
Building Evaluation Competence

Health Promotion
Workbook Three

Whakauae Research Services
Whanganui 2009.

Building Evaluation Competence: Health Promotion Workbook Three

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Acknowledgement: informed by the work of SHORE / Whariki

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Building Evaluation Competence: Health Promotion Workbook Three

1. Using the Workbook

This Workbook builds on the basics covered in *Building Evaluation Competence: Health Promotion Workbooks One & Two*.

You will get the most out of Workbook Three if you:

- ☐ 1. Begin by reviewing the material covered in Workbooks One & Two.
- ☐ 2. Next, fill out the top half of the self assessment sheet (Page 3).
- ☐ 3. Work your way through the content in the order it is presented.
- ☐ 4. Progress through the content at your own pace.
- ☐ 5. Do all of the Workbook exercises.
- ☐ 6. Carry out all the suggested activities.
- ☐ 7. From time to time, review the Workbook content you have covered.

A self - assessment form (Refer 2, above) is included on the next page of Workbook 3.

Fill out the top half of the self assessment form before you start Workbook 3. This will clarify your current level of evaluation skill and knowledge, from your own point of view.

When you have finished this Workbook, fill out the bottom half of the form. Compare the bottom half of the self -assessment with the top half to see what learning progress you have made as a result.

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2. Your assessment of your evaluation knowledge & skill

Please circle your level of knowledge etc using continuums 1 - 3 below.

Before starting this Workbook : Date / /

1) I can identify and select relevant data collection tools:

Always Usually Unsure Sometimes Never

2) I can identify and select relevant data analysis methods:

Always Usually Unsure Sometimes Never

3) I can identify and select relevant evaluation reporting and feedback options

Yes Unsure No

After finishing this Workbook Date / /

1) I can identify and select relevant data collection tools:

Always Usually Unsure Sometimes Never

2) I can identify and select relevant data analysis methods:

Always Usually Unsure Sometimes Never

3) I can identify and select relevant evaluation reporting and feedback options:

Yes Unsure No

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3. Workbook learning outcomes

This Workbook **builds on** your project evaluation skills and knowledge. It is designed to meet the needs of health promotion practitioners, at all levels, wanting to strengthen their evaluation competence.

**When you have finished Workbook 3
you will be able to:**

(1) Identify data collection tools , along with their strengths and weaknesses

(2) Select relevant data collection tools to use in evaluation

(3) Identify different ways of analysing data

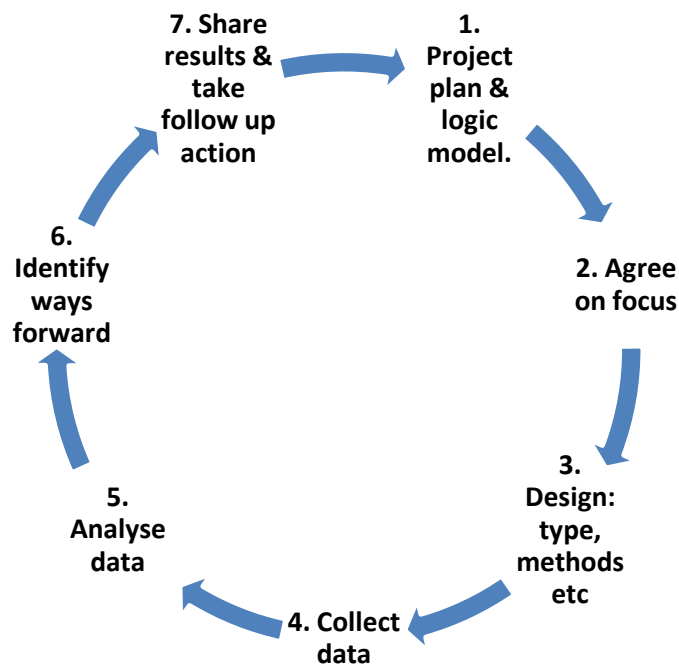
(4) Select relevant options for reporting / sharing findings

In this space, write down any other health promotion learning goal/s you have.

Date / /

4. Project evaluation model

The model below sets out seven steps in the health promotion evaluation process¹:



Workbook Three covers part of Step 3 as well as Steps 4, 5, 6 & 7. It builds on Workbook One (Steps 1 & 2) and Workbook Two (Step 3).

Step 3 Evaluation design: covers deciding on the methods, or ways, of collecting information for your evaluation.

Steps 4 & 5: are about implementing the research design and making sense of the information you have gathered about how your project is working.

Steps 6 & 7: are about recommending where improvements can be made, sharing findings with a wider stakeholder audience and putting agreed changes into practice.

¹ Adapted from Rootman, I., Goodstadt, M., Hyndman, B., McQueen, V., Potvin, L., Springett, J. & Ziglio, E. (Eds). (2001).

