E0142

REPORT ON REGIONAL EVALUATION SURVEY

Office of Planning and Evaluation
Regional Medical Programs Service
March, 1972

I. SUMMARY

This is a report of a survey of the present state of evaluation resources and activities in Regional Medical Programs. The survey conducted in 1971 was designed to obtain information and insights regarding:

* How evaluation was defined and viewed -- its function, importance, and visibility -- at the regional level.

* The RMP staff, other resources, and organizational arrangements for evaluation.

* The scope and nature of evaluation efforts and activities being carried out by RMPs.

* The effect or impact of these evaluation activities upon RMP decisionmaking. That is, are evaluation results actually being utilized to monitor and control performance, to modify or, where indicated, discontinue RMP supported activities or projects, and/or to establish or alter program objectives, priorities, and strategies.

* What major problems RMP evaluation efforts confront.

This survey was prompted by a number of factors and considerations. Among them:

* By 1971, RMP as a program had been underway for almost five years; and many individual RMPs were entering their third or fourth year of operational activity. It seemed a natural juncture in the program to take stock of what was actually happening in the Regions with respect to evaluation.

* It was very unclear, simply based upon a continuing perusal of grant applications and progress reports, how Regions were evaluating and addressing problems relating to it; little in the way of evaluation "outcomes" was reflected in these materials.

* The National RMP Conference and Workshop on Evaluation held in Chicago in September 1970 reinforced the impression that to gain an overall picture of regional evaluation activities required some special effort or endeavor.

* That conference also strongly suggested the need to improve communication between RMPS and the Regions as well as among Regions themselves in the area of evaluation. A survey such as that conducted was seen as one possible way of initiating better communications and understanding.

The survey resulted in a number of findings and highlighted certain problems. Some recommendations and suggestions are made in view of these. The following are among the more salient findings:

* A significant fraction of total RMP resources are being devoted to evaluation, with an estimated $3.5-4 million being expended for evaluation activities and purposes.

* Nearly all the present RMP evaluation efforts and activities are directed at assessing operational projects. There is, conversely, little or no evaluation of core activities.

* Only a few Regions are beginning to grapple with the problem of program evaluation; and these efforts have not been very fruitful to date.

* Although evaluation is defined and viewed by the Regions primarily as "a management tool for decisionmaking," there does not seem to be any significant relationship between evaluation and decisionmaking in most RMPs.

* Certain promising new approaches and techniques are being tried by a number of RMPs. Project site visits and evaluation committees, for example, are being utilized increasingly. These and other devices may prove helpful in tying evaluation more closely to regional decisionmaking.

* There does not appear to be any significant communication or cooperation among RMPs as relates to evaluation of similar activities or common problems.

II. BACKGROUND

This survey was largely conducted during the first nine months of 1971. Although it did include a review of current applications, progress reports, and other documentation available within RMPS on all 56 Regions, the principal mechanism employed was that of visits to eleven RMPs. (See Appendix A for the Regions visited, persons contacted and OPPE staff making the visits.)

A number of factors were taken into consideration in selecting the Regions to be visited. For example:

* One basic criterion was to get a "mix" of Regions reflecting various staffing and organizational patterns (e.g., small and large evaluation staffs, with and without evaluation committees).

* Another important factor was whether the Regions appeared to have some semblance of an evaluation strategy or, as a minimum, evaluation seemed to have been built into most or all of their funded operational activities.

* Some attempt also was made to insure that the Regions visited were collectively more rather than less "representative" in terms of certain salient characteristics (e.g., type grantee, urban vs. rural).

In order to achieve some degree of comparability among the data collected a series of open-ended issue questions were developed which relate to the purposes of the study. (See Appendix B for the document employed, "Issues and Questions for RMP Evaluation Visit.") So the Regions taking part in the survey would be apprised as to the kinds of information being sought, the document was sent to them approximately two weeks before the visit was made. During the course of each visit, interviews were conducted with the Coordinator (or Program Director), the Evaluation Director and his staff, other RMP staff responsible for evaluation-related activities (e.g., data collection, project monitoring), the Regional Advisory Group Chairman and/or other RAG members, the Chairman of the Evaluation Committee if one had been established, and several project directors.

Given the questionnaire-interview methodology employed, it should be obvious that what is presented in the way of information, findings, and conclusions is based largely on limited (as opposed to hard) data or constitutes informed speculation. Such reasonably hard data as are presented (e.g., academic backgrounds and salaries of Evaluation Directors, members of staff) are quite limited; moreover it generally relates to those matters which are of lesser or minor significance.

A conceptual construct which figured in the design and conduct of this survey was the functional evaluation "schema" described in the ADL Report on A Study of the Regional Medical Programs. That schema, in summary, views evaluation as functioning essentially to serve one of three basic purposes:

"Justification -- to defend what is planned or what has been done.

"Control -- to obtain performance details to assist management in making behavior conform to a standard.

"Learning -- to help the evaluated activity grow by developing new goals, techniques, or strategies, creating new expectations and standards rather than conforming to old ones."

The survey itself was developed and conducted by the RMPS Office of Planning and Evaluation and the report drafted by Mr. Harold O'Flaherty of that Office's Evaluation Branch. Although nearly every member of the OPE staff contributed in some measure to the actual conduct of the study, Miss Rhoda Abrams, Assistant Chief of the Evaluation Branch, and Mr. O'Flaherty were the principal contributors to its overall development as well as its actual conduct. (Miss Abrams is now Chief, Program Planning and Reporting Branch, HMOS; and Mr. O'Flaherty is an Operations Officer with the Mid-Continent Desk.)

III. RMP EVALUATION RESOURCES

A. Evaluation Directors

Fifty-three (53) of the 56 RMPs have an Evaluation Director. This individual obviously is a key staff person for evaluation purposes. Fifty-one (51) of these Evaluation Directors were full-time or major part-time (i.e., 75% or greater), with the other five (5) only on part-time. (Three Regions identified two individuals in effect jointly sharing the Evaluation Director position; thus, the total of 56.)

The following chart summarizes the academic background of the 54 RMP Evaluation Directors who hold degrees.

