



***Evaluation Handbook:
A Guide to Project Planning and
Evaluation at the Endowment for
Health***

Program Year 2009

[Substantively unrevised from Program Year 2007]

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I. Introduction

NOTE: This Handbook is substantively unrevised from Program Year 2007.

Welcome to the *Endowment for Health's Evaluation Handbook*. This handbook is intended to support Endowment grantees and others in their project planning and evaluation processes. The handbook provides an overview of project planning and evaluation techniques and practices and offers an approach to evaluation that will assist grantees and others in evaluating their work.

This handbook provides information on the Endowment's workplan and outcomes evaluation processes. The handbook is not intended as a comprehensive evaluation compendium; rather, it is designed to provide "need-to-know" basics for conducting evaluation for those new to evaluation or new to the Endowment. Information about additional resources is located in Appendix D.

Fortunately, in recent years, there has been a tremendous growth in literature and resources to help nonprofit organizations conduct evaluations. This manual draws extensively on those resources. A few resources deserve extra mention as they have been used extensively in the development of this manual. These include: *Logic Model Development Guide* (2001) from the W.K. Kellogg Foundation; *Measuring Program Outcomes: A Practical Approach* (1996) by the United Way of America; Gelmon, Sherril B. & Connell, Amy. (2001) *Program Evaluation Principles and Practices*. Portland, OR: Northwest Health Foundation; and various logic model materials developed by the University of Wisconsin-Extension. Although we have drawn on other materials in producing this manual, responsibility for it rests with the Endowment for Health.

Our hope is to improve this manual over time and we welcome your comments. Please complete the short evaluation at the end of the document and send it to us with your suggestions.

II. Project and Evaluation Planning: The Project Workplan

Please note that in PY2007 the Endowment modified its Project Workplan format from prior years in order to streamline project workplan and outcomes evaluation processes. The Outcomes Evaluation Plan is now part of the Project Workplan and no other evaluation templates will be used.

Discretionary grants and grants less than \$5,000 are not required to complete a project workplan.

The cornerstone of effective project implementation and evaluation is a well-designed project. As part of the grant proposal process, the Endowment requires all applicants except those applying for a discretionary grant to complete a *Project Workplan*. The *Project Workplan* is a

tool based on the logic model methodology to help you plan, manage implementation of, report on, and evaluate your project.

The *Project Workplan* will help you:

- to **plan** your project by outlining the activities to be accomplished, timeframes, and inputs needed, including how project results will be sustained and lessons learned disseminated. The *Project Workplan* will also help you to formulate your project and grant budget.
- to **manage** implementation of your project by enabling you to track implementation against expectations.
- to **report** on your progress in implementing the project by sharing information in the progress reporting column of the outcome workplan.
- to **evaluate outcomes** by identifying the indicators you will use to assess whether outcomes are achieved, the data collection methods and timeframe for collecting outcomes evaluation data, and by sharing evaluation results in the evaluation results column of the outcome evaluation plan tables.

The *Project Workplan* has two components:

- the **outcome workplan tables** which describe each project outcome and how the project will be implemented to achieve the outcome, including inputs, activities, timeframe, responsible person, and outputs; and
- the **outcome evaluation plan tables** which describe how you will evaluate whether each project outcome has been achieved, including outcome indicators and data collection methods and timeframe.

The Endowment expects that the *Project Workplan* will reflect the scope of your project and the size of the grant for which you are applying. Smaller grants and projects of smaller scope and shorter duration require less detailed workplans and evaluation plans than larger, multi-year grant requests.

III. Developing Project Workplans

Your grant proposal to the Endowment will include:

- statement of need
- project and grant description (including *Project Workplan*)
- sustainability
- organizational capacity
- collaboration
- project and grant budget
- attachments

In your grant proposal, the *Project Workplan* enables you to translate the passion you describe in your grant and project description into a concrete and fundable project.

Your Project Title Your Organization, Inc. Start date – End date	<h2 style="margin: 0;">Project Workplan</h2>	Endowment for Health Program Year 2009			
<p>Project Goal Statement:</p>					
<p>OUTCOME #1:</p>					
<p>OUTCOME #1 WORKPLAN</p>					
Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<p>OUTCOME #1 EVALUATION PLAN</p>					
Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>			
<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • • 				

A copy of the Endowment’s *Project Workplan* template, which is shown below, is provided in Appendix A. Sample project workplans are provided in Appendix B.

It is important to note that the *Project Workplan* encompasses your entire project, not just the activities for which you are requesting funding in your grant proposal. In your grant proposal, you are asked to identify the activities to be funded by the Endowment in *italics*.

Project Goal Statement

What do you hope to accomplish with your project and how?

The first step is to state the overall goal of your project—what you are trying to accomplish over the life of the project and how. This is the Project Goal Statement. The project goal statement is a clear summary of your project that has two parts: the “to” part refers to what you hope to accomplish in the

Special Note
 The Project Goal Statement is used by the Endowment with various audiences and in various venues, to identify, summarize, and publicize your project.

project relative to the target population or system; the “by” part summarizes the activities you will undertake in order to accomplish your project goal.

For example:

- To improve access to health care for people with limited English proficiency (LEP) in the service area by creating sustainable systems to train medical interpreters and health professionals and provide outreach and education to health care consumers about medical interpretation.
- To better understand the health needs of New Hampshire’s children in order to better meet their needs by gathering, analyzing, and disseminating information to key stakeholders.
- To develop a plan to improve access to services for low-income, elderly people in the county by conducting a needs assessment and then engaging in an effective and collaborative planning process with key stakeholders in the public, private and nonprofit sectors.
- To strategically position agencies to meet the challenges of the future by convening a day-long workshop of regional experts and trustees and managers of New Hampshire agencies.
- To effectively merge two physician practices by funding a Project Director and support staff to manage and direct the activities and support the merger Steering Committee and its clinical, finance, human resources and operations sub-committees.



Tips for Writing Good Project Goal Statements

- Your project goal statement should focus on the long-term impact you are trying to have with your project.
- Don’t forget to include both what you are trying to accomplish (the “to”) and how you will do it (the “by”)
- Summarize in broad terms how you will accomplish the goal. You don’t need to give too much detail. The activities portion of your workplan will enable you to give more specific information about what you are doing in your project.

IV. Developing Outcome Workplans

The **outcome workplan tables** describe the project and provide guidance for managing and reporting on the project. The tables describe how the project will be implemented to achieve each of the outcomes and include:

- Outcomes
- Activities
- Inputs
- Timeframe
- Responsible Person (s)
- Anticipated Outputs
- Progress Reporting¹

OUTCOME #1					
OUTCOME #1 WORKPLAN					
Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>

Outcomes

What changes do you expect to occur as a result of your work?

Outcomes express the *results* that your project aims to achieve if implemented as intended. Outcomes answer the question: “What *difference* will the project make?” These differences are often expressed in terms of changes in learning, action or conditions of individuals, families, households, organizations, systems or communities. Outcomes are usually the result of more than one project activity.

Special Note

Outcomes represent the change you expect to occur as a result of your project and those that you expect will help to address the need(s) or problem(s) you articulate in your grant proposal.

¹ The Progress Reporting column of the outcome workplan is used to report on project implementation every six months as part of the Endowment’s grant reporting requirements. This column is not completed during the grant proposal stage.

Outcomes represent changes your project is trying to accomplish, such as:

Changes in Learning:

- New knowledge
- Increased skills
- Changed attitudes, opinions or values
- Changed motivation
- Changed aspirations

For example:

- Training participants to understand concepts of cultural competency, medical interpretation laws, how to work with an interpreter, and how to access medical interpretation resources
- Meeting participants will understand current health needs among elderly in the county and best practices for addressing them
- Resident activists are more knowledgeable about health care issues
- Increased provider knowledge about how to use case management technology
- Increased student understanding of the importance of physical activity

Changes in Action:

- Modified behavior
- Changed practice
- Changed decisions
- Changed policies

For example:

- Training participants to use medical interpreters to meet the interpretation needs of their Limited English Proficiency clients
- Residents are engaged in actions, events, training or campaigns aimed at improving access to health care
- Increased collaboration among providers in the network
- Medicare regulations change to allow for greater reimbursement to community health centers

Changes in Condition:

- Human

Special Note

Some funders and project planners use “objectives” as part of their planning and evaluation frameworks. Objectives are typically statements of accomplishments in quantifiable terms and within a set timeframe. In the Endowment’s framework, objectives are similar to outputs when they represent the *direct deliverables* of the project. However, when objectives are worded in terms of people-level or systemic change (for example, ‘100% of medical providers demonstrate competency in oral health assessment by 2006’) they are similar to outcomes and outcome indicators.

Special Note

Some logic model templates or funding proposals include space for identifying both short-term outcomes (changes that are expected in the near future) and long-term outcomes (changes that will occur over time). The Endowment *Project Workplan* does not make this distinction. If you wish, you can distinguish these in your workplan by identifying them as “short-term” or “long-term” outcomes.

- Organizational
- Systemic

For example:

- Greater number of students with a medical home
- Project has increased and diversified funding
- Creation of a plan that has buy-in from community stakeholders
- People in the county have increased access to medical transportation services

Because dissemination and sustainability are key but often overlooked components of projects, the Endowment requires activities and, where appropriate, a distinct outcome, related to **dissemination** of project outputs, outcome evaluation results, and lessons learned and a distinct outcome and supporting activities to assure **sustainability** for the project. However, the Endowment believes that extensive thinking about sustainability is best done after a grant is awarded. Therefore, during the grant proposal stage, please share some *initial* thinking about how you will sustain your project, both financially and programmatically. If a grant is awarded, you will be asked to refine this outcome and Endowment staff is available to support you in this work.

For example:

- Knowledge about and interest in the medical-dental collaborative model increases
- Sustainability of the project is ensured
- External audiences will become aware of current trends
- Agencies will have a resource for information about health care, trends, and best practices
- Creation of a plan that has buy-in from community stakeholders
- Start-up funding for implementation of the plan is generated



Tips for Writing Good Outcomes Statements

- Outcomes should not go beyond the project purpose or target audience.
- Sometimes it is helpful to think through each of the constituencies affected by your project and how they will each be affected. For example, for a school-based health clinic, there may be different outcomes for students, parents, school staff, and the community.
- Make sure you have project activities and outputs that are related to your outcomes. In other words, review your activities and outputs to check to see if one can reasonably expect them to result in the outcome.

Activities

What will you do to achieve your project outcomes?

Activities are the actions that are needed to implement your project—what your project will do to achieve project outcomes. It is often helpful to first think about the broad categories of activities you are implementing and then provide more detail.