5. Evaluation design: Step 3

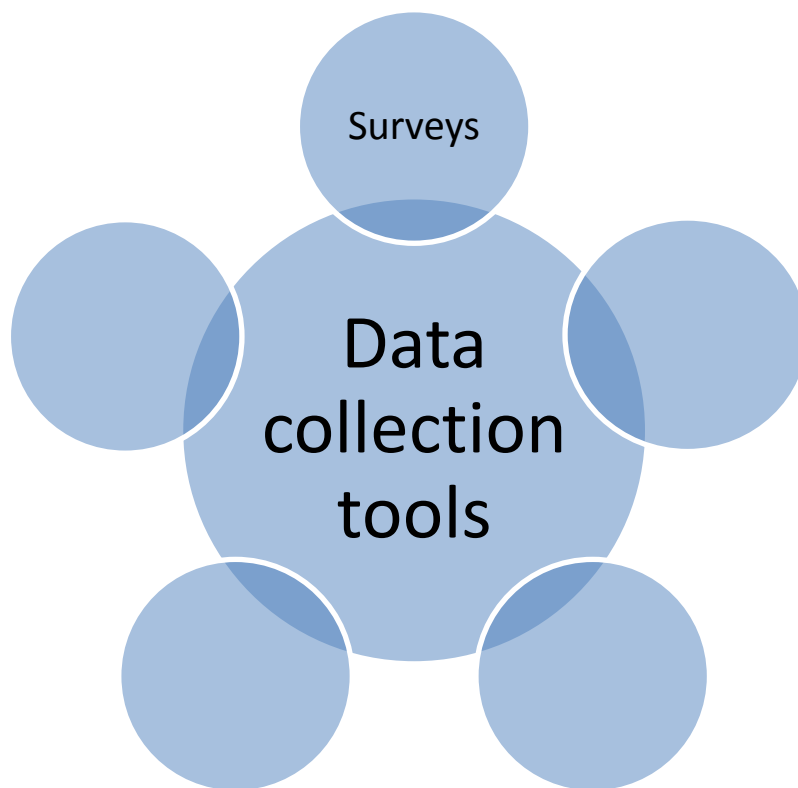
A final evaluation design task is the selection of **data collection** tools.

How will you collect the information you need to evaluate your project? This depends on things like the evaluation approach you are taking and the kind of information you are seeking.

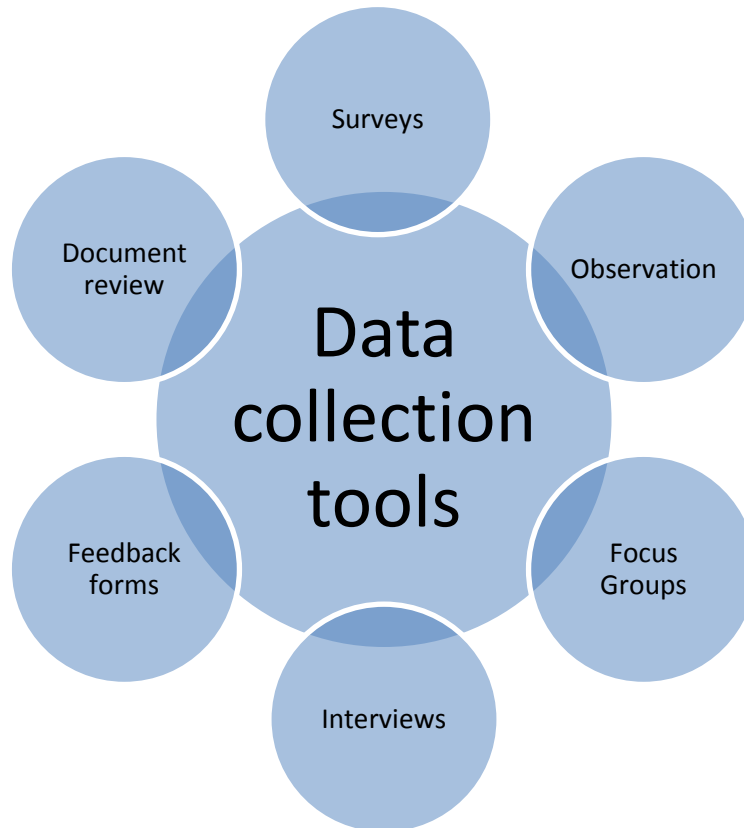
Data collection tools

Exercise 1: In each of the blank circles below, enter the name of any data collection tool you know of.

To get you started, an example of a data collection tool (surveys) is included in this data collection tools diagram.



Your completed **Data collection tools** diagram may look similar to this one:



The data collection tools listed above have different strengths and weaknesses. Each is suited to collecting particular types of information.

Observation, for example, is a **qualitative** method. It involves compiling a detailed **description** of location, interaction and other activity. A picture of what took place, when, where and how is produced.

Strengths of observation include that it:

- offers the opportunity to capture things that may be less visible to people who are directly involved in project participation; and,

- may make the evaluator aware of significant issues less likely to be readily raised by people during an interview process or via surveys etc.

Weaknesses include that it can be:

- very labour intensive;
- time consuming; and,
- therefore expensive.

To use this method appropriately you may also need further training and experience.

Exercise 2

For each of the 3 **data collection tools** featured in each of the 3 diagrams below:

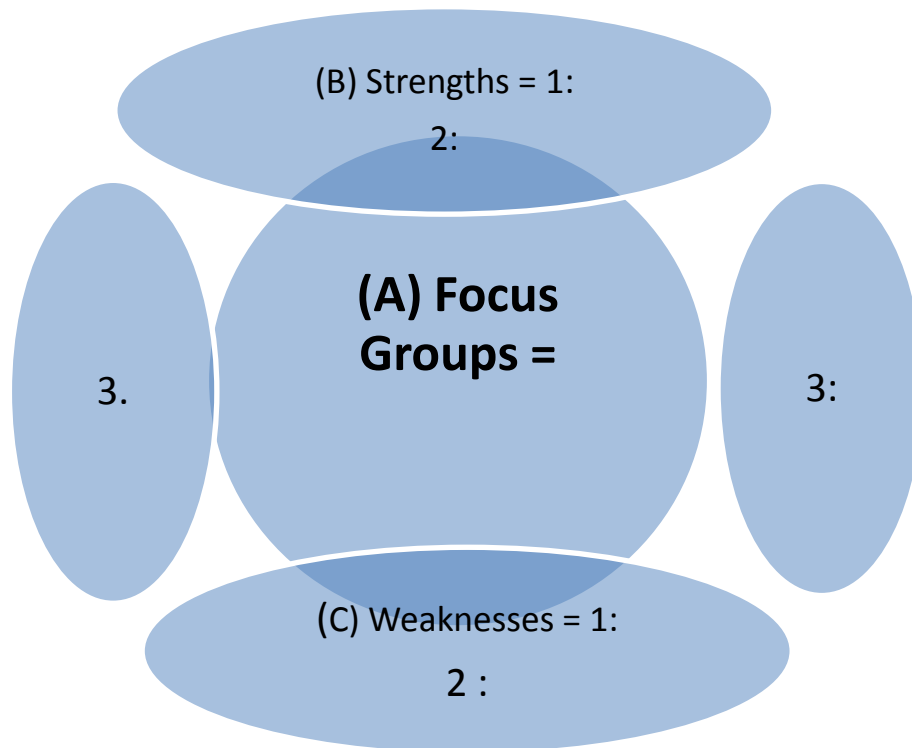
- a) write a short definition of the tool in the centre circle. Can the tool collect qualitative data? Quantitative data? Either?
- b) list 3 strengths of the tool in the top and right hand circles .
- c) list 3 weaknesses of the tool in the bottom and left hand circles.

