

Work Group Evaluation Handbook: Evaluating and Supporting Community Initiatives for Health and Development

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"The art of research [is] the art of making difficult problems soluble by devising means of getting at them."

--Sir Peter Medawar

Noble Laureate

PREFACE

Societal critics call for a rekindling of the spirit of community. We envision citizens acting together to make the small changes that contribute to our common purposes. The thousands of citizen-led initiatives in communities throughout the world reflect this spirit of democratic renewal.

Community initiatives for health and development are prominent among these experiments in democracy. In many initiatives, the aim is health promotion: a process of enabling people to improve their health status by influencing the behaviors and conditions that affect their health. Community initiatives attempt to change people's behaviors associated with risks to health and development, such as drug use or unprotected sexual activity, and features of the environment, such as access to tobacco products or peer support, that affect behavior and outcome. When using community development methods, local initiatives for health and development reflect the values of self-help, citizen participation, and community control.

Community partnerships or coalitions are one form of democratic renewal. They are alliances among different community sectors, organizations, or constituencies for a common purpose, such as reducing substance abuse, adolescent pregnancy, or violence. The partnership strategy is on the rise. Partnerships are widely used in both foundation grantmaking, such as Robert Wood Johnson's "Fighting Back" initiative, and government programs, including the U.S. Center for Substance Abuse Prevention's "Community Partnership Program." The partnership or coalition strategy attempts to build collaborative relationships, promoting associations and change among schools, businesses, government, religious organizations, the media, and other community sectors that may contribute to community health and development.

Community initiatives often mix two distinct approaches to community development: social planning and locality development strategies. As a social planning process, community partnerships use a top-down approach that involves professionals in problem solving and building linkages. As a locality development process, they encourage citizen involvement and enhance the capacity of indigenous leadership to address local concerns. The literature on community coalitions is largely descriptive, offering case studies and insights into organizational development, management, and support. Many community initiatives strive to account for their actions and demonstrate success.

Evaluation is a necessary and essential part of the process of promoting health and community development. Data about community initiatives can inform relevant audiences about their process, outcomes, and impacts. Such measures must reflect the diverse goals and objectives of community initiatives, their various stages of development, and the dual missions of capacity building and community change. The measures must be sensitive to changes in the environment--intermediate outcomes--that may effect changes in ultimate outcomes related to health and development. Accordingly, a monitoring and evaluation system for community health and development initiatives should have two purposes: to enhance our understanding about these community organizations and to improve their functioning.

Evaluators assess the effectiveness of the initiative in attaining its goals. The evaluation team may be internal or external to the initiative.

Evaluation data should be reported back to the group's leadership, board of directors, and funding agents. Performance feedback is important since it has been shown to be useful in improving productivity and effectiveness of initiatives, particularly when feedback is accompanied by differential consequences such as renewal of grants for those projects that show evidence of success. Data on process and outcome measures, such as accomplishments resulting from the coalition's actions, help bridge the long delay between formation of the initiative and ultimate outcomes related to health and development.

In this Handbook, we make a case for community change--new or modified programs, policies, or practices--as a particularly important metric for evaluating community initiatives. Community change focuses on changes in the environment that relate to risk, not individual or lifestyle changes that may inadvertently blame the victim. Our research suggests that community change may be a sensitive, early marker for the ultimate impacts that can be expected from community initiatives.

The evaluation system outlined in this Handbook has been used to support and evaluate nearly 20 different community initiatives including community initiatives for the prevention of substance abuse, cardiovascular disease, and adolescent pregnancy. We have also used this approach with health and human service coalitions, and a tribal initiative to reduce substance abuse among Native Americans. We draw on these experiences in preparing this Handbook.

The intended audience for this handbook includes community leadership, evaluators, and grantmakers. In Part I, we describe the interests of these audiences, considerations in selecting evaluators, and key questions to be addressed in the evaluation. In Part II, we describe the measurement system used to collect data to address these questions. Part III brings it all together by showing how the measurement system can be used to address evaluation questions and to improve and gain support for the initiative. The Appendices provide coding instructions, example surveys and reports, and other useful information.

This is intended as a guidebook for evaluators and the community leadership and grantmakers who are their clients. Those providing technical assistance for the evaluation should have an understanding of community initiatives and basic evaluation methods. This is not the definitive text on evaluation. Our hope is that these evaluation methods will contribute to the quality and utility of information about community initiatives. This reflects our belief that evaluation can be an important and integral part of the support system for community health and development.

ACKNOWLEDGMENTS

This evaluation handbook is a joint effort of members of the Work Group on Health Promotion and Community Development at the University of Kansas. Collaborators include Stephen Fawcett, Director of the Work Group, Vincent Francisco, who headed the team that designed the monitoring system, and Adrienne Paine-Andrews, who participated in the evaluation system's design from its inception. Rhonda Lewis and Kim Richter refined this work in initial applications with community initiatives to prevent substance abuse and cardiovascular disease. Kari Harris, Ella Williams, Jannette Berkley, Jerry Schultz, and Jacquie Fisher helped extend this methodology to a new generation of substance abuse coalitions and school and community initiatives for the prevention of adolescent pregnancy. Christine Lopez helped make this handbook suitable for a broader audience.

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For further information on this evaluation system, contact the Work Group, 4086 Dole Center, University of Kansas, Lawrence, KS 66045.

***"Modest doubt is called
the beacon of the wise."
--William Shakespeare***

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***Mark Twain, when asked what he
thought of Wagner's music, said:
"It's not as bad as it sounds."
[He might have been talking about evaluation.]***

PART I

Introduction

What's Ahead. . .

- ☞ Community Leadership, Evaluators, and Grantmakers: What are Their Interests?
- ☞ Selecting an Evaluation Team: What to Look For
- ☞ Is the Community Initiative Working? Some Key Questions for the Evaluation

***"Judge a man by his questions
rather than his answers."
--Voltaire***

Community Leadership, Evaluators, and Grantmakers: What Are Their Interests?

Most evaluations of community initiatives involve relationships among three parties: community leadership, evaluators, and grantmakers. These parties have different interests that must be met if the evaluation is to be successful.



Community leadership needs the evaluation to be:

- Clear and understandable
- Efficient
- Responsive
- Sensitive
- Useful

Community leadership may include staff, administrators, committee chairpersons, agency personnel and civic leaders, and trustees (or Board of Directors) of the initiative. They may have little knowledge of evaluation. Staff and members of the Board may have even less time to provide data or read data reports. The evaluation must be responsive to their decision-making requirements. It must also be sensitive to the activities and accomplishments of the initiative. Most importantly, the evaluation must provide data that are useful to the decision making needs of the initiative.