For example:

Training

- Develop training curriculum
- Conduct outreach to identify training participants
- Provide one 12-week training session per semester
- Administer start-of-course survey and end-of-course survey

Planning

- Hire consultant to facilitate planning process
- Identify potential planning participants
- Gather information on best practices
- Hold regular meetings with planning participants

Needs Assessment

- Conduct survey of local providers
- Conduct focus groups with sample of providers
- Conduct interviews with sample of consumers
- Obtain data from local hospitals

Partnership Development

- Develop list of potential partners
- Meet with potential partners
- Establish agreements with new partners
- Familiarize new partners with processes and procedures
- Hold quarterly meetings of partners

Sustainability Planning

- Write grants to potential new funders
- Conduct research on new Medicare funding options
- Meet with Medicare administrators to discuss regulatory changes

Service Delivery

- Conduct intake and risk assessment screening for students
- Connect students/families to health insurance, as needed and possible
- Provide case management services (related to insurance and mental health)
- Provide acute medical care/immunizations/physical exams to students
- Make appropriate referrals to other services for students

Dissemination

- Document and write report on meeting
- Disseminate meeting summary to participants and other stakeholders
- Post meeting summary on website
- Write and disseminate press releases



Tips for Writing Good Activities Statements

- Think first about each outcome you want to achieve with your project, and then consider the activities that will be needed to achieve the outcome.
- Activities should describe the actions you are undertaking in implementing the project, but not the results of those actions. The immediate products/deliverables of those actions are your project outputs; the results of those activities and products are your project outcomes.
- It is sometimes difficult to determine the appropriate level of detail to provide about your activities. In general, your activities should provide enough detail to let Endowment staff and others know what it takes to implement your project and to illustrate why your requested budget is needed. For example:

Not specific enough	Just right	Too specific
Provide training to participants.	<ul style="list-style-type: none"> - Develop training curriculum - Conduct outreach to identify training participants - Provide one 12-week training session per semester - Administer start-of-course survey and end-of-course survey 	<ul style="list-style-type: none"> - conduct staff meeting to identify key training components - conduct research on other, similar curriculum - develop and disseminate first draft of curriculum - revise curriculum - develop training outreach flyer - get mailing lists of clients of partner organizations - send out flyer to clients - field phone calls and inquiries about training <p><i>Etc....</i></p>
Provide health services to students	<ul style="list-style-type: none"> - Conduct intake and risk assessment screening for students - Connect students/families to health insurance, as needed and possible - Provide case management services (related to insurance and mental health) - Provide acute medical care/immunizations/physical exams to students - Make appropriate referrals to other services for students 	<ul style="list-style-type: none"> - have new students complete enrollment form - set up appointment to have students complete screening form - conduct screening with new students - phone family to obtain/confirm insurance information and provide state child health insurance information to those without insurance - meet with parents who do not have health insurance to complete state child health insurance enrollment forms <p><i>Etc...</i></p>
Conduct needs assessment data gathering	<ul style="list-style-type: none"> - Conduct survey of local providers - Conduct interviews with sample of consumers - obtain data from local 	<ul style="list-style-type: none"> - develop survey instrument - get feedback on survey instrument - refine survey instrument - develop list of local providers to

Not specific enough	Just right	Too specific
	hospitals [NOTE: For a grant focused specifically on gathering data, such as an applied research grant or a data grant, a greater amount of detail related to the research may be necessary than that identified above]	be surveyed - mail out survey - conduct follow-up to nonrespondents - develop interview protocol - get feedback on interview protocol - meet with local providers to identify consumers to be interviewed <i>Etc...</i>

Timeframe

What is the time period during which the activity will occur?

The timeframe identified the start date and end of the period during which an activity will occur. It should be identified using the *mm/yy – mm/yy* format.

Responsible Person(s)

Who uses project inputs to achieve anticipated project outputs?

The responsible person is the person on the project who uses the project’s inputs to implement the project and achieve the project outputs.

Outputs

What are the tangible products of your activities?

Outputs are the measurable, tangible, and direct products of your project activities. One way to think about outputs is as **data** about your activities. Outputs are important because they help you to assess how well your project is being implemented.

Outputs are usually described in terms of the size and/or scope of services and products delivered or produced by the project; they are most often expressed in quantifiable terms.

Examples of project outputs and the activities they relate to are:

Activity	Output
Develop training curriculum	Training curriculum
Conduct outreach to identify training participants	25 training participants identified
Provide one 12-week training session per semester	1 training held January-February 1 training held September-October

Activity	Output
Administer start-of-course survey and end-of-course survey	All participants complete surveys
Conduct one-to-one meetings with potential activists	125 meetings with potential activists held
Establish agreements with new partners	5 agreements with new partners signed
Document and write report on meeting	Meeting report
Conduct focus group with local providers	10 focus groups conducted
Write grants to potential new funding sources	2 foundation proposals submitted 3 government proposals submitted
Gather information about best practices	Matrix of best practices developed
Provide consultation to clinics as requested	3 clinics request and receive consultation services

Outcomes are sometimes confused with outputs. **Outputs** are the direct and measurable **products** of a project’s activities and services; they are often expressed in terms of volume or units delivered. **Outcomes** are the **results** or **impact** of the activities and services. Outcomes often represent the results or impact of multiple outputs (in other words, each outcome usually corresponds to more than one output). For example:

Output(s)	Outcome
Training curriculum 25 training participants identified 1 training held January-February 1 training held September-October	Training participants understand concepts of cultural competency, medical interpretation laws, how to work with an interpreter, and how to access medical interpretation resources Training participants use medical interpreters to meet the interpretation needs of their Limited English Proficiency clients <i>[these are outcomes because they articulate the learning change for those who participated in the training. These outcomes answer the question, “what change do we expect will occur for people attending the training?”]</i>
2 foundation proposals submitted 3 government proposals submitted	Increased funding for the project <i>[this is an outcome for sustainability because it articulates the result that one would expect from submitting funding proposals. This outcome answers the question, “what change do we expect as a result of writing and submitting funding proposals?”]</i>

Output(s)	Outcome
Meetings held with staff at 6 clinics 3 clinics request and receive consultation services	Clinic staff are able to better coordinate needs of client <i>[this is an outcome for project activities that focus on increasing care coordination among agencies through meetings and with agency staff and direct consultation. This outcome focuses on the behavior change of staff and answers the question, “what change do we expect will occur in staff behavior as a result of meetings and consultation?”]</i>
20 medical providers are trained in oral health assessment 20 medical providers receive one-on-one consultation in oral health assessment	Medical providers provide accurate oral health assessment at well-child visits <i>[this, too, is an outcome because it articulates the provider behavior change that is expected as a result of project activities]</i>
4 meetings with providers Monthly ads in local newspaper Flyer disseminated to 25 local social service providers	Increased number of new clients using services <i>[this is an outcome for project activities focused on outreach. This outcome also focuses on behavior change, although among clients. This outcome answers the question, “what change do we expect will occur as a result of our outreach work?”]</i>
Task Force created Monthly meetings held Matrix of best practices created	Community stakeholders support plan. <i>[this is an outcome for a planning grant and represents the change that results from a collaborative planning process. This outcome answers the question, “what change do we expect as a result of creation and regular meetings of a planning group?”]</i>

 *Tips for Writing Good Output Statements*

- When thinking about outputs, think about the products or deliverables that your project is directly responsible for producing, not the actions you are taking to implement your project (those are the activities) or the results of those actions (those are the outcomes).

Inputs

What resources will you need to implement the project activities?

Inputs are the resources you have to implement your project activities and achieve your project outcomes. Identifying the available inputs you will need for your project helps you to determine what is needed to implement your project.

For example:

Human resources

- Full and part-time staff
- Consultants
- Pro bono staff services
- Volunteers

Space

- Office space
- Program facilities

Technology & Other Equipment

- Computer hardware
- Computer software applications
- Communications infrastructure (email, website)
- Office machinery (printers, copiers)
- Equipment specific to the program (sports equipment, medical devices)

Materials/Other

- Office supplies
- Program materials (training materials, food, incentive gifts, brochures)
- Insurance

Special Note

For your grant proposal, the inputs in your Project Workplan should be the starting point for thinking through your project budget.



Tips for Writing Good Input Statements

- Be specific about your inputs, but do not spend a lot of time developing a detailed list of all actual or anticipated program expenditures. For example:

Not specific enough	Just right	Too much detail
Staff	2 full-time staff 1 part-time	2 FT staff @ 40 hrs/wk 1 PT staff @ 25 hrs/wk
Materials	Training manual Project brochures	25 project brochures 50 copies of training manual

Progress Reporting

How is project implementation going?

The Progress Reporting column of the outcome workplan is used to describe progress in implementing project activities and achieving project outputs submitted with interim and final progress reports to the Endowment. This column is left blank during the proposal process.

Outcome Workplan Review

Once your outcome workplans are complete, you may want to review them. Keep the following checklist questions in mind as you do this:

- Have you included all the outcomes that will be achieved by this project?
- Have you included outcomes and/or activities related to dissemination and sustainability?
- Have you identified outcomes that represent reasonable change?
- Have you included all the *major* activities needed to implement each of your expected outcomes?
- Have you identified outputs for each project activity that describe the products and deliverables of the activity?
- Have you identified timeframes and responsible persons for each activity?
- Do the outcomes you have identified relate to the activities and outputs in your workplan? (in other words, is it reasonable to expect that you will achieve those outcomes given your project activities and expected outputs?)
- Does your workplan include activities, outputs and outcomes for all years for which you are requesting funding?
- Have you requested the appropriate amount of grant funding to implement the activities and achieve the desired outcomes outlined in the workplan?
- Have you identified *in italics* those activities and outputs that are (are to be) funded by the Endowment grant?

V. Developing Outcome Evaluation Plans

Evaluation—defined as the systematic collection of information about a project—serves multiple purposes:

- **Understand and improve your project.** Evaluation helps you learn what works and what doesn't work in your project.
- **Tell your project's story.** The data collected through evaluation can provide compelling information to help you describe what your project is doing and achieving. Evaluation results can be used to effectively make your project's case before stakeholders, funders, and policy-makers.

- **Report to the Endowment and other Funders.** Evaluation helps you demonstrate responsible stewardship of funding dollars. It also contributes to the Endowment’s understanding of the impact it is having in its work (although this is only one piece of the information the Endowment uses to understand this).
- **Inform the field.** Evaluation can help you to contribute your knowledge and best practices experiences with others working on similar issues.

The Endowment uses grantee evaluation results in several ways:

- **To assess and talk with grantees about project progress.** Endowment staff uses the evaluation results grantees report to monitor the progress of grants—both what is working and what is not. Staff uses the results as an opportunity to work with grantees to make mid-course corrections, if necessary.
- **To assess and communicate Endowment progress to its stakeholders.** The Endowment uses evaluation results from grantees to monitor its success in implementing its strategies and goals and achieving its outcomes. The Endowment also includes results in briefs and materials it develops and disseminates.
- **To inform the field.** Endowment staff may share grantee evaluation findings with others working in similar fields.

There are several principles that guide the Endowment’s work in evaluation:

- Evaluating is foremost about understanding and improving projects.
- Evaluation should not be an add-on that is done a few days before the final report is due. Rather, it should be integrated into project planning and implementation.
- Evaluation should focus on collecting usable and useful data. Data collection should not be done just for data collection’s sake.
- What’s good for grantees is also good for the grantor. The Endowment has established a system for assessing its own performance at a variety of levels, including operations, support to grantees, and governance.

As a requester of evaluation information from grantees, the Endowment believes that it has a responsibility to support the development of grantees’ evaluation capacity. To this end, the Endowment has and will continue to identify opportunities to support evaluation capacity in grantees. To date, the following opportunities are available:

- **This handbook.** This handbook, which will be updated on a regular basis, is intended to provide the basics for conducting project evaluation.

- **Resources on the Endowment’s website.** The Endowment’s website has and will continue to include evaluation resources for nonprofit organizations. Visit it regularly to see what’s new!
- **Group Evaluation Training.** Periodically, the Endowment will offer grantees group training in specific evaluation topics.
- **Endowment Program Director.** Your Endowment Program Director is a resource to you for many things related to your project and grant, including evaluation. Directors will either answer your evaluation-related questions or direct you to other resources to assist you.
- **Consultant Resources/Technical Assistance.** Evaluation consultant support is available for informal consultation, limited one-on-one technical assistance and more intensive evaluation coaching.

