

Final Report: Assessment of Self-Evaluation Training for the Medical Reserve Corps Program

Final Report

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MRC Evaluation Training Final Report

Background

The Agency for Healthcare Research and Quality (AHRQ) and the Office of the Surgeon General (OSG) contracted with the MRC Evaluation Training Team to provide program evaluation training and consultation to Medical Reserve Corps (MRC) unit coordinators and program staff. This work was completed in coordination with a combined AHRQ/OSG management team led by Captain Robert J. Tosatto, Director of the Office of the Civilian Volunteer Medical Reserve Corps in the Office of the Surgeon General, and Dr. Sally Phillips, Director of AHRQ's Public Health Emergency Preparedness Program. Evaluation will enable MRC units to measure and track their individual progress, while also providing regional and national program officials with the data necessary to monitor broader trends, including the identification of program gaps.

Since the MRC began in July 2002, there has been unprecedented growth both in the number of units and the number of volunteers nationwide. In the 18 months since this study was initiated, the number of units has increased from 671 to 761. This growth has been driven primarily by community initiative rather than Federal funding. As a result, there have been few cross-unit standards applied to the capabilities, capacities, and competencies of MRC units.

This report describes the evaluation training that we conducted at MRC regional meetings between July and December 2007. It highlights key lessons that were learned from the training sessions and modifications that we made to ensure the training was most relevant to unit coordinators. It also describes findings from follow-up interviews that we conducted with MRC unit coordinators to determine whether the training tools that we developed were being used.

In addition, this report presents the findings of two environmental scans. First, we reviewed the published literature and Internet sources on the various stages of development and maturation of non-profit or volunteer-based organizations. This review was conducted in an effort to demonstrate how evaluation activities might be applied across the growth of an MRC unit. The second scan focused on strategies or methods that volunteer-based groups use to characterize the value or contribution (financial or programmatic) of volunteers' time and effort. The findings of this scan are summarized in Appendix C.

Development of the Regional Training Sessions

We began this study by conducting a needs assessment to determine what level of experience MRC units had with program evaluation. This was done to ensure that the training we developed for the regional meetings would be most relevant. Our findings revealed that very few units had experience with program evaluation or had even established a formal strategic plan. In addition, there was substantial variation among units in terms of their size, structure, and scope, and most units were still in the early stages of development.¹

Based on our findings, we designed the training to focus on strategic planning and how to develop a program logic model. Strategic planning is the critical first step in any evaluation because it clearly describes the goal(s) and objectives of the program. The intent of the training was to educate MRC coordinators on the need for strategic planning and to provide them with a basic understanding of a logic model, how one is developed, and how to use a logic model to guide performance measurement and evaluation.

The training consisted of two components: a short introductory presentation on strategic planning and the logic model, followed by a “hands on” session so unit coordinators could practice developing a logic model. We felt that this was the best way to fully engage coordinators from advanced units and those from units that were just being started. For the interactive session, participants (most were unit coordinators, but some were program staff) were divided into groups of five to ten people and each group was given a different hypothetical situation and goal statement, as well as a list of resources (e.g., number of volunteers). Using this information, they were asked to describe the short- and long-term outcomes that they wanted to accomplish and the major activities that were required to reach those outcomes. An example of a logic model handout developed for the first regional training is provided in Appendix A.

The training sessions also consisted of a “report back” in which each group shared the results of their logic model, described their rationale for selecting the outcomes and activities they did, and identified key challenges with the process. This provided a good opportunity for the participants to observe and learn from how other groups approached the exercise.

¹ Over half of the MRC units currently registered at the time were less than 2.5 years old.

Overview of the Regional Training Sessions

Researchers conducted the training at each of the MRC regional meetings held between July and December 2007. Exhibit 1 provides a summary of the regional training sessions, including the number of training sessions and average number of participants in each session.

With the exception of Region 2, each training session was scheduled for two hours. In Region 2, only one hour was scheduled for each session. To adjust for this change, we significantly reduced the amount of time that the participants spent in their breakout groups to complete the logic model. In addition, the report back portion was shortened, leaving little time for questions. Generally speaking, the ideal length of time for the training was approximately 90 minutes.

Exhibit 1. Regional Training Sessions

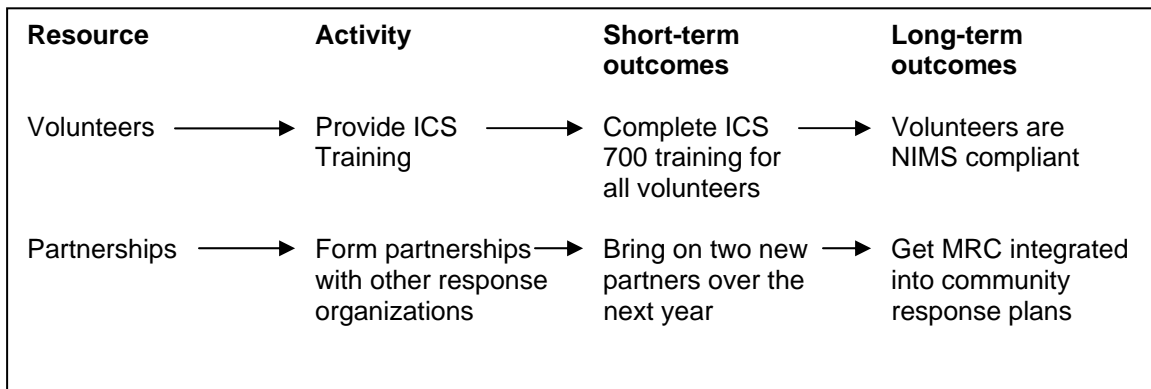
Region	Meeting date (2007)	Number of training sessions	Average number of people per session
1	October 25-26	2	20
2	October 11-12	2	25
3	November 14	2	20
4	November 9	2	22
5	August 27-28	2	23
6	December 12-13	2	25
7	December 5	1	30
8, 9, and 10	July 17-20	3	30

The first regional meeting was held in July 2007 and was also the largest, with unit coordinators from Regions 8, 9, and 10 in attendance. Because this was our first opportunity to implement the evaluation training, we learned several critical lessons that we used to improve the training for future meetings. These lessons, and the subsequent changes that we made to the training, are described below.

