Designing an evaluation plan: Overview

This tool is part of an evaluation toolkit called Measuring What Matters. It includes information about how to complete this essential step of evaluation, including templates and a case study example of how a typical community organization – HealthConnect - might complete this step for their community health worker program.

Why design an evaluation plan?

An evaluation plan is the blueprint for your evaluation and flows from your logic model and helps you think through how you will measure your progress and achievements. In this step, you will create a solid plan to guide your evaluation that identifies:

- The specific evaluation questions you want to answer to know if your program is effective
- The measures or indicators you will use to know if you are moving toward your goals
- The practical and realistic data sources and methods you will use to get the information to answer your questions
- The people who will help you collect your data and the timeline and budget that will guide your work.

As you build your evaluation plan, it is important to check it by using a set of quality standards so that your evaluation will be effective and make the difference you want to see in your community. These quality checks ensure your evaluation is:

- Useful
- Feasible
- Ethical
- Accurate

How do you design an evaluation plan?

We’ve broken the steps of designing an evaluation plan into two parts. Each part has a tool with more information, shows an example in practice, and provides a template to work on each step. This basic template is a starting point. Feel free to adapt it to make it a tool that works for you and your stakeholders.

**Designing an evaluation plan, part 1:** Developing evaluation questions and indicators

**Designing an evaluation plan, part 2:** Planning for data collection
Designing an evaluation plan, Part 1: Developing evaluation questions and indicators

What are evaluation questions?

Developing evaluation questions is the starting point for a strong evaluation plan. They help you to focus on the program elements that you and your stakeholders think are the most important to understand if your program is effective. Evaluation questions should flow easily from your logic model:

- **Process questions** ask about implementation; how the inputs, activities and participation sections of your logic model are working. These questions will help you understand whether the program is being implemented according to your plan and identify opportunities for improvement.

- **Outcome questions** ask whether you have accomplished your outcomes as described in your logic model. These questions will help you understand progress and changes made as a result of your program. For example, have there been changes in people’s knowledge or health behaviors as a result of your short-term outcomes?

What are Indicators?

The next step is determining how to answer your evaluation questions. To do this you need to identify indicators, which are the evidence that you are making progress. They answer the question "If the outcome is achieved, how will we know it?" Indicators also can help you see where you are making progress if you cannot yet show your program’s impact on the longer-term outcomes.

If this step is skipped, it can be difficult to make sure you pick the right data collection method to actually answer your questions! Here are some examples:

- An indicator of academic achievement is high school graduation rate
- An indicator of a residential area’s walkability is the proportion of streets that have sidewalks
- An indicator of children’s health is the percentage of those who are obese
Evaluation plan checklist

Creating an evaluation plan starts with developing evaluation questions and prioritizing indicators. Use the items in this checklist to ensure that you’ve followed these key steps and included the quality checks (✔).

☐ Did you identify what you and your stakeholders want to learn from the evaluation?

Using your discussions with stakeholders and the logic model as a reference, consider the program’s inputs, activities, participation, and outcomes. Brainstorm what you and the various stakeholders want to know about the program, as well as how that information would be used. Examples of evaluation questions are listed below.

Sample questions about process (inputs, activities, participation):

- What resources were invested in the program? Did we have the resources we needed?
- To what extent were activities implemented as planned?
- Who have we reached with this program?
- Who does not attend/participate? Are particular demographic groups missing?

Sample questions about outcomes (results, achievements):

- What changes occurred? What is different as a result of the program? For whom?
- What is the overall impact on the community? On the target group?
- What do people/groups/communities learn or gain? What are they able to accomplish?
- To what extent have we reached our goals? Our performance targets? How do results change over time?

☐ Did you prioritize your evaluation questions with a quality check?

No single evaluation will be able to answer all the questions you may have about your program. That means you will need to determine which are the most important to answer given the resources you have for evaluation. The following quality checks will help you decide if the evaluation question is a high, medium or low priority, or if it should be eliminated.

✔ Useful. How important is this information? Which stakeholders care about this question? How will the stakeholders use this information?

✔ Feasible. Can the evaluation question be answered at this stage of the program? For example, if you are planning a new program, you may not want to prioritize an evaluation question about the long-term impact of the program. You might instead focus on questions you’d be able to answer that would show you’re making progress.
Did you brainstorm possible indicators for each evaluation question and rate them?