In contrast to many funding proposals, the Endowment’s grant proposal process does not require you to submit a complete evaluation plan with your proposal. However, you are asked to share your initial thoughts about outcomes evaluation in your proposal. This is for two reasons: 1) to help Endowment grant reviewers to know that you have given some thought to how you will measure your outcomes; and 2) to help ensure that you budget accurately for evaluation in your grant proposal. If your grant is funded, you will be required to finalize the outcome evaluation plan tables within the first six months of grant implementation.

The components of the outcome evaluation plan tables are:

- Outcome Indicators
- Data Collection Method and Timeframe
- Evaluation Results²

OUTCOME #1 EVALUATION PLAN

Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • • 	

² This section is completed at the end of the grant period.

The Endowment expects that the outcome evaluation plan tables will reflect the scope of your project and the size of the grant for which you are applying. Smaller grants and projects of smaller scope and shorter duration require less detailed evaluation plans than larger, multi-year grant requests.

Outcome Indicators:

How will you know your outcome has been achieved?

An indicator is the quantitative or qualitative measure(s) that tells you whether you have accomplished your outcome. Indicators are measurable and observable and answer the question: How will we know it? Some find it helpful to think about indicators as the “evidence” that outcomes are or are not being achieved.

Outcomes are often stated as abstract concepts or ambitions. Indicators are what are measured: specific characteristics or behaviors that provide more tangible information about those concepts or ambitions. Often, one outcome will have more than one indicator.

Note that in some cases, especially with planning and applied research endeavors, the outcome indicators may be very similar to outputs.

Examples of outcome indicators are:

<i>Outcome</i>	<i>Indicator</i>
Training participants understand concepts of cultural competency, medical interpretation laws, how to work with an interpreter, and how to access medical interpretation resources	100% of training participants report that as a result of the training, they understand how to work with a medical interpreter 100% of training participants report that as a result of the training, they understand how to access medical interpretation resources
Creation of a plan that has buy-in from community stakeholders	Creation of a plan # of partners signing onto the plan
Start-up funding for implementation of the plan in generated	Value of in-kind and financial resources committed to next phase of the project by stakeholders
Increased funding for the project	65% of project revenues come from non-foundation funding
More people take responsibility for their health	90% of clients paying co-pays on time 75% of clients are accessing preventive health care services 85% of clients surveyed indicate they are making behavioral/lifestyle changes to improve their health

When you develop your indicators, it may be helpful to ask yourself: What does the outcome look like when it occurs? How will I know if it has happened? What will I be able to see?

An indicator should be:

- **Meaningful:** The indicator should provide information that is important to key stakeholders of the project. Keep in mind that different people can have different perceptions about what defines “success” for a project.
- **Direct:** The indicator should measure the essential components of the outcome to enable you to determine whether or not it has been achieved. Keep in mind that sometimes several indicators can be necessary to adequately measure an outcome.
- **Useful:** The information provided by the indicator should be useful for understanding and talking about the achievements of the project.
- **Realistic to Collect:** The data for the indicator shouldn’t be a burden to collect. Think your indicator through to make sure the data can be collected in a timely manner and at reasonable cost. Sometimes an indicator meets the other criteria described above, but the effort to collect it would be too burdensome.

Where appropriate and possible, you should also identify a numeric target for your indicator.³

Data Collection Method and Timeframe

How will you collect the data and when?

Your data collection method is how you will collect information about your outcome indicators. The most common data collection strategies fall into the following broad categories:

- Program records (may include intake and discharge records, service records)
- Surveys
- Interviews
- Observation
- Document review
- Focus Groups

Appendix C includes a summary of the strengths and drawbacks of these different data collection methods.

When specifying your data collection method, be sure to also identify the number of people you plan to collect the data from, for example: 20 clients interviewed or 50 students surveyed. This is particularly helpful when preparing your grant budget.

³ A numeric target for your indicator helps you and Endowment staff to monitor your project’s progress in achieving outcomes. However, the Endowment also recognizes that setting numeric targets can be difficult and that these targets may require revision as your project is implemented.

The timeframe identifies when and how often you will collect the data. Examples of timeframes are: quarterly, once a semester, at start of project and end of project. When thinking about timeframe, consider both what is reasonable in terms of both when you expect to see change in outcomes and what is realistic in terms of data collection workload. In other words, data about some outcomes may be collected less frequently than data for others either because the data collection is costly or the data will not show much change if collected sooner. In many cases, it will make sense to collect data about outcomes early in the project (often called “baseline data”) to enable you to show the change as a result of your project.

Evaluation Results

What does your evaluation show?

This column will be used to report your evaluation results at the end of your grant period.

Outcome Evaluation Plan Review

Once your outcome evaluation plan tables are complete, you may want to review them. Keep the following checklist questions in mind as you do this:

- Have you included at least one indicator for each of your outcomes?
- Are the indicators you have identified meaningful, direct, useful and practical to collect?
- Have you identified a way to collect data for each indicator?
- Have you considered your data collection plan with an eye to minimizing your data collection instruments and collecting the most information with the least effort?
- Is the timeframe you have identified for the collection of your indicator data realistic in terms of your ability to both collect the information and the ability to see change?

VI. Using Project Workplans for Funded Grant Projects

The *Project Workplan* translates and communicates the passion and vision you have to address a need or problem into an actionable project that can be evaluated. If you receive grant funding from the Endowment, these plans establish the expectations for the project between you and Endowment staff and will be the framework you will use to evaluate and report on your project.

Revisions to Outcome Workplans

Your outcome workplans may require some revisions in order to become a funded Endowment project. These revisions may be requested during the grant review process – in other words, grant reviewers may request clarification of your outcome workplans in order to better understand what the project is about. Endowment staff may request changes after an award is made (as part

of your Terms of Award) to reflect any changes in the grant amount or grant scope that may have occurred during the grant decision-making process.

Finalization of Outcome Evaluation Plans

After a grant is awarded, you will be asked to revise and finalize your outcomes evaluation plan tables, typically within the first six months of the grant. In some cases, revisions to outcomes evaluation plan tables are not needed and therefore, are not requested.

It is important to recognize that the *Project Workplan* is a living document—a document that enables you to communicate what your project is about, manage it, and evaluate progress. It is highly likely that in implementing your project, you will make revisions to your project activities, projected outputs, and timeframes and perhaps even project outcomes. The Endowment recognizes this and welcomes changes that reflect the learning that comes with implementing projects. Your Interim Grant Progress Reports (described below) provide an opportunity for you to share revisions to your *Project Workplan* with Endowment staff.

Reporting on Project Progress

The Endowment requires an Interim Grant Progress Report every six months for most projects. The Endowment also requires a Final Grant Progress Report after the grant is completed. Your reporting requirements will be outlined in your Terms of Award and will vary depending on the duration of your grant.

The purpose of the Interim Grant Progress Reports is to enable you to share with Endowment staff the progress in implementing your project, any changes in project direction, any preliminary outcomes data, and to identify any support the Endowment might be able to provide to assist you in the implementation of your project. The Final Grant Progress Report enables you to share the overall progress made in your project, including the evaluation of outcomes, and to share lessons learned and experiences with others.

The *Project Workplan* will be used as the basis for reporting on your progress in implementing your project. The "Progress Reporting" column of the outcome workplans is used to describe your progress in implementing project activities and achieving project outputs. You will update this column in each Interim Grant Progress Report. You will be asked to share any outcomes data you may have.

You will be asked to summarize your outcomes evaluation results and your learning from outcome evaluation in your Final Grant Progress Report to the Endowment. You will share your results in the "Evaluation Reporting" columns of the outcome workplan tables.

VII. Data Collection Instruments

Of all the parts of evaluation, data collection can be the most daunting. Many of us think we need to be statisticians or evaluation professionals to engage in quality data collection, but that simply isn't true. You can design data collection instruments that will be useful to you and enable you to report information to the Endowment and others.

Once you have determined your indicators in your Outcomes Evaluation Plan, you will need to identify the method you will use to collect the data. As you go through the process of selecting your data collection strategy, you should try to minimize the number of data collection instruments you use while maximizing the information you collect from each one.

When deciding on the best data collection method to obtain the information you need, think about:

- Which methods will be least disruptive to your project and to those you serve?
- Which methods can you afford and implement well?
- Which methods are best suited to obtain information from your sources (considering cultural appropriateness and other contextual issues)?

The most common data collection strategies fall into the following broad categories:

- Program records (intake and discharge records, service records)
- Surveys⁴
- Interviews
- Observation
- Document review
- Focus Groups

The table in Appendix C summarizes the strengths and drawbacks of each method.

Things to Consider When Deciding on Data Collection Instruments

- *Build on Data Collection Instruments You Have.* You can get a great deal of information with a minimum of effort by using existing data collection instruments. Before you create any new data collection instruments, ask yourself: “Does our organization already collect this information?” You may be surprised: you may already be collecting a lot of information to monitor activities and/or meet reporting requirements. Or you may be able to add onto existing instruments—for example, satisfaction surveys, intake forms or training feedback forms. Once you identify the data collection instruments you already use, you may be able to augment or “beef up” those instruments to collect additional information with very little extra effort.
- *Use or modify existing instruments that have been developed by other organizations, when available.* In recent years, there has been an effort within sectors of the nonprofit community to share information. One of the most exciting results of such efforts is the increasing availability of data collection instruments produced by others and made accessible for use by the field. We urge you to explore whether there are instruments available in your field.
- *Protect those who provide information.*⁵ It is important to consider issues of confidentiality of those providing information to you. If respondents are going to share personal information

⁴ Note that the Endowment has an account with SurveyMonkey, a web-based survey tool, which can be used by any Endowment grantee for grant-related surveys.

and provide honest feedback to the service they received, they need to be assured that the information they share will not be used against them. Always be clear with those you collect information from about how the information will be used. There are two components to this:

- Anonymity. Not having people put their names on information, there is no way for evaluation and/or agency staff to relate information back to the individual who provided it. No identifying information.
 - Confidentiality. It is possible to relate the information back to the person who provided it, but clients are assured that this will not be done outside the evaluation team. Code numbers are commonly assigned to participants to secure confidentiality.
- *Be culturally sensitive.*⁶ This means that your evaluation considers cultural values and traditions so that participants feel comfortable and the findings are accurate. Some things to consider:
 - Communication style. This has an impact on the instruments you choose for your evaluation. Consider participants' usual communication styles: will respondents feel more comfortable with written or oral communication? In what format: small groups or private conversations?
 - Who administers the instrument. You need to select someone with whom participants feel comfortable sharing personal information. Avoid creating situations where the evaluator's status, position, gender or other characteristic may compromise the respondent's comfort.
 - Family structure. When seeking information about children or a household, consider which parent is best to approach based on cultural norms. In some cultures, the father is the respected source on personal information; in others, the mother plays this role.
 - Language barriers. If your program crosses cultures, be sure instruments are in appropriate language level.
 - *Participant rights and consent.*⁷ This means that you should obtain informed consent from participants. Informed consent makes it clear to participants or program clients that they have the right to say "yes" or "no" to participation in the evaluation. It must be very clear that declining to participate in the evaluation or abstains from answering certain questions that will not result in loss of services or any other negative consequences. The method for obtaining informed consent varies by instrument:
 - Agreement to participate may imply consent when people return a survey, agree to an interview, or accept an invitation to participate in a focus group.
 - When working with children, parental consent is always required.
 - A signed consent is required to use methods such as document review, observation, critical incident reports or review journals.
 - Be careful, even if you have consent, with disclosure of comments in a report or other format that might allow identification of a respondent. You must either have the

⁵ Adapted from: Gelmon, Sherril B. & Connell, Amy. (2001) *Program Evaluation Principles and Practices*. Portland, OR: Northwest Health Foundation.