Lessons Learned and Adjustments to the Training

Many participants worked in a linear fashion through the logic model. They took each input or resource and worked straight across the page to come up with an activity and an outcome for that input rather than thinking about the desired outcomes of the unit as a whole (Exhibit 2).

Exhibit 2. Participant Approach to Logic Models



The exhibit above is representative of what many groups came up with for their logic model. Note that the purpose of the logic model is to visualize the pathway by which a program will operate to achieve its desired results. It should highlight the relationships that exist among resources, activities, and outcomes, since these rarely operate in a vacuum. In Exhibit 2, the stated outcomes (both short- and long-term) are not indicative of why the MRC unit exists. For example, the unit does not exist simply to have volunteers who are NIMS compliant. Rather, it exists for some greater purpose, such as the ability to minimize morbidity and mortality in an emergency by improving access to medical care. In a logic model, long-term outcomes usually will be synonymous with the unit's overarching goal. The tendency for participants to work linearly from one resource to one activity to one outcome was a problem we observed in almost every region.

We also found that many participants in the first meeting dwelled on the inputs or resources column of their logic model, trying to define specific quantities of resources they would need before defining activities and outcomes. This was not the intent of the exercise; we wanted participants to concentrate on how the activities they would engage in are connected to the outcomes they wanted to achieve. Therefore, we adjusted the training slightly and gave the participants specific information about the type and amount of resources that were available to them (see Appendix B). The participants had to work within this set of pre-defined parameters and make assumptions about what they could realistically accomplish. This assured that they spent most of their time on the activities and outcomes.

Another observation from the initial meeting was that the participants did not always create performance measures for their activities and outcomes. Because the original logic model handout did not have a space to list performance measures, this step was often skipped. Therefore, we added a space below the activity and outcome columns in the modified handout (Appendix B) to remind participants to include performance measures.

Most participants found the interactive sessions to be a fun and very informative experience. They learned a great deal from the different experiences that each person contributed from his or her own community. At the same time, the diverse backgrounds of the participants (e.g., nursing, fire, law enforcement) influenced their perspectives on the strategic planning process. This diversity, while creating a rich learning environment, also created some challenges. For example, it was difficult for the participants to adhere to the hypothetical scenario they were given for the logic model. Instead, they routinely reverted to the resources, activities, or goals they knew from their unit. We addressed this by emphasizing the need for each group to make, and hold to, certain planning assumptions based on the hypothetical information they were provided.

Also, we spent extra time during the introductory presentation on key points and walking the participants through the sample logic models. It was particularly important to stress that a well-constructed logic model provides a visual pathway for how the entire unit is expected to operate, and not just one aspect of the unit. We wanted participants to think about what their unit seeks to accomplish beyond recruiting volunteers and providing training. Finally, we emphasized the importance of considering (and showing on a logic model) how the components of their unit work together and how some activities or outcomes may be necessary prerequisites to others.

In the next section we discuss some of the major themes that we observed from our work with MRC coordinators during the evaluation training sessions.

Emerging Themes from the Training Sessions

Overall, participants at the regional meetings embraced the concepts of strategic planning, logic models, and performance measurement. They recognized the utility of these activities for building stronger and more sustainable MRC units. In addition, coordinators noted that grant applications increasingly require the use of logic models to show how a program will operate. This practical application for helping to secure funding was especially influential in getting participant buy-in.

Most of the coordinators were enthusiastic and receptive to the training guides that we developed. Some came to their regional meeting having already viewed the guides on the MRC national website. They were also appreciative of the volunteer satisfaction survey and felt that this would be a good resource to help them better gauge the acceptance of their program among volunteers.

In many instances, the groups developed very creative examples of activities, outcomes, and performance measures for their logic models. Examples of these are provided in Exhibit 3.

Exhibit 3. Sample Logic Model Components

Activities	Outcomes	Performance measures
<ul style="list-style-type: none"> • Determine skill sets of volunteers and match these to expected roles of the MRC in staffing flu vaccination clinics • Work with public health officials to establish clear roles and responsibilities for the MRC in staffing special needs shelters • Actively participate with community partners in exercises and establish specific training objectives for the MRC • Develop “just-in-time” training for volunteers 	<ul style="list-style-type: none"> • Increase knowledge about the health risks associated with obesity and a sedentary lifestyle • Reduce the number of “walking wounded” who are treated in the acute hospital setting • Increase the overall flu vaccination rate by 15% over the previous year’s rate • Increase the number of trained medical volunteers who are available to staff alternate care sites during an emergency 	<ul style="list-style-type: none"> • Number of presentations delivered on obesity over a six-month period (i.e., target = 15) • Number of community exercises participated in over the last 12 months • Number of partnerships formed and Memoranda of Understanding (MOU) established • Time it takes to process a mock patient through a point of dispensing during an exercise

Not surprisingly, we also encountered some challenges. As noted earlier, a logic model should depict relationships among the *core* components of a program that are essential for it to operate as intended. We found that many participants had a difficult time staying focused on the critical elements of their unit and instead got sidetracked by the details. One person described it as, “we started going real big, real fast.” Overall, participants tended to be very task-oriented and interested in developing a work plan. It was important to remind them that a logic model is useful for getting a general sense of how a program operates, but it does not provide the same level of detail as a work plan.

It was apparent from our interactions with unit coordinators and program staff that the distinction between a strategic plan and a work plan is often blurred. When a person indicated that he or she had developed a strategic plan, further discussion revealed that they really had a work plan outlining the specific tasks they were going to conduct. It was common for coordinators to have developed a work plan without having a written strategic plan in place. In some instances, they stated that because the MRC was incorporated into their host organization’s strategic plan, they did not require a strategic plan of their own.

Our findings from the needs assessment revealed that many MRC coordinators did not differentiate between the broad goal(s) of their unit and the more specific and measurable objectives that would help them achieve their goal(s). This was also observed during the evaluation training sessions. Participants used the terms interchangeably and often spoke of the short-term outcomes listed in their logic model as the “goals” of their unit.

