Logic Models
Components of a Logic Model

The components of Logic Model (column titles)
- Inputs
- Activities
- Outputs
- Outcomes
- Impact
## Logic Model for a Senior Walking Program

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP (pedometers, incentives)</td>
<td>Hire staff</td>
<td>Number of sites that participate (10)</td>
<td>Increase from baseline in number of steps walked per week and relative amount of F/V consumed (70)</td>
<td>To improve the health of older adults (60+) in Honolulu by increasing their level of physical activity and consumption of fruits and vegetables</td>
</tr>
<tr>
<td>Lanakila nutrition support staff, meal site leaders, &amp; new staff person</td>
<td>Get incentives and pedometers</td>
<td>Number of seniors who enroll (120)</td>
<td>Increase from baseline in feelings of energy, endurance, strength, and sound sleep (70)</td>
<td></td>
</tr>
<tr>
<td>In-kind support from Honolulu County and Hawaii State offices on aging</td>
<td>Train site leaders (10)</td>
<td>Number that complete the program (100)</td>
<td>Improvements from baseline in attitude toward exercise (50)</td>
<td></td>
</tr>
<tr>
<td>HMSA Foundation funds</td>
<td>Recruit seniors (120)</td>
<td>Number that join in, even though they didn’t enroll (20)</td>
<td>Number of seniors who commit to continue walking after the program is over (30)</td>
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<tr>
<td></td>
<td>Get baseline data.</td>
<td>Number who meet goals (70)</td>
<td></td>
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<tr>
<td></td>
<td>Help seniors set goals for walking and fruit/veg consumption, and train them to use pedometer and logbooks.</td>
<td>Number that exceed goals (20)</td>
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<tr>
<td></td>
<td>Lead 10-week program of walking and nutrition ed</td>
<td>Collect followup data</td>
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</tbody>
</table>
Logic Model components in connection with Strategic Management/Planning components

- **Logic Model**
  - Inputs
  - Activities
  - Outputs
  - Outcomes
  - Impacts

- **Strategic Framework**
  - Strategic Goals
  - Strategic Objectives
  - Process objectives
  - Outcome objectives
  - Activities
  - Resources
## Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
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<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESOURCES</td>
<td>ACTIVITIES, PROCESSES, TASKS</td>
<td>PROCESS OBJECTIVES</td>
<td>OUTCOME OBJECTIVES</td>
<td>GOAL(S)</td>
</tr>
</tbody>
</table>
Inputs – aka Resources

- Resources, such as
  - Funding
  - Facilities
  - Staff
  - Volunteers
## Inputs - Resources

### Senior Centers

### Funds—foundation funding, matching funds

### Staff (new and existing)

### Equipment

<table>
<thead>
<tr>
<th></th>
<th>Output</th>
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<th>Impact</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>The needs for needs assessment/listening session’s training are identified</td>
<td>75% of partners will gain knowledge about needs assessment approaches. <strong>By December 2004</strong></td>
<td>To improve the health of older adults (60+) in Honolulu by increasing their level of physical activity and consumption of fruits and vegetables</td>
</tr>
<tr>
<td></td>
<td>Number of partners, trainees, sessions, materials, and participants</td>
<td>75% of partners will be able to apply knowledge gained by conducting needs assessment/listening sessions with various groups. <strong>By March 2005</strong></td>
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<tr>
<td></td>
<td>Number of conducted needs assessment/listening sessions, hours of sessions, and hours of conducting need assessment/listening sessions</td>
<td>75% of partners will be able to incorporate appropriate practices in the healthy aging project. <strong>By May 2005</strong></td>
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<td></td>
<td>Listed the activities that older adults can share, and want to learn</td>
<td>75% of partners implement program action plan</td>
<td></td>
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<tr>
<td></td>
<td>Number of activities that older adults can share, and want to learn</td>
<td>50% of partners complete evaluation plan</td>
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<tr>
<td></td>
<td>Identified role model for needs assessment/listening sessions</td>
<td><strong>By May, June, August 2005</strong></td>
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<tr>
<td></td>
<td>Number of partners complete program design</td>
<td>25% of partners continue to conduct the program</td>
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<tr>
<td></td>
<td>Number of partners implement program action plan</td>
<td><strong>By May 2007</strong></td>
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<tr>
<td></td>
<td>Number of partners complete evaluation plan</td>
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<td></td>
<td>Number of program still existing by 2007</td>
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Activities aka Processes or Tasks