Academic Background of the Evaluation Directors

Discipline	Total	Bachelors	Masters	Doctorate
Behavioral/Social Sciences	23	1	10	12
economics	(4)	(1)	(1)	(2)
psychology	(10)		(3)	(7)
sociology	(9)		(6)	(3)
Biological/Physical Sciences	2	-	1	1
Business Administration	3	2	1	-
Education	8	-	2	6
Planning	2	-	1	1
Statistics	5	-	4	1
Medicine/Public Health	6	-	1	5
community medicine	(1)			(1)
internal medicine	(1)			(1)
preventive medicine	(2)			(2)
public health	(1)		(1)	
Other	5	2	3	-
Totals	54	5	23	26

The salaries of the 56 Evaluation Directors ranged from a low of $7,140 to a high of $35,450. The average salary was $20,892 and the median was $19,750. As might be expected there was a direct relationship between salary and academic achievement -- that is, those with a Ph.D. or M.D. degree were in the upper half of the range while those with a Masters or Bachelors degree were largely in the lower half.

An attempt also was made to assess the Evaluation Directors' staff level within their own programs. Factors taken into account were (1) salary, (2) the relative placement of the position of the Evaluation Director's position within the core staff hierarchy, and (3) academic background. Based upon these factors, it was judged that about 23 were at what might be termed a "high" level, 18 "medium," and 15 "low."

Someone at the "high" level would exhibit all or most of the following characteristics: Possess an M.D. or Ph.D. degree; be designated an Associate or Assistant Director; have a salary only slightly less than the Program Director; report directly to the Program Director; and be full-time. Someone at the "medium" level would for the most part be at the Masters level; report to someone other than the Program Director; have a salary less than other senior core staff members; and be employed less than full-time. Someone at the "low" level would for the most part fill a staff position; have no supporting staff under him; have a comparatively low salary; and have either a Bachelors or Masters degree.

This attempt to judge the staff level of RMP Evaluation Directors was made because of its possible significance as an indicator of (1) the priority a Region placed upon evaluation and (2) the Evaluation Director's influence in terms of decisionmaking. Whether or not there is any positive correlation was not shown, however.

B. Staff

The RMP Evaluation Directors are supported by an additional 110 professional staff members. About 90% of these are full-time, with the great majority (approximately 80%) having been trained in the behavioral or social sciences.

C. Consultants

All of the Regions visited used outside consultants for evaluation purposes. Probably most or nearly all other RMPs also have.

These outside consultants appear to be most frequently drawn from from medical schools, university departments of sociology and psychology,

university-based computer centers and state health departments.

Regions varied with respect to how frequently outside resources were used. For example, in Kansas where there was a large core evaluation staff, outside consultants were infrequently employed, whereas in Western New York with an Evaluation Director but no supporting staff, outside consultants were frequently utilized.

The role played by these outside consultants can be defined in three ways: (1) To provide a review and critique of proposed evaluation strategies; (2) to carry out a statistical analysis of the collected evaluation data; and (3) to take part in site visits to ongoing or new projects for the purpose of reviewing the evaluation strategy, and if appropriate, to recommend necessary changes.

D. Evaluation Committees

Evaluation Committees, which now have been established in 27 Regions, appear to be an important resource. These Committees perform at least three roles: (1) To critique evaluation strategies; (2) to monitor ongoing activities; and (3) serve as a liaison between the core staff and Regional Advisory Group.

Eight of the eleven Regions visited had appointed Evaluation Committees. Seven of these were comprised entirely of Regional Advisory Group members. In the 19 Regions not visited which had Evaluation Committees, all but two were also made up of RAG members.

There is some evidence that the evaluation effort is materially augmented when the Regional Advisory Group establishes or appoints an Evaluation Committee. Specifically, the Evaluation Directors in the Regions visited indicated they could use an Evaluation Committee to support their efforts particularly when a project was experiencing difficulty. As previously indicated, a major function of these Evaluation Committees is to establish and carry out annual site visits to ongoing projects. It was found that in all cases site visit reports were made available to the Regional Advisory Group, the Project Director and the Program Director. These reports, augmented by the results accruing from core staff conducted evaluation, seem to be accorded some real weight by Regional Advisory Groups in terms of their decision-making with respect to project priorities and funding.

E. Expenditures for Evaluation

In order to estimate the total expenditures for evaluation by the 56 Regions, each of the eleven visited was asked to provide information

regarding staff salaries, consultant costs, travel and computer usage. They were requested to separate expenditures in these areas for evaluation purposes from those relating to the collection of data. They were then asked to determine what percentage evaluation costs and data collection costs were of their total core budget. It should be noted that in those Regions visited, project budgets did not contain funds for evaluation except in three instances.

The percentage estimate of core dollars being spent for evaluation varied among these Regions. It ranged from 4% in Mountain States to 22% in Arkansas, with the average expenditure for the eleven Regions visited being approximately 10%.

In fiscal year 1971 the grants to all 56 Regional Medical Programs totaled roughly $81 million; of this total, $39 million went for the support of core activities. If the average expenditure of core dollars going for evaluation purposes for all Regional Medical Programs is roughly the same as the eleven Regions visited (10%) the estimated outlay of RMP dollars going for evaluation was about $3.5-$4 million in fiscal year 1971.

As previously mentioned, this would not include core dollars being allocated for the collection and analysis of health and demographic data. The percent of core funds being spent for data purposes varied among the eleven Regions visited, ranging from a high of 10% in Western New York to a low of 1% in Florida, with the average being 4%. Again, if the average of 4% is representative nationally the 56 RMPs are spending $1.4-$1.6 million for data collection. In summary, the 56 RMPs, based on the eleven visits made, are spending $4.9-$5.6 million, or from 12% to 16% of their aggregate core funds, for evaluation and data collection purposes.

IV. RMP EVALUATION ACTIVITIES

As a backdrop to the evaluation activities being carried on, an attempt was made to determine how the eleven Regions visited perceived and defined evaluation in functional terms. Thus, the Program Coordinator, the Evaluation Director and the Regional Advisory Group Chairman in each case was asked to delineate what they felt to be the most important reasons for establishing an evaluation process.