Some groups did not illustrate linkages between activities and outcomes on their logic model, tending instead to simply generate lists of each. One of the benefits of developing a logic model is that it requires a person to constantly question the validity of the connections between activities and outcomes (or between multiple activities or multiple outcomes). For example, a coordinator could ask “is there a correlation between participating with my partner agencies in drills and exercises and gaining a better understanding of my unit’s role in a disaster response?” By simply generating lists of activities and outcomes, this examination of correlation was not performed.

Defining realistic and reliable performance measures was also challenging. In some instances, groups specified performance measures that would have been exceedingly difficult to analyze using supporting data. For example, one of the scenarios involved using MRC volunteers to conduct outreach education on the benefits of healthy eating and exercise to help combat the obesity epidemic. A group with this scenario decided that they wanted to target school-age children and listed as one of their outcomes a 15% reduction in the number of obese children over a 12-month period. The performance measure chosen for this outcome was body mass index, measured among the target group prior to the intervention and again at 12 months. Obtaining and calculating these indices likely would have been time intensive and resource prohibitive for a volunteer organization like the MRC.

Throughout the training sessions, we emphasized that there is no “one way” to develop a logic model. Some might find it easier to start with their available resources and work left-to-right across the page through activities to outcomes. Others might choose to start with their desired outcomes and work backward to identify the appropriate activities and resources. We encouraged the groups to try both approaches and the feedback that we received suggested there are benefits to each. Generally speaking, participants seemed to favor starting with the outcomes and working backwards. From a teaching standpoint, this was good because participants spent more time thinking about their unit’s activities and outcomes rather than dwelling on the resources they were given.

The breakout-group segment of the evaluation training provided a venue for informal discussions between the unit coordinators. These sidebar discussions often addressed such issues as recruiting, credentialing, and liability protection for volunteers. Other issues related to interoperable communications and activation procedures also were discussed. These conversations provided insight into what were “top of mind” issues for the coordinators. And more often than not these issues had to do with structural challenges rather than planning challenges (the latter including issues related to the development of program goals and objectives). It was evident from these conversations that most coordinators operate in an environment where structural challenges have priority. Given the time constraints of most coordinators, this can make it very difficult to ensure adequate attention is focused on strategic planning and evaluation.

A commonly asked question during the training sessions was, “where does the development of a logic model fit in terms of doing strategic planning and performance measurement?” There was some confusion regarding the correct “order” of conducting these activities. The development of a logic model is an essential part of strategic planning because it helps define the core components of a program and how they relate to each other. This knowledge helps guide the unit’s coordinator in determining the best approach for achieving the program’s long-term goals. Therefore, logic model development is part of, and not separate from, the strategic planning process. The training staff emphasized this point to participants.

Utilization of the Training Guides and Toolkit

Upon completion of the regional training sessions, we conducted a series of follow-up interviews with the 25 MRC coordinators who were contacted for the needs assessment. Due to concern that some of these coordinators might not have attended their regional meeting, 13 additional coordinators were contacted who were known to have attended a regional meeting.² A list of the units contacted for the follow-up interviews is provided in Exhibit 4.

The purpose of these interviews was:

- To determine whether progress had been made over the past year in developing a strategic plan or conducting an evaluation.
- To determine whether the coordinators had accessed and used the training guides and/or volunteer satisfaction survey they had been provided. And if not, to describe common barriers to using these tools.
- To determine the future strategic planning and evaluation needs of the unit coordinators.

² The names and contact information for these coordinators were provided by program staff in the MRC national office.

Exhibit 4. MRC Units Contacted

Unit name	HHS region	City	State	Ever Used Training Materials?
Original sample of 25 MRCs				
Boston MRC	I	Boston	MA	
Cape Cod MRC: Dennis Church of the Nazarene	I	South Dennis	MA	
Wachusett MRC	I	Hubbardston	MA	Yes (logic model)
S2AY Public Health Network	II	Corning	NY	Viewed only
Warren County MRC	II	Washington	NJ	Viewed only
Virginia Beach MRC	III	Virginia Beach	VA	No
Lord Fairfax Health Dist. MRC	III	Winchester	VA	
Escambia Co. Health Dept MRC	IV	Pensacola	FL	
South West Alabama Medical Preparedness	IV	Mobile	AL	Viewed only
Schoolcraft County MRC	V	Manistique	MI	
Cincinnati, OH -Tristate MRC	V	Cincinnati	OH	No
Oklahoma MRC - Region 1	VI	OKC	OK	
Miller County MRC	VI	Texarkana	AR	No
Sedgwick Co. Health Dept	VII	Wichita	KS	Viewed only
Lincoln/Lancaster Co. MRC	VII	Lincoln	NE	Viewed only
Cape Girardeau Co. MRC	VII	Cape Girardeau	MO	No
Bear River MRC Cache Co.	VIII	Logan	UT	
MRC of Southern Colorado	VIII	Colorado Springs	CO	
Natrona County MRC	VIII	Casper	WY	
MRC Los Angeles	IX	Los Angeles	CA	
Marin MRC	IX	Corte Madera	CA	
Carson City MRC	IX	Carson City	NV	Viewed only
Multnomah County Health MRC	X	Portland	OR	
North Central District Health Department MRC	X	Lewiston	ID	Yes (logic model)
Whatcom County MRC	X	Deming	WA	
Additional sample of 13 MRCs				
Capitol Region MRC	I	Hartford	CT	No
Upper Merrimack Valley MRC	I	Westford	MA	
Greater Derry MRC	I	Derry	NH	
Oxford County MRC	I	Rumford	ME	No
Bergen County MRC	II	Paramus	NJ	
Hudson Regional Health Commission	II	Secaucus	NJ	Viewed only
Gloucester County MRC	II	Sewell	NJ	No
Chattanooga-Hamilton County MRC	IV	Chattanooga	TN	No
Barren River Area Development District MRC	IV	Bowling Green	KY	Viewed only
Central Nebraska MRC	VII	Hastings	NE	Viewed only
Marshall County MRC	VII	Marysville	KS	
Eastern Idaho Public Health District	X	Idaho Falls	ID	Viewed only
OTTR Region 2 MRC	X	Corvallis	OR	No

Strong interest in the training guides and volunteer satisfaction surveys posted on the MRC national website was expressed during the regional training. Many coordinators stated that they planned to go back to their units and use the tools to help them develop a strategic plan or refine an existing plan. The feedback from our follow-up interviews, however, indicates that for the most part this has not happened. While many coordinators reported that they had viewed the tools, few had actually used them in any practical capacity. One coordinator remarked, “It’s on my ‘to do’ list, along with a dozen other things.”

