A collaborative might have evaluation questions about the community's awareness of a positive aspect of the community (for example, a resource) or a negative aspect (for example, child abuse, drug abuse). Generally, collaboratives will be trying to increase awareness.

Examples of evaluation questions about awareness include:

- How many people were aware of the event? The resource? The class? The campaign?
- How many people in the community are aware of child abuse as a problem in our community?
- How many people are aware of the recreation opportunities in the community?
- How did people become aware of the event?
- Did awareness increase over the year? Half year?
- How can awareness be increased?

Written surveys, interviews, and focus groups are well suited to answer questions about awareness.

5. Satisfaction

Satisfaction questions include the evaluation questions related to how people felt about a specific event or program. This group includes questions about how people felt about something overall as well as what specifically they liked and did not like about it. Assessing satisfaction can provide critical information for evaluating the success of your activities. If people like something, they are more likely to participate, learn, etc. If they do not like it, you need to find out why.

Examples of evaluation questions about satisfaction include:

- How did participants feel about the class, the event, the activity, the program?
- Were participants satisfied with the event, class, resource, etc.?
- What did they like? Why?
- What didn't they like? Why?
- How could the class, event, activity, program, etc. be improved?
- How many would participate again? Why or why not?

Written surveys, interviews, and focus groups are well suited to address evaluation questions related to satisfaction.

6. Attitudes, Norms, and Psychological States

Collaboratives asking evaluation questions about attitudes, norms, and psychological states are trying to change some aspect of how people think or feel about themselves or about their community. Racial prejudice, for example, is an attitude. Acceptance of drug use or alcohol use are community norms. Belief in corporal punishment as a way to change children's behavior is an attitude or a belief. Many collaboratives have recognized the stress and isolation of families raising young children. Stress and isolation are dimensions of how people experience life and how they feel. Attitudes are not the same as behavior, although they are often seen as an underlying factor. Someone's behavior may or may not accurately reflect their attitudes and beliefs.

If you are addressing evaluation questions related to attitudes and psychological states, you might notice that they tend to be "farther removed" from the strategy on the assumption dominoes chain. They also can be challenging to measure.

Examples of evaluation questions related to attitudes, norms, and psychological states include:

- Has there been a change in how the community thinks about _____ (drinking, drug use, children staying unattended, etc.)?
- Are families less isolated?
- Are families more socially supported?
- Are families experiencing less stress?
- Do more children have improved self-esteem?

Many instruments measuring attitudes or norms have been developed for use in research studies. These instruments tend to have many, sometimes very many, items that get at several dimensions of what is being measured. For example, an instrument called the "Child Abuse Potential Inventory" (CAP) was developed to screen individuals suspected of abuse. The CAP contains 160 items and measures things like distress, loneliness, and unhappiness.

An alternative approach is to measure attitudes through a very small number of items that are part of, for example, a larger community survey. Items could be included such as "I have friends and family I can turn to when I need help with my child" or "I think this community is a safe place to live." More items give you better measures of attitudes or psychological states, but sometimes it is not practical to administer an entire instrument. It is sometimes more feasible to administer part of an existing survey than to administer the whole thing.

Other ways to assess attitudes and beliefs include focus groups (Do families with young children feel isolated in this community? Why?) and interviews.

7. Knowledge

Knowledge refers to what people know or know how to do. For example, learning that there is a relationship between child abuse and drug abuse is a change in what someone knows. Knowing how to use "time outs" as a technique for dealing with children's problem behaviors refers to something someone knows how to do. Knowledge is distinct from behavior. People might, and often do, have knowledge that they do not use. A change in knowledge does not guarantee a change in behavior, but it is often a necessary step (and a success that can be celebrated).

Evaluation questions related to changes in knowledge include:

- Do parents know more about how to care for children's teeth?
- Do more children know how to care for their teeth?
- Do more parents know that reading to young children is important?
- Do parents know more about normal child development?
- Do more parents know about good nutrition?
- Do children show improved school achievement?
- Do more parents have job skills that make them employable?
- Do parents have improved literacy skills?

Changes in what people know can be assessed through items on written surveys such as "Two-year-olds can generally speak in complete sentences. True or False?" Written instruments made up entirely of such items are better described as tests. Your community may be adopting or adapting a program developed elsewhere, such as a packaged curriculum. If that program comes with its own test, it is almost always better to administer the instruments that come with the program. Administrative data, such as school achievement data, can be used to track changes in knowledge among school-aged children.

8. Behavior

The last category of evaluation questions refers to behavior change. Many collaboratives carry out activities in the community that are ultimately designed to change how people—be they parents,

children, adolescents, or community members at large—behave. The change could be an increase in positive behaviors, a decrease in negative behaviors, or both. Behaviors tend to be the focus of dominoes at the end of the assumption dominoes chain. In many cases, the child and family outcomes of your collaborative refer to behavior change.

There are numerous evaluation questions that relate to changes in behavior, for example:

- Are parents providing more nurturing environments for their children?
- Are parents using more positive discipline methods?
- Do parents take their children to the library or the park more often?
- Are parents reading to their children more often?
- Are more parents taking their children for their immunizations on time?
- Do children show improved school attendance?
- Are more parents attending school board meetings?
- Are parents volunteering in schools more?
- Are children watching less TV?
- Are there fewer behavior problems in schools?
- Has there been a decrease in alcohol abuse?
- Are fewer teens sexually active?
- Has there been a decrease in drug use?
- Has there been a decrease in child abuse?
- Are fewer children left unattended before and after school?

Assessing behavior and change in behavior can be difficult because many behaviors are not readily observable (child abuse, drug use). One approach to collecting behavior data is to ask people to report on their own behavior. This can be done through written surveys (“In the past week, how many hours of television has your child watched?”), interviews (“If your child throws a temper tantrum in the grocery store, what would you do?”), or focus groups. The limitation with self-reporting of behavior is that people may not answer honestly or may not recall how often they have done something. Direct observation is an especially strong method for recording behavior, but it can be very costly to carry out and often is not feasible. You may have already identified some ways to measure behavior through completing your community assessment and selecting your indicators. The statistics collected by your police department (arrests), your social service agencies

(reported child abuse cases), your school systems (school attendance), and other organizations can be powerful ways to answer evaluation questions about behavior.

Are some methods better suited than others to particular evaluation topics?

The answer to this question is a resounding “yes,” and that is why it is important to think about the topic areas in your evaluation questions. The matrix on the next page shows methods that might typically be used to address each of the eight topic areas discussed above. The matrix should be taken as a general guideline. You may have a good reason why you want or need to use a different method. Alternatively, you may come up with a clever application of a method to a topic area that we have not thought of. Don’t let the matrix restrict your creativity.

The techniques listed across the top of the matrix are discussed in Chapters 8 and 9. In using the matrix to help you select a method, as with all other aspects of designing and carrying out your evaluation, you may wish to consult an outside researcher or evaluator.

METHODS BY TOPIC AREAS MATRIX

Topic Areas of Evaluation Questions	Methods									
	Documentation	Written Surveys	Interviews	Focus Groups	Tests of Knowledge	Other Tests & Assessments	Direct Observation	Administrative Data		
Implementation/ Resource Mobilization	✓✓ a						✓ c			
Opportunities in Community	✓ c						✓ d	✓✓ e		
Participation/ Utilization	✓✓ f						✓ g	✓ h		
Related Issues	✓ i	✓✓ j	✓✓ k	✓✓ l			✓ m	✓ n		
Awareness		✓✓ o	✓✓ p	✓ q						
Attitudes/ Norms/ Psychological States		✓✓ r	✓✓ s	✓✓ t		✓✓ u	✓ v	✓ w		
Satisfaction		✓✓ x	✓✓ y	✓✓ z		✓ aa				
Knowledge		✓ bb	✓ cc		✓✓ dd			✓ ee		
Behavior		✓ ff	✓ gg	✓ hh		✓ ii	✓✓ jj	✓✓ kk		

The following are examples of methods that correspond to each of the checkmarks in the matrix. The letter in front of each example corresponds to the letter in the box of the matrix.

Implementation/Resource Mobilization

- a. *Documentation*: Developing a form to document that a strategy was implemented, who was responsible, and who provided the resources (the Rotary Club donated food for an event, a newspaper column was published by the Reporter, etc.).
- b. *Direct Observation*: Videotaping families at a community event.

Opportunities in the Community

- c. *Documentation*: Developing a form to document that a resource or opportunity exists that did not previously (parenting classes, a recreation center).
- d. *Direct Observation*: Photographing families using the recreation center, the job resource booth.
- e. *Administrative Data*: Obtaining data on the number of high-quality child care slots available from the local child care resource and referral agency, or data on the number of jobs available from the local economic development committee.

Participation/Utilization/How Many?

- f. *Documentation*: Developing a sign-in sheet to track the attendance at parenting classes or a community event. Using the circulation rates of a newspaper to estimate the number of people who read your Family Page.
- g. *Direct Observation*: In-person observation of families attending a youth softball game.
- h. *Administrative Data*: Acquiring school district data on the number of parents who volunteer at schools. Getting school attendance rates from schools.

Issues Related to Utilization

- i. *Documentation*: Using enrollment data to determine whether a certain number or type of person did not return to parenting classes after attending the first one.
- j. *Written Surveys*: Sending a survey in the mail to the parents who dropped out of the classes, asking why they did not finish the series.
- k. *Interviews*: Conducting a telephone interview of parents who dropped out of the classes, asking why they did not finish the series.
- l. *Focus Groups*: Bringing a group of people together to talk about reasons why they did not attend an event.

m. *Direct Observation*: Observing and recording how long children stay at the Wednesday night recreation program and what activities they participate in when they are there.

n. *Administrative Data*: Using agency client records to determine which segments of the community are using and not using CHDP clinics.

Awareness

- o. *Written Surveys*: Sending a mail-in survey to find out whether people have heard of various community resources, like the after-school programs at the recreation center.
- p. *Interviews*: Conducting in-person interviews of public officials to find out whether they are aware of the extent of child abuse in the community.
- q. *Focus Groups*: Bringing parents together to talk about how much they know about parenting resources in the community and how they found out about them.

Attitudes/Perceptions/Norms

- r. *Written Surveys*: Mailing an anonymous survey to find out the percentage of households that serve alcohol to minors.
- s. *Interviews*: Conducting interviews of kindergarten teachers to find out whether children are more ready to start school this year than previously.
- t. *Focus Groups*: Bringing a group of parents together to talk about feelings of isolation and support systems.
- u. *Other Tests and Assessments*: Administering the Coopersmith Self-Esteem Inventory to fourth-graders.
- v. *Direct Observation*: Observing the decision-making process local policy-makers use in deciding whether to pass ordinances related to the sale of alcohol.
- w. *Administrative Data*: Counting ordinances related to community norms around alcohol use.

Satisfaction

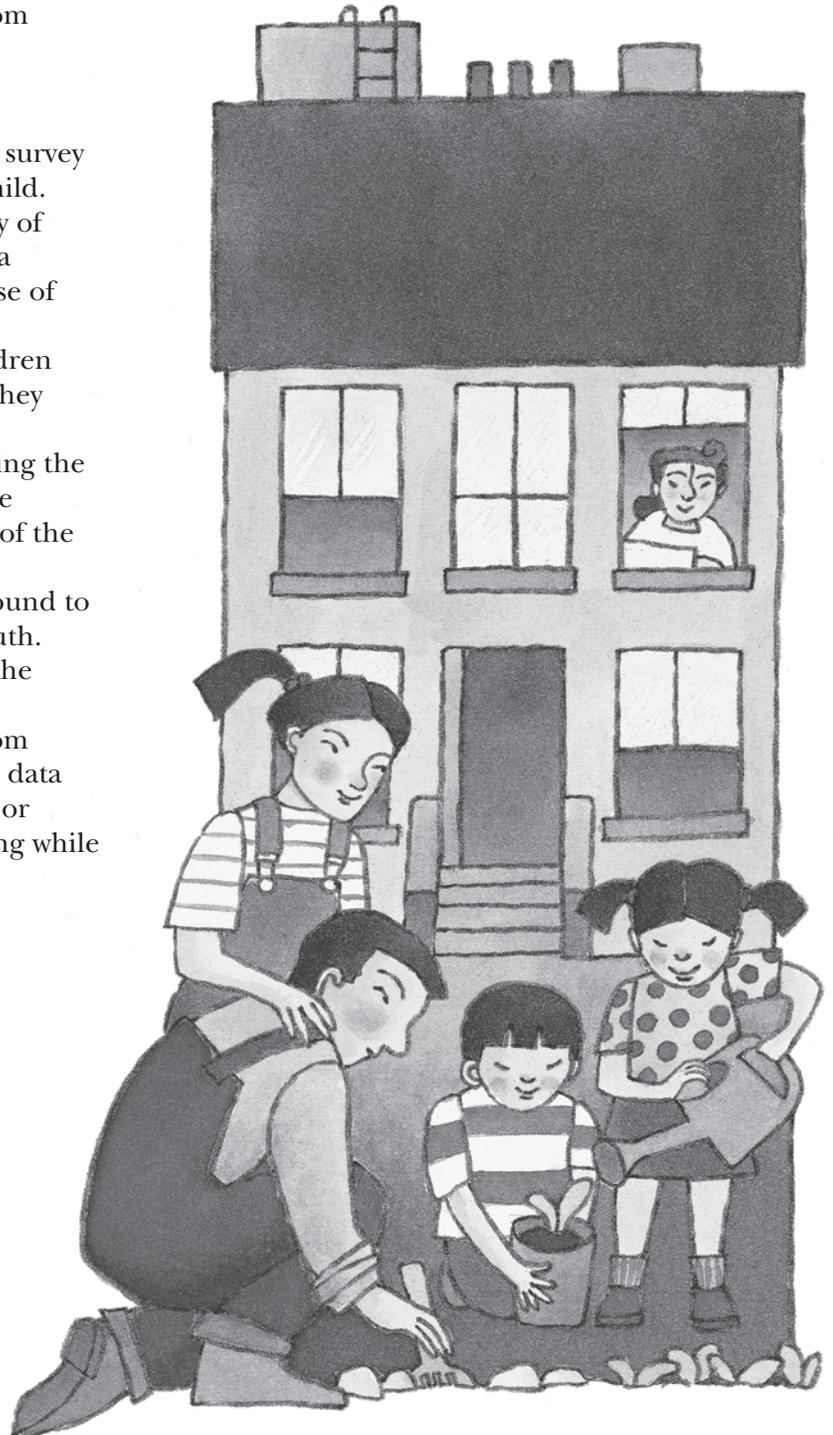
- x. *Written Surveys*: Distributing a written questionnaire that asks about how well the babysitter training was received by the participants.
- y. *Interviews*: Conducting interviews of key school staff to find out whether the after-school program is liked by the students.
- z. *Focus Groups*: Bringing a group of children together to find out whether they are happy with the programs offered at the new recreation center.
- aa. *Other Tests and Assessments*: Administering the published satisfaction survey that came with the published parenting curriculum you implemented.

Knowledge

- bb. *Written Surveys*: Passing out a short questionnaire to find out whether parents know how to choose high-quality child care.
- cc. *Interviews*: Conducting a brief phone survey to investigate whether families know more about how to choose high-quality child care.
- dd. *Tests of Knowledge*: Developing a pre- and posttest to find out whether parents know more about appropriate nutrition after completing the parenting class. Administering the Knowledge of Child Development Inventory (KCDI) to assess parent knowledge.
- ee. *Administrative Data*: Collecting data from schools on reading achievement, grades.

Behavior

- ff. *Written Surveys*: Asking a question on a survey about how often parents read with their child.
- gg. *Interviews*: Conducting a phone survey of school nurses to find out whether there is a decrease in children missing school because of illness.
- hh. *Focus Groups*: Bringing a group of children together to find out how much television they typically watch.
- ii. *Other Tests and Assessments*: Administering the Home Observation for Measurement of the Environment Scale (HOME) to graduates of the parenting program.
- jj. *Direct Observation*: Going to the playground to count the number of conflicts between youth. Going to school board meetings to count the number of parents who attend.
- kk. *Administrative Data*: Collecting data from schools on disciplinary actions. Collecting data from county agencies on child abuse rates or domestic violence rates or arrests for driving while intoxicated.

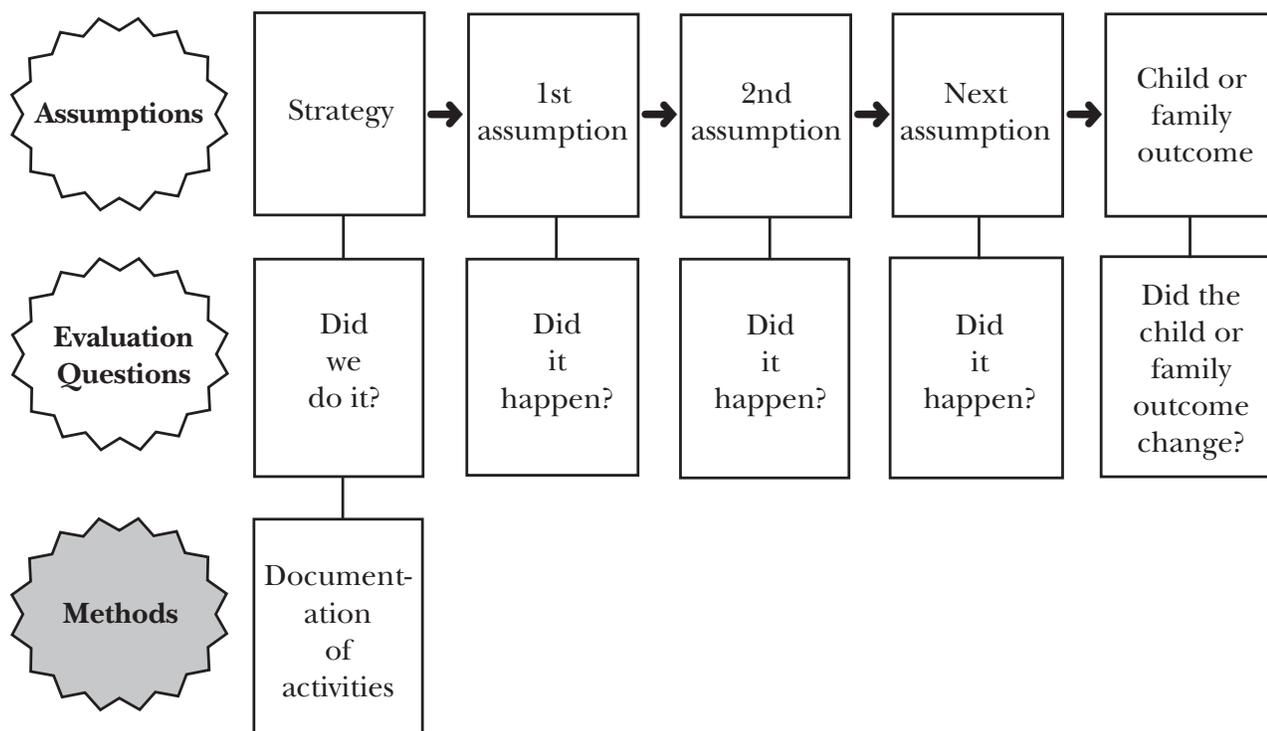


Chapter 8. Documenting Your Strategies and Activities: How to Answer Your Implementation Questions

You've identified your evaluation questions; now you're ready to begin gathering the information to answer them. Most likely, the first set of evaluation questions you have to answer are those related to your strategies and activities. These are your implementation questions, the "did we do it?" questions (e.g., was a parenting class established?; was a Health Fair held?), and the "did we mobilize resources?" questions. This chapter will discuss how to answer your implementation questions through the *documentation* of activities and strategies.

How will we answer our implementation questions? ("Did we do it?")

Implementation questions are usually best answered by documenting that the activity or strategy has been put in place or has occurred. (See Chapter 5 for more information on implementation questions.) Having systematic information available to your collaborative about your activities will help with your decision-making. It will help members reflect on whether the activity was a success and how it could be made better if it is to be repeated. This process is what enables you to become a learning community.



What does it mean to document?

To *document* simply means to keep track of what you have done. *Documentation* is a record of events or accomplishments; it is your evidence of what you have done.

What types of activities will we need to document?

You should document all of your collaborative's activities and strategies that are included in your strategic action plan. You will want to document all activities (including those that are in addition to your strategic action plan) that consume a significant amount of time and resources, to make sure that your collaborative gets credit for all its hard work.

Should we be documenting our strategies or our activities?

For documentation, you will be focusing on your activities. As we described earlier, strategies are the broad set of related activities designed to target an issue or outcome, while an activity is one component of a strategy; for example, a media campaign is a strategy, and a family page in the newspaper or an announcement on the radio is an activity. It would be very difficult to document most strategies without first documenting each of the activities that are components of the strategies. For our media example, to keep track of a media campaign, you would need to keep track of each part of the campaign: the newspaper article, the radio and TV announcements. Therefore, for documentation, you will be focusing on your activities.

When should we begin documenting activities and strategies?

It is important to begin documenting strategies and activities as soon as you begin implementing them. For example, if your strategy is a media campaign, then you need to begin documentation as soon as the first newspaper article is published or radio announcement is aired. As soon as your collaborative begins an activity, you should begin documenting that activity.

What if we've already begun some activities?

Start documenting these activities now. If possible, you also might want to collect information about past activities. For example, if your collaborative has already begun a media campaign, if possible, collect information on the newspaper articles and the radio and TV announcements that have already occurred. The more time that slips by before you document your activities, the more information you will lose.

How do you document?

You can document in various ways. The most common kind of documentation is some form of record keeping. To ensure that you are consistent in the types of information you gather about your activities and strategies, you will often find it helpful to develop a form to use in keeping track of activities. There are many different types of forms that you can use, including logs, diaries, classroom sign-in sheets, registration sheets, etc. The type of form you design depends on the evaluation questions you are asking, which determine the types of information you would like to know.

You might want to document some activities by taking photographs of the activity and creating a picture scrapbook. You might also want to create a scrapbook that includes all of the articles or announcements run in the newspaper.

How do we design a documentation form?

There are two steps to designing a documentation form. First, you need to decide what types of information you want to include in your form. Then, once you know what information you want to collect, you need to create a form that lays out the items requesting the information in a way that makes the form easy to complete. If you are trying to include a great deal of information on one form, you might find it helpful to have someone on your collaborative or in your community who has good graphic or visual skills help design the form layout. Some examples of documentation forms are included at the end of this chapter.

What should we include in a documentation form?

The contents and format of your documentation form depend on your evaluation questions and the type of activity you are documenting.

There are three types of questions to think about when designing your documentation form:

1. Your questions about implementation.
2. Your questions about mobilizing resources.
3. Your questions about participants.

1. Answering evaluation questions about implementation

You want to document that you implemented your activity. The first set of evaluation questions about most activities includes the general "did we do it?" type of question, as well as several specific questions about "how did we do it?", "when did we do it?", and "where did we do it?" The information

you need to collect to answer these questions depends on the type of activity you are implementing. The following are some examples of the types of information you might want to document about your activities related to the “did we do it?” questions:

<u>Examples of Activities</u>	Examples of types of information to consider collecting to answer “did we do it?” questions
Parenting classes	When classes were given, dates, times Where classes were given Content of the classes Length of the sessions
Newspaper article	Date published Where published Topic Number of newspaper column-inches
Radio or TV announcement	Date aired Time of day aired Where aired Topic Number of broadcast minutes
Billboards	Date erected/date taken down Where Topic Size of billboard
Large event (e.g., Health Fair)	Date held Where held Time of day held Number of hours Content or focus of event
Parenting hot line	Hours of operation Date initiated
Family center established	Hours of operation Location Types of services/activities available
Recreation program	Hours of operation Locations Types of activities available

2. Answering evaluation questions about mobilizing resources

The second set of questions you will want to answer are related to your “what resources did we mobilize to do it?” questions. You will want to collect information about the people, associations, and institutions involved in implementing each activity.

When documenting resources that have been mobilized, you will want to keep track of some of the following types of information:

Types of groups and individuals involved

Individuals, e.g., community volunteers

Associations, e.g., Kiwanis clubs

Institutions, e.g., Department of Health and Human Services, hospitals

Private sector, e.g., business, newspapers

Amount of time and money spent

Amount of goods, services, or money donated

Which individuals (e.g., who volunteered, which staff)

From which agency.

For example, if you were implementing a Family Day, you would want to keep track of which agencies and associations participated and what businesses or organizations made donations and what they donated.

3. Answering evaluation questions about participants

The first two types of questions (about implementation and mobilizing resources) need to be included in all documentation of activities. Documentation for some types of activities naturally lends itself to also answering a third set of questions about participants—community members, children, and families involved in the activity. Evaluation questions about participants are actually questions about short-term outcomes, but the information is often collected through documentation. It is so critical to evaluating your strategies that we are mentioning it here. For example, if your activity is a parenting class, then in addition to including questions about implementation and resources on your form, it would be easy to include questions about the participants, such as who attended the class and which classes they attended, especially if the form is designed to be used as a class sign-in sheet. For other types of activities, it does not make sense to include information about participants on the documentation form, since this type of information would need to be collected in a different way. Using our media campaign example, you would not use the same form to

document the publication of a newspaper article as you would to document who read the article, since you would need to use a different method to learn whether someone had read the article.

Some of the questions you might have about children, families, and community members involved with a strategy or activity include:

How many people participated?

Who is involved? Characteristics of the children, families, community members involved.

Are these the people we meant to target?

(Who is missing? Are there age groups, ethnic or language groups, or geographic areas that are not represented among those involved in activities? How can we reach them?)

Documenting the characteristics of children, families, and community members involved in your activities can give you valuable information to answer these types of questions. When documenting the characteristics of participants, you might want to consider requesting one or more of the following types of information:

- Birth date
- Ethnicity
- Gender
- Composition of the household
- Ages of those in household
- School status
- Language background of family members
- Geographic areas.

For large events, such as a Health Fair, you might be able to document only the number of people attending.

How do we decide how much detail to include in our documentation?

The process of obtaining information takes effort on the part of both those who give it and those who gather it. You need to consider carefully your resources, both for collecting information and for analyzing it. The level of detail of the information you collect depends on what you feel you will need to know to be able to improve your strategies. Having too little information will not allow you to answer your evaluation questions, while too much information can be overwhelming and burdensome. For example, after collecting information about mobilizing community resources, depending on the level of detail of the information, you will either be able to say “three people worked for a few months on this activity” or “it took three volunteers, Bob, Sue, and Mary, 1,000 hours to

implement this activity.” If you plan to do the activity again, it might be helpful to know exactly who was involved and how much time volunteers needed to commit. If this was a one-time activity, less detail might be sufficient. Level of detail is always a tradeoff between burden and the amount of information you need to improve your strategies.



EXAMPLES FROM REAL LIFE:

Documenting Creatively

The Tahoe/Colonial Collaborative had an inspiration when it came time to document the number of children who came to their annual Health and Safety Faire. Each child who attended received a “stamp card.” On one side of the stamp card was general information such as age, gender, and name. On the other side of the card was the name of each organization that had health or safety information booths for the children. The children were encouraged to visit all of the booths at the fair, interact with the adults, and participate in health-education-oriented activities. Once the children learned the information at the booth, they received a stamp on their card. At first some of the children were shy about interacting with adults, but after a while they became more outgoing and loved getting their cards stamped. After visiting all of the booths, the children could use their stamp card as an admission ticket to the swimming pool. These tickets were saved. Stamp cards for children who did not swim were collected at the Neighborhood Association Table. The stamp cards accomplished a number of important documentation objectives: they documented how many children attended the event, enabled the collaborative to learn the ages and gender of participants, and demonstrated how much the children participated (by documenting how many booths they visited.) The stamp card did not just document participation, it encouraged it!



Who should be responsible for completing the documentation?

The answer is the people involved in carrying out the activity, but the nature of their responsibilities will depend on the kind of documentation form you are using. If the information on the form is a type of record keeping (When did we hold the Health Fair? Where? What activities were offered?), then the people who carried out the activity need to complete the documentation form.

If the documentation involves collecting some kind of participant information, for example, a sign-in sheet at the after-school recreation program, the person running the program needs to make sure that the program’s staff have each child sign the sheet daily. When it comes time to analyze the data, the person overseeing the recreation program needs to turn the whole set of sign-in sheets (the documentation) over to whoever will be tallying them.

With record-keeping documentation, the form provides all the data you need. If participants are providing information, then the data need to be analyzed, as discussed later in Chapter 16.

When should we record the information?

You need to begin collecting data as soon as you begin implementing an activity. To be useful to you, data about your activities and strategies should be collected in a timely and reliable manner. Information should be recorded while it is still fresh.



EXAMPLES FROM REAL LIFE:

Forgetting to Document

The Central Valley Healthy Children’s Collaborative diligently created forms to document all of their strategies. They had attendance sheets to document how many people attended Neighborhood Watch meetings, registration forms and sign-in sheets for in-home child care training classes, and documentation forms and sign-in sheets to be completed for several neighborhood cleanups. Collaborative members and their partners put in many hours making these events happen. When it came time to write their annual report to their funder, however, the collaborative’s coordinator realized that no one had been given the specific responsibility to see that the forms were filled out, and, not surprisingly, they were not. While the collaborative members were able to piece together some of the information they had hoped to report, a lot of answers to key evaluation questions, particularly how many people were involved in activities, were lost. Other information, which would have been readily available had the forms been completed as planned, took numerous phone calls and precious hours to track down. The biggest disappointment was not getting to report fully on all the activities they had worked so hard to make happen.

Members of the Central Valley Healthy Children’s Collaborative vowed that next year, this wouldn’t happen again. The committee for each activity assigned specific responsibility for each documentation form and set aside time at committee meetings to make sure that they had received all the completed forms by the expected date.

Worksheet 8: Documentation of Strategies and Activities

1. Write one of your activities, and the strategy it is a part of, in the space below.

Activity:

Part of Strategy:

2. Refer back to your evaluation questions for the activity and strategy written above.
 - A. What information do you want to collect about the implementation of this activity and strategy (your “did we do it?” and “how did we do it?” questions)?

 - B. What information do you want to collect about mobilizing resources (your “what resources did we mobilize to do it?” questions)?

 - C. Does documentation for this activity lend itself to also answering questions about participants (the community members, children, and families involved in the activities)?

 Yes No
If Yes: What information do you want to collect about the community members, children, and/or families participating in the activity?

 - D. Now that you have the information you want to include on your documentation form, use a blank sheet of paper to design a documentation form that will record this information.

Examples of Documentation Forms

KIDS FIRST Coordinator Activity Evaluation

How many people attended?

Children 0-8 _____

Age 9-17 _____

18 & over _____

Do you feel that this activity met the needs of the participants?

Yes

No

What went especially well? _____

What could be improved for the future? _____

Did any children or families drop out of the activity?

Yes

No

If so, why? _____

Were activities and information supporting healthy lifestyles available?

Yes

No

What type of information and on what subjects? (Be specific) _____

Additional comments: _____

Thank you for your time to fill out this evaluation form.

Examples of Documentation Forms

Parenting Class Registration

Name: _____
(first) (last)

Address: _____
(street)

(town) (state) (zip)

Phone:: (_____) _____ - _____

Class: Mon/Wed Tue/Thurs Sat
(Circle one)

Gender: Male Female
(Circle one)

Does another adult live in your household? Yes No

If yes, who are the adults who live in your household?
(Circle all that apply)

Partner/Spouse Other relative Unrelated adult(s)

Children's Ages: (Circle ages of your children, choosing the number closest to their actual age. Indicate if twins.)
Under 1 2 3 4 5 6 7 8 9 0 10 11 12 13 14 15 16 17 18

Ethnicity: White, not Hispanic Hispanic/Latino
 African-American Native American
 Asian/Pacific Islander Multiracial
(Check one)

Language: English Spanish
Other (specify) _____
(Circle primary spoken language)

Will you be using the on-site child care provided? Yes No
If yes, for which ages? (Circle all that apply)
0 1 2 3 4 5 6 7 8 9 10 11 12 13

Do you need help with transportation bo be able to attend? Yes No

How did you find out about this class? (Circle all that apply)
Newspaper Radio Flyer Referral
Friend Other (specify) _____

For office use only

Number of classes attended: _____

Examples of Documentation Forms

AOK Family Center ACTIVITY LOG

Date:	Time:	Agency/Organization:
Names of Instructors:		No. of Participants: # Children: #Parents: #Volunteers:
Age Group: (Circle one) Children 0 - 12 Youth 13 - 18 Adult	Activity:	

Signature:

Date:	Time:	Agency/Organization:
Names of Instructors:		No. of Participants: # Children: #Parents: #Volunteers:
Age Group: (Circle one) Children 0 - 12 Youth 13 - 18 Adult	Activity:	

Signature:

Date:	Time:	Agency/Organization:
Names of Instructors:		No. of Participants: # Children: #Parents: #Volunteers:
Age Group: (Circle one) Children 0 - 12 Youth 13 - 18 Adult	Activity:	

Signature:

Chapter 9.

Tools for Data Collection: Getting the Information You Need to Answer Your Evaluation Questions

In Chapter 6, we mention a number of ways you can collect the data you need to answer your evaluation questions. Chapter 8 discusses documentation to answer your implementation questions, which is one type of data collection technique. In this chapter, we will:

- Provide more information about other data collection techniques.
- Discuss when and how to use these data collection techniques.
- Provide tips on using each technique to help you collect high-quality data.

The data collection tools discussed in this chapter are *written surveys*, *interviews*, *focus groups*, *tests of knowledge*, other tests or *assessments*, *direct observation*, and *administrative data*.

Written Surveys or Questionnaires

What is a written survey? A *written survey* or *questionnaire* is a set of written questions used to obtain information in a systematic way from individuals or groups. Written surveys can be distributed to potential respondents in a variety of ways: sent through the mail, personally delivered to people's homes, or handed out to a group gathered together for some purpose. Written surveys are usually self-administered, meaning that respondents read the instructions and write their answers to questions themselves.

Open- vs. closed-ended questions. Written surveys may contain open-ended or closed-ended questions, or some of both, depending on the kind of information (e.g., qualitative or quantitative) you are trying to collect. (See Chapter 6 for a discussion of qualitative and quantitative information.) Open-ended questions allow respondents to express their answers and opinions in their own words and provide qualitative data. They allow you to explore an issue in more depth and detail, which can mean responses are more challenging to summarize. Below are examples of open-ended questions:

- What do you think is the biggest concern for parents of young children today?
- How well do the health care resources (e.g., doctors, dentists, clinics, and hospitals) in our community meet your family's needs?

Closed-ended questions are questions that are answered with a specific set of answers, such as

“Yes/No” or “Agree/Disagree,” providing you with data that can be more easily quantified. Because the answers are standardized, meaning that each respondent chooses from the same set of answers, responses are easier to count and analyze for a large number of respondents. Because it is easier to survey a large number of people, you can apply your findings more confidently to your target population. Here are examples of some closed-ended questions:

- Overall, how would you rate your child's health? Would you say your child's health is Excellent, Very Good, Good, Fair, or Poor?
- Does your child have a regular doctor or source of health care? (Yes or No)

When should you use a written survey? Written surveys are especially good tools to measure attitudes, perceptions, awareness, and satisfaction. They can also be tailored to measure participation, knowledge, and behavior change, but other techniques may give you more valid measures of these areas.

The primary advantages of written surveys are that they are relatively inexpensive and quick. For these reasons, evaluators often select written surveys to collect data when they need to collect information from a large number of people. (Sampling and respondents will be discussed further in Chapter 10.)

Written surveys are better suited to collecting quantitative data through closed-ended questions, especially when you are surveying a large number of people, because answers to closed-ended questions require less time to analyze. A written survey, then, is a good tool to collect information about a subject that you already know a good deal about: you know what the most important questions are to ask and have a fairly good idea of what kinds of responses to expect.

Written surveys may also provide advantages in dealing with especially sensitive issues, such as drug use, because they can offer complete anonymity.

What are the limitations of written surveys? Like any data collection technique where you do not observe your subject directly, written surveys have the weakness of being somewhat artificial. A respondent's answers to a questionnaire may not be accurate, for a number of reasons. The respondent may not remember correctly or may tell you what he or she thinks you want to hear. When studying behavior change, for example, your data are likely to be more accurate if you were able to observe the behaviors you are interested in

directly. For a number of reasons, however, it is not always feasible to observe what you are interested in learning about. It would be difficult to camp out in someone's home to observe what they eat or whether or not they brush their teeth.

One important limitation of written surveys is that they require respondents to be able to read and write in the language in which the survey is written. A written survey would not be an appropriate method to find out what preschoolers learned about nutrition since three- and four-year-olds can't usually read and write.

Written surveys may be less effective when trying to study complicated topics because they don't allow the opportunity to clarify what you mean. Interviews would be a better technique because they provide the opportunity to clear up misunderstandings and ask follow-up questions when needed.

Tips for Surveys

The wording of questions is critical. It is important that respondents understand what you are asking and interpret questions in the same way. Here are guidelines for writing good questions:

- Questions should be clear and written in language that is easy for respondents to understand.
- Questions should also be neutral, not leading. For example, "Do you agree or disagree with the statement 'I feel safe walking alone at night in my neighborhood'" is a neutral question. The question, "You agree with the statement, 'I feel safe walking alone at night in my neighborhood,' don't you?" leads the respondent toward an affirmative response.
- Avoid items that actually contain more than one question, so-called double-barreled questions. The question "Did you read the Family Page in the newspaper on Friday and what did you think of it?" is a double-barreled question. Instead, ask, "Did you read the Family Page in the newspaper on Friday?" and as a separate question, "If yes, what did you think of it?"
- Avoid negative questions (e.g., "Did you not know about the parenting resources in our community?")

It is an excellent idea to *pilot test* your questions before using them to collect your data. Have a few people complete the questionnaire, then talk with them about what they were thinking when they

answered each question. This way you will know if any questions are confusing and whether your response categories for closed-ended questions are appropriate and complete.

To get the benefit of the perspectives of everyone in your community, you will want to translate your survey into the languages most frequently used in your community. Have one person translate your survey and another translate it back into English as a way to check that the translated questions retain their original meaning.

Anything you can do to make the job of completing and returning the survey easier will improve your evaluation by increasing the number of people who respond. (For more about response rates, see Chapter 10.) Make your survey as short as possible. (This means, don't ask questions that you don't plan to take the time to analyze and make use of the information you learn.) If it takes too much time, people won't fill it out. Minimize the number of open-ended questions. They take a long time for the respondent to answer and for the evaluator to analyze.

The layout should be uncluttered and visually appealing. Make directions clear and easy to understand. When asking closed-ended questions, make sure the respondents can easily select their intended response. Tell your respondents how many choices to make and how to mark them; circling their chosen response is generally clearest. For open-ended questions, provide enough space for respondents to write their answers.

When a written survey is to be returned by mail, send it with a cover letter that lets people know the purpose of your survey and why their answers are important. Provided you have the resources to do so, including a self-addressed stamped envelope will increase the number of completed surveys you get back. Send out follow-up mailings two to three weeks later, and again two to three weeks after that, to maximize your response rate. The first follow-up might be a reminder postcard; the second could include another copy of your survey.

As with many data collection techniques, assuring and maintaining confidentiality is your ethical responsibility and demonstrates the integrity of your organization. Respondents are more likely to participate and answer honestly when they believe their confidence is respected.

Examples of Survey Questions

The examples below are intended to be asked of people with school-age children. These questions are examples of closed-ended questions.

Have you attended a parent-teacher conference in the last year? (Circle One)

1. Yes 2. No 3. Don't know

Did you volunteer in your child's classroom in the last year? (Circle One)

1. Yes 2. No 3. Don't know

If yes, how many hours on average did you volunteer each month? (Circle One)

1. Less than five hours
2. Five to ten hours
3. More than ten hours
4. Don't know

Beside each of the statements below, please indicate whether you Strongly Agree (SA); Agree (A); Disagree (D); or Strongly Disagree (SD) by circling one of the four choices below.

1. My community is a good place to live.
SA A D SD
2. My community is a good place to raise children.
SA A D SD
3. It is safe for children to play in my neighborhood park.
SA A D SD



EXAMPLES FROM REAL LIFE: A School-Based Survey on Head Lice

Because head lice had reached epidemic levels in their small, rural community, members of the Children's Health Alliance of Oroville (CHAO) had chosen to make the prevention and treatment of head lice in the local elementary school district one of their targeted outcomes. An educational pamphlet, "Helpful Hints for Prevention, Elimination and Control of Head Lice," had been mailed to all families in August with their Back-to-School packet. To assess the impact of this educational effort, CHAO had contracted with a private evaluation firm to conduct a community survey in cooperation with the CHAO health task force. Together, they developed a survey (see Appendix D, Examples of Data Collection Instruments) to be administered to all classes in the school district where head lice were most common (grades K-2) and two randomly selected classrooms in grades 3-5. The school nurse distributed the survey to children to bring home to their parents. Parents were asked to return only one survey per household. As each survey was returned, teachers marked the child's name on their class list. Two weeks later, this list was used to followup with families who had not returned their survey. Of the 640 surveys distributed, 487 (76%) were returned.

The contracted evaluation firm analyzed the survey data. One-half of the survey respondents reported learning something new from the "Hints" brochure. Parents who had read the brochure were twice as likely to arrest the lice problem in the first two weeks as those who had not read the brochure and to use effective lice-abatement tactics such as laundering and vacuuming, and, ultimately were much more successful at eliminating head lice the first time around. These results provided concrete evidence that CHAO should continue and expand this health education strategy as one way to combat head lice.



Interviews

What is an interview? In an *interview*, trained interviewers ask questions orally and record the respondent's answers. Interviews can be conducted with one respondent or with a group of respondents, face-to-face or by telephone. Interviews can be exploratory, using a set of general, open-ended questions as a guide or highly structured, using a set of standardized questions asked in exactly the same way of each respondent. Responses to questions can be recorded in writing or audiotaped or videotaped with the respondent's permission.

When should you use an interview? Interviews are an especially good tool for assessing attitudes and perceptions, satisfaction, awareness, and issues related to participation. In some cases, they can also be used to obtain information about knowledge and behavior.

Interviews generally allow for topics to be explored in more depth than questionnaires because they provide the opportunity to ask follow-up questions tailored to each response. Interviews can be more effective in dealing with complicated issues and in decreasing the number of "don't knows" and "no answers" because they provide the opportunity to ask questions another way.

Interviews typically achieve a higher response rate than mailed questionnaires. It is generally harder to say no to a person who politely requests to ask you some questions than to ignore a questionnaire you receive in the mail or that is handed to you. This may be a consideration when you want to achieve a high response rate, when, for example, the number of people you are sampling is small.

Telephone interviews sometimes provide some advantages over face-to-face interviews. They can save you money and time when the alternative is spending a lot of time driving to people's offices or homes. Respondents may also be more honest over the phone than in-person about sensitive issues. In addition, you won't need to be concerned that the interviewer's appearance or facial expressions will influence the respondents' answers.

What are the limitations of interviews? Just as with written surveys, interviews share the weakness of being somewhat artificial. Even more so than with written surveys, people may be inclined to tell you what they think you want to hear.

Interviews usually require a bigger investment of time and money than written surveys and therefore are usually better suited when a smaller number of respondents is sufficient. When

interpreting interview data from a small number of respondents, care should be taken not to overgeneralize your findings. If you only interview 2 people out of 100 who attended a workshop on appropriate discipline techniques for toddlers, you would not be able to assume that the views of these 2 people represented the views of the larger group.

If you choose to interview respondents by telephone, you may need to make alternative arrangements for individuals who are hearing impaired or do not have phones in their homes.

Tips for Interviews

Before you begin the interview, tell the respondent the purpose of the interview and why the information he or she can provide is important. As with written surveys, questions should be clearly worded in language appropriate to your target population. Ask one question at a time. Avoid leading and negative questions. Pretesting your interview questions can prevent costly mistakes later on.