⁶ Adapted from: Gelmon, Sherril B. & Connell, Amy. (2001) *Program Evaluation Principles and Practices*. Portland, OR: Northwest Health Foundation.

⁷ Adapted from: Gelmon, Sherril B. & Connell, Amy. (2001) *Program Evaluation Principles and Practices*. Portland, OR: Northwest Health Foundation.

respondent's consent to quote him/her or you need to take steps to "hide" the respondent's identity so that the comments cannot be linked with any one person.

The Endowment recognizes the importance of protecting individuals who participate as research subjects in grant-funded research activities. Therefore, the Endowment will work with grantees to ensure that appropriate consent processes for research subjects are followed, and where necessary, support review of grant-funded research by an Institutional Review Board (IRB). Note, however, that IRB approval is *not* required for the grant proposal. If a grant proposal is funded and IRB approval is needed for your grant, the Endowment will work with you to complete this process.

VIII. Data Analysis

Once you've gathered information, it's time to make sense of it and use it and report it to others. Analysis is the process of summarizing and interpreting the information gathered from a variety of data collection sources. There are several ways to do that.

You may have collected data using quantitative methods, qualitative methods, or a combination of both. The process of analyzing these types of data is different. You don't have to be an expert statistician to analyze your data. Analysis can be very complex, but it doesn't have to be. For most organizations, a simple analysis can be very useful.

Analyzing Quantitative Data

What Quantitative Data Are

Quantitative data are data expressed in numbers. They can come from a number of data collection instruments:

- Program Records: number of people who receive services or participate in a program's activities
- Intake Records: demographic information such as people's ages, incomes, years of schooling
- Surveys: number of people responding a certain way (for example, "strongly agree") to individual questions as well as demographic information
- Tests: scores

After you record your data in a systematic way, you are ready to analyze it. For most of us, descriptive statistics will provide a lot of useful information. Descriptive statistics are called that for a reason—they describe what the raw data show. Using descriptive statistics allows us to reduce a lot of data into a simpler summary. They are used primarily to summarize and compare information.

The most commonly used descriptive statistics are:

Frequencies: How many times something occurred

Frequencies are used to report on our outputs—especially the quantity of services provided, and participation rates.

Percentages: Expresses the frequency as a proportion of the whole. A percentage is calculated by dividing the number of responses for a category by the total number of possible responses.

Averages: You calculate the mean by adding up all of the values and divide by the number of values.

Cross tabulation: Cross tabulations (“cross tabs” for short) are a common way to look at the relationships between different characteristics or variables in your data. They show you how many people with one characteristic also have another. Cross tabs are usually displayed in a table. In your Project Workplan, you may have identified outcomes for different groups. One of the most useful ways to look at your data is to look at responses for different sub-groups within your sample, and calculating cross tabs are a simple way to do that. There are many ways you may want to look at sub-groups:

- Geographic location
- Economic status
- Race and ethnicity
- Language
- Gender
- Educational attainment
- Age
- People who responded a certain way to another question

Analyzing Qualitative Data

What Qualitative Data Are

Qualitative data are expressed in text or narrative format. They can come from a number of data collection instruments:

- Open-ended survey questions
- Focus Groups
- Interviews
- Diaries/Journals
- Meeting Minutes
- Logs

Qualitative data analysis is the organization of and interpretation of non-numeric—or text—data for the purpose of discovering meaning and important underlying dimensions and patterns of relationships.

Qualitative analysis looks at:

- What patterns or themes emerge from the responses,
- What interesting stories emerge, and
- How responses illuminate or explain the quantitative data you have collected.

The method used to analyze qualitative data is referred to as “basic content analysis.” Basic content analysis is a process used to identify **patterns of responses** within data. However, before you begin this process, you need to prepare your data for analysis, as discussed above.

Basic Content Analysis

This analysis consists of the following steps:

- Select one question and read all of the respondents’ answers to that particular question (if your data sources don’t contain questions—for example, journals, logs or meeting minutes—you will need to read carefully through all the information).
- Write down a list of possible common themes (one word or a brief phrase) that are emerging as you read the answers. These words or brief phrases will be your “codes.” These themes can be ideas, concepts, behaviors, incidents, or phrases used. There are two ways to identify themes:
 - **Pre-set themes** are themes you have pre-determined before looking at your data. You decide ahead of time what themes you are looking for, and then search the data to see how often they occur.
 - **Emerging themes** are themes that you develop as you are reading the responses.
- Provide abbreviations or “codes” for your themes.
- Return to the beginning and read all of the answers again, this time coding each answer along the way to indicate the theme to which it pertains. One response may contain several ideas and therefore need multiple codes. If you are using a word processing program, you can sort your data by theme by cutting and pasting text.
- For open-ended survey questions, you may want to do some frequency counts of each theme. For focus groups and interviews, you will want to look not only at the number of times an idea is articulated, but also how strongly people felt.
- Complete this process for each question asked. Write a list of the key points that emerged from the data.

IX. Conclusion and Feedback Form

We hope this manual has assisted you in developing your Project Workplan and your project’s evaluation. We intend to periodically revise this handbook in order to ensure that it continues to meet your needs. Please consider completing the brief attached handbook evaluation form. Please send your completed form to the Endowment. Thank you.

EVALUATION HANDBOOK FEEDBACK FORM

We welcome your honest feedback on our Evaluation Handbook. Please answer the following questions and send the form to Karen Horsch, Evaluation Consultant, Endowment for Health, 14 South Street, Concord, NH 03301.

1. To what extent was this manual helpful to you in understanding the Endowment's project planning and evaluation expectations?
 Very helpful Somewhat helpful Not helpful

2. To what extent was this manual helpful to you in developing/revising outcome workplans?
 Very helpful Somewhat helpful Not helpful

3. To what extent was this manual helpful to you in developing an outcomes evaluation plan?
 Very helpful Somewhat helpful Not helpful

Please provide any comments you have on your answers above: _____

4. What suggestions do you have for improving the handbook? _____

5. Please identify whether you would be interested in additional evaluation support in the following areas by checking the appropriate box(es):

Additional written materials on:

- Evaluation methodology
- Designing/administering a survey
- Conducting interviews/focus groups
- Developing indicators/collecting data in a specific health area [area: _____]
- Data analysis/reporting
- Other: _____

Training on:

- Evaluation Methodology
- Designing/administering a survey
- Conducting interviews/focus groups
- Developing indicators/collecting data in a specific health area [area: _____]
- Data analysis/reporting
- Other: _____

6. What other evaluation resources/support would you like to see offered by the Endowment? _____

Thank you!

APPENDIX A: Project Workplan Template

Project Goal Statement:

OUTCOME #1:

OUTCOME #1 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>

OUTCOME #1 EVALUATION PLAN

Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	

APPENDIX B: Project Workplan Examples

THEME GRANT EXAMPLE

PLANNING GRANT EXAMPLE

CONVENING GRANT EXAMPLE

APPLIED RESEARCH EXAMPLE

THEME GRANT REPORTING EXAMPLE

THEME GRANT EXAMPLE

Project Goal Statement: To cost effectively improve the oral health of low-income children who receive primary care in a community health center by piloting a model that integrates oral health promotion and prevention activities into the routine primary care of low-income children.

OUTCOME #1: Children receive accurate oral health assessment and oral health education from medical providers (family physicians/pediatricians, family practice residents, and nurse practitioners) at well-child visits.

OUTCOME #1 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>CRFHC staff dentist in collaboration with faculty pediatrician develops curriculum</i>	<ul style="list-style-type: none"> ▪ <i>staff dentist</i> ▪ <i>pediatrician</i> 	<i>10/07 – 11/07</i>	<i>Thelma Jones</i>	<i>Curriculum developed</i>	
<i>Dentist and pediatrician jointly provide two one-hour training sessions</i>	<ul style="list-style-type: none"> ▪ <i>dentist</i> ▪ <i>pediatrician</i> ▪ <i>providers' time</i> 	<i>01/08 – 02/08</i>	<i>Joe Smith</i>	<i>2 training sessions held 15 people trained</i>	
<i>Dentist provides one-on-one training to medical providers in the well-child setting</i>	<ul style="list-style-type: none"> ▪ <i>dentist</i> ▪ <i>providers' time for training</i> 	<i>03/08-02/09</i>	<i>Joe Smith</i>	<i>15 providers given one-on-one training</i>	
Revise Graphical Encounter form to include oral health assessment, oral health education, topical fluoride application procedures	<ul style="list-style-type: none"> ▪ IT support person ▪ pediatrician 	03/08	Thelma Jones	Graphical Encounter Form revised	
<i>Collate information from Graphical Encounter Form</i>	<ul style="list-style-type: none"> ▪ <i>Thelma Jones</i> 	<i>03/08-06/09</i>	<i>Thelma Jones</i>	<i>Data collated monthly</i>	

OUTCOME #1 EVALUATION PLAN

Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> • 75% of children receive oral health assessment and oral health education from clinic medical providers at their well-child visits • 100% of clinic medical providers demonstrate accurate oral health assessment during well-child visits 	<ul style="list-style-type: none"> • Encounter Form (ongoing after training) • Staff dentist will observe all medical providers during well-child visits using standard observation tool (one month and three months after training) 	

OUTCOME #2: Children receive topical fluoride applications from medical providers at well-child visits.

OUTCOME #2 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Obtain topical fluoride and associated supplies.</i>	<ul style="list-style-type: none"> ▪ <i>Dental Clinic Coordinator</i> ▪ <i>money for supplies</i> 	<i>11/07</i>	<i>Joe Smith</i>	<i>Supplies obtained</i>	
<i>Recruit and hire dental hygienist</i>	<ul style="list-style-type: none"> ▪ <i>Community Health Director</i> 	<i>11/07</i>	<i>Joe Smith</i>	<i>Hygienist hired</i>	
<i>Dentist trains pediatrician and nurse practitioner(pilot clinical team) to apply topical fluoride</i>	<ul style="list-style-type: none"> ▪ <i>dentist</i> ▪ <i>pediatrician</i> ▪ <i>nurse practitioner</i> 	<i>12/07</i>	<i>Joe Smith</i>	<i>Dentist and nurse practitioner trained</i>	
<i>Pilot clinical team provides topical fluoride applications during well-child visits</i>	<ul style="list-style-type: none"> ▪ <i>pilot clinical team</i> 	<i>1/08-4/08</i>	<i>Joe Smith</i>	<i>30 children per week receive topical fluoride applications from pilot clinical team</i>	
<i>Hygienist coordinates evaluation of the project and works with pilot clinical team and pilot oversight team to identify any issues of pilot implementation</i>	<ul style="list-style-type: none"> ▪ <i>hygienist</i> ▪ <i>pilot clinical team</i> ▪ <i>pilot oversight team</i> 	<i>1/08-4/08</i>	<i>Joe Smith</i>	<i>5 meetings held and evaluation data collected.</i>	
<i>Hygienist works with medical providers and pilot clinical team to improve implementation process</i>	<ul style="list-style-type: none"> ▪ <i>hygienist</i> ▪ <i>pilot clinical team</i> 	<i>01/08-04/08</i>	<i>Joe Smith</i>	<i>Implementation process improved.</i>	
<i>Dentist trains additional clinical teams</i>	<ul style="list-style-type: none"> ▪ <i>hygienist</i> ▪ <i>pilot clinical teams</i> 	<i>05/08-06/09</i>	<i>Joe Smith</i>	<i>3 clinical teams trained</i>	
<i>Hygienist provides on-going consultation and support to clinical teams</i>	<ul style="list-style-type: none"> ▪ <i>hygienist</i> 	<i>05/08-06/09</i>	<i>Joe Smith</i>	<i>Support provided to clinical teams as needed</i>	

OUTCOME #2 EVALUATION PLAN

Outcome #2: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> • # of children receiving topical fluoride applications 	<ul style="list-style-type: none"> • Project Records 	

OUTCOME #3: Children and parents are more knowledgeable about oral health and caring for their teeth.