- Events or actions of the program, such as
  - Recruiting seniors
  - Running the program
  - Collecting data
### Activities - Processes

**Partners**
- Hawaii Department of Health
- Executive Office on Aging
- District Health Office, etc.
- County agencies
- Other public and private agencies

**Funding**
- State ($10,000 per year)

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<td>Lead 10-week walking program</td>
<td>75% of partners will be able to incorporate appropriate practices in the healthy aging project. By May 2005</td>
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<tr>
<td>Collect data</td>
<td>75% of partners complete program design 75% of partners implement program action plan 50% of partners complete evaluation plan By May, June, August 2005</td>
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<td></td>
<td>25% of partners continue to conduct the program By May 2007</td>
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</table>
Outputs aka Process Objectives

- Direct products of the program, such as
  - Number of seniors recruited
  - Number of seniors retained
## Outputs

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<tr>
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<td>To improve the health of older adults (60+) in Honolulu by increasing their level of physical activity and consumption of fruits and vegetables</td>
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<tr>
<td>Lanakila Nutrition Program</td>
<td>Determine training needs</td>
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<td></td>
<td>Identify partners/trainees</td>
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<td></td>
<td>Plan training session</td>
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<td></td>
<td>Develop training materials</td>
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<td></td>
<td>Conduct and evaluate training</td>
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<tr>
<td></td>
<td>Conduct needs assessment/listening sessions</td>
<td></td>
</tr>
<tr>
<td>Pohulani Site and Joyce</td>
<td>Learn what activities older adults can share (teach them)</td>
<td></td>
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<tr>
<td>Honolulu County and Hawaii State offices on aging</td>
<td>Learn what older adults want to learn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify role models for future project implementations</td>
<td></td>
</tr>
<tr>
<td>HMSA Foundation funds</td>
<td>Set up, implement, and evaluate the program</td>
<td></td>
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<tr>
<td></td>
<td>Design program incorporating perspectives</td>
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<td>Implement program</td>
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<td>Evaluate</td>
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<td></td>
<td>Sustain</td>
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### Number of seniors who enroll (120)

### Number that complete the program (100 out of 120)
Recruit seniors (120)

Number of seniors who enroll (120)
Number that complete program (100 out of 120)
Outcomes aka Outcome Objectives

- Desired effects of the program, such as
  - Increase in physical activity
  - Increase in benefits of physical activity
### Resources

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### Outcomes

- **Increase from baseline in number of steps walked per week (70 out of 100)**
- **Increase from baseline in feelings of energy, endurance, strength, and sound sleep (70 out of 100)**
Outcomes logically connect back to inputs, activities

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<td>Lead program for 10 weeks.</td>
<td>Increase from baseline in number of steps walked per week.</td>
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<td>Collect data.</td>
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- Lead program for 10 weeks.
- Collect data.
- Increase from baseline in number of steps walked per week.
Impact recalls **Goal(s)**

- Mission or ultimate purpose of a program, translate into strategic goals and objectives replicated in programmatic goals and objectives, such as
  - Improved conditions,
  - Increased capacity, and
  - Reduced mortality.
### Impact

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75% of partners will be able to conduct the healthy aging project by May 2005
25% of partners continue to conduct the program by May 2007

**Impact**

To improve the health of older adults (60+) by increasing their level of physical activity.
What’s new about this? Why is it important?

- Federal funding agencies and foundations are now requiring applicants to provide a Logic Model with their grant proposal. They typically require awardees in multi-site programs to adhere to the same Logic Model.

- It is also common to either require or look favorably on proposals with a program evaluation plan in them.