Some of the coordinators we spoke with either had not been able to attend their regional meeting or were new to the position and were not familiar with the training materials. There were a few instances in which the MRC coordinator had attended the training but admitted that they did not remember the guides were available on the website. It was suggested that the tools might have been better advertised to promote continued awareness of them once the coordinators left the meetings and returned to their normal “day jobs.”³

From the interviews, we received five examples of strategic plans for MRC units, including goal(s) and objectives statements. The formats used to develop the plans are as diverse as the units themselves. One state has developed an MRC strategic plan position statement for all of its MRC units. It was developed in partnership by the state Department of Emergency Management and Homeland Security, the state Department of Public Health, the Citizen Corps Advisory Council, and the regional office of the U.S. Department of Health and Human Services.

A review of the goals and objectives statements provided to us indicates that there is still some confusion over the difference between these terms. For example, one unit established the goal to “recruit and mobilize 300 volunteers from two counties to serve as MRC volunteers.” The objectives provided to support this goal, shown in Exhibit 5, more accurately represent the specific tasks of a work plan to recruit volunteers. The goal statement itself is more consistent with what we would consider an appropriate objective (although it lacks a timeframe for completion).

³ Most MRC coordinators cover MRC responsibilities on a part-time basis, typically spending only a small fraction of their time on day-to-day MRC operations.

Exhibit 5. Sample Goal Statement and Supporting Objectives

Goal	Objectives
To recruit and mobilize 300 volunteers from two counties to serve as MRC volunteers	<ul style="list-style-type: none"> • 1.1. Identify 3 community resources in each of 10 counties in SW Alabama to assist with information dissemination and recruitment • 1.2. Develop public information campaign about homeland security to use in recruiting CERT teams • 1.3. Distribute information about terrorism, potential threats and CERT in each target county through media outlets and public speaking engagements (10 speaking engagements per year) • 1.4. Provide orientation to elected and civic leaders in each county to enlist support and cooperation in recruiting and utilizing CERTs • 1.5. Develop data-base to track participants and their activities.

The vast majority of coordinators we spoke with indicated that they had not made significant progress in developing a strategic plan. The most common barrier was not having enough time to get to it. Another barrier was the belief that there were other, more pressing issues such as addressing the liability protection issue. One coordinator stated, “The first thing prospective volunteers want to know is, ‘am I going to be covered.’ If I can’t answer that question, I can’t recruit anyone and then it doesn’t matter what type of strategic plan I have.” This sentiment supports the earlier statement that many coordinators place higher priority on structural challenges than on planning challenges.

There were, however, some MRC unit coordinators who have used the training guides to develop a strategic plan or logic model. One coordinator reported using the logic model guide to help her develop a logic model specific to her volunteers and organization. In another instance, a coordinator stated that she had viewed the logic model guide but would have preferred something simpler to be able to completely understand it and use it with any sense of ease. Still, she found the guide helpful, saying, “We are much clearer this year than we have been.”

Unfortunately, we encountered no coordinators who had administered the volunteer satisfaction survey. One of the coordinators reported having developed their own survey a few months before ours was released. He stated that he did not get much of a response and was curious in trying again with our survey. Most of the other coordinators that we contacted stated that they thought the survey was a great idea, but their programs were not ready for it.

Stages of Program Development and Evaluation

Given the limited resources and time available to most MRC unit coordinators, program evaluation activities should be as practical and focused as possible. This will help assure that the evaluation is conducted efficiently and addresses the issues of greatest concern to stakeholders.

Too often, evaluation is perceived as an activity reserved for mature programs that want to examine their overall effectiveness. Although this form of evaluation,

known as summative evaluation, can be very valuable, entities like the MRC can also benefit from evaluation activities that support program improvement (i.e., formative evaluation) while the program is still growing. Thus, one approach unit coordinators can use to promote a realistic and practical evaluation strategy is to link evaluation activities to various stages of program development.

The published literature characterizes the development of non-profit or volunteer-based organizations in various ways. This development is often referred to as the “life cycle” of an organization, since it tends to progress through a series of defined stages that are similar to the maturation process a person goes through from infancy, to childhood, adolescence, and adulthood. The defining activities and structures of one stage are not necessarily going to be the same as those in another stage.⁴

One of the simplest and most effective ways to view organizational development is through the following four stages.⁵

- **Stage #1: Formation** – the organization or coalition is young and the basic strategy is one of survival. The structure is highly individualized.
- **Stage #2: Implementation** – the organization or coalition is growing and the strategy is to establish systems to manage the growth and maintain control. The organization has become functionally structured at this point, which may be characterized by the establishment of a governing body or steering committee, development of an action plan, and proactive recruitment.
- **Stage #3: Maintenance** – the organization or coalition is fully established and the strategy is geared towards expansion and diversification. The structure is fully developed to enable the organization to exist as a full partner with other organizations.
- **Stage #4: Outcome** – the organization or coalition has achieved its primary goals and the strategy is to seek additional diversification of services as some initial services reach the end of their life cycle.

Alternative models of program development may specify slightly different stages; however, there are generally common elements between them. For instance, most models characterize the initial stages of development as highly dependent on innovative or entrepreneurial activities, which seek to develop a market niche

⁴ Robert E. Quinn and Kim Cameron. “Organizational Life Cycles and Shifting Criteria of Effectiveness: Some Preliminary Evidence.” *Management Science*, Vol. 29, No. 1 (January 1983), pp. 33-51.