OUTCOME #3 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Order toothbrushes, paste, and floss</i>	<ul style="list-style-type: none"> ▪ <i>money to purchase supplies</i> ▪ <i>Dental Clinic Coordinator</i> 	<i>11/08 – 06/09</i>	<i>Thelma Jones</i>	<i>Supplies obtained (2,000 of each)</i>	
<i>Develop and print attractive copies of oral hygiene instructions</i>	<ul style="list-style-type: none"> ▪ <i>Program Secretary</i> ▪ <i>money for printing</i> 	<i>12/07</i>	<i>Thelma Jones</i>	<i>1,000 copies printed</i>	
<i>Make up packets for distribution at well-child visits</i>	<ul style="list-style-type: none"> ▪ <i>hospital volunteers</i> 	<i>01/08-06/09</i>	<i>Thelma Jones</i>	<i>1,000 packets made up</i>	
<i>Distribute packets to children/parents at well-child visits</i>	<ul style="list-style-type: none"> ▪ <i>receptionist</i> 	<i>02/08-06/09</i>	<i>Thelma Jones</i>	<i>1,000 education packets distributed</i>	
<i>Develop and conduct telephone survey of parents</i>	<ul style="list-style-type: none"> ▪ <i>Thelma Jones</i> 	<i>7/08 and 5/09</i>	<i>Thelma Jones</i>	<i>10% of parents surveyed</i>	

OUTCOME #3 EVALUATION PLAN

Outcome #3: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> • 80% of parents who have received oral health assessment and education during well-child visits report that they know about good oral health practices • 80% of parents whose children have received oral health assessment and education during well-child visits report that their children’s teeth are appropriately cared for (brushing, flossing, etc.) 	<ul style="list-style-type: none"> • Phone interviews of random sample of 30 parents (annually) • Phone interviews of random sample of 30 parents (annually) 	

OUTCOME #4: [Note: This is an example of a dissemination outcome] Knowledge about and interest in the medical-dental collaborative model increases.

OUTCOME #4 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Share data and discuss with hygienist, pilot clinical team, and pilot oversight team</i>	<ul style="list-style-type: none"> ▪ <i>Thelma Jones</i> ▪ <i>Hygienist</i> ▪ <i>Pilot clinical team</i> ▪ <i>Pilot oversight team</i> 	<i>03/08-06/09</i>	<i>Thelma Jones</i>	<i>Needed improvements and next steps identified</i>	
<i>Develop and disseminate report on the model</i>	<ul style="list-style-type: none"> ▪ <i>Thelma Jones</i> ▪ <i>Community Health Director</i> 	<i>04/09-05/09</i>	<i>Thelma Jones</i>	<i>Report written and disseminated to the Endowment, Endowment grantees, and other interested stakeholders</i>	
<i>Provide training on implementing the model to interested community health centers</i>	<ul style="list-style-type: none"> ▪ <i>Thelma Jones</i> ▪ <i>Community Health Director</i> 	<i>02/09-06/09</i>	<i>Thelma Jones</i>	<i>2 trainings held</i>	

OUTCOME #4 EVALUATION PLAN

Outcome #4: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> • At least 3 community health centers receive additional information or consultation to implement the model 	<ul style="list-style-type: none"> • Project Records (ongoing) 	

OUTCOME #5: [Note: This is an example of a sustainability outcome] Sustainability of the project is ensured.

OUTCOME #5 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Develop processes to bill Healthy Kids Gold and Healthy Kids Silver for topical fluoride application as allowable</i>	<i>Joe Smith</i>	<i>01/08</i>	<i>Joe Smith</i>	<i>Billing processes developed.</i>	
<i>Once pilot is complete, and if determined to be successful, work with local hospital to obtain commitment to provide topical fluoride application</i>	<i>Joe Smith</i>	<i>05/09</i>	<i>Joe Smith</i>	<i>Commitment obtained from local hospitals.</i>	
<i>Once pilot is complete, and if determined to be successful, work with health center dental clinic to obtain dentist's time for new ongoing provider education</i>	<i>Joe Smith</i>	<i>05/09</i>	<i>Joe Smith</i>	<i>Dentist's time obtained.</i>	

OUTCOME #5 EVALUATION PLAN

Outcome #5: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> • Commitments made by various stakeholders (Healthy Kids, hospital, health center dental clinic): <ul style="list-style-type: none"> ○ Hospital for fluoride ○ CHC for dentist's time ○ Value and type of other in-kind or financial resources for project 	<ul style="list-style-type: none"> • Project Records (ongoing) 	

PLANNING GRANT EXAMPLE

Project Goal Statement: To create a comprehensive plan to improve access to health care services for geographically isolated individuals by conducting a needs assessment and then engaging in an effective and collaborative transportation planning process with key stakeholders.

OUTCOME #1: The scope and level of need for transportation services in the community is documented and understood.

OUTCOME #1 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Administer community-wide survey of providers</i>	<ul style="list-style-type: none"> ▪ Project staff ▪ Consultant ▪ Database 	1/07	Jen Smith	Survey of 200 providers conducted	
<i>Conduct interviews with providers in the community</i>	<ul style="list-style-type: none"> ▪ Project staff ▪ Consultant ▪ Database 	2/07-3/07	Jen Smith	Interviews conducted with 25 providers	
<i>Conduct interviews with sample of consumers in the community</i>	<ul style="list-style-type: none"> ▪ Project staff ▪ Consultant ▪ Database 	2/07-3/07	Jen Smith	Interviews conducted with 50 consumers	
<i>Obtain data from hospitals</i>	<ul style="list-style-type: none"> ▪ Project staff ▪ Consultant ▪ Database 	3/07	Jen Smith	Data obtained	
<i>Summarize data into a report on community needs</i>	<ul style="list-style-type: none"> ▪ Project staff ▪ Consultant ▪ Database 	3/07	Jen Smith	Report written	

OUTCOME #1 EVALUATION PLAN

Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> • # of people receiving reports • Report posted on website 	<ul style="list-style-type: none"> • Project Records (after report completed) • Project Records (after report completed) 	

OUTCOME #2: Creation of a plan that has buy-in from community stakeholders.

OUTCOME #2 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Develop list of key stakeholders in the county to participate in planning task force</i>	<ul style="list-style-type: none"> ▪ <i>Project staff</i> 	<i>2/07-3/07</i>	<i>Jen Smith</i>	<i>List of stakeholders developed.</i>	
<i>Meet with stakeholders to identify their interest in participating and possible level of participation</i>	<ul style="list-style-type: none"> ▪ <i>Project staff</i> 	<i>2/07-3/07</i>	<i>Jen Smith</i>	<i>Meetings held with 15 potential planning participants</i>	
<i>Develop list of planning task force participants and disseminate report to them</i>	<ul style="list-style-type: none"> ▪ <i>Project staff</i> 	<i>3/07</i>	<i>Jen Smith</i>	<i>Task Force formed</i>	
<i>Hold meetings of planning task force</i>	<ul style="list-style-type: none"> ▪ <i>Project staff</i> ▪ <i>Planning Task Force</i> 	<i>4/07-12/07</i>	<i>Jen Smith</i>	<i>Monthly meetings held</i>	
<i>Research best practices in other communities</i>	<ul style="list-style-type: none"> ▪ <i>Project staff</i> ▪ <i>Task Force members</i> 	<i>5/07-6/07</i>	<i>Jen Smith</i>	<i>Matrix of best practices developed</i>	
<i>Develop a plan for local services to address transportation needs</i>	<ul style="list-style-type: none"> ▪ <i>Project staff</i> ▪ <i>Task Force members</i> 	<i>8/07-12/07</i>	<i>Jen Smith</i>	<i>Draft plan developed</i>	

OUTCOME #2 EVALUATION PLAN

Outcome #2: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> • # of task force members participating in planning meetings on a regular basis • Plan created • All planning task force members sign onto the plan 	<ul style="list-style-type: none"> • Project Records (at end of project) • Project Records (at end of project) • Project Records (at end of project) 	

OUTCOME #3: [Note: This is an example of a dissemination outcome] Planning process is documented and results shared.

OUTCOME #3 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Write up meeting minutes</i>	▪ <i>Project staff</i>	<i>2/07-12/07</i>	<i>Jen Smith</i>	<i>Meeting minutes for all meetings</i>	
<i>Share results with task force and other community members</i>	▪ <i>Project staff</i>	<i>12/07</i>	<i>Jen Smith</i>	<i>All task force members receive report</i> <i>Relevant community stakeholders and others receive report</i>	

OUTCOME #3 EVALUATION PLAN

Outcome #3: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> • Planning process documented • # of people receiving planning process report 	<ul style="list-style-type: none"> • Project Records (at end of project) • Project Records (at end of project) 	

OUTCOME #4: [Note: This is an example of a sustainability outcome] Start-up funding for implementation of the plan is generated.

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Solicit in-kind resources from planning task force members for implementation phase</i>	<ul style="list-style-type: none"> ▪ <i>Project staff</i> 	<i>11/07-12/07</i>	<i>Jen Smith</i>	<i>Solicitations made to planning partners</i>	
<i>Planning task force identifies potential funders for implementation</i>	<ul style="list-style-type: none"> ▪ <i>Task Force members</i> 	<i>8/07-12/07</i>	<i>Planning Task Force</i>	<i>List of potential funding sources developed</i>	
<i>Funding proposals are developed</i>	<ul style="list-style-type: none"> ▪ <i>Project staff</i> 	<i>8/07-12/07</i>	<i>Jen Smith</i>	<i>Funding requests are written and submitted</i>	

OUTCOME #4 EVALUATION PLAN

Outcome #4: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> • % of partner organizations providing in-kind resources • Value of financial resources for project implementation • Value of in-kind resources for project implementation 	<ul style="list-style-type: none"> • Project Records (at end of project) • Project Financial Records (at end of project) • Project Financial Records (at end of project) 	

CONVENING GRANT EXAMPLE

Project Goal Statement: To strategically position agencies to meet the challenges of the future by convening a day-long workshop of experts and trustees and managers of New Hampshire agencies.

OUTCOME #1: Workshop participants will understand the current status of health care, current trends, and best practices.

OUTCOME #1 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Identify and contract with potential speakers for workshop</i>	<ul style="list-style-type: none"> ▪ Admin Asst ▪ Workshop Task Force 	<i>4/07</i>	<i>Admin Asst</i>	<i>Contract with 3 speakers</i>	
<i>Determine potential attendees and gather contact information</i>	<ul style="list-style-type: none"> ▪ Admin Asst ▪ Workshop Task Force 	<i>4/07</i>	<i>Admin Asst</i>	<i>Potential attendee list</i>	
<i>Develop flyer about workshop</i>	<ul style="list-style-type: none"> ▪ Admin Asst 	<i>4/07</i>	<i>Admin Asst</i>	<i>Flyer created</i>	
<i>Disseminate flyer to potential attendees</i>	<ul style="list-style-type: none"> ▪ Admin Asst ▪ Workshop Task Force 	<i>5/07</i>	<i>Admin Asst</i>	<i>Flyer mailed to 100 potential attendees</i>	
<i>Develop workshop agenda, appropriate visuals and handouts, identify notetaking and documentation responsibilities</i>	<ul style="list-style-type: none"> ▪ Admin Asst ▪ Workshop Task Force 	<i>5/07</i>	<i>Admin Asst and Workshop Task Force</i>	<i>Workshop plans in place</i>	
<i>Logistics: identify location, food, equipment</i>	<ul style="list-style-type: none"> ▪ Admin Asst 	<i>5/07</i>	<i>Admin Asst</i>	<i>Workshop plans in place</i>	
<i>Hold workshop</i>	<ul style="list-style-type: none"> ▪ Admin Asst ▪ Workshop Task Force 	<i>6/07</i>	<i>Admin Asst and Workshop Task Force</i>	<i>Workshop held</i> <i>40-50 attend workshop</i>	

OUTCOME #1 EVALUATION PLAN

Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> At least 90% of survey respondents report that they learned about important health trends in the community At least 90% of survey respondents report that they understand how to apply best practices in their work 	<ul style="list-style-type: none"> Post-Workshop Evaluation Form (at end of workshop) Post-Workshop Evaluation Form (at end of workshop) 	

OUTCOME #2: [Note: This is an example of a dissemination outcome] External audiences will become aware of current trends.