To get the benefit of the perspectives of everyone in your community, you will want to translate your interview questions into the languages most frequently used in your community. Have one person translate your questions and another translate them back into English, to be sure that the translated questions retain their original meaning.

It is very important for the interviewer to be familiar with the order and wording of questions. If necessary, rephrase questions to help respondents understand their meaning and ask follow-up questions to gain complete answers. This technique is called *probing*. The important thing to remember when probing is not to suggest answers or lead respondents to answer a certain way. Sometimes it is necessary to reread a question and this is sufficient to clear up misunderstandings. Examples of good, neutral probes are:

- "What do you mean?"
- "Why is that?"
- "Tell me more about..."
- "Mmmm..." or "Uh huh" and pausing to indicate that you would like more information.

The interviewer should be friendly and respectful but keep his or her comments about the respondent's answers neutral. It is extremely important that interviewers be perceived as neutral in order to receive genuine responses. Reassure respondents that there are no right or wrong answers to the questions and encourage them to respond on the basis of their experience and

knowledge. In general, respondents may be more likely to participate and to give the most honest answers when they perceive the interviewer to be most like themselves.

When respondents' answers are going to be systematically tallied and compared, it is important to follow the question wording and question order exactly, including follow-up questions, and to record responses exactly as they are given. Interviewers should be trained on the importance of these points and given specific instructions when respondents don't understand the meaning of questions or give incomplete answers. If more than one person will be conducting the interviews, it is an excellent idea to have a training session to discuss these issues to assure consistency. Complete interviews in blue or black ink so they will copy well.

As with many data collection techniques, assuring and maintaining confidentiality is your ethical responsibility and demonstrates the integrity of your organization. Respondents are more likely to participate and answer honestly when they believe their confidence is respected.

Examples of Interview Questions

Here are some examples of open-ended interview questions:

- What are the most important things you looked for when selecting child care for your child?
- What do you think of your current child care arrangement?
- What things would you like to change about your current child care arrangement?

Here are some example of closed-ended interview questions:

- Have you ever taken your child to an emergency room? (Yes/No)
- About how many times has the child been to the emergency room?
- Is your child covered by health insurance? (Yes/No)
- How long has it been since your child's teeth were checked by a dentist or dental hygienist?

Focus Groups

What is a focus group? A *focus group* is an interview with a small group of people on a specific topic. Focus groups typically include 6 to 10 members for a conversation of up to two hours. A facilitator guides the conversation using a small set of predetermined questions. A focus group can be audiotaped, or a member of the evaluation team can be assigned to take careful notes. What distinguishes a focus group from a group interview is that respondents converse with each other.

A key feature of focus groups is that the interview takes place in a social setting. In the real world, people's opinions and decisions are influenced by the people around them. Focus groups provide an interview format in which respondents consider the views of other participants while expressing their own ideas and opinions.

When should you use a focus group? Focus groups are particularly good tools for collecting information about people's attitudes and perceptions, community norms, and issues related to participation in and satisfaction with an activity or event. Focus groups provide information that is highly qualitative in nature. They are more appropriate when you want to examine a few questions about a specific issue in depth.

One use of focus groups is to ask a group of participants about what they liked and disliked about an activity or program and to ask for suggested improvements. Focus groups can also be used to gather data on people's attitudes and perceptions about a particular subject.

Another use of a focus group is to invite *key informants* to participate. *Key informants* are people who are especially knowledgeable and articulate and whose perspectives and perceptions are extremely valuable to understanding what is happening in the organizations or communities they represent. They may fill an official position, such as being the director of a social services agency, or they may have a lot of experience with a particular issue, say, being a long-term resident of a housing project. You may have used focus groups with key informants in conducting your community assessment or developing your Strategic Action Plan.

EXAMPLES FROM REAL LIFE: Door-to-Door Interviews in an Urban Neighborhood

Members of the Children First - Flats Network, an active collaborative in an ethnically diverse, low-income urban neighborhood, were particularly dismayed by one statistic published by their local county health department: 40% of women living in the zip code of which their neighborhood was a part received very late (beginning in the third trimester) prenatal care or none at all. To design a strategy to deal with this problem, Children First decided they needed more information about the experiences and perceptions of women in their neighborhood who had recently given birth.

Fortunately for the Children First - Flats Network, one of the collaborative's members was a nursing student at the local state university and needed to do a research project as a graduation requirement. The collaborative teamed with a group of six nursing students to conduct a door-to-door interview of women who had children age three or younger. In-person interviews were chosen as a method for several reasons: the collaborative did not have a comprehensive list of personal addresses and phone numbers of neighborhood residents; many households did not have phones; and the team felt that, because of the amount of trust Children First had earned in the neighborhood, they might gain more interviews by requesting them in person.

With the assistance of a professor at the university, the students developed a set of interview questions. This was an especially delicate task because there were many sensitive issues related to delayed prenatal care (domestic violence, substance abuse, illegal immigration status) that the team wanted to explore. A friend of one of the nursing students translated the protocol into Spanish. (Forty-five percent of neighborhood residents were Latino.) The interview questions were pilot-tested in both English and Spanish with friends of collaborative members who had young children and, as a result, were modified slightly for clarity. The collaborative coordinator found members who were willing to conduct interviews in Spanish.

One Saturday morning, 10 interviewers divided the neighborhood blocks evenly among themselves and set off to interview as many women with children age three or younger as possible. Interviewers tried to hit as many streets and apartment buildings as they could and not to conduct all of their interviews in one place. By the end of the morning, 35 interviews were completed. Some of the students who were not neighborhood residents initially had been nervous about going into the community by themselves. After one day in the field, they now were much more comfortable requesting interviews on their own. The interviewers returned one weekend evening and the following Saturday morning to cover parts of their territory they had missed and call again at residences where people had not been at home. When they were done, 82 interviews were completed.

After the data were analyzed, one finding was particularly striking: the Children First - Flats Network members found that only 25% of the women interviewed received prenatal care after the start of their *second* trimester and only 2% first received care in their third trimester. Why was this statistic so different from the one from the County Health Department: e.g., that 40% of the women in the zip code did not receive prenatal care until their third trimester, if at all? There were several possible explanations:

- The Children First interviews were done in 1998; the county data were from 1995. The number of women obtaining early prenatal care could have improved dramatically between 1995 and 1998.
- The Children First survey included only those blocks within their neighborhood, not the entire zip code. The rates of late prenatal care may have been considerably higher in other parts of the zip code.
- The respondents did not answer the question accurately, either because they did not recall accurately or because they wanted to present a more socially acceptable answer.
- The interview sample was not representative of the neighborhood.
- The statistic from the county health department was incorrect.

After careful consideration, the team agreed that their sample was not significantly biased in any way. The ethnic breakdown of their sample closely mirrored that of their neighborhood generally. Given that this was a retrospective study, it is possible that many women did not recall precisely when they had entered care, but the difference in the two figures was so large that this alone did not seem likely to explain the difference. Ultimately, the members of the Children First - Flats Network concluded that inadequate prenatal care was not as urgent a problem for their community as they had originally believed. Instead, the collaborative decided to dedicate their energy to other issues in their community, such as keeping their children safe from violence and crime, that more clearly needed attention.

The main advantage of focus groups is that they are a very efficient way of collecting rich information from several people in a short time. The group dynamics often guide the discussion to the most important issues, and a consensus or divergence of opinions is easy to observe. Another plus is that focus groups are often fun for participants.

What are the limitations of focus groups? A primary limitation of focus groups is that only a few questions, usually no more than 10, can be covered during a single focus group, since all participants should be given an opportunity to express their opinion on a given topic. Focus groups typically last about 2 hours.

Participants may be reluctant to share views or experiences with the group that they think may be perceived as unpopular or deviant.

Because the responses to the questions are often lengthy and complex, an in-depth analysis of focus group data can be time-consuming. However, the main thrust of the conversation is often easy to follow.

Tips for Focus Groups

The person who directs or facilitates the group should be skilled in handling group dynamics. The facilitator's job is to ensure that everyone has the opportunity to express his or her views and that a few participants do not dominate the discussion. The facilitator should be familiar with the names and backgrounds of the participants before the start of the focus group. It is a good idea to have participants introduce themselves and say a few words about who they are and why they believe they are there. If you are doing more than one focus group, group together those people who are most alike on the issues being discussed. For example, put the agency staff in one focus group and those who receive services in another.

Limit the number of questions you plan to cover to no more than 10. Because you won't be able to cover a lot of different topics in the allotted time, be sure that your questions ask what you most want to know. You may wish to order your questions so that those you are most interested in come earlier in case you don't have time to cover all your questions.

Good focus group questions will be open-ended, requiring participants to frame their responses using their own words. Again, the wording of questions is critical. Questions should be clear and easy for participants to understand. They should also be neutral, not leading. Unlike written surveys, however, focus groups do provide

the opportunity to clarify misunderstandings if they develop and to probe for more specific responses when desired. The important thing to remember when probing is not to suggest answers or prompt participants to respond in a particular way. Examples of good, neutral probes are:

- "What do you mean?"
- "Why is that?"
- "Tell us more about..."
- "Mmmm..." or "Uh huh" and pausing to indicate that you would like more information.

Participants may feel more comfortable expressing themselves honestly if they do not know the facilitator or other participants. However, this may not always be desirable or feasible, when, for example, you are interviewing participants in a small project or program or conducting a focus group with key community leaders.

Free food and child care often increase participation.

Examples of Focus Group Questions

These questions are intended for community members:

- Do you believe you know more about child abuse and neglect than you did a year ago?
- What have you learned?
- How did you learn it?
- How big a problem do you think child abuse is in this community?
- Why do you think parents physically abuse their children?
- Would you report one of your neighbors if you thought child abuse was occurring in the family?

EXAMPLES FROM REAL LIFE: Using Focus Groups to Evaluate Nonparticipation

One of the outcomes the Western Yolo Collaborative for Healthy Children and Families identified was for children to be ready to start school. Esparto, one of two communities in the collaborative, was a small, rural community with a large population of monolingual Latino residents. One of the short-term outcomes for Esparto was for Spanish-speaking mothers to be more involved with their children. The collaborative had established two programs for mothers and children two to five years old two mornings a week. A local church donated a room that could be dedicated to the program. The program was coordinated by a volunteer mom and staffed by the parents themselves. A friendly outreach campaign was put into place to try to attract Spanish-speaking families, including an open house for parents and children to come and try out the activities to which only a few people came.

In spite of the collaborative's efforts to reach out to Latino families, no Spanish-speaking families enrolled. To figure out why, the Western Yolo Collaborative organized a focus group. Focus group participants were recruited from Spanish-speaking mothers at the local elementary school who also had preschool-age children, local child care and preschool aides who worked in the migrant summer preschool, and the Migrant Parent Student Association. The focus group was conducted by a representative of the local community action agency who was bilingual. From the focus group discussion, the collaborative learned that Spanish-speaking parents of preschoolers received the information and felt they would be welcome in the program. Participants identified the language barrier and not cultural or racial barriers as the primary reason they chose not to be involved. The struggle to understand and to be understood created rather than reduced stress for these parents. It just wasn't that much fun. Interpreters, they believed, would be too cumbersome.

On the basis of this information, the Western Yolo Collaborative for Healthy Children and Families is now considering implementing a preschool program specifically for Spanish-speaking families.



Tests of Knowledge

What is a knowledge test? A *knowledge test* is a test of what an individual knows or has learned about a subject or subjects. Usually, a respondent writes answers to a set of written questions, but knowledge tests can also be administered orally, much like an interview. Questions can be open or closed-ended. Often, tests contain closed-ended questions for subjects that have one correct answer (e.g., true or false or multiple choice.)

What distinguishes a knowledge test is that it contains numerous items for a particular subject, such as infant care, much as a math test would give several different multiplication problems to solve to determine how proficient a student is at multiplication. You can also include a few knowledge questions (e.g., “Should you put an infant to sleep on his stomach or his back?”) as part of a written survey or interview.

When should you use a knowledge test? If one of the outcomes your collaborative hopes to achieve is to educate a target population about a particular issue, such as increasing parents’ knowledge of child development, you may wish to consider using a knowledge test.

You can construct a knowledge test yourself or find one that has already been written. You can get an already written test from three sources: the curriculum materials you are using for a particular class or program, a state or school district that administers an area-wide assessment, or a test publisher or researcher. The most important criterion for using any knowledge test is whether or not the items contained on the test reflect the most important facts you want people to know.

What are the limitations of knowledge tests? It is important to recognize that increasing knowledge is not the same as changing behavior. Increasing knowledge about child development does not necessarily make people better parents, although it may be one important step (represented by one of your assumption dominoes) to doing so.

Another limitation is the test itself. The test needs to be an appropriate measure of what you want to measure, and not of something else. If you want to know how many second-graders read at the second-grade level and your test measures whether they read at a first-grade level, the information you collect will not provide the answer to your question. If the test contains questions that are poorly worded and confusing, you will not know whether the person taking the test truly didn’t know the answer or just didn’t understand the question.

Tips for Administering Knowledge Tests

If possible, use a test that has already been constructed and tested by an expert. Make sure the test you choose reflects the content of the material that you want people to have learned. When implementing a published curriculum, use the test that goes with that curriculum if one is available. It will be the best measure of the information covered in the course.

If you are constructing your own test, determine the most salient facts or ideas that you hope will be learned and write items to test that knowledge. Develop some draft test questions and ask someone else to read over your questions to make sure they are clear. Put your test through a trial run with an appropriate person.



EXAMPLES FROM REAL LIFE:

Assessing Caregiver Knowledge of Child Development

The Children’s Collaborative of Tahoe Truckee had a vision: All families in its beautiful resort community would have access to high-quality early childhood care and education that ensure their children’s growth and development. To accomplish this, the Children’s Collaborative of Tahoe Truckee worked to provide caregiver training and education through community classes and activities. Collaborative members aided the community college in recruiting a qualified instructor to teach Early Childhood Education (ECE) classes. The newly hired instructor taught three ECE classes, “Introduction to Human Development,” “Introduction to Early Childhood Education,” and “Child, Family and Community.”

To measure whether students’ knowledge of child development increased, the collaborative used a pre- and posttest method. Each class completed a pretest of their knowledge of course subject matter in the first week of class; the same test was administered to students at the end of the semester as a posttest. By comparing the results of the two tests, the collaborative demonstrated that knowledge of the child development material increased by an average of 20% for individuals enrolled in the classes. Of the 42 students enrolled in the classes, 25 (60%) worked in preschool and child care centers, and 16 (38%) were parents of children under 8 years of age. The Children’s Collaborative of Tahoe Truckee continues to recruit more qualified ECE instructors so that more caregivers can benefit from classes such as these.



**EXAMPLES FROM REAL LIFE:
Using a Published Instrument
to Assess School Readiness**

After lengthy discussions and careful consideration of existing statistics, the members of the Children's Collaborative of Tahoe Truckee decided that school readiness was the outcome they most wanted to affect. Because the Tahoe Truckee Unified School District did not assess pre-kindergarten children for school readiness, the collaborative needed to find their own measure to determine whether their strategies were successful in better preparing children for kindergarten. They decided to find a published instrument with a proven track record at measuring school readiness, a complex concept.

After months of researching different instruments and getting advice from an evaluation consultant, the collaborative chose the American Guidance Service (AGS) Early Screening Profiles. The AGS examines whether children are socially, physically, and cognitively ready for school. As part of the screening test, children are asked to complete tasks that measure their cognitive, language, and gross and fine motor skills. In addition, parents complete a detailed questionnaire about their child's health and social and self-help skills, and teachers answer questions about whether the child comes to school rested, fed, clean, and on time.

After finding the instrument they wanted to use, the collaborative had to go before the school board to get the district's approval to screen a random sample of children from all five elementary schools in the district. (For more on how Tahoe Truckee identified respondents, see Chapter 10.) Parent permission to screen the children also had to be obtained.

A local kindergarten teacher who had experience administering the AGS trained 15 classroom aides on giving the test. Eighty children were tested in one week during the last week of September. The test was administered in a quiet, nonthreatening setting and took about 20 minutes. All of the tests were individually hand scored by the test administrators. These raw data were sent to an evaluation consultant to be entered and analyzed with computer software. The analysis of the data was delayed because the test administrators had not been instructed to fill out a summary form for each child. Challenges in getting parents to return questionnaires also delayed the results.

When the Children's Collaborative of Tahoe Truckee initiated this process, members had expected it to take three to four months. It ended up taking almost a year and extraordinary dedication and effort from the collaborative's kindergarten screening coordinator. Things did go much more smoothly the second year, but the task still required many hours on the part of the screening coordinator and other collaborative members. In the end, however, the effort proved worthwhile. Sixty-nine percent of kindergartners scored high average to significantly above average, compared with 56% of kindergartners tested the year before. The collaborative members understood that one year was too soon to draw definitive conclusions about the impact of their school readiness strategies, but the results were certainly encouraging.



Other Tests and Assessments

What is a published instrument? A *published instrument* is a data collection tool that has already been written and tested by someone else. Published instruments exist to assess many hard-to-measure concepts, such as family functioning and child abuse potential. These types of instruments are often called *assessments*. Because the concepts measured by assessments are complex, we recommend that you use a published measure that has been carefully tested to make sure it is a valid measure of what it intends to measure, rather than attempting to create your own. There are also many published instruments to test knowledge of a particular subject. (See discussion on *tests of knowledge*, above.)

Published instruments can be pen and pencil instruments that respondents complete by themselves or observational codes used by professionals to observe client behavior, home environments, and parent-child interactions.

When should you use a published instrument? Published instruments are very good tools for measuring attitudes, perceptions, and knowledge. They can also be used to collect information about satisfaction and behavior. They are particularly good at evaluating complex concepts like social support or stress.

The advantages of a published instrument is that someone else has already developed the instrument and you don't have to. Chances are that a published instrument has been carefully tested so that it measures what it claims to measure and has already been used in other studies.

What are the limitations of published instruments? Published instruments may be lengthy and require you to collect more information than you want.

Another limitation is that you may not be able to find an instrument that looks at precisely what you are interested in learning about.

Some instruments require that the person using it have a particular background or receive training in how to use the instrument.

Finally, many published instruments cost money. You may find an instrument that is right for you, but you may not be able to afford it.

Tips for Using a Published Instrument

When choosing a published instrument, factors you should consider include:

- Whether the instrument is appropriate to the values, attitudes, and knowledge areas of your program.
- Whether it is appropriate to the

cultures, reading levels, and language of your target population.

- The skills and effort required to collect data with the instrument and whether special training is required.
- Whether the instrument is a valid and reliable measure of what you are interested in measuring.
- The cost of the instrument.

Follow the author's instructions carefully when administering the instrument and scoring the results.

Direct Observation

What is direct observation? In *direct observation*, a data collector observes events firsthand in their natural setting or captures them on videotape. In some instances, data collectors can participate in the event being studied. In others, they will act as an onlooker. Direct observation may involve taking detailed "field notes" describing what is being observed. This technique is what we refer to as *qualitative observation*. Direct observation may also involve the coding or counting of behaviors or occurrences. We refer to this technique as *structured observation*.

When should you use observation? Direct observation is the best technique to study people's actual behavior. Other methods, such as written surveys and interviews, can be used to study what people report about their behavior, but that is not the same as studying the actual behavior itself. Direct observation can be used as a documentation tool to collect detailed descriptions of activities, counts of participants, and descriptions of their characteristics. It can also be used to collect information on community opportunities and norms.

The primary strength of direct observation is that you are studying actual events and not someone's memory, perception, or opinion of them. By observing events directly, you can learn about things people would be unwilling to talk about, do not recall, or are unaware of when asked in an interview or on a questionnaire.

When using qualitative observation, the observer takes field notes to describe an event thoroughly and thoughtfully. Qualitative observation might be used to describe a community park before and after a collaborative implements efforts to make it a safe place for children.

Structured observation is performed to count specific behaviors or occurrences and produces

data that are more objective and easier to analyze. This method could be used to study conflict resolution in school playgrounds by counting aggressive and conciliatory behaviors of children.

What are the limitations of observation? The value of the information collected through qualitative observations depends on the objectivity and skill of the observer. The observer should have an idea of what kinds of things to look for and note. Sometimes what does not take place is as important as what does. Good observation work is not as easy as it sounds.

When the information collected is highly qualitative, the analysis of information can be challenging. It can be hard to know how to reduce detailed descriptions to key findings. An important caution when using direct observation is not to overgeneralize when discussing your findings. The events you observed may represent a small portion of what actually took place in the setting or community at large.

Structured observation requires having categories of target behaviors ahead of time, so you need to know a good deal about the topic you are studying and what you want to count. When you are studying conflict resolution at the school playground, exactly which behaviors would be considered aggressive? You need to be specific. Will you count hitting and pushing but not cutting in line?

Many of the most interesting behaviors the collaboratives are trying to affect cannot be easily observed. It is not easy to observe how often parents read to their children, how often children brush their teeth, or how often teens are sexually active. Some behaviors can be observed, however, either in houses or in public places. Some studies set up artificial situations to observe. For example, a mother will be asked to play with her child for 10 minutes while an observer codes the types of interaction between mother and child.

Tips for Observation

When using direct observation to collect qualitative data, it is important to take detailed notes while in the field or to record your observations as soon afterward as possible. Notes should be highly descriptive. Use quotations and capture participants' perspectives in their own words. Be clear on distinguishing your own interpretations from your observations.

When conducting structured observations using more than one data collector, care needs to be taken to make sure that all data collectors are

categorizing their observations in the same way. You will need to use a published form or develop a form to help observers record the behaviors they see and the frequency with which the behaviors occur within a given period of time. It is often a good idea to have a training session for data collectors to make sure they understand exactly what you are asking them to do. There are accepted procedures for structured observation that you should use if you are considering this technique. For more information, consult the resources listed at the end of the chapter.



EXAMPLES FROM REAL LIFE:

Direct Observation in an Urban Neighborhood

The Neighbors United Collaborative, a collaborative in an urban neighborhood working hard to rid its neighborhood of crime, wanted its children to be safe on the streets and in the parks. The number of children seen playing in the park over a period of time was selected as an indicator for this outcome. To measure this indicator, the collaborative asked neighborhood Block House representatives to observe whether more or fewer children played at the local park.

When it came time to write the annual evaluation report, collaborative members realized that they had only anecdotal evidence that more children were playing outside in the park. Because they had not developed a systematic way to record how many children were playing in the park and when, they did not have any concrete numbers to prove their point. For the next year, Block House representatives were asked to count the number of children playing in the park at 3 pm on the first Wednesday of every month and to record these numbers in a log book.



Administrative Data Sources

What are administrative data sources?

Administrative data sources are resources for obtaining data that are already being collected. This category includes existing data being compiled by institutions, such as government agencies, health care organizations, businesses, and schools, as well as data collected by individuals.

When should you use administrative data sources? You may have a lot of experience using existing data sources for community assessments, community profiles, or funding applications. Using existing data sources is an excellent idea whenever it will save you a considerable effort of

time and money. Often you could not possibly collect the data yourself. You could not replicate the U.S. Census, nor would you want to. So long as someone else is already doing a good job of collecting information that you are interested in, why reinvent the wheel?

Existing statistics are often very illuminating when they supplement data that you are collecting through other techniques. They can provide a bigger context when used to illustrate the conditions and trends in your neighborhood, community, and beyond.

What are the limitations of using administrative data? First and foremost, you are limited to what information already exists. The available data may not measure exactly what you are interested in, or you may not be able to break it out into the categories you want to examine. You may have had this experience when trying to apply countywide statistics to your neighborhood or community.

Another problem is that the information you need exists but may not be available to you because the data are considered to be confidential. Another consideration is that you have no control over the quality of the data that are being collected.

Tips for Using Administrative Data

Although you don't have to collect the data yourself, you will need to identify and contact someone who has the data you want. This can be easy, or you may need to make numerous phone calls before finding the person who can give you the information you need. (Persistence pays off when trying to obtain data from large government agencies and other bureaucracies.) The good news is that once you know where to go to get the data, you will know where to go the next time you want to update them, so it will get easier.

The best way to get administrative data is to use the contacts available on or through your collaborative. If you want data on crime and you have a collaborative member with connections to the police department, ask that person to get the numbers. If you want school data, ask the member from the school system.

If you have no connection to the agency whose data you want, call the agency and describe what you need. Persist until you get through to someone who can help you get the data or knows someone else you should try. Your local library can also be a helpful source of information, so give the librarians a call.

Know what to ask for. Figure out what you want as specifically as possible before you make the call, but be prepared to modify what you want on the basis of what is available. For example, if you want child abuse and neglect reports for 1999 and the agency has only data for 1998, get the data for 1998. If you want data on domestic violence calls to the police involving families with young children but the police don't record the ages of children, take the data for domestic violence calls in general. If you have only a vague idea of what you want, talking to an agency person about the data may help clarify what you need.

If you are not sure exactly what data you want, ask for whatever the agency has related to your topic. For example, if you are not sure whether you want births to teens or births to unmarried teens, take both and go home and think about what is most useful.

Always try to get data for past years, so you can look at historical trends. As we discussed in Chapter 3 and will discuss later, you need to put year-to-year change in a historical context to see whether it is meaningful or not. It is important to understand how data from agencies are collected and compiled so that you can assess their quality and identify exactly what is being measured and how.

If you know what you want, you may be able to get it even if it is not readily available or someone says the agency doesn't have it. Be aware that there is a difference between what the agency has readily available and what it could give you if the data were analyzed differently. For example, the Child Protective Services agency for the county may say it has data on child abuse and neglect only for the county when you ask for data for your specific town. The agency may, however, have the child's address in its database, which means they could produce the numbers for your community.

Getting data for other than what the agency has readily available will not be easy—which is why it is very helpful if the collaborative has a connection with the agency. It might be easy for the agency to run its data in a slightly different way, or it might require a massive amount of reprogramming. Often, the agency people who use the data are not sufficiently familiar with the database to know what other kinds of data could or could not be produced. If the right person will give the right direction to the programmer who works with the database, you might be able to get what you want.

Your collaborative might have to work hard to get the data you want in the form you want it. If the data are an important indicator, it could be well worth the effort. If the agency doesn't readily have and can't get the number that your collaborative wants, you won't have administrative by data available. You will need to collect your own data by using a different method (such as questionnaires, interviews, tests, and assessments) if your collaborative believes it is important enough to justify the effort.

Your local reference librarian is an excellent resource in helping you to identify existing data sources. The Internet can provide you with a host of sources of information about children and families. You can probably access the Internet at your local library if you can't access it at home.

Possible Sources of Administrative Data

- Testing officer, state or local education agency.
- State Child Care Resource and Referral Network and local child care resource and referral agencies.
- State library and local libraries.
- State and county departments of health.
- State and county departments of social services.
- Police and sheriff departments.



EXAMPLES FROM REAL LIFE: Putting Administrative Data to Work

The boundaries of the Hagginwood Community Collaborative's target area are the same as those of the Hagginwood Elementary School in northern Sacramento. Fortunately for Hagginwood, they are able to measure their child outcomes by examining administrative data collected by the school. For example, the collaborative is tracking the number of discipline citations at Hagginwood Elementary as an indicator of child self-esteem, the attendance rate as an indicator of child health, and grades for "social development and work habits" as a measure of children's social skills. By working closely with school administrators, Hagginwood Collaborative members were able to find existing data that helped track the outcomes they had decided were important for children and families in their community.



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The ERIC® Clearinghouse on Assessment and Evaluation
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Chapter 10. Respondents and Sampling

In Chapter 9, we described several tools for collecting data. Many of these tools, including written surveys, interviews, focus groups, tests of knowledge, and published instruments or assessments, involve asking questions of respondents. This chapter will help you identify who your respondents should be and how many you need.

What are respondents?

Respondents are the group of people from whom you will collect the information you need to help you answer your evaluation questions. They are the people you will interview or survey or who will participate in your focus groups.

How do respondents differ from our target population?

As described in Chapter 6, your **target population** is the group of people you are trying to reach with a particular strategy or activity. For example, the target population for a community-wide information campaign would be the entire community. The target population for a parents' hot line would be parents. You will be collecting your information about your target population.

A respondent is the person who will provide you with information about the target population. **Usually, a respondent is a member of your target population.** For example, if your target population is the parents who attended a parenting class, then you will want to collect information from these parents.

Sometimes, the respondent will not be part of your target population. For example, you might want to learn about whether parents are volunteering in their child's classroom. The group you are targeting is parents. It is possible to ask parents about their volunteering directly, but you might choose instead to ask teachers about whether more parents have been volunteering, since teachers may be more objective. If you ask teachers for information about the parents, then the teachers are the respondents and the parents are your target population.

How do we identify who our respondents should be?

You want to obtain your information from the most direct and reliable sources possible. Consider whether individuals from the target population are the best ones to answer

information about themselves, or whether someone outside of the target population would be a better respondent. In the example just given, you might recognize that parents are the most direct source of information but decide that teachers may be more objective in their assessments of parent participation and easier for your collaborative to contact. For many strategies, children are the target population. For some types of information, the child might be the best respondent. For example, children are in the best position to answer questions about feelings or concrete experiences, such as what they had for breakfast. For other types of information, the child's teacher or parent might be the better respondent. For example, parents may be the best source of information about behavior at home or about the child's past experiences.

When should we decide on our respondents?

Decide on the respondents when deciding on an evaluation method. For example, if your evaluation question is whether children are aware of the importance of brushing their teeth, the people who can best answer this question are the children themselves, so you would want to be sure that the method you choose is an appropriate tool for collecting information from children. You will need to use words that children understand. Interviews will work better than questionnaires with young children. If questionnaires will be used with older children, they need to be written at an appropriate grade level. Direct observation is another method to consider when you need to collect data on children. Remember that when collecting data from children, it is almost always necessary to obtain parental consent.

How many respondents do we need?

The more respondents who give you information, the better. Of course, you have very real constraints in terms of how much time and money you have to collect information. One important issue you need to decide is whether you can collect information about each member of your target population or whether you need to obtain data from a smaller group. If your target population is small, it is often possible to collect data on all or almost all of the people in your target population; then all of your target population are respondents. If the target population is large, it is usually necessary to collect data from only some of them. When only some of the people in your target population are your respondents, this subgroup is called a **sample**.

What is a sample?

A *sample* is the group of people from your target population that you will be collecting information from if it is not possible to collect information from all of them.

A good sample is *representative* of the population you are studying, i.e., the characteristics of your sample are the same as those of the population from which it is selected. In other words, it is made up of the same proportion of men and women, young and old, wealthy and impoverished, Democrat and Republican, etc. Your sample will have a good chance of being representative if every member of your target population has an equal chance of being selected as part of the sample and you choose the people in your sample randomly. This is called a *random sample*.

How do we select a random sample?

You can select a random, representative sample by following these steps:

1. First, make or obtain a numbered list of your target population.
2. Decide on the size of your sample (see discussion on sample size below). Keep in mind that you will probably not obtain responses from everyone in your sample.
3. Divide the size of your target population by the number of people you need in your sample. Round to the nearest whole number.
4. Using the number you arrived at in Step 3, count down your list, circling selected people. If your number is 4, for example, select every fourth name.
5. Make a list of people chosen. This list is your sample.

If you cannot obtain a list of your entire target population, there are other sampling techniques that you can use. You may wish to consult the resources listed in Appendix A or contact a local college, university, or research group for consultation.

How large should our sample be?

If you have the resources, we recommend that your sample be 10% to 25% of your target population, but no fewer than 30, the smallest number generally considered adequate to analyze. Usually, the larger your target population, the smaller a percentage of that population your sample needs to be.

If you are interested in comparing any subgroups within your sample, you will need at

least 30 of each group. For example, if you are interested in comparing teen parents with older parents, you will need at least 30 teens and 30 older parents. Subgroup analyses make your sample size needs grow considerably. Continuing the example, if you wanted to compare the findings for Latina teen mothers and Anglo teen mothers, you would need at least 30 of each teen group, for a total of 60 teen mothers.

Again, the general rule is to make the sample as large as you can afford in terms of time and money. A large sample will best represent the whole group. The smaller a sample becomes, the less your results will reflect accurately those you would obtain if you had been able to study everyone. However, a small, truly random sample will give you more accurate information than a large sample that is nonrandomly chosen, because of the possibility of *sampling bias*.

What is sampling bias?

Bias is a systematic error that can prejudice your results in some way. When a sample is biased, your respondents will not provide you with a true picture of what is happening with your target population as a whole. For example, if, instead of choosing a random sample from a list of your entire target population, you decided to pass out your surveys on a street corner one Sunday morning and the corner you were standing on was close to a neighborhood church, it is likely that you would end up with a sample that included a higher percentage of people who attend church regularly than is true of the neighborhood as a whole. This group is likely to have views that differ from those of people who do not attend church. Churchgoers' views would be overrepresented in your sample and bias your results.

Sampling bias is a particular concern when your target population includes people with low incomes. If you use the telephone book to choose your sample, for example, it is possible that your sample will underrepresent people with very low incomes because they cannot afford a telephone. Low-income respondents are often more difficult to reach than more affluent ones because their addresses and telephone numbers change more frequently. It is important to keep this challenge in mind when designing your evaluation methods.

How will we know whether our sample is biased?

Before you collect information from respondents, it is important to think about which demographic characteristics of your respondents might have an important relationship to their

answers. For example, if you believe that someone's age or gender might have some bearing on whether they attended a parenting course, then you would want to collect information about age and gender so you could look at the answers of these different groups and compare them.

Collecting demographic data will also help you to assess how well your group of respondents represents your target group. Compare your respondents and your target group in relation to these characteristics. For example, if you feel gender is important, look at what percentage of your target population were male and what percentage of your respondents were male. If 50% of your target population were male but only 20% of your respondents were male, you would suspect that the answers you received were biased because you don't have enough responses from men. It is important to include these observations in your findings and to provide an educated guess as to why certain groups did not respond.

If you do identify some differences between your respondents and your target population, all is not lost, however. When you analyze the data, report the results separately for groups that are underrepresented and that differ from the group as a whole in their answers. In the example above, you would present findings separately for men and women. In this way, you could learn, for example, whether the reasons men don't volunteer in the community differ from the reasons women don't volunteer.

How many people need to respond?

The percentage of people who complete your interview, survey, or test is your *response rate*. If you mailed out surveys to a sample of 100 people and 65 were returned, your response rate would be 65%. The response rate is important because the higher your response rate, the more certain you can be that your results accurately reflect what is actually happening in the target population. It is one guide to how representative your sample is of your target population. The higher your response rate, the more convincing are the findings of your evaluation to your collaborative and community.

How high does our response rate need to be?

As a general guide, a 50% response rate is considered fair, 60% good, and 70% very good, although the smaller your sample, the higher the response rate you would need to draw valid conclusions from your data.

A low response rate could mean that your results are biased in some way. For example, say

you sent a satisfaction questionnaire to parents who were enrolled in a parenting course and only those who completed the entire course returned it. Perhaps when you looked more closely at the group of people who didn't respond, using your registration form data, you found that they were mostly mothers who worked outside the home. It could be that those women had common reasons for not completing the course. Without their responses, an important perspective would not be represented in your findings. Perhaps they were not made to feel as comfortable as the other women, or perhaps they found the time and location of the class inconvenient. Without these perspectives, your evaluation would give an incomplete picture of the satisfaction of all of the parents with the course, and you would miss important information on how to improve your parenting course.

Response bias can be a particular problem with a written community survey when you are trying to get a community-wide picture. For example, you could distribute a survey to parents of all first-graders, but not all of these surveys will be returned. Even if your return rate is very high, it is quite possible that the survey was not returned in the same proportion by low-income or minority families. To make sure these voices are heard in your findings, analyze the data by income group and minority status (this, by the way, means you would need survey items asking about income group and minority status).

What can we do to increase our response rate?

- Given the importance of attaining a high response rate, you may wish to consider a number of things you can do to maximize yours. Some of these tips were discussed in Chapter 9.
- When mailing written surveys, include a return envelope (if you have the resources, with a stamp) and personally address them whenever possible. A survey is less likely to be returned when addressed to "Occupant."
- About two weeks after you mail the survey, send out reminder cards requesting that the respondent complete and return your survey.
- Schedule interviews and focus groups at times that are convenient for respondents.
- When interviewing people by phone or by going door to door, several attempts may need to be made to catch a respondent at home at a time that is convenient for that person to be interviewed.

EXAMPLES FROM REAL LIFE: A Community-wide Telephone Survey

The members of the Tuolumne YES Partnership wanted to know whether their message about the strong connection between substance abuse and child abuse was being heard and heeded. To determine whether their public education campaign was effective, they decided to survey parents of young children in their community.

Collaborative members asked themselves, “How can we reach parents of young children?” They decided to turn to the schools for help. Through the persistence and connections of the collaborative board members, all elementary school principals in the county agreed to support the collaborative’s survey effort. After considerable discussion, the principals agreed that they could provide the phone numbers of families with children in grades K-3 without names attached without compromising the families’ privacy. Respondents were chosen at random from the phone numbers provided.

Next, the collaborative coordinator recruited interviewers from the collaborative ranks and trained them on how to proceed with the interview. When potential respondents were reached on the phone, the interviewers told the respondents that they were from the Tuolumne YES Partnership and that they were calling to find out what people in Tuolumne County thought about their “Health Promotion Campaign.” Interviewers also told respondents that the interview would take seven minutes and that their answers would be confidential. Privacy was assured; interviewers never were told or asked the names of the respondents. Interviewers did ask for some demographic information for analysis purposes, including the respondents’ marital status and number and ages of their children.

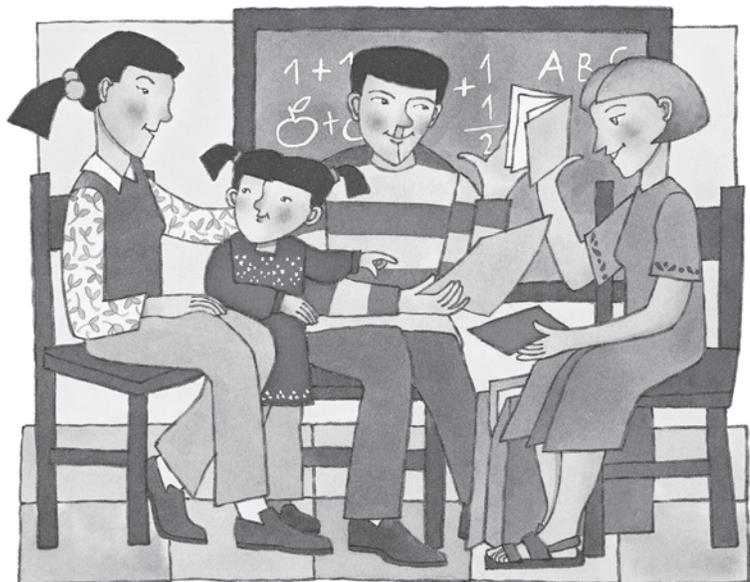
After a massive telephone blitz, 400 residents of Tuolumne County who were also parents of young children were interviewed. Although pleased with these results, the members of the YES Partnership were not completely satisfied that their sample represented all the young families in their community. Next year, the collaborative plans to canvass places such as Wal-Mart and check-cashing centers in an effort to include parents who do not have phones. They also hope to obtain phone lists from Tuolumne County preschools and “baby and me” programs to include parents who have only very young children.



- Administer surveys and tests on-site rather than asking respondents to take them home and mail them back to you. Provide envelopes in which respondents can place a completed survey when it is to be handed in if the survey contains sensitive or potentially embarrassing information.
- If you have the resources, offer an incentive for completing your survey or participating in your focus group. Even a token, such as a coupon for an ice cream cone at a local store or a calling card good for five minutes of long-distance calls, can make people more inclined to participate because this demonstrates your appreciation for their time. Similarly, offer children incentives such as stickers or tokens for bringing back a completed survey from their parents.

What else can we do?

Sampling is a very complex subject that takes people years to learn. We've given you some general guidelines, but we would also encourage you to contact a local college or identify a consultant who can advise you on how best to draw a sample for your particular evaluation questions.



EXAMPLES FROM REAL LIFE:
Sampling Kindergartners to Assess School Readiness

Members of the Children’s Collaborative of Tahoe Truckee faced a daunting task: collecting data on school readiness on children entering kindergarten throughout the Tahoe Truckee Unified School District. One of the collaborative’s first challenges was to obtain the school board’s permission to test kindergartners in each of the five elementary schools in the district. Fortunately, the collaborative argued persuasively that the data were vital to assess and track how well prepared the community’s children were to start school. The collaborative also provided assurances that the children would be screened only after receiving parental consent, and that collected data would be stored under lock and key to safeguard the confidentiality of the children and their families.

Because principals wanted to minimize the disruption the screening would cause in the classrooms and because the collaborative had a limited budget to pay classroom aides to administer the screening, a sample of all kindergartners was chosen. (One school in the district did not participate because it had adopted a different kindergarten screening tool and did not want to change.) With the help of their evaluation consultant, the collaborative members determined that they wanted to screen a minimum of 150 students, or 43% of the 350 children entering kindergarten in participating schools. This number was chosen because such a high percentage would allow the collaborative to generalize these findings to the population with confidence and the collaborative had enough money to collect data on this number of children.

To choose a random sample, the screening coordinator assembled the kindergarten rosters of the four schools participating in the screening. One school was very small, with only 10 children starting kindergarten, so all 10 children were included in the sample. Every second name was chosen from the remaining lists, yielding a sample of 180 children $[(350 - 10) \div 2 = 170 + 10 = 180]$. To achieve the desired 150 responses, the collaborative needed 85% of the 180 children in the sample to be screened.

After the sample of potential respondents was selected, parental consent forms were sent home to these children’s parents. Only after these consent forms were returned could trained classroom aides administer the screening. Parents also received a questionnaire to complete about their child’s health, social skills, and self-help skills at home. Getting signed consent forms returned from parents proved to be challenging in some schools. The initial returns of the parents’ questionnaires were very slow and delayed the analysis of the data. To increase return rates, the collaborative’s screening coordinator went to parents’ homes to collect this portion of the test.

In the end, 80 children, or 23% of kindergartners in the district, were screened. The complexity of the screening, inexperience of test administrators, and, in a few cases, lack of cooperation by teachers slowed down the data collection. Not surprisingly, the two schools with the highest response rates had principals who enthusiastically supported the project. Although this sample was considerably smaller than hoped for, a large enough proportion of children had been tested for the collaborative to be able to draw conclusions about the kindergarten population as a whole. The Children’s Collaborative of Tahoe Truckee had accomplished a huge undertaking, conducting a districtwide, random screening of children using a standardized and widely accepted instrument. The data they had collected were as good as gold.

Chapter 11. Evaluation Work Plan: Pulling It All Together

The planning for your evaluation so far has encompassed:

- Statements of how you want children and families to be in your community (child and family outcomes).
- How you will know that you have achieved these outcomes (indicators).
- Information on where your community is now with regard to these outcomes (baseline data).
- The logic connecting your strategies to outcomes (assumptions).
- The questions you will ask and answer during implementation (evaluation questions).
- The methods you will use to answer the questions.
- The respondents you will contact.

Now it is time to assemble all of your evaluation planning efforts into one document. This chapter will describe the *evaluation work plan* and its components.

Why is an evaluation work plan important?

The *evaluation work plan* brings all the pieces of your evaluation design together and adds specific details about timelines and tasks. Think of the evaluation work plan as a map, a blueprint, or a recipe. Anyone should be able to read the plan and carry out the work. The evaluation work plan is a management tool, as well. It allows the coordinator and other collaborative members to oversee the evaluation.

What are the components of an evaluation work plan?

The evaluation design and work plan should contain the following 11 components:

1. The child and/or family—and, if you have them, community—*outcomes*. (See Chapter 2 of this Evaluation Guide for more information.)
2. The corresponding *indicators* for each outcome. The indicators should also include how the data will be measured and from whom the data will be obtained. (See Chapter 3.)
3. *Baseline data* for each indicator. Baseline data are important because they tell you where your community stands with regard to your outcomes before you start to implement your strategies. (See Chapter 3.)

