

Guide to Writing a TB Program Evaluation Plan

Introduction

- ✂ *The evaluation plan begins with an introduction that provides background information important to the evaluation such as the goal of the evaluation and those who will be involved in the evaluation process. This section helps to identify the purpose of the document, and provide a roadmap of the document to the reader.*

Evaluation Goal

A goal is an overarching statement of desire that explains why the evaluation is taking place. Examples of evaluation goals include:

- ❖ To determine the effectiveness of the program
- ❖ To assess the achievement and progress toward reaching program objectives
- ❖ To investigate portions of the program that are performing optimally so that they can be replicated
- ❖ To help equitably redistribute resources

Your evaluation plan should include a statement of the goal(s) and the purpose of the evaluation, addressing how the evaluation and its findings will be used.

Evaluation Team

Sound evaluation requires teamwork. This section provides guidance on how to select your team and specifies each team member's roles and responsibilities. Each team should have a leader or coordinator who is responsible for ensuring the evaluation is conducted as planned. In addition, evaluation teams will often have members who are responsible for carrying out the various activities of the evaluation. More comprehensive evaluations may also have an advisory group that can act as a guidance body, a sounding board, or provide technical experts for portions of the evaluation.

In this section, identify your evaluation leader and specify his/her roles and responsibilities that may include...

- ❖ Oversight of all evaluation activities
- ❖ Coordinator of meetings for the evaluation team or advisory group
- ❖ Principal analyst of the evaluation data
- ❖ Primary author of the evaluation plan or reports
- ❖ Point person for the dissemination of evaluation reports and materials

Identify other members on your evaluation team and specify their evaluation responsibilities. Evaluation team members can include...

- ❖ Individuals responsible for some aspect of data collection or data analysis
- ❖ Individuals responsible for dissemination and use of the findings
- ❖ Members of the evaluation planning committee

Your evaluation team may include people who may or may not have prior knowledge of evaluation. These people include your program manager, nurses, epidemiologists,

representatives from partner agencies, or others. You may need to teach them some basic evaluation concepts. Resources are available to assist you by contacting DTBE at TBEWG@cdc.gov

Use table 1 to help you identify the members of your evaluation team and what role they will play. Table 1 can be inserted into your evaluation plan or can be rewritten as text.

Table 1. Roles and Responsibilities of the Evaluation Team Members		
Individual	Title or Role	Responsibilities

The Evaluation Advisory Group (optional)

The evaluation advisory group is an optional component of your evaluation’s operation but it can provide important functions such as....

- ❖ Technical expertise not otherwise found in your evaluation team or your program
- ❖ An objective viewpoint in the event of disputes
- ❖ Representation for funders or other stakeholders
- ❖ Interpretation of findings and justifying evaluation conclusions
- ❖ A means of disseminating your evaluation reports outside of your program

Stakeholder Assessment

✧ *Stakeholders are people with vested interests in the program and are potentially affected by evaluations. Engaging stakeholders in your evaluation is beneficial for several reasons. Their involvement increases the credibility of your evaluation and they may hold an important viewpoint as someone: a) responsible for day-to-day implementation of your program; b) able to advocate for your program; or c) able to authorize funding or changes to your program. Stakeholders can be divided into 3 major categories: 1. those involved in program operations, 2. those served or affected by the program, and 3. the primary users of evaluation. The level of involvement of stakeholders will vary among different program evaluations, but priority stakeholders include those who can increase the credibility of the evaluation efforts, are involved in the implementation of the program activities, will advocate or authorize changes to the program, or will fund or authorize improvements to the program.*

The lists below will help you think about who the stakeholders for your evaluation might include. Depending on the context of your program, categories of stakeholders appropriate for engagement and their levels of involvement may vary widely. While you may already know your program stakeholders well, you will need to reconsider their perspectives in regard to program evaluation. Use worksheet 1 to check which group of stakeholders may have an interest in your evaluation. This list includes suggestions, but you can also identify other stakeholders who are not on this list.

Worksheet 1. Categories of Stakeholders	
Yes ✓	
	Program managers
	Program staff
	Outreach workers
	Nurses
	Clinicians
	Program administrators
	Health department administrators
	Patients
	Foreign-born community
	Community members
	Community-based organizations
	Community planning board
	Business community
	Policy makers
	Health care providers
	Schools and universities
	Other:

For each stakeholder you have identified, consider:

- ❖ What is their interest in or perspective on the program and the evaluation?
- ❖ What is their role in the evaluation?
- ❖ How and when will they be engaged in the evaluation?