OUTCOME #2 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Develop workshop evaluation form</i>	<ul style="list-style-type: none"> Admin Asst 	5/07	Admin Asst	<i>Evaluation form developed</i>	
<i>Collate and analyze workshop evaluation results</i>	<ul style="list-style-type: none"> Admin Asst 	6/07	Admin Asst	<i>Summary written</i>	
<i>Write press release and disseminate</i>	<ul style="list-style-type: none"> Admin Asst Workplan Task Force 	6/07	Admin Asst	<i>4 media outlets receive press release</i>	
<i>Document information presented at the workshop</i>	<ul style="list-style-type: none"> Admin Asst 	6/07-7/07	Admin Asst	<i>Summary written</i>	
<i>Disseminate workshop summary to all participants and other interested stakeholders</i>	<ul style="list-style-type: none"> Admin Asst 	7/07	Admin Asst	<i>Summary disseminated to all participants and list of potential participants (at least 100 people)</i>	

OUTCOME #2 EVALUATION PLAN

Outcome #2: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> # of people receiving workshop summary 	<ul style="list-style-type: none"> Project Records (at end of workshop) 	

OUTCOME #3: [Note: This is an example of a sustainability outcome] Agencies will have a resource for information about health care, trends, and best practices.

OUTCOME #3 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting ⁸
<i>Post workshop summary on website</i>	<ul style="list-style-type: none"> Admin Asst 	<i>7/07</i>	<i>Admin Asst</i>	<i>Summary posted</i>	
<i>Listserv will be created for agency information exchange</i>	<ul style="list-style-type: none"> Admin Asst 	<i>7/07</i>	<i>Admin Asst</i>	<i>Listserv created</i>	
<i>Information about current best practices or trends will be included in organization's newsletter</i>	<ul style="list-style-type: none"> Admin Asst Agencies 	<i>7/07 and after</i>	<i>Admin Asst</i>	<i>Each newsletter includes one agency-written article/summary of best practices or trends</i>	

OUTCOME #3 EVALUATION PLAN

Outcome #3: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> # of people downloading workshop summary from website 	<ul style="list-style-type: none"> Project Records (at end of grant) 	

⁸ This column is completed and submitted with grant progress reports.

APPLIED RESEARCH EXAMPLE

Project Goal Statement: To increase understanding of the health needs of children in the state by conducting a survey of providers, interviews with providers, and focus groups with families.

OUTCOME #1: Improved documentation of the health needs of children in the state.

OUTCOME #1 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Identify providers to be surveyed</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>1/07</i>	<i>Principal Investigator</i>	<i>Provider list developed</i>	
<i>Develop survey</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>1/07</i>	<i>Principal Investigator</i>	<i>Survey</i>	
<i>Administer survey</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>2/07-3/07</i>	<i>Principal Investigator</i>	<i>100 providers surveyed</i>	
<i>Enter survey data into database</i>	<ul style="list-style-type: none"> ▪ <i>Research Assistant</i> 	<i>3/07-4/07</i>	<i>Principal Investigator</i>	<i>Data entered</i>	
<i>Identify providers to interview</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>3/07</i>	<i>Principal Investigator</i>	<i>Provider interview list developed</i>	
<i>Develop interview protocol</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>4/07</i>	<i>Principal Investigator</i>	<i>Interview protocol</i>	
<i>Conduct interviews of providers</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>4/07-5/07</i>	<i>Principal Investigator</i>	<i>50 providers interviewed</i>	
<i>Enter information into database</i>	<ul style="list-style-type: none"> ▪ <i>Research Assistant</i> 	<i>6/07</i>	<i>Principal Investigator</i>	<i>Data entered</i>	
<i>Identify families to participate in focus groups</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>3/07</i>	<i>Principal Investigator</i>	<i>Focus group list developed</i>	
<i>Develop focus group protocol</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>4/07</i>	<i>Principal Investigator</i>	<i>Focus group protocol</i>	
<i>Conduct focus groups</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> ▪ <i>Monetary incentive for participating families</i> 	<i>4/07-6/07</i>	<i>Principal Investigator</i>	<i>4 focus groups conducted</i>	
<i>Enter information into database</i>	<ul style="list-style-type: none"> ▪ <i>Research Assistant</i> 	<i>6/07</i>	<i>Principal Investigator</i>	<i>Data entered</i>	
<i>Analyze data</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>7/07</i>	<i>Principal Investigator</i>	<i>Data analyzed</i>	

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Summarize data in report</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> ▪ <i>Research team</i> 	<i>7/07-8/07</i>	<i>Principal Investigator</i>	<i>Report written</i>	

OUTCOME #1 EVALUATION PLAN

Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> • <i>Creation of report summarizing results</i> 	<ul style="list-style-type: none"> • <i>Project Records (end of project)</i> 	

OUTCOME #2: [Note: This is an example of a dissemination outcome] Key stakeholders in state and local agencies receive research results and have a better understanding of the need for interventions to improve the health of children.

OUTCOME #2 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Disseminate report to policymakers and agency staff</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> 	<i>8/06</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> 	<i>All policymakers and (child/family/health) agency heads receive report</i>	
<i>Disseminate report at state annual conference</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> 	<i>10/06</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> 	<i>Copies of report distributed</i>	
<i>Post research on website and links to other websites</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> 	<i>8/06</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> 	<i>Report on websites</i>	
<i>Write press releases</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> 	<i>8/06</i>	<ul style="list-style-type: none"> ▪ <i>Principal investigator</i> 	<i>3 press releases disseminated</i>	

OUTCOME #2 EVALUATION PLAN

Outcome #2: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> # and type of inquiries received about report and data 	<ul style="list-style-type: none"> Project Records (ongoing) 	

OUTCOME #3: [Note: This is an example of a sustainability outcome] Database of information is maintained.

OUTCOME #3 WORKPLAN

Activity	Inputs	Timeframe	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Ensure quality of database information and maintain it at the agency so it can be used in the future.</i>	<ul style="list-style-type: none"> Principal investigator 	8/06	<ul style="list-style-type: none"> Principal investigator 	Database	

OUTCOME #3 EVALUATION PLAN

Outcome #2: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> Database maintained at agency 	<ul style="list-style-type: none"> Qualitative 	

[NOTE: THIS IS AN ILLUSTRATIVE, HYPOTHETICAL EXAMPLE OF REPORTING IN A **FINAL GRANT REPORT**. THEREFORE, IT INCLUDES WORKPLAN PROGRESS REPORTING FOR EACH REPORTING PERIOD IN THE PROJECT AND OUTCOME EVALUATION RESULTS REPORTING. FOR INTERIM PROGRESS REPORTS, PROGRESS REPORTING WOULD COVER THE CURRENT REPORTING PERIOD AS WELL AS ALL PRIOR REPORTING PERIODS. IF OUTCOMES EVALUATION RESULTS ARE AVAILABLE THEY WOULD ALSO BE INCLUDED IN THE INTERIM REPORT.]

Project Goal Statement: To cost effectively improve the oral health of low-income children who receive primary care in a community health center by piloting a model that integrates oral health promotion and prevention activities into the routine primary care of low-income children.

OUTCOME #1: Children receive accurate oral health assessment and oral health education from medical providers (family physicians/pediatricians, family practice residents, and nurse practitioners) at well-child visits.

OUTCOME #1 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>CRFHC staff dentist in collaboration with faculty pediatrician develops curriculum</i>	<ul style="list-style-type: none"> ▪ <i>staff dentist</i> ▪ <i>pediatrician</i> 	<i>10/05 – 11/05</i>	<i>Thelma Jones</i>	<i>Curriculum developed</i>	<u><i>10/05-3/06</i></u> <i>Completed</i>
<i>Dentist and pediatrician jointly provide two one-hour training sessions</i>	<ul style="list-style-type: none"> ▪ <i>dentist</i> ▪ <i>pediatrician</i> ▪ <i>providers' time</i> 	<i>01/06 – 02/06</i>	<i>Joe Smith</i>	<i>2 training sessions held 15 people trained</i>	<u><i>10/05-3/06</i></u> <i>Completed: 2 training sessions 13 people trained</i>
<i>Dentist provides one-on-one training to medical providers in the well-child setting</i>	<ul style="list-style-type: none"> ▪ <i>dentist</i> ▪ <i>providers' time for training</i> 	<i>03/06-02/07</i>	<i>Joe Smith</i>	<i>15 providers given one-on-one training</i>	<u><i>10/05-3/06</i></u> <i>2 providers trained</i> <u><i>4/06-9/06</i></u> <i>10 providers trained</i> <u><i>10/06-3/07</i></u> <i>Completed</i> <i>3 providers trained</i>
<i>Revise Graphical Encounter form to include oral health assessment, oral health education, topical fluoride application procedures</i>	<ul style="list-style-type: none"> ▪ <i>IT support person</i> ▪ <i>pediatrician</i> 	<i>03/06</i>	<i>Thelma Jones</i>	<i>Graphical Encounter Form revised</i>	<u><i>10/05-3/06</i></u> <i>Completed</i>
<i>Collate information from Graphical Encounter</i>	<ul style="list-style-type: none"> ▪ <i>Thelma Jones</i> 	<i>03/06-06/07</i>	<i>Thelma Jones</i>	<i>Data collated monthly</i>	<u><i>10/05-3/06</i></u>

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
Form					<p>Ongoing</p> <p><u>4/06-9/06</u> Ongoing</p> <p><u>10/06-3/07</u> Ongoing</p> <p><u>4/07-9/07</u> Ongoing</p>

OUTCOME #1 EVALUATION PLAN

Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> 75% of children receive oral health assessment and oral health education from clinic medical providers at their well-child visits 100% of clinic medical providers demonstrate accurate oral health assessment during well-child visits 	<ul style="list-style-type: none"> Encounter Form (ongoing after training) Staff dentist will observe all medical providers during well-child visits using standard observation tool (one month and three months after training) 	<p>Oral health assessment: <u>10/06-03/07</u> 50% of children (275) received oral health assessment during this period. Providers cite difficulty in finding the time to conduct assessments as well as reimbursement rather than training. We are working to address this with staff.</p> <p><u>04/07-09/07</u> 65% of children (305) received oral health assessment during this period. We have made some progress in overcoming time issue, however reimbursement remains an issue.</p> <p>Accurate oral health assessment: <u>10/06-03/07</u> One-to-one training indicates most providers who are trained are able to conduct an accurate assessment. Follow-up support has been provided to a few.</p> <p><u>04/07-09/07</u> Follow-up observations of all trained providers indicate all are conducting assessments accurately.</p>

OUTCOME #2: Children receive topical fluoride applications from medical providers at well-child visits.

