

## Why Evaluate?

Ellen M. Capwell, PhD, CHES  
Frances Butterfoss, PhD  
Vincent T. Francisco, PhD

**T**he Evaluation in Practice column is intended to provide an opportunity for exchange of issues and ideas among practitioners to facilitate planning and implementation of program evaluation. Effort will be made to discuss evaluation topics in a logical sequence, beginning with this issue's topic, "Why Evaluate?"

Evaluation of public health programs and community initiatives can serve multiple purposes. Reasons why stakeholders may want evaluation questions answered can be grouped as follows: (a) to determine achievement of objectives related to improved health status; (b) to improve program implementation; (c) to provide accountability to funders, community, and others; (d) to increase community support for initiatives; (e) to contribute to the scientific base for community public health interventions; and (f) to inform policy decisions.

### DETERMINE ACHIEVEMENT OF OBJECTIVES

One of the most commonly understood purposes of evaluation relates to the need to determine if intervention efforts have been successful in bringing about the desired change as delineated in goals and objectives

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(Fawcett et al., 1995; Fink, 1993; McKenzie & Smeltzer, 1997; Windsor, Baranowski, Clark, & Cutter, 1994). These changes in attitude, knowledge, or behavior may be directly or indirectly related to improvement in health status (University of Texas, 1998). Evaluation can yield information about the effectiveness and efficiency of an intervention in terms of scope of effect, duration of outcome, and extent of influence. (Fink, 1993; Green & Lewis, 1986). It can also help determine which of several program approaches is most effective in achieving a given objective (McKenzie & Smeltzer, 1997).

One interesting example of an organization that used evaluation to decide if their intervention produced the desired effect is the Community Policing Program of the Hawaii County Police Department. Located on the big island of Hawaii, the Community Policing Program is organized by the six districts (Hilo, Puna, Ka'u, Kona, Kohala, and Hamakua). The two community police officers working in the Hilo District worked closely with a local neighborhood associations (neighborhood watches) to identify issues that they each could address best in partnership.

Emerging from these efforts was a coalition (Community Activities for Youth) that focuses on building youth leadership and creating drug and alcohol free activities for youth. Examples of the alternative activities include winter surf meets, dance parties, and advocacy for other prevention efforts aimed at changing the health practices of local businesses and public schools. One success story emerging from their work is a teenager who entered his first surf competition at the recent winter surf meet. This youth won first place in his division and as a result became interested in joining the Hawaii Surfers Association. The association has strict academic performance and attendance requirements, in addition to a substance use policy. The youth's grades were below the required level, but within one quarter, the teen raised his grades two letter grades and met the qualifications. A local business person paid the admission fee for the youth, removing yet another barrier to his involvement and rewarding him for his effort.

To evaluate these efforts, the community policing team and the coalition track data at several levels: community and systems change, media activity that promotes the drug and alcohol prevention efforts that were facilitated by the coalition, the number of programs sponsored and number of people involved, and relevant statistics from police records. This information is

summarized monthly and provided to the administration of the police department and the coalition membership. The chief of police for their department was so impressed by the reports generated by the community policing team that he made it standard practice for the teams in all of the districts to engage in strategic planning with community members and provide the same evaluation reports monthly.

Recently, the community policing team also decided that they needed more evaluation data. They will conduct two satisfaction surveys among community members. The first will focus on providing feedback directly to the community policing team directly, and the second will provide feedback to the entire police department. The community policing team expects that the department will become more consumer oriented as a result of this feedback provided.

#### IMPROVE PROGRAM IMPLEMENTATION

A second and perhaps most valuable reason for the practitioner to evaluate is to enable program planners and implementers to make ongoing improvements or midcourse corrections that will increase the chances of attaining objectives (Breckon, Harvey, & Lancaster, 1994; Connell, Kubisch, Schorr, & Weiss, 1995; University of Texas, 1998). By assessing strengths and weaknesses (Herman, Morris, & Fitz-Gibbon, 1987; Windsor et al., 1994), monitoring performance standards (Windsor et al., 1994), identifying unanticipated challenges (Fawcett et al., 1995), and determining appropriateness of materials (Thompson & McClintock, 1998) and strategies for priority audiences, program operation insights can be gained that will make refinements and improvements possible. Simply applying evaluation processes stimulates program implementers to think more carefully about their program and methods (Patton, 1988). This formative evaluation helps program managers to decide how to allocate human and financial resources (Goodman, 1998; Herman et al., 1987).