Evaluators need:

- Input on goals and issues to be addressed
- Accurate information
- Cooperation from participants and officials

Evaluators assess the effectiveness of the initiative in meeting its goals. Whether internal or external to the initiative, the evaluation team has its own legitimate interests. It needs input from clients--both community leadership and grantmakers--about what they wish to know about the initiative. The evaluation also requires accurate and complete information about the initiative's goals, activities, and accomplishments. Evaluators need cooperation from participants and officials in obtaining needed data.

Grantmakers need:



- Clear and timely reports
- Information to permit accountability
- Evidence of community change and impact

Grantmakers may include program officers or other representatives of government agencies, foundations, or other current or prospective sources of financial support. Grantmakers require clear and timely reports about progress of the initiative. They also need information by which they can hold community initiatives accountable for efforts to meet their goals. Grantmakers value evidence of community change and impact that can be reported to their own trustees or constituents to demonstrate the success of initiatives.

This chapter reviewed the interests of the three parties in the evaluation effort: community leadership, evaluators, and grantmakers. In the next chapter, we discuss what community leadership and grantmakers should look for in an evaluation team.

Selecting an Evaluation Team: What to Look For


Community initiatives are difficult to evaluate. Many evaluators are accustomed to clinical trials or research and demonstration projects in which researchers pick the problem, the setting, and the type and timing of the intervention. By contrast, in community initiatives, the community defines the problem, designs solutions, and delivers interventions. In addition, community interventions are usually comprehensive, involving many sectors or parts of the community such as schools, businesses, and religious organizations. Many people, such as teachers or religious leaders, help conduct the intervention in homes, businesses, schools, and other parts of the community. Since efforts involve many different people and places, it is hard to track the initiative's actions, much less what effects they are having.

The study of community initiatives for health and development is rather new in the field of evaluation. Evaluators, trained to expect more control of the intervention, may be uncomfortable or inexperienced with designing evaluation systems to assess the effectiveness of community initiatives. This makes selection of an evaluation team important. Consider the following when forming your expectations for what the evaluation can provide.

Reasonable Expectations for the Evaluation:


- The proposed evaluation should help you understand important aspects of the initiative.
- Data from the evaluation should be useful in improving the initiative.
- The results, if positive, should help generate support and funding.
- The evaluators should be sensitive to the aims of the initiative and the local ethnic and political culture.
- Evaluators should become part of the support system for the initiative.

When choosing an evaluation team, consider several criteria for the evaluation and the team that conducts it.



Will the Evaluation??

- ✓ Contribute to Understanding--Will members and funding agents learn what they want to know?
- ✓ Contribute to Improvement--Will data be fed back to permit ongoing adjustments?
- ✓ Be Generative--Will the data generate support and provide a competitive edge in funding efforts?



Will the Evaluation Team??

- ✓ Be Sensitive--Will the evaluators talk with, not down to, the community?
- ✓ Be Supportive--Will the evaluators be able to help with strategic planning, project implementation, grantwriting, and other support needs?

This handbook provides information about *why* and *how* to conduct an evaluation consistent with these criteria. We provide examples of data collected from various community health and development efforts. We also show how different forms are completed and what the summary information will look like after the data are collected and analyzed. This is intended to be a guidebook for evaluators and their clients, not the definitive manual on evaluation.

The previous chapter described the interests of the several parties to the evaluation. This chapter provided guidelines on what to look for in an evaluation. The final chapter of the Introduction outlines key questions to help discover whether the community initiative is working.

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Is the Community Initiative Working? Some Key Questions for the Evaluation

Don't submit to a "cookbook" evaluation. So often, groups collect data that are analyzed, filed, and never used. To guide the evaluation, the community leadership and grantmakers must decide what they want to know about the initiative. In this chapter, we pose questions that are important to many community initiatives for health and development. In a later chapter, we offer examples of how we have used data to try to address these questions.

An evaluation system should address questions that are important to members of the community and funding partners. The specific questions of interest will vary from one initiative to another. Practical and financial considerations may also limit what data can be collected.

This chapter outlines five core questions that may be particularly important to your community initiative. These are based primarily on our experience with approximately 20 different community initiatives, including those for the prevention of substance abuse, cardiovascular disease, and adolescent pregnancy. How to collect data for each core question is addressed in subsequent chapters.



Core Evaluation Questions:

- Was the community mobilized to address the mission? (Chapter 5)
- What changes in the community resulted from the initiative? (Chapter 5)
- Is there a change in behavior related to the mission? (Chapter 10)
- Does the initiative have a community-level impact related to the mission? (Chapter 12)
- Is community-level impact related to changes facilitated by the initiative? (Chapters 5 & 12)

Several other key questions may be of interest to clients of the evaluation. Information about how and why to address the questions appears in later chapters of the Handbook.



Other Key Evaluation Questions

- Are the initiative's goals important to constituents and feasible to accomplish? (Chapter 6)
- Were constituents satisfied with the initiative? (Chapter 7)
- Were the community changes important to the mission? (Chapter 8)
- Did the initiative attain its goals? (Chapter 9)
- What critical events were associated with changes in the rate of community change? (Chapters 5 & 11)

This chapter briefly identified core issues, and other key questions, to be addressed in the evaluation. The next chapter will provide an overview of the evaluation system that we use to examine these and other evaluation questions.

PART II

The Measurement System

What's Ahead. . .

- ➡ Work Group System for Evaluating Community Initiatives for Health and Development
- ➡ Monitoring System
- ➡ Constituent Survey of Goals
- ➡ Constituent Survey of Process
- ➡ Constituent Survey of Outcomes
- ➡ Goal Attainment Report
- ➡ Behavioral Surveys
- ➡ Interviews with Key Participants
- ➡ Community-level Indicators

***"I keep six honest serving-men
[They taught me all I knew];
Their names are What and Why and When
And How and Where and Who."
--Rudyard Kipling***

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Work Group System for Evaluating Community Initiatives for Health and Development¹

The Work Group system for evaluating community initiatives is linked to a conceptual framework for promoting health through community development, and earlier experience designing monitoring and feedback systems for such initiatives. This evaluation framework describes four phases: a) planning, in which a vision, mission statement, objectives, strategies, and action plans are developed, b) intervention, in which staff and membership take action in relevant sectors of the community, c) changes in the community that reduce risk and enhance protective factors, and d) changes in intermediate and ultimate outcomes, such as the community-level indicators of single nighttime vehicle crashes (for substance abuse coalitions), estimated pregnancy rates (for adolescent pregnancy initiatives), or per capita consumption of cigarettes (for tobacco control initiatives).