4. *Assumptions* that connect the strategy to the child or family outcome(s) for the strategy or strategies you will be evaluating in depth. Remember: the assumptions become your short-term outcomes. (See Chapter 4.)
5. *Evaluation questions*. You should have a set of implementation evaluation questions for every strategy you plan to implement, short-term evaluation questions to measure the assumptions for at least one strategy, and long-term evaluation questions for each child and family outcome. (See Chapter 5.)

Remember:

- Answering *implementation evaluation questions* allows you to document your activities and provide information to help duplicate the strategy more effectively and efficiently.
 - Answering *short-term evaluation questions* allows you to confirm your assumptions, celebrate successes, and modify your approaches, if necessary.
 - Answering *long-term evaluation questions* allows you to track changes in the child or family outcomes, and celebrate success over the long term or reevaluate the effectiveness of your chosen strategy for a particular outcome, if necessary.
6. *Evaluation methods* to answer each of the evaluation questions. Methods are the tools or techniques that will provide the information to answer your evaluation questions. (Evaluation methods are discussed in detail in Chapters 8 and 9.)
- All of the above components have already been completed; you will just need to assemble them for your evaluation work plan. The following are new components that you will need to develop:
7. *Tasks* that describe the steps you will take to carry out the evaluation methods (described in this chapter).
 8. Assignment of *responsibility* for each task (described in this chapter).
 9. A *timeline* that describes when each task will be completed (described in this chapter).
 10. An overall evaluation timeline that incorporates other important dates for your project (described in this chapter).

11. An *appendix* with any forms or surveys you plan to use. Included in this appendix could be documentation forms, written surveys, questions for interviews, etc.

What format should we use for our evaluation work plan?

There is no standard format. However, we have developed recommended formats that you can use for presenting the components of the evaluation work plan.

Sample formats for presenting your outcomes, indicators, baseline data, and assumptions are included in Exhibit 11-1 at the end of the chapter. Worksheet 9 presents several blank tables that you can use to present the remaining components of the evaluation work plan. You will also find a completed example using the same table layout in Exhibit 11-2.¹

Evaluation Plan components 5 and 6 (evaluation questions and methods) are presented in **Table A: Evaluation Questions and Methods** (Exhibit 11-2). The column headings in Table A are:

1. **Evaluation Questions** (implementation, short-term outcome, or long-term outcome questions). Here you will list your evaluation questions. In Table A-1, you will list your implementation evaluation questions for a particular strategy. In Table A-2, you will list your short-term outcome questions for a particular strategy. You will need as many sets of Table A-1 and A-2 as you have strategies being implemented. In Table A-3, you will list the long-term outcome questions.
2. **Method(s)**. Methods refer to the tools or techniques you will use to answer your evaluation questions. **Important: Each evaluation question must have at least one method.** However, the same method can be used to address more than one evaluation question. For example, a community survey could supply the data to answer several of your evaluation questions. Be as specific as possible in describing your method—if you are using an existing questionnaire, provide the name and how it will be distributed. Don't just write "community survey"—instead, write

"community survey to be distributed at the Health Fair."

3. **Respondents/Data Sources**. Respondents are the persons or sources that will supply the data to answer the question. If you are using administrative data, you won't have respondents. In that case, write the data source, for example, "School Attendance Records." See Chapter 10 to learn how to identify your respondents. **Important: Every evaluation question must have at least one respondent or data source.**
4. **Timing**. Timing refers to when and how often the method is to be carried out, for example, "annually in June," "twice a year in May and November," "at the completion of each dental education program."
5. **Items**. Items are the specific items or questions that will be part of your survey, interview, focus groups, or documentation form. For example, if the evaluation question is about satisfaction, the "item" column would include the actual survey question or questions that will assess satisfaction. If the evaluation question is "When did the dental screenings take place?", the word "dates" should appear in the item column. Items are not your evaluation questions.

Components 7 through 9 (tasks, responsibility, and timeline) are covered in **Table B: Tasks and Timelines** (Exhibit 11-2). Table B is to be used for listing the tasks and timelines associated with each evaluation method. If you have identified three methods you will use to obtain data, then you complete this table three times, once for each method. If you plan to conduct two separate surveys with different questions, each survey should be thought of as a separate method and would be listed on a separate Table B.

The columns on Table B: Tasks and Timelines are:

1. **Tasks**. An evaluation "task" is an action step. The tasks state specifically what has to be completed in order to execute the evaluation method, collect the necessary data, or answer the evaluation question. Examples of tasks include:
 - Design survey,
 - Pilot test survey,
 - Revise survey,
 - Distribute survey,
 - Analyze results, etc.

All major tasks related to the method should be shown.

¹ We have developed several different completed examples for this chapter, which are included in the exhibits. Be forewarned that the examples were not developed with one strategy or one collaborative in mind. Don't try to read across different examples as if they were all part of one evaluation plan. The examples were developed to reflect different concerns and approaches.

2. **Person(s) Responsible.** Because the evaluation work plan is to be used as a management tool, it is important to indicate the assignment of responsibility for each task. Who has volunteered or is taking ownership to complete the specific tasks? Provide their names and, if applicable, position titles.
3. **Timeline.** This is the date when the task will be undertaken. If it is a task that will be done repeatedly, such as conducting a kindergarten assessment of entering kindergartners, you could write “annually in September.”
4. **Date Completed.** This column should be left blank in your evaluation work plan but should be filled in later as tasks are completed to help you keep track of what has been accomplished and what still needs to be done. A copy of this page could be submitted on a regular basis to a funder or other organization that monitors the progress of your collaborative to demonstrate that you are on top of your evaluation.

The next component of the evaluation work plan, component 10, is an **overall timeline** that organizes all the tasks by due date. The overall timeline is a list in date or chronological order of all the major tasks related to evaluation, including when a report is due to a funder or other outside organization. Also, include the dates of major planned events or activities.

The reason for doing an overall timeline is to help you be realistic in your time estimates. The overall timeline will allow you see the “big picture.” It can help you to check such things as:

- Will the evaluation data be analyzed by the time our annual or final report is due?
- Are there too many evaluation activities scheduled for the same time with the same person or persons responsible?

Your answers to these questions may cause you to rethink your timeline.

An example of an overall timeline is included at the end of the chapter (Exhibit 11-3).

Lastly, the **Appendix** to the evaluation plan (component 11) should include instruments for any data that are being collected now or will be collected soon after the evaluation plan is submitted. These include event documentation forms, sign-in sheets, written surveys, interview protocols, etc.

A checklist of all the components in the evaluation work plan is included at the end of this

chapter for you to use in making sure your work plan is complete (Worksheet 10).

How many years should the evaluation work plan encompass?

The evaluation work plan should encompass several years if your strategic plan covers several years, with more detail provided about the first year. Evaluation plans for subsequent years may be revised later on the basis of what was learned in the first year (see discussion below on changing the evaluation plan).

Can we start implementing strategies and activities before our evaluation work plan is completed?

By all means, yes. **Just be sure to start documenting as soon as you start implementing anything.** It is essential that you document strategies and activities as they are put into place. You will lose valuable information for your collaborative and your community if you let activities pass without documenting that they happened.

What if we do not have baseline data collected for all of our indicators when assembling an evaluation work plan?

Think seriously about how and when you will collect this information. Because baseline refers to collecting information *before* implementation, it is not as sensible to measure something after strategies have already begun. The point is to track change from before you implemented a strategy until it has been completed, to learn what works and what does not work. You may want to consider dropping an indicator if you cannot collect baseline data and/or consider identifying an alternative. In other words, if you do not have baseline data—collect it **now**. If you are having a problem collecting baseline data, consult your funder for advice or seek help from people in your community who work with data or are familiar with what data exist in your community, such as the local sheriff, a nonprofit agency director, or a county services, hospital, or school administrator.

Can the evaluation work plan be changed after it is written?

Yes! There are several reasons you might need to revise your evaluation work plan. First, remember that evaluation is valuable primarily because it allows you to collect information to improve the way you do things. Evaluating your progress increases your likelihood of success. If you learn through your evaluation or in other ways

that you need to revise your strategic action plan, you will need to revise your evaluation plan as well. Second, you may find the evaluation work plan is not giving you the information you need. If this is the case, just as a blueprint can be adjusted and a recipe can be modified, the evaluation design can (and should) be adjusted and updated periodically. You will need to revise only the tables or sections that need to be modified on the basis of changes in your strategic action plan or timeline.

What should we do with our evaluation work plan?

The plan should be used to direct and monitor the evaluation. If you are reporting to a funding agent, you will probably want (or may be required) to submit your evaluation work plan to your funder.



Exhibit 11-1 Example of Formats for Components 1 through 3 of the Evaluation Work Plan

Issues: Dental Health
School Success

Child Outcomes	Indicators	Data
<p>1. Children will have healthy teeth.</p> <p>2. Children will be safe.</p> <p>3. Children will be successful in school.</p>	<p>1a. Increase the number of 2nd graders who are screened by a dentist at Central Elementary.</p> <p>1b. Increase % of 2nd graders receiving dental screening that receive follow-up treatment.</p> <p>2a. Increase in perception of community that children are safe, from question #12 of the Community Survey done in March 1997.</p> <p>2b. Decrease in injuries reported by school nurse at Central Elementary.</p> <p>2c. Decrease in # of incidents of violent crime in the city, as reported by the City Police Dept.</p> <p>3a. Decrease in # of children who are not accepted at Central Elementary because they are found to be not ready for kindergarten educationally or emotionally.</p> <p>3b. Increase in % of students scoring above average on standardized tests for 1-3 grades according to school district data.</p>	<p>1a. 1998 - 32 2nd graders were screened. 67% (32 out of 48) of 2nd graders received a referral to see a dentist. 15% of children (7 out of 48) had emergency problems (Source: Central Dental Initiative).</p> <p>1b. 1998 - 31% of 2nd graders referred to an outside dentist received treatment. (Central Dental Initiative)</p> <p>2a. March 1997 - 54% of respondents (N=342) felt that their children were safe in their community. (Community Survey)</p> <p>2b. 1996-97 school year - 76 injuries reported by school nurse. (Central Elementary)</p> <p>2c. 1995 - 2,807 violent crimes reported. (City Police Dept.) 1996 - 2,669 violent crimes reported. (City Police Dept.)</p> <p>3a. 1997 - 10 children deemed not ready for kindergarten. (Central Elementary)</p> <p>3b. 1996 - 1st graders: 10% scored above average; 2nd graders: 15% scored above average; 3rd graders: 18% scored above average. (Central Elementary District)</p>
Family Outcomes		
<p>1. Parent/families will be more involved with their children's education.</p> <p>2. Parents/families will be more involved in the community activities.</p>	<p>1a. Increase in # of parents/volunteers in their children's classrooms at Central Elementary.</p> <p>1b. Increase in # of parents involved with PTA at Central Elementary School.</p> <p>2a. Increase in # of parents/volunteers attending community events sponsored by the collaborative.</p>	<p>1a. 1996-97 school year - Average of 2 parents/volunteers per day. (Central Elementary District)</p> <p>1b. 1996 - 34 parents. (Central Elementary District)</p> <p>1997 - 45 parents. (Central Elementary District)</p> <p>2b. 1998 - 50 volunteers participated in the Agricultural Fair; 150 volunteers participated in the Stand for Children; and 75 volunteers participated in the Health and Safety Fair. (Collaborative records).</p>

Source: Central Collaborative Evaluation Work Plan, December 1998.

Exhibit 11-1 (Continued) Example of a Format for Component 4 of the Evaluation Work Plan

STRATEGY:	Enhanced learning resources for families.				
Activities:	Promote library services, Develop mentor programs, Establish literacy and reading programs, Create community gardens.				
Assumptions:	promote library service	people will use library services	libraries perceived as a resource	families will use child activities	parents will read with children
	develop mentor programs	tutors and children will participate			children will be successful in school, ready for school
	establish literacy and reading programs	parents will participate		parents will increase reading skills	children will be successful in school, ready for school
	create community gardens	families will participate			parents will be involved with their children

Worksheet 9
Table A-1
Evaluation Questions and Methods

Strategy:

Activity:

Implementation Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Items

Worksheet 9 (continued)
Table A-2
Evaluation Questions and Methods

Strategy:

Activity:

Short-Term Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Items

Worksheet 9 (continued)
Table A-3
Evaluation Questions and Methods

Long-Term Evaluation Questions^a	Indicator(s)	Method(s)	Respondents/ Data Sources	Timing	Baseline

^a These are the questions about your child and family outcomes.

Worksheet 9 (completed)
Table B
Tasks and Timelines

Evaluation Method:
 Relates to Strategy(ies):
 Relates to Child or Family Outcome(s):
 Respondents or Data Source:

Tasks	Person(s) Responsible	Timeline	Date Completed

Exhibit 11-2
Completed Example of Table A-1
Implementation Evaluation Questions and Methods

Strategy: Provide conflict management training for parents.
Activity: Parent to Parent Mentoring Program
Target: All parents

Implementation Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Items
1. Was Parent to Parent Mentoring established? <input type="checkbox"/> When was training held? <input type="checkbox"/> Where was it located? <input type="checkbox"/> Who was trained as a mentor? <input type="checkbox"/> Who trained the mentors?	Documentation	Program coordinators in 3 sites	At the conclusion of each training session	For each site: <input type="checkbox"/> Date of training <input type="checkbox"/> Geographic area served <input type="checkbox"/> Name of mentor <input type="checkbox"/> Gender of mentor <input type="checkbox"/> Age of mentor's children <input type="checkbox"/> Name of trainer

EXHIBIT 11-2 (continued)
Completed Example of Table A-2
Short-Term Evaluation Questions and Methods

Strategy: Provide conflict management training for parents.
Activity: Parent to Parent Mentoring Program
Target: All parents

Short-Term Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Items
1. Were families with children 0-8 aware of the program?	Survey of families distributed through the schools.	Families with children 0-8	Annually in January.	<ul style="list-style-type: none"> ■ Have you heard of Parent to Parent mentoring? ■ How did you hear about it?
2. Were agencies aware of the program?	Telephone interview with agency representatives.	Agencies	Annually in January.	<ul style="list-style-type: none"> ■ Have you heard of Parent to Parent mentoring? ■ How did you hear about it?
3. Did agencies refer families to the program?	Telephone interview with agency representatives.	Agencies	Annually in January.	<ul style="list-style-type: none"> ■ How many families did you refer to the program? ■ If you did not refer families, why didn't you? ■ What would have to happen to increase your agency's referral to the program?

Exhibit 11-2 (continued)
Completed Example of Table A-2 (continued)
Short-Term Evaluation Questions and Methods

Strategy: Provide conflict management training for parents.
Activity: Parent to Parent Mentoring Program
Target: All parents

Short-Term Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Items
4. Did families participate? Which families?	Documentation (information will be taken from participant intake form) Documentation (from intake form)	Program coordinators Program coordinators	Intake ongoing, program coordinator compiles annually in January. Annually in January.	<ul style="list-style-type: none"> ■ Names of referring agencies ■ Participant characteristics: Number of children Single-parent status Highest grade completed Home community
5. Were families satisfied with the program?	Written Training Completion Survey: Satisfaction items. Post-training survey in person and follow-up survey mailed.	Program coordinators	At the end of the training period, and 4 month follow-up. Compiled annually in January.	<ul style="list-style-type: none"> ■ Do you feel the program was worthwhile? ■ Do you think you can manage conflict better as a result of the program? ■ Is there anything that would improve the program?

**Exhibit 11-2 (continued)
Completed Example of Table A-2 (concluded)
Short-Term Evaluation Questions and Methods**

Strategy: Provide conflict management training for parents.
Activity: Parent to Parent Mentoring Program
Target: All parents

Short-Term Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Items
6. Did those participating learn appropriate skills to manage conflict?	Written Training Completion Survey: Conflict resolution skills and knowledge items. Post-training survey in person and follow-up survey mailed.	Program coordinators	At the end of the training period, and 4 month follow-up. Compiled annually in January.	<ul style="list-style-type: none"> ■ Items will come from the test that goes with the curriculum
7. Were the skills used to manage conflict?	Written Training Completion Survey: Behavior change items. Post-training survey in person and follow-up survey mailed.	Program coordinators	At the end of the training period, and 4 month follow-up. Compiled annually in January.	<ul style="list-style-type: none"> ■ How frequently have you been able to use the conflict management skills you learned? ■ What were the results when you used your conflict management skills? ■ What were the situations in which you were able to use your conflict management skills?

**Exhibit 11-2 (continued)
Completed Example of Table A-3
Long-Term Evaluation Questions and Methods**

Long-Term Evaluation Questions	Indicator(s)	Method(s)	Respondents/ Data Sources	Timing	Baseline
<p>1. Were children safe in their homes?</p>	<ul style="list-style-type: none"> ■ # of domestic violence-related calls for assistance ■ # of domestic violence-related calls for assistance ■ # of confirmed reports of child abuse ■ Estimated number of families in domestic violence situations 	<p>Existing data</p> <p>Existing data</p> <p>Existing data from Child Protective Services</p> <p>Existing data</p>	<p>Police records</p> <p>Sheriff records</p> <p>CPS records</p> <p>Domestic Violence Coalition records</p>	<p>Annually in May</p> <p>Annually in May</p> <p>Annually in May</p> <p>Annually in May</p>	
<p>2. Were families socially supported?</p>	<ul style="list-style-type: none"> ■ # families supported by community ■ # families using family support services ■ # and type of services used 	<p>Community Survey</p>	<p>Sample of community members</p>	<p>Annually in November</p>	

Exhibit 11-2 (completed) Completed Example of Table B Tasks and Timelines

Evaluation Method: Survey of participants to measure satisfaction
Relates to Strategy(ies): Conflict management training for parents
Relates to Child or Family Outcome(s): Children will be safe in their homes
Respondents or Data Source: Program participant

Tasks	Person(s) Responsible	Timeline	Date Completed
1. Design survey	Sally Jones with SRI	By September 1997	
2. Pilot test survey	Sally Jones	At end of first training	
3. Refine survey	Sally Jones and John Wright	Within 2 weeks	
4. Administer survey	Program Coordinators	At end of each training, and 4 month follow-ups	
5. Compile data	Sally Jones	On going	
6. Analyze data	Sally Jones with help from consultant	December 1997 and every 4 months thereafter	
7. Report results	Sally Jones and John Wright	May 1998 (Annual Report)	

Exhibit 11-3 Overall Timeline Example

March 21, 1997	Strategic Action Plan finalized
April 1, 1997	Implementation begins
May 16, 1997	Draft Evaluation Plan due to funder
June 13, 1997	Final Evaluation Plan due to funder (All baseline data collected)
August 8, 1997	1st Progress Report to funder Design Community Survey
September 1, 1997	Pilot test Community Survey
October 1, 1997	Distribute Community Survey
October 30, 1997	School Health Fair
November 15, 1997	Analyze results from Community Survey
December 5, 1997	2nd Progress Report to funder
December 15, 1997	Design telephone interview of teachers
January 15, 1998	Conduct telephone interview of teachers
February 15, 1998	Analyze results of telephone interview of teachers, update indicator data, collect documentation forms, prepare Draft Evaluation Report
March 1, 1998	Share Draft Evaluation Report with collaborative
March 15, 1998	Revise Evaluation Report, revise Strategic Action Plan and Evaluation Plan based on evaluation findings
April 3, 1998	3rd Progress Report, Evaluation Report, Updated Evaluation Plan, Updated Strategic Action Plan completed, etc., etc.

Worksheet 10
Checklist: Components of the Evaluation Work Plan

Component	Included in Plan?
1. Child and family outcomes	_____
2. Indicators	_____
3. Baseline data	_____
4. Assumptions	_____
5. Evaluation questions (implementation, short-term outcome, long-term outcome)	_____
6. Methods (for each evaluation question)	_____
7. Tasks	_____
8. Person(s) for each task	_____
9. Timeline for each task	_____
10. Overall timeline	_____
11. Appendix with data collection instruments	_____

PART III.
ANALYSIS:
WHAT TO DO WITH ALL THESE DATA?

Chapter 12. Introduction to Analyzing and Reporting Data

You have done a lot of work to get to this point:

- Written evaluation questions (implementation, short-term, long-term).
- Completed your evaluation work plan to spell out the methods you would use to answer these questions, the respondents or data sources that would provide the information you need, the timing of when you would gather this information, and the specific items of information you would collect.
- Designed your documentation forms, your surveys, and other forms with your evaluation questions and specific items you wish to collect in mind.
- Collected some or all of your data.

What is data analysis?

Now you are ready to reduce and summarize all the information you have collected in a systematic way. That's what we mean by *analysis*. From the analysis, you will be able to state your *findings*. *Findings* are statements of fact based on a careful and objective analysis of data. Here are a few examples of a collaborative's findings:

- About three-quarters of parents interviewed (73%) found the services at the local community center accessible.
- Both parenting classes offered had very low attendance despite extensive promotion, free child care, and transportation.
- Seventy percent of families surveyed said they would use the library more if it was open at more convenient times.
- Although our collaborative was able to offer only one street cleanup event instead of the three we had planned, 73 volunteers came to help clean up the neighborhood.

For much of Part III of this guide we will be talking about how to analyze or work with data in order to come up with your findings. We will discuss how to analyze data that were collected by different methods. The methods we will be talking about are:

- Administrative data (Chapter 13)
- Surveys and interviews (Chapter 14)
- Tests and assessments (Chapter 15)
- Documentation methods such as sign-in sheets and registration cards (Chapter 16).

Focus groups and direct observation will not be addressed individually because they are less commonly used than the methods listed above. Analyzing focus group data is similar to analyzing open-ended interview questions, covered in Chapter 14. If you are using direct observation as part of a published assessment tool, look at Chapter 15 for tips on administering and scoring assessment data. In general, direct observation, although an excellent tool for measuring behavior, can be very labor intensive to use. If you are considering designing your own direct observation and/or using an existing direct observation tool, you may wish to consult some of the suggested resources under direct observation in Chapter 9 or identify a consultant to help you.

If you read Chapters 13 through 16 from beginning to end, you will notice there is some overlap between chapters. Just as the same methods can be used to collect data to answer different types of evaluation questions, the same way of analyzing or presenting data can be used with data collected in different ways. Calculating frequencies is discussed with regard to surveys and also with regard to registration cards and attendance records. We opted to tie our discussion of how to analyze data to the way it was collected, but don't let the examples fool you. Remember that the methods for analysis discussed in the various chapters can apply to different data regardless of how they were collected. For example, we will discuss graphing data in the section on administrative data, but you can also graph data from surveys, tests, sign-in sheets, and other methods.

At the end of each of these chapters you will find exercises that allow you to practice the different analysis techniques. Before trying to apply these techniques yourself, make sure you've done the corresponding exercise and checked your answers in Appendix C so that you can be confident that you have mastered that approach. Keep in mind, findings are only as good as the data collection and analysis on which they are based.

What do we do with our findings?

Developing your findings is not the last step in the evaluation process. Findings simply describe the data. They do not by themselves point to a specific conclusion or action to take. You and the people working with you in the community need to think carefully about what the data mean and discuss the next steps to take.

A SQUIRREL TALE

By Shirley DicKard, Yuba Community Collaborative for Healthy Children

Once upon a time, in the community of Yuba, there were two squirrels who spent their days busily gathering seeds and nuts for the winter. The mountain squirrel searched the pine trees and oaks for their gifts, while the valley squirrel gathered the fruits of the walnuts and cedars.

One day, as they were harvesting their community's assets, the Big Squirrels down by the Great River announced that they must stop their gathering and begin the process of counting. "We must what?" questioned the squirrels. "It's not enough to gather your winter's supply," replied the animals at Squirrels Helping Families. "You must also know where each nut came from, how many you got from each tree, and the size of each seed and nut, and where the most productive trees are. Otherwise, how will you know whether you will have enough to last the winter, and where to go next year for the best harvest?"

"Oh my," said the valley and mountain squirrels in unison. And they stopped their gathering and began the process of counting. But the two squirrels had no idea they had collected so many seeds and nuts. Months and months went by, and still there was counting left to do. "Let us ask our cousins at Squirrels Research Incessantly for assistance," they replied. And so, the squirrels scratched out pages and pages of numbers, pictures, dimensions, colors and seed counts. Soon, there were twenty, forty, then fifty pages of paper flying across the land. They even gathered a council of squirrels to make sense of all this work. "If we had to do this all over again, would we have gathered all these seeds and nuts?" asked the two squirrels to their friends and neighbors. The discussion went long into the night, and at the light of dawn, the two squirrels knew that yes, it was all worthwhile.

And so, the valley, mountain, river, and researching squirrels all went back to their busy, fruitful lives and the two squirrels, amazed by how much they had learned, went back to gathering the forest's gifts and lived happily ever after. The End...



The evaluation process should produce findings, meaning, and action (FMA), three critical and interrelated components:

- Findings
- Meaning
- Action

FMA is the process of outlining your findings, discussing their meaning, and taking action. As a learning community, you should try to uncover the meaning in your findings and act on those conclusions. Findings, meaning, and action as they relate to evaluation will be discussed in detail in Chapter 18.

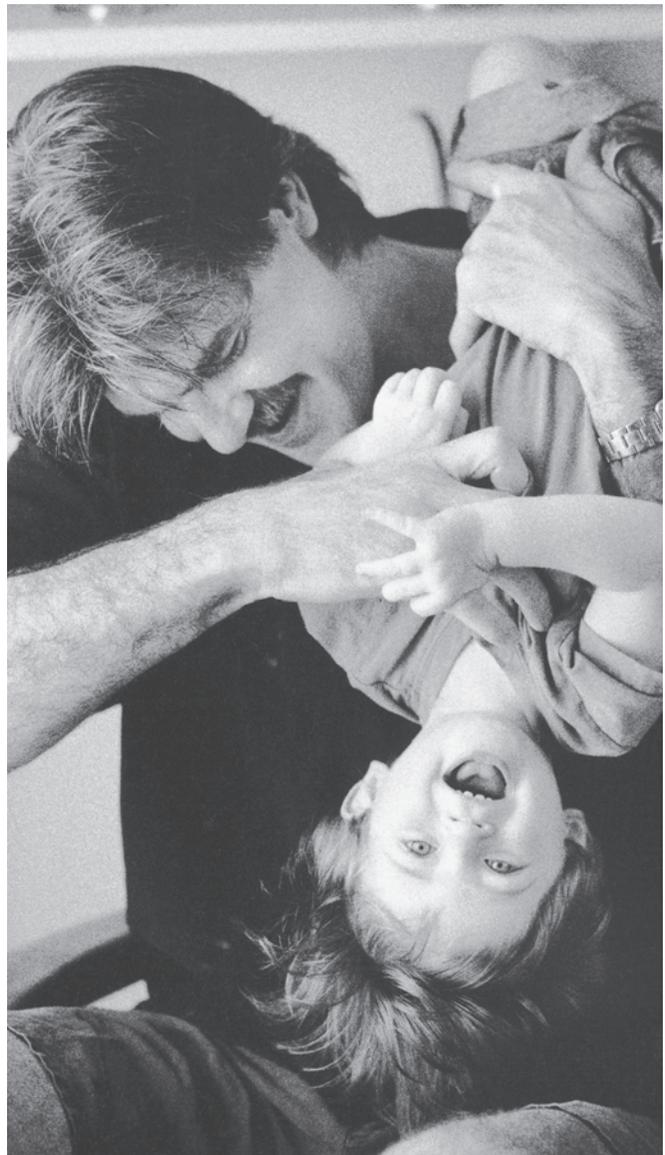
Chapter 17 will talk about how to organize your findings before you sit down to write your evaluation report. Chapter 18 will discuss how to get input from your group to draw conclusions and recommendations from your findings, how to write up those findings, conclusions, and recommendations in your evaluation report, and how to use your report to refine your overall strategy for the coming year.

Evaluation sure is a lot of work. Why are we doing this?

Just in case you have forgotten.....

Why Do an Evaluation Anyway?

- To document what was done.
- To examine how well it was done.
- To learn what difference the strategies and activities made
 - in the short term
 - in the long term.
- To provide information to help the collaborative decide what should be done in the future.
- It is often a grant requirement.



Chapter 13. Working with Administrative Data

Administrative data are data collected by an agency or organization other than your collaborative. Examples of administrative data include data already being collected by a public or nonprofit agency on:

- Babies born with low birth weights
- Domestic violence
- Child abuse
- School attendance
- Population (such as the U.S. Census).

In this chapter, we will assume that you have already written your long-term evaluation questions, identified the best available existing source of data to answer some or all of those questions, and received the data from your source. (Refer to Chapter 9, Tools for Data Collection, for tips on how to obtain the administrative data you need.)

Using Administrative Data to Answer Long-Term Evaluation Questions

Administrative data might be one of the primary methods you are using to answer long-term evaluation questions. Sometimes it can be useful in answering short-term and implementation questions as well.

Long-term evaluation questions correspond to the first work you did with regard to evaluation—defining your child and family outcomes. This was discussed in detail in Chapter 5 of the guide. To write long-term evaluation questions, you turned your child and family outcome statements into questions. For example:

Outcome	Long-Term Evaluation Question
Children will be safe.	Are children safer?
Families will be nurturing.	Are families more nurturing?
Children will be ready for school.	Are children more ready for school?

Long-term evaluation questions—as the name implies—will be answered over a period of several years. The concept of *change over time* is critical for long-term evaluation questions. You will want to watch how the long-term outcomes you have selected are changing in your community from year to year.

A second critical concept for the long-term questions is **baseline data**. As we discussed in Chapter 3, **baseline data** are the first data collected in a series. They tell you where you started.

Obviously, you can't tell whether you have produced any changes in child or family outcomes (as measured by your child and family indicators) if you don't know where you started. Hopefully, you have already collected your baseline data so you can begin to look at change.

Long-term evaluation questions are answered by looking at whether the baseline has changed or remained constant. When you compile information on your indicators for several time periods (for example, annually, twice per year, etc.), you are collecting **trend data**. This is how you will be able to show the collaborative, the community, and the funders that change has (or, perhaps, has not) occurred. **Baseline data** for a particular child and family indicator provide the first point in a series of data points that will show a **trend** over time. Baseline data represent the “before” picture.

Most likely, you are looking at one or more types of administrative data to measure your child and family outcomes. As we've said before, if good administrative data exist, then there is no reason for you to collect this information anew. When you are working with administrative data, however, it is important that you understand these data as well as if you had collected them yourself so that you can be sure exactly what it is you are measuring and reporting.

Understanding Your Data

Getting the numbers is an important first step in working with administrative data, but it is not the only step. Equally important is understanding what the numbers represent and figuring out how you want to communicate those numbers. It is very important when using data collected by another organization to have a crystal clear understanding of what the numbers represent. If the written data are not clearly labeled or you have some questions, go back to the organization that provided the data and ask your questions until you are very sure you understand what you have. You should be able to answer the following questions:

- **If the data are counts, what are they counts of?** Children? Incidences? Families? For example, if you have data on crime reports, you need to know whether these are numbers of crimes or number of people involved in crimes. This is important for discussing your numbers. Will you say, “fewer crimes were committed in our community this year than last” or “fewer people were involved in crimes against our community?” You can't describe your

findings if you don't know what kind of data you have.

■ **If the data are in the form of a percentage, what is in the numerator and what is in the denominator?**

For example, “the percentage of confirmed child abuse cases” can be:

$$\frac{\text{number of children in confirmed cases}}{\text{number of children in reported cases}}$$

or

$$\frac{\text{number of children in confirmed cases}}{\text{population of children 0-18}}$$

If you understand what went into computing the percentage, you will know exactly what you are reporting.

■ **What is the time frame for the data?**

Data can represent total counts for a day, a week, a month, or a total over a 12-month period. The number of children enrolled in school on September 30 is not equal to the total number of children enrolled during the 1996-1997 school year. This sounds obvious, but if you have a number labeled “Enrollment for 1996-97,” don't assume you know what it means.

Knowing what you are counting and the time frame will become especially important as you track your indicators in future years. You will want to make sure that the next year's data represent the same units and the same time frame as the previous year's data.

Reporting Your Findings

All of the things we mentioned above are very important to keep in mind when it comes time to write your findings. Not only do you want to understand exactly what your numbers represent, you also want to communicate this to your audience, that is, members of your collaborative, your community, and other interested people. To ensure that your data are accurately and clearly represented when you report your findings, review the points below:

1. Include the year in which the baseline data were collected.

Also include the month or months if the time frame is different from a calendar year, that is, January through December.

Be aware that the time frame in which data are collected is different from the date they are reported. For example, a report published in 1999 might include the number of reports of violent crimes per 1,000 population during the 1997 calendar year. These are data collected during

1997 that are published in a 1999 report. When using these data, you would label them as 1997 data.

2. Include the specific unit the data represent.

If the data are counts, what are they counts of? Children? Families? Parents? Incidences? If you have data on child care, you need to know whether these are numbers of licensed facilities, numbers of available licensed slots, or numbers of children in licensed care. As was mentioned before, this is important to know when it comes time to discuss your findings. Will you say, “the number of licensed child care slots increased” or “the number of children in licensed care increased”? Also, keep in mind that number of families and number of parents are not the same thing.

3. Check to see that the unit you are reporting matches the unit described in your child or family indicator.

Ideally, the unit you are reporting should be the unit identified in your indicator. However, sometimes data are not available in the unit you would prefer. For example, one of your indicators is “Decrease in the *number of children* living in homes with domestic violence,” but the best (or only) data on domestic violence for your community may track only the *number of calls* received to report domestic violence from homes with children. The difference between number of children and number of calls is important because a single call may have been made from a home with more than one child, and a particular home may place more than one call in a given time frame. A reasonable and easy solution to this problem would be to change the wording of your indicator to “Decrease in the number of reports of domestic violence in homes with children” to more precisely reflect what you are collecting.

4. Consider reporting a percentage or ratio instead of a straight count.

The number of children, families, or incidences may be the easiest data to find and to report; however, there is a potential pitfall. Although your data may show, correctly, that a *number* is going up, the *percentage* may in fact be going down. For example, it is possible that the *number* of children in supervised care afterschool in your community has increased for a particular time frame, but because the overall number of school-age children has also increased sharply, the *percentage* of children being supervised actually has gone down. Overall, more children are

unsupervised than before. This problem is most likely to occur in areas where the population or the segment of the population you are following is growing or declining. Especially in these communities, it is prudent to report the percentage (and label your indicator accordingly) in order to avoid data that, though accurate, may be misleading.

To calculate a *percentage*, you would divide the number of children, families, or incidents by a *base* number and then multiply by 100. The *base* is the number that represents 100 percent of what you are studying: your sample or target population. If you are calculating the percentage of two-year-olds that were fully immunized in your community in 1998, the base would be the total number of two-year-olds in your community in 1998.

One thing that is very important to remember when calculating percentages is that the unit must be the same in the numerator and denominator of your equation. In the above example, the unit is children. You would also want to be sure that your denominator represents the same geographic base (county, town, zip code, school, etc.) and the same time frame. Occasionally, some compromises may need to be made. For example, you may want to report the percentage of students in grades K-5 receiving special education. The special education pupil count was done on December 1, 1996, but the student enrollment count, which you hope to use as your base, was done on October 1, 1996. Because they were both for a single day and occurred during the same school year, it is reasonable to use these two figures to calculate your percentage.

When the unit of the base against which you wish to report (your denominator) does not match the unit of the figure you are collecting, you can calculate a *ratio* instead of a percentage. If the only child abuse data available was the number of child abuse reports for your county for children ages 0-18 for March 1997, you could calculate *ratio* of the number of child abuse reports per 1,000 children ages 0-18 in March 1997. (You would need to know the 0-18 population of your county in March 1997 to do this.) You could not, however, calculate the percentage of *children* on whose behalf child abuse reports were made because a report may have been placed for the same child more than once during the year.

5. When reporting a percentage or ratio, identify the denominator on which the percentage or ratio is based.

What is the base on which the percentage is

calculated? Is it the total adult population in the county? Total number of live births in one zip code? Total number of students in grades K-3 at Peabody Elementary School? As we discussed above, your percentage figure can have a completely different meaning, depending on the number on which it is based.

6. Report data in annual increments when possible.

We recommend that you report data for every year after your base year. If you have 1995 baseline data, then you would also want to report data from 1996, 1997, 1998, etc. The more data points you have, the more accurately you will be able to draw a picture of the trend in your community.

This is most feasible with readily available administrative data. Reporting the data in one-year intervals may not be an option when the cost of doing an annual community survey is prohibitive or an agency does not collect the data on an annual basis. (Census data are collected only every ten years.) At a minimum, you will want to have at least three or four data points that span the life of your strategic action plan.

7. Report the data in a consistent manner from year to year.

Consistency means reporting data that come from the same source, for the same time frame (e.g., from September until June or in the month of March), in the same form (number, percentage, or rate), and in the same unit (children, families, phone calls, etc.). If data are not consistently reported, they cannot be directly compared from year to year.

Sometimes things happen that will make such consistency impossible. A report is no longer available or the way the data are reported has changed. In this case, the best thing to do is to find another source of data for your baseline, if possible, even if it is not in exactly the same measure as before. One collaborative changed an indicator from "Decrease number of substance abuse-related injuries according to emergency room records" to "Decrease drug and alcohol infractions reported by Probation Department" when data for the original indicator were not available. Alternatively, you could report the new source for subsequent years, taking care to label how the data differ from previously reported baseline data (e.g., number of reported cases instead of number of substantiated cases).

8. Include the source of each item of data.

Include the name of the report and/or organization from which the data were obtained. This enables you to more easily recreate the data if necessary and collect them for future years. It also helps other people who want to analyze the data themselves or are looking for ways to measure related indicators.

9. Finally, if you can't find any data for a long-term evaluation question or child and family indicator, it isn't necessary to drop the indicator.

If the data that you had hoped to collect aren't available and you are unable to find a reasonable substitute, it may be worthwhile to retain the indicator in the event that some relevant data become available in the future. The members of your collaborative put a great deal of thought into what was important for the children of your community, and it doesn't mean your community has to forget or abandon an indicator of child well-being just because the data are lacking at this point in time. Your collaborative may also want to encourage an agency or organization to begin to collect the data.

Presenting and Interpreting Your Data

Chapter 11, Exhibit 11-1 of this guide shows a few ways baseline data can be displayed, but you can be creative and display data in your own way, too. As you accumulate more data on the same indicator with each passing year, keep adding it to your display. Always note the year or time frame for your data. Don't label data as "current" since

current could be for any number of years. If the new data were collected through a different source or are slightly different measures, you should note that too. It is not ideal to change the way the indicator is measured, but sometimes it is beyond your control. The important thing is to make sure you have accurately labeled your data.

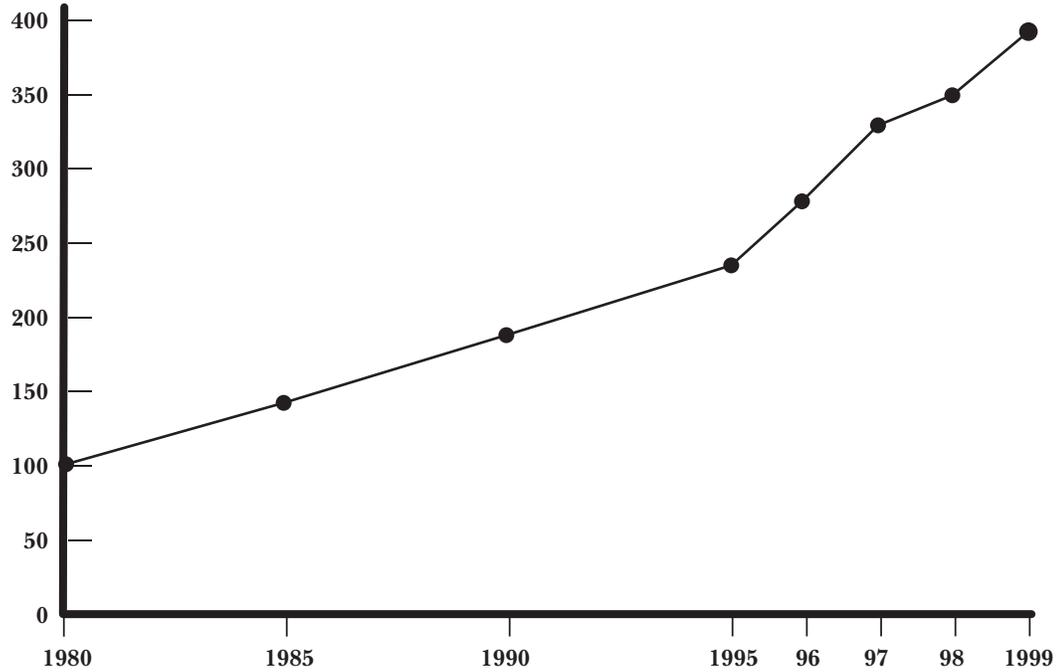
One way to display data is in a table. Each year, you can add data for the next year to the table. See table below.

Data can also be plotted on a graph. With administrative data, you may be able to get data for past years so you may be able to go back a decade or so to illustrate the *trend* before you implemented your strategies. Data from three or more time points provide *trend data* because they allow you to see how the indicator has changed over time. For example, has your community experienced an increase in the number of child abuse and neglect reports over the last 10 years? Trend data can answer this question. When you can get them, trend data are very powerful.

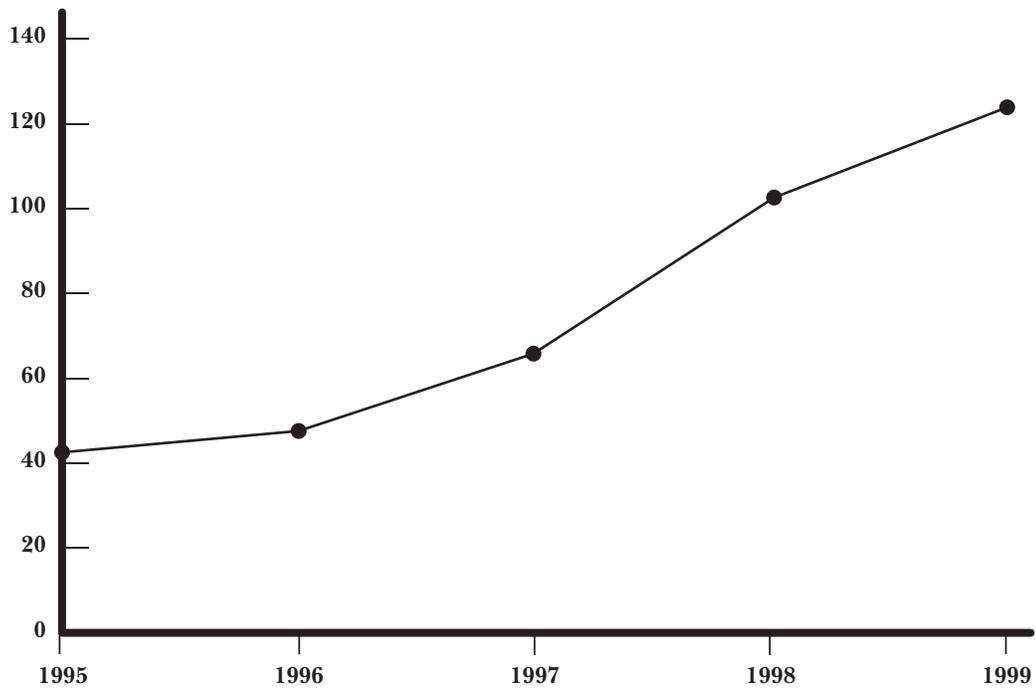
Chapter 3 showed one way trend data can be graphed. Exhibit 13-1, "Number of Licensed Child Care Slots," is an example of how trend data can look. This graph shows that the number of slots was increasing since 1980. But in 1995, when the collaborative began implementation, the number increased at a faster rate than before. The second graph, "Number of Slots in High-Quality Child Care," illustrates only data collected from 1995 on. Without the pre-1995 data, it is not possible to appreciate that the number of high-quality child care slots grew at a faster rate after implementation than before.