⁵ The Centers for Disease Control and Prevention, Building Partnerships. http://www.cdc.gov/drpsurveillancetoolkit/docs/BUILDING_PARTNERSHIPS_TO_MARKET_THE_MESSAGE.pdf

or build on a particular ideology. A primary driver of initial development is the acquisition of resources and building of strategic relationships. Similarly, mature organizations typically have achieved some level of institutionalization, which occurs when policies and rules become more firmly established and formalized.⁶

These stages provide a conceptual framework for program development and can be useful to the MRC coordinator in planning to assess their unit's performance. Just as the activities and structures in one stage will not necessarily be the same as in another stage, so too may the evaluation criteria differ. MRC coordinators conducting a self-evaluation must ensure that the evaluation goals are defined to properly match the focus of the organization at that point in time.⁷ It is also important to specify at the outset, both to internal and external stakeholders, why the evaluation is being done and how the information will be used.⁸

Using the four stages of development previously described, we examine some of the evaluation goals that might be most applicable. During the formation and implementation stages, program activities are untested and the goal of evaluation is to refine plans. Evaluation activities may focus primarily on making sure the right stakeholders have been engaged and that appropriate and realistic goals and objectives have been established. In addition, such issues as resource acquisition and the development of external partnerships may be examined. The governing body or steering committee for the MRC unit should review any goal(s) and objectives outlined in a strategic plan to ensure they are aligned with the needs of the community and the expectations of key partners and stakeholders.

During the implementation stage, activities will be field-tested and modified. The goal of evaluation is to characterize real, as opposed to ideal, program activities and improve operations, perhaps by revising plans and refining internal process issues.⁹ As the MRC unit progresses into the maintenance stage, it may seek to expand its activities and service offerings. Performance measurement will focus primarily on process measures to determine if the unit is operating as intended. It may also be appropriate at this stage to examine the potential impact of activities on short-term outcomes (e.g., changes in knowledge or skills). In this way, measures of effectiveness may shift towards goal attainment and productivity.

As the MRC unit enters the outcome stage, it will have accumulated significant experience and data to determine whether it has been successful in meeting (or making progress towards meeting) its goals and objectives. During this stage,

⁶ Robert E. Quinn and Kim Cameron. "Organizational Life Cycles and Shifting Criteria of Effectiveness: Some Preliminary Evidence." *Management Science*, Vol. 29, No. 1 (January 1983), pp. 33-51.

⁷ Ibid.

⁸ Marty Campbell and Charles McClintock. "Shall We Dance? Program Evaluation Meets OD in the Nonprofit Sector." *OD Practitioner*, Vol. 34, No. 4 (2002). Available at: http://www.irvine.org/assets/pdf/pubs/evaluation/Shall_We_Dance.pdf.

⁹ The Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999;48(No. RR-11). <http://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>

enough time has passed for the program's effects to emerge and the goal of evaluation should be to identify and account for both intended and unintended effects. A results-oriented approach will shift the focus primarily on outcomes measures, with the understanding that this information should feed back into strategic planning to reexamine and modify the unit's goals and objectives, as necessary. This will help MRC coordinators ensure that as their unit grows, it remains responsive to the most pressing needs of the community.

Volunteer Evaluators

For many coordinators, administrative and organizational activities consume nearly all their available time, leaving little margin for strategic planning or program evaluation. Yet these are valuable activities that can lead to better-organized, more successful units. Because of this the MRC coordinator may consider spending a small amount of time to find and work with a volunteer who can assist in preparing a strategic plan and evaluating unit activities.

Potential Sources of Evaluation Volunteers

There is a well-developed network of volunteer organizations in the United States. Many MRC units will be familiar with organizations operating in their geographical area and through which they may already seek medical and other volunteers for their units:

- Senior Corps (<http://www.seniorcorps.gov>, last accessed March 24, 2008), which connects volunteers over the age of 55 with organizations needing assistance.
- AmeriCorps, (<http://www.americorps.org>, last accessed March 24, 2008), which annually “supports the engagement of nearly 75,000 Americans in service to meet critical needs in education, the environment, public safety, homeland security, and other areas.”
- Corporation for National & Community Service, (<http://www.nationalservice.org>, last accessed March 24, 2008), which is the parent organization for Senior Corps and AmeriCorps.
- VolunteerMatch describes itself as “the largest online network of participating nonprofits” (<http://www.volunteermatch.org>, last accessed March 24, 2008).
- SmartVolunteer (<http://www.smartvolunteer.org>, last accessed March 24, 2008) is “an organization that [promotes] skills-based volunteering across all job functions and all industries.”
- 1-800 Volunteer (<http://www.1-800-volunteer.org>, last accessed June 10, 2008) is “is a national database of volunteer opportunities powered by a volunteer management system for non-profits.”
- Alumni Associations. While most alumni groups solicit volunteers for college- or university-based activities, others also host special interest

- groups that may be a good source of volunteers with experience in research who can serve the general community. The Penn State Alumni Association, for example, (<http://www.alumni.psu.edu>, last accessed March 24, 2008), hosts an interest group on Emergency Medical Services and the UCSD Alumni Association (<http://alumni.uscd.edu>, last accessed March 24, 2008) hosts an alumni group from the School of Medicine.
- The American Evaluation Association (<http://www.eval.org>, last accessed March 24, 2008) hosts a topical interest group on “Disaster & Emergency Management Evaluation” and may be able to identify a volunteer to assist a MRC unit in conducting a self-evaluation.

We contacted a small sample of universities and associations as potential sources of volunteer evaluators. We spoke with individuals who discussed the conditions under which a university or professional association could provide volunteers to perform a unit evaluation.

Universities with Public Health and Health Administration programs may be a source of qualified students looking for practical work experience and internships. For example, at both the George Washington University School of Public Health in Washington D.C. and the George Mason School of Health Administration in Fairfax Virginia, graduate students are required to gain practical work experience in the form of either an internship or practicum. An internship is an experience-based opportunity, most often scheduled during breaks in the academic calendar, whereby a student receives credit for a supervised work experience related to his or her major. A practicum involves actual practice in the student's chosen field, often away from the college campus, in a practical or service situation. It is also defined as a work-study arrangement that earns college credit.

At both of the universities we contacted, the educators with whom we spoke emphasized that an MRC unit could work with an appropriate graduate program to identify qualified students and determine the nature and timing of the volunteering opportunity, either through an internship or a practicum.

Professional associations also may be a source of students or healthcare professionals who would be qualified to conduct MRC unit evaluations. We contacted three such associations: the American Public Health Association; the Association of Schools of Public Health; and the American Association of Health Care Administrative Management. Each of the associations expressed a belief that volunteer evaluators could be found among their membership. The American Public Health Association and the American Association of Health Care Administrative Management both require a fee to post a request for volunteers on their website. The Association of Schools of Public Health job/internship listing accepts volunteer requests at no charge to the requesting organization.