The lists below offer some answers to each of these questions. These may or may not apply to your stakeholders. However, by considering these factors, you may be able to anticipate some issues that may arise during the evaluation process or later, when trying to implement the findings.

❖ What is their interest in or perspective on the TB program and the evaluation?	❖ What is their role in the evaluation?	❖ How and when will they be engaged in the evaluation?
<ul style="list-style-type: none"> • Defensive of current system • Fear program alteration & job loss • Fear increase in workload • See program evaluation as a personal judgment • Fear or reject health system • Need for services • Concerns about immigration status • Partnership capacity • Community image • Proof of effects for funding and program expansion purposes • Community health among underserved population • Interest in self-improvements and the improvements of the program 	<ul style="list-style-type: none"> • Define health problem • Define problem in program from staff perspective • Define problem in program from client perspective • Define program processes • Develop or review data collection tools • Provide community context • Provide operational context • Providing administrative and funding context • Identify stakeholders • Identify data sources • Collect data • Interpret findings • Disseminate findings within program • Disseminate findings to community audiences • Disseminate findings to agency leaders and funding agencies 	<ul style="list-style-type: none"> • Formal Interview • Informal Interview • Focus group • Meeting • Advisory committee • External Reviewer • Data collector • Participant • Information only

In table 2 below, list the stakeholders that you have identified and fill in: their interest or perspective, their role in the evaluation, and how and when you will engage them. After completing table 2, it can be inserted into your evaluation plan with some explanatory text.

Often, the roles of stakeholders will change during an evaluation. You may need to revise your plan several times as changes occur.

Table 2. Stakeholder Assessment and Engagement Plan			
Stakeholder Category	Interest or Perspective on Evaluation	Role in the Evaluation	How and When to Engage

Background and Description of the TB Program

✧ *The purpose of this section is to describe your TB program. The program description will ensure that all evaluation stakeholders have a shared understanding of your TB program's objectives, activities, and outputs. It will also identify any unfounded assumptions or logical gaps in your evaluation planning. Once completed, the program description will lead naturally into your program's logic model.*

Need

The need for your program can be addressed by considering a series of questions. Your answers to these questions will help you develop the plan for this section.

1. What problem does or should your program address (e.g., TB incidence among immigrant population is rising, patients not adherence to treatment plan)?
2. What causes the problem (e.g., persons from high TB incidence countries arriving in state, these persons are not being reached for TB and LTBI treatment; cultural/language barriers)?
3. What are the consequences of the problem (e.g., treatment costs rise, morbidity, ill-health, backlash against the foreign-born population)?
4. What is the magnitude of the problem (e.g., there exists a potential for a large problem, but acting now may reduce this potential)?
5. What changes or trends are occurring (e.g., TB incidence is increasing, demographic patterns are changing, decrease in completion of therapy rate)?

Context

Context considers the environment that affects your TB program's operations. These factors can include

- ❖ How the TB program collaborates and coordinates with other health and social services in the community, such as hospitals, schools, HIV service programs, and programs that provide housing and food support.
- ❖ How the program is funded – does it compete for resources with other public health programs within the community?
- ❖ Organization's structural factors (i.e., personnel, training, administrative regulations) that impact your program's operations
- ❖ Policy and political environment surrounding your program
- ❖ Community perceptions of TB as a disease

Consider and explain the contextual factors in your evaluation plan as necessary.

Target Population

This section describes the group that your TB program targets in addressing the concerns. For example,

- ❖ Newly arrived immigrants
- ❖ Homeless persons
- ❖ People who are HIV infected
- ❖ People who abuse substances
- ❖ People living in congregate settings (e.g., low-income, institutions, prisons)

Objectives

Your statement of program objectives should refer back to your program's goal(s). Objectives should be established that support this goal. Your program's objectives are frequently national or state TB objectives, however, your program may also have its own objectives. If your objectives are not established, it is an important part of your plan to do this now.

If you choose to write your own objectives, be sure that they are *S-M-A-R-T: specific, measurable, achievable, relevant, and time-bound*. Detailed explanations and examples of SMART objectives can be found in the Appendix B.

Text Example

Goal: To eliminate TB in the community and improve quality of life.

In order to achieve this overarching goal, 4 program objectives were identified.