For help with this exercise, try the resources listed in Section 12 of the Workbook. You could also discuss the exercise with your health promotion team leader, mentor or colleagues.

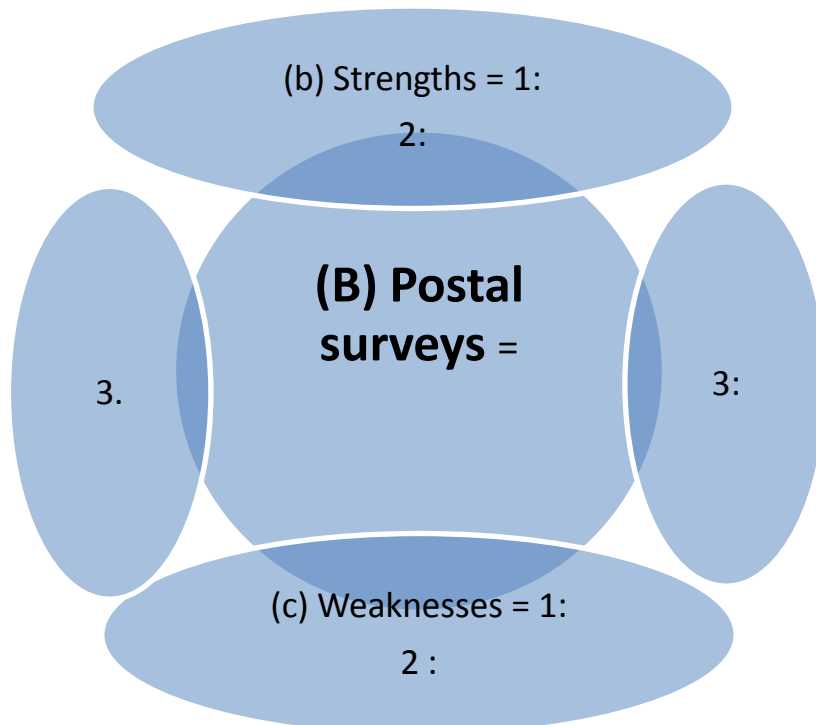
The data collection tools Exercise 2 asks you to examine are:

(A) Focus groups (B) Postal surveys and (C) Interviews.

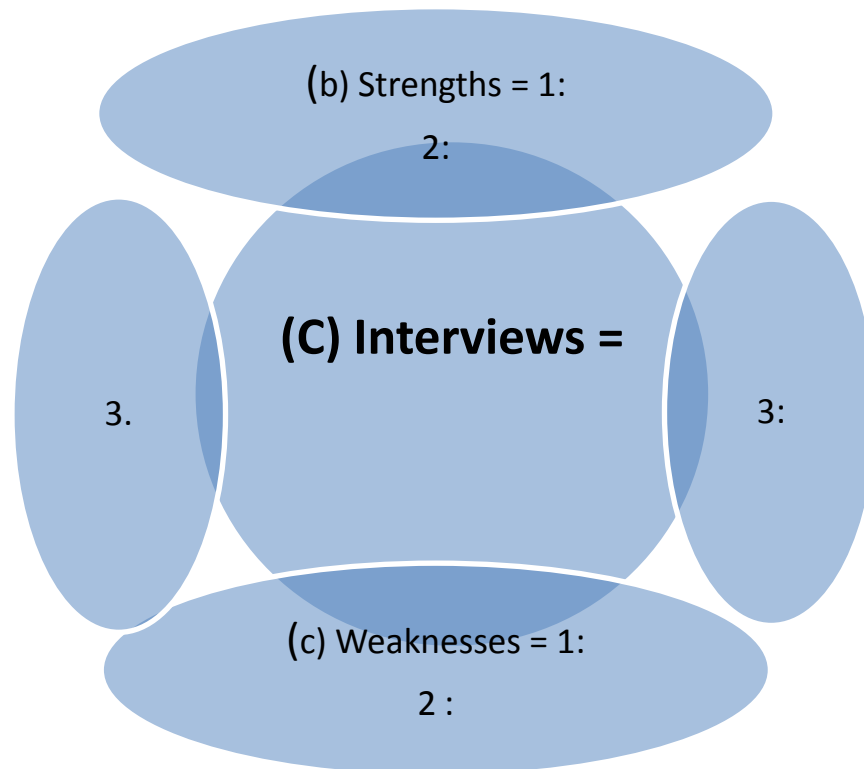
1. Focus Groups



2. Postal Surveys:



3. Interviews



Choosing which data collection tool/s to use for a project evaluation will be influenced by things like:

- what tool/s would work best in your community? How you are going to make sure the processes you use are appropriate for Maori audiences etc;
- what you want to ask questions about;
- how much time you have; and,
- your other resources - who can help to collect the data? Who can help to analyse and report on it? What knowledge and experience do you have to support the work?

Exercise 3

Record your answers to each of the questions in the box below.

1. Which data collection tool/s would you be most likely to use?
2. Why?
3. Which data collection tool/s do you need to know more about using?
4. How will you find out more about these and how to use them?