Evaluation Directors generally indicated that the data would provide a meaningful base line for them to work with ongoing activities to improve their overall performance. Coordinators suggested that the results of the evaluation process should provide insight regarding

what activities have the greatest payoff as well as be a major mechanism for further planning, including charting out future programmatic direction. Regional Advisory Group Chairmen for the most part reported that albeit in future terms evaluation related information should be used for purposes of decisionmaking. Each of the above mentioned groups of individuals implied that evaluation is a management tool to be used as a major force in decisionmaking. (As noted below, there was little evidence that evaluation data and results were used in this way.)

Each of the Evaluation Directors also was requested to spell out the approaches the Region was utilizing to evaluate funded activities. In summary, four approaches and methodological techniques were most frequently encountered: (1) The goal attainment model used in social science and education to retrospectively measure progress in terms of predetermined standards; (2) managerial control, where projects are continuously and systematically monitored to determine overall strengths and weaknesses; (3) on-site peer review with site visit teams inspecting projects to determine their overall accomplishments and problems; and (4) program reporting systems consisting of standardized reporting forms submitted at predetermined intervals for review and analysis.

The Regions visited varied with respect to how evaluation is approached. Arkansas, for example, utilized almost exclusively a management approach. Intermountain relied largely on the goal attainment model to determine how effective the educational process had been in terms of changing knowledge. Western New York employed a variety of approaches and techniques, including the goal attainment model, a program reporting system, on-site peer review, and a special assessment of the effectiveness of the program as perceived by others in the Region. (The last was carried out as a part of a larger study funded by RMPS with the Harvard Center for Community Health and Medical Care to develop, field test, and assess a new methodological tool for program evaluation (Information Support System) to assist RMPs in reviewing their own activities and the future development of their programs.)

A. Project Evaluation

Most project evaluation being carried out in the Regions visited was retrospective (i.e., at a point in time a determination is made as to whether or not an activity or project has thus far accomplished its stated objectives). However, a growing number of Regions were beginning to establish program reporting systems, a form of prospective evaluation defined as systematic continuous monitoring of events or occurrences to determine whether or not an activity continues to meet its stated objectives.

The principle methodological technique used for carrying out project evaluation was the goal attainment model as used in social science and educational research. The model consists of the following

six steps: (1) determination of project goals; (2) determination of project objectives; (3) determination of measures of objective attainment; (4) establishment of standards; (5) collection of data on performance; and (6) comparison of actual performance with standards previously set. The above-mentioned model was being used in ten of the eleven Regions visited.

An example of the effective use of this model was seen in the Coronary Care Unit Nurse Training project being carried out in the Texas Regional Medical Program. The objectives of this project were: (1) to increase the number of nurses trained in CCU management; (2) to increase on a statistically significant basis the knowledge level of nurses upon completion of the course; and (3) to determine the impact of the project upon the subsystem in which it was being carried out. Through interviewing the project director, it was learned that: (1) the number of trained nurses had been increased; (2) the knowledge level had been increased on a statistically significant basis; (3) the project had affected the attitudes of other health providers to the extent that hospital administrators were willing to reallocate resources to take over support of the project; and (4) physicians became cognizant of the fact that they had need for a similar type course, which was subsequently put on at the physicians' expense. It should be noted that because of the evaluation done of this project the Texas RAG had given a number one priority ranking to it. The evaluation of this project was broader in scope than most of the evaluation going on in the Regions visited. It took into consideration such factors as the supply of manpower and the broker-facilitator effect of the project upon the subsystem where it was located. In terms of educational projects, the latter factor appears to be the most difficult to measure.

As previously mentioned, the primary foci of the educational project evaluation being carried out within the Regions visited related to knowledge, performance, and attitudes. All of the Regions visited emphasized at least one of these parameters. The Intermountain RMP, for example, in its CCU Nurse Training project has developed a pre- and post-test for assessing changes in knowledge and performance on the part of those trained. The test was rated by a panel of nurses and cardiologists coming from all parts of the country. It was one of the more standardized instruments encountered for RMP project evaluation purposes. Nurses take the test at the beginning of the course, the last day of the course, and three months after the course has been completed. The test assesses changes in knowledge through the use of objective and essay questions and changes in performance by asking trainees to determine how they would respond to a typical situation occurring in a CCU. When the series of tests have been completed for each class,the collective and individual results are fed back to the project director and used as a mechanism for course improvement and as a basis for consulting with trainees.

The Mountain States RMP also heavily emphasized continuing education as the modality for launching their program. The focus of the evaluation effort related to determining the number of types of professionals and paraprofessionals attending continuing education and training courses, their attitudes towards the material they have been presented, and suggestions for improvement in course content. This evaluation was done by implementing a computerized monitoring system which feeds back to project directors on a quarterly basis the above-mentioned data.

The Kansas RMP also was primarily geared to making available continuing education and training opportunities. The project evaluation process in this Region emphasized all three factors - changes in knowledge, attitudes and performance. Changes in knowledge were measured through the use of a pre- and post-test design developed jointly by the project director and the Evaluation Director. Changes in attitudes were measured through the use of a pre- and post-opinionnaire and changes in performance through administering a follow-up questionnaire to the hospital administrator. The latter questionnaire attempted to get a fix upon what if anything the trainee was doing differently upon his or her return to the hospital setting. Further, project staff, on a selected basis, carried out on-site visits to hospitals sponsoring trainees to determine whether or not there was indeed any significant behavioral change.

As can be seen from the above threeexamples the foci of the evaluation processes are quite different. In Intermountain the emphasis was on both changes in knowledge and behavior. In Mountain States the primary issue was documenting the numbers attending courses as well as changes in attitudes. In Kansas the evaluation process was set up to measure changes in knowledge, attitudes and performance. While the evaluative foci are somewhat different in these three Regions, the programmatic emphases are basically the same, i.e., each of the three programs had given high priority to continuing education and training. In each of the three examples mentioned above the goal attainment model was the primary methodological technique used. Other Regions visited had accomplished similar evaluation-related goals but had employed different evaluation related strategies. For example, in Western New York an evaluation design was approved by the Evaluation Committee and built into the project from the outset; a program reporting system was being utilized to constantly and systematically monitor each project;and on-site visits were made by the Regional Advisory Group, Evaluation Committee, and core staff in order to carry out an overall assessment of the project.