1. Increase percentage of patients identified with TB who are placed on DOT within 1 month of diagnosis from 85% to 90% by January 2006.
2. Increase percentage of TB patients who utilize case management services from 60% to 70% by Fall 2006.
3. Increase the number of referrals to the local health department made by community health centers from 100 to 150 by Fall 2006.
4. Increase percentage of community members who understand how TB transmitted from 20% to 40% by Fall 2005.

Stage of Program Development

Assessing the developmental stage of your program will help you frame your evaluation and write your evaluation questions. The stage of development may also vary among the different program components that carry out specific program activities. Consider carefully how long the program has been in existence and what stage is each one of your program components/activities in?

- ❖ Needs assessment
- ❖ Design and planning
- ❖ Implementation: early (e.g., less than a year) or middle?
- ❖ Well-established implementation (e.g., 13 years)

Stage of development will also help you to decide on process evaluation, outcome evaluation, or both.

Resources/Inputs

This section describes all of the resources available to implement your program. This can include (but is not limited to)

- ❖ TB program staff
- ❖ Training and continuing education staff
- ❖ Funding
- ❖ Physical or structural components (space, testing facilities)
- ❖ Infrastructure resources that are part of the health department
- ❖ Partner organizations

To complete this section, make a list of all the resources available to your program in table 3 below.

Activities

Activities describe what your program is doing to accomplish objectives. These can include

- ❖ Hiring and training new staff
- ❖ Policy development or revision
- ❖ Providing targeted TB testing to specific high-risk populations
- ❖ Identifying persons with latent TB infection or active TB disease
- ❖ Administering DOT
- ❖ Educating patients or community members
- ❖ Providing laboratory and diagnostic services
- ❖ Surveillance
- ❖ Managing clinic operation
- ❖ Providing technical assistance

To complete this section, make a list of all the activities undertaken by your program in table 3 below. Note that activities can be grouped as initial and subsequent activities. Although most activities in TB programs are ongoing, some activities may need to be done before others. For example, diagnosis of TB disease may come prior to prescribing a treatment to treat the disease.

Outputs

These are the immediate materials, services, and capacities that are a direct product of your programmatic activities and processes. Examples include

- ❖ A strategic plan for your program
- ❖ TB Tests conducted
- ❖ Providers educated about TB
- ❖ Education sessions presented to community groups

Outputs are assessed to “show” that the program is being implemented as planned. However, they are not indications of effectiveness. For example, we can record that 10 educational

sessions were conducted or that 50 skin tests were administered, but there's no direct indication whether people have learned or acted on the results of their tests. In short, outputs show what work was done by our staff, but do not indicate that changes have taken place or resulted due to these actions. To identify your programs outputs, consider each activity you listed in table 3 and list corresponding outputs in the column to the right of your activities. For example, the output "TB test conducted" corresponds to the activity, "providing TB testing." The activity, "administering DOT" corresponds to the output, "DOT administered or patients received DOT."

Outcomes

Outcomes are the intended effects of the program's activities. They may or may not have been achieved by your program. They are the changes you want to occur in patients, providers, or the community, because of the work of your TB program. These are typically thought of as short-, mid- or long-term outcomes and should be tied to your program objectives. Some examples are...

- ❖ Patients' knowledge is increased
- ❖ Patients accept treatment for TB and LTBI
- ❖ Patients identify contacts
- ❖ Patients on appropriate treatment
- ❖ Patients adhere to treatment
- ❖ Timely completion of treatment
- ❖ Reduced hospital admissions for TB
- ❖ Reduced transmission of TB

Some of the important changes we want to occur, however, are less direct or easy to measure. For example we may want:

- ❖ Trust built within the community
- ❖ Patients identify all of their close contacts
- ❖ Stigma about TB reduced
- ❖ Improved patient quality of life
- ❖ Patients are healthier overall

For these outcomes, "proxy" or indirect measures can be used to assess whether they have been achieved. Often, program staff may be able to suggest ways to measure these effects. For example, an outreach worker may "know" trust is built when a community member approaches him with a question about TB. A nurse may "know" stigma is reduced when a patient talks openly in front of a friend. These types of information can be incorporated and used in the evaluation. See page 26 for more information on using "proxy" measures in evaluation.