- Funders are also requiring grant applicants to identify the partnership among agencies and across sectors that will run the program, and in some instances (CDC, NIH, Indian Health Services and other health funders in particular) to define how partnership functioning as such will be evaluated.
State orgs will have increased capacity to help others

Local orgs with intensive training demonstrate:

- Increased knowledge & skill
- Greater motivation
- Strengthened org structures & processes

Orgs offering science-based programs

Youth exposed to science-based programs

Teen Preg rates

STD & HIV rates
• This is just for Phase II. There are other Logic Models for Phases I and III. *(Note the inclusion of Goals and Objectives, an explicit acknowledgement of the need for a Strategic framework—MR).*
Performance Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities and Outputs</th>
<th>Intermediate Outcomes</th>
<th>End Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>$FTE</td>
<td></td>
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<tr>
<td>$FTE</td>
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<td>$FTE</td>
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</tbody>
</table>

*Backward mapping* from End Outcomes back to Inputs is the basis for Performance Measurement and Program Evaluation. The organization’s Performance Framework includes:

- **Agency Strategic Plan/Annual Performance Plan**
- Competitive Sourcing/Contracting
- Information Technology/E-government plan
- Activity-based Costing/Performance Budgeting
- Performance Budgeting & Financial Management
- Manager-Employee Performance Plans
- Accountability and Performance Report
## Welfare-To-Work Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities/Outputs</th>
<th>Intermediate Outcomes</th>
<th>End Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ FTE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ FTE</td>
<td>Outputs for Strategy 1</td>
<td>Strategy 1: Improve Hard Skills of Clients to Reflect Hiring Needs of the Economy</td>
<td>Goal: Increase Self-Sufficiency in the Community through Increased Employment</td>
</tr>
<tr>
<td>$ FTE</td>
<td>- # of clients trained for standard employment</td>
<td>- Increase % with adequate hard skills for standard employment</td>
<td>Measures:</td>
</tr>
<tr>
<td>$ FTE</td>
<td>- # of clients trained or completing degree in high-wage employment area</td>
<td>- Increase % completed continuing ed for high-wage career advancement</td>
<td>- Decrease in Welfare Ratio of $paid to #clients</td>
</tr>
<tr>
<td>$ FTE</td>
<td>Activities for Strategy 1</td>
<td>Strategy 2: Improve the Soft Skills of Clients to Aid in Job Placement and Retention</td>
<td>- Decrease Unemployment</td>
</tr>
<tr>
<td>$ FTE</td>
<td>- # of training courses held</td>
<td>- Increase % of clients with appropriate soft skills</td>
<td>- # unemployment rate total; # unemployment rate for clients</td>
</tr>
<tr>
<td>$ FTE</td>
<td>- # training methodologies developed</td>
<td>Strategy 5: Enhance Access to Transportation</td>
<td>- Increase Self-Sufficiency</td>
</tr>
<tr>
<td>$ FTE</td>
<td>- # employer surveys completed</td>
<td>- Decrease % of clients w/out transport</td>
<td>- % of community achieving a self-sufficient wage; % of clients achieving self-sufficient wage</td>
</tr>
<tr>
<td>$ FTE</td>
<td>- # training promotional kits deployed</td>
<td>Strategy 6: Decrease Barriers Presented by Physical Disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- # career counseling sessions provided</td>
<td>- Increase % of employers offering “integrative” workplace for people with disabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- # employers offering continuing education assistance</td>
<td>- Decrease % of clients with physical disability preventing employment</td>
<td></td>
</tr>
</tbody>
</table>