Evaluation Plan

The work you have completed so far (Steps 1, 2 & 3) will feed in to your evaluation plan. Before you put your evaluation design into practice, you can summarise your work so far and record this in your project evaluation plan. This plan will later also give you the basis for your evaluation report.

An **evaluation plan template**, adapted from a template developed by SHORE Whariki (2009) is included here as Appendix One. This can be used as is or further adapted to better suit the needs of your project group.

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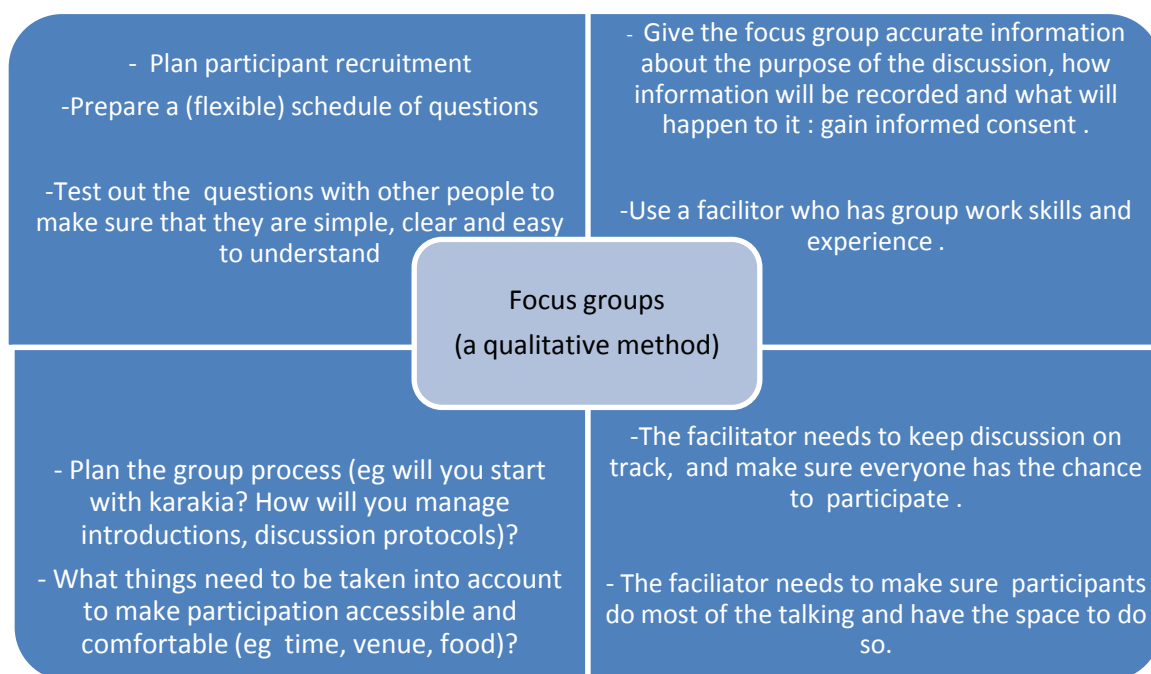
6. Collecting evaluation data: Step 4

Once you have **designed** your evaluation (Step 3) you can put it into action. How you do this will depend on the design elements you have chosen. Collecting data via a focus group interview, for example, will involve different processes than collecting data via a postal survey.

Most project evaluations include more than one data collection method. This helps to make sure that your findings are accurate - it is a way of 'double checking'.

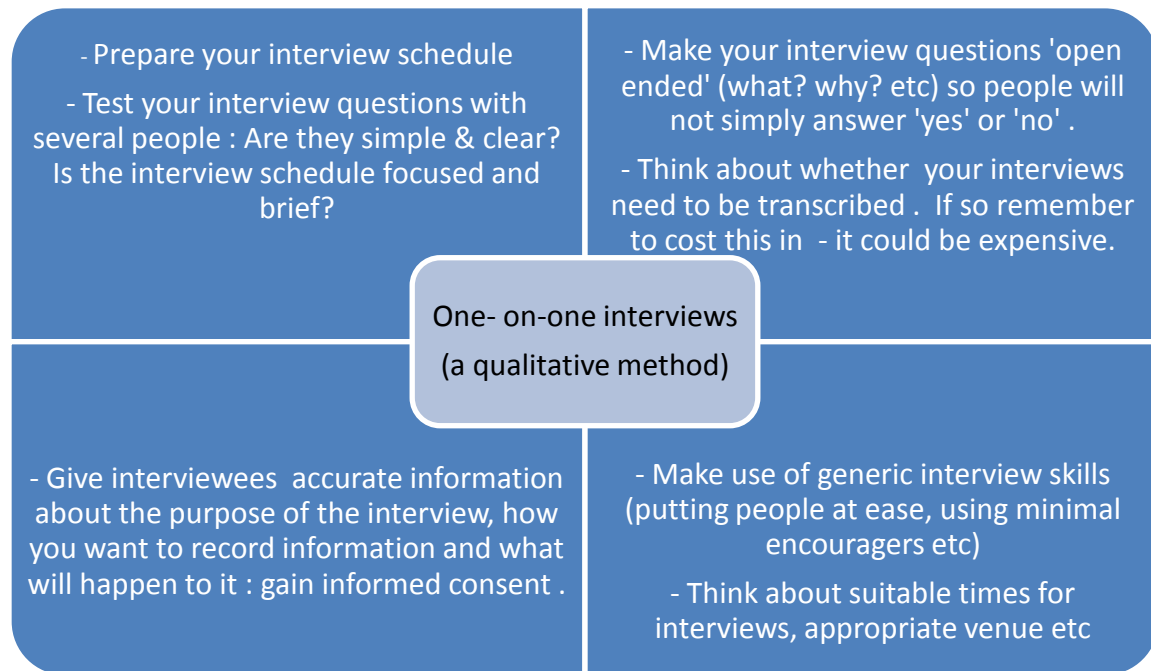
Tips for using some common data collection methods:

1. Focus groups



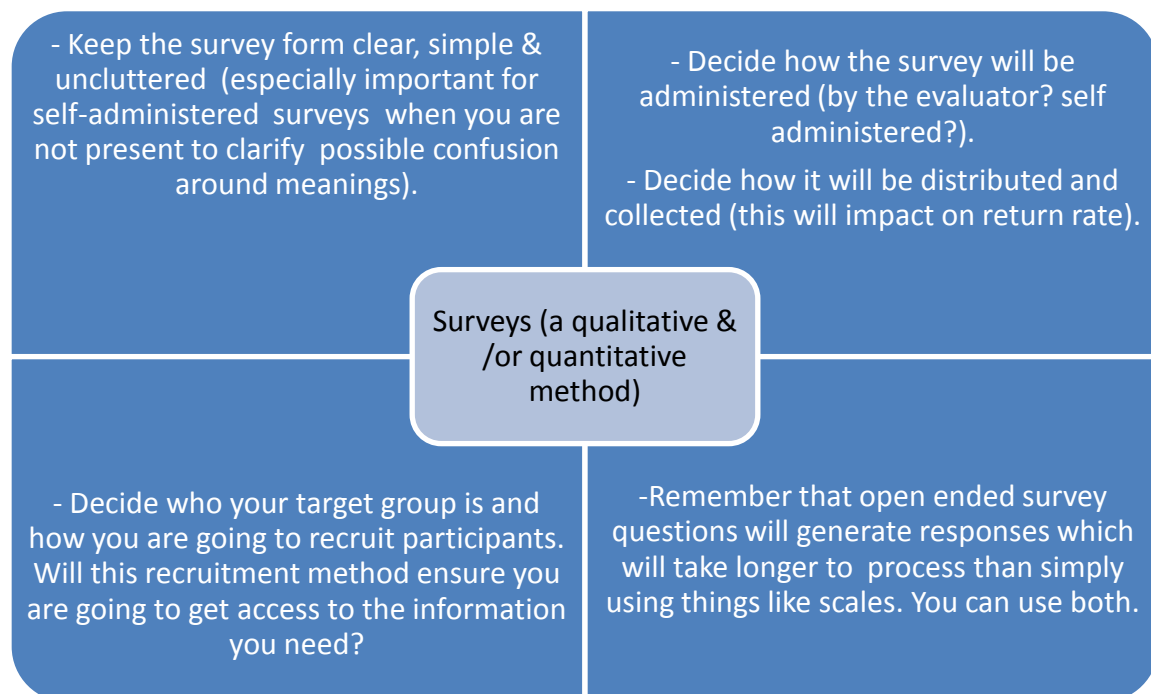
In this space, note other tips for running focus groups:

2. Interviews



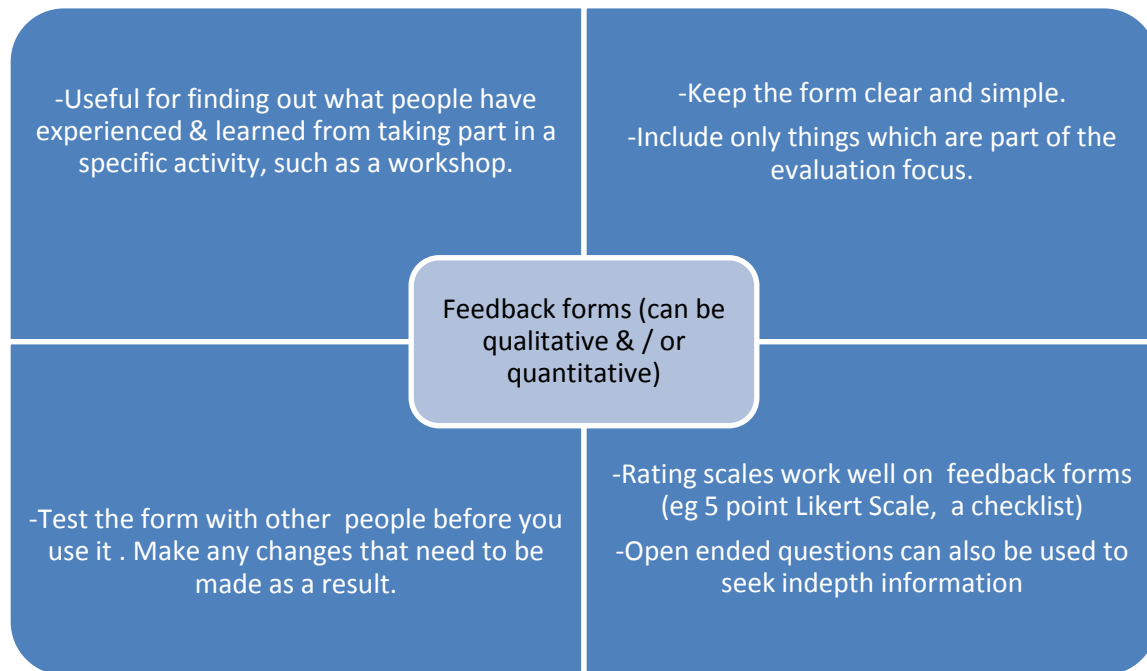
Write down any other tips you have for carrying out interviews in this space :

3. Tips for carrying out surveys



Write down any other tips you have for carrying out surveys in this space:

4. Feedback forms



Finding out more:

More detailed information about using these, and other data collection tools, is available from a number of places. These include the resources listed in Section 11 of this Workbook, especially Waa, Holibar & Spinola (1998) *Programme Evaluation: An Introductory Guide to Health Promotion*.

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7. Data analysis: Step 5

You now have all the information you set out to collect for your project evaluation. This is your raw data.

To make use of it, you will want to make sense of what it is telling you.