In Arkansas the evaluation process was primarily management-oriented. When a project was being developed, the Evaluation Director and his staff worked with the project director to specify objectives and develop a record keeping system relating to project objectives. Once the project was funded, quarterly reports were submitted to the

Evaluation Director which spoke to such areas as what the project had done to meet its stated objectives, the problems that were hampering the satisfactory implementation of the project and were project funds being spent in the most appropriate manner. An annual assessment was then done by the Evaluation Director and his staff which was fed back to the project director. Roughly three months later an evaluation staff site visit team visited the project to determine whether or not recommended changes had been accomplished. Based upon this visit, a recommendation was made to a project review committee of the Arkansas RAG regarding the future duration of the project. Through the use of this process a recommendation had been made for the early termination of five projects, two of which had been terminated by the Regional Advisory Group.

B. Related Activities

In the course of the eleven visits made, Evaluation Directors also were questioned about activities other than project evaluation which they and their staffs were involved with. Two major kinds of related activities were described, (1) the conduct of special studies and (2) the collection of health and demographic data.

Three of the eleven Regions visited (Intermountain, Kansas and Texas) indicated that special studies have been initiated to analyze salient programmatic trends. Each of these three Regions, it should be noted, has comparatively large evaluation staffs, from three to nine professionals.

Examples of such special studies included a Task Analysis of Nurses in the Texas Region. That RMP in conjunction with the Texas Hospital Association, was analyzing hospital nursing tasks. In this study nurses were asked to define the tasks they perform; and then the tasks of nurses, LPNs and orderlies were timed over a two-week period, 24-hours a day, in a 16-bed unit. It was aimed at identifying what nursing functions might be carried out by supportive personnel and how the nurses might more judiciously use their time. The Kansas RMP was engaged in a Coronary Care Unit Survey of Hospitals. This survey was investigating the type of equipment used in area hospitals, staffing patterns, procedures followed, and the number of nurses trained by Kansas RMP functioning in the unit. The results of this study are intended for use by the State Heart Association in establishing norms of levels of care. In addition, the Program Coordinator indicated that the results of this investigation will be used by his staff and the Regional Advisory Group for determining future programmatic activity in the area of coronary care.

The second evaluation related activity carried out by evaluation staffs was the collection and analysis of health and demographic data. Each of the Regions visited, to a greater or lesser extent, collected and assembled some of these kinds of data.

From a historical perspective each of these Regions indicated that when their programs were getting off the ground a great deal of time and effort was spent in the collection and assembling of health and demographic data. For example, an estimated forty per cent of the first planning grant awarded to the Alabama RMP was spent for this purpose. As Regions became more project-oriented this changed drastically, to the extent that very little such data were collected. Three of the Regions visited (Alabama, Northlands and Texas) continue to assemble community or county profiles, however. Other health agencies as well as the RMPs visited appeared to be backing off from massive data collection efforts.

In several of the Regions visited, the establishment of health data consortia is being considered. It is to be hoped that these consortia (usually consisting of the State CHP, State health department, RMP, and other interested State agencies such as social and rehabilitative services) would be able to provide morbidity and mortality statistics as well as population and resource data needed for health planning and evaluation purposes. It was the perception of those contacted that the establishment of these consortia would reduce the cost and improve the efficiency with respect to the collection and assembling of health and demographic data.

C. Program Evaluation

Very probably the most pressing evaluation problem confronting not only the eleven Regions visited, but all Regional Medical Programs, is how an RMP can assess its total program, its overall programmatic impact. In the eleven Regions visited no endeavor of this nature had yet been initiated or tried. (Since that time a small number of RMPs, including at least one of the eleven visited, have tried to assess or evaluate their total programs by having their RAGs apply the RMP Review Criteria to their own programs.)

Several problems and issues have characterized and probably hampered program evaluation efforts by RMPS to date. First the term program has been defined in different ways: (1) Some view it in terms of a group of related activities which can be organized into a single thrust such as improvement of coronary care facilities and services whereas (2) others see all the activities carried out under the purview of an RMP as constituting the program to be evaluated. Second, goals,

objectives and priorities as delineated by the various RMPs have generally lacked the degree of specificity, including target dates, required. Third, because of the broad scope and fluid character of a Regional Medical Program, i.e., multiple types of changing projects and core staff activities, none of the customary or more common methodological techniques or approaches appear to be appropriate for carrying out such an assessment, at least in the minds of those who have prime responsibility for this task at the regional level. Fourth, to carry out an assessment of total programmatic impact would very possibly involve a significant dollar expenditure to develop and implement an appropriate instrument and procedures.

In two Regions (Kansas and Intermountain), however, certain phases of programmed activity were being measured. The Kansas RMP had trained over 600 registered nurses in coronary care. Each hospital that sent one or more nurse trainees to a course offered under the aegis of that Region is being asked to supply data such as changes in death rates in the CCU, changes in the management of the unit, and its perception of how the trained nurse has affected both of the above factors. These data when collected and analyzed will be used to determine future programmatic endeavors in the CCU field. In the Intermountain RMP a cancer registry and cancer information system were being utilized to measure how effective the training provided to physicians and nurses had been with respect to improvements in the early recognition and diagnosis of cancer.

In addition it was learned that several of the Regions were beginning to experiment with the use of the national RMP Review Criteria as a means of assessing their overall program effectiveness. These criteria provided a mechanism for those Regions using them to determine areas of both their strengths and weaknesses as perceived by RAG members, core staff, and others.

D. Relationship of Evaluation to Decisionmaking

Historically speaking evaluation has not markedly affected regional decisionmaking. In eight of the Regions visited, statements were made by the Coordinator, RAG Chairman and Evaluation Director to the effect that when projects were initially developed little emphasis was placed upon evaluation. Therefore, it has become necessary to build evaluation into projects well after they were approved and initiated.