CHILD OUTCOME	INDICATOR	DATA
Children will be born healthy.	Decrease in the % of low-birthweight babies in the county according to the Dept. of Health statistics.	1994 = 9.5% 1995 = 4.3% 1996 = 3.7%
	Decrease in the % of babies born in the county to teenage mothers according to the Dept. of Health statistics.	1995 = 13% 1996 = 3.7%
Children will be ready for school.	Increase in county library circulation numbers.	1993 = 8,000 1994 = 6,800 1995 = 8,500 1996 = 6,500

Exhibit 13-1
Indicator - Existing Data
Number of Licensed Child Care Slots



Indicator - New Data
Number of Slots in High-Quality Child Care

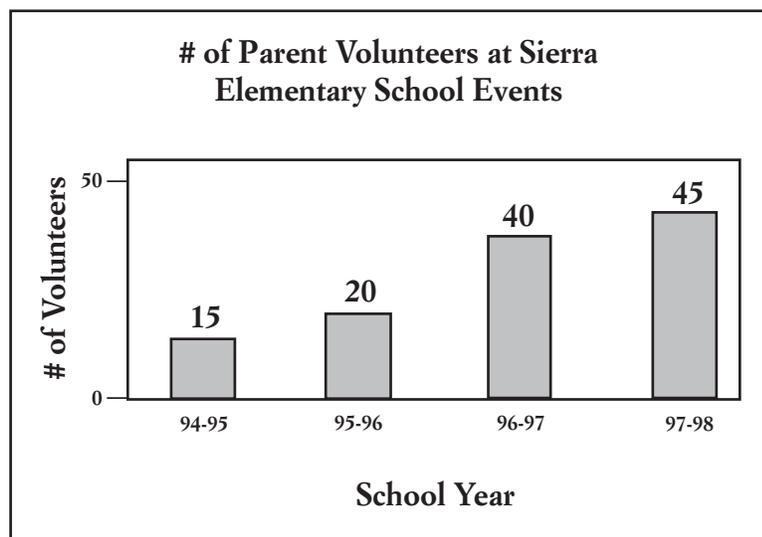
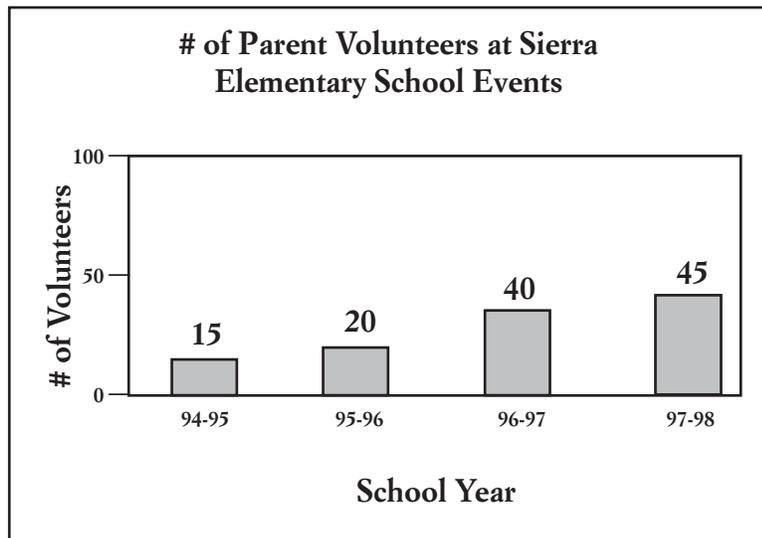


If feasible for you, it is a good idea to store your organizational data in a spreadsheet program like Excel, Lotus 1-2-3, or Quattro Pro. We strongly recommend graphing administrative data as you get data for three or more time points. Graphing make the trend of the data obvious to everyone. Most spreadsheet programs allow you to easily produce simple graphs. If you have data for only two time points, a table or a description in the text will suffice.

With or without an electronic spreadsheet, appoint someone in your collaborative to be responsible for maintaining and updating the administrative data. That person should come up with a system that is easiest for him or her and then continue to add data points as they become available over time.

Tips for Graphing Data

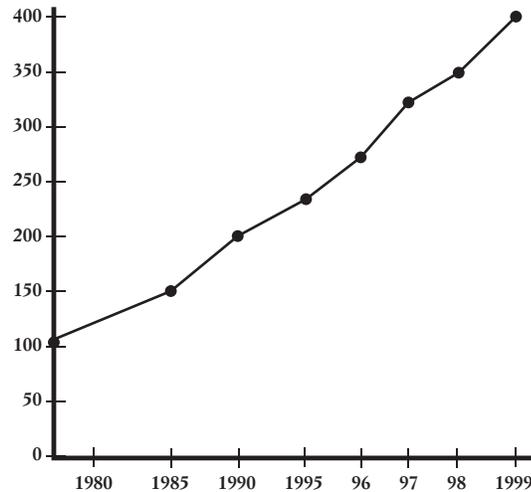
1. Graphs communicate visually, so keep them simple.
2. Don't put more than two lines on a graph if you can avoid it.
3. Be aware that the scale used can make a change appear more or less substantial.
For example:



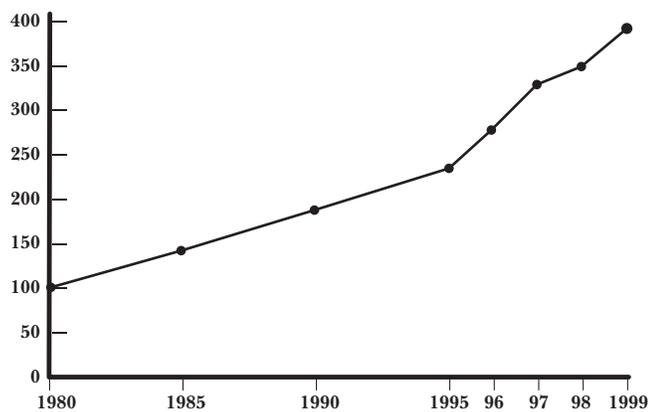
Tips for Graphing Data (Continued)

- Space data on a graph to reflect the time intervals accurately. Contrast the spacing on the top graph with the spacing on the bottom one. Which is a more accurate representation?

Indicator - Existing Data
Number of Licensed Child Care Slots



Indicator - Existing Data
Number of Licensed Child Care Slots



- Be sure the data from different years represent the same thing. For example, don't graph the number of reported cases of child abuse for 1995 with confirmed cases for 1996.
- Label all parts of the graph clearly, including the axes and the lines or bars. Include the unit in the label if possible (for example, cases/1000 population).
- Give the graph a title that conveys clearly what is in the graph.
Don't write: Child Care in Tuolumne County.
Do write: Number of Licensed Child Care Slots for Children under 6 in Tuolumne County.
- Indicate the source of the data either on the graph itself or in the accompanying text.
For example: Source: Stanislaus County Health Department.

Recognizing Change in Your Indicators

The underlying issue with a collaborative's long-term evaluation question is change over time. What you are trying to do is improve the health and well-being of children and families, which everyone recognizes will not happen overnight. But how will you know when you have made a meaningful change in the indicators you are tracking? For example, if the child abuse rates goes from 3.2% to 2.9%, can you conclude that child abuse is decreasing? There is a wealth of statistical tests that can be applied to determine whether the amount of change exceeds what would have been expected by chance. We want you to know that these exist so that if you have the time, inclination, and resources, you can apply these tests to your data. These tests require a thorough understanding of statistics. You may need to contact a professional researcher or statistician to assist you.

If you don't have a statistician at your disposal, we encourage you to apply the *reasonable person test*. What evidence would a reasonable person in your community accept as evidence of real change in this indicator? Remember, too, the reasonable person is a bit of a skeptic and takes the general position that she or he will believe only what you can prove.

We are going to educate the reasonable person to avoid some pitfalls in interpreting data. One of the most common pitfalls is making too much of a change from one year to the next. Numbers, especially those based on smaller populations (a neighborhood rather than an entire county) will jump around from year to year. The long-term trend over time is more important than year-to-year fluctuations. It is very difficult to conclude anything based on only two points of data. If you have only two years worth of data, be very cautious in your interpretation. An appropriate way to word such a finding would be as follows:

The confirmed cases of child abuse in our community have decreased from 3.2% in 1995 to 2.9% in 1996, which is hopeful. We need data from future years to see if child abuse will continue to decrease and will stay at lower levels over several years.

A graph of your data over several years will show whether you are producing a change. If you see a change in the direction you want over several years worth of data, then the questions your collaborative will need to address are:

- Is this enough of a change to be meaningful?
- Can we make the change happen faster?

Those involved in analyzing the data need to present the numbers to the collaborative in a form that is readily understandable. These data can then serve as the basis for a discussion of whether there has been a change and whether the amount of the change is enough to be meaningful. Everyone involved in the discussion needs to apply the reasonable person test. Would these data convince a reasonable person that the status of children in your community as measured by this indicator has improved? If the answer is yes, celebrate your success. You have achieved what your collaborative set out to do, and you deserve to be congratulated because your hard work has paid off with the best reward of all.

What if the data don't show a difference? If you have collected enough years of data to have a good sense of the trend and it is clear that the numbers are not moving in the direction you had hoped, at least three alternative explanations are possible.

One explanation is that you really did make a difference but you were measuring the wrong things or measuring them in the wrong ways or for the wrong group, so the numbers you have don't reflect the positive changes that actually occurred. Remember, we are talking about changes for children and families. You will probably accumulate lots of evidence in several years that your collaborative put lots of good things in place in the community, but the overriding question is, "did outcomes for children and families change?"

One of the reasons we recommended tracking several indicators for a single outcome is that one indicator might not show a difference while others might. If none of your indicators show any difference and you now believe they are all the wrong indicators, hopefully you can find better indicators sooner rather than later, before you invest many years in following the wrong ones. You will be hard pressed to convince a reasonable person that your efforts made a difference if all the data you have collected show no change.

A second explanation for no change is that you really did make a difference but other events in your community worked in the opposite direction. For example, while your collaborative was working to prevent child abuse, your local economy took a nosedive, placing many families under stress. Although the data show that child abuse rates have not gone down, you may be able to make a good case that they would have gone up without the efforts of the collaborative.

A third explanation is that what your collaborative did, although good for the

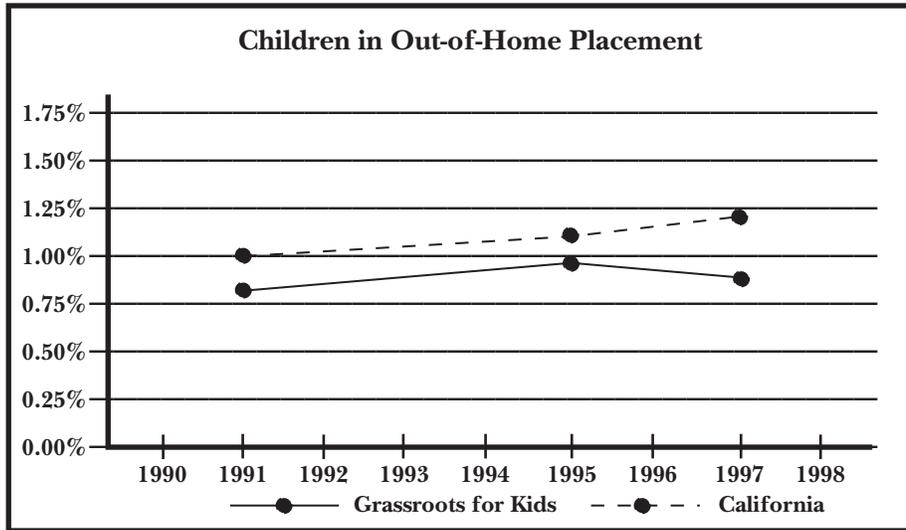
community in many regards, was not effective in reducing child abuse. If by this indicator, as well as other indicators, children appear to be no better off than they were when you started, it is time to re-think your attack on the problem and revise your strategic action plan. (Hopefully, the answers to your short-term evaluation questions pointed to some possible problems in your strategies so that you could modify your approach before waiting

years to learn that it was not producing the desired outcome.) Falling short of your desired outcome for children and families does not mean that you have failed. You will have failed only if you neglect to learn from your evaluation and change your game plan to increase the chances for future success. Revising your strategic action plan on the basis of what you have learned is a critical and expected part of the evaluation process.



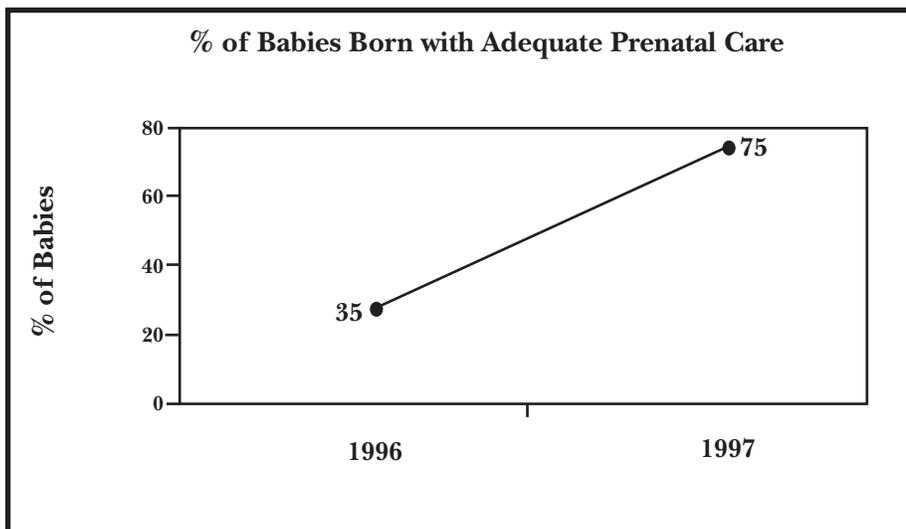
Exercise #1: Understanding Graphs

1a. What can you say about this graph?



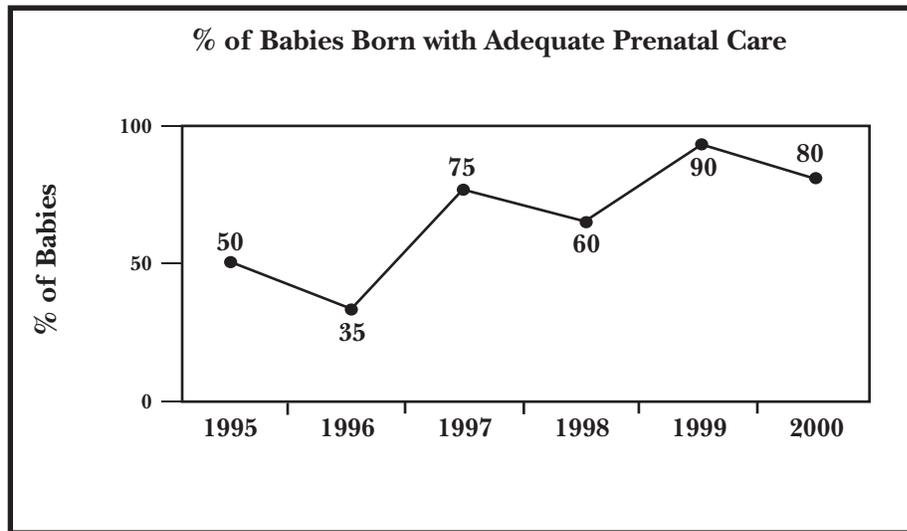
1b. What else do you need to know to understand these numbers?

2a. What can you say about this graph?

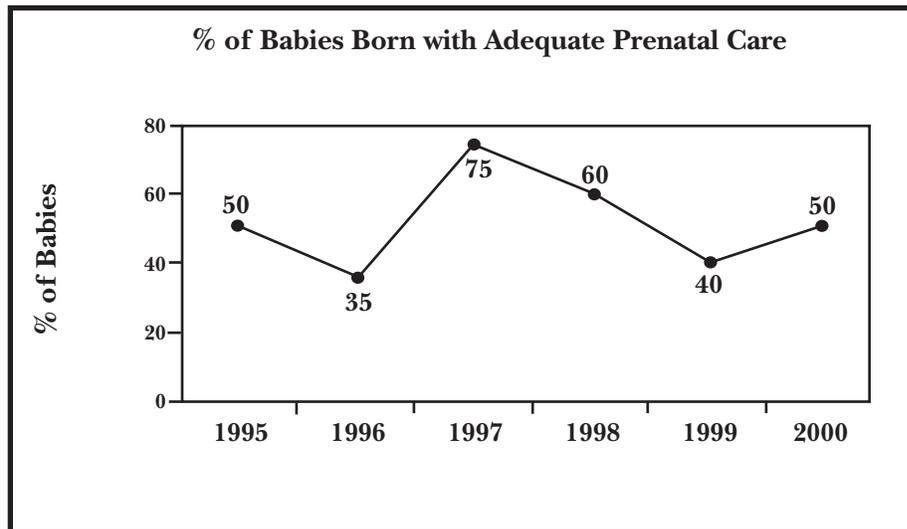


Exercise #1: Understanding Graphs (continued)

2b. What can you say about this graph?



2c. What can you say about this graph?



Chapter 14.

Working with Survey and Interview Data

Surveys and interviews are two common evaluation methods to answer long-term and short-term evaluation questions. Since the methods used to prepare them for analysis and to analyze their data are similar, we will discuss them together.

These are the steps we will assume that you have completed so far:

- Designed your surveys to be able to answer your evaluation questions.
- Pilot tested your surveys and interviews.
- Reviewed the completed pilot surveys and interviews for respondents' answers (especially answers to "Other, specify" questions) to be certain that you have included the correct responses in your response categories, if applicable.

For interviews:

- Trained and supervised the people conducting the interviews.
- Reviewed at least the first 5 to 10 interviews (and then several sporadically after that) to be certain that the interviews are being conducted and written up correctly.
- Checked whether written answers are legible and complete, whether response categories are clearly circled, and whether all questions are completed.

For surveys:

- Mailed or handed out your questionnaires.
- Received your returned surveys.

This chapter will focus on what you should do with these completed interviews and surveys in order to be able to answer your evaluation questions.

Data Preparation

Coding Your Survey and Interview Data

First, you will need to review the completed surveys/interviews to get them ready to be analyzed. This is often referred to by researchers as **coding** or editing the surveys/interviews. Coding or editing involves several steps, including assigning identification numbers, cleaning up mistakes made by persons completing the survey, and assigning code numbers to some types of responses. The person doing the coding is often called the **coder**.

Any **coding** (writing on a survey/interview after it has been completed) should always be done with a red pencil—a pencil because it can be erased, and

in red, because you want to distinguish what the respondent answered from any coding that was done later.

If you are planning to enter any of the information from the survey/interview into a computer and for some kinds of hand tallying, you need to **write a unique identification number (ID) on each survey/interview**. An ID can be numbers (e.g., 001), or it can be a combination of numbers and letters (e.g., first three letters from last name and last three numbers from phone number - SMI368). What you use is not important, as long as each ID is unique and the number of characters in the ID number is always the same.

Review the survey/interview to be certain that the answers are clearly written. This will be especially important if the answers are to be entered into the computer, since this will save a great deal of time for the person entering the information, but it is also helpful if the information is going to be hand tallied. If some of the answers are unclear, try to figure out what the writer was saying and use the red pencil to print this clearly above the illegible word or phrase.

If you are entering data into a computer, it is easier if **responses** (answers to the questions) have a numerical code. When designing surveys and interviews, you should have included a number next to each answer or response. For example, "Yes" is typically assigned a "1" and "No" is typically given a "2." A question on your survey would look like the following:

Is your child currently in child care?
(Circle one number)

1. Yes
2. No

Sometimes people completing surveys do not follow all the directions. It is the coder's job to clean as much of the data as possible. When surveys/interviews are completed, **check that the numerical codes were circled correctly**. If a respondent circles the word but not the number, circle the number. For example, if the word "No" is circled, then circle the number "2" next to the word "No." Respondents frequently forget to circle the number next to the "Other, specify" answer choice.

What is your relationship to this child?
(Circle one number)

1. Mother
2. Father
3. Other (Specify grandmother)

This respondent answered the question but forgot to circle the “3,” so the coder needs to circle it for her.

Check that only one response is circled if only one is permitted. If two or more are selected where only one is permitted, draw a line through both responses, since neither of the answers should be counted.

If a response is not circled but the respondent’s answer is written near the question, see if the answer clearly fits one of the response categories, and circle the appropriate response. If it doesn’t fit any of the responses, then leave that question unanswered.

Survey designers are sometimes interested in answers that are numbers. For example, the question “How many years have you lived in this community?” will be answered with a number. There are two ways to deal with these types of questions when designing a survey/interview. You can provide categories such as:

1. Less than one year
2. One year to less than two years
3. Two years to less than five years
etc.

or you can just provide a blank space (_____) for the respondent to write in the number.

When respondents are asked to fill in the blank space with a number, you will need to review the answer to be certain it is a whole number (no fractions, decimals, or range of numbers). If it is not a whole number, the coder should round the number to the nearest whole number. If a range of numbers is entered, either code the midpoint or the nearest even whole number (e.g., 16-18 should be written as 17; 3-4 should be written as 4).

Coding Open-Ended Responses

Surveys/interviews can be designed to include both *closed-ended* and *open-ended questions*. *Closed-ended questions* are questions with the answer choices already provided, such as “Yes/No” or “Agree/Disagree.” *Open-ended questions* allow respondents to express their answers and opinions in their own words (see Chapter 9 for a discussion of open- and closed-ended questions). Sometimes a closed-ended question might have an open-ended portion that allows the respondent to provide an answer that doesn’t fit into one of the existing categories; these would usually be the “Other, specify” responses as shown above.

Remember: Investing time in a thoughtful design and pilot test will save you time during coding and analysis. Use the pilot test to try to develop a comprehensive set of responses to each

question. Pilot tests can also be useful in deciding on response categories to open-ended questions. When surveys are designed, keep in mind that the more closed-ended questions and the fewer open-ended questions, the easier and less resource intensive the coding process will be.

Coding “Other, specify” responses. To code “Other, specify” responses, first read the respondent’s answer to see whether the answer fits into one of the existing closed-ended responses. Let’s look at an example. A question on a community survey was:

What activities/groups do you/your family participate in?

1. Church
2. Clubs
3. Community events
4. PTA
5. School events
6. Other, please specify _____,

and the respondent circled the number “6” and wrote “I haven’t gone, but my son and daughter have gone to the community fair.”

For this question, the respondent should have circled code number “3” (Community events), since the question asks about anyone in the family and her children have attended a community event. To code the correct answer, the coder should circle the code number “3” and draw a line through the code number “6.”

When reviewing “Other-specify” responses, if the respondent’s answer fits another already existing response category, circle that response and draw a line through the code next to the “Other, specify” response. If the answer does not clearly fit into one of these responses, be certain that the code next to “Other, specify” is circled (in the above example, be certain that the number “6” is circled). You will also want to mark these answers in some way, such as a paper clip in the margin or with a yellow Post-it, and set them aside for review later. When you have 5 to 10 responses to “Other, specify” for that question, read the answers to see whether there is another category that you should add to the ones you already have. For example, in the question above, maybe most of the respondents indicated next to “Other, specify” that they had attended sports-related activities. The coder might want to consider adding another code for sporting events, “7. Sports events,” and write in and circle the number for that new response category “7,” instead of the “6” for “Other, specify.” To the extent possible, you will want to assign codes to the “Other, specify” answers because it is not very informative if a large

percentage of your answers end up being “other.” For example, a finding that “*Half of the respondents answered ‘other’*” doesn’t tell you very much.

Note: It is important to keep track of any of the new codes that are created because the coder will be assigning these to all the other questionnaires. If new codes are created after some of the questionnaires have been reviewed, those questionnaires should be re-reviewed to see whether any of the new codes apply.

If most of the responses to an “Other, specify” items are different, without a consistent theme, then you can leave the answers as “other,” and they don’t need to be recoded.

Coding Open-Ended Questions. Some questions are completely open-ended in that no response categories are provided. An example of an open-ended question from a collaborative’s community survey is:

How do you think the center benefits the community?

The respondent is expected to provide the answer in his/her own words, as opposed to selecting appropriate categories. Coding open-ended questions is very time-consuming, especially when you have a large number of respondents. When designing surveys, keep the number of open-ended questions to a minimum. Whenever possible, use the survey/interview pilot test to help develop appropriate response categories to these types of questions, so that they can be closed-ended questions when the survey/interview is administered to a larger group of respondents.

When preparing to code open-ended questions, follow these steps:

- As surveys/interviews are being reviewed and coded, questions that are open ended should be paper clipped or flagged for later review.
- When you have 20 to 30 surveys/interviews flagged for review, read each response and begin to create a list of themes that appear in respondents’ answers. As you create this list, you should hand tally the number of times each theme appears across the 20 to 0 answers you’ve read.
- After you’ve identified the most frequently appearing themes, create a new list of these themes and assign a numeric code to each theme.

- Reread the 20 to 30 you have already read, this time writing in the appropriate numeric code from your list of frequently occurring themes next to the respondent’s answer.
- After the coding list has been developed, use these codes to code the rest of surveys/interviews.

The example below illustrates the process of coding open-ended responses. In this example, Question 13 is open ended and is completed only by those who answered Question 12.

12. Has your family used the center?
1. Yes
 2. No
13. For those who have used the center:
How has the family center affected your family?
-

The following responses were obtained for Question 13:

Respondent 1. We feel so fortunate to have the center in our community. I’ve attended several Moms’ Night Outs and my son is in the playgroup.

Respondent 2: My kids have a place to go after school.

Respondent 3: I’ve gotten referrals to a doctor for my husband, and my daughter and I have gone to see the dentist there.

Respondent 4: Parenting class taught me a lot about things I can do with my children.

Respondent 5: Having the center here made us proud to live in this community. We’ve used it lots of ways. My children have had their teeth checked for the first time at the center.

Reading these five responses, several themes begin to become apparent. Possible themes would be:

1. A “medical” theme, with families seeing the dentist, and receiving referrals for doctors.
2. A “recreation” theme, with children in playgroups and after-school programs.
3. A “parent education” theme, with Mom’s Night Out programs and parenting and nutrition classes.

In reality, you would wait until you had read 20 to 30 responses before developing your codes, but for this example we will create the codes based on these 5 examples. If these are the three themes that your collaborative decides are appropriate for this answer, then you would have three codes for this answer (1 for medical, 2 for recreation, and 3 for parent education). The coder would then go back to each respondent's answer and write the appropriate number(s) next to that respondent's answer. For example:

- For respondent 1, the coder would write a "2" (for recreation) and a "3" (for parent education) next to respondent 1's answer.
- For respondent 2, the coder would write a "2" (for recreation).
- For respondent 3, the coder would write a "1" (for medical). Please note that you would code the number "1" (for medical) only one time, even though it is mentioned more than once in respondent 3's answer.
- For respondent 4, the coder would write a "3" (for parent education).
- For respondent 5, the coder would write a "1" (for medical answer). Respondent 5 also mentions other issues, such as feeling proud. If after reviewing 20 to 30 responses it was clear that this was not a frequently mentioned issue, the coder might not want to code it at all, or the coder might code it as a new number that would represent "other" responses.

Deciding on themes in open-ended responses is an extremely subjective process. There are actually many ways this information could have been coded. If your collaborative wanted to focus on events that affect children separately from those affecting adults, you would want to develop separate codes for medical issues related to parents and medical issues related to children. Other collaboratives might want to differentiate between dental and other medical services and not want to create a code that collapses both into one code. Since this is such a subjective activity, it is helpful to have a second person review the responses used to develop the codes and develop his or her own code list, and then for the two coders to compare their lists.

It is important when developing codes to keep your evaluation questions in mind so that you know which issues are important to your collaborative (e.g., differentiating medical from dental health issues). If possible, once codes have been developed, it is better to have one person code all the responses for one open-ended question. Since coding involves a number of

judgment calls, having one person code helps ensure consistency in coding across all of the answers to a given question.

You can also use this approach when you are analyzing information from completely open-ended interviews, such as focus groups. When reviewing very long answers, it also might be helpful to use several different colors of marker pens. You can highlight each theme by using a different color of pen as you read responses. This will allow you to keep track of the different themes and to find helpful quotes to include in reports.

Options for Processing Data

Now that you have completed coding the surveys/interviews, you are ready to begin processing the data. **Surveys/interviews can be processed either by hand or by computer.** When making the decision to process surveys/interviews by hand, as opposed to by computer, there are several issues you should consider, including:

- **Number of surveys/interviews.** Processing 100 surveys/interviews by hand is probably doable; processing 200 to 300 is more difficult.
- **Number and complexity of survey/interview questions.** Some surveys/interviews are very short; others are much longer and would take much more time to tally by hand.
- **Your evaluation questions.** Some evaluation questions can be answered by a straightforward analysis, for example, by counting how frequently an answer occurred. This type of analysis can be done by hand. For example, the question "To what extent have parents volunteered at school?" can be analyzed by a count of the number of parents answering "yes" to a survey item on whether they have volunteered at the school. On the other hand, the question "To what extent have parents from various ethnic backgrounds volunteered at the elementary, middle, and high schools?" requires more complex analysis, such as *cross-tabs* by ethnic background (see Chapter 16 for discussion of *cross-tabs*). This type of analysis is better done by computer. In general, if you are interested in anything other than straight counts, a computer will make the analysis easier.
- **Data entry.** If you want to analyze data by computer you will first need to get the data entered into the computer. Is there

someone who is willing to sit and do all of the *data entry* into the computer? You will have to either find a collaborative member to enter the data or pay someone to enter the data. For a fee, there are companies that will enter the data into the computer for you.

- **Having someone able to use the computer to analyze data.** Is someone able to use a software package to structure a database or spreadsheet into which data can be entered? Is there someone on your collaborative or in your community who is fairly “computer literate” and is comfortable with statistical software, or is willing to learn how to use new software? If there isn’t, you might want to consider hiring someone locally (possibly a professor or graduate student from a local college) who would be willing to do this for you. Statistical software or even spreadsheet software can make data analysis very easy, but you have to have someone who knows how to or has the time to learn how to use the software.

Analyzing Survey/Interview Data

Now that you have made the decision to process your surveys/interviews by hand or by computer, you are ready to begin analyzing your data. When analyzing data, it is always important to keep your evaluation questions in mind. Your questions are your guides to how to analyze your surveys/interviews.

Number of Respondents

The number of respondents largely determines the value of your survey data. Survey results based on the responses of five people would not be considered very useful. When reporting survey data, it is important to report the number of people who provided information. This is referred to as N and is usually written with an equal sign, for example, “N = 152”). For a survey, there are typically several different N’s reported:

- One is the N for the total number of respondents, the number of people who completed all or part of a survey.
- The N for individual survey items. Each item in the survey may have a different N from the total because:
 - Some respondents didn’t answer a question that pertained to them.

- Some questions were relevant for only some of the respondents; for example, only those who said they used child care would answer the question “If you use child care, which type do you use?”

The overall N for the survey and the N for each item should be reported when writing up your survey findings.

Types of Data

How you analyze your survey or interview data depends on what kind of data you have. All of your responses should be represented by numbers, but you need to look at each survey question to determine what those numbers mean. There are generally three types of data that are obtained from asking survey questions in which the answer is a number. Each is analyzed differently.

Categories. Some survey questions are answered by selecting one category from a set of categories. The numbers are codes used to represent each of the categories, but the assignment of a number to the category is completely arbitrary, and the numbers have no real meaning or value. They are used as codes to simplify the analysis of the data. Two examples of survey questions with categories for responses are shown below.

What is your ethnic background?

(Circle one number)

1. White
2. African-American
3. Hispanic
4. Other (specify: _____)

Do you have health insurance?

(Circle one number)

1. Yes
2. No

Ordered data. Sometimes the numbers assigned to the categories have an inherent order to them. Two examples of survey questions that have responses with an order that is reflected in the number codes are:

How much education have you completed?

(Circle the highest level)

1. Never finished high school
2. High school graduate, no college
3. Some college
4. College graduate

Free Software for Beginning Data Analysts: CDC's *Epi Info*

If you or someone on your collaborative is interested in learning how to enter and analyze data by using a computer but has not had a lot of previous experience with statistical or spreadsheet software, one option you can consider is a software program called *Epi Info*. *Epi Info* is a free software program that is made available by the World Health Organization and the U.S. Centers for Disease Control (CDC). It is not copyrighted and can be freely copied. With *Epi Info*, you can create a questionnaire or data collection instrument, enter data using the same questionnaire format, and analyze the data to produce counts, percentages, averages, tables, and graphs.

Why *Epi Info*? *Epi Info* is by no means the only method available to analyze data. There are many other snazzy software packages available to manage and analyze data that run on Windows, including statistical packages such as SPSS and spreadsheet programs such as Excel, Quattro Pro, or Lotus 1-2-3. We mention *Epi Info* here because it has two major advantages: it is readily available at no cost, and it is reasonably easy to learn and straightforward to use.

Remember it is not always necessary to use a computer to analyze data. Hand tallying can also be a valid option, especially if you do not have a very large number of responses and have a small number of questions.

Is this approach right for you? People who are fairly computer literate should be able to master enough about *Epi Info* to be able to design a data entry format, enter data, and write a program to produce counts and percentages in a couple of days.

To decide whether investing the time to learn how to use this software is worthwhile for you, there are some key factors you will want to consider:

- Are you doing more than one survey in a given year? Would you have the occasion to use these skills more than once? The time you invest in learning *Epi Info* would really pay off if you had subsequent opportunities to apply these skills.
- Will you have more than 100 responses to a given survey?
- Does your survey have more than 20 items?
- Are you interested in analyzing your data in several different ways (e.g., examining the differences between ethnic groups or age groups)?

If you answered "yes" to any of these questions, *Epi Info* may be right for you.

Where do I get a copy of *Epi Info*? You can download the program files from the CDC's Web site at www.cdc.gov/epo/epi/epiinfo.htm. Be sure to check hardware requirements. To download the files, you will need a minimum of four 1.44 MB floppy disks. A concise tutorial is available through the *Epi Info* program's main menu. If you do not have access to the World Wide Web, you can write to the Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333.

How safe do you feel in your neighborhood?
(Circle one number)

1. Very safe
2. Pretty safe
3. A little unsafe
4. Very unsafe

Responses with an inherent order are typically seen in questions that call for *ratings* of quality (for example, excellent, very good, good, fair, poor, very poor) and agreement (for example, strongly agree, agree, disagree, strongly disagree). The numbers you use in the scale will be in order from 1 to 4 or 5 or 6, depending on the number of choices in your scale. Note that the numbers themselves have no real meaning. For example, in the question about neighborhoods, “Very unsafe” could be 1, “A little unsafe” could be 2, and so forth. The meaning is in the order of the numbers.

Numbers with meaning. Some numbers given as responses to a survey do have meaning. If a survey asks for the respondent’s age, the answer is a number with inherent meaning. Similarly, the number of months since a child’s last dental checkup is a number with real meaning.

Summarizing your Data with Statistics

The type of data you have collected for a survey or interview item is important because it will determine what technique or techniques are appropriate for analyzing that particular item of data.

Calculating Frequencies

Frequency is a term that refers to how often an event occurred, for example, how many times respondents answered “strongly agree” to an item on a survey, how many of the respondents had health insurance, or how many had children under the age of 9. Another term for frequency is *count*. If 52 respondents selected “yes,” then the frequency for “yes” is 52.

Frequencies are most often used for data that are categorical. Frequencies may also be used when analyzing ordered data to learn how often respondents selected a particular response choice. (Ordered data can also be analyzed by using a *mean* or *average*, as described later in the chapter.) Frequencies for data with “real” numbers are occasionally used when the number of unique responses is low, say, less than five. For example, if you ask the question “How many children do you have?” and the responses range from 0 to 4, it would be reasonable to calculate the frequency for each of these numerical responses.

All of the methods for analyzing data in this section can be carried out by hand or by a computer. If you are analyzing data by computer, then you will need to follow the software’s instructions. Our discussion will explain how to do the analysis by hand—which you should understand how to do even if a computer does it for you.

Follow the steps listed below to tabulate frequencies from your survey data for items that have either categories or ordered numbers for responses:

1. For each item or question on the survey, create a table with as many columns as there are possible response choices plus three. For example, for a question with a yes/no response choice, your table would have five columns: one for the name of the item, one for yes, one for no, one for missing responses to that item, and one for the number of responses (N) for that item. For a question with four possible choices, your table would have seven columns: one for the name of the item, one for each response (total of four), one for missing, and one for the N. An example of such a table is shown below.

Item #	1. Yes	2. No	3. Don’t Know	Missing	N

2. Write the item or question number in the first column. Label a column for each response choice.
3. Tally the responses: Put a tally mark in the appropriate column for each response, one tally mark in the “yes” column if the response was yes, leaving the “no” and “don’t know” columns blank. Or put one mark in the “no” column and leave the “yes” and “don’t know” columns blank. If the respondent did not answer the question, put a tally mark in the “missing” column. If the respondent answered the question put, a tally mark in the column labeled “N”. Do this for all the questions on the survey.

Note that if the instructions for the survey item were “circle one,” then only one tally mark should be placed for that item for each survey. For example, the mark has to go in “yes,” “no,” “don’t know,” or “missing.” If the instructions were to “circle all that apply,” then a single respondent can have more than one tally mark, but for **each respondent there has to be at least one response**. If a respondent circles nothing for an item with “circle all that apply,” then a tally mark should be placed in the “missing” column.

4. Total the number of tally marks in each column for each item and write the number in the box next to the tally marks. For each item where only one response could be selected, the total of the columns should equal the total number of people who completed the survey. If it doesn’t you did something wrong in your tallying, since every such item should have had at least one and only one tally mark for each item. The total number of tally marks for items where respondents could select more than one response **will not** equal the number of respondents.

Collapsing categories. For items that have several response choices, you may want to collapse the categories into a smaller number, for a variety of reasons. Collapsing categories simplifies the results but loses the detail. You need to decide which is more important. If the number of responses in one or more categories is small, or if you have a lot of categories, you may want to collapse the categories into a more manageable number. In the question below, you might want to combine the responses into “in home” and “out of home” childcare.

What is your primary type of childcare for your youngest child? (Circle one.)

1. Childcare center
2. Preschool
3. Family day care home
4. Care by a non-relative in your home
5. Care by a relative in your home
6. Care by a relative in their home
7. Care by a non-relative in their home

Once you have the frequencies (the count of tally marks in each box) for each response choice, you can add two or more together to collapse choices when you report the results.

Reporting frequencies. Frequencies can be reported as a number or a percentage. When a number is reported, the finding should be reported along with the total number of responses for that question. For example, the statement “24 families used after-school childcare” gives the reader no sense of whether 24 are a majority or a minority. It is also important to tell the reader what the N is for the question. A better way to report the finding would be “Of the 80 families surveyed, 24 used after-school care.” If the N for each of your survey questions is about the same, you can tell the reader what the N was once and then report the frequencies for each question. If your N varies for different questions from the total N by more than a few, you should also report the N for each question. For example, “Of the 24 families who used after-school care, 10 used center-based programs and 14 used family day care homes.”

If the item has several responses that are important to report, the data can be presented in a *frequency table* such as the following:

Principal Source of Medical Care (N = 144)

	Number
Private physician	35
Kaiser	48
Non-Profit/Public Clinic	17
Hospital Emergency Room	29
Other	15

Calculating Percentages

Percentages are often a useful way to summarize data for which you have calculated frequencies. Percentages can be quickly interpreted because they are always based on a 100-point scale. To

calculate a *percentage*, divide the number of responses (or frequency for that response choice) by the total number of respondents for that item or question, and then multiply by 100. Those that do not respond (including missing responses) are not included in the N for that question. For example, if there were 24 yeses and 56 noes (with 80 total respondents out of 86 possible respondents) to a question about whether the family used after-school child care, the percentage of yeses would be 24 divided by the total number of respondents for the item (80), multiplied by 100, to get 30%.

Reporting percentages. It is advisable to report percentages only when your total N for the item or question is 30 or more. If you do not have an N of 30, report your results as frequencies.

Percentages are typically reported in two ways, in tables and in text. In text, the percentage for each item is usually stated with a percent sign, as in the example above, 30%. In a table, the column would be labeled Percent and then the % mark does not need to be used next to each number.

When reporting percentages, the decimal point value can be rounded up or down and the percentage reported as a whole number. For a number with less than 5 after a decimal point, round down, and for 5 or more, round up. When a number begins a sentence, it is spelled out.

When a number is contained within the sentence, it is expressed in numbers and the percent sign (%) is used. *“The results of the survey showed that 30% of the families used after-school care.”*

Calculating Means for Ordered Data and Ratings

If your responses have an order (such as a rating from one to five), after calculating their frequencies, you can also calculate an overall *mean* or *average* rating of all the respondents’ ratings. To do this, follow these three steps:

1. Multiply the rating number corresponding to each response by the number of respondents who selected the response.
2. Total these numbers.
3. Divide the sum by the number of responses.

Example:

The frequencies for an item on neighborhood safety were as follows:

Rating of Neighborhood Safety (N=40)

	Number
1. Very unsafe	4
2. A little unsafe	6
3. Pretty safe	20
4. Very safe	10

1. Multiply the number corresponding to each response by the number of respondents who selected the response.

$$1 \times 4 = 4$$

$$2 \times 6 = 12$$

$$3 \times 20 = 60$$

$$4 \times 10 = 40$$

2. Total these numbers.

$$4 + 12 + 60 + 40 = 116$$

3. Divide by the number of responses.

$$116 / 40 = 2.9$$

The average safety rating was 2.9 out of a possible 4.

Reporting ratings. **Ratings** can be reported in several ways. They can be reported as averages or as the frequency or percentage of respondents that rated the item a certain way.

With rating scales, you may decide that it would be easier to analyze or report the results if some of the ratings were collapsed into fewer values—two values representing, for example, just agree and disagree—rather than strongly agree, agree, disagree, strongly disagree. With the neighborhood safety example above, there were 30 respondents who felt safe or very safe and 10 who did not feel safe in their neighborhood.

You could report the findings from the neighborhood safety item in three different ways:

The average rating of safety expressed by the respondents was 2.9 on a 4-point scale, with 1 representing a feeling of being very unsafe and 4 representing a feeling of being very safe in their neighborhood.

Thirty of the 40 respondents felt safe or very safe in their neighborhood.

Twenty-five percent of the respondents did not feel safe in their neighborhood.

You could also supplement the second or third form of reporting by including the frequency table as part of your report. You generally would not report in all three ways. Instead, select the one reporting style that you feel best met communicates the significance of your finding.

Summarizing “Real Numbers” with Statistics

As noted earlier in this section, some numbers are meaningful in and of themselves. Age, weight, height, and number of years in the community are examples of numbers that are meaningful. To help understand what we mean by “meaningful,” if you circle 1 for Yes or 2 for No, the numbers 1 and 2 are not meaningful. Useful, yes—but not meaningful. Numbers that have meaning are analyzed differently from numbers that are associated with categories or an ordered scale.

If you have 120 surveys on which respondents provided their age, the challenge is how to summarize and communicate those 120 numbers. Two useful ways are the *range* and the *mean*.

Range. A simple technique to help you work with the different numerical values is to physically arrange the surveys in numerical order (based on the numerical response for the question). If you have more than one survey item with a number for an answer and a lot of respondents, it might be easier to make a table based on their responses.

ID	Age	Years Employed	Years in Community	Years in Community
1	32	0	32	1
2	45	15	10	3
3	39	5	2	1
4	51	31	44	5

The *range* is the spread of the data, that is, the difference between the largest and the smallest number. For example, if the question asked for the ages of the respondent’s children and the oldest age reported was 5 and the youngest age reported was 2, then you could report the range as “the ages ranged from 2 to 5,” or “the range of the ages was 3 years.” For the table above, you could report that “the respondents had lived in the community from 2 to 44 years.”