Core Measurement Instruments:



- Monitoring and feedback system
- Constituent surveys about the initiative's:
 - ✓ Goals
 - ✓ process
 - ✓ outcome
- Goal attainment report
- Behavioral surveys
- Interviews with key participants
- Community-level indicators of impact

As noted in Chapter 3, our work with nearly 20 different community initiatives suggests the importance of addressing several key questions about their functioning and accomplishments.

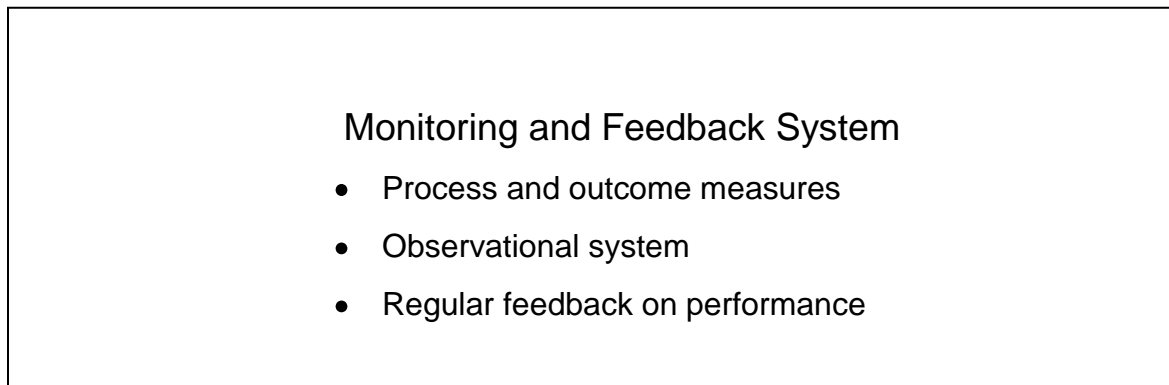
¹Portions of this chapter are adapted from Fawcett, Lewis et al. (1994) and Francisco et al. (1993).

To address key questions, the Work Group evaluation system collects 15 distinct measures using eight core measurement instruments.

The figure on the following page outlines the measurement instruments and related measures used to assess the process, outcome, and impact of community initiatives for health and development. Each core measurement instrument is described in the sections that follow, and details are provided in subsequent chapters.

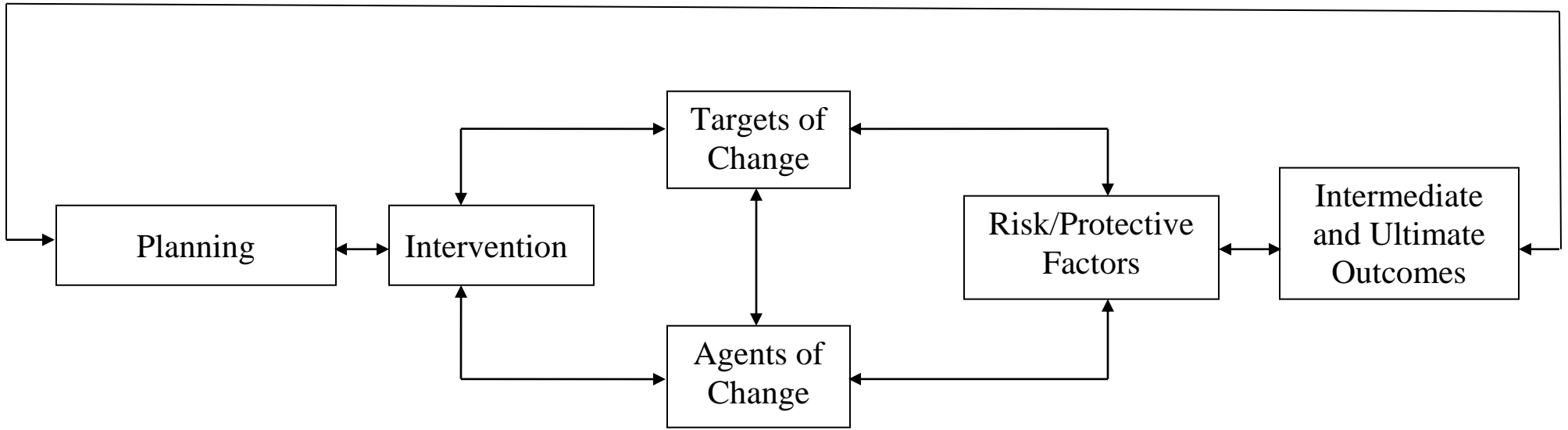
Monitoring System

The monitoring and feedback system has three central elements: a) process and outcome measures, b) an observational system for collecting these measures, and c) regular feedback on performance to community leadership, funding partners, and other interested audiences. The elements were developed by the Work Group and adapted for a variety of applications in collaboration with community leadership, grantmakers, and various experts in coalition development. Community leadership collect data for the monitoring system, and they also communicate the data to their membership and funding partners.



Process and outcome measures. Process measures help describe what was done to implement the initiative; outcome measures, the results of implementation. The table that follows provides abbreviated definitions and examples of the eight measures included in the monitoring system. Process measures include the number of: a) members participating, b) planning products, c) instances of media coverage, d) financial resources generated, e) dollars obtained, f) services provided, and g) community actions. A key outcome measure is the number of community changes.

Two measures obtained with the monitoring system--community actions and community changes--may be particularly sensitive to coalition functioning. If coalition members act outside the group (make community actions), they can produce changes in programs, policies, and practices (community changes) that reduce risks and enhance protective factors. It is hypothesized that ultimate outcomes, such as assessed by community-level indicators, may be related to the cumulative impact of community change.