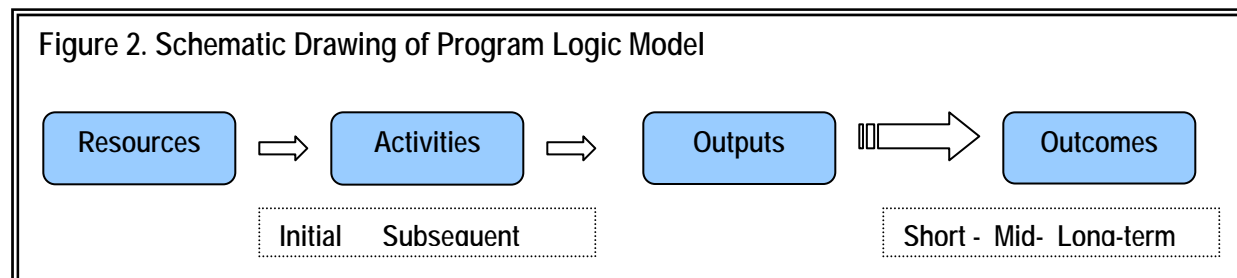
To identify your program outcomes, consider the activities and outputs you listed in table 3 and list corresponding outcomes in the column to the right. Once completed, table 3 can be included in your evaluation plan as part of the program description.

Table 3. Program Description

Resources	Activities		Outputs	Outcomes	
	Initial	Subsequent		Short-/Mid-term	Long-term

Program Logic Model

- ✧ A logic model is a graphic depiction of the program. The arrows describe the links between inputs/resources, activities, outputs and outcomes as illustrated by figure 2 below. Using the resources, activities, outputs, and outcomes identified in the project description (table 3), you can now develop a logic model for your program.



Drawing a logic model during the evaluation planning process is important to define the associations among program resources, activities, and its results. For the evaluation, a logic model provides:

- ❖ A sense of scope – what are the program’s components? How are they interconnected?
 - ❖ A “map” to help ensure that systematic decisions are made about what is to be measured in the evaluation process and to identify areas where clarification may be needed.
 - ❖ A framework for organizing indicators and for ensuring that none are overlooked
- ✧ Logic models for high priority TB program activities have been developed and are available as examples. It may be useful to review these models prior to developing your own to see if one of these logic models can be used to describe your program with minor modifications. The six TB logic models and their corresponding goals are (See Appendix C):
- ❖ **Meta-model for TB Elimination**
Eliminate TB in the United States.
 - ❖ **Capacity and Infrastructure to Eliminate TB**
Develop capacity and infrastructure TB elimination.
 - ❖ **Evaluation Capacity Building**
Promote and enhance active program monitoring and self-evaluation among TB control partners at each administrative level.
 - ❖ **Completion of Therapy**
Complete TB treatment among person with TB disease within 12 months of diagnosis.
 - ❖ **Prevent TB in High Risk Populations**
Prevent TB among high-risk populations.
(through targeted testing and treatment)

❖ **Contact Investigation**

Prevent TB among contacts to cases.

(by finding and testing contacts for TB and LTBI, and then treat infected contacts to completion)

After creating or adapting the logic model that best depicts your program, include it in your evaluation plan. There are no “right” or “wrong” logic models, but the logic model must clearly show the complete paths linking inputs and activities to outcomes. You will probably need to review and revise your logic model many times throughout the evaluation.

Note that you can use a table format or a graphic (hand drawn is acceptable) for the logic model. Attach this to your evaluation plan.

Focus of the Evaluation

- ✧ *Although the logic model may inspire many evaluation questions, it may not be feasible or useful to evaluate every element or path in your logic model. Thus, focusing your evaluation and selecting your evaluation questions are important steps. Focus will also ensure that the evaluation meets the needs of stakeholders and that the findings will be used as intended.*

Stakeholder Needs

Your answers to the following questions will help you focus your evaluation by identifying what your stakeholders need to learn from the evaluation – the evaluation questions.

- ❖ Who will use the evaluation findings?
- ❖ How will the findings be used?
- ❖ What do they need to learn from the evaluation?

The worksheet below will help you think about possible answers to these questions. Check who will use the evaluation findings, how the findings will be used and what they need to learn from the evaluation. The list includes sample answers to the questions. You may come up with different answers on your own.

Worksheet 2. Questions to Focus the Evaluation	
Yes ✓	Who will use the evaluation findings?
	State/county health department staff
	Program managers
	Funders
	Community-based organizations
	Community members
	State/county legislators or policy makers
	Other:
Yes ✓	How will the findings be used?
	Implement changes to the program to increase effectiveness
	Determine future funding level
	Determine or reallocate resources
	Advocate for the program in the community
	Modify/implement staff training
	Other:
Yes ✓	What do they need to learn from the evaluation?
	Discover whether the program is meeting its objectives
	Determine effectiveness of program components
	Identify problem areas in implementing the program
	Demonstrate the program's effectiveness
	Other:

Evaluation Questions

There are two basic types of evaluation questions:

Process questions, which focus on examining the implementation of the program,

Are the activities we planned being implemented?