The Partnership for Children in the Kansas City metro area is an excellent example of how a program used evaluation to understand their development and make midcourse corrections to improve function. Started in 1992 as a funding partnership of the Greater Kansas City Community Foundation and the Heart of America United Way, the Partnership for Children focused on two topic areas: the first was the initiation of a community report card that focused public attention

on youth development issues community-wide, and the second was immunization. At the outset of the initiative, the immunization rate in the Kansas City metropolitan area was 45%. By focusing on developing new service delivery mechanisms during the first 2 years, immunization rates only increased to about 55%. However, soon they began a comprehensive evaluation and engaged in strategic planning, focused on removing all the barriers to effective immunization. They transformed from a service delivery organization to a community change organization, and 2 years later, the immunization rate rose to more than 90% metrowide for children younger than 2 years of age. They used a monitoring and feedback system to focus the efforts of community members on changing programs, policies, and practices to make immunizing children more likely. These community changes included establishing a policy that allowed relatives to bring children of working parents to immunization clinics and purchasing mobile immunization vans for the health departments to bring immunizations to where people lived.

#### PROVIDE ACCOUNTABILITY

Accountability to the community, funding agencies, and other stakeholders is a third function of evaluation (Green & Kreuter, 1991; Patton, 1997; University of Texas, 1998; Wandersman et al., 1998; Windsor et al., 1994). The worth of a program can be determined through cost-benefit analysis (Herman et al., 1987; Windsor et al., 1994), which aids those decision makers representing political bodies to justify the program (Breckon et al., 1994) or make decisions about future funding or the fate of the program in terms of continuation, duplication, expansion, or discontinuation (McKenzie & Smeltzer, 1997). Evaluations provide information about the extent to which programs are serving the intended beneficiaries, thus contributing information needed to set policy and priorities (Herman et al., 1987).

The following excerpt is an example of how evaluation of a community-based health promotion program can help generate support from funders, community, and stakeholders. In 1997, Virginia Baptist Hospital, Central Virginia Perinatal Council, and Woman's Resource Center of Central VA formed a community partnership to initiate Beds and Britches, Etc. (BABE), a new program designed to improve perinatal outcomes. Through BABE, pregnant women living in the rural health district of central and south Virginia are

encouraged to seek early prenatal care, stay involved in prenatal care throughout the pregnancy, and seek well-baby care. In turn, they are rewarded with coupons that can be redeemed at the BABE store for needed clothing, baby furniture, cribs, and needed baby items. Coupons are distributed by nurses and physicians in private and public health offices or clinics and by prenatal educators, breastfeeding instructors, and nutrition counselors when an appointment is kept by the mother for prenatal, postpartum, or well-baby care. No age or income verifications are required for women who participate in the program, although women in need are the primary users of the BABE store.

The funders, community volunteers, and stakeholders in the BABE store were numerous over the course of the planning period and 1 year of the store's operations. Therefore, the partners realized early that evaluation of the program would be crucial to future funding. A plan was developed to capture the data that would answer questions about the store's impact in the community. Key health outcomes of the evaluation showed that 499 women were served, and 3,000 coupons were redeemed; 36% of the women were encouraged to enter prenatal care early; and infant deaths decreased by 47%. (Overall, 22 community baby showers were held by various civic, community, and church groups to raise more than \$15,000 in inventory, and \$4,000 in cash donations were raised.)

From my perspective, the BABE store could successfully continue to raise funds for operations and inventory only if there were outcomes viewed by the community as truly improving perinatal health. In spite of the lack of funds for a formal evaluation component, we believed that we would track certain statistics from the beginning of operations and have some basic facts to communicate about the BABE store, its customers and its value to the community,

explained Deborah Alfors, Perinatal Council Director and BABE partner.