MEASUREMENT INSTRUMENT	PROCESS MEASURES	OUTCOME MEASURES	IMPACT MEASURES
<i>Monitoring System</i>	<ol style="list-style-type: none"> 1. Members Participating 2. Planning Products 3. Media Coverage 4. Financial Resources Generated 5. Dollars obtained 6. Services Provided 7. Community Actions 	<ol style="list-style-type: none"> 1. Community Change 	
<i>Constituent Surveys of Goals, Process, and Outcomes</i>	<ol style="list-style-type: none"> 8. Ratings of importance and feasibility of goals 	<ol style="list-style-type: none"> 2. Ratings of significance of outcomes (i.e., community change) 	
<i>Goal Attainment Report</i>	<ol style="list-style-type: none"> 9. Ratings of satisfaction with the process 	<ol style="list-style-type: none"> 3. Percentage of community changes sought that were met over time 	
<i>Behavioral Surveys</i>			
<i>Interviews with Key Participants</i>			
<i>Community-Level Indicators</i>		<ol style="list-style-type: none"> 4. Reported behavior (e.g., for substance abuse coalitions; use of tobacco, alcohol, marijuana, etc.) 	<ol style="list-style-type: none"> 1. Analysis of critical events 2. Archival records (e.g., for substance abuse coalitions, single-nighttime vehicle crashes)

MEASUREMENT INSTRUMENT	MEASURES AND BRIEF DEFINITIONS
<p><i>Process Evaluation</i></p> <p>Monitoring System</p> <p>Constituent Survey of Coalition Goals</p> <p>Constituent Survey of Process</p>	<ol style="list-style-type: none"> 1. Members participating: New members, affiliates, or partners of the initiative. 2. Planning Products: New objectives, by-laws, committees, and other internal outcomes resulting from planning activities. 3. Media coverage: Instances of coverage by radio, television, and print media (i.e., newspapers, billboards). 4. Financial resources generated: Instances of grants received, donations, in-kind professional services, and other resources received by the initiative. 5. Dollars obtained: Dollar amount of grants and other monies received by the initiative. 6. Services provided: Classes, workshops, newsletters, screenings, or other informational or service programs provided by the initiative for members of the community. 7. Community actions: Actions (e.g., phone calls, personal contacts) taken outside the group to bring about changes in the community that are related to the initiative's goals and objectives. 8. Importance and feasibility of potential changes to be sought according to initiative members, funding partners, and/or outside experts. 9. Satisfaction with aspects of the initiative (e.g., leadership) according to members.
<p><i>Outcome Evaluation</i></p> <p>Monitoring System</p> <p>Constituent Survey of Outcomes</p> <p>Goal Attainment Report</p> <p>Behavioral Surveys</p>	<ol style="list-style-type: none"> 1. Community changes: Changes in programs (e.g., new services established), policies (e.g., modified city ordinances), and practices (e.g., enhanced enforcement) of agencies, businesses, and governmental bodies that are related to the initiative's goals and objectives. 2. Significance to the mission of observed community changes according to members of the initiative and/or outside experts. 3. The percentage of attainment of community changes or goals that were listed in the action plan that were actually met over time. 4. Behavioral measures (e.g., for substance abuse coalitions, self-reports of use of alcohol, tobacco, and other drugs).
<p><i>Impact Evaluation</i></p> <p>Interviews with Key Participants</p> <p>Community-level Indicators</p>	<ol style="list-style-type: none"> 1. Qualitative information about critical events in the initiative's history based on semi-structured interviews with key participants. 2. Community-level indicators (e.g., for substance abuse coalitions, archival records of single-nighttime vehicle crashes; for adolescent pregnancy initiatives, estimated pregnancy rate).

Observational system. Key participants within the community initiative, such as the executive and associate directors and committee chairpersons of a community initiative, use event logs to record monitoring data. Completed event logs provide information about: a) the program or objective for which actions were taken, b) actions (what was done), c) date of action or outcome (when), d) target of action (to or with whom), e) actors' names (by whom), f) the location of the action (where), and g) the outcome achieved (change in program, policy or practice). The logs are mailed to the evaluators. Evaluators call key participants to clarify the information and check for completeness.

Coding sheets and written definitions are used to score the data recorded on the logs. A member of the evaluation team reviews the logs and scores recorded events as an instance or non-instance of one of the eight process and outcome measures of interest. A small sample of the events and outcomes are also verified, usually by reviewing permanent products such as newspaper articles or minutes of meetings.

Scoring by a second, independent observer permits an assessment of reliability, or inter-observer agreement. A cross-tabulation table may be used to indicate the number of agreements on scores. Using Cohen's Kappa, and observed percent reliability (agreements divided by total number of observations, multiplied by 100), the average observed percent reliability for these measures can be calculated. For example, for our evaluation of a substance abuse coalition, Project Freedom of Wichita, the percent reliability was 78% (range 59-96%; $K = 0.68$, $p < 0.01$). Inter-observer reliability should be calculated throughout the initiative for 50% or more of the event logs.

Feeding data back to relevant audiences. Members of the evaluation team graph monitoring data and use the graphs to provide updates on progress. Feedback is provided monthly initially, and later quarterly, in meetings with the initiative's leadership, representatives of funding sources, and the evaluators. The sessions enable the collaborators to detect and celebrate early successes, such as a newly established program, that might have required a large number of actions. The data also serve to prompt leadership to consider whether adjustments should be made. For example, the monitoring system detected that the early efforts of Project Freedom of Wichita, a substance abuse coalition, were directed more toward service delivery than community action. The data engendered a discussion between Project Freedom of Wichita's leadership, the evaluators, and a Foundation program officer regarding whether this distribution of activity was consistent with the group's role as a catalyst for community change.


Initiative staff can use these data effectively in newsletters and in meetings with members and potential funders to promote the initiative or solidify support. For example, the President's Drug Advisory Council, after reviewing evaluation data on the coalition, featured Project Freedom of Wichita as one of the five "top" anti-drug coalitions in the country at their National Leadership Forum in Fall 1991. This national recognition helped solidify local support from political leaders, volunteers, and funding sources.

A data base, which stores each event and outcome noted in the graphs is used to record accomplishments over time. Monitoring data provide a record of accomplishments and help document functioning of the initiative, community mobilization, and early evidence of success.

Chapter 5 describes the monitoring system in more detail.

Constituent Surveys of Goals, Process, and Outcome

Surveys help assess satisfaction with the community initiative's action plan (goals), operations (process), and achievements (outcome) from the perspective of constituents. We recommend that evaluators provide reports to leadership and membership of the initiative about members' views on the importance of proposed goals, satisfaction with the coalition-building process, and the significance of the achievements toward the mission.



Constituent Surveys:

- Potential goals
- Satisfaction with process
- Significance of outcomes

Survey of potential goals. As part of strategic planning, we recommend using a survey process to build consensus on proposed community changes. Data from survey respondents provide the primary basis for setting priorities, with the group selecting for proposed changes, such as new programs or policies of relatively high importance and feasibility. Chapter 6 discusses this survey of goals in more detail.