The Regions visited did indicate, however, that with decentralization of project review and funding authority, it became necessary to better document the basis for allocational decisions. Evidence of the developing relationship between evaluation and the regional decisionmaking process is found in the fact that the Arkansas, Florida, Oregon, Texas, and Western New York RMPs have prematurely terminated projects. In each core staff were able to determine that serious

problems existed in terms of the day-to-day management and implementation of the activities terminated. These data were reported to committees of the Regions' Advisory Groups. Following this action, site visits were held and the reports were made available to the Regional Advisory Groups for final action. It might be noted that in all the Regions mentioned except Arkansas, site visit teams were comprised of RAG, core staff members and outside consultants; Arkansas used core staff only.

In addition it did not appear that the evaluation-related data have had an impact upon the deliberations of the Regional Advisory Groups with respect to the development and delineation of goals, objectives and priorities. Evaluation still appeared to be a peripheral function in most Regional Medical Programs; where evaluation data were having an impact upon decisionmaking and program development the Regional Advisory Group played a siginificant role in the evaluation process primarily through making site visits. It would appear that Evaluation Directors need to be in contact on a more frequent basis with the Regional Advisory Groups in order that Evaluation Directors know what regional decision-makers need from evaluation. In Regions where there was only one processional staff member functioning in the area of evaluation, mechanisms need to be developed to facilitate feedback among the Evaluation Directors and project directors. To accomplish this end, program reporting systems or management information systems were being implemented in at least several of the Regions visited (Mountain States, Texas, and Western New York). A management information system should provide a project director data regarding progress and problems. These data form the basis of an outside evaluation that can be used by the project director to alter the direction of the project.

IV. CONCLUSION: FINDINGS AND RECOMMENDATIONS

Evaluation as an integral facet of the development and implementation of the various Regional Medical Programs appeared to be receiving increased visibility. Over 90% of all projects underway in the eleven Regions surveyed included an evaluation strategy. These strategies varied in sophistication from a simple recapitulation of the number of those attending continuing education and training courses to an assessment of the impact of the project upon the subsystem in which it was being carried out. Given the fact that continuing education and training in most Regions was the major vehicle for launching the program and establishing credibility in the Region, it follows that this area of program endeavor has received primary consideration for evaluation purposes. Further, there already had been established some tools that were beginning to measure changes in knowledge, attitudes, and performance that were applicable in terms of the RMP context. Therefore, it is not surprising that the evaluation of the educational process had progressed to a rather sophisticated state. However, except for a few instances, little evaluation of the impact of a project upon its target population was being carried out.

In fiscal year 1971 core staff funding totalled approximately $39 million. While project evaluation has received increased visibility and efforts are being made to think in terms of program evaluation, it did not appear that the Regions visited were systematically evaluating core staff activities. Rhetorically, the question must be asked who would evaluate the effectiveness of core staff and the activities carried out under its purview. It would seem that the logical group for carrying out this exercise would be the Regional Advisory Group. Therefore, it is recommended that the Regional Advisory Groups take whatever steps are necessary to evaluate core activities, and evaluate and rank the more or less discrete components of core activity in much the same manner as operational proposals and ongoing projects.

One of the most difficult tasks confronting the Evaluation Director, his support staff, the Program Director, and the Regional Advisory Group was found to be the development and implementation of some workable approach to assessing total programmatic impact. The major problem Evaluation Directors appeared to be facing was the dearth of guidelines and definitions for program evaluation; also, these individuals indicated that there did not appear to be any already existing methodologies that might be used for these purposes. To relieve this situation, RMPS, working with the Regions, should strive to delineate guidelines that might be followed by a Regional Medical Program in carrying out program evaluation:

(1) A determination by the RAG of overall program effectiveness through the use of the review criteria.

(2) An assessment by the RAG of whether or not the activity is meeting its stated objectives.

(3) Assignment of a funding level to each phase of program activity based on the above information as well as through the use of a priority ranking system reflecting Federal and regional goals, objectives, and priorities.

Program evaluation, however defined, clearly is one of the major problems facting both the Regions and RMPS. Therefore, RMPS working with the Regions, the Ad Hoc RMP Evaluation Committee, and others needs to intensify its efforts to develop workable approaches and techniques that will help meet this problem.

It appears that evaluation data are being used most effectively in those Regions that developed mechanisms such as Evaluation Committees, for involving their RAGs in the evaluation process. Where these committees had been established, RAG members participated in annual site visits to ongoing and proposed projects. The information gathered from carrying out these visits was used more consistently in decisionmaking. Therefore, it is recommended that evaluation not be considered as an isolated function, but rather it should be viewed as an integral facet, organizationally speaking, of the total program.

Frequently RMP core staff evaluation units are too small to systematically and continuously monitor each funded project. Therefore, it is necessary that ways be found to ameliorate this situation. The results of the study indicated that the use of outside consultants from university departments of sociology, psychology, and education, medical schools, and other health-related groups as well as Evaluation Committees can be of considerable value in enhancing the quality and utilization of the evaluation data.

Although core staff expenditures generally and those for evaluation and data collection specifically are, when viewed in the aggregate, significant, there still appeared to be a paucity of talent available in many of the Regions to function in the area of evaluation. Those Regions that demonstrated a great deal of activity in the area of evaluation also had a significant number of staff working on the problem. In those Regions that do not have available a cadre of well-trained staff working in the area of evaluation and tangentially there is a paucity of outside resources that can be employed on a consultant basis, RMPS staff needs to provide assistance either through direct involvement or by making available to the Regions appropriate consultative expertise. In order to provide this service to the Regions, it is recommended that RMPS personnel who deal directly with the Regions, be provided "training" that would enable them to identify evaluation-related problems and how best to communicate these identified deficiencies to key RMP staff.

One of the major stumbling blocks that has hampered the evaluation activities at the Regional level has been the lack of interregional communication. It is safe to say that there has been a great deal of "reinventing the wheel" with respect to the development of evaluation strategies and methodologies. In view of this it is suggested that RMP Evaluation Directors consider how they might better relate one to another, how they might share their experiences, communicate their successes and problems, to a greater extent, and the like. Further, contiguous Regions should consider the feasibility of establishing and implementing multi-regional evaluation efforts. If this were to be accomplished, certain costs could be reduced and quite possibly a better evaluation product produced in many instances.

In conclusion, there appears to be an increased awareness and sensitivity regarding the role evaluation plays in a program. It is quite obvious that many problems still exist, but it does seem that the conditions for their mutual solution have been created.