Calculating a mean or average. *Mean* is another term for average. The average is computed by adding all the values and dividing by the total number of values. The mean of the ages of respondents in the table above is $32+45+39+51 = 167$; $167/4 = 41.8$, rounded to 42 years.

Reporting ranges and means. When reporting your “real number” data, it is a good idea to report both the *range* and the *mean*, and of course, the *N*. Using the example above, you would write: “*The four respondents ranged in age from 32 to 51, with an average age of 42.*”

Looking at Subgroups: Crosstabs

You may be interested in the survey results for a certain group of respondents, such as parents with young children or Hispanic families. You probably will want to look at how these groups answered, compared with one or more other groups. How do parents of young children compare with residents with no children? How do Hispanic families compare with African-American or Asian families? Comparing subgroups on items in your surveys or interviews requires a *crosstabulation*, which will be explained in Chapter 16.

Be aware that one of the best uses of survey data is looking at differences across different segments of your community. Questions such as “Do minorities in our community feel as safe as majority members?” or “Do parents of young children attend as many community events as parents of older children?” cannot be answered with simple frequencies. Typical characteristics to use in *crosstabs* are gender, ethnic background, age, age of children, neighborhood, or geographic area of the respondents.

Change over Time

Another useful way to use survey data is to look at how the respondents’ answers to a particular question change over time. For example, you may be doing a survey of community members to answer your long-term evaluation question “Are community members becoming less tolerant of drunk driving?” To assess whether attitudes toward alcohol drinking and driving are changing, you would need to survey members of your community with the same survey question and the same survey methodology at roughly equal intervals (say, annually) over several years. You would also need to analyze the survey data the same way from year to year, so that you could compare your data points across time. For a discussion on how to tell whether any changes you find are significant, see “Recognizing Change in Your Indicators” in Chapter 13.

Conclusion

Surveys and interview data, when collected, coded, and analyzed thoughtfully, can provide a wealth of insights as to what extent and how successfully a strategy is being implemented and why. Chapters 17 and 18 will discuss in depth how to use these findings to develop a meaningful evaluation report and use what you have learned from your evaluation to work more effectively in the future.

Exercise #2 Community Survey

Instructions: Recode surveys as needed.

(This survey was sent home with children in the three elementary schools in the community)

Name: _____

1. What school does your youngest school-aged child attend?

(Please circle one)

1. Lakeview
2. Hillcrest
3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

1. Scouts
2. After-school program
3. Music activities
4. Dance activities
5. Other, please specify _____

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

1. Yes
2. No
3. Don't know

3b. If yes, is that place:

(Please circle one)

1. A clinic, health center, or a doctor's office
2. A hospital emergency room
3. Other, please specify _____

4. How old is your child? _____ years old

5. "Our community is a great place to live." Do you

(Please circle one)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Exercise #2
Community Survey (continued)

Name: *Maria Gutierrez*

1. What school does your youngest school-aged child attend?

(Please circle one)

- 1. Lakeview
- 2. Hillcrest
- 3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

- 1. Scouts
- 2. After-school program
- 3. Music activities
- 4. Dance activities
- 5. Other, please specify *football*

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

- 1. Yes
- 2. No
- 3. Don't know

3b. If yes, is that place:

(Please circle one)

- 1. A clinic, health center, or a doctor's office
- 2. A hospital emergency room
- 3. Other, please specify _____

4. How old is your child? *9.5* years old

5. "Our community is a great place to live." Do you

(Please circle one)

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree

Exercise #2
Community Survey (continued)

Name: Sue Jones

1. What school does your youngest school-aged child attend?

(Please circle one)

- 1. Lakeview
- 2. Hillcrest
- 3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

- 1. Scouts
- 2. After-school program
- 3. Music activities
- 4. Dance activities
- 5. Other, please specify soccer games

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

- 1. Yes
- 2. No
- 3. Don't know

3b. If yes, is that place:

(Please circle one)

- 1. A clinic, health center, or a doctor's office
- 2. A hospital emergency room
- 3. Other, please specify _____

4. How old is your child? 6^{1/2} years old

5. "Our community is a great place to live." Do you

(Please circle one)

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree

Exercise #2
Community Survey (continued)

Name: Barbara Stone

1. What school does your youngest school-aged child attend?

(Please circle one)

1. Lakeview
2. Hillcrest
3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

1. Scouts
2. After-school program
3. Music activities
4. Dance activities
5. Other, please specify baseball

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

1. Yes
2. No
3. Don't know

3b. If yes, is that place:

(Please circle one)

1. A clinic, health center, or a doctor's office
2. A hospital emergency room
3. Other, please specify herbalist

4. How old is your child? 6 years old

5. "Our community is a great place to live." Do you

(Please circle one)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Exercise #2
Community Survey (continued)

Name: John Chu

1. What school does your youngest school-aged child attend?

(Please circle one)

1. Lakeview
2. Hillcrest
3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

1. Scouts
2. After-school program
3. Music activities
4. Dance activities
5. Other, please specify clay class

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

1. Yes
2. No
3. Don't know

3b. If yes, is that place:

(Please circle one)

1. A clinic, health center, or a doctor's office
2. A hospital emergency room
3. Other, please specify _____

4. How old is your child? 10 years old

5. "Our community is a great place to live." Do you

(Please circle one)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Exercise #2
Community Survey (concluded)

Name: Terry McArthur

1. What school does your youngest school-aged child attend?

(Please circle one)

1. Lakeview
2. Hillcrest
3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

1. Scouts
2. After-school program
3. Music activities
4. Dance activities
5. Other, please specify my son takes trumpet lessons

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

1. Yes
2. No
3. Don't know

3b. If yes, is that place:

(Please circle one)

1. A clinic, health center, or a doctor's office
2. A hospital emergency room
3. Other, please specify _____

4. How old is your child? 7 years old

5. "Our community is a great place to live." Do you

(Please circle one)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Chapter 15.

Working with Test and Assessment Data

Tests and assessments can be excellent ways to answer long-term and short-term outcome questions about knowledge as well as attitudes, perceptions and norms, and even behavior. Most often, your test or assessment will be a published instrument developed, tested, and published by someone else, but occasionally it may be necessary to develop your own test.

These are the steps we will assume that you have completed so far:

- Selected the instrument that best measures the outcome you are trying to achieve for your target population.
- Reviewed carefully the instructions on how to administer the instrument.
- Administered the instrument to your target population (or a sample of your target population; see Chapter 10 for a discussion of sampling).

You are now ready to begin analyzing your data.

If you are using published instruments, such as an assessment of kindergarten readiness, a test of parenting knowledge, or a measure of self-esteem, you will be analyzing and reporting *scores*. We will be using the term “assessment” to refer to any instrument that is scored. Some of these may be tests of knowledge; others may be measures of attitude or personality traits. For our purposes, they are all assessments because they produce scores.

Scoring the Assessment

The first step in analyzing score data is to calculate the score for each person’s assessment. The assessment should come with instructions for how to calculate the score. Sometimes, calculating the score is as straightforward as counting the number of correct answers. Other times, different items or different responses have different values—for example, to score the assessment, you might add 2 points for every item marked “c,” add 1 point for every “b,” and 0 points for every “a.” It is extremely important that the instructions be followed exactly in scoring any assessment and that the scoring be done carefully and correctly for each one.

Some tests give different types of scores, such as *raw scores*, *percentile scores*, or *standard scores*. The raw score is the score computed directly from the assessment. Other types of scores (such as percentile and standard scores) you have to look up in a table that comes with the assessment. Most

of the time, collaboratives will be using the raw score. If you are not familiar with scoring assessments, you might need to contact a consultant to help you.

Assessments can be scored by anyone who understands the scoring instructions thoroughly and is very careful. Level of education is not nearly as important as attention to detail. Scoring an assessment sounds very simple, but it is easy to make mistakes. The person doing the scoring must be as careful with the last assessment as with the first. Generally, the score can be recorded right on the test booklet, although you should put it on a separate sheet of paper if you will be double scoring any assessments, as explained below.

If the scoring is complicated, it is a good idea to have each assessment rescored by someone who did not score it the first time. This is called **double scoring**. If you don’t have the resources to rescore all the assessments, rescore at least 10%. Ideally, do this before the **first scorer** scores the remaining 90%. If there are disagreements between the two scorers on any of the assessments that were double scored, the two scorers should look at where and why they disagreed. The official score (the first scorer’s score) on the test should be corrected, if necessary. If there were disagreements on the first 10%, the scorers should double score another 10% and continue this process until they score a set where they agree on all of the scores.

If it is not possible to rescore a set after only 10% have been scored because all of the assessments were scored at one time, pull a sample of 10% of the assessments at random from the entire set and have another person score them a second time. If there is not 100% agreement on the scoring, examine the discrepancies and correct any errors. If discrepancies between the two scorers are found, determine who scored the form correctly and who scored it incorrectly. If the original scorer made the errors, pull another 10% at random and rescore them. If there are also errors in that set, the entire set should be rescored. And next time, be sure the first scorer better understands the scoring criteria.

Some assessments produce one overall score. Other assessments give several scores, which may or may not be added for a total score. If the assessment your collaborative is using produces more than one score, you will need to decide which of these scores best answers your evaluation questions. If they are relevant, you might want to report all of them; otherwise, you might not. To decide, think about how a particular score relates to the evaluation question you are trying to answer.

Analyzing Score Data

Entering the Data

After you have scored all of the assessments, the data can be entered on a separate score sheet (graph paper works well) or into a spreadsheet program, such as Excel, Quattro Pro, or Lotus 1-2-3. If the collaborative has access to spreadsheet software and someone who knows how to use it or is willing to learn, you may save lots of time. If the collaborative has no access to a spreadsheet, you can analyze your scores by hand.

The following discussion applies to either a spreadsheet or hand calculations.

1. Set up a table with one more column than the number of different scores for the assessment. In the first column, you will put something that can serve as an identification or ID number (a unique number that ties the score or scores in that row back to the score sheet). You will need this in case you record any of the scores incorrectly and need to go back and check a score.
2. Copy the ID number for the first person tested in column 1 and copy the person's scores in each of the other corresponding columns in the first row. Put the second person's ID number in the first column in row 2 and that person's scores in the rest of row 2, and continue until all the scores have been entered into the table.

Let's look at the example below. The table shows two scores for four different individuals. After copying all the scores, the person preparing this table notices that the total for ID number 2 is not the sum of Score A and Score B. This person needs to go back to Person 2's assessment sheet and find the problem.

ID #	Score A	Score B	Total
1	13	7	20
2	15	9	21
3	9	4	13
4	11	7	18
Total	48	27	?

By looking back at Person # 2's test booklet, the scorer discovers that Score B was recorded incorrectly. The score is easily corrected and now the data are ready for analysis.

ID #	Test A	Test B	Total
1	13	7	20
2	15	6	21
3	9	4	13
4	11	7	18
Total	48	24	72

A blank worksheet is included on the next page for you to use in recording assessment scores. You will probably not need all of the columns.

Computing an Average Score

There are a variety of different statistics that can be calculated from scores, but most likely you will want to compute the *mean* or *average score* or the number or percentage of scores above or below a certain point. You will need to review your evaluation questions to decide which is the best measure for you.

The *average score* is computed by calculating the sum of the scores on a particular assessment or subscale and then dividing by the number of scores for that assessment or subscale. Spreadsheet programs can be used to compute averages. Looking at the set of scores shown above, we can see that the average score for Test A was 12 ($48 \div 4$), for Test B was 6 ($24 \div 4$), and for the Total was 18 ($72 \div 4$). If any scores are missing, be sure to divide only by the number of people with scores.

Can you conclude from these results that respondents scored better on Test A than on Test B? No. To do that, you need to know whether Test A and Test B had the same maximum score. (To know for sure, you may need to run additional statistical tests to verify that the differences between the two results were greater than would be expected by chance.) For this reason, it is probably more meaningful to report the percentage correct. For example, if the maximum score was 15 for Test A and 10 for Test B, Person # 2 scored 100% on Test A [$(15 \div 15) \times 100 = 100\%$] and 60% on Test B [$(6 \div 10) \times 100 = 60\%$]. Overall, the average percentage correct for Test A would be 80% [$(48 \div 60) \times 100 = 80\%$] and for Test B would be 60% [$(24 \div 40) \times 100 = 60\%$]. At the very least, you will want to report the maximum possible score.

These results would be reported as follows:

On the Everson Test of Parenting Knowledge, the four people who participated in the parenting classes scored an average of 12 correct out of 15 on the Discipline portion of the test and 6 out of 10 on the Play portion at the completion of the course.

In reality, you would never report findings based on only four participants. In reporting scores, just as in reporting survey results, it is important to include the number of persons who took the assessment.

Averages are simple to do. Some special types of scores, such as percentiles (not to be confused with percentages), however, should not be averaged. Raw scores, the scores you get right from the test, can be averaged. If you have any doubts as to whether you can average the scores you have, contact a consultant.

Scores above or below a Certain Score

Depending on your evaluation question, it may be more useful for your collaborative to know the number or percentage of test-takers who scored above or below a certain score. If your collaborative is interested in school readiness, the number of children who come to school not ready is more important than the average readiness level. For example, a developmental assessment may indicate that a child is in need of further assessment or at risk for school failure because he or she scores below a certain score. Your collaborative would probably be more interested in knowing and reporting the number or percentage of such children rather than an average score.

The score to use as the dividing point in this kind of analysis should be included with the test instructions (although under some circumstances you might want to set your own). After you have identified this score, go to your score sheet and count how many children scored below it. Spreadsheets can also be used to count the number of children below a certain score.

Here is an example of how this type of data would be reported:

In Happytown, each child entering kindergarten was administered the Developmental Readiness Test. The test manual indicates that children who score below 45 should be referred for further assessment. Of the 200 incoming kindergarten children in Happytown, 80%, or 160, needed no further testing. However, 20% or 40 children scored below 45 and were referred for additional assessment.

Hopefully, as the collaborative focuses its energies on school readiness, the 80% figure will increase in future years.

Pre- and Posttest Scores

Pre- and **posttest scores** are scores from the same assessment administered before and after program participation. For example, you could have pre- and posttest scores for a measure of self-esteem administered to children before and after their participation in a recreation program. You could also have pre- and posttest scores from a test of parenting knowledge administered before and after taking part in parenting classes.

To analyze pre- and posttest data, you would enter the two scores for each person in a table, as shown above. Next, compute the average of the pretest scores and the average of the posttest scores. If you are more interested in the percentage who scored above a certain cutoff score, calculate the percentages for both the pretest and the posttest. If the averages or percentages are no different or in the wrong direction, you cannot conclude that your program had an effect on what was assessed—at least as measured by this assessment. If the averages or the percentages suggest that your program is working in the direction you expected—for example, if the average score on the parenting test is higher after parents take the course, then you need to do additional analysis. Say the average score on the pretest was 16 and the average score on the posttest was 23. Before you can conclude that your program had an effect, you will need to run more sophisticated statistical tests that are used with pre- and posttest scores. These tests will allow you to determine whether the differences you have found are greater than what would be expected by chance. If you need to run such tests, consult an evaluator, a statistics textbook, or both.

Differences across Groups and over Time

The same approach used with pre- and posttest scores applies to comparing scores from two different groups, for instance, those who participated in a program and those who did not. Eventually, the findings from your assessment data will be compared with another group of findings from assessment data. You may be comparing data from the same group at a later time or from another group who take the same assessment at the same time or later. Assessment data can be difficult to interpret unless you have something to compare them with. What is the point of saying a group got an average score of 38? You can't tell

whether this is good or bad without a comparison of some sort.

Let's return to the school readiness example. If you are collecting information on how many children are scoring below a certain point on a kindergarten readiness test, you will want to collect data on each entering kindergarten class for several years in a row to determine whether kindergarten readiness is improving in your community. See "Recognizing Change in Your Indicators" in Chapter 13 for a discussion of how to tell whether any differences you find are significant. For more information on looking at differences between groups, see the discussion of *crosstabs* in Chapters 14 and 16.

Thinking about Your Findings

When you have data on three or more points that you are tracking over time (for example, the kindergarten classes entering in 1998, 1999, and 2000), you can graph the assessment data, as explained in the chapter on administrative data. Examine the graph of your score data and ask:

- Is there a clear-cut positive trend over three or more time points?
- Is the change between the first time and the last time large enough to be meaningful?
- Can your community make the change happen faster?

These questions should be asked to determine whether the status of children or families is improving. In the absence of statistical proof, you can employ the "*reasonable person test*" to assess whether any change you see is meaningful. The reasonable person tests asks the question "Would a reasonable person be persuaded that children were better off?" If the answer is no, it is probably time to go back and rethink the strategies you have developed to address the issue. If the answer is yes, celebrate. And then take some time to think about the question "What can we do to make this change happen faster?" In either case, using the information to better serve the children and families in your community is what makes yours a learning community.



Exercise #4: Working with Scores

The data on this table are from a home observation instrument. The data have already been entered in the table for you.

ID#	Provision of Appropriate Play Materials (0 to 9)	Maternal Involvement with Child (0 to 6)	Opportunities for Variety in Daily Stimulation (0 to 5)	Total Score
1	6	4	3	13
2	8	5	2	15
3	3	1	5	9
4	9	6	1	16
5	0	6	0	6
6	2	3	5	10
7	5		3	
8	3	1	3	7
9		0	4	
10	9	4	2	15
11	7	2	0	9
12	0	0	2	2
13	1	3	5	9
14	8	6	1	15
15	8	5	3	16
16	4		5	
17	6	2	3	11
18	7	3	4	14
19	3	6	0	9
20	7	2	4	13
Total	96	59	55	189

- Find the average score for each of the subtests and the average total score and write them in the table below.

	Play Materials	Maternal Involvement	Stimulation	Total
Average Score				
N=				

- What are the number and percentage of scores below 3 on the Maternal Involvement scale?

Chapter 16.

Working with Basic Documentation, Registration Forms, Attendance Sheets, and Logs

You have been diligently documenting your activities and events with photos, newspaper clippings, scrapbooks, videos, registration forms, sign-in sheets, logs, etc. (How to document your strategies is the topic of Chapter 8.) It is these information sources that will enable you to answer your implementation questions. The implementation questions in your evaluation work plan ask about the extent to which the strategies in your strategic action plan have been implemented. (See Chapter 5 for a discussion of implementation questions.) Here are some general forms of implementation questions:

- Did we do the event or activity?
- When did we do it? For how long?
- How did we do it?
- What resources did we mobilize to do it?
- Who participated?

Analyzing Basic Documentation Data

One of the primary ways to answer questions like those listed above is through basic documentation. To analyze your basic documentation materials, gather together your evaluation work plan and basic documentation materials (photos, newspaper clippings, scrapbook, registration forms, attendance sheets, logs, etc.). (Answering the question “Who participated?” and analyzing registration forms, sign-in sheets, and logs are discussed in depth below.) Open your evaluation work plan to Table A (see Chapter 11) and identify all the questions for which you have listed documentation in the Method(s) column. Next, question by question, develop an answer to those evaluation questions using your documentation materials as your information sources.

For example, to answer the question “Did we conduct a child abuse awareness campaign?” you would look to your basic documentation forms that gave the dates, times, message, and estimated number of listeners for your collaborative-sponsored radio public service announcements, clippings of newspaper feature articles written by a collaborative member on child abuse, and photographs and documentation forms of billboards. You would count the number of public service announcements, note the number of seconds each aired, and the time they were

broadcast. You would count the number of newspaper articles and note the dates the articles appeared. For the billboards, you would sum the number of billboards and record the number of days each was displayed and where.

Your goal is to answer your evaluation questions as fully and accurately as you can on the basis of the information you have assembled. If you are unable to answer a question, you should say so and explain why. The goal is to describe what you did comprehensively yet succinctly.

Reporting Your Findings from Basic Documentation

A complete and informative summary of your activity might look something like this:

The South City Collaborative conducted a public awareness campaign on child abuse. Two 30-second public service announcements were developed on child abuse. One focused on stress reduction for parents and the other on the community’s obligation to report. Each announcement aired 12 times on KKID between July and November 1998. Air times were 6:20 am, 1:40 pm, 5:50 pm, and 11:25 pm. An estimated number of listeners could not be obtained from the radio station. The announcements were developed by the collaborative and produced at no charge by KKID.

Between April and June 1998, the South City Post ran a series of four feature articles on child abuse. Each contained the telephone number for reporting suspected abuse. Fifty thousand households subscribe to the South City Post. The reporter for the series had been a participating member of the collaborative since 1996.

Billboards with the telephone number for reporting suspected abuse were placed in three locations (Highway 67 and Main Street; the H Street Exit off I-40; Broadway at the entrance to Reed Park). The Chamber of Commerce donated billboard space, and the South City High School Graphics Class designed the billboards. Each billboard message was in place for two months.

Analyzing Registration Forms

Registration forms are used to learn something about the people who are planning to attend or participate in a program or class, such as a mentoring program or a conflict mediation training class.

Common implementation questions that one could answer by using a registration form include the following:

- How many people are interested in participating in the program?
- Who is interested in participating?
- Why are they interested in participating?
- What do they hope to learn or gain by participating?
- How did they hear about the event?

There also may be administrative questions that you can answer through the registration form that are not directly related to evaluation, such as the following:

- What services do people need to participate?
- How can you contact them if you need to?

In many ways, a registration form is a one-time questionnaire. Think of it as a good opportunity to collect information in one place and at one time. Asking for the information you need up front will avoid having to ask for information at different times or, worse, for the same information repeatedly. Because it is filled out before the event, a registration form can also be used to collect data about things the program is trying to change. For instance, a program designed to get parents to read to their children could ask “How often do you read to your child each week?” on the registration card.

Although it is important to get all the information you need, you don’t want to ask for information you are not planning to actually analyze and use in some way. Collecting and analyzing information always take a lot of something none of us have enough of: time. Never waste the respondent’s time by asking for information you don’t know you are going to use.

Be aware that there are implementation questions for which a registration form is not particularly well suited. For example, because it usually is completed before the activity takes place, it is not a good way to get information about who actually participates or attends.

Importance of Form Design

If you have taken the time to carefully design your form with your evaluation questions in mind, you have made your job a lot easier when it comes time to analyze the data. The same guidelines given for designing the format of a written survey apply here. Because a registration form is self-administered, it is important that the instructions be clear. Provide enough space for written answers to open-ended questions. For closed-ended

questions, instruct your respondents on how many choices to make and how to mark them; asking them to circle their chosen response is generally clearest. Make sure categories are easy to understand, distinct, and comprehensive (i.e., all possible answers are covered).

An example of a registration form is shown in Exhibit 16-1.

Strategies for Analyzing Data from Registration Forms

First of all, don’t wait until the program is over to analyze the information on your registration forms. There may be a lot you can learn about your audience and clues as to how you can tailor a program to best meet the participants’ needs.

Again, the place to start is with your implementation questions. Let’s go back to some of the evaluation questions above. The first question was, “How many people are interested in participating in the event?” If only one person has registered per form, this question is simple to answer. Just count your forms.

The next question was, “Who is interested in participating?” Hopefully, you had spelled out what you meant by “Who” in the “Item” column of your evaluation work plan. Looking at the sample registration form, we see we can answer this question many ways. You can count the number of men and women registering for the parenting class, the number of people who were single parents living alone, single parents living with other adults, and parents living with a partner. Notice, however, you wouldn’t be able to answer any questions about whether the children were living with a birth parent, adopted parent, or step-parent. (If this were an important thing you wanted to know, you would need to add this question to the registration form.) You can also count the number of white, African-American, Latino, etc., registrants and the number of Spanish speakers. You can learn how many people had children under two or how many had school-age children. You can learn how many children people had by counting the number of ages circled. You might also want to look at the addresses provided to see the neighborhoods or towns where the registrants resided.

Exhibit 16-1 Parenting Class Registration

Name: _____
(first) (last)

Address: _____
(street)

(town) (state) (zip code)

Phone: (_____) _____-_____

Class: Mon/Wed Tues/Thurs Sat
(circle one)

Gender: Male Female
(circle one)

Does another adult live in your household? Yes No

If yes, who are the adults who live in your household?

(Circle all that apply)

Partner/Spouse Other relative(s) Unrelated adult(s)

Children's ages: (Circle ages of your children, choosing the number closest to their actual age. Indicate if twins)

Under 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Ethnicity: White, not Hispanic Hispanic/Latino
African-American Native American
Asian/Pacific Islander Multiracial
(circle one)

Language: English Spanish
Other (specify) _____
(circle primary spoken language)

Will you be using the on-site child care provided? Yes No
0 1 2 3 4 5 6 7 8 9 10 11 12 13

Do you need help with transportation to be able to attend? Yes No

How did you find out about this class? (Circle all that apply)

Newspaper Radio Flyer Referral
Friend Other (specify) _____

For office use only

Number of classes attended: _____

Calculating Frequencies

The simple counts described in the paragraph above are known as *frequencies*. We have already talked about frequencies in Chapter 14, and the same concept applies here. For example, the statement “There are 30 people registered for the parenting class, 9 men and 21 women” reports the gender frequencies for the class.

As explained in Chapter 14, one way to count frequencies is by developing a simple table. Across the top, label each column with one of the response choices. Add another column at the right and label that “Missing” and a column at the far right labeled “Total or N.” For the children’s ages, your columns might look something like this:

Here we combined the single ages listed on the registration form into a smaller number of groups that we thought would be meaningful categories for planning a parenting curriculum. The exact grouping of the ages is not what is important here. It is important only that the categories be meaningful to you and your audience. One reason to ask for each child’s specific age to begin with is so that you can change your categories to suit your needs. Often, evaluators will request birth dates to be able to calculate a person’s precise age. For the purposes of the registration form, however, that level of precision is probably not necessary, and it means more work because you would have to calculate the ages yourself.

Children’s Ages

Under 1 year	1 - 2 years	3 - 5 years	6 - 9 years	10 - 12 years	13 - 18 years	Missing	Total or N

To calculate the frequencies for children’s ages, starting with the first registration form, place a tick mark for each child’s age the person indicates on the form. Notice here that the unit we are counting is children instead of parents.

This will become important when you are summarizing the data. Do the same for all of the other registration forms. Count the tick marks you have placed in each box and write down the total in each box.

Your table will look something like this:

Children’s Ages

Under 1 year	1 - 2 years	3 - 5 years	6 - 9 years	10 - 12 years	13 - 18 years	Missing	Total or N
IIII III 8	IIII III 9	IIII IIII II 12	IIII IIII 10	IIII II 7	IIII 4		50

Now you are able to report that the frequencies for the ages of participants' children are: 8 children under the age of 1, 9 between 1 and 2 years of age, 12 between 3 and 5 years of age, 10 between 6 and 9 years of age, 7 between 10 and 12 years of age, and 4 between 13 and 18 years of age. The total number of children of registrants is 50.

Calculating Percentages

The next step in analyzing this information is to calculate the *percentages* of children in each category. To do this, you would divide the number of children per category by the total number of children, e.g., 8 children under the age of one divided by a total of 50 children equals 16% of children of registrants are under the age of one. (If there were missing values, you would exclude those from the denominator in calculating your percentages.) You would use this method to calculate the percentage for each of the other categories.

One thing that is very important to remember when calculating percentages is that the *unit of analysis* must be the same in the numerator and denominator of your equation. In this example, the unit of analysis is children. Notice that here we are dividing by the total number of children, not parents. It would be incorrect to say that 16% of the parents registered have children under one year old. Rather, these data show that 16% of the children of parents registered for the class were under one year. (You can easily calculate the percentage of parents with children under age one if you are interested in that number. You would do this by counting the number of families that have children under one, rather than number of children, and dividing by the total number of families.)

A very effective way of displaying and summarizing the information you have just analyzed is in table format, as shown below.

Ages of Children of Registrants for Parenting Education Class

Age of Child	Frequency	Percent
Under 1 year	8	16
1 – 2 years	9	18
3 – 5 years	12	24
6 – 9 years	10	20
10 – 12 years	7	14
13 – 18 years	4	8
Total	50	100

The exact same tallying and tabling procedure can be used to calculate the frequencies for the other information collected on your registration form, e.g., gender, primary language, ethnicity, etc.

Calculating Differences across Groups: Crosstabs

Sometimes it is useful to examine your data by using two pieces of information. For example, say that you were interested in knowing whether people who spoke different languages learned about the parenting class in different ways. One of your evaluation questions is, “Do people who speak different languages find out about the class in

different ways?” When you look to see how two characteristics are related to each other in this way, it is called a *crosstabulation* or *crosstab*.

From calculating the frequencies for the items “Language” and “How did you find out about the class?” you already know that 15 registrants were primarily English speaking, 8 primarily Spanish speaking, and 2 primarily Vietnamese speaking. You also know that 10 registrants learned of the class through flyers, 7 through the newspaper, 5 through radio, and 3 through friends, but you don’t know whether any one form of publicity was more effective with a specific language group than any other.

To illustrate how to do a *crosstab*, data from a set of registration forms are summarized in the table below (this step is for illustration only; you don't need to do this step):

Registrant #	Language	How found out about class
1	Spanish	Newspaper
2	English	Flyer
3	English	Flyer
4	Spanish	Radio
5	Vietnamese	Friends
6	English	Friends
7	Spanish	Radio
8	Spanish	Flyer
9	English	Newspaper
10	English	Newspaper
11	Vietnamese	Flyer
12	English	Newspaper
13	English	Friends
14	Spanish	Radio
15	English	Flyer
16	English	Flyer
17	English	Flyer
18	English	Flyer
19	English	Newspaper
20	English	Newspaper
21	Spanish	Flyer
22	Spanish	Radio
23	English	Flyer
24	Spanish	Radio
25	English	Newspaper

Even looking at the data in this format, it is very difficult to summarize. To make more sense of this information, you need to make a table that looks at these two pieces of information (publicity method and primary spoken language) at the same time. This table is called a *crosstab*.

The most difficult part of constructing a *crosstab* table is deciding which piece of information you want to place across the columns at the top and which piece of information you want to place down the rows on the left side. The question you are trying to answer is, “Do people

who speak different languages find out about the class in different ways?” You are interested in learning what percentage of English speakers learned about your class through a particular publicity method, compared with Spanish speakers or Vietnamese speakers. In other words, you are analyzing publicity method **by** primary spoken language. You would place the publicity method on the left side (listing each method in rows) and the primary spoken language across the top (listing each method in columns).

Once you have constructed your table, place a tick mark in the appropriate box for each of the 25 registrants. For example, for registrant #1, you would place a mark in the box under Spanish and across from Newspaper; for registrant #2, you would place a mark in the box under English and across from Flyer, etc. Next, you would sum the totals across the columns and down the rows. When you were done, your table would look something like this:

	English	Spanish	Vietnamese	Total
Flyer	IIII II	II	I	10
Newspaper	IIII I	I		7
Radio		IIII		5
Friend	II		I	3
Total	15	8	2	25

Next, recreate the table and place the frequencies in each of the corresponding boxes:

	English	Spanish	Vietnamese	Total
Flyer	7	2	1	10
Newspaper	6	1	0	7
Radio	0	5	0	5
Friend	2	0	1	3
Total	15	8	2	25

You have just calculated the crosstab of how people found out about the class by primary spoken language. (Make sure that the totals match the frequencies you have already calculated for these items.)

Before you are ready to report your results, you will want to take these numbers a step farther by calculating *percentages*. To do this, take the frequency for each box, divide by the total number

in that column, and multiply by 100. For example, take the number of English speakers who learned about the class from flyers (7), divide by the total number of English speakers (15), and multiply by 100 = 47%. Calculate the percentage for each box. Be sure to add a title to your table and label the names for the columns and rows:

How People Found Out about the Parenting Class, by Primary Spoken Language

How did you find out about this class?	Primary Spoken Language			Overall
	English	Spanish	Vietnamese	
Flyer	47%	25%	50%	40%
Newspaper	40%	12%	0%	28%
Radio	0%	63%	0%	20%
Friend	13%	0%	50%	12%
Total	100%	100%	100%	100%

The rule of thumb when constructing and reading tables is to *percentage down and read across*. By percentaging down, we mean that the percentages in each column total 100. To read the table, you would compare the percentages across the row. (Take care when reading other people's tables because this convention is not universally followed.) From the analysis you have completed and summarized in the table above, you could report:

Forty-seven percent of English-speaking registrants learned about the parenting class through flyers, compared with 25% of Spanish-speaking and 50% of Vietnamese-speaking registrants. The majority of Spanish speakers (63%) learned about the class from the radio, while none of the English or Vietnamese registrants did.

An incorrect way to read the table would be to say that "63% of the registrants in the parenting class who learned about the class through the radio were Spanish speaking." (The correct way to read the table would be, "All of the registrants who learned about the parenting class through the radio were Spanish speaking.")

Please note: When the frequencies in some of your boxes are small (less than 5) or a column total is less than 30, caution should be used when drawing conclusions based on the percentages derived from those frequencies.

Reporting Your Findings from Registration Forms

After calculating the frequencies and percentages for all the items included on your

registration form, you are ready to write up your results. Your write-up might look something like this:

Twenty-five parents registered for the Parenting Education class offered in the Spring of 1998 and sponsored by the Community Partnerships for Healthy Children at the Ivydale Community College. Most (68%) lived in the Ivydale neighborhood of town. The remainder lived in Westside (18%) and South Central (14%). Fifteen of the parents (60%) who registered for the class were women, and 10 (40%) were men. Twenty (80%) lived with another adult, and of these 20, 15 (75%) lived with a partner or spouse only, 2 (10%) with a partner or spouse and other relatives, 2 (10%) with other relatives, and 1 (5%) with an unrelated adult. Ten (40%) had only one child, 12 (48%) had two children, and 3 (12%) had more than two. The majority of registrants' children (58%) were under age 6, and 34% were under age 3. Thirteen (52%) reported that they were Hispanic; 5 (20%) reported they were White, not Hispanic; 5 (20%) reported they were Asian or Pacific Islander; and 2 (8%) reported they were African-American. Sixty percent were primarily English speaking, 32% were primarily Spanish speaking, and 8% primarily spoke a language other than English or Spanish (Vietnamese). Seven parents reported needing child care for a total of 10 children, ranging in age from under 1 to 10 years. Three people reported needing assistance with transportation. Most registrants (40%) learned of the class through flyers that

had been posted at the local community center, local child care centers, and stores; others learned of the program through the newspaper (28%), radio (20%), and friends (8%). Registrants whose primary language was English learned about the program primarily through flyers and the newspaper while Spanish-speaking registrants learned about the class primarily through radio announcements.

This is a lot of information! Perhaps it is more than you really need to know. Your own summary may not be as detailed. However, if you are not going to analyze and consider some piece of information, why collect it at all?

After you have written up your results, go back to your implementation questions. Have you answered them all? If not, go back and fill in the blanks with the information you have. If there are questions you have not been able to answer, note those questions in your write-up and state why you don't have the information to answer the question. You might have hoped to answer the question "What do participants want to get out of this course?" but forgot to include it on your registration form. If there is important background information that someone not familiar with your project should know, you may wish to include this, as well. Also, if you find some of the results of your analysis especially interesting, say so and explain why. For example, you might make note that although the majority of parents had young children, parents of school-age children were also interested, and that their parenting information needs might be very different from those of parents of younger children.

Analyzing Attendance Sheets

An attendance or sign-in sheet is used to record the number of people attending or participating in an event or events and, if the gathering takes place more than once, how often an individual attended. This is often what distinguishes an attendance record from a log. When you are tracking attendance, you usually want to find out the unique or *unduplicated count* of people who came to your activity or class.

Attendance sheets can be used to answer a number of implementation questions. The most obvious question is, "How many people attended the class or activity?" Other questions might include:

- Did the event or activity take place? Where? When?
- Who attended the event, class, or activity?
- For how many sessions? For how long?

- How many people completed the course or training?
- How many agencies or businesses were represented or participated in the event?

Attendance sheets are not useful for answering evaluation questions such as "Did participants learn something from the event or activity?" or "Were participants satisfied with the event or activity?"

Importance of Form Design

A well-designed sign-in sheet will make the job of answering your implementation questions easier. The design of the sign-in sheet will depend on the nature of the event itself:

- Whether you are documenting attendance for a one-time event, a specified number of gatherings, or an ongoing activity.
- Whether participants register for the activity beforehand.
- Whether attendance sheets will be filled out by participants.
- The number of people you expect to attend.
- Whether you expect the same set of people to attend if the event/activity is taking place more than once.

Here are some alternatives you may wish to consider when designing your attendance records:

- By including the name of the activity and date, time, place, and facilitator of the activity, your sign-in sheet documents the fact that your event took place and answers important implementation questions for you.
- If you plan to use attendance records to gather additional information about the people attending (such as socio-demographic or contact information) you would want to design your form so that the information can be completed quickly and easily. Don't use sign-in sheets for this kind of information if you already are collecting it from registration cards. You want to avoid asking participants for the same information more than once. The information you collect via attendance records should be minimal.
- For large, one-time events, the simplest and most expedient way to record attendance may be to have participants sign their names in rows on a piece of paper. The more people who attend, the less information you will want to collect from them. It may be feasible, however, to have

a few items for people to fill out, such as type of participant (community member, agency representative, local businessperson) or contact information if you would like to include them on your mailing list.

- If you know who is participating in an event beforehand and the number of participants is relatively small, you can write or type the names ahead of time. This way, you can be sure that recording attendance will divert less attention from the event itself. As newcomers join, you can add their names to the bottom of the list. If it is necessary

to have multiple attendance sheets for this activity, by typing in the names yourself you can standardize the order of the names to make attendance easier to tally.

- If the activity includes multiple sessions and you are interested in whether the same people attend and for how many sessions, include a column for attendees' names and columns with the session dates listed across a single page. (See Exhibit 16-2.) Having to tally how many times a person has attended will be easier if all the attendance information is condensed onto fewer pieces of paper.

Exhibit 16-2

Name of Training Attendance Sheet

Facilitator: _____

Location: _____

Meeting time: _____

Name	4/7/98	4/9/98	4/14/98	4/16/98	Total
TOTAL					

Strategies for Analyzing Attendance Data

Start by going over the implementation questions for which the attendance records are the source of your data. Most likely, one of your questions is, "How many people attended the class or activity?" If your form has been designed so that each name appears only once, you would count the number of names listed on your form or forms. If not, you may wish to construct a separate master list to tally the number of unique names that appear on your attendance sheets.

If your activity involved the same people attending multiple sessions, the next question that you are likely to want to answer is some version of "How much did people participate?" There are a number of measures to answer this question. First, you can calculate the average number of times a person attended. The first step would be to tally the total number of times each individual attended. Your attendance sheet might look something like this:

**Conflict Resolution Training
Attendance Spring 1998**

Facilitator: Melissa Martin

Location: County Community Center

7 p.m. – 9 p.m.

Name	4/7/98	4/9/98	4/14/98	4/16/98	Total
Mary Smith	X	X	X	X	4
Laura Jones	X	X		X	3
Bob Young	X	X	X	X	4
Tom Johnson	X	X			2
Karen Collins	X	X	X	X	4
TOTAL	5	5	3	4	17

To calculate the average number of times participants attended the class, you would add the total number of times each person attended ($4 + 3 + 4 + 2 + 4 = 17$) and divide that number by the total number of people who ever attended (5); 17 divided by $5 = 3.4$. To calculate the average number of people attending each class, you would divide the total number of times each person attended (17) by the number of classes offered (4) = 4.25.

Another version of the question “How much or how often did people attend?” would be the **percentage** of sessions attended, or **attendance rate**. This is probably a better measure overall because it takes into account the number of times the session was offered. To calculate the overall attendance rate or the percentage of times each person attended the class, divide the total number of times all persons attended (17) by the product of the number of people who ever attended and the number of sessions offered ($5 \times 4 = 20$, the maximum attendance—everyone at every session), and then multiply by 100. The answer would be $(17 \div 20) \times 100 = 85\%$.

Other questions that you might wish to answer related to attendance are “How many people completed the course?” and “What percentage of people completed the course?” The answer to both of these questions would depend on how “completed” was defined. Let’s say that the participants had to attend at least three of the four

sessions in order to complete the training and receive a certificate. Four out of five people (Mary, Laura, Bob, and Karen) attended at least three sessions and so received a certificate of training completion. The percentage of people completing the course would be the total number of people completing the activity (4) divided by the total number of participants (5) = 80%.

Reporting Your Findings from Attendance Data

The implementation questions that relate to your attendance sheet provide the outline for the results of your analysis. From the above example, your write-up might look something like this:

The Community Partnership for Healthy Children collaborative sponsored a Conflict Resolution Training in April 1998. The course met for four sessions for two hours each at the County Community Center from 7 pm until 9 pm and was facilitated by Melissa Martin. Five participants were enrolled and attended an average of 3.4 of the 4 sessions, for an overall attendance rate of 85%. Four of the five people enrolled in the course (80%) received a certificate of completion.

Analyzing Logs

A log is a record of an ongoing activity. A log can record many different things, such as visits to a community garden, telephone calls to an information and referral line, activities undertaken as part of a neighborhood beautification project, or the number of volunteer hours donated to a neighborhood watch program.

Logs are generally used to keep count of a type of activity and its characteristics. Often, the main question you are trying to answer is, “How many?” or “How much?” Other questions you could answer by using a well-designed log include:

- What activity or activities took place?
Where? When?
- How many contacts/visits/phone calls/
volunteer hours were received?
- Who participated in the activity?
- For how much time?
- For how long?
- What was the outcome of the contact/visit/
phone call/etc.?

Importance of Form Design

As with registration forms and attendance sheets, you need to design your log so that if it is completed correctly, you will have the information you need to answer your evaluation questions and, hopefully, in a format that makes the information easy to analyze. For an example of a log, see Exhibit 16-3 (on the next page).

The most basic question you will want to answer is *what* you are counting (your **unit of analysis**), and you need to make sure that your information is being tracked at that level, whether it is phone contacts, people visits, or hours spent by each individual on an activity. Another basic consideration when designing your format is whether you are interested in maintaining a unique or **unduplicated count** of whatever it is that you are counting. If you are recording calls to your Child Care Resource and Referral Line, you will probably record, at a minimum, the date, caller’s name, and caller’s phone number. A total count of entries would give you a count of all the calls received but could well be a **duplicated** count of *callers* because the same people may have called more than once.



Exhibit 16-3

SAN JOAQUIN COUNTY
 HEALTHY CHILDREN'S COLLABORATIVE
 420 South Wilson Way Stockton, CA 95205
 Telephone (209) 468-8091



This project made possible through a grant from Sierra Health Foundation

LATCHKEY PROGRAM VOLUNTEER'S DAILY LOG

Volunteer Name _____
 Date _____ Total Calls _____

NAME OF CHILD AGE NATURE OF CALL DESCRIBE PROBLEM AND HOW IT OR OTHER ISSUE WAS SOLVED

NAME OF CHILD	AGE	NATURE OF CALL <small>(Circle all that apply)</small> CHECK-IN OTHER	DESCRIBE PROBLEM AND HOW IT OR OTHER ISSUE WAS SOLVED
PHONE # CALLING FROM?		<small>(Circle all that apply)</small> CHECK-IN OTHER	
PHONE # CALLING FROM?		<small>(Circle all that apply)</small> CHECK-IN OTHER	
PHONE # CALLING FROM?		<small>(Circle all that apply)</small> CHECK-IN OTHER	
PHONE # CALLING FROM?		<small>(Circle all that apply)</small> CHECK-IN OTHER	
PHONE # CALLING FROM?		<small>(Circle all that apply)</small> CHECK-IN OTHER	

Strategies for Analyzing Data from Logs

To answer your “How many?” question, generally all that is required is for you to count the number of entries in your log or total the number of hours or other units recorded. If you want to create an unduplicated count of whatever it is you are summing, then you need to have a method of counting the people or other unique entries (such as phone number from which you received a call) only once. One way to do this is to start a list of each phone number to check against as you go down your log entries and only count those phone numbers appearing for the first time. This is doable if the number of log entries you are analyzing is relatively small, say, less than 100.