Indicators are the pieces of information that you need to answer your evaluation questions—the information you are committing to measure that will drive your data collection efforts. Indicators need to be specific and measurable. By defining them you will know what information you need and can determine how to best collect it.

A great place to start is by brainstorming the potential indicators you could use for any given question. Try not to be overly critical while you brainstorm!

- Sometimes indicators are **quantitative**—they involve counting things like participation or calculating the percentage of people that changed health behavior.
- Sometimes indicators are **qualitative**—they involve using observation or people’s stories to understand changes in how the program works or how it impacted their lives.

**Example:** When the Health Connect team wanted to create an indicator of extent to which clients had established self-management goals and action plans to manage their diabetes, they brainstormed a range of potential indicators and selected these three:

- Number and percent of clients that have established self-management goals
- Number and percent of clients that have established action plans
- Client’s own perceptions about whether their self-management goals & action plans are appropriate, useful, and achievable

Once you have your list of potential indicators, you can think about your unique program and rate them to determine which indicators will best help you understand if your program is effective. There are several considerations to balance when making your decision.

**Useful.** Which indicators provide the most useful information to help you understand and improve your program? It will be helpful to know what type of information will resonate with your stakeholders. Would they like numbers, percentages, comparisons, stories, examples, pictures? What information will most effectively show the progress or impact of your program?

**Feasible.** Is the cost of collecting data for an indicator greater than the utility of the information collected?

**Accurate.** Are your indicators stated clearly so that anyone can understand exactly what is meant and how the data will be collected? Are they specific enough? Do they measure as directly as possible what you are wanting to measure? For example, if you were measuring the reduction of teen smoking, the best measure is the number and percent of teens smoking. The number and percent of teens that receive cessation counseling does not directly measure the outcome, but it may be the best you can get given available time and resources.
Have you selected the final evaluation questions and indicators to be used in your evaluation? Have you vetted your plan with stakeholders?

One last question to ask yourself is whether you have the right number of indicators to provide information on all aspects of what you are measuring. Often more than one indicator is needed to answer each question. Generally, about three or four indicators per evaluation question are sufficient. If you find you have more than four indicators per question, it may mean that your question is too broad or complicated and should be broken down into multiple questions.

As you develop your evaluation questions and indicators, be sure to involve your stakeholders. Stakeholder feedback can provide new ideas for what needs to be asked and how you might answer those questions. Their perspectives might provide insight on an indicator that you would not have thought about and will ensure that you have buy-in as to what is most important to measure.

Have you used the Evaluation Plan Template?

As you develop your evaluation questions and indicators, use the first two columns on the evaluation plan tool to help keep track of how the indicators and questions relate to each other. Beginning to fill in the tool will prepare you for the next step in evaluation planning that is described in Part 2: planning for data collection.

Case study: The Health Connect program team sat down with their logic model and brainstormed a list of evaluation questions. It was tough to prioritize them, but they focused on those that would be the most useful and feasible to answer. They chose a few indicators for each evaluation question and tried to pick a mix of qualitative and quantitative indicators to more completely answer the question.
Designing an evaluation plan, Part 2:

Plan for data collection

Planning for data collection is the best way to know you will get the information needed to measure success! Use the items in this checklist to ensure you’ve followed these key steps and included the quality checks.

☐ Did you identify the best sources of reliable data to answer the evaluation questions? Ask yourself these questions:

- **Which source is likely to provide the best information?** For example, you could gather information about blood pressure levels by asking patients to recall their latest results, but their medical records might be a more accurate source. How to decide? It may be helpful to do a spot check to compare self-reported blood pressure levels with patients’ charts. That could help you detect the degree to which self-reported data are accurate.

- **How easy or difficult will it be to gather the information you need from a particular source?** You will have to weigh the level of accuracy you need against the degree of difficulty in obtaining the information. Building on the previous example, how difficult will it be to access medical records? And if you can access them, how much time and money will be needed to do a medical records review? On the other hand, a question about blood pressure could be easily added to a patient questionnaire, but the data collected might not be as accurate as data in medical records.

- **Is there more than one source for a particular item of information?** Using more than one source provides a check of your data, which can help you avoid bias in your results.