REGIONS VISITED -- EVALUATION SURVEY

Region	Dates	RMPS Staff Making Visit	Persons Contacted
Alabama	Feb. 22-23, 1971	Rhoda Abrams, Assistant Branch Chief, Evaluation Branch Harold O'Flaherty, Program Analyst, Evaluation Branch Roland L. Peterson, Director, Office of Planning and Evaluation	Core Staff John M. Packard, M.D., Director M. D. Plowden, Deputy Director Douglas Patterson, Acting Associate Director for Evaluation Dr. Ed Smith, Evaluation Consultant James Robertson, Associate Director for Program Management M. Lee, Assistant Director - Nursing D. Cusic, Associate Director - Planning L. Gilmore, Associate Director - Education RAG Members Rush Jordan, Secretary Project Staff Dorothy Scarbrough, Project Director Dr. Jeanette Redford, Project Director
Arkansas	May 18, 1971	Rhoda Abrams Joan Ensor, Program Analyst, Evaluation Branch Harold O'Flaherty	Core Staff Charles Silverblatt, M.D. Coordinator Ed Rensch, Associate Coordinator Roger Warner, Director, Division of Planning and Evaluation Mrs. Dortha Jackson, Project Evaluator Division of Planning and Evaluation Mrs. Norma Haughay, Systems Analyst Division of Planning and Evaluation Mrs. Jacqueolyn Walter, RN,Evaluator Division of Planning and Evaluation RAG Members Dr. Greifenstein Project Staff Sally Kasalko, Project Director Bill North, Project Director

Region	Dates	RMPS Staff Making Visit	Persons Contacted
Florida	June 2-3, 1971	Spero Moutsatsos, Program Analyst Evaluation Branch Harold O'Flaherty	Core Staff Dr. G. W. Larimore, State Director Dr. H. Hilleboe, District VIII Area Coordinator Dr. G. Engebretson, Associate Director Continuing Education Mr. J. Walker, Assistant Director Administration RAG Members Dr. H. P. Hampton Project Staff Dr. J.S. Neill, Project Director
Intermountain	April 8-9, 1971	Rhoda Abrams Spero Moutsatsos Harold O'Flaherty	Core Staff Robert Satovick, M.D. Coordinator Mitchell Schorow, Assistant Coord., Education Planning and Evaluation Dona Harris, Assoc. for Evaluation, Education and Planning Section Kenneth Denne, Health Research Assoc. Education and Planning Section Michael Hogben, Ph.D., Assoc. for Educational Design, Education and Planning Section Ed Catmul, Associate for Computer Data Analysis, Education & Planning Section Arthur Ruby, Administrative Director for Heart Disease Projects Vaughn Pulsipher, Administrative Dir. for Cancer Projects RAG Members Sister Ann Josephine, Ph.D, CSC Project Staff Marion Ford, Project Director

egion	Dates	RMPS Staff Making Visit	Persons Contacted
ansas	August 9-12, 1971	Harold O'Flaherty Larry Witte, Senior Health Services Officer, Planning Branch	Core Staff Robert Brown, M.D. Coordinator Ivan Anderson, Associate Director Chuck Adair, Ph.D., Coordinator Research and Evaluation Unit Thelma Schneider, Research Associate Research and Evaluation Unit Chuck Hine, Coordinator Institutions and Administration Tom Adams, Research Associate, Research Associate, Research and Evaluation Bill Morris, Coordinator Special Serv. J. Dale Taliaferro, Ph.D., Director Social Systems Research Margaret Brown, Research Associate, Research and Evaluation Unit Dr. Hinshaw, Subregional Coordinator Wichita Phil Patterson, Assistant Subregional Coordinator, Wichita RAG Member Roy House, Member, Chairman Regional Advisory Group Evaluation Comm. Project Staff Desi Shafer, Project Director Sharon Lunn, Project Director Dr. Ernest Crow, Project Director

Region	Dates	RMPS Staff Making Visit	Persons Contacted
Mountain States	Sept. 7-8, 1971	Harold O'Flaherty Lyman Van Nostrand, Senior Program Analyst, Planning Branch	Core Staff Alfred M. Popma, M.D.. Regional Director J. W. Gerdes, Ph.D. Deputy Regional Director Sidney C. Pratt, M.D., Director - Montana Fred O. Graeber, M.D., Director - Idaho J. B. Deisher, M.D., Director - Nevada Claude O. Grizzle, M.D., Director - Wyoming C. E. Smith, Ph.D., Coordinator for Planning and Evaluation J. Breeden, Staff Associate, Montana L. G. Larson, R.N. Nursing Coordinator H. Thomson, Information Specialist Donald Erickson, M.Ed. Education Specialist, Wyoming Office RAG Members J. B. Gramlich, M.D, Member Regional Advisory Group Evaluation Committee Louise Haney, R.N., Member Regional Advisory Group Evaluation Committee William Johnstone, Member Regional Advisory Group Evaluation Committee Project Staff Dona Freshman, Project Director

Region	Dates	RMPS Staff Making Visit	Persons Contacted
Northlands	January 18-20, 1971	Rhoda Abrams Harold O'Flaherty	Core Staff W.R. Miller, M.D., Program Director R. J. Wilkins, Associate Director L. B. Stadler, Program Management Director L. G. Berglund, Project Management Coordinator E. D. Leyasmeyer, Continuing Education Coordinator R. N. Hill, Evaluation Officer M. J. Deschler, Rehabilitation Coordinator L. F. Cole, Research Sociologist L. A. Sonderegger, Research Assistant RAG Members Judge Stephen Maxwell, Past Chairman Project Staff Judith Thierer, Nursing Course Director Paul B. O'Donovan, M.D., Assistant Medical Director; Anita Smith, Ph.D., Project Director Martin Leet, Evaluation Analyst