#### INCREASE COMMUNITY SUPPORT

A fourth tangential, yet very valuable purpose of evaluation is to increase support for initiatives through community awareness (Fawcett, et. al, 1995; Windsor et al., 1994). Visibility can be increased by releasing evaluation information through the media, which can then help to sell the program (McKenzie & Smeltzer, 1997). Increased awareness and support can facilitate

acquisition of needed funding from grants or donations. By detecting small successes early in a coalition initiative, any resistance that exists may be diffused (Fawcett et al., 1995). In this sense, program evaluation becomes a program component by helping to coalesce the community behind the initiative (Connell et al., 1995).

The following example shows how evaluation can help sustain a community program over time in order to promote public awareness of a health issue. With the goal of raising awareness of childhood immunization and launching a high profile 1996 National Infant Immunization Week, the California Coalition for Childhood Immunization developed the mock measles outbreak. According to Pamela Moes, the coalition's coordinator,

The outbreak capitalized on a winning combination—visuals of children at play juxtaposed by a serious public health message. The event involved the collaborative efforts of local immunization coordinators, county health departments, and local business and community partners to generate widespread media coverage promoting the importance of early immunizations.

The events, featuring toddlers dressed in doctor's smocks attending to their "sick" peers adorned in red dots, were held at five sites the first year. Based on its early success, the outbreak was again staged in 1997, with an increased number of participating counties (13) and actual sites (17). In 1998, the event has realized its most dramatic success to date. Seventeen counties participated at 19 separate sites—nearly four times as many as the inaugural year. The breakdown of counties represented all regions of the state, from Southern California to the Central Valley and north to the Bay Area and Sacramento regions.

The events generated widespread media coverage in every major media market in the state. More than 25 individual television stations ran more than 30 news segments. By mid-May, 24 newspapers published more than 30 articles and editorials on immunizations and the mock measles outbreak. Media impressions totaled 1 million dollars for print, with more than 25 million Californians exposed to the story on television and radio. Immunization messages were communicated to more than 300 key health care and community media representatives through a comprehensive press kit and targeted follow-up.

Inherent in this public awareness campaign was a timely and important public health story that

emphasized the need for parents to properly immunize their children. Calls to immunization hotlines increased significantly. Due to the high volume of calls and extensive media coverage, some state officials actually called to inquire if, indeed, a measles outbreak had occurred! More important, local partnerships were developed with businesses and community organizations that continue to support immunization activities statewide. From bridge calls prior to the event to post-event evaluations, communication among organizers was key to the success of the 1998 mock measles outbreak.

#### CONTRIBUTE TO SCIENTIFIC BASE

Fifth, evaluation contributes to the scientific base of information, which can lead to hypotheses about human behavior or community change. It provides data and insights on which to determine generalizability to other populations and settings (Windsor et al., 1994). Evaluation helps translate data from experimental programs into useful information for those who set policies, design programs, and conduct research (Connell et al., 1995)

In 1991, Community Partners in Amherst Massachusetts, an affiliate of the Area Health Education Centers and the University of Massachusetts Medical Center, received a grant from the W. K. Kellogg Foundation to provide an intensive form of technical assistance for health and human service coalitions in Massachusetts. Community Partners provided technical assistance to five coalitions in the first year, and two more coalitions were added to the list within 18 months. Some of the communities involved in the program were urban, and some were rural. One coalition focused on issues of medical service delivery for ethnic minority populations, whereas others dealt with issues of medical service delivery for ethnic minority populations. The others were focused more on dealing with issues among service delivery agencies. The technical assistance package provided by Community Partners included a consultant focused on assessment, planning, and support for coalition activities. This consultant met weekly with the coalitions, providing more focus than was originally present. The technical assistance included the development of structure within the organization, strategic planning that resulted in new mission statements and objectives for changing the community within all sectors of the community, and often included planning retreats in addition to the weekly site visits.