If you have collected other information that you want to analyze (and hopefully you have not collected more information than you are going to analyze), you can use the techniques discussed in the preceding sections of this chapter: *frequencies*, *percentages*, and *crosstabs*.

When calculating descriptive statistics from logs, one thing that is crucial to keep in mind is the *unit of analysis* you are summarizing. With registration forms and sign-in sheets, the unit of analysis is usually a person. With logs, this is not always the case, especially if the numbers that you are tracking are large (over 100 or so). A statistic that can be useful in such cases is a *ratio*. You can report the number of health and safety complaints per 100 calls for a child care information and referral line, but you could not calculate the percentage of people calling in with problems per your population if you weren’t keeping an unduplicated count of people calling the referral line. (Some people may have called in more than once.)

Reporting Your Findings from Logs

Here is an example of a writeup from a log:

Between January and June 1998, the Latchkey Program was staffed by 12 volunteers and received a total of 476 phone calls. The youngest child who called in was 6 years of age, and the

oldest was 16. One hundred and forty-three calls (30%) came from children between the ages of 6 and 9, 214 calls (45%) came from children between the ages of 10 and 12, and 119 calls (25%) came from children between the ages of 13 and 16. Seventy-three percent of the calls were routine check-ins, 19% were to report a problem, and 8% were for other reasons. The most common problem reported was being locked out of their home (27% of problem calls), followed by minor injuries (18%) and fighting or teasing between siblings (13%).

Thinking about Your Findings

Summarizing the information from your documentation sources will provide you with an excellent record of what your collaborative has accomplished to date and what activities or events fell by the wayside. Often, this exercise provides collaboratives with a tremendous sense of accomplishment and, at the same time, a chance to think about why some activities or events went according to plan while others never got off the ground or met a lukewarm response. Your answers to these questions will help your collaborative to decide what changes you will want to make to your strategic action plan for the coming year. This process is outlined in Chapter 18.

Although the results of examining your documentation data generally won’t directly answer whether you are achieving your chosen child and family outcomes, they can often provide some important clues as to why or why not. You may learn from your attendance and registration data that the after-school program you put in place is not being used by the children you think would benefit the most. Or you might learn that you reached more people at this year’s Health and Safety Fair than last year’s or at any other event you have sponsored and attribute this accomplishment to a new publicity strategy, which advertised free food. The important thing is to take time as a learning community to learn what your data and your findings have to teach you.

Exercise #6: Analyzing Logs

Answer the following implementation questions by using the Latchkey Program logs that follow as your data source:

- When did the program begin?
- How many calls has the program received to date?
- How many households (unique phone numbers) have called?
- How old was the youngest caller? The oldest?
- How many calls were “problems”? What percentage of calls were “problems”?
- How many households that called reported “problems”? What percentage of households called to report “problems”?
- Do the types of calls the Latchkey Program receives differ by the age of the child (for age groups 6 – 9 years, 10 – 12 years, 13 – 16 years)?

Use the crosstab table below to help you. Step 1, place hatch marks in the correct box for each log entry. Step 2, total the columns and the rows. Step 3, calculate the percentage in each box by dividing the number in that box by the total of the corresponding column. Step 4, compare the percentages across the top row (problem calls).

**San Joaquin County Latchkey Program
Type of Call by Age of Child**

Type of Call	Age of Child			Total
	6 – 9 years	10 – 12 years	13 – 16 years	
Problem				
Check-in				
Other				
TOTAL				



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 420 South Wilson Way, Stockton, CA 95205
 Telephone (209)468-8091

This project made possible through a grant from Sierra Health Foundation

LATCHKEY PROGRAM VOLUNTEER'S DAILY LOG

Volunteer Name Kathy Hebbeler
 Date 1/19/98 Total Calls 4

DESCRIBE PROBLEM AND
 HOW IT OR OTHER ISSUE WAS SOLVED

NAME OF CHILD	AGE	NATURE OF CALL <small>(Circle all that apply)</small> CHECK-IN OTHER	DESCRIBE PROBLEM AND HOW IT OR OTHER ISSUE WAS SOLVED
Anna 595-4273 PHONE # CALLING FROM?	10	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	
Sam 296-8510 PHONE # CALLING FROM?	10	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	
Jackson 596-8324 PHONE # CALLING FROM?	7	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	Fighting with brother - discussed how to take turns with toy.
Camie 269-5712 PHONE # CALLING FROM?	16	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	Called for referral to counselor.
PHONE # CALLING FROM?		<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	



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LATCHKEY PROGRAM VOLUNTEER'S DAILY LOG

Volunteer Name Lynn Newman Total Calls 5
Date 1/26/98

NAME OF CHILD	AGE	NATURE OF CALL (Circle all that apply) CHECK-IN OTHER	DESCRIBE PROBLEM AND HOW IT OR OTHER ISSUE WAS SOLVED
Tom 296-1001 PHONE # CALLING FROM?	8	<input checked="" type="checkbox"/> PROBLEM <input type="checkbox"/> OTHER	Fell off swing. Appraised injury. Called father to advise.
Erica 595-4324 PHONE # CALLING FROM?	12	<input checked="" type="checkbox"/> PROBLEM <input type="checkbox"/> OTHER	Locked out of house. Contacted parent.
Jackson 596-8324 PHONE # CALLING FROM?	7	<input checked="" type="checkbox"/> PROBLEM <input type="checkbox"/> OTHER	Locked out of house. Contacted parent.
Maria 296-2379 PHONE # CALLING FROM?	9	<input checked="" type="checkbox"/> PROBLEM <input type="checkbox"/> OTHER	Locked out of house. Contacted parent.
Jesse 297-6627 PHONE # CALLING FROM?	10	<input checked="" type="checkbox"/> PROBLEM <input type="checkbox"/> OTHER	Locked out of house. Contacted parent.



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LATCHKEY PROGRAM VOLUNTEER'S DAILY LOG

Volunteer Name Stacie Cherner Total Calls 3
 Date 2/2/98

NAME OF CHILD	AGE	NATURE OF CALL <small>(Circle all that apply)</small>	DESCRIBE PROBLEM AND HOW IT OR OTHER ISSUE WAS SOLVED
Antonio 296-4227 PHONE # CALLING FROM?	14	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	Younger brother has fever, vomiting Contacted parent.
Mathew 595-9175 PHONE # CALLING FROM?	11	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	
Aaron 296-8510 PHONE # CALLING FROM?	13	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	
PHONE # CALLING FROM?		<input type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	
PHONE # CALLING FROM?		<input type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	



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LATCHKEY PROGRAM VOLUNTEER'S DAILY LOG

Volunteer Name Tynn Newman Total Calls 3
 Date 2/9/98

NAME OF CHILD	AGE	NATURE OF CALL <small>(Circle all that apply)</small>	DESCRIBE PROBLEM AND HOW IT OR OTHER ISSUE WAS SOLVED
John 596-0778 PHONE # CALLING FROM?	12	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER <input type="checkbox"/> PROBLEM	
Carla 297-0124 PHONE # CALLING FROM?	9	<input type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PROBLEM	Upset with sister for teasing him
Roseanna 296-6129 PHONE # CALLING FROM?	9	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER <input type="checkbox"/> PROBLEM	
PHONE # CALLING FROM?		<input type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER <input type="checkbox"/> PROBLEM	
PHONE # CALLING FROM?		<input type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER <input type="checkbox"/> PROBLEM	



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LATCHKEY PROGRAM VOLUNTEER'S DAILY LOG

Volunteer Name Renée Cameto
 Date 2/16/98 Total Calls 5

NAME OF CHILD	AGE	NATURE OF CALL <small>(Circle all that apply)</small>	DESCRIBE PROBLEM AND HOW IT OR OTHER ISSUE WAS SOLVED
Matthew 595-9175 PHONE # CALLING FROM?	11	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	
500-in 296-3333 PHONE # CALLING FROM?	9	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	
Juliana 296-7276 PHONE # CALLING FROM?	6	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	Babysitter didnt meet her at her home. Contacted parent.
Kartlin 596-2977 PHONE # CALLING FROM?	10	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	Locked out of house. Contacted parent.
Jennifer 595-0982 PHONE # CALLING FROM?	13	<input checked="" type="checkbox"/> CHECK-IN <input type="checkbox"/> OTHER	

Chapter 17. Preparing to Write Your Evaluation Report

Your strategies are being implemented. You have collected and analyzed your data. Now what? The next step in the evaluation process is to put your findings into words. You will probably want some kind of written report that can be shared with your collaborative and your community. Usually, a report that summarizes a collaborative's activities and evaluation results is required by a funder on an annual or other periodic basis. Your evaluation questions—implementation, short-term, and long-term—provide an outline for your report.

We strongly encourage you to make time to analyze your data and summarize them in writing as they are collected (and to collect your data in a timely fashion). If you analyze and summarize your data according to the schedule in your evaluation work plan, writing the evaluation report is a straightforward process. If you leave all of your analysis and writing until a few weeks before your evaluation report is due, you will almost certainly be overwhelmed.

Over the course of the year (or whatever the time frame for your evaluation is), as you collect and analyze data, summarize them. One way to keep track of the data you have collected and analyzed is to use a modified version of Table A in your evaluation work plan, relabeling the last column “Findings” instead of “Items.” Worksheet 11 contains a blank evaluation work plan matrix with the last column relabeled. As you collect and analyze your data for a particular evaluation question, provide a brief summary of your findings for that question in the “Findings” column. The dates in the “Timing” column can help you keep track of when you should have collected data for a particular question. Exhibit 17-1 contains a sample of how a collaborative might use these tables to record its findings.

To summarize your findings as outlined above, use the following steps:

1. Find the word processing file or files with the tables with your implementation questions (Table A-1), your short-term evaluation questions (Table A-2), and your long-term evaluation questions (Table A-3). On these tables, column 5, the last column, is labeled “Items.”

2. Save the file(s) under another name, for example, Evalprg1.doc. Make all the changes below to the new file, leaving your original evaluation work plan file unchanged.
3. Relabel the last column as “Findings” and delete all the information in the tables about items.
4. For each evaluation question or series of questions, briefly summarize the related findings in the last column. These summaries should be brief; all you need to do is answer the evaluation question. If you have a series of questions (for example, when, where, how many attended), you can summarize the answers to the related questions in a small paragraph. This paragraph will come in handy later because you will be able to use it for your annual evaluation report. (Chapters 13 through 16 contain many examples of how to write up different kinds of data.)
5. If you have not completed the evaluation activity on schedule or exactly as planned, explain why in the “Findings” column. This explanation may be in addition to or instead of the findings.
6. If, according to the schedule in the evaluation work plan, the evaluation activity is not supposed to have occurred yet and the “Timing” column clearly indicates that, leave the “Findings” column blank. It is obvious why it is blank.

This is one option for organizing your data and preparing your findings for your evaluation report. There are many others, including some that might work better for you. What is important is not how you organize your data or findings before you write your report, but that you have a method to keep on top of collecting and synthesizing this information throughout the time period covered by the evaluation report so that you will have it when you need it to write your report.

Worksheet 11
Table A-1
Implementation Evaluation Questions and Methods

Strategy:

Activity:

Implementation Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Findings

Worksheet 11 (continued)
Table A-2
Short-Term Evaluation Questions and Methods

Strategy:

Activity:

Short-Term Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Findings

Worksheet 11 (completed)
Table A-3
Long-Term Evaluation Questions and Methods

Strategy:

Long-Term Evaluation Questions ^a	Indicator(s)	Method(s)	Respondents/ Data Sources	Timing	Findings

^aThese are the questions about your child and family outcomes.

Exhibit 17-1
Table A-1
Implementation Evaluation Questions and Methods

Strategy: Expand Activities for Young

Activity: Family Fridays

Implementation Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Findings
1. Were Family Fridays held? What times? Where?	Documentation by Attendance Sheets	Tse, Xia will document each Friday, Carol will collect monthly.	Weekly beginning in Jan. 98	Held every Friday from January 2nd to March 12th, from 4-7 p.m. at the Community Center.
2. Were activities appropriate for young children?	Documentation by Attendance Sheets	Tse, Xia will document each Friday, Carol will collect monthly.	Weekly beginning in Jan. 98	Arts and crafts, sports, homework time, free play were provided. These are considered appropriate for young children.
3. What resources were utilized?	Documentation by Attendance Sheets	Tse, Xia will document each Friday, Carol will collect monthly.	Weekly beginning in Jan. 98	Equipment and clean up by Parks and Recreation; snack funds by Rotary Club; social worker monthly by DSS.
4. Did trained volunteers participate?	Documentation by Attendance Sheets	Tse, Xia will document each Friday, Carol will collect monthly.	Weekly beginning in Jan. 98	10 attended training in January. 9 of 10 volunteered at Family Fridays. 10th took a new job and was not available.

Exhibit 17-1 (continued)
Table A-2
Short-Term Evaluation Questions and Methods

Strategy: Expand Activities for Young

Activity: Family Fridays

Short-Term Evaluation Questions	Method(s)	Respondents/ Data Sources	Timing	Findings
1. Did young children attend regularly?	Attendance Sheets	Tse, Xia will document each Friday, Carol will collect monthly.	Collected monthly beginning in Jan. 98	January: 82 kids total, ages 3 to 8. One-quarter attended 4 of 5 times. February: 98 kids total. 20% attended 3 of 4 times.
2. Did children participate in positive activities?	Attendance Sheets	Carol will collect monthly.	Collected monthly beginning in Jan. 98	January: 4 conflicts requiring staff intervention occurred. February: 3 conflicts occurred.
3. Did children interact with a diverse group of kids?	Attendance Sheets	Carol will collect monthly.	Collected monthly beginning in Jan. 98	January: 45% African American; 30% Hispanic; 10% Cambodian; 10% Vietnamese; 5% White (N=80). February: 55% African American; 20% Hispanic; 15% Cambodian; 10% Vietnamese. (N=95)
4. Did parents participate?	Attendance Sheets	Carol will collect monthly.	Collected monthly beginning in Jan. 98	January: parents averaged 1 time. February: parents averaged 2 times.

**Exhibit 17-1 (completed)
Table A-3
Long-Term Evaluation Questions and Methods**

Strategy: Expand Activities for Young Children

Long-Term Evaluation Questions^a	Indicator(s)	Method(s)	Respondents/ Data Sources	Timing	Findings
	<p>Increase in the number of parents of children in program who report feeling less stress when surveyed.</p>	<p>Survey mailed end of March to parents of children enrolled in Family Fridays.</p>	<p>Parents of children in Family Fridays.</p>	<p>March 98 June 98 Sept. 98 Dec. 98</p>	<p>Survey data are still being analyzed.</p>
	<p>Increase in % of children in program who have average or above self-esteem scores on inventory.</p>	<p>Self-Esteem Inventory given at enrollment and again at end of March.</p>	<p>Children in Family Fridays.</p>	<p>Jan. 98 March 98 May 98 July 98 Sept. 98 Nov. 98</p>	<p>At enrollment: 55% had average or above self-esteem scores. 10% had extremely low self-esteem scores. March 20th: 70% had average or above self-esteem scores. 10% had extremely low self-esteem scores (N=75).</p>

^a These are the questions about your child and family outcomes.

Chapter 18. Bringing It All Together: Developing and Using the Evaluation Report

Once you have put your findings into words, you have taken a first step toward writing your evaluation report. As part of developing your report, you will want to share the findings with your collaborative to decide what your findings mean and what actions need to be taken. We will discuss some strategies for getting collaborative input in this chapter. After benefiting from the input of your collaborative members, you will be able to write your report with their collective wisdom behind you.

The next step in the evaluation process is to plan how to make use of the recommendations your evaluation has produced by revising your strategic action plan and, consequently, your evaluation work plan.

Becoming a Learning Community: A Review of the Process

To understand how to use your evaluation findings, you need to remember how evaluation fits into the overall process of strategic planning. (Also see *We Did It Ourselves: A Guide Book to Improve the Well-Being of Children Through Community Development*.) You have gone through many steps to become a learning community, and many of these were carried out with input from the community at large. There are just a few left to go to complete the cycle. Here is a listing of the mileposts you have accomplished or will accomplish:

Mileposts in becoming a learning community:

- Develop the **vision** and **mission** for your collaborative.
- Conduct a **community assessment**, identify **assets**.
- Identify the **priority issue(s)** for your community.
- Develop a set of **outcome statements** related to the priority issue(s) that convey what your collaborative is trying to achieve for children and families in the communities (and identify **indicators** for these outcomes and assemble baseline data).

- Develop a **strategic action plan** that describes the strategies and activities that will be carried out in the community to achieve the outcomes you have identified.
- Develop an **evaluation work plan** based on the strategic action plan.
- **Implement** the strategic action plan.
- **Evaluate** the implementation of the strategic action plan:
 - To what extent did we implement each strategy?
 - Were the expected short-term outcomes achieved?
 - Were the long-term outcomes achieved?
 - What have we learned?
- **Write the evaluation report.**
- **Disseminate the evaluation findings and the evaluation report.**
- **Revise the strategic action plan** on the basis of what was learned.
- **Revise the evaluation work plan** to correspond to the revised strategic action plan.

The Learning Cycle

The four steps to the learning cycle are Plan, Implement, Evaluate, Revise. “Plan” represents developing your strategic action plan; “Implement” represents putting your strategies in place; “Evaluate” represents developing evaluation questions, answering those questions, and forming recommendations; and “Revise” represents changing your strategic action plan and evaluation work plan to incorporate your recommendations. This last step—revising your strategic action plan—means taking what you have learned from your evaluation and improving what you have done this year for next year. This step renews the learning cycle that creates a true learning community.

This is a lot of work!

We want to acknowledge that the process of becoming a learning community—working collaboratively and thinking strategically—is a lot of work. (Okay, even that is an understatement.) It can be especially challenging because:

- It’s a new way of doing business, and new ways of doing things can make people uncomfortable and impatient.
- It’s technical, takes time to learn, and can be difficult to carry out.

The old way of doing business was to identify a need, carry out an activity, and then, in most cases, wonder whether you had an impact on the need you had identified. Then the process would start all over again: identify a need, carry out an activity, etc. Incorporating evaluation, and an evaluation that is designed and carried out by people like yourselves who are involved in the community, is what makes a learning community model different from the old way of doing business. Just in case you have forgotten...

Why Do an Evaluation Anyway?

- To document what was done.
- To examine how well it was done.
- To learn what difference the strategies and activities made
 - in the short term
 - in the long term.
- To provide information to help the collaborative decide what should be done in the future.
- (And it might be a grant requirement.)

Findings, Meaning, Action (FMA)

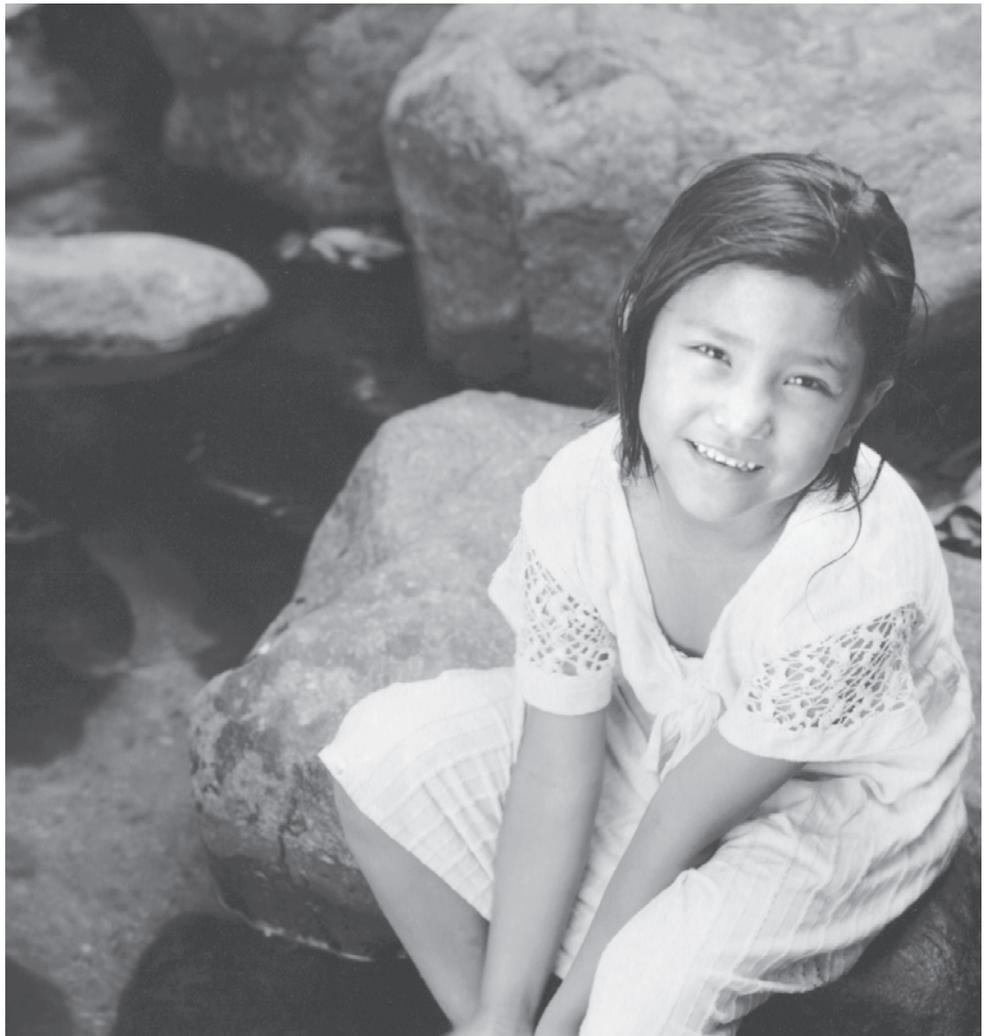
Findings Meaning Action

Your evaluation report is the culmination of all your evaluation activities and will contain the findings for all the evaluation questions you have answered to date. A good evaluation report goes beyond a list of findings, however, to include **FMA** (Findings, Meaning, Action), three critical and interrelated components:

Findings are the description of the *data*.

Meaning refers to the *conclusions* that follow from the findings. What do the data “say” to the collaborative?

Action refers to what your collaborative thinks should be done as a result of what you have concluded, the *recommendations*.



Note the differences between Findings, Meaning, and Action in these examples:

Finding	Meaning (Conclusion)	Action (Recommendation)
<p>53% of the parents found services inaccessible.</p> <p>Both of the classes had very low attendance despite extensive promotion, free child care and transportation.</p> <p>95% of the attendees rated the event as very successful. 89% thought Saturday was the best day of the week. 91% liked the mixture of events for children and adults.</p> <p>70% of the families said they would use the library more if it was open at more convenient times.</p> <p>We were able to offer only one street cleanup event instead of the three we had planned.</p>	<p>A sizable number of parents are having trouble accessing the services we have.</p> <p>Classes were not meeting the parents' needs and are not a good vehicle in our community for reaching new mothers.</p> <p>The event was well received.</p> <p>The limited hours of the library are a barrier to more families using it.</p> <p>While there is a need for more street cleanups and the event was well received, we do not have enough volunteers to organize more than one event per year.</p>	<p>We will be conducting some focus groups to see why parents see services as inaccessible.</p> <p>We will not be offering any more classes but looking into other ways to get parenting information to new mothers.</p> <p>The event was such a success we want to repeat many of the things we did last year with only a few changes. Next year, we plan to add....</p> <p>We will be examining other ways to give parents and children reading activities together and looking into trying to get extended hours for the library.</p> <p>We propose to hold one street cleanup for next year and also try to get a group of people who would be willing to organize more such events in future years.</p>

By encompassing *FMA*, an evaluation report is the written record of what your collaborative has learned, what these findings mean to your collaborative, and, as appropriate, the actions your collaborative intends to take as a result of what you have learned. If an evaluation report focuses heavily or exclusively on **Findings** with little emphasis on **Meaning** and **Action**, the report is not likely to be very useful or have much impact.

Getting Collaborative Input

Conclusions are what the data and information you have collected mean to your group, so the group needs to decide on that meaning. Similarly, the recommendations should not be the work of only one or two people but represent the consensus of your collaborative (and possibly the larger community) as to what should happen next. You will at least have to have analyzed your data and summarized your findings before you can get collaborative input.

Here is one way to involve the group:

Step 1. Individuals who were responsible for implementing a strategy review all the available data on that strategy and come up with one or more conclusions and recommendations.

Step 2. Each strategy group summarizes the group's findings and its conclusions and recommendations for the collaborative. The collaborative questions, discusses, and reaches consensus on the conclusions and recommendations for each strategy.

Alternatively, the entire collaborative could be involved in Step 1, which could work well if your collaborative does not have a lot of strategies. Some collaboratives have found it useful to fill out the first column in the above table with their findings and use the table as a tool to help them organize their discussions as a smaller group or with the collaborative as a whole. *There is no one right way to get group input.* Just make sure that you make good use of the collective wisdom of your group and that everyone who wants to has a chance to look at the evidence and provide input as to what it means and, on the basis of this evidence, what should happen next.

Getting thoughtful feedback from your collaborative to develop conclusions and recommendations before writing your evaluation report is the ideal. There may be times, however, when pressing deadlines and conflicting schedules make this difficult to achieve. Another option is to have a few people write the report and then to have the collaborative and other community members review and discuss the conclusions and recommendations in the report, even if this needs to take place after the report has been formally submitted. Timing is less important than obtaining the input itself.

A Process for Developing Conclusions and Recommendations

To develop conclusions and recommendations, look at the information you have available (the evaluation data) and ask yourselves some questions:

For **implementation questions**:

- Did this activity/strategy go as well as expected?
- If yes, what was responsible for our success?

- If no, what stood in the way of being more successful?
- What should be kept, changed, done away with?

For the **short-term outcome questions**:

- Did we get the outcomes we expected?
- If yes, why? What was responsible?
- If no, why not? What has to happen for better outcomes?

For the **long-term outcomes questions**:

- Are we seeing the kind of improvement we expected?
- If yes, why? What was responsible?
- If no, why not? What has to happen for better outcomes?

Throughout the question asking and answering, **refer back to your data.** Do the data support that conclusion? That recommendation?

The recommendations form the basis of the revisions to your strategic action plan if you need to make any.

Writing Your Evaluation Report

Your evaluation report is the culmination of all your evaluation activities to date. The evaluation report will contain the findings to all the evaluation questions you have answered to date, the conclusions you have made on the basis of what you have learned from those findings, and your recommendations for what to do differently (or not) for next year. This report is the written record of what was learned, what these findings mean to your collaborative, and, as appropriate, the actions your collaborative intends to take as a result of what you have learned.

General Tips for Developing the Evaluation Report

1. Write for your community.

The first question one should ask in developing any report is, "Who is the audience for this report?" Your evaluation report may fulfill a grant requirement, but write it so you can share it with the collaborative and the community. Remember, your evaluation report is a tool to help you become a learning community, and if the report is written at a level that is inaccessible to most of your community, it will not serve its intended purpose.

Don't ask: What does the funder want me to say?

Do ask: What does my community want to know? How do they want me to say it?

Whenever you are struggling with how to write something or what to write, remember that the primary audience for your evaluation report is your community.

2. Write from your evaluation work plan and the Table A's (Chapter 17) that outline your findings.

If you have completed the findings column of your Table A's as outlined above, assemble these in front of you as you begin to write. Make sure to have your evaluation work plan handy; it is the blueprint for your report.

3. Write some sections of the evaluation report as the data are collected rather than waiting until the reporting deadline approaches. (Yes, we know no one is likely to have the time to do this, but it really will save you a lot of time and headaches.)

You don't have to have all your data in to begin to write the evaluation report. As some data become available, you can develop that section. For example, if an annual event is one of your strategies and you hold the event in March, write the section of the evaluation report that relates to the event in April.

4. Findings are always written in the past tense. Use the past tense even if the finding applies to something you are still doing. Example:

Three series of six parenting classes were held between July 1997 and March 1998.

Suggested Format

The outline in Exhibit 18-1 provides a suggested format for your annual Evaluation Report. This format is only suggested, but you must address all the contents of the outline somewhere in your report. Each section is explained in detail.

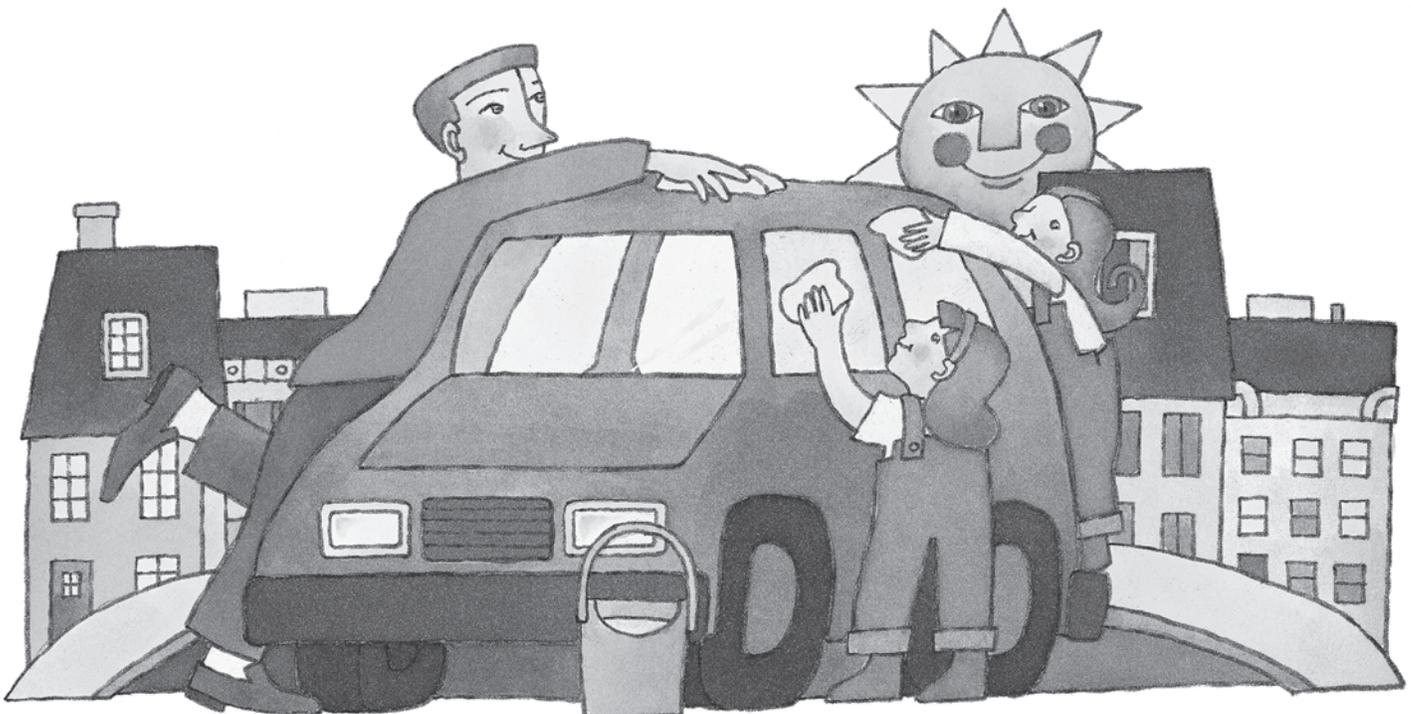


Exhibit 18-1

Suggested Outline for Annual Evaluation Report

Executive Summary

Section 1. Introduction

Brief history of your collaborative

Its vision or mission

Its chosen issues and strategies

Section 2. Findings

A. Implementation of the Strategic Action Plan and Short-Term Outcomes

Strategy 1:

Short-Term Outcome 1

Short-Term Outcome 2

etc.

Strategy 2:

Short-Term Outcome 1

Short-Term Outcome 2

etc.

B. Achievement of Long-Term Outcomes

Child/Family Outcome 1

Child/Family Outcome 2

etc.

Section 3. Summary, Conclusions, and Recommendations

Appendix. Data Collection Methods

Executive Summary

The summary is written after the final report is completed. It should be one to five pages and contain the most critical points from the evaluation report. An executive summary can be very useful for distributing broadly to lots of audiences. You need to decide whether there are people in your community who are interested in the findings but are not interested in the entire evaluation report (there usually are). If there are, an executive summary will be important for them.

Section 1. Introduction

This section should contain a brief overview of your collaborative, including a brief history, its mission, and its chosen issues. Include any background information related to understanding the implementation and evaluation of your strategies, including an overview of your strategies. (Don't assume your reader is familiar with your strategic action plan.) You can pull this from your strategic action plan. You don't have to write it anew.

This section should be brief (one or two pages). Say only what you need to get the general reader oriented to the collaborative and its work.

Section 2. Findings

A. Implementation of the Strategic Action

Plan and Short-Term Outcomes

Strategy 1: [insert strategy here]

In this section, you will present data to address the general question "To what extent did we implement this strategy?" If you have a series of implementation questions related to this strategy (for example, when, where, how many attended), present the findings for all of them together.

Remember, data are evidence. Communicate the evidence in such a way that the reasonable person could learn to what extent this strategy was implemented. If Strategy 1 was not implemented or not implemented fully or not implemented on time, describe the nature of the discrepancy between what was supposed to happen and what actually happened. Discuss why the strategy wasn't implemented as planned. If there are holes in the data—for example—data that should have been collected but weren't, describe what data you don't have and why.

This does not need to be a lengthy discussion. Present the evidence you have related to implementation. Explain anything that wasn't quite on target and move to the next section.

You do not need to include in the evaluation report the documentation you have been collecting as part of your evaluation activities. You should have saved the minutes of the meetings, the completed sign-in sheets, the newspaper articles, etc., so you could answer the related evaluation questions. The paragraph you will write based on your documentation will provide the answer. Keep the evidence on which your write-up is based in your files "for the record." The actual documentation does not need to be in your evaluation report.

Strategy 2: [insert strategy here]

Present your findings related to the implementation of this strategy, as described above. Continue until each of the strategies included in your implementation proposal for this year has been addressed.

Sample paragraphs reporting on implementation findings are shown in Exhibit 18-2.

Exhibit 18-2

Examples of Implementation Findings

Strategy: Family Fridays

Our strategy involved expanding after-school activities for young children through a program called “Family Fridays.” Family Fridays were held every Friday from January through March 1998 from 4 p.m. to 7 p.m. at the local community center. Activities for young children, such as arts and crafts, sports, homework time, and free play, were part of each week. The City Parks and Recreation Department donated the recreation equipment and cleanup staff; the Department of Social Services donated time for a social worker to visit with parents one Friday each month; and the Rotary Club donated funds for snacks. We have trained 10 community residents to be volunteers at Family Fridays. Nine of these volunteered at least once. The tenth took a job and was never able to volunteer. Six volunteered on a consistent basis.

Strategy: Parenting Classes for Spanish-Speaking Parents

A parenting class aimed at Spanish-speaking parents in our neighborhood was held in the fall of 1997. The classes were advertised in our local paper (in Spanish and English) and through posting 50 flyers throughout the neighborhood. We hired a local Spanish speaker to teach the curriculum. The free 8-session class was held on Tuesday evenings in October and November 1997, from 7 p.m. to 8 p.m. Classes took place in the elementary school library, which is convenient to the bus stop. Childcare was provided by high school students, who were given school credit for their volunteer work. Fifteen parents enrolled in the class.

Short-Term Outcomes

After the implementation findings for a strategy, you will present the findings related to the short-term outcomes for that strategy (if you collected data on short-term outcomes). Begin by presenting the assumption dominoes for that strategy.

For example, you could write, “As a result of implementing this strategy, we expected the following to happen:”

[List the assumption dominoes for this strategy]

■

■

Short-Term Outcome 1:

[Insert the first short-term evaluation question]

Describe the data to address the question: Did the first assumption/expected outcome happen? If not all of the data were collected, explain why any data that were supposed to be collected weren't. If the data don't look like what you expected or what you had hoped for, provide any information or guesses you might have as to why.

Short-Term Outcome 2:

[Insert the second short-term evaluation question]

Present the data for the second outcome and continue presenting the data for each of your short-term outcome questions.

A sample write-up of findings for short-term outcomes is included in Exhibit 18-3.

Exhibit 18-3 Sample Findings for Short-Term Outcomes

A more in-depth evaluation was conducted of the Family Fridays strategy. As a result of implementing this strategy, we expected the following to happen:

- Young children would attend regularly.
- Children would participate in positive activities.
- Children would interact with a diverse group of children.
- Parents would participate in the program.

As a result, parents would experience less stress and children would increase their self-esteem.

Short-term outcome: Did young children attend regularly?

As of this report, 12 Family Fridays have been held, and attendance has ranged from 50 to 125 children ages 3 to 8 each time. Of the 140 children who ever attended, half attended at least 9 times.

Short-term outcome: Did children participate in positive activities?

Many different enriching activities took place each evening, from arts and crafts to organized sports. The number of behavioral conflicts or disputes requiring staff intervention fell from a handful in the first month to virtually none last month.

Short-term outcome: Did children interact with a diverse group of children?

The ethnic breakdown of the 140 attendees was: 45% African American, 30% Hispanic, 10% Cambodian, 10% Vietnamese, and 5% White.

Short-term outcome: Did parents participate in the program?

Every child had at least one parent participate once in the program because it was a requirement. No parent participated more than 6 times, however. The average number of times a parent participated was twice.

B. Achievement of Long-Term Outcomes

In this section, present the data that address your long-term outcome questions.

Outcome 1: [Insert the first long-term outcome evaluation question]

Present the available data on all of the indicators for Outcome 1. If you have data for multiple years, present the data for all the years so the reader can see the trends. Present the answer to the first long-term evaluation question based on the data presented.

In your first evaluation report, you may have only one time point of data available for some or all of your indicators. If this is the case, you will not be able to answer the corresponding long-term evaluation questions. Instead, present the data you have (your baseline data) to describe the status of children or families as you began to implement the Strategic Action Plan.

Outcome 2: [Insert the second long-term outcome evaluation question]

Exhibit 18-4 shows a sample presentation of the findings for long-term outcomes.

Exhibit 18-4 **Sample Presentation of Findings for Long-Term Outcomes**

Outcome 1: Did parents of children in Family Fridays experience less stress?

On March 23rd, all parents of children in the program (N=102) were mailed a short survey about the Family Friday program. We received 34 surveys back, for a response rate of 33%. Of those respondents, 27 (or 80%) reported they were very satisfied with the program. Over half said their lives felt less stressful as a result of their children attending the program. These results are encouraging, but we are not sure if they apply to all of the parents in the program since most did not return the survey.

Outcome 2: Did children in Family Fridays increase their self-esteem?

All children were administered a 6-item self-esteem inventory upon entering the program (included in Appendix A). The children in attendance at the March 20th program were given the same test again. Seventy-five children had scores for both time points. The percentage of children entering the program with average to above-average self-esteem was 55%. At the end of the program, 70% of these children had average to above-average self-esteem. The percentage of children entering the program with extremely low self-esteem was 10%, and it was 5% in March. As expected, children reported higher self-esteem after participating in the program. (Note: This collaborative should have contacted an evaluation consultant because the amount of difference in self-esteem between the two time points should have been tested with a statistical test.)

Section 3. Summary, Conclusions, and Recommendations

A Process for Developing the Conclusions and Recommendations

This is one of the most important sections in the entire report. In this section, you will summarize what you have learned and what the findings mean to your collaborative. This is the section where you make sense of your findings and state what you have learned and what you will do about it.

We strongly recommend presenting the findings of the evaluation to the collaborative and possibly other community groups. Have a discussion with them about the answers to the following questions. Making sense of the findings should be everybody's business, not just the work of a few.

Some questions to address in these discussions and in this section:

- What do these findings mean to our collaborative and our community? Does the group feel good or bad about them?
- Where were we successful? Why? (Celebrate your successes and how you did it.)
- Where were we less than successful? Why? What did we learn over the course of implementation? (Don't be afraid to acknowledge where you could make some improvements. Learning is the whole point of doing an evaluation.)
- What actions or recommendations follow from what we have learned? What recommendations do we have that relate to implementing or revising our strategic action plan? What recommendations do we have regarding the evaluation of what we will be doing next year? What will we repeat next year? What will we do differently?

Writing the Summary, Conclusions, and Recommendations

In this section, **briefly** summarize the key findings from Section 2. Summarize findings with regard to:

The implementation of Strategy 1:

To what extent did your collaborative implement its strategies?

The short-term outcomes for Strategy 1:

To what extent did the short-term outcomes that you had expected happen?

"Bullets" work well for this kind of summary:

Between June 1997 and May 1998, our collaborative did the following:

- Describe the general finding(s) regarding Strategy 1.

■ *etc.*

We looked in depth at [Strategy] and found

- Describe the general findings for Short-Term Outcome 1.

We are tracking several long-term outcomes for children and families.

- Describe the findings for Child/Family Outcome 1.

■ *etc.*

After summarizing the findings for Strategy 1, present your conclusions about those findings and the associated recommendations. After the summary, conclusions, and recommendations for Strategy 1, do the same for Strategy 2.

After all the strategies have been discussed, discuss your long-term outcomes. For Long-Term Outcome 1, address the question "To what extent was Long-Term Outcome 1 achieved?" Present the conclusions and recommendations for Outcome 1. Continue until all the long-term outcomes have been discussed.

Throughout your evaluation report, you should be as objective and unbiased as you can be. Remember as you write your conclusions and recommendations that the reason for doing an evaluation is to learn. Learning includes identifying mistakes and missteps and trying to avoid them in the future. There is no benefit and real potential harm in trying to make your findings appear more positive than they are. A good evaluation report is one that serves as a catalyst for improvement because it describes what you have learned. You can't learn if you are operating under the erroneous belief that you need to make everything your collaborative did sound perfect. An evaluation report should never be confused with a public relations document.

Appendix - Data Collection Methods

This section should contain a concise factual description of how you collected the data that are reported in the body of the report. Describe all methods used to collect data. If you can describe the methods in a sentence or two, put the description with the findings. If you need to say more, put it in this appendix. The general rule in describing how you collected data is to provide sufficient information so that someone else would know how to do exactly what you did. Answer the general questions: what, when, to whom, how many, etc.

Include a copy of any interview or survey or other data collection instruments (sign-in sheets, logs) in this appendix. You may or may not want to distribute the appendix as broadly as you distribute the report. Many people will not be interested in how you collected the data. Be sure to include the appendix in the copy of the report you submit to your funder.

Begin with an overview, and then describe each method. For example, you could write:

To collect the data in this report, we did the following:

- Conducted focus groups.
- Administered a community survey.
- Analyzed data from registration cards.

A description of how you conducted a focus group could look like this:

Two focus groups were conducted with 16 participants at the end of the parent training. Twenty-five people had enrolled in the class, but the others were not able to attend the focus groups. The first focus group had nine participants and the second had seven. The focus groups were scheduled at different times to accommodate participants' schedules. Each focus group lasted about an hour and a half. A facilitator not associated with the classes conducted the focus groups. The discussion was taped for later analysis. The topics discussed at the focus groups were:

- *What did you get out of the parenting classes?*
- *Do you think you will be a better parent because of the classes, and in what way?*
- *What would have made the classes more beneficial for you?*
- *Are there topics that should have been discussed that weren't?*

- *How would you suggest we promote the classes to other parents in the community?*

A description of how a community survey was conducted could look like this:

Surveys were distributed to 500 children in Kindergarten through Grade 4 at the end of October 1997. One hundred surveys were returned, for a return rate of 20%. Stickers were given to each child who returned a survey. Survey responses were hand tallied. A copy of the survey is included.

How Do We Share the Evaluation Findings?

Write an Executive Summary

We strongly recommend that you develop a one- to five-page Executive Summary of your evaluation report **after** you have completed the evaluation report. The summary should include the highlights of the findings and a summary of your conclusions and recommendations. You should be able to use the summary of your findings and conclusions and recommendations section from the report in your Executive Summary. Package the summary nicely and distribute it widely. It should be a short, readable description of what your collaborative accomplished in the community and what you learned.