Region	Dates	RMPS Staff Making Visit	Persons Contacted
Oregon	August 24, 1971	Rhoda Abrams Loretta Brown, Program Analyst, Evaluation Branch Eugene Piatek, Program Analyst Planning Branch	Core Staff R. S. Reinschmidt, M.D., Coordinator Kan Yagi, Ph.D., Consultant for Education and Evaluation Mr. Bob Rasmussen, Coordinator for Program Administration Miss Susan Rich, RN, Coordinator for Nursing and Allied Health Mrs. Dale Caldwell, Coordinator for Information and Communications RAG Members Dr. Hutchinson, Chairman Mr. George Dewey, Chairman Evaluation Committee Project Staff Mrs. Elizabeth Burke, RN, Project Director Mrs. Fern Martinsen, RN, Project Director
Texas	Jan. 27-28, 1971	Rhoda Abrams Harold O'Flaherty	Core Staff Charles B. McCall, M.D. Coordinator David Ferguson, Acting Deputy Director Stanley Burnham, Ph.D., Director of Professional Programs Nathaniel D. Macon, Operations Officer Robert O. Humble, Chief of Planning and Evaluation Hubert Reese, Data Acquisition Spec. RAG Members N.C. Hightower, Chairman Project Staff Levi V. Perry, M.D., Project Director Richard I. Evans, Ph.D., Associate Director for Evaluation

Region	Dates	RMPS Staff Making Visit	Persons Contacted
Western New York	April 22-24, 1971	Harold O'Flaherty	Core Staff John Ingall, M.D. Program Director Elsa Kellberg, Assoc. for Research and Evaluation RAG Members Harry Sultz, DDS, Assoc. Professor, School of Medicine, State Univ. of New York at Buffalo Project Staff John Vance, M.D., Project Director Joe Reynolds, Project Director
Wisconsin	Sept. 2-3, 1971	Spero Moutsatsos Eugene Nelson, Program Analyst, Planning Branch	Core Staff Dr. John Hirschboeck, Coordinator Dr. Paul Tracy, sssociate Coordinator for Program Development and Eval. Charles Lemke, Director of Evaluation Paul Nutt, Assistant Coordinator for Program Development Norma Lang, Nursing Coordinator William Sheeley, Coordinator for Allied Health Manpower Dr. Al Rim, Evaluation Consultant Comprehensive Renal Disease Program RAG Members Judge Rodney Lee Young, Chairman Harold Gunther, Chairman Review and Evaluation Committee Kenneth Clark, Review and Evaluation Committee Dr. Glen Hoberg, Review and Evaluation Committee Dorothy Hutchinson, Review and Eval. Committee Dr. John Peterson, Review and Eval. Committee Dr. George Rowe, Review and Eval. Committee Dr. P. Richard Shall, Review and Evaluation Committee

Region	Dates	RMPS Staff Making Visit	Persons Contacted
Wisconsin (cont'd)	Sept. 2-3, 1971	Spero Moutsatsos Eugene Nelson	RAG Members (cont'd) Dr. Philip White, Review and Eval. Committee Project Staff Janet Kraegel, Project Director

APPENDIX B

ISSUES AND QUESTIONS FOR RMP EVALUATION VISIT

I. EVALUATION STAFFING AND RESOURCES

1. How is the evaluation function organized within the core? Where does it fit into the overall core organizational structure and how is it staffed (e.g., number of staff; full-time/part-time, etc.)?

2. What is the training and experience of the evaluation director as well as other staff functioning in this area? Are there any projected staffing needs for evaluation purposes?

3. Is there an RMP Evaluation Committee in the Region? If so what is the composition and function of this Committee and what have been its major accomplishments?

4. What other resources are used for evaluation purposes outside of core RMP? For example: medical school departments, schools of public health, departments of sociology, psychology, economics, etc. and to what end?

5. How much core money is being spent for the development and implementation of evaluation at the program and project level? What portion (%) of the core budget does this figure represent? In developing this figure you should consider staff salaries, consultant fees, travel and contracts. Estimate how much and what percentage of the amount awarded for the support of projects is being spent directly for evaluation purposes.

6. How much core money is being spent for the collection, analysis and storage of health and demographic data? In developing this figure you should consider staff salaries, consultant fees, travel, contracts and computer time.

II. PURPOSES AND STRATEGIES FOR CARRYING OUT EVALUATION

1. What are the major reasons and purposes served by carrying out evaluation in this Region? To accomplish these purposes what strategies have been developed? Who is responsible for carrying out these strategies?

III. PROJECT EVALUATION

1. At what point in the development of a project does the evaluator become involved? What is the extent and character of the involvement of the evaluator in proposed and ongoing projects?

2. What are the primary evaluative methodological approaches utilized, e.g., epidemiology, economics, sociology, systems analysis, education, peer judgement, psychology, biostatistics, etc.? What is usually measured?

3. Who conducts the evaluation? What steps are taken, if any, to encourage the acceptance of evaluation at the institutional level?

4. Have guidelines or a model been developed and disseminated to project staff and project sponsors to be followed in carrying out evaluation activities?

5. What feedback mechanisms, if any, have been developed for evaluation and how frequently do evaluators meet with project directors?

6. What proportion of projects are evaluated? How are these selected?

7. What have been the most significant project evaluations done to date?

IV. PROGRAM EVALUATION

1. Has the Region developed a philosophy, approach and/or methodology for measuring programmatic impact? If yes, what is to be measured, how, and who is responsible for carrying it out?

2. What is the nature of the Region's decisionmaking process with respect to assessing, reviewing and approving the Region's program evaluation strategy and methodology?

V. DATA

1. What, if any, ongoing data collection systems are or will relate to evaluation?

2. Are special data collection activities conducted for evaluation purposes?

VI. RELATIONSHIP OF EVALUATION TO DECISIONMAKING

1. Has any process been established to relate evaluation to the Region's decisionmaking process?

2. What are the program and project evaluation activities of the Regional Advisory Group (both retrospective and prospective)? What priority does the Regional Advisory Group place upon evaluation?

3. Have the results of the evaluation activities resulted in any significant program changes or modifications?

VII. PROBLEMS

1. What are or have been the most significant evaluation problems? What steps have been taken to alleviate these? What constraints have inhibited adequate solutions?

