

Glossary

Accountability: The responsibility of program managers and staff to provide evidence to stakeholders and funding agencies that a program is effective and in conformance with its coverage, service, legal, and fiscal requirements.

Accuracy: The extent to which an evaluation is truthful or valid in what it says about a program, project, or material.

Activities: The actual events or actions that take place as a part of the program.

Attitudes: People's biases, inclinations, or tendencies that influence their response to situations, activities, people, or program goals.

Baseline information: Data gathered on the target population before a tobacco control program begins.

Capacity: The resources (e.g., competent staff, appropriate data-collection systems, sufficient funding) to conduct an evaluation.

Case study: An intensive, detailed description and analysis of a single project or program in the context of its environment.

Competency: The knowledge and experience needed to conduct surveillance and evaluation.

Cross-sectional data: Observations collected at one point in time.

Data: Documented information or evidence of any kind.

Data analysis: The process of systematically applying statistical and logical techniques to describe, summarize, and compare data.

Data-collection instrument: A form or set of forms used to collect information for an evaluation (e.g., questionnaires, interview guides, intake forms, participation logs, attendance records). It may be developed specifically for an evaluation or modified from existing instruments.

Data-collection plan: A written document describing the specific procedures to be used to gather the evaluation data. The document describes who collects the information, when and where it is collected, and how it is obtained.

Database: A collection of information that has been systematically organized for easy access and analysis. Databases typically are computerized.

Dissemination: The process of communicating either the procedures or the lessons learned from an evaluation in a timely, unbiased, and consistent manner.

Executive summary: A nontechnical summary statement designed to provide a quick overview of the full-length report on which it is based.

Experimental designs: In evaluation, methods that involve randomly assigning people in the target population to one of two or more groups in order to eliminate the effects of history and maturation. The program's effects are measured by comparing the change in one group or set of groups with the change in another group or set of groups.

Evaluation plan: A written document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, why the evaluation is being conducted, and how the findings will likely be used.

Feasibility: The extent to which resources allow an evaluation to be conducted.

Focus group: A group of people selected for their relevance to an evaluation that is engaged by a trained facilitator in a series of discussions designed for sharing insights, ideas, and observations on a topic of concern.

Indicator: A specific, observable, and measurable characteristic or change that shows the progress a program is making toward achieving a specified outcome.

Infrastructure: All the components necessary to conduct an evaluation (e.g., experienced staff, adequate funding).

Inputs: Resources that go into a program.

Logic model: A systematic and visual way to present the perceived relationships among the resources you have to operate the program, the activities you plan to do, and the changes or results you hope to achieve.

Longitudinal data: Observations collected over a period of time; the sample (instances or cases) may or may not be the same each time but the population remains constant.

Objectives: Statements describing the results to be achieved and the manner in which these results will be achieved.

Outputs: The direct products of program activities; immediate measures of what the program did.

Outcomes: The results of program operations or activities; the effects triggered by the program. (For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced tobacco-related morbidity and mortality.)

Outcome evaluation: the systematic collection of information to assess the impact of a program, present conclusions about the merit or worth of a program, and make recommendations about future program direction or improvement.

Posttest: A test or measurement taken after services or activities have ended. It is compared with the results of a pretest to show evidence of the effects or changes resulting from the services or activities being evaluated.

Pretest: A test or measurement taken before services or activities begin. It is compared with the results of a posttest to show evidence of the effects of the services or activities being evaluated. A pretest can be used to obtain baseline data.

Process evaluation: The systematic collection of information to document and assess how a program was implemented and operates.

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

Program goal: A statement of the overall mission or purpose(s) of the program.

Propriety: The extent to which the evaluation has been conducted in a manner that evidences uncompromising adherence to the highest principles and ideals (including professional ethics, civil law, moral code, and contractual agreements).

Qualitative methods: Ways of collecting information on the knowledge, attitudes, beliefs, and behaviors of the target population. In general, information gathered using qualitative methods is not given a numerical value.

Quasi-experimental design: In evaluation, methods that do not involve randomly assigning members of the target population either to an intervention or to a comparison group.

Resources: Assets available and anticipated for operations. They include people, equipment, facilities, and other things used to plan, implement, and evaluate public programs whether or not paid for directly by public funds.

Sample: A subset of people in a particular population.

Sampling frame: Complete list of all people or households in the target population.

Stakeholder: People or organizations who are invested in the program or who are interested in the results of the evaluation or what will be done with results of the evaluation.

Standard: A principle commonly agreed to by experts in the conduct and use of an evaluation for the measure of the value or quality of an evaluation (e.g. accuracy, feasibility, propriety, utility).

Surveillance: The ongoing, systematic collection, analysis, and interpretation of data (e.g., regarding agent/hazard, risk factor, exposure, health event) essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control.

Survey: A quantitative (nonexperimental) method of collecting information on the target population at one point in time. Surveys may be conducted by interview (in person or by telephone) or by questionnaire.

Utility: The extent to which an evaluation produces and disseminates reports that inform relevant audiences and have beneficial impact on their work.