Exhibit 6 presents a summary of volunteer opportunities and contact information for a selected sample of university programs and professional associations.

Exhibit 6. Selected University Programs and Professional Associations

Organization	Access	Contact Information
George Washington University - Internship	No cost to requesting organization; post description of request to University Career Center	For more information, visit the University Website at: http://www.gwumc.edu/sphhs/studentres/careers/jobs/
George Washington University - Practicum Minimum of 240 hours in the field	No cost to requesting organization; Email department to post request	For more information, visit the University Website at: http://www.gwumc.edu/sphhs/studentres/Practicum/index.cfm
George Mason University - Internship	No cost to requesting organization; Email department to post request	For more information, visit the University Website at: http://www.gmu.edu/depts/chhs/HealthAdministrationPolicyDepartment/index.html
George Mason University - Practicum Minimum of 20 hours a week in the field	No cost to requesting organization; Email department to post request	For more information, visit the University Website at: http://www.gmu.edu/depts/chhs/HealthAdministrationPolicyDepartment/index.html
American Public Health Association	Refer to website for fee information; visit website to post request	For more information, visit the job posting website at: http://careers.apha.org/post.cfm
Association of Schools of Public Health - Internships	No cost to requesting organization; visit website to post request	For more information, visit the job posting website at: http://www.publichealthjobs.net/
American Association of Health Care Administrative Management - Internships	\$150.00 for Members or \$250.00 for Non-Members ; visit website to post request	Contact Customer Service: 703-281-4043, or for more information, visit the job posting website at: http://www.aaham.org/

Required Skill Set

The evaluation volunteer needs to possess a strong set of evaluation-related skills but does not necessarily have to be a trained evaluator with years of experience. Skills relevant to developing a strategic plan and performing a unit evaluation include:

- Strong writer with the ability to communicate complex ideas in simple language
- Logical and reasoning abilities to be able to create a logic model
- Some knowledge of emergency services
- Some knowledge of medical services
- Ability to understand the Self Evaluation Tools presented during the MRC training program and available online at <http://www.medicalreservecorps.gov/SelfEvaluationTools> (last accessed March 24, 2008)
- Good people skills to work with MRC unit coordinators and members to gather data
- Reasonable quantitative and qualitative data-gathering skills

Recruiting the Evaluation Volunteer

Each MRC unit will have an existing method in place to recruit volunteers for medical and other services, and these methods can be used to seek evaluation volunteers from the sources listed above. When recruiting, the coordinator should be able to clearly specify that the unit is seeking assistance in developing a strategic plan and logic model, and in performing a unit self-assessment. The expected time commitment should also be made clear. For a minimal development and assessment effort, at least 12 weeks of four hours per week would be required. The coordinator should specify the skills needed, including those listed above.

When a candidate is identified, the coordinator should provide a contact person to interview the potential volunteer. The interviewer should be ready to show the volunteer the MRC self assessment tools and talk about the volunteer's interest in doing a unit evaluation, and his or her ability to understand and follow the steps in the tools.

Managing the Evaluation Volunteer

The evaluation volunteer will most likely need more training time and more guidance than other unit volunteers, but is providing a valuable service and merits the extra time involved. The volunteer will need to be given introductions to any unit members to whom he or she will need to speak in order to gather information.

The coordinator or other person managing the volunteer's time should set a regular schedule to meet with the volunteer, whether in person or by phone, to check his or her progress and answer questions. This schedule may need to be adjusted to fit the volunteer's schedule at school or work. The timeline for the volunteer to produce a product should be reasonable and allow sufficient time for background research and meetings with MRC unit members. The volunteer should be included in regular MRC events to give him or her the flavor of the unit's activities.

Expectations

At the mid-point of the volunteer's commitment period he or she should have produced a draft strategic plan and logic model. These should quickly be reviewed by the MRC coordinator and any other necessary MRC staff members so that the volunteer can perform a rapid unit assessment. By the end of the volunteer's commitment period, he or she should have produced a draft evaluation document for the unit. This may be a fairly high-level analysis but should lay the groundwork for continuing assessment that is more highly detailed. The unit coordinator should attempt to identify a long-term volunteer or staff member who will be the responsible person for carrying forward any evaluative activities, and who will see that the strategic plan and logic model are regularly updated.

Future Evaluation and Training Needs

Our research suggests that the one component of strategic planning where unit coordinators struggle the most is implementation. Conceptually, they understand the importance of developing a strategic plan, but they don't know how best to implement the plan, especially given tight budget and time constraints. They are interested in more concrete guidance or examples of promising practices that have proven successful for other units that are similar to theirs. One potential strategy moving forward would be to select a small, yet diverse group of MRC units and work very closely with them to develop detailed strategic planning templates. These templates could be posted on the MRC national website for other units to reference as they work through the strategic planning process.

Also, many MRC units reside in housing organizations that may have resident expertise in developing and implementing strategic plans. Unit coordinators should be encouraged to seek out and tap into this local expertise to help them work through the process for their MRC. Often, receiving guidance and support from someone "who has been there" can be extremely influential. At the same time, this collaboration provides an opportunity for the housing organization to better understand the goals and capabilities of the MRC unit.

Many MRC coordinators mentioned using the core competencies for the MRC program as the foundation for setting their unit's goals and guiding their efforts. They indicated that they would like to have more standardized guidance from the national level on how these core competencies relate to strategic planning, logic models, and program evaluation. Although the competency matrix offers various types of training for each competency, many coordinators sought one national standard on which they could base their training goals, with additional training based on local needs.

MRC coordinators expressed a desire for creative approaches to both volunteer engagement and performance measurement. One coordinator noted that the biggest challenge she faces is coming up with creative ways to get volunteers involved in the unit's activities, including participation in performance assessment activities. She noted this involves learning your audience first and figuring out what will build their enthusiasm to participate. She stated that it would be helpful to get guidance on how coordinators can "understand their audience" so that both training and evaluation activities can be designed to elicit higher levels of volunteer participation.