Survey of satisfaction with process. At the end of each year of the initiative's existence, we recommend conducting a survey to assess members' satisfaction with the community initiative. Chapter 7 describes this satisfaction survey in more detail.

Survey of significance of outcomes. An outcome survey can be used to assess the significance of community changes resulting from the initiative's efforts. Chapter 8 provides more information on the survey of outcomes.

Goal Attainment Report

Many community initiatives set goals: they identify deadlines for completing community changes. We also recommend assessing attainment of these goals. Interviews, minutes, and other records can be used to determine if the community changes described in the action plan are being attained. Chapter 9 describes the goal attainment report in detail.

Behavioral Surveys

To further assess the outcomes of the initiative, we recommend obtaining and analyzing existing data on behavioral measures related to the mission. For example, for substance abuse initiatives, these may include reported use of cigarettes, smokeless tobacco, alcohol, marijuana, and cocaine. Secondary data sources, such as surveys of youth commissioned by the school district, may provide behavioral measures related to the mission. Chapter 10 provides more information about using behavioral surveys.

Interviews with Key Participants

We also recommend using interviews with active leaders of the initiative to provide qualitative information about the initiative's process, outcome, and impact. The interviews are usually conducted several years into the implementation of the initiative, and during transitions between leaders. The focus of the interviews is to identify and analyze critical events in the history of the initiative, such as securing the initial grant or action planning. Chapter 11 offers items about how to identify and explore critical events in interviews with key participants.

Community-level Indicators

We also recommend using archival records to select and obtain community-level indicators of whether the mission was accomplished. For initiatives to prevent adolescent pregnancy, for instance, these might consist of data on estimated pregnancy rate available from the state health department. For tobacco control initiatives, these might include tax data on per capita consumption of cigarettes and smokeless tobacco. For substance abuse coalitions, the most widely recommended community-level indicator is the number of single-nighttime vehicle crashes. Chapter 12 discusses how to use community-level indicators in detail.

Conclusion

The monitoring system tracks many of the process and outcome measures as evidenced by the number of measures collected using the system. It is perhaps the most important part of the evaluation, and may be the most time consuming. Other aspects of the evaluation use different surveys or reporting instruments, and are designed to complement the information gathered by the monitoring system.

The following eight chapters present a description of each of the eight core measurement instruments.

***"There is nothing permanent
except change."
--Heraclitus***

5

Monitoring System

Monitoring data contribute information about the *process* and *intermediate outcomes* of community partnerships. Logs and interviews with those most involved in the partnership are used to gather data. Several core evaluation questions may be addressed using data from the monitoring: 1) Was the community mobilized to reduce the risks for problems identified by the initiative?, 2) What changes in the community resulted from the initiative?, 3) What critical events seemed to spur rates of community change?, and 4) Is community-level outcome related to changes facilitated by the initiative?

Monitoring System: What & Why

What is it?

- A way of tracking major events and accomplishments

Why use it?

- To understand the initiative
- To decide where to focus efforts
- To promote awareness of accomplishments
- To recruit support
- To secure grants

Monitoring data help detect how initiatives use resources. For instance, if the purpose of the coalition is to serve as a catalyst, high rates of community change, rather than provision of direct services may be particularly valued. Monitoring data also point out the community sectors that are more engaged. For example, are most changes occurring in worksites with fewer changes in schools? These data enable partnerships to determine which strategies, risk and protective factors are being addressed. For example, for a tobacco control effort, is lots of information being provided, with few changes that modify access to products such as tobacco? Staff and leadership can use monitoring data to promote community awareness of the initiative's early successes, recruit community support, and secure financial resources.

To monitor the major events and accomplishments of the collaborative partnership, use recording sheets, called log forms, and interviews with people completing the monitoring log forms. Although these will vary with each initiative, important events may include services provided, instances of media coverage, resources generated, community actions, and changes in programs, policies, and practices (community changes) related to the mission of reducing the risks for a problem targeted by the initiative.

This chapter describes how to use the monitoring system to collect these and other data relevant to community initiatives for reducing the risks for a problem targeted by the initiative.



Monitoring System: How To's

- ✓ Complete log forms
- ✓ Clarify log entries
- ✓ Categorize log entries
- ✓ Assess reliability of scores (optional)
- ✓ Graph data and provide feedback

There are five major steps in the monitoring process. First, key participants, such as active members of the coalition and project staff, describe the project's activities on record sheets (log forms). Second, the entries are clarified, if necessary. Third, someone scores the reported activities into different categories using a set of definitions. Fourth, (optional) someone else also categorizes the reported activities to obtain an estimate of the accuracy or reliability of the first categorization. Finally, the cumulative number of events from each different category is graphed. The graphs are then shared with key participants and the community at large. The next section outlines these five steps.

Please keep in mind that monitoring is one of the most complicated processes described in this handbook. The last three steps (categorizing log entries, assessing reliability, and graphing and providing feedback) may require additional training to complete. Those responsible for monitoring coalition activities may consult the background information in Appendix A for additional instructions, examples, and practice exercises. The background information and materials provide more detailed instruction for using the monitoring system outlined in the following five steps.

Monitoring System - The Five Steps

☞ Step 1: Complete Log Forms

Materials needed: Blank Log Forms (in Appendix A)

Time required: Up to 2 hours per week

Who does it? Active members of the partnership and staff

Information to complete log forms can be gathered in a number of ways. Many community partnerships have staff and active members complete log forms on a monthly basis. Some groups complete log forms during committee or staff meetings-- log forms then serve as meeting notes *and* provide information for the evaluation. Some staff members complete log forms by reviewing their calendars, meeting minutes, and newspaper articles that report on the group's activities.

Types of log forms

A number of different log forms have been developed to gather different types of information. *Event Logs* are used to record activities that have the goal of making systems changes, or community changes. Community changes are changes in programs, policies, or practices designed to reduce the risks for a problem targeted by the initiative. Individuals completing the Event Logs are asked to describe the event in detail, including providing information on: a) why the event is important, b) what happened as a result of the event, c) who was involved, d) what organizations were collaborators, e) what objective or sector of the community is the event related to, and f) whether this was the first time the event happened. Answers to these questions help determine what category the event fits into (see Step 3:

Categorize Log Entries).