Are we producing the outcomes we expect?

Are we using our inputs and resources effectively?

Outcome evaluation focuses on showing whether or not a program achieves the desired changes in patients, providers, or the community.

Using your assessment of who will use the findings and how the findings will be used, identify key evaluation questions based on your logic model.

The sample evaluation questions are shown below. These questions are based on the logic model shown in figure 3.

Sample Evaluation Questions

Process questions:

1. Are there sufficient resources to carry out the activities of our program?
2. Are contacts identified in the timeframe set by our procedures?
3. Have community partners been engaged to collaborate with us to prevent TB in high-risk populations?

Outcome questions:

1. Are infected contacts who started treatment for LTBI completed treatment?
2. How did the program contribute to the decrease of TB transmission rate?
3. To what degree was the program able to reduce the prevalence of LTBI?

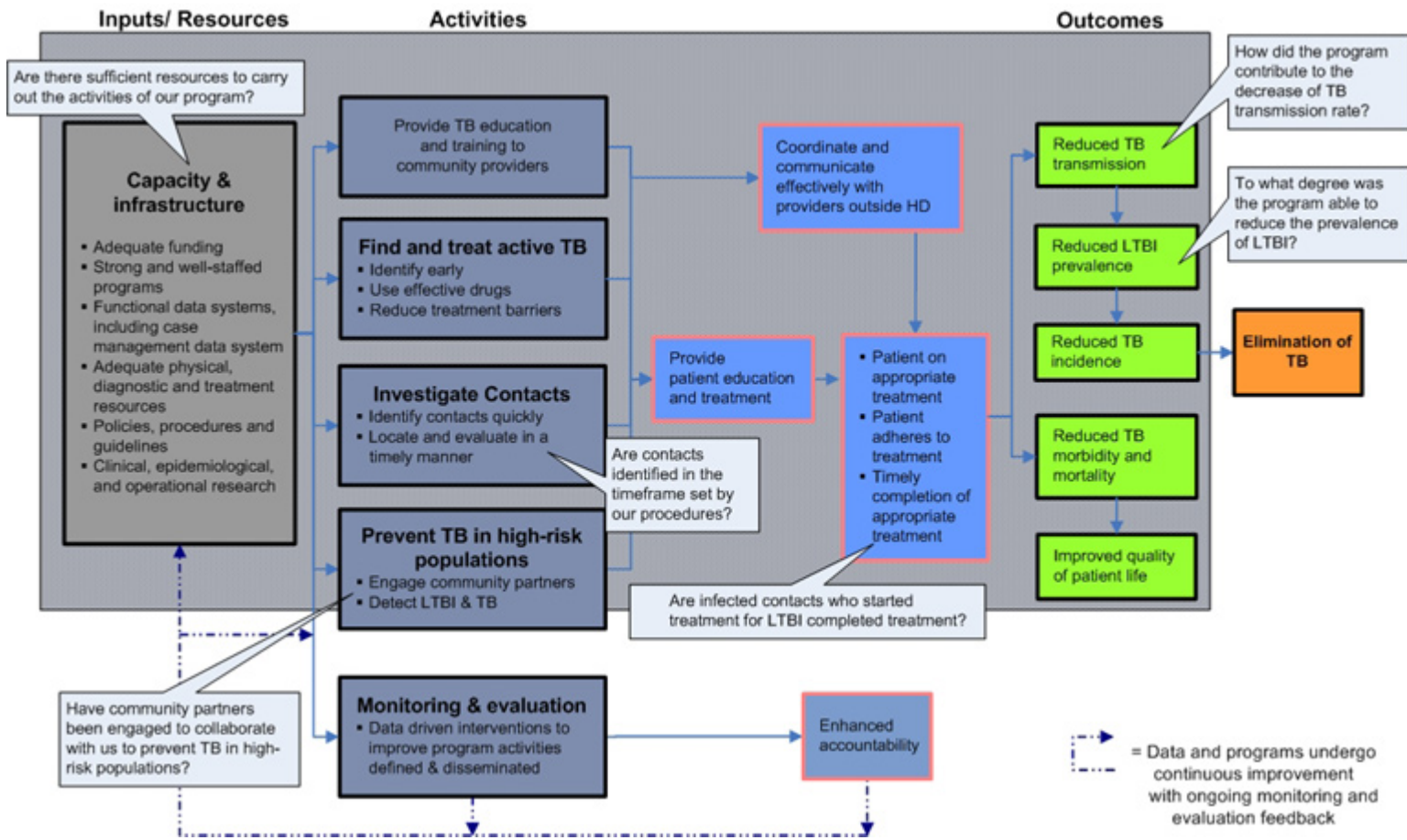


Figure 3

From the long list of questions that can be generated, you will need to select your 3-5 highest priority evaluation questions. Questions should reflect both process and outcomes. However, these questions are still preliminary pending the considerations of the data needs of your evaluation questions. Not only should the evaluation serve the needs of the stakeholders, but it should be feasible and produce accurate findings. Depending on the resources and time available for your evaluation, only a few evaluation questions can be assessed.

After selecting a few evaluation questions from your highest priority questions, these questions will dictate your evaluation design and data collection methods. In this section of your evaluation plan, state what questions will be addressed with this evaluation.

Evaluation Design

Although program evaluation questions are geared to answering specific questions for specific programs, the designs for answering them often resemble research designs. However, it is important to remember that the purpose of evaluation is to improve programs, not to publish generalizable findings, and therefore you need only collect data sufficient to answer your evaluation questions.

Key issues you need to decide about evaluation design are:

- Will you have a control or comparison group?
- Will you measure before and after or only after?
- Will you collect data prospectively or retrospectively?
- Do you need in-depth, detailed information about the question(s) (qualitative information), or specific, targeted information (quantitative information)?

Resource Considerations

- ❖ What resources are available to conduct the evaluation (e.g., staff time for members of the evaluation team, data collection, funds to hire evaluators, space to house evaluators or evaluation data)?