In response to these stated needs, below we suggest a set of support enhancements that may be useful to MRC units facing constraints in available time for evaluation, a lack of expertise in conducting evaluation activities, and needing continuing guidance. Each enhancement varies in the amount of staff time and technology support costs required in order to offer it to the MRC units.

Enhancements requiring a high level of effort to establish and a moderate level of effort to maintain:

- Online "logic model" builder
- FAQ section on MRC Website
- Word- or Excel-based evaluation templates available via the MRC Website

Enhancements requiring a continuous moderate-to-high level of effort:

- "Ask an Expert" advice via email
- Expert review of in-process MRC self-evaluations
- Peer consultation network
- Direct onsite technical assistance

Enhancement requiring a continuous low level of effort:

- Dissemination of successful MRC self-evaluations

Grassroots organizations often need continuous support to foster evaluation, and evaluation is vital for MRC units to demonstrate their value to the community and the nation. MRC leadership may wish to consider allocating funds to an independent organization to provide one or more of the support enhancements listed above.

Appendices

Appendix A: Logic Model Handout

Appendix B: Modified Logic Model Handout

Appendix C: Ascribing Value to Volunteer Contributions

Appendix A: Logic Model Handout

Goal: The goal of the XYZ County MRC is to identify, organize, and train local health and medical professionals and lay people to assist in the response to local emergencies or disasters.

Situation: During an emergency or disaster, XYZ County needs trained professionals to provide first aid care and mental health support to first responders.

INPUTS (RESOURCES)	ACTIVITIES	OUTCOMES		
		SHORT-TERM	MID-TERM	LONG-TERM
Volunteers				
Time				
Funding				
Equipment & supplies				
Community partnerships				

Appendix B. Modified Logic Model Handout

Situation: A primary limitation of ABC County’s medical surge plan is a lack of health and medical professionals to staff alternate care facilities that may be set up throughout the region during a disaster.

Goal: The goal of the ABC County MRC is to identify and train healthcare volunteers in order to increase the County’s ability to respond in a public health emergency.

Available Resources: 100 volunteers, limited funding, partnerships with a local hospital, local Red Cross, EMA, public health department, minimal equipment and supply cache

RESOURCES	ACTIVITIES	OUTCOMES	
		SHORT-TERM	LONG-TERM
	Sample Performance Measures	Sample Performance Measures	

Appendix C: Ascribing Value to Volunteer Contributions

We conducted an environmental scan of the published literature and Internet sources in an effort to understand how volunteer-based organizations quantify or demonstrate the value of volunteers' time and services. Our findings reveal that many organizations do not ascribe value to volunteer efforts at all. For those organizations that do, numerous methods are used depending on the type of organization; there is no single, universally accepted or preferred strategy. The literature emphasized the importance of accounting for the value of volunteer activities in the organization's budgets and reports, noting that it is a good way to evaluate programs and provide current and potential sponsors with information on the organization's impact on and thus value to the community. This is especially important for charitable groups whose primary mission is social rather than commercial, since critical inputs and outputs may not be accounted for in traditional financial statements.

Although there is some consensus on the need to value volunteer contributions, there is considerable controversy over how this should be done: is it possible to place a dollar value on volunteer labor? Would doing so capture the whole of volunteers' efforts, or must one account for the societal effects of volunteer labor on the community as well?

According to the literature, there are essentially two ways for charitable organizations to ascribe value to volunteer activities: they can either assign a "replacement value" to volunteer hours or they can do this and also ascribe value to the organization's social outputs through a method called "social accounting."

Replacement Value Method

In the replacement value method, an organization ascribes hourly wages to volunteers; in other words, the organization determines the fair market value of the work performed by the volunteers by calculating what they might make if they were paid. As one organization put it, assigning hourly wages to volunteers is used to estimate their "avoided costs." It's critical to remember that the value of the volunteer's time should be based on the type of volunteer work that he or she performs and not his or her earning power.

There are numerous ways to determine the hourly wage. The easiest approach is to assign one wage to all volunteers, such as the Federal minimum wage, a localized average wage, or the Independent Sector wage. The Federal minimum wage is the simplest to apply, but it is usually the least reflective of the true value of volunteer activities because it assumes that all volunteers perform simple, homogenous tasks. The Independent Sector wage is one of the most frequently cited measures and represents an average hourly wage of all production and nonsupervisory workers on private nonfarm payrolls, provided annually by the U.S. Bureau of Labor Statistics, to which a 12% increase is added for benefits.¹⁰ Localized average wages are typically modeled after the Independent Sector wage but they use local versus national data and therefore represent a good option for organizations to use.

¹⁰ The Independent Sector wage for 2007 was \$19.51. This wage, as well as the dollar value of a volunteer hour broken out by state, can be found at: http://www.independentsector.org/programs/research/volunteer_time.html.

A more sophisticated approach to the replacement value method applies variable hourly wages to volunteers, depending on the type of work they perform. Under this approach, the wage is determined by the hourly wages of persons doing comparable work in the marketplace. Although this approach often leads to more accurate estimates of the value of volunteer contributions, it may not be practical for many non-profits, since determining each volunteer's comparable market value hourly wage is time and resource intensive. Moreover, when applied to organizations such as the MRC where volunteers' roles and responsibilities may change frequently, this method would be exceedingly difficult to maintain.

While many contend that the replacement value method only partially estimates the value of volunteer contributions since it does not attempt to account for the social impact of volunteer activities, this method is generally viewed as the easiest way for non-profits to ascribe value to volunteer efforts. This "ease of use" is important, since many charitable organizations cite a lack of resources as a primary reason for not assigning value to volunteer activities. However, because most charitable organizations have a social mission, accounting for the impact that they have on the people and communities around them is also important.

Social Accounting

In contrast to the replacement value method, social accounting attempts to consider the social impact of volunteers' service in addition to simply calculating their hours worked. In other words, this method attempts to quantify or measure the outputs produced by the volunteers' work. When an organization accounts for both the financial value of volunteer labor and the social outputs of volunteer activities, it creates what is often referred to as an Expanded Value-Added Statement (EVAS). In contrast to a financial statement, which only accounts for inputs and outputs with an established monetary value, the EVAS calculates an organization's "total value-added" by subtracting purchased goods and services from total outputs (both financial and social). It indicates the organization's return on investment where the stakeholders are the clients as well as the community affected by the entity's outputs.