- **Are there any existing data sources that would meet the evaluation’s needs?** Depending on your evaluation, some of the data you need may be available from an existing source. Using existing data may be less costly and time-consuming than collecting your own data, but might not be as useful. It should only be used when it fits intended purpose.

☐ Have you identified the people responsible, the timeline, and the budget for data collection to help you make your decisions about data collection methods?

- **Who will be responsible for overseeing each data collection method?** That person has to have the time and also the necessary skills, so if additional training is needed, factor that into your plan. Although one person will have overall responsibility for that activity, if more than one person is collecting data, all those involved need to coordinate and ensure they are collecting data in a consistent way.

- **What is the timeline for data collection?** What will be collected by when and/or at what intervals? This may be driven by many factors, such as when your program activities will occur. Set an end date for each method so you know when it will be completed.

- **What is the budget for data collection?** What resources will you have for data collection? This may drive decisions about the feasibility of data collection methods and frequency.
Have you considered the advantages and disadvantages of a range of data collection methods?

It is important to consider whether it will be necessary to collect new data to answer your evaluation questions or whether it is possible to leverage existing data sources. Consider the benefits and challenges to both as you design your data collection strategy.

### Collecting new data for your evaluation

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
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| Get lots of information from people in a non-threatening way | Questionnaires, surveys, checklists | • Can be anonymous  
• Can be inexpensive to administer  
• Can easy to compare & analyze  
• Administer to many people  
• Can get a lot of data  
• Sample questionnaires already exist | • Might not get careful feedback or the full story  
• Wording can bias responses  
• Impersonal  
• May need sampling expert for large scale or community surveys |
| Fully understand someone’s impressions or experiences, or learn more about their answers to a survey | Interviews | • Get full range and depth of information  
• Develops relationship with interviewee  
• Can be flexible with interviewee | • Time intensive  
• More expensive for each respondent  
• Interviewer can bias client’s responses |
| Explore a topic in depth through group discussion to get people’s reactions to an experience or suggestion, understanding common complaints, etc. | Focus groups | • Quickly and reliably get common impressions  
• Can be an efficient way to get much range and depth of information in a short period of time  
• Can convey key information about programs to participants  
• Useful in evaluation and marketing | • Need good facilitator for safety and closure  
• Managing recruitment and logistics can be time consuming  
• Typically need to provide incentives |
| Gather accurate information about how a program operates, particularly about processes | Observation | • View operations of a program while it is actually occurring  
• Can adapt to events as they occur | • Can be difficult to interpret behaviors  
• Can be complex to categorize observations  
• Can influence behaviors of program participants  
• Can be expensive and time consuming |
### Leveraging existing data sources

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<th>Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
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</table>
| Impressions of how the program operates without interrupting the program | General document review (applications, finances, memos, minutes, etc.) | • Get comprehensive and historical information  
• Doesn’t interrupt program or program participants  
• Information already exists  
• Few biases about information | • Time intensive  
• Information might be incomplete  
• Need to be clear about what you’re looking for  
• Data is restricted by what already exists |
| Leverage electronic databases to gather specific data on individual health outcomes or clinic processes | Electronic database queries (EHRs, population health registries, program databases, etc.) | • Often includes the advantages of document review (above)  
• Leverages data already being collected on items of interest like health outcomes and services provided to individual patients/participants | • Often includes the disadvantages of document review (above)  
• Can require access to patient/participant level data  
• Requires specialized knowledge about how to extract the data from the electronic system  
• Creating customized reports can be time consuming  
• May require data mapping and validation process to ensure data in report are reliable |
| Use publicly available data sets to understand the needs of your community or region | Secondary data (e.g., health department and hospital community health needs assessment)) | • Allows programs to understand needs and health outcomes at a community level  
• Is available before your program starts | • Is not specifically about program participants or outcomes  
• It might not directly answer your questions |

Adapted from materials produced by University of Wisconsin–Extension, Program Development and Evaluation

☐ Have you done a quality check on the data sources and methods you have selected?

As you are selecting your data sources and methods, consider the following quality check questions. This will help ensure the evaluation serves its purpose and meets the needs of your stakeholders.
**Useful.** Will the data collected be useful to your program? Is this information source best suited for the job? Will the data sources and methods you selected provide you with the information that you need to demonstrate achievement and make improvements. Will your stakeholders see these data as credible and useful?