**External Factors:**
- # jobs created in economy annually; % jobs created with self-sufficient income potential
<table>
<thead>
<tr>
<th>INPUT</th>
<th>OUTPUT</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Amount of resources devoted to a program activity,”</td>
<td>“Tabulation, calculation, or recording of activity or effort, expressed in a quantitative or qualitative manner.”</td>
<td>“Assessment of the results of a program activity compared to its intended purpose.”</td>
</tr>
<tr>
<td>Examples: $1,000,000 broken down by object class 50 FTE, broken down by position grades</td>
<td>Examples: 50 courses will be offered 10,000 people will complete the courses Exit tests of participants will demonstrate that at least 85% of participants acquired competency in skills taught in the training courses</td>
<td>Examples: 8000 people--trained by program--will land and keep their jobs more than 6 months 90% of those who land jobs will earn the same or more in their new job as in their old one 75% of those with jobs will report via survey that the skills they learned were important factors in getting the job</td>
</tr>
</tbody>
</table>

**Areas where agencies are comfortable**

**Real Results**
Causal Logic Models: Incorporating Change & Action Models
Causal logic models

A causal logic model clarifies the theory of how interventions produce outcomes.

Multiple methods and techniques establish the relative importance of causes of changes in outcomes.
Components of a causal logic model (in red) pertain to program theory; they augment regular logic modeling.

From left to right on a logic model one would find:

- Inputs (Fiscal and Human Resources Invested; Key Programmatic Initiatives)
- Assumptions, Underlying Conditions, Premises (May Specify Ones Under Program Control and Outside Program Control, as in USAID’s Logical Framework or *LogFrame*)
- Causative (If-then) Linkages Among Program Functions, Indicating Change and Action Models or Program Theory
- Program Activities, Services
- Immediate or Short-term Outcomes (*process measures*)
- Intermediate or Medium-term Outcomes (*outcome measures*)
- Long-term Results, Long-term Outcomes or Program Impact (*impact measures*)
A Complex Causal Logic Model Framework

Inputs

Assumptions/Conditions
Activities/Services
Immediate Outcomes
Intermediate Outcomes

Personnel Resources

If condition A exists
Do AA
Something happens
A later result

Funding/Other Resources

If need B exists
Provide BB
Population gets BB
A later result

Curriculum

If condition C exists
Provide training about CC
# Trained

Long Term Outcomes/Results

Condition A
B
C
Improve
A basic worksheet for a causal logic model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Assumption or Underlying Condition (if-then construct)</th>
<th>Activities</th>
<th>Immediate (Short-term) Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long Term Outcomes/Results/Impact</th>
</tr>
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Evaluation Design

- A general principle: The more rigorous the evaluation research design, the more plausible the resulting estimate of intervention effects.

- The design of impact (or outcome, or summative) evaluations faces two competing pressures:
  - Evaluations should be undertaken with sufficient rigor that relatively firm conclusions can be reached.
  - However, practical considerations of time, money, cooperation, and protection of participants limit the design options and methodological procedures that can be employed.
Evaluation Design

- Evaluators assess the effects of social programs by:
  - Comparing information about outcomes for participants and nonparticipants,
  - Making repeated measurements on participants before and after intervention,
  - Or other methods that attempt to achieve the equivalent of such comparisons.

- The basic aim of impact assessment is to produce an estimate of the net effects of an intervention.
Evaluation Design

- Impact assessment is relevant at many stages of the evaluation process.
  - Pilot demonstrations to estimate whether a proposed program will work.
  - Program design to test the most effective ways to develop and integrate the various program elements.
  - Program initiation to test the efficacy of the program at a limited number of sites.
  - Program modification to test the effects of the changes.
  - Program continuation to test for sunset legislation, funding renewal, or program defense.
Key Concepts in Impact Assessment

- Prerequisites for assessing impact.
  - Program’s objectives must be well-articulated to make it possible to specify credible measures of the expected outcomes.
  - The interventions must be sufficiently well-implemented that there is no question that critical elements have been delivered to appropriate targets.
  - Change and action models (program theory) therefore need to be made explicit. If-then causal sequences premised in the evaluation design define both change and action models (which together make up program theory)
Key Concepts in Impact Assessment

- Linking interventions (activities) to outcomes.
  - Establishing impact essentially amounts to establishing causality.
  - Most causal relationships in social science expressed as probabilities, likelihoods.
  - Conditions limiting causal impact, making causality and determinations of causes complex:
    - External conditions and causes.
    - Internal conditions (such as biased selection).
    - Other social programs with similar targets.
Impact Assessment