And What about the Report?

The goal is to make your evaluation report highly readable for most people in your community. The reality is that usually few people will read it cover to cover, especially if it is more than 15 pages. Although this can be frustrating to the authors, this does not mean the report is useless. The contents of the report should be the basis for much discussion and decision-making, but the report itself may sit on the shelf.

An evaluation report is in many ways more like a reference document. It is not meant to be a best seller. Some people are interested in some sections; others will be interested in others. Many do not want to see it all. Nevertheless, getting down in one document everything that the collaborative has tried and accomplished as it implemented the Strategic Action Plan, the collaborative will have a written history. It is a document that you can refer to both now and next year, when old members and new members try to recreate why a course of action was followed. It is a

EXAMPLES FROM REAL LIFE: An Evaluation Report Gets Noticed

While assessing the needs of their community, the Tuolumne YES Partnership had uncovered child abuse rates that shocked their quiet rural county. The community assessment also revealed a strong relationship between substance abuse and child abuse in Tuolumne County. The collaborative worked hard to partner with agencies and organizations throughout the county to implement strategies to raise awareness, decrease substance abuse, and reduce parental stress.

When it came time to write the evaluation report, Tuolumne County's coordinator was overwhelmed. Detailing the activities the YES Partnership had implemented and collecting the needed long-term outcome data were tedious and time-consuming in spite of careful planning. The coordinator was not used to writing long reports and was not confident in her ability to write. Presenting the findings to the collaborative and facilitating group discussions on what the numbers meant took more time still. The report was already late! Still, the coordinator persevered, and when she was done, the Tuolumne YES Partnership had a 70-page report detailing all they had accomplished and data that seemed to suggest they were making headway in combating child abuse in their community. The collaborative distributed the report to all the agencies and organizations that worked with children and families in Tuolumne County.

Much to the surprise of the coordinator, the report was incredibly well received. Requests for copies poured in. The YES Partnership had to run more copies and start charging a nominal fee to recover the cost. Ultimately, a number of county agencies and organizations found the data in the report to be so valuable that they decided to work together to collect more data on the children and families in their county. These agencies included the Child Care Planning Council, Child Welfare Services, County Health Department, Head Start, the County School Superintendent's Office, and a domestic violence shelter. Together with the YES Partnership, these agencies submitted a successful grant proposal to a local foundation to publish a more comprehensive report on the county's children and to conduct a series of focus groups throughout the county, including a "Youth Forum," to identify community needs and aid future program and collaborative planning.



document that a new member could flip through to see what the collaborative has been working on. It is the place to record the valuable learning that occurs, so the learning can be passed on to others at some later point in time.

The Last Step: Revising Your Strategies

Now that you have evaluated your strategies, written your evaluation report, and disseminated your results...

- **Revise your strategic action plan** for the next time period, (for example, the coming year) to incorporate your recommendations.
- **Revise your evaluation plan** to correspond to your revised strategic action plan and to incorporate any changes you want to make in how you are carrying out the evaluation.

At this point, it will be time to take what you have learned and decide how to apply that learning to the implementation of your strategies. If you make significant changes to your strategic action plan, it will probably also be necessary to revise your evaluation plan on the basis of what you have learned and what you want to know for next year.

Conclusion

It is our sincere hope that you have come to see your evaluation activities as an integral part of what you are doing and not as a distraction from the “important work.” Our intent in teaching you how to do evaluation is to assist your community in becoming a learning community. You now have the tools. May your learning be fruitful and never stop.



GLOSSARY

administrative data - Data that are collected routinely by a government agency, nonprofit organization, or other organization.

assessment - A data collection tool, usually a published instrument, that measures knowledge or a social or psychological concept such as self-esteem or family functioning.

assumption - An educated guess about the way the world works.

assumption dominoes - A collaborative's best guess as to the series of events that have to happen for a strategy or activity to affect the child and family outcomes.

attendance rate - The percentage of sessions attended by one or more participants.

base - The number that represents 100% of what you are studying; the number in your sample or target population.

base year - The year for which a collaborative starts collecting or reporting the information specified in its indicators. Ideally, this is the year before a collaborative begins its efforts to better the community.

baseline data - Data collected for a base year.

Example: In October 1998, 35% of second-graders screened in the Pineville Elementary School District had healthy teeth and required no follow-up dental treatment.

bias - A systematic error that can prejudice your results in some way.

child outcome - Statement of an intended result for children. Child outcome statements start with the words, *Children will be...* *Example:* Children will be physically healthy.

closed-ended questions - Survey or interview questions for which a set of answer choices is provided, such as "Yes/No" or "Agree/Disagree." *Example:* Does your child have a regular doctor or source of health care? (Yes or No)

coder - The person who reviews completed surveys/interviews to get them ready for analysis.

coding - The process of reviewing completed surveys/interviews to get them ready to be analyzed, including assigning identification numbers, cleaning up mistakes made by persons completing the survey, and assigning code numbers to some types of responses.

community assessment - A systematic appraisal of the strengths, challenges, resources and needs of a particular community.

community outcome - Statement of a result for a community. Can include services or qualities. The result a collaborative aims to achieve for its community. Community outcome statements often start with the words, "*Our community will...*" *Example:* Our community will have available and affordable child care resources for families.

crosstab or crosstabulation - A process for examining how two items of data are related to one another that includes making a table showing the percentage of one item of interest by another item.

data analysis - Reducing and summarizing in a systematic way all the information you have collected.

data entry - The process of entering coded data into a computer storage program so that data can be analyzed by using a computer.

direct observation - A data collection method in which a data collector observes events firsthand in their natural setting and captures them on videotape, through notes, or with a coding system.

document - To keep track of what you have done.

documentation - A record of events or accomplishments.

Epi Info - A free data analysis software program made available by the World Health Organization and U.S. Centers for Disease Control.

evaluation - A systematic collection, analysis, and reporting of information for decision-making.

evaluation methods - Ways to collect data in order to answer your evaluation questions, such as interviews of individuals or groups, focus groups, observation of individuals or groups, videotaping, questionnaires, tests of content material, existing statistics.

evaluation questions - The questions that will be answered by the evaluation.

evaluation work plan - The blueprint for your evaluation that contains the following components: child and family outcomes, indicators, baseline data, assumptions, evaluation questions, methods, tasks, responsibility, and timeline.

family outcome - Statement of an intended result for families. Family outcome statements often start with the words, "Families will be..." *Example:* Families will be knowledgeable about parenting resources.

findings - A statement of fact based on objective and systematic analysis of high-quality data.

FMA (Findings, Meaning, Action) - The process of outlining your findings, discussing their meaning, and identifying the necessary action.

focus group - An interview with a small group of people on a specific topic in which respondents have the opportunity to converse with each other.

frequency - A count of how often an event occurred, as in how many times respondents answered "strongly agree" to an item on a survey or had health insurance. *Example:* One hundred of the survey respondents had health insurance; 50 did not (N = 150).

frequency table - A format made up of rows and columns for presenting frequency results for a survey or interview question.

implementation questions - Questions about the extent to which a strategy, activity, program, event, etc., was put in place and the resources that were used. These questions are forms of the general question, "Did we do it?"

indicator - A piece of information that shows whether outcomes are being achieved. *Example:* The number of families who report on a community survey that they know where to get parenting information when they need it is an indicator of the family outcome: Families will be knowledgeable about parenting resources.

indicator statement - A statement that demonstrates specifically how a collaborative intends to measure a child, family, or community outcome. Indicator statements are clearly related to the outcome statement, contain a number or statistic, and state whether this number should increase or decrease. *Example:* The number of family-oriented, community-sponsored events held in Our town will increase.

interim measure - The second and subsequent times you use a method to collect data (the first being the pretest) after an intervention is put in place.

interview - An interaction in which trained interviewers ask questions orally and record a respondent's or respondents' answers.

issue - An undesirable fact or condition.

issue analysis - Identifying the characteristics and underlying causes of a particular issue or problem.

key informants - People who are especially knowledgeable and articulate about a particular subject and whose perspectives and perceptions are extremely valuable to understanding what is happening in the organizations or communities they represent.

knowledge test - A test of what an individual knows or has learned about a subject or subjects.

learning community - A community where people adjust community activities on the basis of information and reflection.

long-term outcome - An intended result for children and families that takes several years to achieve. *Example:* Families will be free from drug abuse.

long-term outcome questions or long-term questions - Questions about the achievement of the child and family outcome. *Example:* Are families free from drug abuse?

mean or average - A summary measure for numerical data that is the sum of a group of numbers divided by the number of observations (or n) in that group.

mean or average score - The sum of a group of scores divided by the number of scores (or n) in that group.

N - The total number of respondents who completed all or part of a survey, e.g., N = 152. It can also mean the number of respondents for a particular survey item.

open-ended questions - Survey or interview questions in which respondents express their answers in their own words. *Example:* What do you think is the biggest concern for parents of young children today?

outcome - A result.

outcome statement - A statement of an intended result.

percentage - A part of the whole based on a 100-point scale. To calculate a percentage, divide the number of interest (children, families, incidences, responses, etc.) by a base number equal to the total number in your target population or sample, expressed in the same unit as the numerator.

percentage down and read across - The rule of thumb to correctly read and interpret a crosstab table.

percentile score - A score that shows what percentage of respondents scored lower than a given raw score.

pilot test - The process of trying out items or a questionnaire to make sure they are easy to understand and present appropriate choices to the respondent.

posttest - The second and subsequent times you use a method to collect data (the first being the pretest) after an intervention is put in place.

pretest - Data collection that is done before a strategy, activity, or intervention is put in place.

pretest score - The tallied results from a test or assessment given *before* program participation.

posttest score - The tallied results from a test or assessment given *after* program participation.

probing - An interview technique in which interviewers rephrase questions to help respondents understand the meaning of questions and ask follow-up questions to gain complete answers. Examples of good, neutral probes are:

- “What do you mean?”
- “What is that?”
- “Tell me more about...”
- “Mmmm...” or “Uh huh” and pausing to indicate that you would like more information.

qualitative methods - Data collection techniques that allow selected issues to be studied in detail and in depth, especially issues about which not a lot is known beforehand. Examples of qualitative methods include focus groups, unstructured interviews, and videotapings.

qualitative observation - Direct observation that involves taking detailed notes describing what is being observed.

quantitative methods - Data collection techniques that use a set of common measures with structured responses. Examples of quantitative evaluation methods include institutional data, structured interviews, survey questionnaires, tests, checklists for observing behavior, etc.

random sample - A sample in which each member of your target population has an equal chance of being selected as part of the sample.

range - The spread of the data; the difference between the largest and smallest number.

rating - An assessment of quality (e.g., excellent, very good, good, fair, poor, very poor), agreement (e.g., strongly agree, agree, disagree, strongly disagree), or other dimension expressed on a scale.

ratio - The number of one item of interest compared with another, often expressed as the number per standardized base, such as 100 or 1,000. Unlike a percentage, the ratio's base unit can differ from the unit of the numerator. *Example:* In 1999, there were 87 reports of child abuse and neglect per 1,000 children ages 0-18 in King County.

raw scores - The score computed directly from an assessment or test.

reasonable person test - A way to assess the significance of an evaluation finding by asking the question: What evidence would a reasonable person in your community accept as evidence of real change?

repeated measures - Data collected two or more times on some type of schedule using the same data collection method (the same survey, test, interview, etc.).

representative - Your sample is representative if its characteristics are the same as those of the population from which it is selected.

respondents - The group of people from whom you will collect the information you need to help you answer your evaluation questions by responding to an interview, questionnaire, focus group, test of knowledge, or published instrument.

response bias - A systematic difference in the response rates where a particular subgroup responds more than others in a sample, resulting in a set of responses that does not represent the target population as a whole.

response rate - The percentage of people who complete your interview, survey, or test. For example, if you mailed out surveys to a sample of 100 people and 65 were returned, your response rate would be 65%.

responses - The answers to survey or interview questions.

retrospective data - Data that are collected after the strategy, activity, or intervention is completed. This method asks respondents to provide current information, as well as information about a previous period of time, and may also ask them to evaluate how much change has occurred between the previous and current points in time.

sample - A representative group of people from your target population from whom you will collect information when it is not possible to collect information from everyone in your target population.

sampling bias - A method of selecting a sample that results in a sample that is not representative of the target population.

score - The tallied results of an assessment or test expressed in terms of a number or series of numbers. *Example:* Mary scored 21 out of a possible 25 points on the Everson Test of Parenting Knowledge.

short-term outcome - The interim results that a collaborative expects to achieve on the way to achieving its child and family outcomes. The middle steps in the assumption dominoes chain. *Example:* In order for parenting classes to prevent child abuse, parents who are at risk of abusing their children must attend.

short-term outcome questions or short-term questions - The evaluation questions about the interim outcomes to be achieved prior to the long-term outcomes. They are the middle steps in the assumption dominoes chain turned into questions. *Example:* Did parents who are at risk of abusing their children attend the parenting classes?

standard score - A score that has been converted to reflect the position of the raw score in comparison to a standard group.

Strategic Action Plan - A written document that describes the vision for a community and the strategies to be implemented to accomplish that vision.

strategy - A careful plan or method employed to accomplish a desired outcome.

structured observation - Direct observation that involves the coding or counting of behaviors or occurrences.

target population - The group of people you are trying to reach with a particular strategy or activity.

trend - The direction (increase, decrease, or little or no change) that a particular measure takes over a period of time.

trend data - The same data collected over time that allow you to assess whether change has occurred.

underlying causes - The fundamental reasons why a problem or issue exists in a community or group.

unduplicated count - The number of times an event occurred in which each unique event is counted only once. For example, if three reports for abuse and neglect were made on behalf of one child, that child would be counted only once when calculating the unduplicated count of children reported for child abuse and neglect.

unit of analysis - What or whom you are measuring, e.g., individuals, children, families, or incidents.

vision - The dream that a group shares for what it wants its community or group to be.

vision statement - A statement of a shared dream for a community or group.

written survey or questionnaire - A set of written questions used to obtain information in a systematic way from individuals or groups.



APPENDIX A

Evaluation Resources

The following list contains resources related to the issues identified by the Community Partnerships for Healthy Children Initiative. The information sources listed include handbooks, textbooks, key studies, research publications, organizations, Web sites, and other general evaluation guidance and tools. This is provided as a starting point. Don't forget to check the World Wide Web for current and up-to-date resources more specifically related to your individual and community needs.

WORLD WIDE WEB RESOURCES (as of November 1999)

Electronic Resources for Evaluators Utah State University

<http://www.itrs.usu.edu/AEA/>

This Web site contains links to over 100 electronic evaluation resources, including evaluation associations, topical interest groups, journals and on-line publications, books, evaluation how-to documents, data and statistics, assessment, measurement and other instruments, and many more.

ERIC Clearinghouse on Assessment and Evaluation University of Maryland <http://www.ericae.net>

This Web site serves as a clearinghouse for journal articles, project reports and evaluation/assessment tools that relate to evaluation. Many documents can be downloaded free of charge.

Evaluation

National Network for Family Resiliency <http://www.nnfr.org/eval/>

The National Network for Family Resiliency (NNFR) Evaluation Work Team provides on-line abstracts of evaluation tools and a bibliography of evaluation resources that address issues identified by NNFR's Special Interest Groups.

Survey Instrument Database and Topical Search Services

Center for the Study and Prevention of Violence
Institute of Behavioral Science
University of Colorado at Boulder
Campus Box 442
Boulder, Colorado 80309-0442
303-492-1032
Fax: 303-443-3297
<http://www.colorado.edu/cspv>

This center provides a central location through which violence-related information is collected, evaluated, stored, and disseminated. The Center's home page also allows users to search electronic databases for relevant resources themselves. Although the Center does not provide copies of actual documents to the public, it does provide free customized in-depth subject bibliographies.
Cost: Free

BOOKS ON EVALUATION

Empowerment Evaluation: Knowledge and Tools for Self-Assessment & Accountability (1995)

Fetterman, D. M., S. J. Kaftarian, and A. Wandersman

Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, CA 91320
805-499-0721
Fax: 805-499-0871
<http://www.sagepub.com/>

This book explores empowerment evaluation as a method for using evaluation techniques to foster improvement and self-determination among individuals and communities. It provides tools and technical assistance needed to conduct empowerment evaluation.

COST: \$35.00

Evaluation Basics: A Practitioner's Manual (1983)

Kosecoff, J., and A. Fink

Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, CA 91320
805-499-0721
Fax: 805-499-0871
<http://www.sagepub.com/>

Evaluation Basics offers proven techniques in a "how to" format, with step-by-step directions and illustrations. This book will be of use to those conducting evaluations, working with someone else who does, or planning to conduct evaluations in the future.

COST: \$24.00

Field Guide to Outcome Evaluation (1998)

Wisconsin Clearinghouse for Prevention Resources
P.O. Box 1468
Madison, WI 53701
1-800-322-1468
Fax: 608-262-6346
<http://www.uhs.wisc.edu/wch/>

This book emphasizes practical applications and clear instructions for designing and implementing your evaluation. Presents information you need to know about evaluation in plain language with real examples. Includes an annotated listing of resources and publicly available survey and assessment tools.

COST: \$35.00

Measuring Program Outcomes: A Practical Approach (1996)

United Way of America
Sales Service/America
3680 Wheeler Avenue
Alexandria, VA 22304-6403
1-800-772-0008
<http://www.unitedway.org/>

This manual is written for executive directors and program managers in a broad range of services. These include not only intervention and remediation programs for individuals and families experiencing difficulties, but also prevention and development programs that protect and enhance well-being. The manual relates not only to direct-service providers, but also to programs engaged in advocacy, public education, capacity building, and related activities.

COST: \$5.00

Program Evaluation Kit, Second Edition (1988)

Herman, J. L., Editor
Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, CA 91320
805-499-0721
Fax: 805-499-0871
<http://www.sagepub.com/>

This series contains nine books written to guide and assist practitioners in planning and managing evaluations in a practical, field-tested step-by-step format. Each volume offers detailed advice, clear definitions, and useful procedures explained in nontechnical language. The kit consists of:

Evaluator's Handbook (\$19.95)

How to Focus an Evaluation (\$13.95)

How to Design a Program Evaluation (\$14.95)

How to Use Qualitative Methods in Evaluation
(\$14.95)

How to Assess Program Implementation
(\$14.95)

How to Measure Attitudes (\$14.95)

How to Measure Performance and Use Tests
(\$14.95)

How to Analyze Data (\$19.95)

How to Communicate Evaluation Findings
(\$14.95)

COST: \$149.95. The books can be purchased as a set or individually.

Thinking about Program Evaluation (1997)

Berk, R. A. and P. H. Rossi
Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, CA 91320
805-499-0721
Fax: 805-499-0871
<http://www.sagepub.com/>

Looking for a practical, comprehensive guide to basic evaluation concepts and methods? You've just found it! This book uses specific examples to illustrate evaluation research goals and methods and provide an introduction to the variety of purposes for which evaluation research may be used and to the range of current methods employed.

COST: \$25.00

Understanding Evaluation: The Way to Better Prevention Programs (1993)

Task order number LC900940
U.S. Department of Education
Ed. Pubs
PO Box 1398
Washington, DC 20202
877-4ED-PUBS
Fax: 301-470-1244
<http://ed.gov/pubs/index/html>

This book describes the process of evaluation. It includes details on data collection methods and instruments, interpreting data, and reporting evaluation findings. It does not contain any specific survey instruments but does discuss their use and availability.

COST: FREE

W. K. Kellogg Foundation Evaluation Handbook (1998)

Collateral Management Company
1255 Hill Brady Road
Battle Creek, MI 49015
616-964-0700

Ask for item number 1203

<http://www.wkkf.org/publications/evalhdbk/>

This handbook is made up of two principal sections. Taken together, they serve as a framework for grantees to move from a shared vision for effective evaluation to a blueprint for designing and conducting evaluation to actual practice.

COST: FREE

Work Group Evaluation Handbook: Evaluating and Supporting Community Initiatives for Health and Development (1993)

Work Group on Health Promotion and Community Development
4086 Dole Building
University of Kansas
Lawrence, KS 66045
785-864-0533
Fax: 785-864-5281

This handbook describes an evaluation process for community workgroups. It also provides indicators for a variety of community issues, such as substance abuse and violence.

COST: \$15.00

Workbook for Evaluation: A Systematic Approach
Freeman, H. E. and P. H. Rossi and G. D. Sandefur
Sage Publications, Inc.

2455 Teller Road
Thousand Oaks, CA 91320
805-499-0721
Fax: 805-499-0871
<http://www.sagepub.com/>

Oriented toward presenting readers with practical exercises that they can do themselves, this book offers a wide range of exercises for novices to advanced students. Novices are given exercises that ask them to construct intervention models, and advanced students are offered exercises that ask them to discuss special problems in the sampling of rare populations.

COST: \$16.00

Other Resources

Evaluation of Perinatal Child Abuse Prevention Projects: Final Report (1991)

Berkeley Planning Associates
440 Grand Ave
Oakland, CA 94610
510-465-7884
Fax: 510-465-7885

A study completed for the Office of Child Abuse Prevention (Department of Social Services, 744 P Street, Sacramento, CA 95814) to determine the effect of perinatal prevention programs aimed at curbing child abuse. The report describes the programs and their evaluations. It includes the Adult-Adolescent Parenting Inventory, the Perinatal Child Abuse Prevention Project Evaluation, Home Follow-up Surveys, and Coding Lists.

COST: \$33.00

Five Building Blocks (1995)
Citizens for Missouri's Children
2717 Sutton Avenue
St. Louis, Missouri 63143
314-647-2003
Fax: 314-644-5437

This series of five pamphlets describes many aspects of community building and problem solving. Pamphlets include: Going Places with Community Mapping, Collaborating for Child Health, Family Support and Family Preservation, Constructing the Village, and Beginning at the End: Evaluating by Results. The evaluation booklet provides a concise overview of evaluation.

COST: \$ 2.00 EACH

How Do We Know We Are Making a Difference: A Community Substance Abuse Indicator Manual (1997)

Join Together
441 Stuart St. Sixth Floor
Boston, MA 002166
617-437-1500
Fax: 617-437-9394

This booklet describes community-level substance abuse indicators. It also discusses the processes of community evaluation.

COST: FREE

Improving Outcomes for Young Children, Families, and Communities: Lessons Learned (1997)

Delaware's Investments in Children: An Inventory and Assessment
Center for Assessment and Policy Development
111 Presidential Boulevard, Suite 234
Bala Cynwyd, PA 19004
610-664-4540
Fax: 610-664-6099
<http://www.capd.org>

A report describing several child welfare and health measures undertaken by the state of Delaware to improve conditions for the state's children. The report provides projects and models for general interventions, outcome measurements, and some indicators. This and other related reports can be ordered by phone or downloaded from the organization's Web page.

COST: FREE

National Clearinghouse for Alcohol and Drug Information (1999)
Publications Catalog
1-800-729-6686
Fax: 301-468-6433

This catalog has a wealth of resource documents available for ordering. Information is available on evaluation, indicators, and community intervention.

COST: FREE

Outcomes Packet from Healthy Start (1998)
Healthy Start Field Office
CRESS Center
University of California, Davis
Davis, CA 95616-8729
530-752-1277
Fax: 530-752-6135

This packet provides an outcome framework for working with children and families. It includes outcome descriptions and some useful thoughts on indicators. Although the focus is on school-linked services, it is an excellent resource for anyone doing community collaboration for children. Updated regularly.

COST: FREE

Prevent Child Abuse California (1999)
926 J Street, Suite 717
Sacramento, CA 95814
1-800-CHILDREN
Fax: 530-498-0825
<http://pca-ca.org>

This organization has many resources on evaluation and assessment tools in the area of child and family welfare. Although their focus is on child abuse prevention, they have many research findings that are applicable to other areas concerning children's welfare. Booklets describing evaluation outcomes and indicators, as well as referral resources, are available.

COSTS: VARY DEPENDING ON DOCUMENT

Quality of Life Indicators for Children and Families (September 1998)
The What Works Learning Community
Foundation Consortium
2295 Gateway Oaks, Suite 100
Sacramento, CA 95833
916-646-3646
Fax: 916-922-0179

This report is intended to assist communities to better measure progress toward desired results for children, youth, and families. This guide assumes that its readers are already engaged in a community outcome process and focuses on the following eight result areas: Children and Families are Healthy, Children are Ready for School, Children and Young People are Succeeding in School, Children are Safe, Families are Stable and Thriving, Families are Economically Self-Reliant, Communities are Supportive of Children and Families, and Communities are Thriving.

COST: \$5.00

Sixth National Roundtable on Outcome Measures in Child Welfare Services (1998)
American Humane Association
Children's Division
63 Inverness Drive East
Englewood, Colorado 80112
303-792-9900
Fax: 303-792-5333

This organization conducts and publishes yearly roundtables on measurement in child welfare services. Reports available from 1993. Reports provide selected annotated readings on outcome measurements and programmatic experience with each measure.

COST: \$25.00 EACH

APPENDIX B

Examples of Measurements for Indicators of Selected Child and Family Outcomes

How to Use the Lists of Measurements for Indicators of Selected Child and Family Outcomes
The following pages contain lists of measurements for various child and family outcomes. These lists are provided to give you some ideas as to the kinds of measurements you might want to think about. These may not be the best measurements for your collaborative. In fact, you may come up with much better ones. These lists are beginning ideas. They are not recommendations, and they are certainly not all the measurements one might think of. You don't have to pick a measurement from these lists. They are meant only to provide food for thought.

Outcome: Children will be born healthy.

Percentage of babies whose mothers receive adequate prenatal care (beginning in the first trimester).

Percentage of healthy birth weight babies (birth weight > 2,500 grams).

Morbidity (in neonatal period and the first year of life).

Infant mortality rate per 1,000 (for all ethnic groups).

Percentage of births to teens.

Percentage of eligible pregnant, postpartum, and breast-feeding women receiving WIC services.

Percentage of infants exposed to alcohol and other drugs prenatally.

Outcome: Children will be physically healthy.

Percentage of children covered by health insurance.

Percentage of CHDP-eligible children who receive services.

Percentage of 2-year-olds who are fully immunized.

Percentage of all children who are fully immunized.

Percentage of reportable communicable diseases.

Confirmed cases of child abuse and neglect.

Number of E code (injury) admissions to hospital and emergency rooms.

The number of childhood injuries.

Number of ICD9 (injury) code calls to police and calls to poison control centers.

Percentage of children with abnormal lead levels.

Percentage of children exposed to environmental toxins or poor environmental living conditions (e.g., poor air quality days, etc.).

Percentage of children who receive well-child care as recommended by CHDP or the American Academy of Pediatrics (includes immunization, vision and hearing screening, blood pressure screening, etc.).

Percentage of children who received necessary follow-up care as identified on CHDP or AAP well-child exams.

Percentage of children (families) who have established a health care relationship with a consistent provider (have a medical home).

Percentage of families who know basic first aid and CPR, including pediatric procedures.

Percentage of children using emergency room services for nonurgent care.

Percentage of children who pass national physical fitness standards.

Percentage of children whose health limits the kind or amount of play activities in which they can participate.

Percentage who have appropriate growth, i.e., percentage who have appropriate height, weight, and head circumference measures.

Percentage of eligible children receiving WIC services.

See also: Indicators for physical health, dental health, child abuse and neglect, and child unintentional injury.

Outcome: Children will be well nourished.

Percentage of children who are not at nutritional risk [could be based on Women, Infants, and Children nutritional program (WIC) screening].

Percentage of children who have breakfast every day.

Percentage of children receiving well-balanced meals.

Percentage of children who experience prolonged hunger.

Outcome: Children will have healthy teeth.

Percentage of children who brush regularly.

Percentage of children who floss regularly.

Percentage of children who have seen a dentist in the last year.

Percentage of CHDP-eligible children who have been screened for dental problems.

Percentage of children who have dental insurance.

Percentage of children who have dental caries.

Percentage of children who have protective sealants administered.

Percentage of children who have fluoride supplements, either in the local water supply or daily as a supplement.

Number of children with “bottle milk” syndrome.

Percentage of children who use teeth guards for safety when recommended for sports or other activity.

Percentage of children screened for orthodontic problems that affect physical health.

See also: Indicators for physical health and nutrition.

Outcome: Families will consistently meet the developmental and physical care needs of their children.

Percentage of parents who score “not at risk” on child abuse and neglect screening tools.

Incidence of child abuse and neglect.

Scores on family safety assessment screening surveys.

Scores on parenting skills and knowledge assessment tools.

Scores on family functioning assessment tools.

Percentage of children who are eligible that receive food stamps, AFDC, WIC, etc.

Percentage of children who live in poverty.

Percentage of children needing out-of-home placement.

Percentage of parents who are identified as needing crisis intervention that actually receive service (immediate respite care).

See also: Indicators for school readiness, early school success, physical and dental health, child abuse and neglect, and child safety.

Outcomes: Children will experience school success. Children will come to school ready to learn.

Percentage of children kindergarten teachers believe are prepared to participate successfully in school.

Percentage of children parents believe are prepared to participate successfully in school.

Percentage of children meeting readiness standards in the areas of:

- cognitive development,
- language and literacy development,
- physical development,
- social and emotional development.

Percentage of children who score “not at risk” or have passing scores on screening exams in these areas.

Percentage of children with disabilities who are identified and planned for prior to starting school (Part H and Part B, IDEA).

Percentage of students who have been screened based on Child Health and Disability Prevention (CHDP) or American Academy of Pediatrics (AAP) standards for healthy school admission (includes immunization, vision and hearing screening, etc.).

Percentage of students who received necessary follow-up care as identified on CHDP or AAP standards for healthy school admission (includes immunization, vision and hearing screening, etc.).

Percentage of parents who score “not at risk” on screening with child abuse and neglect screening tools.

Scores on parenting and family home screening indicators, e.g., HOME, Knowledge of Child Development Questionnaires, etc.

Percentage of eligible children who receive Head Start or other preschool services.

Percentage of children with any preschool experience.

Percentage who score at grade level on academic assessments.

Absenteeism.

Percentage of students needing remedial help who receive it.

Percentage of students screened for learning difficulties.

Early identification and planning for students with learning disabilities.

Percentage of parents who are actively involved in their student’s school.

Percentage of students who arrive at school having eaten breakfast.

Percentage of students who arrive at school having had an adequate night’s sleep.

Percentage who have safe and reliable transportation to school.

Percentage of students who miss school because of accidents or injury that occurred while attending school (safe playgrounds, infectious disease controls, lice, etc.).

Rates of school retention.

Percentage of students needing Chapter 1 services.

Percentage of students who watch 4 or more hours of TV/day.

Average number of hours of TV watched per day.

Number of suspensions and expulsions.

Number of students who obtain literacy by age 9.

Percentage of students exposed to violence.

Percentage of students exposed to alcohol and other drug abuse in their families and communities.

Percentage of students whose mothers have a 12th-grade or higher education.

Improved scores on standardized tests or other assessments in grades 3 and 4.

See also: Indicators for physical health, dental health, child safety, early school success, child abuse and neglect, and parenting.

Outcome: Children will be in safe, caring environments that nurture their growth and development.

Special considerations: Childcare needs should be analyzed by age groups.

Number of licensed childcare slots.

Number of high-quality childcare slots in family day care.

Number of high-quality childcare slots in child care centers.

Number of childcare providers who pass child development knowledge inventories.

Number of childcare provider facilities that are accredited by certifying agencies.

Number of childcare providers that routinely pass audits by accrediting agencies.

Child abuse and neglect reports associated with childcare providers.

Number of children who participate in supervised recreational programs.

Number of children who benefit from businesses that offer programs that support childcare and supervision.

Increased school attendance, decreased absenteeism.

Number of children who participate in school programs that offer after-school support for students (tutors, homework clubs, etc.).

Number of children who can participate in library programs after school.

Percentage of parents who feel good about the relationships they have with the people who care for and teach their children and feel that their teachers/providers respect their culture and their family life.

Percentage of parents who have the kind of childcare they want.

Percentage of parents who feel they have sufficient opportunities to communicate with the teachers/providers who teach and care for their children.

Proportion of parents who feel they have opportunities to become involved in their children's early childhood education and care setting.

Proportion of teachers/providers who have child development associate certification or AA, BA, or advanced degrees in early childhood education, child and family studies.

Percentage of childcare providers who have ongoing continuing education.

Percentage of families who are forced to change childcare and early education programs because of changes in eligibility for childcare assistance.

Percentage of childcare providers who leave the field each year.

Percentage of children who experience provider turnover each year.

Percentage of children who receive childcare in facilities specifically designed for the care of children.

Proportion of childcare programs that have developmentally appropriate equipment and material for recreation and learning.

Number of children in settings where professionally recognized health and safety standards are met.

Number of children in childcare settings with care providers who have memberships in professional childcare associations.

Number of children in childcare settings that meet children's needs for racial, ethnic, and linguistic diversity or consonance.

Number of children who can receive childcare in center/school programs and family childcare homes that are accredited by nationally recognized programs.

Number of children with special care and childcare needs in settings serving their special needs.

Percentage of families that are eligible for direct subsidies or subsidized services receiving them.

Number of children under the age of 13 who are left to care for themselves.

Number of children whose families are active in childcare co-ops and playgroups.

Respite care assistance for families under stress.

Number of children in less than high-quality care situations.

Outcome: Children will be safe from unintentional injury.

Percentage of parents with positive outcomes on parenting indicators.

Percentage of families scoring high on family safety screening inventories.

Child deaths due to unintentional injuries.

Hospitalizations due to unintentional injuries (E codes), including: motor vehicle accidents, falls, drowning, child abuse and neglect, poisons, spinal injuries, farm injury, etc.

Percentage of children correctly and consistently using car seat belts.

Percentage of children 40 pounds and under correctly in car safety seats.

Percentage of homes using secondary childproof pool fencing around back yard pools.

Percentage of children and adults passing Red Cross or similar water safety and swimming courses.

Availability of handguns to youth.

Percentage of gun accidents involving children.

Percentage of homes with bars or screens on windows of upper-floor dwellings.

Percentage of homes with smoke detectors, fire escape plans, fire extinguishers.

Percentage of households that reduce water heater temperature to 120.

Percentage of community members that are certified in CPR and the Heimlich maneuver, including pediatric procedures.

Percentage of children correctly using bike helmets.

Percentage of parents selecting safe childcare settings.

Alcohol- and other drug-related events in households and community.

Percentage of children who live in safe and adequate housing.

Percentage who are homeless.

Outcome: Children will be safe from abuse and neglect.

Overall reported and confirmed cases of child abuse and neglect.

Percentage of families who receive preventive services who are not subsequently referred to Child Protective Services or substitute care.

Substantiated abuse and neglect in families with cases open to Child Protective Services.

Percentage of cases with substantiated abuse and neglect within 12 months after closure of a case.

Substantiated abuse and neglect in out-of-home placement.

Severity of any incidents of subsequent abuse and neglect within 12 months of initial substantiated abuse.

Percentage of unsubstantiated/unfounded cases that are not subsequently rereported within 12 months.

Improved family functioning as determined by improved scores on assessment instruments.

Rates for criminal arrest on criminal charges for child welfare cases.

Adjudicated delinquency rates for children receiving child welfare services.

Rate of revocation of parole or probation in cases involving child abuse and neglect.

Number of children living in families with alcohol and other drug abuses.

Number of children whose parents have been arrested (including alcohol and other drug arrests).

Outcome: Children at risk for abuse or neglect will have a permanent home.

Number of times a child is removed from his/her home.

Number of unplanned moves while the child is in an out-of-home placement.

Percentage of adoptive placements without disruption prior to finalization.

Percentage of children appropriately placed with family or kinship ties.

Time between the beginning of the first nonpermanent placement and placement in a permanent home.

Percentage of children who have permanency achieved within 18 months.

Outcome: Children will have their basic needs for food, clothing, and shelter met.

Rates of child neglect.

Percentage of children living in poverty.

Percentage of children needing temporary housing.

Percentage of children in substandard housing.

Percentage of children in homeless shelters.

Percentage of children coming to school hungry.

Percentage of children experiencing prolonged hunger.

Outcome: Communities will be safe places to raise children.

Note: These are community-level indicators that provide a general picture of a community. Unless they are marked with an asterisk (*), they do not indicate directly how the children, ages birth to 8 years, are faring.

Alcohol and other drug issues and issues of crime and violence are very closely related. These two topics are grouped together.

Percentage of students who report having used alcohol and other drugs in the previous month* (there are children under age 8 that

are reporting drug and alcohol use). Juvenile arrests for alcohol and other drug offenses.

Arrests for alcohol and other drugs in the community.

Number of arrestees testing positive for alcohol and other drugs.

Number of people treated for alcohol- and other drug-related problems in the community.

Traffic citations involving alcohol and other drugs.

Traffic deaths involving alcohol and other drugs * (statistics on children are available).

Overdose deaths involving alcohol and other drugs.

Percentage of nighttime single-vehicle accidents.

Number of arrests for possession of drugs.

Number of individuals on list for admission to inpatient and outpatient alcohol and other drug program services.

Number of referrals to mental counseling centers for alcohol and other drug problems.

Incidence of sexually transmitted diseases, including HIV.

Incidence of alcohol- and other drug-related medical conditions, such as cirrhosis of the liver, hepatitis.

Aggregate per capita consumption of alcohol, based on alcohol tax revenue data.

Number of weapons arrests.

Overall rate of crime—both violent and other (e.g., burglary, car theft, etc.).

Rate of high school dropout.

Rate of teen pregnancy.

Reports of domestic violence.

Suicides.

Homicides.

Percentage of adolescent depression and suicide.

Percentage of students who score “not at risk” on life skills assessments (usually assessed with children age 12 or above).

Percentage of students who score high on assessment of self-esteem and self-confidence (could possibly be obtained on younger children).

Percentage of students experiencing school failure.

Student suspensions related to violence or alcohol and other drugs.

Percentage of students involved in community and church activities.

Percentage of students who, when surveyed, have favorable attitudes toward alcohol and other drug use.

Percentage of youth living in stable home environments.

Gang activity in a community as measured by gang surveillance task forces.

Absenteeism at school and work.

Number of jobs for teens.

Number of students participating in parks and recreation programs.

Number of students participating in extracurricular activities through their schools.

Number of alcohol sales to underage youth (ABC surveillance program).

Rates of physical fighting/weapon carrying among youth.

Number of children living in neighborhoods with high rates of crime.

Crime rates.

APPENDIX C

Exercise Answers

Exercise #1: Understanding Graphs (Chapter 13)

1a. According to this graph, the level of children in out-of-home placements increased in California from 1991 to 1997. Two things can be said about the level of out-of-home placements for Grassroots for Kids (GFK). First, out-of-home placements for GFK are consistently lower than those for California. Second, the level of out-of-home placements for GFK increased at a rate faster than that for California between 1991 and 1995, but from 1995 to 1997, GFK has experienced a decrease in the level of out-of-home placements.

1b. From the information given on the graph, it is not possible to determine what the percentage of children in out-of-home placements represents. What is the total population (denominator) from which the percentages were derived? What is the definition of out-of-home placement? It would be useful to know the source of the data, so you could track down the answers to these questions yourself, if necessary.

2a. This graph shows that the percentage of babies born with adequate prenatal care increased from 35% to 75% between 1996 and 1997. With only two data points, it is difficult to know whether this increase is a truly a trend or a one-time fluctuation. Additional data from future years are needed to see whether a trend is truly occurring.

2b. This graph shows that the percentage of babies born with adequate prenatal care increased from 50% to 80% between the years 1995 and 2000. Although the graph shows a decrease between 1999 and 2000, the overall trend is positive. Data in future years are needed to see whether the recent decrease is a trend or a fluctuation.

2c. The percentage of babies born with adequate prenatal care fluctuated considerably between 1995 and 2000, from a low of 35% in 1996 to a high of 75% in 1997. However, the overall slope of the line is flat, and there is no overall trend to report.



Exercise #2
Community Survey (Chapter 14)

Instructions: Recode surveys as needed.

(This survey was sent home with children in the three elementary schools in the community)

Name: Maria Gutierrez ID: 001

1. What school does your youngest school-aged child attend?

(Please circle one)

- 1. Lakeview
- 2. Hillcrest
- 3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

- 1. Scouts
- 2. After-school program
- 3. Music activities
- 6 4. Dance activities
- 5. Other, please specify football

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

- 1. Yes
- 2. No
- 3. Don't know

3b. If yes, is that place:

(Please circle one)

- 1. A clinic, health center, or a doctor's office
- 2. A hospital emergency room
- 3. Other, please specify _____

4. How old is your child? ~~9.5~~ 10 years old

5. "Our community is a great place to live." Do you

(Please circle one)

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree

Exercise #2 Community Survey (Chapter 14)

Instructions: Recode surveys as needed.

(This survey was sent home with children in the three elementary schools in the community)

Name: Sue Jones ID: 002

1. What school does your youngest school-aged child attend?

(Please circle one)

1. Lakeview
2. Hillcrest
3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

1. Scouts
2. After-school program
3. Music activities
4. Dance activities
5. Other, please specify soccer games

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

1. Yes
2. No
3. Don't know

3b. If yes, is that place:

(Please circle one)

1. A clinic, health center, or a doctor's office
2. A hospital emergency room
3. Other, please specify _____

4. How old is your child? 6 1/2 years old

5. "Our community is a great place to live." Do you

(Please circle one)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Exercise #2
Community Survey (Chapter 14)

Instructions: Recode surveys as needed.

(This survey was sent home with children in the three elementary schools in the community)

Name: Barbara Stone ID: 003

1. What school does your youngest school-aged child attend?

(Please circle one)

1. Lakeview
2. Hillcrest
3. Claremont

(missing)

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

1. Scouts
2. After-school program
3. Music activities

6 4. Dance activities

5. Other, please specify baseball

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

1. Yes
2. No
3. Don't know

3b. If yes, is that place:

(Please circle one)

1. A clinic, health center, or a doctor's office
2. A hospital emergency room

3. Other, please specify herbalist

4. How old is your child? 6 years old

5. "Our community is a great place to live." Do you

(Please circle one)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Exercise #2 Community Survey (Chapter 14)

Instructions: Recode surveys as needed.

(This survey was sent home with children in the three elementary schools in the community)

Name: John Chu ID: 004

1. What school does your youngest school-aged child attend?

(Please circle one)

1. Lakeview
2. Hillcrest
3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

1. Scouts
2. After-school program
3. Music activities
4. Dance activities
5. Other, please specify clay class

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

1. Yes
2. No
3. Don't know

3b. If yes, is that place:

(Please circle one)

1. A clinic, health center, or a doctor's office
2. A hospital emergency room
3. Other, please specify _____

4. How old is your child? 10 years old

5. "Our community is a great place to live." Do you

(Please circle one)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Exercise #2 Community Survey (Chapter 14)

Instructions: Recode surveys as needed.

(This survey was sent home with children in the three elementary schools in the community)

Name: Terry McArthur ID: DOS

1. What school does your youngest school-aged child attend?

(Please circle one)

1. Lakeview
2. Hillcrest
3. Claremont

2. What kinds of recreation activities does this child participate in?

(Please circle all that apply)

1. Scouts
2. After-school program
3. Music activities
4. Dance activities
5. Other, please specify my son takes trumpet lessons

3a. Is there a particular clinic, health center, hospital, doctor's office, or other place that this child usually goes for routine health care?

(Please circle one)

1. Yes
2. No
3. Don't know

3b. If yes, is that place:

(Please circle one)

1. A clinic, health center, or a doctor's office
2. A hospital emergency room
3. Other, please specify _____

4. How old is your child? 7 years old

5. "Our community is a great place to live." Do you

(Please circle one)

- ~~1. Strongly agree~~
2. Agree
3. Disagree
- ~~4. Strongly disagree~~

Exercise #2: Community Survey (Chapter 14)

First, the coder wrote an ID number on each survey.