**Feasible.** Are these data available? Consider the time, resources and expertise you have available to carry out data collection efforts. Consider what data you are already collecting or have access to, and if they could be used to answer your evaluation questions.

**Ethical.** How intrusive is the data collection method? Will your data collection take a lot of participants’ time away from the program itself? How will you ensure the confidentiality of participants’ responses?

☐ Is the method culturally appropriate?

It’s important to keep your target audience in mind, including their age, culture, language, literacy level, phone and computer access, and so on. For example, in some communities, having people tell stories in person may be a more effective and respectful way to collect data than administering a questionnaire.

**Accurate.** Are your methods the right ones to measure what you want to measure? Have you considered using more than one method to collect data? Evaluations that use more than one method (also called mixed methods) provide stronger evidence because they gather data from different sources.

☐ Have you used the Evaluation Plan Template?

Once you have brainstormed and prioritized your data sources and methods, you are ready to finalize your evaluation plan. After you add these pieces to the plan, be sure to look at it all together to make sure the pieces fit. Take a look at the case study example to see data sources and methods that the Health Connect program team created with their stakeholders.

The Center for Community Health and Evaluation designs and evaluates health-related programs and initiatives throughout the United States.

CCHE’s Measuring What Matters curriculum is informed by the following resources:

- Centers for Disease Control and Prevention: A Framework for Program Evaluation
- University of Wisconsin–Extension: Program Development and Evaluation
- Northwest Center for Public Health Practice: Data Collection for Program Evaluation [online course]
### Evaluation plan template

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Indicator(s)</th>
<th>Data Source</th>
<th>Data collection method</th>
<th>Person/entity responsible</th>
<th>Timeline/frequency</th>
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### Case Study: HealthConnect creates an evaluation plan for their community health worker program

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<tr>
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| **Process (activity):** To what extent has an effective referral process been established? | • Formal data sharing agreements established  
• Written referral process (e.g., flow chart, responsibilities, referral process)  
• Completed at least 2 PDSA (plan-do-study-act) cycles to assess effectiveness | Program documents (e.g., agreements, PDSA documentation) | Document review | CHW partner organizations | Agreements and PDSA cycles in first 6 mos  
Agreements monitored & updated annually |
| | • CHW & champions report that the referral process is effectively working | CHW & partner organizations | CHW/partner Interviews | Partner organization staff member | Interviews annually |
| **Process (participation):** Who has been served through the CHW program? | • # of unduplicated clients served  
• # of encounters  
• Demographics of clients served (age, gender, race/ethnicity, income, education) | Program documents: intake forms, schedules, and client list | Document review | CHW | Ongoing collection |
| **Outcome (short term):** To what extent have clients established self-management goals and action plans? | • #/% of clients that established self-management goals  
• #/% of clients that have established action plans  
• Client perception that self-management goals & action plans are appropriate, useful and achievable | Client records | Document review | CHW | Monthly compilation  
Partner organization staff member | Quarterly |
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<tr>
<td><strong>Outcome (intermediate):</strong></td>
<td>To what extent have clients improved their health behaviors related to healthy eating and physical activity?</td>
<td>• Improvement in client self-report behaviors around healthy eating and physical activity</td>
<td>Clients</td>
<td>Survey collected every 6 months for each client</td>
<td>CHW</td>
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<td></td>
<td></td>
<td>• Client perception that improvements have been made</td>
<td>Clients (sample)</td>
<td>Client interviews (n=10 quarterly)</td>
<td>Partner organization staff member</td>
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<tr>
<td></td>
<td></td>
<td>• CHW perception that improvements have been made &amp; success stories</td>
<td>CHW &amp; partner organizations</td>
<td>CHW/partner interview</td>
<td>Partner organization staff member</td>
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<td><strong>Outcome (long term):</strong></td>
<td>To what extent have clients’ improved health outcomes related to diabetes?</td>
<td>% of clients that have had a CHW visit within the past 12 months and had:</td>
<td>Electronic Health Records (EHR) at the clinic</td>
<td>EHR report queries</td>
<td>Data analyst at clinic</td>
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<td>• blood sugar in control (A1c ≤ 9)</td>
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<td>• blood pressure in control (BP ≤ 139/89)</td>
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<td>• BMI ≤ 25</td>
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