Gross versus net outcomes. Net outcomes and the counterfactual.

\[ \text{GrossOutcome} = \left[ \begin{array}{c} \text{Effects of} \\
\text{Intervention} \\
(\text{net effect}) \\
\end{array} \right] + \left[ \begin{array}{c} \text{Effects of} \\
\text{other processes} \\
(\text{extraneous confounding factors}) \\
\end{array} \right] + \left[ \begin{array}{c} \text{Design} \\
\text{Effects} \\
\end{array} \right] \]
Extraneous Confounding Factors

- Uncontrolled selection.
  - Preexisting differences between treatment and control groups.
  - Self-selection.
  - Program location and access.
  - Deselection processes (attrition bias).

- Endogenous change.
  - Secular drift.
  - Interfering events.
  - Maturational trends.
Design effects

- Sampling validity

- Measurement reliability: Does the measure produce the same results repeatedly?
  - Unreliability dilutes and obscures real differences.
  - Reproducibility should not fall below 75 or 80%.

- Measurement validity.
  - Does the instrument measure what it is intended to measure?
  - Criteria.
    - Consistency with usage.
    - Consistency with alternative measures.
    - Internal consistency.
    - Consequential predictability.
Design Effects

- Choice of outcome measures.
  - A critical measurement problem in evaluations is that of selecting the best measures for assessing outcomes.
    - Conceptualization of measures.
    - Reliability, feasibility, replicability of measures.
    - Proxy measures (e.g., reduced or free school lunch stats as a proxy for poverty).

- Strategies for Isolating the Effects of Extraneous Factors
  - Full versus partial-coverage programs: Full coverage means absence of control group, requiring use of reflexive controls. E.g., NCLB as a full-coverage program.
  - Find cross-case comparisons, e.g., similar groups not participating in the program.
Attrition Analysis

- **Attrition**: The number of participants lost over the course of a program’s implementation and/or evaluation

- Some participant loss is inevitable due to transitions among program recipients (maturation, history); however, high attrition rates lower the confidence one may have in outcome findings

- Need to closely assess the relationship of study variables to dropout status (from baseline to follow-up). For instance, some successful workforce training participants may leave early because they were able to get a job before completing training.

- Report findings from attrition analysis, including direction of findings, in the program evaluation; control for variables associated with dropout in all multivariate outcome analyses

- There is typically also missing information for those who remain involved; this needs to be noted and if possible corrected.

Moderation and Mediation Analyses (Chen’s “Determinants”)

- Test for moderation—i.e., moderating variables (contextual factors typically limiting program impact)
  - Assess interaction between treatment and risk variables (mediators, for instance, like lack of partner support in HIV/AIDS education programs)
  - If the interaction is significant, stratify by levels of the moderator variable and re-run analyses for subgroups

- Test for mediation—i.e., mediating variables (program-linked factors necessary for program success)
  - Assess how much treatment condition value is accentuated or attenuated by mediators (Baron & Kenny, 1986)
LSA Afterschool Program Example

**Science Camp**
- Curriculum Design
- Coaching, & Scientist Visits
- Hands-on Program

**Mediators**
- Tested Program Content
- Skilled Program Delivery
- Stimulating Lab Activities

**Short-term Outcomes**
- Best-practices-based curricular content both builds on & strengthens school science
- Increased student desire and capacity to engage in science
- Increased student role-identification as a scientist and interest in science

**Medium-term Outcomes**
- Improved ability to succeed academically
- Increased involvement in science
- Increased self-efficacy in science

**Impacts**
- School retention; going to college
- Science courses; major in science
- Consider/choose science career

**Process Evaluation**

**Outcome Evaluation**

**Moderators**
- Poverty
- Family education levels
- Gender & ethnicity
- Constraints on aspiration
Science Camp example

- Used other afterschool science programs for middle-school students nationally as the comparison group, especially those targeting or largely incorporating girls and students from historically-underrepresented minorities.