- ❖ What data do you already have or are already collecting for another purpose that may be useful for the evaluation? What data do you need?

Additional considerations that are helpful in selecting your design:

- ❖ **Standards of “good” evaluation.** You will want to select a design that provides useful information to improve the TB program, and is feasible such that it is not overly disruptive of daily operations. In addition, the design that is selected should produce accurate findings given the program’s operations and the resources available for the evaluation.
- ❖ **Timeliness.** When do decisions need to be made about the program?
- ❖ **Stage of program development.** For a newly developed component/activity, process evaluation helps us understand what we need to do in order to enhance the program. In a well established program, the addition of outcome evaluation may serve to help identify program’s performance and effectiveness.

Consider strengthening your design by

- ❖ Mix methods when appropriate such as combining interviews and chart reviews.
- ❖ Use repeated measures
- ❖ Triangulate (use multiple and varied data sources to draw conclusions)

Gathering Credible Evidence: Data Collection

✦ *This section provides information about how you will conduct the evaluation. It includes the indicators you will use to determine program success, program targets that will serve as benchmarks to evaluate performance against, data collection methods and tools, and a timeline for data collection activities.*

Indicators

Indicators are measurable signs of a program's performance. Good indicators are relevant, understandable, and useful. Indicators are tied to the objectives identified in the program description, the logic model and/or the evaluation questions. A library of indicators that can be used by TB programs has been developed. A sample list of indicators is provided in Appendix D. Many of these will be useful in your evaluation design. Note that these are a mix of process indicators that measure implementation activities as well as outcome indicators. However, if you choose to write your own indicators, tie your indicators to a S-M-A-R-T objective as described below in worksheet 3. Use Table 4 to record your indicators and tie them to evaluation questions.

Worksheet 3. Creating Indicators from S-M-A-R-T Objectives

Objective	Increase percentage of adult patients with non-resistant TB who completed therapy (within 12 mos.) from 80% to 90% by 2006.						
Breakdown	VERB	METRIC	POPULATION	OBJECT	BASELINE MEASURE	GOAL MEASURE	TIMEFRAME
	Increase	Percent	Adult patients with non-resistant TB	Completion of therapy (w/in 12 mos.)	80%	90%	By 2006



Breakdown	VERB	METRIC	POPULATION	OBJECT	BASELINE MEASURE	GOAL MEASURE	TIMEFRAME
	Increase	Percent	Adult patients with non-resistant TB	Completion of therapy (w/in 12 mos.)	80%	90%	By 2006
Indicator	Percent of adult patients with non-resistant TB who completed therapy (within 12 mos.) in 2006.						