OUTCOME #2 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Obtain topical fluoride and associated supplies.</i>	<ul style="list-style-type: none"> ▪ <i>Dental Clinic Coordinator</i> ▪ <i>money for supplies</i> 	<i>11/05</i>	<i>Joe Smith</i>	<i>Supplies obtained</i>	<u><i>10/05-3/06</i></u> <i>Completed</i>
<i>Recruit and hire dental hygienist</i>	<ul style="list-style-type: none"> ▪ <i>Community Health Director</i> 	<i>11/05</i>	<i>Joe Smith</i>	<i>Hygienist hired</i>	<u><i>10/05-3/06</i></u> <i>Hiring delayed – expected 4/06</i> <u><i>4/06-9/06</i></u> <i>Completed</i>
<i>Dentist trains pediatrician and nurse practitioner(pilot clinical team) to apply topical fluoride</i>	<ul style="list-style-type: none"> ▪ <i>dentist</i> ▪ <i>pediatrician</i> ▪ <i>nurse practitioner</i> 	<i>12/05</i>	<i>Joe Smith</i>	<i>Pediatrician and nurse practitioner trained</i>	<u><i>10/05-3/06</i></u> <i>Delayed</i> <u><i>4/06-9/06</i></u> <i>Completed 4/06</i>
<i>Pilot clinical team provides topical fluoride applications during well-child visits</i>	<ul style="list-style-type: none"> ▪ <i>pilot clinical team</i> 	<i>4/06-8/06</i>	<i>Joe Smith</i>	<i>30 children per week receive topical fluoride applications from pilot clinical team</i>	<u><i>10/05-3/06</i></u> <i>Delayed</i> <u><i>4/06-9/06</i></u> <i>Pilot completed: average of 35 children per week receiving fluoride</i>
<i>Hygienist coordinates evaluation of the project and works with pilot clinical team and pilot oversight team to identify any issues of pilot implementation</i>	<ul style="list-style-type: none"> ▪ <i>hygienist</i> ▪ <i>pilot clinical team</i> ▪ <i>pilot oversight team</i> 	<i>4/06-8/06</i>	<i>Joe Smith</i>	<i>5 meetings held and evaluation data collected.</i>	<u><i>10/05-3/06</i></u> <i>Delayed</i> <u><i>4/06-9/06</i></u> <i>3 Meetings held and evaluation data summarized and shared</i>

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Hygienist works with medical providers and pilot clinical team to improve implementation process</i>	<ul style="list-style-type: none"> ▪ <i>hygienist</i> ▪ <i>pilot clinical team</i> 	<i>4/06-8/06</i>	<i>Joe Smith</i>	<i>Implementation process improved.</i>	<u><i>10/05-3/06</i></u> <i>Delayed</i> <u><i>4/06-9/06</i></u> <i>Minor changes made to process</i>
<i>Dentist trains additional clinical teams</i>	<ul style="list-style-type: none"> ▪ <i>hygienist</i> ▪ <i>pilot clinical teams</i> 	<i>05/06-06/07</i>	<i>Joe Smith</i>	<i>3 clinical teams trained</i>	<u><i>10/06-3/07</i></u> <i>1 team trained</i> <u><i>4/07-9/07</i></u> <i>1 team trained</i>
<i>Hygienist provides on-going consultation and support to clinical teams</i>	<ul style="list-style-type: none"> ▪ <i>hygienist</i> 	<i>05/06-06/07</i>	<i>Joe Smith</i>	<i>Support provided to clinical teams as needed</i>	<u><i>4/06-9/06</i></u> <i>Support provided</i> <u><i>10/06-3/07</i></u> <i>Support provided</i> <u><i>4/07-9/07</i></u> <i>Support provided</i>

OUTCOME #2 EVALUATION PLAN

Outcome #2: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results <i>(Complete for Progress Report Only)</i>
<ul style="list-style-type: none"> • # of children receiving topical fluoride applications 	<ul style="list-style-type: none"> • Project Records 	On average, 45 children per week are receiving topical fluoride application from 2 clinical teams. Third clinical team was determined to be unnecessary due to patient needs.

OUTCOME #3: Children and parents are more knowledgeable about oral health and caring for their teeth.

OUTCOME #3 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Order toothbrushes, paste, and floss</i>	<ul style="list-style-type: none"> ▪ <i>money to purchase supplies</i> ▪ <i>Dental Clinic Coordinator</i> 	<i>11/05 – 6/06</i>	<i>Thelma Jones</i>	<i>Supplies obtained</i>	<p><u><i>10/05-3/06</i></u> <i>Obtained free toothbrushes from Delta Dental and have purchased other supplies.</i></p> <p><u><i>04/06-09/06</i></u> <i>Ongoing</i></p> <p><u><i>10/06-3/07</i></u> <i>Ongoing</i></p> <p><u><i>4/07-9/07</i></u> <i>Ongoing</i></p>
<i>Develop and print attractive copies of oral hygiene instructions</i>	<ul style="list-style-type: none"> ▪ <i>Program Secretary</i> ▪ <i>money for printing</i> 	<i>12/05</i>	<i>Thelma Jones</i>	<i>1,000 copies printed</i>	<p><u><i>10/05-3/06</i></u> <i>Completed</i></p>
<i>Make up packets for distribution at well-child visits</i>	<ul style="list-style-type: none"> ▪ <i>hospital volunteers</i> 	<i>01/06-09/07</i>	<i>Thelma Jones</i>	<i>1,000 packets made up</i>	<p><u><i>10/05-3/06</i></u> <i>Ongoing</i></p> <p><u><i>04/06-09/06</i></u> <i>Ongoing</i></p> <p><u><i>10/06-3/07</i></u> <i>Ongoing</i></p> <p><u><i>4/07-9/07</i></u> <i>Ongoing</i></p>

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
Distribute packets to children/parents at well-child visits	<ul style="list-style-type: none"> receptionist 	02/06-06/07	Thelma Jones	1,000 education packets distributed	<u>10/05-3/06</u> 270 packets distributed <u>04/06-09/06</u> 200 packets distributed <u>10/06-3/07</u> 200 packets distributed <u>4/07-9/07</u> 400 packets distributed
Develop and conduct telephone survey of parents	<ul style="list-style-type: none"> Thelma Jones 	7/06 and 5/07	Thelma Jones	10% of parents surveyed	<u>4/07-9/07</u> Completed

OUTCOME #3 EVALUATION PLAN

Outcome #3: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> 80% of parents who have received oral health assessment and education during well-child visits report that they know about good oral health practices 80% of parents whose children have received oral health assessment and education during well-child visits report that their children's teeth are appropriately cared for (brushing, flossing, etc.) 	<ul style="list-style-type: none"> Phone interviews of random sample of 30 parents (annually) Phone interviews of random sample of 30 parents (annually) 	Phone survey conducted of 45 parents in April 2007: <ul style="list-style-type: none"> 90% reported that they "strongly agree" or "agree" that it is important to brush their children's teeth or supervise brushing 2x a day 85% reported that their children "always" or "almost always" brush their teeth or have their teeth brushed 2x a day 55% reported that their children floss their teeth or have their teeth flossed at least 3x a week 75% reported that they "strongly agree" or "agree" that it is important to limit the amount of sugary snacks their children eat [see attached survey results for complete survey information]

OUTCOME #4: [Note: This is an example of a dissemination outcome] Knowledge about and interest in the medical-dental collaborative model increases.

OUTCOME #4 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
Share data and discuss with hygienist, pilot clinical team, and pilot oversight team	<ul style="list-style-type: none"> ▪ Thelma Jones ▪ Hygienist ▪ Pilot clinical team ▪ Pilot oversight team 	03/06-09/07	Thelma Jones	Needed improvements and next steps identified	<u>04/06-09/06</u> Ongoing <u>10/06-3/07</u> Ongoing <u>4/07-9/07</u> Ongoing
Develop and disseminate report on the model	<ul style="list-style-type: none"> ▪ Thelma Jones ▪ Community Health Director 	04/07-09/07	Thelma Jones	Report written and disseminated to the Endowment, Endowment grantees, and other interested stakeholders	<u>4/07-9/07</u> Summary of approach and lessons written. Copy attached. Copy sent to 4 other CHCs requesting information.
Provide training on implementing the model to interested community health centers	<ul style="list-style-type: none"> ▪ Thelma Jones ▪ Community Health Director 	02/07-09/07	Thelma Jones	2 trainings held	<u>4/07-9/07</u> Have provided written information to 4 CHCs. Have shared the model at staff meeting of one CHC.

OUTCOME #4 EVALUATION PLAN

Outcome #4: Outcome Indicator(s)	Data Collection Method and Timeframe	Evaluation Results (Complete for Progress Report Only)
<ul style="list-style-type: none"> • At least 3 community health centers receive additional information or consultation to implement the model 	<ul style="list-style-type: none"> • Project Records (ongoing) 	We have shared our written report with 4 other CHCs. To date, 2 CHCs have requested more information. We have provided an overview of the project at a staff meeting at one CHC so far. We expect interest among CHCs to continue.

OUTCOME #5: [Note: This is an example of a sustainability outcome] Sustainability of the project is ensured.

OUTCOME #5 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Join oral health Coalition in an effort to support a policy change that would lead to Medicaid reimbursement for assessment and fluoride varnish in a primary care practice.</i>	<i>Joe Smith</i>	<i>01/06</i>	<i>Joe Smith</i>	<i>Billing processes developed.</i>	<i>4/07 Executive Director joined OH Coalition. Assisting in the development of informational materials for policy makers.</i>
<i>Once pilot is complete, and if determined to be successful, work with local hospital to obtain commitment to provide topical fluoride application</i>	<i>Joe Smith</i>	<i>05/07</i>	<i>Joe Smith</i>	<i>Commitment obtained from local hospitals.</i>	<i>4/07-9/07 Hospital has agreed to provide topical fluoride for at least 2 years after grant ends</i>
<i>Once pilot is complete, and if determined to be successful, work with health center dental clinic to obtain dentist's time for new ongoing provider education</i>	<i>Joe Smith</i>	<i>09/07</i>	<i>Joe Smith</i>	<i>Dentist's time obtained.</i>	<i>4/07-9/07 Dental clinic has agreed to allow dentist to provide 2 trainings per year to new providers.</i>

OUTCOME #5 EVALUATION PLAN

<p>Outcome #5: Outcome Indicator(s)</p>	<p>Data Collection Method and Timeframe</p>	<p>Evaluation Results <i>(Complete for Progress Report Only)</i></p>
<ul style="list-style-type: none"> • Commitments made by various stakeholders (Healthy Kids, hospital, health center dental clinic): <ul style="list-style-type: none"> ○ Hospital for fluoride ○ CHC for dentist’s time ○ Value and type of other in-kind or financial resources for project 	<ul style="list-style-type: none"> • Project Records (ongoing) 	<p>Key aspects of the project are being sustained. Training of new providers will continue 2x a year through dental clinic dentist; commitment for job shadowing component of training is still being worked on and will depend on number of new medical providers. Hospital has agreed to provide fluoride. Dental center staff will work to facilitate process for obtaining supplies for education packets.</p>

APPENDIX C: Summary of Common Data Collection Methods⁹

Your Program's Records (for example, intake records, attendance records, maintenance records, budgets, performance paperwork)	
<p><i>Advantages:</i></p> <ul style="list-style-type: none"> • You typically already have the information so you don't have to go collect it • Often quantitative and easy to use • You know how the data were collected • You can amend procedures to collect additional needed information • Cheaper to obtain than most other methods • Can be accessed on a continuing basis 	<p><i>Drawbacks:</i></p> <ul style="list-style-type: none"> • Value of the data depends on how carefully it was recorded • You may need to sort, discriminate and correlate the data
Other Agencies' Program Records	
<p><i>Advantages:</i></p> <ul style="list-style-type: none"> • You may not need to collect the data yourself • May complement similar data that you collect 	<p><i>Drawbacks:</i></p> <ul style="list-style-type: none"> • Value of the data depends on how carefully it was recorded • Seldom contain all the information you need • Confidentiality and other issues may make data unavailable to you • Other agencies' timeframes may not match yours • Identification of participants may be an issue
Interviews (in person or over the telephone)	
<p><i>Advantages:</i></p> <ul style="list-style-type: none"> • Provides more information than written surveys (can follow up on particular questions and probe more deeply) • Data is richer, deeper, has more context • Higher response and completion rates • Allows for interpretation of nonverbal gestures • Natural form of information sharing. People can speak freely, without feeling boxed in by a standardized survey. • Interviewer can clarify questions • Useful if people from whom you are collecting information don't have good reading and writing skills 	<p><i>Drawbacks:</i></p> <ul style="list-style-type: none"> • Can be very time consuming and labor intensive to collect as well as analyze data • The number of people who can be interviewed is limited • Not anonymous, so some people may be hesitant to share their true opinions (or may give answers they think are expected or socially desired) • Interviewer bias is a concern and training of interviewers is needed

⁹ Drawn in part from Carter MacNamara's Free Management Library, http://www.mapnp.org/library/evaluatn/fnl_eval.htm#anchor1585345; United Way of America, *Measuring Program Outcomes: A Practical Approach*, 1996.