Community Partners included evaluation in the second year of the program. Although the intent was to provide feedback, evaluation became a descriptive tool. This happened in part because there were no consequences for the evaluation itself, even though it was used as part of the consultation and feedback provided as technical assistance. The evaluation tracked several key measures. These included the development of products of strategic planning, the amount of resources generated, the number of services provided by the coalition, the number of actions taken to bring about community and systems changes related to the mission of the organization, and finally, the number of community and systems changes themselves. We found that there was a certain life cycle of community change coalitions and that regardless of the technical assistance provided, coalitions developed differently to meet different local needs. Some coalitions became community change agents, another focused more on resource generation for program development by the coalition itself, and another became more of a support system for service providers without generating specific systems changes.

#### INFORM POLICY DECISIONS

Finally, evaluation is often used to inform policy decisions. Several issues appear to be involved in the use of data at this level. Both qualitative and quantitative data can be used to move political will and make investments in particular areas more likely, as well as making them more sound (Brownson, Newshaffer, & Ali-Abarghoui, 1997; Wallack & Dorfman, 1996). Data from past investments can be used to inform future investments in the same or similar areas (Gounder, 1998). Qualitative data especially can be used to demonstrate the contribution of funded programs to the greater public good (Kim & Trent, 1998). Finally, data can be used to help illustrate a return on the investment of dollars for particular programs through cost-benefit analysis (Mugford, Hutton, & Fox-Rushby, 1998).

An example of evaluation used to inform policy decisions is the Missouri American Stop Smoking Intervention Study (ASSIST). The ASSIST program was designed as a research and demonstration project to work through state health departments and local community-based coalitions aimed at reducing smoking and tobacco use. When the project began in 1991, policy change regarding tobacco use and youth access to tobacco were top priorities in Missouri. Within 1 year, the state legislature passed a statewide clean

indoor air law making public areas smoke free and restricting youth access to tobacco. More than 25 local communities passed stricter smoking ordinances over the years due to ASSIST's efforts.

In 1997, the Missouri attorney general filed a lawsuit against the tobacco industry using public health morbidity, mortality, and economic impact data. Armed with these data, the attorney general was able to structure a convincing lawsuit, paving the way for tobacco settlement money to come into Missouri. ASSIST field coordinator Patrick Morgester explains,

The department of health was a valuable resource and source of information for the attorney general's office. Now we must work to ensure that the state legislature appropriates tobacco settlement funds for comprehensive tobacco use prevention education programs and health care.

Accurate data evaluating the health effects of smoking and its economic impact gave public health advocates and government officials the information needed to guide and educate policy makers about effective tobacco control policies.

#### FUTURE DIRECTIONS

Program evaluations often address more than one purpose. The available resources, as well as the priorities among stakeholders, govern the extent of evaluation. In subsequent issues of *Health Promotion Practice*, this column will explore how stakeholders can and should be involved to clarify the purpose of evaluation and the questions to be answered; identify measures, indicators, and standards; develop or refine data collection methods; be involved in data analysis; determine who should be involved in evaluation and define their respective roles; and prepare and use evaluation reports. In addition, practitioners may be involved in other evaluation considerations such as political influence, the mix of qualitative and quantitative approaches to evaluation, developing appropriate terminology, and alternative approaches to evaluation.

Each Evaluation in Practice column will begin with a short overview of the chosen topic and be followed by contributions from one or more practitioners to illustrate various aspects of the topic. Practitioners are encouraged to share their evaluation experiences through this column or in separate related articles in the journal. The associate editors are available to work with contributors to help shape manuscripts for submission and

provide input on revisions as necessary after review. For example, later in this issue is a full article, originating from a practitioner in the field with whom the associate editors worked to bring the article to fruition. We are interested to share successful as well as not so successful experiences to further the learning experiences of our readers.

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Ellen M. Capwell, PhD, CHES, is at the Ohio Department of Health.



Frances Butterfoss, PhD, is at the Center for Pediatric Research, Eastern Virginia Medical School, Norfolk, VA.



Vincent T. Francisco, PhD, is in the Workgroup on Community Development and Health Promotion, University of Kansas, Lawrence.