When your evaluation questions do not draw on existing program objectives, a similar strategy can be used to develop indicators. Keeping in mind that indicators are visible and measurable signs of change, identify some observable manifestations of the concept, using proxy measures as appropriate, and state them in the proposed fashion (including terms for metric, population, object and timeframe as suggested in worksheet 3).

Evaluation Question	Possible manifestations...	→ Indicators
Have Spanish-speaking persons been treated appropriately for LTBI or TB?	Visit of Spanish-speaking patients to the clinic	Number of Spanish-speaking persons treated by clinic for TB & LTBI between Jan – June.
	Whether or not clinical treatment standards have been met may indicate whether treatment are administered appropriately	Number of times clinical treatment standards are met for Spanish-speaking patients
	Forms and signs in Spanish and accessible to the low literate may indicate the effort to implement appropriate treatment	Percent of time that signs and forms are available in Spanish and written for persons with low-literacy skills
	Presence of Spanish-speaking staff may indicate presence of communication and likelihood of appropriate treatment	Percent of time that Spanish-speaking staff are present in clinic
	Knowledge of how to access translator services may indicate proper implementation of staff training	Percentage of clerks/staff who know how to access translators or certified interpreters
	Respect is the basis of all care and treatment	Percent of patients who report being treated respectfully

Program Benchmarks or Targets

Program Benchmarks or targets are what the stakeholders of the TB programs consider to be “reasonable expectations” for the program. In thinking about the program benchmarks, it is important to think about what “success” means. How do you measure success? What does it mean if the program is successful or effective? These standards that programs have set for themselves will be used as the benchmark against which you will evaluate your program’s performance. The overarching program benchmarks or targets are usually established when the management team formalizes the program objectives and sets the goal(s) for the program. Standards or targets may not exist that relate to all of your evaluation questions, but many standards are implicit in a program’s strategic plans, TB National Guidelines, and treatment protocols. Stakeholders can also help you set program standards. The example below illustrates how evaluation questions, indicators, and program benchmarks relate to one another. Benchmarks or targets that you identify can be also recorded in table 4.

Evaluation Question	Process and Outcome Indicators	Program Benchmarks
Have Spanish-speaking persons been treated appropriately for LTBI or TB?	Number of new Spanish-speaking persons treated by clinic for TB & LTBI between Jan – June.	Increase in the number of Spanish-speaking patients
	Number of times clinical treatment standards (i.e., proper referrals made and test conducted) are met for Spanish-speaking patients	Clinical standards are met 100% of time
	Percent of time that signs and forms are available in Spanish and written for persons with low-literacy skills	Patient education signs and forms in Spanish are available 100% of time; literacy level of materials is at a 6 th grade reading level
	Percent of time that Spanish-speaking staff are present in clinic	80% of time Spanish-speaking staff are available
	Percent of clerks/staff who know how to access translators or certified interpreters	All staff know how to access and use translators or certified interpreters
	Percent of patients who report being treated respectfully	90% of Spanish-speaking patients report that they were treated respectfully

After completing table 4, it can be included in your evaluation plan with explanatory text. Note that it is likely that you will have multiple indicators tied to each evaluation question.

Table 4. Indicators and Program Benchmarks for Evaluation Questions		
Evaluation Question	Process and Outcome Indicators	Program Benchmarks or Targets
1.		
2.		
3.		
4.		

Data Collection

Your plan should include details about collecting the necessary data for each indicator. Use table 5 to describe your data collection plan. To complete this table, consider the following questions for each indicator:

- ❖ What methods will you use to collect the data?
- ❖ Where are the data?
- ❖ How often will it be collected?
- ❖ Who is responsible for collecting the data?
- ❖ How will you handle and store the data?

Note that more than one data source may provide information for each indicator.

Examples of data sources include:

- ❖ Records or charts
- ❖ TB registry and databases
- ❖ Interviews or focus groups
- ❖ Participant observations
- ❖ Other documents

Indicator	Data Sources	Collection		
		Who	When	How

Tools

Tools are the documents or strategies that you will use to collect the data you need. When choosing tools, consider whether the questions you are asking or data elements you are collecting are tied to your indicators.

- ❖ Collect the information you need in the most straightforward way possible
- ❖ Collect only the information you need
- ❖ Use tools that are easy to understand, administer and use, and do not place undue burdens on staff or patients
- ❖ Pilot test tools before using them to collect the evaluation data so that you know that users can successfully use the tool for its intended purpose. Make changes based on your pilot test

Human Subjects Consideration

At this point it is important to consider if your evaluation will require review by your program's Institutional Review Board (IRB). Many program evaluations are exempt from review but this is a consideration when developing your plan.