- Targeted (initial and final evaluation report) literature reviews with over 150 citations as basis of comparison. Most find negligible gains in science knowledge and academic performance, while some do find modest gains in interest in and self-efficacy in science. Significant number of studies identify motivation/attitude toward science as a critical variable, leading to my design of a Science Attitude pre- and post survey. Along with the research synthesis entailed in the lit. review, interviews with students and instructors, surveys, pre- post subject matter tests, photographs, observation all were important evaluation methods.
An extensive literature review developed for the 2010 evaluation set the backdrop for the outcome findings in the 2011 evaluation. The subject became the program itself, and its significant positive outcomes, against the baseline of limited-gain or ambiguous impact findings in dozens of other national and international evaluations. Findings for the 2010 and 2011 evaluations were considered together, in finding that the Science Camp consistently produced major gains in knowledge, self-efficacy, and motivation toward as well as identification with science. Synthesis of the literature provided a more comprehensive standpoint than local comparisons. Reprised for the 2012 evaluation.
Science Camp Outcome Measures

- Science Camp evaluation found significant gains in science content knowledge, aspiration, and self-efficacy. Repeated measure paired t-tests were used to gauge gains in knowledge for each subject-matter module. Paired t-tests are a form of variation sampling that do not require (or allow for) randomization but do set up a comparison vector between results and results to be expected by chance variation.

- The formula for the t-test is a ratio. The top part of the ratio is the difference between the two means or averages. The bottom part is a measure of the variability or dispersion of the scores.

- A Science Attitude Survey developed as a synthesis of proven tests (in 2011 Report) showed major motivation gains. Unpaired t-tests were used for this assessment.
Discussion

- There is a great deal of variation in logic models—there is no one format, but instead should allow for adaptation of format to program. Check the following Kellogg Foundation site: http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf
- They can be time consuming to prepare
- However, logic models
  - Can standardize activities and outcomes
  - Can be a great guide for evaluation (allowing one to develop data collection around the framework provided by outputs and outcomes)
Causal analysis and network systems complexity

Partnerships are systems; system dynamics are inherently complex
- Constantly changing;
- Governed by feedback;
- Non-linear, history-dependent;
- Adaptive and evolving;
- Characterized by trade-offs;
- Characterized by complex causality—coordination complexity, sequencing complexity, causal complexity due to multiple actors and influences, etc.
- Far too much focus in evaluation on a single intervention as the unit of analysis;
- Understanding connectivity between programs is important;
- Many complex interventions require programming (and therefore also evaluation) at multiple levels, e.g., at the community, neighborhood, school and individual level;
- Multilevel alignment is required across interventions
Challenge of partnered/networked programs

- We need a different methodology for learning about partnered programs and the multiple factors that may affect networked outcomes:
  1. Needs to be dynamic in design
  2. An accumulating evidence strategy from multiple efforts at systematic inquiry over time
  3. A basic systems orientation—a set of elements standing in strong interaction (an organized complexity)
  4. Gathering empirical evidence about such phenomena is increasingly an organizing goal for evaluation (CDC, NIH).
  5. Value-added strategies and methods, as well as path analysis, impact mapping, and other complex methods may be applied to issue of multiple causality and multiple attribution
Evaluating Collaboration

Types and stages of collaboration, collaborative networks (Harranz)

- Back-end collaboration involves policy level executives in agencies, while front-end collaboration involves program principals and those who deal directly with clients.