APPENDIX C

REGIONAL MEDICAL PROGRAMS
DIRECTORS OF EVALUATION

REGION	NAME	DISCIPLINE	PERCENT OF TIME
Alabama	Ida Martha Reed Coordinator Community Research and Development		100%
Albany	Raymond Forer, Ph.D. Assistant Coordinator for Evaluation	Sociology	40%
Arizona	Allen Humphrey, Ph.D. Evaluation	Biostatistics	50%
Arkansas	Roger Warner, M.S. Director of Planning and Evaluation	Psychology	100%
Bi-State	Ralph T. Overman, Ph.D. Planning Director	Nuclear Chemistry	100%
California	Jack E. Thomson, Ed.D. Coordinator for Evaluation	Education	100%
Central New York	Robert A. Schneider, M.D. Coordinator of Program Planning and Evaluation	Instructional Technology	100%
Colorado/Wyoming	James C. Syner, M.D. Associate Director, Project Administration and Health Systems Division	Internal Medicine	100%
Connecticut	NONE		
Florida	Herman E. Hilleboe, M.D. Director Planning and Evaluation	Preventive Medicine and Public Health	50%
Georgia	Donald Trantow Director of Assessment	Operations Research	100%
Greater Delaware Valley	Donald Dyinski, F. S. Associate Director for Planning and Evaluation	Electrical Engineering	100%

REGION	NAME	DISCIPLINE	PERCENT OF TIME
Hawaii	Ruth Denney, M.A. Chief of Planning and Research Services	Sociology	100%
Illinois	Harry Auerbach, M.P.H. J.S.D. Assistant Director for Research and Evaluation	Biostatistics and Administration	100%
Indiana	John Svann, Ph.D. Director Educational Services	Education	100%
Intermountain	Mitchell Schorow, Ph.D. Assistant Coordinator Education Planning and Evaluation Section	Educational Psychology	100%
Iowa	Phil Latessa, M.A. Director of Health Statistics	Economics	100%
Kansas	Charles H. Adair, Jr., Ph.D. Assistant Coordinator for Research and Evaluation	Social Psychology	100%
Louisiana	Patrick Scheer, M.S. Evaluator	Business Administration	100%
Maine	NONE		
Maryland	Vern McMurrin, B.S. Associate Coordinator for Evaluation	Economics	100%
Memphis	Lewis N. Amis, Ph.D. Chief of Planning Research and Evaluation	Medical Economics	100%
Metropolitan Washington, D. C.	Joel W. Novak, M.S. Director, Office of Program Appraisal	Psychology	100%
Michigan	Gaetane Laroque, Ph.D. Associate Program Coordinator for Program Planning and Evaluation	Program Planning	100%
Mississippi	Edwin B. Bridgforth, M.D. Program Evaluator	Statistics	50%

REGION	NAME	DISCIPLINE	PERCENT OF TIME
Missouri	Philip E. Morgan, M.D. Director of Planning and Methodology	Ophthalmology	100%
Mountain States	C. E. Smith, Ph.D. Coordinator for Planning and Evaluation	Counseling and Psychology	100%
Nassau-Suffolk	Rajah Prasad, M.A. Evaluator	Urban Planning	100%
Nebraska	George L. Morris, Jr., Ed.D. Project Administrator Operations and Evaluation for Continuing Education	Psychology	100%
New Jersey	James P. Harkness, Ph.D. Deputy Program Coordinator	Sociology and Anthropology	100%
New Mexico	Dudley Griffith, M.A. Assistant Director for Planning and Evaluation	Psychology	100%
	Manuel Farrow, Ph.D. Associate for Human Relations and Evaluation	Psychology	100%
New York Metropolitan	John Eller, M.A. Evaluation Specialist	Sociology and and Methodology and Statistics	100%
North Carolina	Manley Fishel, M.P.H. Acting Director of Evaluation	Public Health	100%
North Dakota	Lorraine Parker, M.S. Associate Director	Counseling and Guidance	100%
Northeast Ohio	Leonard Chansky, M.A. Assistant Director, Evaluation	Computer Science and Education	100%
Northern New England	Edgar W. Francisco, III, Ph.D. Director of Planning and Evaluation	Psychology	100%
Northlands	Russell N. Hill, Ph.D. Evaluation Officer	Education and Sociology	100%

REGION	NAME	DISCIPLINE	PERCENT OF TIME
Northwestern Ohio	Keith Jenkins, M.S. Program Evaluator	Education and Educational Administration	100%
Ohio State	William A. Ternent, M.A. Director of Planning and Evaluation	Communication	100%
Ohio Valley	Anne B. Cook, B.S. Research Associate	Business Administration	100%
Oklahoma	R. W. Bexfield, M.A. Associate for Evaluation and Review	Sociology	100%
Oregon	Kan Yagi, Ph.D. Consultant for Evaluation and Education	Psychology	50%
Puerto Rico	Carmen Allende de Rivera, M.P.H.E., M.S. Head, Section of Biostatistice	Biostatistics	100%
	Marta Tejada, M.S. Social Scientist	Social Science	100%
Rochester	NONE		
South Carolina	Clarence W. Bowman, B.S. Associate Coordinator Planning, Operations and Evaluation	Pharmacy	100%
South Dakota	George R. Halter, Ed.D. Acting Director of Continuing Education	Educational Administration	100%
Susquehanna Valley	David Taylor, B.S. Coordinator of Research and Evaluation	Business Administration	100%
Tennessee/Mid-South	Michael Zubkoff, Ph.D. Head-Medical Economics	Medical Economics	100%
Texas	Robert O. Humble, M.A. Chief of Planning and Evaluation	Sociology	100%

REGION	NAME	DISCIPLINE	PERCENT OF TIME
Tri-State	Harold W. Keairnes, M.D. Coordinator for Evaluation	Preventive Medicine	15%
Virginia	Jack L. Mason, Ph.D. Education Sciences Officer	Education	100%
Washington/Alaska	Gaylord Duren, Ed.D. Assistant Director for Evaluation	Education	100%
West Virginia	David S. Hall, Ph.D. Behavioral Scientist	Sociology	85%
	Joseph Costello, M.S. Biostatistician	Statistics	100%
Western New York	Elsa Kellberg, M.A. Associate for Assessment and Research	Sociology	100%
Western Pennsylvania	David E. Reed, M.D. Assistant Director for Evaluation	Community Medicine	100%
Wisconsin	Charles W. Lemke, M.P.H. Evaluation Coordinator	Biology and Chemistry	100%