Quantitative analysis

Data you have gathered using tools such as closed ended question surveys will feature simple, limited choice answers from relatively large numbers of people.

Responses to these kinds of questions can be simple to quantify, as illustrated below.

Example: quantitative data collection (*closed ended question survey of 40 cessation programme participants*)

Question 1. 'How useful has the 'smoking triggers' part of your cessation programme been for you'? (please tick the comment which best describes what you think):

- | | |
|----------------------|--|
| a) Not at all useful | <i>2 participants ticked this comment</i> |
| b) A little useful | <i>8 participants ticked this comment</i> |
| c) Useful | <i>19 participants ticked this comment</i> |
| d) Very useful | <i>10 participants ticked this comment</i> |

Say 40 people complete your survey and answer the above question. You could count up how many of these 40 people ticked response a), how many ticked response b) and so on.

You would also need to record the number of people who did not answer the question at all and take this into account when drawing your conclusions.

If 19 of the 40 people ticked c) and another 10 of the 40 people ticked d) you could add these totals together and conclude that approximately three quarters of participants found the 'smoking triggers' part of their cessation programme useful.

You could get additional information about your programme by separating out responses from different groups of people within your sample of 40.

You could, for example, compare responses from women and men, Maori and non-Maori, rural and urban residents etc.

This might generate enough information for you to be able to make some comparisons between participant groups, as the example below illustrates.

Example : using quantitative analysis

Approximately three quarters of the 40 participants surveyed reported finding the 'smoking triggers' part of their cessation programme useful or very useful. Of the 20 men who took part, almost all (19) indicated this. In contrast, only half of the 20 women surveyed concurred.

What your quantitative data will not tell you is **why** people found the 'smoking triggers' work useful or otherwise. Teasing out this level of detail is the strength of qualitative data and analysis.

Qualitative analysis

Data you have gathered using tools such as interviews and open-ended question surveys will feature in-depth answers from a small number of people. This will

generate complex data in contrast to the number sets your quantitative methods may generate.

Responses to qualitative kinds of questions explore participants' thoughts and feelings.

The example below illustrates this.

Example: qualitative data collection (*open ended question survey of a small group*)

Question 1. What influence has the on-site smoking cessation service had on quitting behaviour within the school community?

(A) *'Zilch. I didn't wanna give up before and I don't wanna give up now'* (student)

(B) *'I think it has really raised the profile of the extent of the tobacco problem in this school - its made it more visible...instead of just sweeping it under the carpet, we have to face it and do something about it. Even in the staff room now I've overheard smokers talking about quitting and maybe using the opportunity of onsite support to quit'* (staff member)

(C) *'Some of my mates have gone to Mere (the service provider) and have been trying to give up. One of them hasn't had a smoke now for 3 weeks - some days she is pretty bad, but she goes up by Mere or texts her and she talks her through it. I reckon if Mere hadn't come here my mate wouldn't even have thought about giving up'* (student)

(D) *'Before, I never really thought about giving up. Like I really like smoking. But I am thinking about maybe giving up ... maybe talking to Mere a bit about it anyway'* (student)

(E) *'I've started on the cessation programme! I've been wanting to quit for ages but it just seemed too much hassle... having the service here at school has been great for me. I am now putting together my quit plan!'* (staff member)

The above data can be analysed by **theme** in contrast to ‘counting’ types of responses. A way of doing this is to focus on one topic area at a time. Frequently topics will reflect the various foci of the interview schedule.

Topic 1 might be ‘Factors influencing quitting behaviour’

You could highlight comments in the example box above that relate specifically to this topic. From there, group together comments from different people which are similar - which say the same thing, more or less, but probably use different words.

Group together comments which are noticeably different, but still focus on the same topic.

Example : using qualitative analysis

Factors influencing quitting behaviour

Having an on-site cessation service raised both student and staff awareness of quit opportunities. For some smokers within the school community, this initiated, or renewed, contemplation of quitting:

“I never really thought about giving up. Like I really like smoking. But I am thinking about maybe giving up ...”

“I’ve overheard smokers talking about quitting and maybe using the opportunity of onsite support to quit”.

Others had moved beyond contemplation to making quit attempts with varying levels of success. The impetus for making such attempts was frequently directly attributed to the work of the on-site cessation service :

“I’ve been wanting to quit for ages but it just seemed too much hassle... having the service here at school has been great for me”.

The above discussion provides an example of the use of thematic analysis to interpret qualitative data. The emphasis is on **what participants thought** rather than on

comparative numbers. What **themes** recurred? Were there critical points of difference in participant perspectives? How might these be explained?

Finding out more:

More detailed information about how to carry out both quantitative and qualitative data analysis is available from a number of places.

These include the resources listed in Section 11 of this Workbook, especially Waa, Holibar & Spinola (1998) *Programme Evaluation: An Introductory Guide to Health Promotion*.

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8. Identifying ways forward: Step 6

Once you have finished analysing your evaluation data, you can make some statements about your findings:

- what does the evidence tell you about how your project activities have worked?; and,
- what does it tell you about progress toward reaching project short term, mid-term and / or long term outcomes you identified as being important to evaluate?

This involves drawing conclusions about your project work and making recommendations about its future. In other words, it is about **identifying ways forward**.

This Section of the Workbook looks at drawing conclusions and making recommendations based on evaluation findings. How this might work using both quantitative and qualitative data will be explored.

Section 7 of the Workbook included the example below to illustrate the use of quantitative analysis. It is largely descriptive.

Example : using quantitative analysis

Approximately three quarters of the 40 participants surveyed reported finding the 'smoking triggers' part of their cessation programme useful or very useful. Of the 20 men who took part, almost all (19) indicated this. In contrast, only half of the 20 women surveyed concurred.

