Community Program Evaluations: Keys to Success

Ronda STURGILL

Health Sciences and Human Performance Department, The University of Tampa
Tampa, Florida 33606, USA

ABSTRACT

As more stakeholders demand documentation of program effectiveness, program evaluation is becoming increasingly important.   In addition, many funding agencies require evaluation plans which list goals and objectives in a quantifiable form. This paper identifies and discusses four evaluation keys that are crucial to the success of community programs. These evaluations keys include communication and collaboration, training, targeting the population, and reporting.   Specific examples from three separate community programs will be provided. Additional examples from recent research in the field and applications across disciplines will also be discussed.

Keywords: Program evaluation, community, evaluation plan, collaboration, communication

1.   INTRODUCTION

Evaluation, defined as "the systematic process of collecting and analyzing data in order to determine whether and to what degree objectives have been or are being achieved," is common to all community health education programs [5].   As more and more stakeholders demand documentation of program results, effective evaluation is becoming increasingly important.   In addition, many funding agencies require evaluation plans which list goals and objectives in a quantifiable form. With these increasing demands comes increased pressure to conduct evaluations in a manner that allows funding sources to determine accountability of scarce funds and the level at which the project is meeting overall objectives [5].

The overall objective of program evaluation is to determine what difference the program made. Given the increasing demands on evaluation for funding and program sustainability, it is essential that the process answers the following questions: What were the participants impression of how they benefited from the program?, Did the program change long-term behavior, attitudes, or performance?, Was the expenditure of resources justified for the sponsor compared with what they realized in return?   The evaluation team then establishes a formative evaluation system to collect data and produce an effective summative evaluation report containing the information to the above questions [5].

Three programs, all funded by SAMHSA (Substance Abuse and Mental Health Services Administration), utilized similar evaluation tools for successful evaluation outcomes. All three programs involved members of the surrounding community. The STARS (Substance Treatment Available to Rural Students) program was an assertive adolescent and family treatment program. STARS was specifically designed to address gaps in substance abuse services for substance abusing adolescents and their families. The ROCS (Re-entering Our Community Successfully) program was a youthful offender reentry program grant. The primary objective of ROCS was to reduce recidivism by providing services to incarcerated youth immediately on release to aid in transition into a normal successful life. The SHAPE (Support Hope Advocacy Personal Responsibility Education) project was a behavioral health and supportive services project for chronically homeless individuals and families. The goal of SHAPE was to help homeless individuals and their families obtain and remain in permanent housing [2,3,4]. For many reasons, including the characteristics of the target population, the process of community program evaluation can be both daunting and challenging.

This paper identifies and discusses four evaluation keys that were crucial to the success of community program evaluations in the above mentioned projects.   These evaluation keys include communication and collaboration, training, targeting the population, and reporting.   Specific examples from the three mentioned programs are included in the discussion below.

2.   COMMUNICATION AND COLLABORATION

The evaluation team of each program utilized a collaborative model which involved project directors, case managers, substance abuse therapists, and clients to build local evaluation capacity [2,3,4]. Communication and collaboration with the project staff was critical in each of the three program evaluations.   The evaluation team fully integrated itself with the staff and the treatment team and established a continuous communication system. Information was shared between the evaluation team and the treatment staff several times a week and sometimes daily to update client tracking and interview windows. A member of the evaluation team regularly attended monthly or bi-monthly Steering Committee meetings, during which a brief update on follow-up interview rates and evaluation activities was presented [2,3,4,7].

Working collaboratively with project staff, community members, and agencies can facilitate an effective program evaluation. In addition to having community members attend Steering Committee meetings, the three mentioned programs also had staff who would reach out to the community and partnering agencies. The ROCS staff spent a great amount of time establishing positive relationships with the local school systems. They also were extremely involved with local businesses who would assist in providing opportunities for employment to their clients [2]. The STARS project added an outreach worker during their second year to assist with marketing the program and building connections with local agencies [3].   The SHAPE staff was constantly working with outside agencies including local shelters in order to track their clients and encourage their participation in the program [4].