Collaboration is important because it allows us to

- See problems whole—get up above single organizational systems
- Define the universe of need more comprehensively than single agencies
- Build bridges (close gaps) across agencies; build bridges across agency-community gaps
Collaboration is difficult to sustain & evaluate

Difficulties in researching outcomes, including

- complex nature of outcomes
- long time is needed to assess outcomes
- ascertaining the extent to which the outcome is the result of the partnership, individual partners
- different definitions of desired outcomes
- In general, challenges associated with shared outcomes and attribution of impacts, gainsharing versus appropriation of successes by one or some dominant partner organizations
Partnership Continuum

Continuum based on:

- Required Commitment
- Change required
- Risk involved
- Level of interdependence
- Power
- Trust
- Willingness to share power
- Willingness to share credit or blame for outcomes—accountability level

Source: A. T. Himmelman, Collaboration for a Change
Shared Outcomes

- “No group ever becomes a team until it holds itself accountable.” Katzenbach and Smith, *The Wisdom of Teams*
- What are we accountable for?
- How will we know when we have achieved it; how will we measure it? Responsibility for evaluation should be shared.
- A strategy of redirection from low-impact disparate programs to high impact coordinated and integrated programs
- A strategy of small wins cumulatively building to large wins
- Sequencing of activities; integration of partners
Readiness to Evaluate a Partnership

✓ Is partnership formed? What stage of formation?
✓ Are partners committed to evaluate partnership & its work?
✓ Are partnership’s goals realistic?
✓ Are interventions consistent with partnership’s goals?
✓ Are desired results specific and clear enough?
✓ Are interventions well-grounded in theory/prior evidence (such as needs assessments)?
✓ Do you know what kinds of data will be needed?
✓ Are data available? Do you know where to access? Any limits or constraints on access to data?
✓ Can evaluation be timely enough to permit findings to be used to make program/policy decisions?
Readiness to Evaluate a Partnership

- Will findings be generalizable and useful in deciding whether to expand strategies to new populations and settings?
- Are adequate resources available that can be shared or obtained (funding, time, expertise, partner support)?
- Will evaluation address key partnership questions & be translated into “lessons learned”?
- Are partners willing to heed evaluation results, even if they cause partnership to change or be viewed differently?
- Is the evaluator or evaluation team willing to listen to the partnership about how to design evaluation and interpret and report results?
What Should We Evaluate? Questions:

- What about partnership works/doesn’t work well? How can we make partnership work better?
- Who are key members? Are we meeting their needs? Are we building their capacity?
- What resources have been most helpful or are needed? What are associated costs?
- Do interventions fit partnership’s mission & goals?
- Are strategies successful?
- Is implementation reaching intended groups?
- What have we accomplished?
Partnership Evaluation—Levels

- **LEVEL 1**: Partnership process, infrastructure, or function
- **LEVEL 2**: Partnership interventions
- **LEVEL 3**: Impacts relating to community change
Example: Level 1, partnership infrastructure, function & process outcomes

- Member representation—recruitment, inclusion, participation
- Skills/experience
- Organizational structure—synchronization of organizations
- Levels of consensus, commitment, participation, satisfaction
- Conflict and conflict management
- Organizational culture—cultural compatibility across agencies
- Role clarity across agencies
- Expectations across agencies
- Perceived effectiveness across agencies
- Leadership—distributed or centralized leadership?
- Personalities, decision rules
- Costs/benefit and cost-effectiveness of partnering
- Quality of services
- Decisional and communication dynamics
- Resources—procurement, sharing
Evaluating partnering as a mechanism

We evaluate partnerships so as to understand:

- Transaction costs reduction
- Value added
- Sustainability of outcomes
- Strategic influences
- Partnership complementarities (of resources, capacities, functions, people, etc.)
- Partnership synergies (if any)
- Systemic impact
- In sum, whether a partnership approach has been or is to be ultimately better than the next best alternative
Partner relationship evaluation

To reveal:

- Value created by the partnership for partner organizations (and other stakeholders)
  - expected
  - unexpected
  - potential
- Extent of strategic alignment and goal congruence among partners
- Degree of effectiveness/efficiency/impact
- Degree of effectiveness/efficiency/impact
- Relative level of influence (sectoral/strategic)
- Relative impact of different partners on program outcomes—can this be determined from program data?
Complex effects chain in partnered programs

Attribution difficulties; transparency & accountability challenges

Partners 1, 2, 3, etc.