Focus Groups/Discussion Groups	
<p><i>Advantages:</i></p> <ul style="list-style-type: none"> • Provides more information than written surveys (can follow up on particular questions and probe more deeply) • Can save time and money compared with one-on-one interviews • Natural form of information sharing. People can speak freely, without feeling boxed in by a standardized survey. • Can promote greater spontaneity and candor • Useful if people from whom you are collecting information don't have good reading and writing skills • Multiple group members stimulate conversation, new ideas and feedback among each other 	<p><i>Drawbacks:</i></p> <ul style="list-style-type: none"> • Can be very time consuming and labor intensive to collect and analyze data • Not anonymous, so some people may be hesitant to share their true opinions (or may give answers they think are expected or socially desired) • Focus group/discussion group leader bias is a concern and training is needed • Interviewer has less control over the conversation than one-to-one interview • Data are sometimes difficult to analyze
Surveys/Questionnaires (paper, emailed, or online)	
<p><i>Advantages:</i></p> <ul style="list-style-type: none"> • Collect uniform information from many people relatively quickly and easily • Can be given anonymously so people are more open to sharing their true opinions • Convenient for respondents to complete • Much less time consuming to collect information from to large numbers of people than interviews or focus groups/discussion groups • Good for collecting quantitative data, which is easier to analyze, e.g. closed ended and short answer questions that ask 'what?' 'where?' 'how many?' 	<p><i>Drawbacks:</i></p> <ul style="list-style-type: none"> • No real way of knowing if questions are understood by respondents • Can be difficult with low-literacy groups or non-English speakers (surveys may need to be translated) • Response rates on surveys are often less than ideal • Can't follow up on answers as easily to gather additional information • Less well-suited to answer questions such as 'how?' and 'why?'
Observation (community change, group activities, clients, workshop participants)	
<p><i>Advantages:</i></p> <ul style="list-style-type: none"> • Good for gathering information on behavioral skills and practices • An alternative to or supplement for self-reported information (good technique used in combination with other methods) • Easier than asking people to fill out a survey or participate in an interview 	<p><i>Drawbacks:</i></p> <ul style="list-style-type: none"> • Limited to collecting information on indicators that are observable • Some situations simply do not lend themselves to observation (especially where confidentiality is at issue or other social or cultural norms are violated) • Value of data depends on training and skill of observer and/or specificity of the rating scale • Problem of inconsistent ratings if more than one observer is involved • Can be time consuming

APPENDIX D: ADDITIONAL RESOURCES

LOGIC MODEL METHODOLOGY

Logic Model Development Guide. W.K. Kellogg Foundation.

<http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf> One of the best guides out there on logic models.

Measuring Program Outcomes: A Practical Approach. 1996. United Way of America. To order, contact Sales Service/America at 800-772-0008 (toll-free U.S.) or 703-212-6300. Item No. 0989. Price: \$5 (plus shipping and handling). (handbook not available on the web) The book that started it all—really the first handbook that was available to explain and guide the development of a logic model. Provides a good overview of the basic concepts and has many examples. Handbooks developed since this one has improved on description of the logic model approach, but this one is nicely laid out.

Logic Model Overview and Online course on developing logic models and evaluation plans.

<http://www1.uwex.edu/ces/lmcourse/> and also

<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html> An online course on developing and applying logic models from the University of Wisconsin, Extension. Designed for the beginner.

Innovation Network's Workstation. <http://www.innonet.org> An online workstation with evaluation and planning tools designed specifically for nonprofit organizations sponsored by nonprofit evaluation consulting firm, Innovation Network. Also provides a link to other evaluation resources.

Building a Successful Prevention Program-Evaluation. Center for Substance Abuse and Prevention. <http://casat.unr.edu/bestpractices/> This website takes you through the entire process of planning through evaluating a prevention program. The evaluation component of the website provides extensive information on the logic model, designing evaluation, and collecting and using evaluation data.

OUTCOME EVALUATION

Evaluation for the Unevaluated. http://pathwayscourses.samhsa.gov/eval101/eval101_1_pg7.htm On-line basic evaluation courses (101 and 102) using an afterschool example. Takes you from basics of thinking through an evaluation to analyzing and presenting evaluation results in an interesting and humorous way.

An Evaluation Framework of Community Health Programs. June 2000. The Center for the Advancement of Community Based Public Health. <http://www.cdc.gov/eval/evalcbph.pdf> Provides a framework for conducting evaluation of community health programs including engaging stakeholders, describing the program, focusing the evaluation design, gathering and analyzing evidence, justifying conclusions and ensuring use and sharing lessons learned. Excellent overview of evaluation.

Evaluation Handbook. 1998. W.K. Kellogg Foundation.
<http://www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf> Excellent evaluation resource that provides a clear discussion of evaluation, including project-level evaluation, cluster evaluation and program and policymaking evaluation.

Taking Stock: A Practical Guide to Evaluating Your Own Programs. 1997. Sally Bond, Sally Boyd & Kathleen Rapp, Horizon Research.
<http://www.horizon-research.com/reports/1997/stock.pdf> Resource guide for designing and conducting an evaluation and using evaluation findings including an example of a community-based organization.

DATA COLLECTION INSTRUMENTS

Data Collection Overviews

Resources for Methods in Evaluation and Social Research.
<http://gsociology.icaap.org/methods/> This page lists free resources for methods in evaluation and social research.

Introduction to Data Collection and Analysis. 2003. Deakin University.
<http://www.deakin.edu.au/%7Eagoodman/sci101/index.php> A series of web pages that takes you through the process of deciding on a data collection instrument, designing it, collecting data, and analyzing and presenting data.

Surveys/Questionnaires

Collecting Evaluation Data: Surveys. 2000. Ellen Taylor-Powell and Carol Hermann. University of Wisconsin, Extension. http://cecommerce.uwex.edu/pdfs/G3658_10.PDF
Good resource on conducting surveys that explains when to use a survey, choosing a survey method, implementing a survey and dealing with response rates. This is another resource from the University of Wisconsin, Extension.

Collecting Evaluation Data: End-of-Session Questionnaires. 2000. Ellen Taylor-Powell and Marcus Renner. University of Wisconsin, Extension.
http://cecommerce.uwex.edu/pdfs/G3658_11.PDF 71-page handbook on conducting surveys, also from the University of Wisconsin, Extension.

Essentials of Survey Research and Analysis. A Workbook for Community Researchers. 1998. Ronald Jay Polland. <http://www.tfn.net/~polland/qbook.html> Thirteen-chapter workbook provides an overview of survey research, choosing a format, constructing a survey, assessing reliability and validity, sampling theory and practice, pilot testing the survey, data entry, analyzing data and reporting results.

Interviews

General Guidelines for Conducting Interviews. Carter McNamara.
<http://www.mapnp.org/library/evaluatn/intrview.htm> This website provides general guidelines for conducting interviews.

Qualitative Interviews in Health Research. 1999. Nicky Britten.

<http://www.bmjpg.com/qrhc/chapter2.html> On-line chapter from the book, *Qualitative Research in Health Care* (edited by Catherine Pope and Nicholas Mays), discusses different types of qualitative interviews and provides step-by-step instruction on how to conduct and record interviews.

The Use of Qualitative Interviews in Evaluation. Meg Sewell. University of Arizona.

<http://ag.arizona.edu/fcs/cyfernet/cyfar/Intervu5.htm> This website provides definitions and helpful tips for conducting interviews for evaluation. It also provides a good bibliography on additional resources.

Focus Groups

Basics of Conducting Focus Groups. Carter McNamara.

<http://www.mapnp.org/library/evaluatn/focusgrp.htm> This website provides general guidelines for conducting focus groups.

Focus Group Interviews: Quick Tips. 2002. Ellen Taylor-Powell.

<http://www.uwex.edu/ces/pdande/resources/pdf/Tipsheet5.pdf> One of a series of evaluation tip sheets from the University of Wisconsin, Extension this document provides a broad overview of focus groups.

Observation

Collecting Evaluation Data: Direct Observation. 1996. Ellen Taylor-Powell and Sara Steele.

http://cecommerce.uwex.edu/pdfs/G3658_5.PDF Short guide provides information on when observation is useful, how to conduct an observation, and some sample observation guides.

The following are additional resources for analyzing and presenting data:

Analyzing Quantitative Data. 1996. Ellen Taylor-Powell. University of Wisconsin, Extension.

http://cecommerce.uwex.edu/pdfs/G3658_6.PDF The basics on statistics and some pitfalls to avoid.

Analyzing Qualitative Data. 2003. Ellen Taylor-Powell and Marcus Renner. University of

Wisconsin, Extension. http://cecommerce.uwex.edu/pdfs/G3658_12.PDF Great overview and introduction to recording and analyzing qualitative data.

DATA PRESENTATION

Making Effective Charts. <http://www.cs.indiana.edu/classes/a106/Graphs/chart.html>

From Indiana University, an excellent summary information about different types of charts, characteristics of good charts, and how to create good charts.

Using Graphics to Report Evaluation Results. 2003. Ed Minter and Mary Michaud. University of Wisconsin, Extension. <http://cecommerce.uwex.edu/pdfs/G3658-13.PDF>

Short guide to choosing graphics to show data.

Data Presentation: A Guide to Good Graphics. 2000. Bureau of Justice Statistics.

<http://www.science.gmu.edu/~wss/methods/zawitzg.html>

Powerpoint presentation that summarizes how to create good graphics from the Bureau of Justice Statistics.

Excel Tutorial. <http://www.cecsep.usu.edu/resources/general/excel/excelprint.htm>

This tutorial, by the Collaborative Early Childhood Special Education Program, provides excellent step-by-step information on how to use Excel to record and analyze data and create simple charts.

Wading Through the Data Swamp.

http://pathwayscourses.samhsa.gov/eval201/eval201_1_pg3.htm

On-line tutorial (continuation of the “Evaluation for the Unevaluated” above) provides information on quantitative data analysis, from basic descriptive statistics through correlations and significance tests. Very useful for more in-depth information about statistical analysis.