Many initiatives want information about other important activities of the group. The *Ongoing Services Provided Log* gathers information about educational or service programs provided by the group. Smoking cessation classes, presentations describing the project, and mall walking clubs established for seniors in the community are all examples of services that could be provided by an initiative to reduce risks for a problem targeted by an initiative. Many groups are interested in tracking how much media attention they receive, which is the purpose of the *Media Coverage Log*. The *Resources Generated Log* tracks both in-kind and monetary resources secured by the initiative.

Four log forms have been described: the Event Log, Ongoing Services Provided Log, Media Coverage Log, and Resources Generated Log. Examples of these forms may be found in Figures 5.1 - 5.4 that follow. These sample logs have been filled out with examples of events, ongoing services, media, and resources obtained to show how each could be used by an initiative.

Why are there so many log forms? Each of the forms is designed to collect information that is needed to categorize the partnership's activity according to a set of definitions. The categorized information, rather than an unorganized list of the group's activities, is more manageable. It helps answer core evaluation questions more efficiently.

Sample Event Log

Site: Anytown

Recorder: Randy T.

Using this form, please describe: 1) actions taken to bring about changes in the community that are related to reducing risks for problems identified by the initiative, and 2) changes in *programs* (e.g., new after-school activities), *policies*, (e.g., worksite cafeteria offers at least one heart healthy alternative), and *practices* (e.g., new community collaboration) that are related to reducing risk for problems in living.

Code	Date (m/d/y)	Event	Description
		Describe the event in detail. Include: <ul style="list-style-type: none"> • Why is it important? • What happened as a result 	a. Who was involved? b. What organizations were collaborators c. To what community sector or objective does this relate? d. Was this the first time this event happened?
Community Action (CA)	7/12/93	Meeting to plan the development of summer school programs to provide alternative activities for youth	a. School, Health Dept., and initiative staff b. School, Health Dept., and initiative staff c. Youth d. yes
Community Change (CC)	7/29/93	Collaboration agreement signed between Health Department and School District for beginning summer activities for youth in schools during summer break	a. Superintendent and Health Department staff b. Same, plus initiative staff c. Youth d. yes
Community Action (CA)	8/3/93	Met with store executives to determine how to set up reduced price coupons for low-fat salad dressing	a. Supermarket manager and initiative staff b. Anytown Supermarket and CVD initiative c. Businesses d. no
Community Change (CC)	8/24/93	Implemented employee health fair including cholesterol screening and incentives for lowering serum cholesterol	a. Health and Wellness manager, and initiative staff b. Adams Factory c. Business d. yes

Send this form by the first Friday of every month to the evaluators: _____

Sample of Ongoing Services Provided Log

Site: Anytown

Recorder: Ralph M.

Using this form, please describe classes, workshops, screenings, or other informational or service programs provided to community members on a regular basis. Please note whether this is the first time that this service has been provided in the community.

Code	Date (m/d/y)	Service (e.g., workshop, class, screening)	Location of Service	# of people attending	Number of hours	New Service ? Yes/No
Service Provided	8/21/93	Presented Drug Use Avoidance display (relative risk of harm for drugs, and how to say no) at the county 4-H fair	4-H fairgrounds	300.00	15.00	yes
Service Provided	9/3/93	Presentation on prevention of cardiovascular diseases to the local Rotary club	Rotary club meeting	15.00	1.00	no
Service Provided	9/2/93	Formed walking clubs; established for seniors	Unity Church	25.00	1.00	no
Service Provided	9/20/93	Tips on preventing teen parenthood were printed and distributed on grocery sacks all month	supermarket chain	approx. 12, 000	--	yes
Service Provided	9/23/93	Cook-off was held with AME Church featuring low-fat, high fiber, ethnic foods	AME Church	150.00	3.00	no

Send this from by the first Friday of every month to the evaluators: _____

Sample of Media Coverage Log

Site: Anytown

Recorder: Sally F.

MEDIA COVERAGE Please attach copies of newspaper articles, etc.			
Date (m/d/y)	Topic of Media Coverage (e.g., announcing a new program)	Media Type (Newspaper, TV, Radio, etc.)	Number of Newspaper Column Inches or Broadcast Minutes (e.g., 4 inches, 2 minutes)
8/1/93	Initiative Press Conference and Kick-off Rally	Radio and TV	4 minutes on local evening news (3 stations)
9/2/93	PSA on teen parenthood prevention released and aired	Television	6 PSA's, 30 seconds each
9/24/93	Article about local restaurants with heart healthy menus	Newspaper	5 column inches

Send this from by the first Friday of every month to the evaluators: _____

Sample of Resources Generated Log

Site: Anytown

Recorder: Sally F.

RESOURCES GENERATED			
For example: Cash and Grants (e.g., United Way grants, Rotary cash donation, etc.) and In Kind Donations (e.g., free professional service, food donation)			
Date (m/d/y)	Source	In Kind Dollar Amount	Cash/Grants Amount
8/3/93	Pizza, Inc. (pizza with low-fat cheese for classes in health education)	\$85.00	---
9/21/93	Grant from local health department to consult with child care providers on improved menus for children	----	\$10,000

Send this from by the first Friday of every month to the evaluators: _____

☞ **Step 2: Clarify Log Entries**

Materials needed: Completed log forms

Time required: Up to 1 hour per month

Who does it? Project staff, internal or external evaluators

Log entries are sometimes incomplete or require additional explanation. Reported events should be complete enough so that someone who is unfamiliar with the organization could understand them. Clarifying logs often requires conversation (in person or through phone calls) between the person who completed the log form and the person who is going to categorize the activities reported in the log. This step is especially important if someone external to the project, such as outside evaluators, categorizes the log entries.

☞ **Step 3: Categorize (Score) Log Entries**

Materials needed: Completed & clarified log forms

Time required: 1-2 hours per month

Who does it? Project staff, internal or external evaluators



Additional instructions, examples, and practice exercises are provided in the background information in Appendix A

This step is the most important, and most difficult, part of the monitoring system. In this step, a set of "definitions" is used to categorize log entries. Entries on the log forms are compared to definitions and categorized according to which definition best describes the event. Scoring can be done by a project staff member, internal evaluator, or external evaluator.

The categories for scoring are as follows: *Community actions, community changes, planning products, services provided, media coverage, and resources generated*. Brief definitions of each type of event are provided in Table 5.1 that follows. Complete instructions for coding and expanded definitions are given in the background information in Appendix A.