3.   TRAINING

Although time consuming, training of the project staff is essential to ensure proper and consistent documentation. For example, the

ROCS and SHAPE staff were trained on creating consistent ID numbers for clients, the development and use of locator forms for follow-up interviews, the development and use of substance abuse therapist and case manager logs, and the development of the critical events summary sheet. The SHAPE staff was also trained on local evaluation questions to access whether the project was achieving all of its goals and objectives. A training manual including procedures for collecting and submitting data, definitions of terms used, and a copy of each form proved to be useful for all SHAPE staff. Training also focused on the importance of follow-up interviews. Program staff members were awarded performance awards and incentives for assisting in follow-up interviews. These performance awards created an excellent follow-up rate [4].

4. TARGETING THE POPULATION

A high follow-up interview rate of 80% was required by the funding source in all three of the projects discussed. Several steps were taken to attain and maintain this high follow-up interview rate. The evaluators provided business card-sized cards which gave the evaluators' 800 number, dates of the follow-up interview window and a reminder of the incentive for all clients. Project staff and evaluators worked collaboratively to maintain contact with the clients and staff mailed birthday cards, monthly flyers, and reminders about follow-up interviews to all clients. The purpose of the monthly flyers and birthday cards was two-fold; maintaining current contact information and showing a genuine interest in the client [2].

The STARS and ROCS projects targeted at-risk juveniles. Incentives included a quarterly drawing for prizes to encourage clients to update their contact information and complete follow-up interviews. This proved to be a success for this population as there was a 100.0% 6-month follow-up rate for the final STARS project and a 88.4% 6-month follow-up rate for the final ROCS project [2, 3].

Depending on the target population, it may be necessary to utilize individuals who are in recovery or know the dynamics of the target population. For example, the SHAPE program targeted chronically homeless individuals. The project staff had contact with a former homeless individual who was in recovery. This individual was utilized to assist in tracking missing clients and obtaining follow-up interviews. Often clients would respond in a more positive way to this individual with whom they could relate than the project staff [4].

5. REPORTING

The evaluation team provided frequent feedback in an understandable and usable format. For example, in the STARS, ROCS, and SHAPE programs, weekly hot-sheets were emailed to the project staff listing the clients due for follow-up interviews. This provided a constant reminder of which clients were due, past due, or coming due for follow-up interviews [3]. The evaluation team for STARS, ROCS, and SHAPE also prepared and distributed quarterly reports which included key performance indicators. These key indicators included progress on the start-up (tasks planned and completed), clients admitted, client profiles, services provided, outcomes, and progress toward goals. The quarterly reports served as a process evaluation to recognize achievements, identify barriers, and make recommendations on a quarterly basis. Additionally, comprehensive annual reports which summarized progress on program goals and attainment, provided a demographic profile of clients at admission, and

summarized change data comparing clients at admission, at the follow-up interviews, and at discharge were developed [2,3,4].

Reporting should be frequent and thorough. Often program staff and evaluators have different perspectives. The program staff often focus on the individual, are concerned with current problems of individual clients, and have little sense of how well they are doing programmatically. Evaluators should report client profiles, monitor the program operations and tasks to be accomplished, and provide a comparison of progress to benchmarks and targets [7].

6. RELATED RESEARCH

While this paper focuses on three specific SAMHSA funded projects, there are other examples in related research. Additionally, the principles discussed throughout this article can be applied to other disciplines and subject areas. For example, a study by Anderson-Carpenter et al. in the Journal of Community Practice discusses communities of practice and their role in addressing community problems. Their findings highlight the importance of multiple community sectors working together and collaborating for single community practice changes. While it is important to support the implementation of evidence based strategies, a focus should also be placed on meaningful and active participation within and across a variety of community sectors [1]. This reinforces the importance of communication and collaboration amongst all involved constituents.