From here, your evaluation findings can be clearly spelled out and conclusions drawn. This is illustrated by the example included on the next page:

Example : using quantitative analysis - drawing evaluative conclusions

It is significant that a very clear majority of participants identified value in the 'smoking triggers' component of the programme suggesting that this needs to be retained. However, given that a quarter of participants identified little or no value in this component there is also room to review and further improve on it.

Of note is the differential response of men and women participants to the 'smoking triggers' work. While men were almost unanimous in finding this work useful, women were much less inclined to do so. This suggests there may be a need to better address the gender specific dimensions of tobacco use in this component of the programme.

Section 7 of the Workbook also included the example below to illustrate the use of qualitative analysis.

Example : using qualitative analysis

Factors influencing quitting behaviour

Having an on-site cessation service raised both student and staff awareness of quit opportunities. For some smokers within the school community, this initiated, or renewed, contemplation of quitting:

"I never really thought about giving up. Like I really like smoking. But I am thinking about maybe giving up ..."

"I've overheard smokers talking about quitting and maybe using the opportunity of onsite support to quit".

Others had moved beyond contemplation to making quit attempts with varying levels of success. The impetus for making such attempts was frequently directly attributed to the work of the on-site cessation service :

"I've been wanting to quit for ages but it just seemed too much hassle... having

the service here at school has been great for me”.

From here, your evaluation findings can be clearly spelled out and conclusions drawn. This is illustrated by the following example:

Example: using qualitative analysis - drawing evaluative conclusions

Survey findings suggest that there are a number of benefits in having on-site cessation services available at the school. For example, common themes identified in participant feedback were the heightened profile of tobacco control issues generally at the school along with an associated increased interest in engaging with cessation opportunities.

Continuing to provide the on-site cessation service is therefore considered to be useful, at least in the medium term. This is especially so given the current focus on increasing the number of quit attempts across the community.

Drawing conclusions and making recommendations are about spelling things out clearly about your findings for the evaluation audience.

It is advisable to do this, rather than leaving people guessing even if you feel it may sometimes be a case of ‘stating the obvious’.

9. Evaluation reporting & follow up: Step 7

Reporting

Material you included in your **evaluation plan** (refer Page 12 of your Workbook) will help you with reporting.

How you report back on the evaluation findings will be influenced by **who** you are reporting to and **what** their needs are.

- In the box below, note down who your audiences are. Who will want feedback on how the project has been going?

Audiences for your project evaluation findings:

- Is this everyone you need to include? Check the list of stakeholders you recorded in your evaluation plan (in response to Question 6).

Now that you have decided who your audiences are, it is time to think about what the best ways might be to let them know the evaluation outcomes.

- In the box provided on the next page:

(1) List some possible methods of getting your message across (eg Hui? Newsletters?)

(2) Next to each method, write down which of your audience/s (listed in the box on Page 24) it might best suit.

List of communication methods & target audiences	
Methods:	Audiences this method might work well with:

If you are writing a project evaluation report, this task will be a lot easier if you prepared an evaluation plan (refer Appendix One for a copy of an evaluation plan template) before carrying out the evaluation. **The evaluation plan is the framework for your report.**

The information you put into your evaluation plan covered project background, project logic model, evaluation priorities, evaluation design, data collection methods and so on. All of this can now be included in your evaluation report under separate headings.

The final sections you will then need to add to your report are (1) your findings after analysing the data and (2) recommendations for improvements.

Follow up

Finally: what difference will your evaluation make?

In the space below, list some ways that the findings may be able to be used (eg presenting the work to other practitioners / colleagues. This could contribute to building 'practice wisdom' among the health promotion workforce).

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10. Final points

Learning outcomes

To complete Workbook Three turn back to Page 4 to:

- review the Workbook learning outcomes; and,
- re-visit the learning goal/s you set for yourself and recorded there.

In this space, note the progress you have made towards reaching :

(a) Workbook Three learning outcomes

(b) the learning goal/s you set for yourself

Date / /

Self assessment

Now return to the self-assessment sheet you completed on page 3 of the Workbook:

- fill out the bottom half of the self-assessment sheet; and,

- compare your scores with those you marked on the top half of the self-assessment sheet.

In this space, comment on the differences (if any) between your scores before starting Workbook Three and after finishing it:

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11. Useful sources of information

Innovation Network Inc. *Evaluation Plan Workbook*, USA : www.innonet.org

Innovation Network Inc. *Logic Model Workbook*, USA : www.innonet.org

Patton, M.(2002). *Qualitative Research & Evaluation Methods*, USA : Sage (3rd ed).

Rootman, I. ,Goodstadt,M., Hyndman, B., McQueen, V., Potvin, L., Springett, J. & Ziglio, E. (Eds). (2001). *Evaluation in health promotion: Principles and perspectives*, World Health Organisation Regional Publications, European Series No 92.

Centre for Social and Health Outcomes Research and Evaluation (SHORE) / Whariki. (2009). *Five Day Evaluation Training Short Course: Participant Workbook*, Auckland: Massey University.

Te Runanga Whakapiki ake I te Hauora o Aotearoa / Health Promotion Forum of New Zealand. (2007). *What is Health Promotion?* www.hpforum.org.nz

Waa, A. Holibar,F. & Spinola,C. (1998). *Programme Evaluation: An Introductory Guide for Health Promotion*, Auckland: Alcohol & Public Health Research Unit, University of Auckland.