Scoring log entries is sometimes difficult and requires practice. Using log forms, such as the Event Log provided at the end of this chapter, is helpful because the form requests information needed to assign a category to each event. Entries in the Event Log typically will be assigned the scoring category of *community action, community change, or planning products*. Scores for entries on the Ongoing Services Provided Log, Media Log, and Resources Obtained Log will often be more straightforward. Entries should be reviewed carefully, however, to make sure they match the definitions of *services provided, media coverage, resources generated, and other*.

Table 5.1. Types of community partnership activities, their definitions, and examples of log entries

Type of partnership activity	Definition	Example
Community actions	Actions taken in the community to bring about a new or modified program, policy, or practice	Memorandum of agreement between the Church League and City Parks and Recreation to sponsor summer fitness clubs for adolescents
Community changes	New or modified programs, policies, or practices in the community facilitated by the initiative that reduce risks for a problem targeted by the initiative	<p><u>Programs:</u> established new after school programs for youth; all county physicians and other health care providers begin assessing and counseling all patients on smoking, diet, and physical activity</p> <p><u>Policies:</u> adopted ordinance that would rescind license of merchants that sell tobacco to minors; adopted policy requiring lower-fat school lunches; established a policy allowing flexible work hours to accommodate exercise</p> <p><u>Practices:</u> businesses refused to provide free samples of tobacco; new collaboration between Health Department and schools on program development for youth; parks & recreation department offered activities for youth and families of low income.</p>
Planning products	The results or products of planning activities within the group	Hiring of staff; mission statement developed; strategic plan adopted; guidelines developed for awarding minigrants; committee formed; grant application completed with new objectives for the initiative
Services provided	Events that are designed to provide information, instruction, or develop skills of people in the community	Class held; workshop conducted; presentation to rotary; displays of project at 4-H fair, media campaign using physical activity guidelines recommended by CDC
Media Coverage	Coverage of the initiative or its projects in the newspaper, radio or television, or newsletter	KJHK aired 30 PSAs (15 minutes total) describing risk factors for teen health problems, such as substance abuse, teen parenthood, and smoking
Resources generated	Acquisition of funding for the initiative through grants, donations, or gifts in-kind	\$2,500 of donated goods secured for Health March and Rally; \$10,000 grant

This method of categorizing log entries is actually a measurement system. It allows community partnerships to sort their efforts into types of activities. Once actions are categorized (Step 3) and graphed (step 5), the initiative can get a clearer idea of how much effort it is expending in different types of activities.

Step 4 (optional): Assessing Reliability (Agreement on Scoring)

Materials needed: Scored log forms, blank reliability table (Appendix A), formula for calculating reliability (Appendix A) or computer program for calculating reliability

Time required: 1-2 hours per month

Who does it? Project staff, internal or external evaluators



Additional instructions, examples, and practice exercises are provided in the background information in Appendix A

Some people will be skeptical of the codes assigned to the log entries. How do they know the entries were put in the correct categories? To address these concerns, another person can score the same set of logs. The two scores are compared, providing an estimate of "reliability." Reliability scores can be obtained by calculating with a computational formula manually, or by using a statistics computer program. Complete instructions for assessing reliability are provided in the background information section in Appendix A. Partnerships with minimal resources and requirements for evaluation might not be expected to assess reliability.

Step 5: Graphing and Using the Data

Materials needed: Scored log forms, data from previously completed logs, graph paper or computer graphing program

Time required: 1-3 hours per month

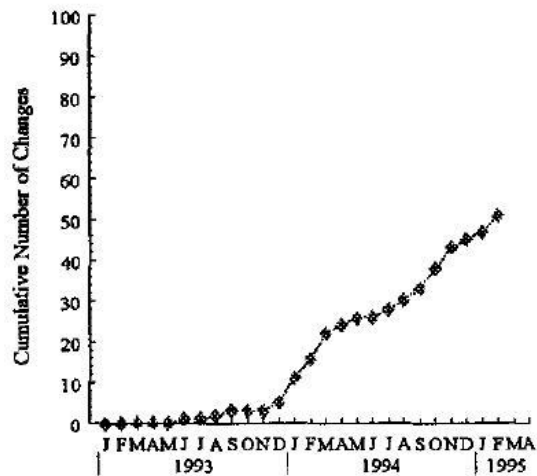
Who does it? Project staff, internal or external evaluators



Additional instructions, examples, and practice exercises are provided in the background information in Appendix A

Filling out and scoring logs takes time. What are the results? Once log items are categorized or scored, the number of items in each category, such as community change, community action, or planning products, can be graphed. Data presented in this way will help projects compare how much effort they are spending in different areas. The graph can be shared monthly or quarterly with project staff, leadership, membership, funders, and partners of the initiative. A sample graph is shown in Figure 5.5. Instructions for constructing graphs and providing feedback on the data are included in the background information in Appendix A.

Figure 5.5 Sample Feedback Graph of Community Changes



Community changes are new programs, policies, or practices in the community that are produced by project members and are relevant to the initiative's goals.

Examples of community changes produced by the County include:

- Comprehensive tobacco control curriculum implemented in YWCA afterschool programs.
- Cooks at Happy Corner daycare were trained in preparing menus and foods to meet nutritional guidelines.
- The company, PackSac, added a gym to their new plant and began offering incentives for employees to stay fit.

Patterns to notice:

There has been a steady rate of community changes produced since January 1994 when the director was hired. Four new programs were established in February 1995.

When deciding what data to collect with the monitoring system, consider:

- What members and leaders of the community partnership want to know
- Requirements from grantmakers and others about what questions should be addressed
- Resources available to address these questions

The amount of time and resources needed to monitor a prevention or community change initiative will vary depending upon a variety of factors. Of course, monitoring activities can be prioritized and tailored to match the requirements of the evaluation and resources available to carry it out.

Recommended Monitoring System for Those Operating on a Shoestring Budget

- Collect, graph, and provide quarterly feedback on community change only (using the Event Log only)

***"Social advance depends as much
upon the process through which it is
secured as upon the result itself."
--Jane Addams***

6

Constituent Survey of Goals (Ratings of Importance and Feasibility)

Constituent Survey of Goals: What and Why?

What is it?

- A way to get input on the initiative's goals and plan of action

Why use it?


- To help build consensus among members
- To help set priorities
- To help validate the choices of goals

The constituent survey of goals is a method of finalizing choices for the initiative's action plan. It asks members of the community initiative, funding agents, and others to rate the importance and feasibility of proposed changes in the community that the initiative is considering.