In your evaluation plan, describe the tools you are using and their purpose. The tools you will use to collect the evaluation data can be attached to the plan as an appendix if you choose.

Evaluation Timeline

A timeline is not required in an evaluation plan but it can be helpful in guiding evaluation activities. Developing a timeline will ensure that all stakeholders are aware of what activities are occurring at any time. It may also help you determine if your evaluation resources will be strained by too many activities happening at any given time. Table 6 is an illustrative timeline that may be useful in your evaluation plan if you choose to use one.

Table 6. Illustrative Timeline for Evaluation Activities				
Evaluation Activities	Timing of Activities for {Year}			
	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr

Justifying Conclusions: Analysis and Interpretation

✦ *This section describes your plan for analyzing and interpreting the evaluation data. Specific components of this section will be determined by your design and methods. However, general guidance for this section is below.*

Analysis

Describe what techniques you will use to analyze your evaluation data. Although your initial analysis plan may be general, you may want to address issues such as:

- What data aggregation systems or software you plan to use
- What statistical methods (if any) you plan to use
- What stratifications (if any) you plan to examine among the data
- What types of tables or figures you may use

Complete Table 7 to describe your analysis plan linking data collection methods to analysis techniques and identifying who is responsible for this analysis. If you need assistance with selecting methods or techniques, www.cdc.gov/eval has many resources available to assist in the process.

Table 7. Analysis Plan	
Data Analysis Technique	Responsible Person

Interpretation

In this phase you will judge your findings against the program standards. In drawing conclusions from the evaluation findings, it is important to consider the context in which the program is operating. It is also important that conclusions be sound, reasonable and objective. Involving the stakeholders in this process will bring insights and explanation to the evaluation findings, thus ensuring the validity of the interpretation and that recommendations based on the findings are relevant. Developing a draft report and sharing it with stakeholders is one method of involving stakeholders in the interpretation process and may be sufficient and appropriate in some cases.

Use worksheet 4 to help you plan what type of stakeholder should be invited to your meeting to interpret the findings. This list is intended to give you ideas and suggestions as to whom you might like to involve in this important process. However, other people should be considered as appropriate.

Worksheet 4. Stakeholders List	
Yes ✓	
	Program managers
	Program staff
	Program administrators
	Health department administrators
	Patients
	Foreign born community
	Community members
	Community-based organizations
	Community planning board
	Business community
	Policy makers
	Health care providers
	Schools and universities
	Other:

In your evaluation plan, explain who will be involved in interpreting the findings and describe the procedures and guidelines you will use to help you interpret the evaluation findings.

Ensuring Use and Sharing Lessons Learned: Reporting and Dissemination

✦ *A reporting and dissemination plan will ensure that evaluation findings will be distributed to those who will make use of the lessons learned from the evaluation. The plan should describe what medium you will use to disseminate the evaluation findings, who is responsible for disseminating the findings, how the findings will be used and who will act on the findings. The purpose of program evaluation is to use the information from the evaluation to improve program operation and enhance its performance. An evaluation does not achieve its purpose if not used. It is helpful to review your stakeholder assessment in developing the reporting and dissemination plan. Use table 8 to indicate how the findings will be distributed and by whom.*

Table 8. Dissemination Plan		
Yes ✓	Dissemination Medium	Responsible Person
	Report	
	Mailing	
	Website	
	Television	
	Radio	
	Newspaper	
	Newsletter	
	Briefing	
	Brochure	
	Meeting/presentation	
	Other:	

In writing this section of your plan, check the reporting and dissemination plan against the stakeholder list you developed earlier and refer to worksheet 3 to ensure that your reports will address stakeholder needs and that the reports will reach them.

Ensuring Use

Throughout the evaluation process you will want to develop mechanisms to ensure that findings are used and changes implemented. Your plan should address how you plan to use your findings, in at least a general way. You will add to the list of uses as your evaluation progresses.

Although not typically something attached to an evaluation plan, the following action planning worksheet can help you anticipate how your findings will be used to improve your program.

Worksheet 5. Action Planning			
Evaluation recommendation:			
Action step(s)	Person(s) Responsible	Timeline	Plans for monitoring results

Appendices

- ✧ *Appendices to your evaluation plan can include many different items that are too detailed or long to include in the body of the plan. These might include...*
- ❖ *References*
 - ❖ *Copies of instruments or tools*
 - ❖ *Analysis programs*
 - ❖ *Reporting formats*