Shared Common Outcomes
Instruments & Tools

- Coalition Effectiveness Inventory (CEI)
- Meeting Effectiveness Inventory (MEI)
- Teamwork surveys
- Collaboration & Inclusivity checklists
- Member Satisfaction Surveys
- Member & Leader Interviews
<table>
<thead>
<tr>
<th>The Problem with Determining Impact</th>
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</thead>
<tbody>
<tr>
<td><strong>Causation implies:</strong></td>
</tr>
<tr>
<td>* Direct cause/effect</td>
</tr>
<tr>
<td>* Positive, intended results</td>
</tr>
<tr>
<td>* Crediting a single contributor</td>
</tr>
<tr>
<td>* The process ends when it occurs</td>
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</tbody>
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Relative Influence of a Program

- Endogenous Actors
- Program
Evaluating Relative Influence
Centers for Disease Control and Prevention (CDC) Strategic Partnerships and Alliances Framework

- The CDC has developed a framework for planning and evaluation of partnerships in the health sciences.
- The CDC, along with NIH and the IHS and the overarching US Department of Health and Human Services, has determined that there is a need *successful partnerships and strategic alliances* with all levels and sectors to enhance/extend organizational leadership and capacity, and promote innovation and performance in public health programs.
CDC Partnership and Strategic Alliance Evaluation Tool

- Developed by the CDC Division of Partnerships and Strategic Alliances but used widely by NIH programs; revised periodically.
- Over 100 statements related to one of seven key attributes
- Items generated through a review of the partnering literature and other similar evaluation tools
- Likert scale 1-5 strongly disagree → strongly agree
- Results presented as scale reflecting Partnership Health (or Success) along the key evaluation criteria and as overall score
- I have revised the 4th version of this tool with a condensed survey, for use in the end-of-program evaluation of the NARCH3 Program
Resources

- Adam G. Skelton, Broad Street Consulting Group, Inc., www.broadstreetconsulting.com, askelton@broadstreetconsulting.com
- Partnership Continuum, Inc., www.PartneringIntelligence.com
- The Partnering Initiative, www.thepartneringinitiative.org
- Coalitions and Partnerships in Community Health, Francis Dunn Butterfoss, Wiley & Sons, 2007
- Center for Civic Partnerships, www.civicpartnerships.org
- http://www.cdc.gov/eval/framework.htm#graphic
- http://www.cacsh.org/psat.html
- http://thepartneringinitiative.org
Evaluation Sources

Free/Low Cost Evaluation Resources

- United Way Outcome Measurement Resource Network: Downloadable or low cost (< $50. tools & instruction) [http://national.unitedway.org/outcomes/resources/](http://national.unitedway.org/outcomes/resources/)
Resources

  http://www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf


  http://www.cdc.gov/mmwr/preview/mmwrhtml/rr481a1.htm
Resources

- Community Toolbox:  http://www.ctb.edu
Resources for Partnership Assessments

http://www.cdc.gov/dhdsp/state_program/evaluation_guides/evaluating_partnerships.htm

http://www.cdc.gov/prc/about-prc-program/partnership-trust-tools.htm
Resources

- [http://www.cdc.gov/prc/about-prc-program/partnership-trust-tools.htm](http://www.cdc.gov/prc/about-prc-program/partnership-trust-tools.htm) CDC Prevention Research Center’s Partnership Trust Tool
- Mplus software website [http://www.statmodel.com](http://www.statmodel.com)
Evaluation Guide Website

http://www.cdc.gov/DHDSP/state_program/evaluation_guides/index.htm
Other resources

- Introduction to Program Evaluation for Public Health Programs: A Self Study Guide

- University of Wisconsin, CE Program
  http://www.uwex.edu/ces/pdande/
The CDC *Roadmap* is a Web-based training resource designed to assist states in program planning, implementation and evaluation. It provides online access to training, tools, and other resources needed for successful program development and implementation.

- The Roadmap is divided into four sections.
- Components can be accessed in any order.
- Each section has an introductory overview and information on What to Do and How to Do It.

http://www.cdc.gov/dhdsp/roadmap/index.htm