Though cursory and estimative, there are a number of ways to account for the impact of non-profit outputs on society that are attributable to volunteers. As with the replacement value method, a monetary value based on the social output's estimated value in the marketplace is assigned to each output. Simple examples of social outputs include goods and services that are provided free of charge to the community (e.g., free immunizations), as well as out-of-pocket expenses that volunteers do not list as in-kind donations. Less tangible outputs can be assigned a monetary value as well, though it is helpful to divide them into primary, secondary, and tertiary outputs. Primary outputs directly affect the client, secondary outputs indirectly affect the client, and tertiary outputs affect groups other than the client. Under this theoretical framework, a primary output might be the salary of a person who found employment due to an organization having provided him or her with training on how to find a job. In this example, a tertiary output might be the savings to the community when the person no longer needs income support from the community.

While many scholarly publications discuss social accounting, it should be noted that there are few if any instances of charitable organizations that actually do social accounting. In light of the general lack of valuation of volunteer efforts by most non-profits, and the increased complexity of social accounting compared to the replacement value method, this is not

surprising. Even the most sophisticated sources in favor of social accounting recognize the method's limitations: it is nearly impossible to ascribe a comparable market value to all of an organization's social outputs, especially as one considers secondary and tertiary outputs that become increasingly intangible and therefore have no complement in the market place.

Implications for the Medical Reserve Corps

Our work with MRC units in developing this evaluation training reveals that very few units are consistently measuring the value of the volunteer labor or health care services they provide. At the same time, many coordinators recognize that such information can be a very powerful tool in cultivating partnerships and demonstrating to current or potential sponsors the impact that their unit has in the community. Most attempts to ascribe a value to the labor contributed by MRC volunteers have tended to focus on the replacement value methodology, as this is the least resource and time intensive. This is a good start and would seem to make the most sense for units still in the initial organizational development stages or those faced with very limited resources (financial or manpower). For the reasons noted above, using a localized or job-specific hourly wage for each volunteer would lead to the most accurate estimate of the fair market value of the volunteer hours worked.

The social impact associated with the work that MRC units are performing in communities all across the country should not be discounted. Ultimately, MRC coordinators should strive to reflect this social impact in their annual reports, and share this information with partners and stakeholders. As an MRC unit matures and becomes more established in the community, social accounting metrics may be applied to estimate the value of its work output. Because there is no consensus on how to do this, units will likely have to learn through trial and error which approach is best for them. Throughout the process, MRC units are encouraged to work closely with their partners and stakeholders (as they would during strategic planning) and seek their input. They should also seek the guidance of other established, volunteer-based organizations that may have already encountered this issue.

Additional Reading on Valuation of Volunteer Service

This appendix provides an overview of the principal strategies or methods currently in use by volunteer-based organizations to quantify or characterize the contributions made by their volunteers. It is not intended to be a comprehensive analysis of the current knowledge base in this area. For those seeking additional information, provided below is a list of articles and Internet sources that may be useful.

Volunteer Value Studies

"Placing a Value on Volunteer Time," *The Investigator*, Volume 2, Issue 1 (Fall 2005); published by the University of Texas, RGK Center for Philanthropy and Community Service, available at: <http://www.utexas.edu/lbj/rgk/investigator/issue4/investigator4.pdf>. This paper briefly describes five methods that can be used to measure the value of volunteers: average wage, replacement wage, opportunity cost, social benefits, and value to volunteer. These methods be categorized into two broad categories, input and output approaches. The paper also includes a useful table that gives examples of each method.

Handy F, Mook L, and Quarter J. "The Interchangeability of Paid Staff and Volunteers in Nonprofit Organizations," University of Pennsylvania (2008); Available at http://repository.upenn.edu/cgi/viewcontent.cgi?article=1102&context=spp_papers. The authors report on estimates and prevalence of interchangeability (also called *co-production*) through a series of studies of Canadian nonprofits. They conclude that "about two-thirds of the organizations in the sample agreed that the interchangeability of tasks occurred, but the data indicated that it was limited to about 12% of tasks" that were surveyed.

Richmond BJ, Mook L, and Quarter J. "Social Accounting for Nonprofits: Two Models." *Nonprofit Management & Leadership*, Volume 13, No. 4, Summer 2003. The article presents two models of social accounting for nonprofits: the community social return on investment model and the expanded value-added statement. It offers tables, examples, and a useful explanation of each method.

Goulbourne M. "Measuring the Economic Value of Volunteer Activity." Canadian Centre for Philanthropy (2002); Available at: http://nonprofitscan.imaginecanada.ca/files/en/iyv/goulbourne_fs_english.pdf. This two-page guide provides a brief overview of the various calculations that can be used to measure the value of volunteer activity. It also provides sample calculations to assess volunteer program efficiency measures.

Wage and Compensation Data

"Minimum Wage Laws in the States - January 1, 2008;" available at: <http://www.dol.gov/esa/minwage/america.htm>. This site offers a chart and user-friendly online map from the Department of Labor showing state minimum wages and minimum wage laws.

U.S. Bureau of Labor Statistics, The National Compensation Survey (<http://www.bls.gov/ncs/>) provides comprehensive measures of occupational earnings. Detailed occupational earnings are available for metropolitan and non-metropolitan areas, broad geographic regions, and on a national basis.

The *Independent Sector* web site publishes a frequently-cited annual estimate for the hourly rate of volunteer time. According to the website, "Charitable organizations can use this estimate to quantify the enormous value volunteers provide." The data are available at: http://www.independentsector.org/programs/research/volunteer_time.html.

Online Calculators

The Points of Light Foundation has developed an Economic Impact of Volunteers Calculator that estimates the appropriate wage rate for volunteer time based on what the person does, [and] the value of specific tasks according to market conditions, as reported by the U.S. Department of Labor." The calculator is available at: <http://www.pointsoflight.org/resources/research/calculator.cfm>.

The "Volunteer Value Added" website (<http://home.oise.utoronto.ca/~volunteer/evas.html>) includes a Microsoft Word worksheet and Excel forms for creating an Expanded Value Added

template. The forms are user friendly and can be downloaded at no charge. The website also hosts links to other resources on non-profit management.