Next, the coder went through Item Survey Item #2, to examine “other” responses. The coder added a category 6 for sports, since several respondents wrote an entry that could logically be placed under this category. The coder then went back and recoded these responses from a “5” to a “6” for ID numbers 001, 002, 003.

ID 001, Item 4: the coder rounded the age of the child to the next round number, a 10.

ID 002, Item 4: the coder rounded the age of the child to the next even number, 6.

ID 002, Item 5, the coder circled “1” next to the chosen response.

ID 003, Item 1: the coder wrote “missing” because no response was chosen.

ID 003, Item 3b: the coder circled “3” because an “other” response was specified.

ID 004, Item 1: the coder circled “2” next to the chosen response.

ID 004, Item 2: the coder circled “5” next to the chosen response. Multiple responses are permitted for this item.

ID 004, Item 3: the coder circled “2” next to the chosen response.

ID 005, Item 2: the coder recoded the response from “5 - other” to “3 - music activities” (trumpet lessons are a music activity) by crossing out the number “5” and circling the number “3”.

ID 005, Item 5: the coder crossed out the responses because two responses were selected when only one was appropriate.

Exercise #3: Worksheet Table (Chapter 14)

Survey Item #	Response Choices						Missing	N
1	1.	2.	3.					
Freq	2	1	1				1	4
%	50	10	10					
2	1.	2.	3.	4	5.	6.		
Freq	3	3	1	1	1	3	0	5
%	60	60	20	20	20	60		
3a	1.	2.	3.					
Freq	3	2	0				0	5
%	60	40	0					
3b	1.	2.	3.					
Freq	1	1	1				2	3
%	33	33	33					
4.	6	7	8	9	10			
Freq	1	2	0	0	2		0	5
%	20	40	0	0	40			
5.	1.	2.	3.	4.				
Freq	1	2	1	0			0	4
%	25	50	25	0				

When using this method to analyze data, the N is the base for the percentage. In Item 2, for example, 3 people out of 5 circled response “1”, Scouts. Therefore, 60% ($3 \div 5$) of respondents’ children participated in Scouts at the time of the survey.

Note: This is an exercise only to illustrate how to calculate percentages. With so few respondents, it would not be appropriate to report percentages in an actual study.

Exercise #4: Working with Scores (Chapter 15)

1. Find the average score for each of the subtests and the average total score and write them in the table below.

	Play Materials	Maternal Involvement	Stimulation	Total
Average Score	5.1	3.3	2.8	11.1
N=	19	18	20	17

2. What are the number and percentage of scores below 3 on the Maternal Involvement scale?
7 respondents scored below 3 on Maternal Involvement scale

38.9% of respondents scored below 3 on the Maternal Involvement Scale. (7 respondents who scored below 3 ÷ 18 respondents for whom there were scores = 38.9%.)

Note: This is an exercise only to illustrate how to calculate percentages. With so few respondents, it would not be appropriate to report percentages in an actual study.

Exercise #5: Analyzing Attendance Sheets (Chapter 16)

- When was the Conflict Resolution Training held? **January 7 – 16, 1998**

- Where? **County Community Center**

- How many hours was each class? What was the total number of hours of instruction?
Each class was 2 hours long; there were 8 total hours of instruction.

- Who conducted the training? **Melissa Martin**

- How many people participated? **10**

- What was the average number of people who attended a class?
 32 (total number of times participants attended) \div 4 classes = **8**

- What was the average number of classes attended by each person?
 32 (total number of times participants attended) \div 10 participants = **3.2**

- What was the attendance rate for the class?
 32 (total number of times participants attended) \div 40 (number of participants X number of sessions) = **80%**

- How many people completed the course (i.e., attended at least 3 of the 4 sessions)? **8**

- What percentage of participants completed the class?
 8 (people who attended at least 3 sessions) \div 10 (participants) = **80%**

Note: This is an exercise only to illustrate how to calculate percentages. With so few respondents, it would not be appropriate to report percentages in an actual study.

Exercise #6: Analyzing Logs (Chapter 16)

Answer the following implementation questions by using the attached Latchkey Program logs as your data source:

- When did the program begin? **January 19, 1998**

- How many calls has the program received to date? **20**

- How many households (unique phone numbers) have called? **17**

- How old was the youngest caller? The oldest? Youngest = **6**; oldest = **16**.

- How many calls were “problems”? What percentage of calls were “problems”?
8 calls were problems
 $8 \text{ (problem calls)} \div 20 \text{ (total calls)} = \mathbf{40\%}$

- How many households which called reported “problems”? Which percentage of households called to report “problems”?
7 households reported problems (one household called twice.)
 $7 \text{ (households with problem calls)} \div 17 \text{ households} = \mathbf{41.2\%}$

- Do the types of calls the Latchkey Program receives differ by the age of the child (for age groups 6 – 9 years, 10 – 12 years, 13 – 16 years)?

San Joaquin County Latchkey Program Type of Call by Age of Child

Type of Call	Age of Child			Total
	6-9 years	10 - 12 years	13 - 16 years	
Problem	5 62.5%	2 25%	1 25%	8 40%
Check-in	3 37.5%	6 75%	2 50%	11 55%
Other	0 0%	0 0%	1 25%	1 5%
TOTAL	8 100%	8 100%	4 100%	20 100%

Based on the information in this table, it appears that calls from the youngest children (ages 6-9) were more likely to concern a problem than calls from older children.

- What percentage of calls from children 6 – 9 years were to report a problem?
From children 10 – 12 years? 13 – 16 years?

62.5% of calls from ages 6 - 9 concerned a problem.

5 (problem calls) ÷ 8 (calls from 6 – 9 year olds)

25% of calls from ages 10 - 12 concerned a problem.

2 (problem calls) ÷ 8 (calls from 10 – 12 year olds)

25% of calls from ages 13 - 16 concerned a problem.

1 (problem calls) ÷ 4 (calls from 13 – 16 year olds)

Note: This is an exercise only to illustrate how to calculate percentages. With so few respondents, it would not be appropriate to report percentages in an actual study.

APPENDIX D

Examples of Data Collection Instruments

Children's Health Alliance of Oroville & Duerr Evaluation Associates. (1997). Head Lice Survey.

Children First - Flats Network & SRI International. (1998). Children First - Flats Network Interview Protocol.

SRI International. (1999). Sierra Health Foundation's Community Partnerships for Healthy Children Initiative, Survey of Collaborative Members.

SRI International. (1996). Sierra Health Foundation's Community Partnerships for Healthy Children Initiative, Children's Health Study in Local Communities.



Thermalito School's Head Lice Survey

Fall 1997

Dear Parents,

Please take a few moments to answer the following questions regarding a new pilot program to eliminate head lice in our schools. The program was developed with the cooperation of the Butte County Health Department, the Children's Health Alliance of Oroville/Community Partnership, and the Butte County Office of Education. The goal of the program is for families to develop an understanding of the cause and prevention of head lice. Only a random sample of classrooms in Thermalito schools received this survey, so it is very important to us that you fill it out and return it. PLEASE RETURN ONLY ONE SURVEY PER HOUSEHOLD TO YOUR CHILD'S TEACHER. The survey is anonymous. Thank you!

1. Did you learn anything new from the "Helpful Hints for the Prevention, Elimination and Control of Head Lice" which was mailed with the back-to-school packet in August?
 Yes No I didn't read it
2. Has anyone in your house had head lice during the 1996-97 school year?
 Yes No
If you answered "no" to Question #2, you are done!
3. If you answered "yes" to Question #2, write in how many children in the following age groups had head lice during the 1996-97 school year.
_____ 5-7 years old
_____ 8-11 years old
_____ 12-15 years old
_____ Under 5 years old or over 15 years old
4. How long did it take to get rid of the head lice?
 I didn't get rid of the head lice yet
 1 month 2-3 months 4-6 months
Other: _____
5. What type of head lice treatment did you use?
 Store-bought Prescription Other: _____
6. Did the head lice treatment work? Yes No
Comment: _____
7. Did you remove the nits? Yes No
a. If yes, how? With fingers With a head lice comb
Other: _____
8. What else did you do to get rid of the head lice? CHECK ALL THAT APPLY
 Laundry Sprayed with pesticide Vacuumed
 Ironed items such as mattresses
Other: _____
9. Where do you think your child/children got the head lice?
 Friends School Immediate family Relatives
Other: _____
10. For future planning, what type of information would you be interested in for head lice control?
(CHECK ALL THAT APPLY)
 A 1-2 hour class A home visit A video Phone call
Other: _____

Children First - Flats Network Interview Protocol

I. Introduction

Hi. My name is _____. I am working with the Children First - Flats Network to learn about children's health in our community. You may have read about this study in the Children First - Flats Network newsletter.

Are there children 8 years of age or younger living in this home?

1. Yes 2. No 9. Refused

[IF NO] Thank you for your time [END OF INTERVIEW.]

[IF YES] May I speak to their mother? 1. Yes 2. No 9. Refused

[IF NO] Is there someone else at home who is responsible for them that I may speak to?

[IF NO] END OF INTERVIEW

[IF YES] I have a few questions I would like to ask you about your children and the community. I want to assure you that everything you tell me will be kept confidential. Your answers will never be connected with your name. This interview will take about ten minutes. Is it all right if I ask you these questions?

1. Yes [CONTINUE WITH INTERVIEW]
2. No Thank you for your time. [END OF INTERVIEW]

1. *(Circle code for the respondent. You may need to ask:)* What relationship do you have to the child?

1. MOTHER
2. FATHER
3. AUNT
4. UNCLE
5. GRANDMOTHER
6. GRANDFATHER
7. OLDER SIBLING (16 YEARS OR OLDER)
8. OTHER: _____

II. Child Health Questions

2. How old is your [or the] youngest child?

1. 0 months to less than 6 months
2. 6 months to less than 12 months
3. 12 months to less than 18 months
4. 18 months to less than 24 months
5. 2 years, less than 3 years
6. 3 years, less than 4 years
7. 4 years, less than 5 years
8. 5 years, less than 6 years
9. 6 years, less than 7 years
10. 7 years, less than 8 years
11. 8 years, less than 9 years
88. Don't know

What's (his or her) name? (DO NOT WRITE NAMES OR OTHER IDENTIFYING COMMENTS ON THE SURVEY. WRITE CHILD'S FIRST NAME ON A POST-IT NOTE TO HELP YOU REMEMBER IT WHILE CONDUCTING THE INTERVIEW. DISCARD THE POST-IT NOTE AFTER THE SURVEY.)

3. Is (Child's Name) covered by health insurance? [NOTE: Includes Medi-Cal]
1. Yes
 2. No
 8. Don't know
 9. Refused
4. How long has it been since (Child's Name)'s last visit to a clinic, health center, hospital, doctor's office, or other place for routine health care like a check-up?
(Do not read choices. Circle the answer closest in time to the answer provided by the respondent.)
1. Less than 6 months
 2. 6 months, less than 1 year
 3. 12 months, less than 2 years
 4. 2 years, less than 5 years
 6. 5 or more years
 7. Never
 8. Don't know
 9. Refused
5. Is there a particular clinic, health center, hospital, doctor's office, or other place that (Child's Name) usually goes to for routine health care?
1. Yes [GO TO QUESTION 5a]
 2. No [GO TO QUESTION 6]
 8. Don't know [GO TO QUESTION 6]
 9. Refused [GO TO QUESTION 6]

IF YES: 5a. Name and location of clinic: _____

5b. Is this place a: (Read choices. Circle one.)

1. clinic, health center, or doctor's office
2. hospital emergency room;
3. or other? (specify) _____

6. How long has it been since (Child's Name)'s teeth were checked by a dentist or dental hygienist?
(Do not read choices. Circle the answer closest in time to the answer provided by the respondent.)
1. Less than 6 months
 2. 6 months, less than 1 year
 3. 12 months, less than 2 years
 4. 2 years, less than 5 years
 6. 5 or more years
 7. Never
 8. Don't know
 9. Refused
7. Are you entitled to receive court mandated child support payments?
1. Yes [GO TO QUESTION 7a]
 2. No [GO TO QUESTION 8]
 8. Don't know [GO TO QUESTION 8]
 9. Refused [GO TO QUESTION 8]

7a. Do you receive the child support payments? (*Circle one*)

1. Yes
2. Yes, but not on a regular basis
3. No
8. Don't know
9. Refused

8. About how many hours have you volunteered in the community last year:

(*Read choices. Circle one*)

1. None
2. 1-10 hours
3. 11-25 hours
4. 26-50 hours
5. Over 50 hours?

9. How would you rate this community as a place to live: (*Read choices. Circle one.*)

1. A great place to live
2. A good place to live
3. An OK place to live
4. Not a good place to live?

10. How safe do you feel your children are in the community: (*Read choices. Circle one.*)

1. Very safe—I don't worry
2. Fairly safe—but I keep an eye on them
3. Not safe at all—I worry?

11. Do you have relatives, friends, or others nearby such as a counselor or minister, who you can turn to for help or support when you need it: (*Read choices. Circle one.*)

1. I have many people I can turn to
2. I have a few people I can turn to
3. I am not sure whom I can turn to?

IF THERE ARE NO CHILDREN AGE 3 OR YOUNGER IN THE HOME, THE INTERVIEW IS COMPLETE. SKIP TO QUESTION # 38.

IF YOU ARE SPEAKING TO THE MOTHER OF A CHILD AGE 3 OR YOUNGER, GO TO QUESTION # 12.

IF YOU ARE SPEAKING TO ANOTHER ADULT RESPONSIBLE FOR CHILD AGE 3 OR YOUNGER, ASK:

Would it be possible to speak to [Child's Name]'s mother at another time? We are trying to learn about the difficulties women may have receiving medical care while they are pregnant.

1. Yes
2. No [IF NO, GO TO QUESTION 38]
8. Don't know

[IF YES OR *DON'T KNOW*: HAND THEM A BUSINESS CARD AND ASK THEM TO CALL THE CFFN IF INTERESTED IN PARTICIPATING IN THE SURVEY. THEN GO TO QUESTION #38]

III. Prenatal Care Questions

We are very interested in learning about women's experience with medical care during their pregnancy. The next questions I'm going to ask you have to do with your experiences while you were pregnant with [youngest child's name.]

12. Did you live in the Flats neighborhood when [Child's Name] was born?

1. Yes [GO TO QUESTION 13]
2. No [GO TO QUESTION 12a]
8. Don't know [GO TO QUESTION 13]
9. Refused [GO TO QUESTION 13]

[IF NO] 12a. Where did you live?

1. Elsewhere in Sacramento
2. Elsewhere in California
3. Out of state
4. Out of the country (*Specify:*) _____

13. How old were you when you had [Child's Name]?

_____ years

14. How many children have you *given birth* to?

1 2 3 4 5 6 7+

15. How *many months* pregnant were you when you found out you were pregnant with [Child's name]?

_____ months

88. Don't know/recall

16. Were you planning on having a child at the time?

1. Yes [GO TO QUESTION 18]
2. No [GO TO QUESTION 17a]
8. Don't know [GO TO QUESTION 18]
9. Refused [GO TO QUESTION 18]

IF NO: 16a. When you found out you were pregnant, which statement best describes how you felt at the time: (*Read choices. Circle one*)

1. I was happy—I thought everything would work out all right
2. I was nervous—I wasn't sure how things would work out
3. I was scared—I didn't know what I was going to do?

17. Did you have health insurance including Medi-Cal when you became pregnant?

1. Yes [GO TO QUESTION 17a]
2. No [GO TO QUESTION 17b]
8. Don't know [GO TO QUESTION 18]
9. Refused [GO TO QUESTION 18]

IF YES: 17a. What type of insurance? (*Circle one: If you are not sure, ask if it was*)

1. Private insurance [GO TO QUESTION 18]
2. Medi-Cal [GO TO QUESTION 18]
3. Other: (*Specify:*) _____ [GO TO QUESTION 18]
8. Don't know [GO TO QUESTION 18]
9. Refused [GO TO QUESTION 18]

IF NO: 17b. Were you able to get health insurance before your baby was born?

- 1. Yes [GO TO QUESTION 17c]
- 2. No [GO TO QUESTION 18]
- 8. Don't know [GO TO QUESTION 18]
- 9. Refused [GO TO QUESTION 18]

IF YES: 17c. What type of insurance? (*Circle one: If you are not sure, ask if it was...*)

- 1. Private insurance
- 2. Medi-Cal
- 3. Other: (Specify): _____
- 8. Don't know
- 9. Refused

18. How important did you think it was to see a doctor or nurse during your pregnancy:

(*Read choices. Circle one*)

- 1. Very important [GO TO QUESTION 18a]
- 2. Pretty important [GO TO QUESTION 18a]
- 3. Only a little important [GO TO QUESTION 18b]
- 4. Not very important? [GO TO QUESTION 18b]

[IF VERY OR PRETTY IMPORTANT]

18a. Why did you think it was important?

[IF ONLY A LITTLE OR NOT IMPORTANT]

18b. Why did you think it was (only a little or not very) important?

19. We know that there are a number of reasons why getting medical care while you are pregnant can be difficult. I'm going to list a number of possible reasons which can make it hard to see a doctor or nurse while you are pregnant. Please tell me whether this made it very difficult to see the doctor, somewhat difficult to see the doctor, a little difficult to see the doctor, or not difficult at all.

	VERY DIFFICULT	SOMEWHAT DIFFICULT	A LITTLE DIFFICULT	NOT DIFFICULT AT ALL	NOT APPLICABLE
a. Paying the doctor	4	3	2	1	9
b. Getting health insurance	4	3	2	1	9
c. Knowing where to go to get care	4	3	2	1	9
d. Finding a doctor who took Medi-Cal	4	3	2	1	9
e. Getting transportation to your appointments	4	3	2	1	9
f. Finding someone to watch your other children	4	3	2	1	9
g. Getting time off of work	4	3	2	1	9
h. Feeling that you could trust the doctor or nurse	4	3	2	1	9
i. Having too much else to do	4	3	2	1	9
j. SPANISH ONLY: Finding a doctor or nurse you could talk with in Spanish.	4	3	2	1	9

20. Was there anything else that made it difficult to get medical care during your pregnancy that I didn't mention?

21. Sometimes women may be nervous to see a doctor during pregnancy. I am going read a list of reasons why some women may be nervous about seeing a doctor or nurse during pregnancy. Please tell me whether this made you very nervous about seeing a doctor, somewhat nervous about seeing a doctor, a little nervous about seeing a doctor, or not nervous at all.

	VERY NERVOUS	SOMEWHAT NERVOUS	A LITTLE NERVOUS	NOT NERVOUS AT ALL	NOT APPLICABLE
a. Having the doctor tell you that you were gaining too much weight	4	3	2	1	9
b. Getting stuck by a needle or having to get a shot	4	3	2	1	9
c. Getting tested for HIV	4	3	2	1	9
d. Finding out if your baby was healthy	4	3	2	1	9
e. Having your parents or friends find out you were pregnant	4	3	2	1	9
f. Having the doctor ask about your bruises or injuries	4	3	2	1	9
g. Having the doctor ask if you were smoking	4	3	2	1	9
h. Having doctor ask if you were drinking alcohol	4	3	2	1	9
i. Having the doctor ask if you were using drugs	4	3	2	1	9
j. Having someone call the INS (Immigration & Naturalization Service)	4	3	2	1	9

[IF THE ANSWER WAS SOMEWHAT OR VERY NERVOUS TO ANY OF THE ABOVE]

21a. *Did any of the things I mentioned keep you from seeing a doctor?*

1. Yes
2. No
8. Don't know
9. Refused

22. How *many months pregnant* were you when you thought you first needed to see a doctor, nurse, or midwife?

_____ months

88. Don't know
99. Refused

23. While you were pregnant with [Child's name], *were you able* to see a doctor, nurse or midwife for prenatal care?

- 1. Yes [GO TO QUESTION 25]
- 2. No [GO TO QUESTION 39]
- 8. Don't know [GO TO QUESTION 39]
- 9. Refused [GO TO QUESTION 39]

24. Where did you go for care? (*write out answer:*)

(INTERVIEWER: *Circle one. If you are not sure, ask if it was a:*)

- 1. Private doctor's office
- 2. County medical clinic
- 3. Hospital clinic
- 4. Other _____

25. How did you find out about your *doctor/nurse/midwife*?

- 88. Don't know/recall

26. How many months pregnant were you when you first called for an appointment?

- _____ months
- 88. Don't know
- 99. Refused

27. How many months pregnant were you when you went to your first appointment?

- _____ months
- 88. Don't know
- 99. Refused

28. Was it ever difficult for you to get appointments?

- 1. Yes
- 2. No
- 3. Sometimes
- 8. Don't know
- 9. Refused

[IF YES OR SOMETIMES:] 28a. Why?

29. How did you usually get to your appointments?

(*Do not read choices. Circle all items mentioned*)

- 1. Drive myself
- 2. Someone else drove me
- 3. Light Rail
- 4. Bus
- 5. Taxi
- 6. Walk
- 7. Other _____
- 8. Don't know/recall

30. [ONLY INCLUDE IN SPANISH INTERVIEW. NO QUESTION 30 IN ENGLISH VERSION]

Did the doctor/nurse/midwife: (Read choices)

1. *Speak to you in Spanish*
2. *Have someone in his office translate for you*
3. *Have you bring a friend or relative to translate for you, or*
4. *Make little or no effort to provide translation?*

31. Did the doctor/nurse/midwife take the time to explain things to you in a way you could understand?

1. Yes
2. No
3. Sometimes
8. Don't know
9. Refused

32. Were you happy with the care that you received?

1. Yes
2. No
3. Sometimes
8. Don't know
9. Refused

33. Did you feel comfortable with your doctor/nurse/midwife?

1. Yes
2. No
3. Sometimes
8. Don't know
9. Refused

34. Is there anything that would have made the experience better for you?

1. Yes [GO TO QUESTION 34a]
2. No [GO TO QUESTION 35]
8. Don't know [GO TO QUESTION 35]
9. Refused [GO TO QUESTION 35]

[IF YES] 34a. What?

35. Did you have any medical problems during your pregnancy?

1. Yes [GO TO QUESTION 35a]
2. No [GO TO QUESTION 36]
8. Don't know [GO TO QUESTION 36]
9. Refused [GO TO QUESTION 36]

[IF YES] 35a. What kind of problems?

FOR CODING PURPOSES ONLY: ____

35b. Did you get medical care for these problems?

1. Yes
2. No
3. Sometimes
8. Don't know
9. Refused

36. Did you go back to see the doctor or nurse for your 6-week checkup after you had your baby?

1. Yes
2. No
8. Don't know
9. Refused

37. Did your baby have a checkup the first month after (*he or she*) was born?

1. Yes
2. No
3. Less than one month
8. Don't know
9. Refused

38. What ethnicity are you? (*Write response*) _____

INTERVIEWER: CODE FOR ETHNICITY (*Circle all that apply*)

1. Latino
2. White/Caucasian
3. African-American
4. Asian
5. Native American
6. Other: _____
9. Refused

39. [ONLY INCLUDE ON ENGLISH VERSION]

What language do you speak at home?

1. English
2. Spanish
3. Other: (*specify*) _____

That's all the questions I have. Thank you very much for your time!

March 1999

Dear Collaborative Member:

As you probably know, your community has a grant from the Sierra Health Foundation as part of the Foundation's Community Partnerships for Healthy Children (CPHC) initiative. The Foundation has contracted with SRI International, a private research firm, to evaluate the overall effectiveness of the CPHC initiative. We are sending you this survey as part of the overall evaluation of the initiative.

This survey is about your involvement with the collaborative listed on the label above. All questions about the "collaborative" refer to your work with this group. You can help us and your collaborative by completing and returning the survey by the date on the label. Use the enclosed envelope to return your survey.

Your answers are completely confidential. They will be combined with those of other members of your collaborative to provide an overall picture of how the members see your collaborative. The overall findings for your collaborative will be given to your coordinator. Survey results from all the collaboratives will be used to learn about the initiative as a whole. Findings shared with the Foundation will not identify individual collaboratives. Your collaborative's survey results have no bearing on future funding decisions because the Foundation will not see the results for individual collaboratives.

Please answer each question honestly. There are no right or wrong answers to these questions. We are interested in the views of each individual. Please do not discuss your answers with other members of your collaborative until each of you has completed and returned the survey. Skip any question you do not wish to answer.

The label at the top of this page contains a unique identification code to allow us to know who has returned the survey. It is important that all those surveyed return a completed questionnaire so that the results will be valid. If you have any questions about the survey or the evaluation, please contact one of us at the numbers listed below.

Thank you so much for your help with the evaluation. We wish you continued success in your efforts to improve the lives of children and families in your community.

Sincerely,

The SRI Evaluation Team

Survey of Collaborative Members — Spring 1999

1. When did you first begin to work with your collaborative (or a related group that preceded this collaborative)? (CIRCLE ONE NUMBER)

1	Before 1993	3	1996-97
2	1994-95	4	1998-99

2. Do you live in the community that is the focus of the collaborative's work?

1	Yes	2	No
---	-----	---	----

3. What percentage of the time that you have put into collaborative activities has been paid as part of your job, that is, time your employer was paying you to be part of the effort? (CIRCLE ONE NUMBER)

1	0%	4	51% to 75%
2	1% to 25%	5	76% to 100%
3	26% to 50%		

4. Compared with other members of your collaborative, how active are you with regard to:
 - a. Meetings (CIRCLE ONE NUMBER)

1	Attend most meetings
2	Attend some meetings
3	Attend few or no meetings

 - b. Other collaborative-related work, such as events, activities, etc. (CIRCLE ONE NUMBER)

1	Put in more hours than most members
2	Put in about the average
3	Put in fewer hours than most members

5. What is your best guess as to the percentage of people in the community who are aware of your collaborative or its work? (CIRCLE ONE NUMBER)

1	0% to 10%
2	11% to 25%
3	26% to 50%
4	51% to 75%
5	76% to 100%
6	Could not even guess

6. How would you characterize the leaders of your collaborative? Would you say they are: (CIRCLE ONE NUMBER)

1	All or almost all paid by their jobs to be on the collaborative
2	Mostly paid staff, some volunteer members
3	Half paid staff, half volunteer members
4	Mostly volunteer members, some paid staff
5	All or almost all volunteer members

7. Members of collaboratives often represent different perspectives or wear different hats. Thinking about your work with your collaborative, which perspectives do you represent for the group?
- What perspectives do you bring to the collaborative? (circle all the numbers that apply in Column A)
 - What is your **primary** perspective? (Circle **ONE** number in Column B)
 - Are there perspectives that you believe need to be better represented on the collaborative? (circle **ALL** the numbers **THAT APPLY** in column C)

Perspective	Column A Your Perspective(s) (CIRCLE ALL THAT APPLY)	Column B Your Primary Perspective (CIRCLE ONE)	Column C Need Better Representation (CIRCLE ALL THAT APPLY)
Alcohol/drugs/tobacco (prevention, treatment)	1	1	1
Arts, cultural activities, parks and recreation, sports	2	2	2
Business	3	3	3
Child care	4	4	4
Child welfare (social services, adoption, foster care, etc.)	5	5	5
Concerned citizen, general community issues	6	6	6
Preschool education, including Head Start	7	7	7
Education (K-12)	8	8	8
Education (postsecondary)	9	9	9
Job training, employment issues	10	10	10
Family violence (child abuse, spouse abuse)	11	11	11
Food/nutrition, including WIC	12	12	12
General children and family issues	13	13	13
Government (elected officials, city manager, etc.)	14	14	14
Health	15	15	15
Housing/homelessness	16	16	16
Library	17	17	17
Law enforcement, legal system (police, courts, probation, etc.)	18	18	18
Media (newspapers, radio, etc.)	19	19	19
Mental health	20	20	20
Migrant issues	21	21	21
Minority issues	22	22	22
Parent of child(ren) age 0-8 in the community	23	23	23
Parent of child(ren) age 9-18 in the community	24	24	24
Religious (clergy, churches)	25	25	25
Senior citizens' issues	26	26	26
Transportation	27	27	27
Other (specify):	28	28	28
Don't know	-	-	88

8. Listed below are some statements describing areas your collaborative might be changing in your community. Your group has probably not changed all of these, nor has it tried to. For each statement, give us your best guess as to whether your collaborative has made a difference in this area. Use a scale of 1 to 4, with 1 being “we have made no change” and 4 being “we have made a significant change in our community.” Please be honest; there are no “right” answers.
(CIRCLE ONE NUMBER FOR EACH LINE.)

Has your collaborative brought this about in your community?		No change	Little change	Moderate change	Significant Change	Don't Know
a.	Increase in communication among residents	1	2	3	4	9
b.	More opportunities for people to get together with one another	1	2	3	4	9
c.	Residents are more aware of resources for families	1	2	3	4	9
d.	More people participate in community organizations or associations	1	2	3	4	9
e.	Increased sense of our community as having many strengths	1	2	3	4	9
f.	Increased tolerance, respect, and appreciation for the differences among our residents	1	2	3	4	9
g.	Our community can better respond to local needs as they arise	1	2	3	4	9
h.	Increase in volunteerism	1	2	3	4	9
i.	Increase in the number of organizations concerned about the well-being of children	1	2	3	4	9
j.	Groups concerned with children and families are working more closely with one another	1	2	3	4	9
k.	Increase in number of “child-friendly” decisions made by local policy-makers (Board of Supervisors, City Council, etc.)	1	2	3	4	9
l.	Local policy-makers and agencies are paying more attention to the residents of our community	1	2	3	4	9
m.	Residents believe that they can be effective in improving the community Residents have learned and are using new skills	1	2	3	4	9
n.	Public and private agencies are doing a better job of meeting the needs of our community	1	2	3	4	9

8. (continued)

		No change	Little change	Moderate change	Significant Change	Don't Know
o.	Overall quality of life in the community has improved	1	2	3	4	9
p.	Decrease in negative behaviors in the community (drug and alcohol abuse, vandalism, etc.)	1	2	3	4	9
q.	Families feel more supported in the community	1	2	3	4	9
r.	Increase in the time parents spend with their children	1	2	3	4	9
s.	Has your collaborative brought this about in your community?	1	2	3	4	9
t.	Increase in the number of parents with good parenting skills	1	2	3	4	9
u.	Increase in the number of children being cared for in a safe environment	1	2	3	4	9
v.	Increase in the number of children participating in supervised recreational activities	1	2	3	4	9
w.	Increase in the overall physical health of children in the community	1	2	3	4	9
x.	Increase in the number of children whose basic needs for food, clothing and shelter are met	1	2	3	4	9
y.	Increase in the number of children who start school ready to learn	1	2	3	4	9
z.	Increase in the number of children succeeding in school	1	2	3	4	9

9. Is there anything else your collaborative has changed? Describe up to three areas that you believe your collaborative has changed that are not included in the list above. Rate the extent of change in each of these areas.

Has your collaborative brought this about in your community?		No change	Little change	Moderate change	Significant Change	Don't Know
a.		1	2	3	4	9
b.		1	2	3	4	9
c.		1	2	3	4	9

10. Which of the changes your collaborative has brought about do you consider the most important for your community? Go back and select **ONE** change from the list in Question 8 or Question 9 and circle the letter in front of that statement to show the change that you think is the most important.

11. How satisfied are you with what your collaborative has accomplished in the past year?

(CIRCLE **ONE** NUMBER)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat unsatisfied
4. Very unsatisfied

12. What has been your greatest disappointment or frustration with your collaborative?

13. In what ways have **you personally** benefited from your participation in the collaborative?

14. What kinds of benefits have you seen for **other members** from their participation?

15. What is your age?

- 1 25 years or younger
- 2 26 to 40 years
- 3 41 to 60 years
- 4 61 or older

16. What is your gender?

- 1 Male
- 2 Female

17. What is the highest level you finished in school? (CIRCLE **ONE** NUMBER)

- 1 Some high school or less
- 2 Completed high school or GED
- 3 Some coursework past high school
- 4 2- or 3-year college degree (e.g., AA degree)
- 5 4-year college degree
- 6 Graduate degree (MA, MBA, MD, Ph.D, etc.)

18. What is your ethnic background? (CIRCLE **ALL** THAT APPLY)

- 1 White, not Hispanic
- 2 African-American
- 3 Hispanic/Latino/Latina
- 4 Asian/Pacific Islander
- 5 American Indian/Alaska Native

19. This survey is one way for you to communicate with the Sierra Health Foundation about the Community Partnerships for Healthy Children initiative in general or the work of your collaborative in particular. Is there anything you would like to tell the Foundation?

Thank you very much for answering these questions.

Please return your completed survey in the enclosed envelope to:

Evaluation of the Community Partnerships for Healthy Children Initiative
SRI International, BS 145
333 Ravenswood Avenue
Menlo Park, CA 94025

**Community Partnerships for Healthy Children
Children's Health Survey**

CASE NUMBER: _____

Final Interview Disposition

Date _____

RETURN TO LOCAL COORDINATOR

Date to Coordinator: _____

Date to SRI: _____

___ Completed

___ Spanish Interview
needed

___ Couldn't Contact

___ Child Not in Age
Group

___ Partial Complete

___ Refused

___ Couldn't Complete; language not English or Spanish

Section 1. Interview Screener

Community Collaborative: _____

WHEN THE PHONE IS ANSWERED SAY:

Hello, my name is _____. I am with (Collaborative name). May I speak to (Child's Name)'s mother?

IF THE MOTHER IS NOT HOME OR DOES NOT LIVE WITH CHILD, SAY:

Is anyone else available who is able to answer questions about (Child's Name)'s health care?

IF OTHER PERSON CAN ANSWER, SAY:

What is your relationship to (Child's Name)?

PROCEED TO SURVEY INTRODUCTION

IF MOTHER IS NOT HOME AND NO ONE ELSE CAN ANSWER, SAY:

What would be a good time for me to call back and speak with (Child's Name)'s mother?

IF MOTHER DOES NOT LIVE WITH CHILD, SAY:

Who would be a good person for me to speak with? When should I call back?

WRITE DOWN THE TIME AND PERSONS NAME ON A "STICKY" AND ATTACH HERE:

_____ DISCARD AFTER SURVEY IS COMPLETE.

CASE NUMBER: _____

IF MOTHER IS AVAILABLE, PROCEED WITH THE SURVEY INTRODUCTION:

I am working with (Collaborative name) to learn about children's health in our community. We are talking with families who have a child who is one to two years old. You should have received a letter about this study from (Collaborative name). I have a few questions I would like to ask you. I want to assure you that everything you tell me will be kept confidential and your participation is completely voluntary. You may choose to stop the interview at any time or you may refuse to answer some questions. Your answers will never be connected with your name. This interview will take about ten minutes and we will pay you \$5 for your time. Do you have any questions about the letter you received or about the study? Is it all right if I ask you these questions?

INTERVIEWER, CIRCLE CODE FOR RESPONDENT:

- | | | | |
|---|-------------|---|---|
| 1 | MOTHER | 5 | AUNT |
| 2 | FATHER | 6 | UNCLE |
| 3 | GRANDMOTHER | 7 | OLDER SIBLING (MUST BE 16 YEARS OR OLDER) |
| 4 | GRANDFATHER | 8 | OTHER _____ |

SURVEY INTRODUCTION

IF YOU HAVE ANY DOUBT ABOUT HOW TO PRONOUNCE THE CHILD'S NAME, SAY:

I need to make sure I have the correct pronunciation for (Child's Name).

WRITE THE PHONETIC SPELLING ON A "STICKY" AND DISCARD IT AFTER THE SURVEY. DO NOT WRITE THE CHILD'S NAME OR ANY OTHER IDENTIFYING COMMENTS ON THE SURVEY.

SURVEY BEGINS:

1a. Is (Child's Name) under 3 this year?

- a. YES (CONTINUE TO ITEM 2)
- b. NO (CONTINUE TO ITEM 1b)

1b. Is there another child in the family who is one to two years old?

- a. YES What is the child's name? NOTE THE DIFFERENT CHILD'S NAME:

(ASK THE INTERVIEW QUESTIONS FOR THIS CHILD)

- b. NO Thank you. I'm sorry to have bothered you.

2. Is (Child's Name) male or female?

- 1. MALE
- 2. FEMALE

Section 2: Health

CASE NUMBER: _____

My next questions are about (Child's Name)'s health and health care.

3. Overall, how would you rate (Child's Name)'s health? Would you say (Child's Name)'s health is Excellent, Very Good, Good, Fair, or Poor? CIRCLE THE ANSWER GIVEN

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
8. DON'T KNOW
9. REFUSED

4a. Does (Child's Name) have any limits on his/her activities because of a disability or health problem? (CIRCLE ONE)

- | | |
|---------------|---------------------------|
| 1. YES | CONTINUE WITH QUESTION 4b |
| 2. NO | GO TO QUESTION 5 |
| 8. DON'T KNOW | GO TO QUESTION 5 |
| 9. REFUSED | GO TO QUESTION 5 |

4b. What kind of disability or health problem does (Child's Name)'s have?

WRITE THE RESPONSE AS BEST YOU UNDERSTAND IT ON THE LINE BELOW

5. How long has it been since (Child's Name)'s last visit to a clinic, health center, hospital, doctor's office or other place for routine health care like a check up?

DO NOT READ CHOICES. CIRCLE THE NUMBER THAT MOST CLOSELY CORRESPONDS TO THE ANSWER PROVIDED

1. LESS THAN 3 MONTHS
2. LESS THAN 6 MONTHS
3. 6 MONTHS, LESS THAN ONE YEAR
4. 1 YEAR, LESS THAN 2 YEARS
5. NEVER
8. DON'T KNOW
9. REFUSED

6a. Is there a particular clinic, health center, hospital, doctor's office, or other place that (Child's Name) usually goes to for routine health care? (CIRCLE ONE)

- | | |
|---------------|----------------------------|
| 1. YES | CONTINUE WITH QUESTION 6b. |
| 2. NO | GO TO QUESTION 7 |
| 8. DON'T KNOW | GO TO QUESTION 7 |
| 9. REFUSED | GO TO QUESTION 7 |

6b. What kind of a place is it? _____.

CASE NUMBER: _____

7. Have you ever taken (Child's Name) to an emergency room? (CIRCLE ONE)

- 1. YES CONTINUE WITH QUESTION 8
- 2. NO GO TO QUESTION 9
- 8. DON'T KNOW GO TO QUESTION 9
- 9. REFUSED GO TO QUESTION 9

8a. About how many times has (Child's Name) been to the emergency room?

(CIRCLE ONE. DO NOT READ CHOICES)

- 1. ONCE
- 2. 2 TO 3 TIMES
- 3. 4 TO 7 TIMES
- 4. 8 OR MORE TIMES
- 8. DON'T KNOW
- 9. REFUSED

8b. For each emergency room visit, what was (Child's Name)'s age at the visit and the reason for the visit?

LIST THE AGE AND REASONS THAT ARE STATED. CODES WILL BE PROVIDED AT SRI.

AGE	REASON	CODE

9. Has your child received all of the shots (he/she) is supposed to have? (CIRCLE ONE)

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. REFUSED

10. How long has it been since your child's teeth were checked by a dentist or dental hygienist?

(CIRCLE THE ANSWER CLOSEST IN TIME TO THE ANSWER PROVIDED BY THE RESPONDENT.

DO NOT READ CHOICES)

- 1. LESS THAN 6 MONTHS
- 2. 6 MONTHS, LESS THAN ONE YEAR
- 3. 1 YEAR, LESS THAN 2 YEARS
- 4. 2 YEARS
- 6. NEVER GO TO QUESTION 12
- 8. DON'T KNOW GO TO QUESTION 12
- 9. REFUSED GO TO QUESTION 12

CASE NUMBER: _____

11. Has (Child's Name) received the dental care recommended by the dentist or dental hygienist?
[For example, if the dentist or dental hygienist recommended fluoride treatments or dental fillings
did (Child's Name) receive them?] (CIRCLE ONE)

- 1. YES
- 2. NO
- 3. THERE WERE NO RECOMMENDATIONS
- 8. DON'T KNOW
- 9. REFUSED

12. Is (Child's Name) covered by health insurance? (CIRCLE ONE)

- 1. YES CONTINUE WITH QUESTION 13
- 2. NO GO TO QUESTION 14
- 8. DON'T KNOW GO TO QUESTION 14
- 9. REFUSED GO TO QUESTION 14

13. Who is the insurance with?

WRITE THE NAME OF THE INSURANCE HERE _____

CODE: _____

(SRI USE)

We are interested in whether children who are entitled to child support are actually receiving it.

14a. Are you entitled to receive court mandated child support payments for (Child's Name)?
(CIRCLE ONE)

- 1. YES CONTINUE WITH QUESTION 14b
- 2. NO GO TO SECTION 3
- 8. DON'T KNOW GO TO SECTION 3
- 9. REFUSED GO TO SECTION 3

14b. Do you receive the child support payments? (CIRCLE ONE)

- 1. YES
- 2. YES, BUT NOT ON A REGULAR BASIS
- 3. NO
- 8. DON'T KNOW
- 9. REFUSED

Section 3: Community Quality

CASE NUMBER: _____

15. My next set of questions are about your community. I'm going to read some statements about your community and I want you to tell me how much you agree with the statement on a scale of one to five. "1" means you "strongly disagree" with the statement and "5" means you "strongly agree" with the statement. After I read the statement tell me what your rating is on a scale of 1 to 5. 1 means strongly disagree and 5 means strongly agree.

Community Quality	Rating				
	1	2	3	4	5
a. My community is a good place to live.	1	2	3	4	5
b. My community is a good place to raise children.	1	2	3	4	5
c. The people moving into the community in the past year or so are good for the community.	1	2	3	4	5
d. I would like to move out of this community.	1	2	3	4	5
e. There are some children in the community that I do not want my children to play with.	1	2	3	4	5
f. The people moving into the community in the past year or so are bad for the community.	1	2	3	4	5
g. For the most part, the police come within reasonable amount of time when they are called.	1	2	3	4	5

16. The following statements have to do with how frequently these things occur in your community. They are related on a scale from one to five. "1" means you think these things rarely occur and "5" means you think these things frequently occur in your community. After I read the statement tell me what your rating is on a scale of 1 to 5. 1 means things rarely occur and 5 means things frequently occur.

Community Disorder	Rating				
	1	2	3	4	5
a. Litter or trash on the streets	1	2	3	4	5
b. Graffiti on buildings and walls	1	2	3	4	5
c. Vacant, abandoned, or boarded up buildings	1	2	3	4	5
d. Drug dealers or users hanging around	1	2	3	4	5
e. Public drunkenness	1	2	3	4	5
f. Unemployed adults or teens loitering	1	2	3	4	5
g. Gang activity	1	2	3	4	5
h. Houses and yards not kept up	1	2	3	4	5

Section 4. Social Activities

CASE NUMBER: _____

My last set of questions are about your social activities in your community.

17. In the last two months, have you attended church, meetings of clubs, lodges, parent groups, or other voluntary groups you belong to? (CIRCLE ONE)

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

18. In the last two months, have you taken (Child's Name) to parks or recreation areas in your community? (CIRCLE ONE)

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

19. During the last month, have you had a friend over to your home? (CIRCLE ONE)

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

20. During the last month, have you visited with friends at their homes? (CIRCLE ONE)

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

21. During the last month, have talked on the telephone with a close friend or relative? (CIRCLE ONE)

1. YES
2. NO
3. DON'T OWN A PHONE
8. DON'T KNOW
9. REFUSED

CASE NUMBER: _____

22. Do you feel there is someone in your life with whom you can really share your very private feelings and concerns? (CIRCLE ONE)

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

23. In general, out of the following choices, how safe do you feel living and moving around in your community? (READ THE CHOICES AND CIRCLE ONE RESPONSE.) Would you say you felt:

1. Very safe
2. Mostly safe
3. Sometimes safe
4. Rarely safe
5. Never safe
8. Don't know
9. REFUSED

This completes our survey. Thank you for your time.



*That tiny little
hand held so
tightly in mine
brings such joy to
my heart and soul*