Other research studies recognize the importance of training staff in effective program evaluations. A study by Carter-Pokras et al. examined barriers and best practices in the design, implementation, monitoring, and evaluation of Latino lay health promotor programs. The study revealed the significance of an appropriate amount of training for staff [6]. The most successful training methods are those that engage participants. Examples of training methods included using popular education, an interactive training method that allows participants to learn and share their experiences. Group participation including role-playing and practicing were also considered to be important [6]. Also noted was the challenge of training health care promoters because of the varying education levels [8].

When discussing the target population of community programs, it is important to consider recruitment methods for the program workers and health promoters. As mentioned above, successful programs often recruit program staff who relate to the target population. While recruiting the target population is important, selecting the correct staff members also plays a key role in the outcome of the program. In a study by Carter-Pokras et al., recruited health promoters reflected the community they served. Desirable characteristics included motivation, familiarity with the community, and having good communication skills [6]. Incentives have proven successful for targeting both the population served and the health promoters working with the populations. Additionally, programs utilize a variety of methods to promote their program including flyers and using the internet. However, word of mouth still proves to be an effective and successful means of program promotion to a specific population [6].

Anderson et al. also discusses the importance of documentation or reporting as mentioned above. Documenting communities of practice change allows others within and across communities to understand the efforts utilized for community change. The reporting discussed above focuses on feedback to the project staff and grant funding agency. In the Anderson study, documentation

is used to share lessons learned and information with individuals who may not be active participants in the targeted community. The utilization of technological support tools including social media outlets and local workstations provides opportunities for staff to communicate successes and information [1].

7. SUMMARY AND CONCLUSIONS

As discussed, effective evaluation relies on four main keys including communication and collaboration, training, targeting the population, and reporting. Recommendations for future community program evaluations include maintaining constant and consistent communication with the project staff and providing hands on training to answer questions and teach proper data documentation and collection. Relating to the target population is essential for collecting follow-up data. Additionally, reporting frequent feedback in an understandable and usable format is essential. While the keys to evaluation are evident in the three programs discussed above, there is also evidence across subjects and other areas of study. Regardless of how well a program is planned and executed, there are always changes. Therefore, the evaluation process should be ongoing, adaptable, and easy to accommodate according to the dynamics of the program.

8. REFERENCES

[1] K. Anderson-Carpenter, J. Watson-Thompson, & M. Jones, "Using Communities of Practice to Support Implementation of Evidence-Based Prevention Strategies," **Journal of Community Practice**, Vol. 22, 2014, pp. 176-188.

[2] Barnett Ink. "Reentering our community successfully: final evaluation report," Huntington, WV; 2009.

[3] Barnett Ink. "Substance treatment available to rural students: final evaluation report," Huntington, WV; 2010.

[4] Barnett Ink. "Support hope advocacy personal responsibility education: Year 1 Annual Report," Huntington, WV; 2009.

[5] J. Boulmetis & P. Dutwin. "The ABSs of Evaluation: timeless Techniques for Program and Project Managers," San Francisco, CA: John-Wiley & Sons; 2000.

[6] O. Carter-Pokras, G. Jaschek, I. Martinez, P. Brown, S. Mora, N. Newton, & I. Luciani, "Perspectives on Latino Health Promoter Programs: Maryland, 2009," **American Journal of Public Health**, Vol, 101, No. 12, 2011, pp. 2281-2286.

[7] H. Herinckx, L. Barnett, L, & R. Sturgill. How to make evaluation useful. Youthful Offender Re-entry Program Center for Substance Abuse Treatment Annual Conference. West Minister, CO; 2007.

[8] M. Love, K. Gardner, & V. Legion. "Community health workers: who they are and what they do," **Health Education Behavior**, Vol, 34, No. 4, 1997, pp. 510-522.