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Appendix One

EVALUATION PLAN TEMPLATE

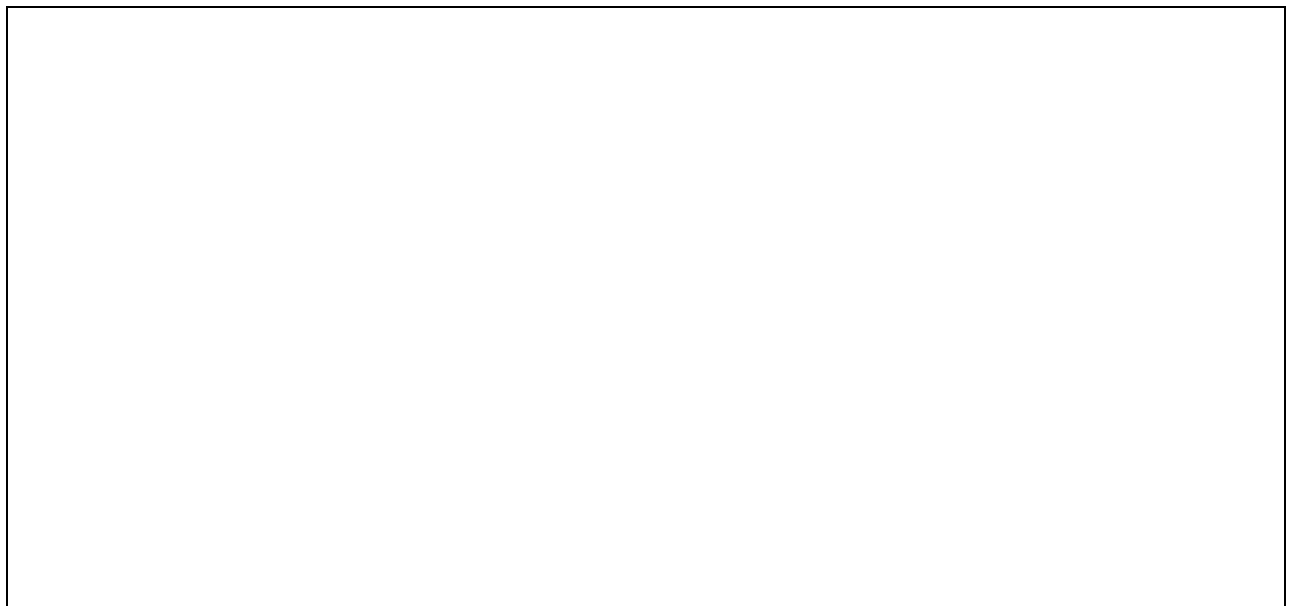
1. Name of your project:
2. Date:
3. Who is the evaluation for? Why is it being done?

4. Project background (brief description, objectives etc):

5. Copy the project logic model into the space below



6. List your project and evaluation stakeholders here:



7. Now record the main evaluation questions your stakeholders have about the project. Do they have a preferred way the evaluation work should be approached? Note that here too.

--

8. Which of the above main questions do the stakeholders agree should be the focus of the evaluation? (What are the priorities?)

--

9.Process evaluation questions: criteria	Sources of data to answer process evaluation	Methods (ways) of collecting the

	questions will be:	data will be:

10. Outcome evaluation questions: criteria	Sources of data to answer outcome evaluation questions will be:	Methods (ways) of collecting the data will be:

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11. Methods of analysing the data:

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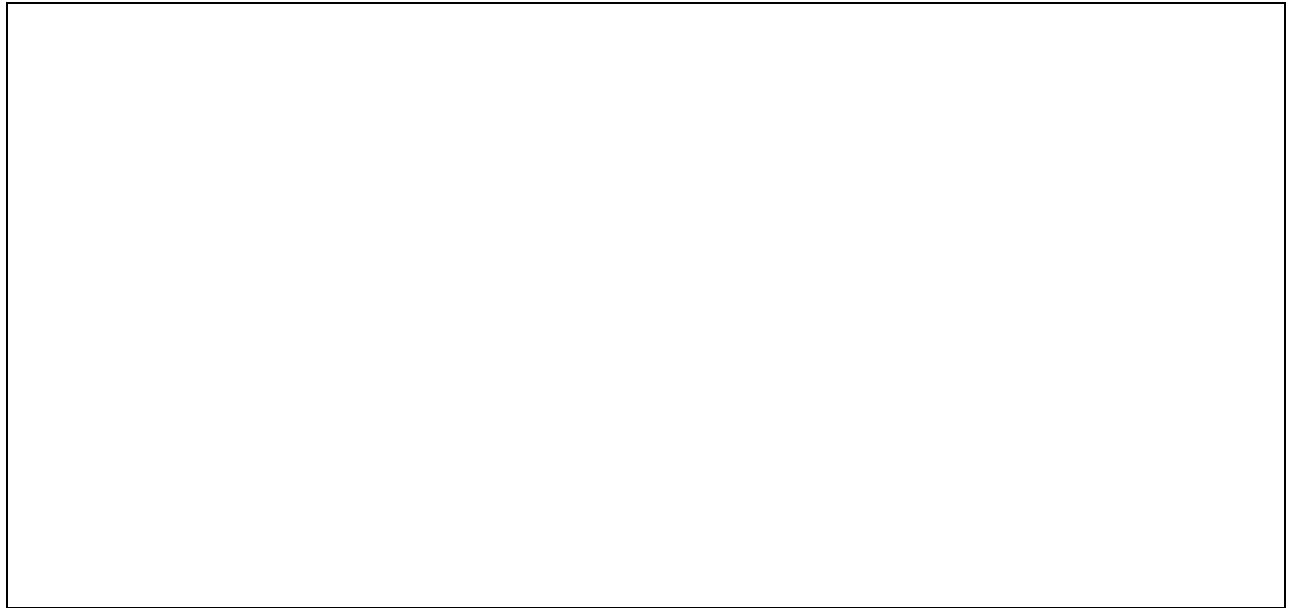
12. What are the ethical issues involved? How are they going to be addressed?

--

13. Are there any risks to the evaluation work? Note these in the space below.

14. Reporting and planning for use - what form/s will your evaluation feedback take? Who will findings be shared with? How will the findings be used?

15. Who will co-ordinate the evaluation work or who will co-ordinate which parts of this? What are the target dates for the various stages of the evaluation work?



16. Evaluation budget (time, materials, kai, venue hire, recording equipment etc)