An action plan is a list of proposed changes to be sought. An action plan is usually developed for separate community sectors such as schools or criminal justice, that relate to the mission. The action plan describes what will be accomplished in specific measurable results and outlines a timeline for accomplishment.

The survey is a good way of building consensus on which changes in programs, policies, and practices would best serve the mission. Average ratings of each proposed change are reported back to members, who then rank all of the proposed changes. Projects may establish cut points that exclude lower rated proposed changes from the final plan, or they may simply label some changes as lower priority. The initiative can formally approve the final action plan that lists proposed changes. By inviting outside experts to comment, the survey helps validate the choice of goals for the community initiative.


One of the key evaluation questions is addressed using data from the constituent survey of goals.



Key Evaluation Question Addressed by the Survey of Goals:

- ✓ Are the initiative's goals important to constituents and feasible to accomplish? (Survey data on importance and feasibility)

This chapter describes how to use surveys of constituents to obtain ratings of importance and feasibility of goals.



Constituent Survey of Goals: How To's

- ✓ Develop a survey that lists all proposed changes to be sought in the action plan by sector
- ✓ Conduct survey of constituents:
 - Members
 - Outside experts
 - Funders
- ✓ Obtain ratings of proposed changes on:
 - Importance to the mission
 - Feasibility
- ✓ Use the survey results to finalize the action plan

Evaluators should propose a survey format and help design the survey in collaboration with community leadership. The initiatives are usually responsible for distributing and collecting the questionnaires.

Staff of the initiative should distribute the surveys. The evaluation team should receive the completed questionnaires and summarize the data.

The entire process (from developing the questions to final summary of the data) takes approximately three months. Staff of the community initiative will spend approximately 5-10 hours in collaborating on question development and distributing questionnaires.

We recommend that the survey of goals be conducted during the first year of the initiative, as part of the group's planning process of developing a list of community changes to be sought. This survey process may be repeated in later strategic planning efforts.

The following section provides a portion of an example survey of goals for a school/community initiative to prevent adolescent pregnancy.

**Sample Survey of Goals
School/Community Initiative to Prevent Adolescent Pregnancy
The Healthy Loving Project Survey of Goals**

The purpose of this survey is to help set priorities for Wichita. We would like your evaluation of the importance and feasibility of each of the proposed changes.

In the first column (Importance), please circle the number that shows how important you feel the listed change is in preventing or reducing youth pregnancy. In the second column (Feasibility), please circle the number that shows how easy (feasible) it is to reach this objective.

Please use the following rating system:

Importance

- 1 = Very Unimportant
- 2 = Unimportant
- 3 = Neither Unimportant nor Important
- 4 = Important
- 5 = Very Important

Feasibility

- 1 = Very Unfeasible
- 2 = Unfeasible
- 3 = Neither Unfeasible nor Feasible
- 4 = Feasible
- 5 = Very Feasible

	<i>Importance of the community change</i>					<i>Feasibility of the community change</i>					<i>Comments</i>
	Very Unimportant	Very Important	Very Unfeasible	Very Feasible							
How important and feasible is it that the initiative...											
<i>Proposed Changes with Project Staff/Schools</i>											
1. Distribute written material to schools and the target area concerning the problem of teen pregnancy.	1	2	3	4	5	1	2	3	4	5	_____
2. Provide support group training for youth and adults	1	2	3	4	5	1	2	3	4	5	_____
3. Work with USD 259 to facilitate parent/teacher interaction and involvement in sexual risk reduction activities. (i.e. incentive programs, training, etc.)	1	2	3	4	5	1	2	3	4	5	_____
4. Recruit and train teachers and students who are involved in drama clubs, journalism and other clubs to begin youth presentations and support group activities about teen sexuality.	1	2	3	4	5	1	2	3	4	5	_____

7

Constituent Survey of Process (Ratings of Satisfaction)

Constituent Survey of Process: What and Why?

What is it?

- A way to learn about members' satisfaction with the initiative

Why do it?

- To help identify strengths and problems
- To bring issues to the agenda before they explode

The constituent survey of process asks members of the initiative to indicate their satisfaction with how the initiative operates on a day-to-day basis. We recommend specific questions in the areas of planning, leadership, services, community involvement, and progress toward accomplishing goals.

This survey gives members an opportunity to comment on how they feel the initiative is functioning. Data from the survey helps identify for community leadership the strengths and weaknesses of the initiative. Issues can be brought to light before they become full-blown problems.

One of the key evaluation questions is addressed using data from the constituent survey of process.



Key Evaluation Question Addressed by the Survey of Process:

- ✓ Were constituents satisfied with the initiative?
(Survey data on satisfaction)

This chapter describes how to use surveys of process to obtain ratings of members' satisfaction with the initiative.



Constituent Survey of Process: How To's

- ✓ Develop a survey to assess consumer satisfaction with the process of the initiative
- ✓ Obtain ratings from members about:
 - Satisfaction
 - Overall approval (yes/no)
- ✓ Assess satisfaction with aspects of:
 - Planning and implementation
 - Leadership
 - Services
 - Community involvement with the initiative
 - Progress and outcome
- ✓ Use the data to improve the functioning of the initiative

Evaluators should propose a survey form and help design the survey in collaboration with leadership. Staff of the initiative are responsible for distributing the questionnaires (usually by mail). Respondents return completed questionnaires to the evaluation team to preserve the respondents' anonymity. The evaluators enter and summarize the data.

We recommend that this survey be done annually. The entire process (from developing the questions to final summary of the data) will take approximately three months. Staff of the initiatives spend approximately five hours in collaborating on question development and distributing questionnaires.

The following section provides a portion of an example survey of process for a violence prevention initiative. Appendix 2 provides materials needed for this survey, including a sample cover letter, a complete generic satisfaction survey, and a sample memorandum of results.

Example Survey of Process for a Violence Prevention Initiative

The Peace in the Neighborhoods Initiative Annual Consumer Satisfaction Survey

We welcome your feedback on how well the initiative is doing. For each item, please circle the number that best shows your satisfaction with that aspect of the coalition. Provide additional comments if you wish.

Your SATISFACTION
with the...

PLANNING AND IMPLEMENTATION:

	very dissatisfied				very satisfied
1. Planning process used to prepare the coalition's objectives.	1	2	3	4	5
2. Follow through on coalition activities.	1	2	3	4	5
3. Strength and competence of staff.	1	2	3	4	5

LEADERSHIP:

	very dissatisfied				very satisfied
4. Clarity of the vision for where the coalition should be going.	1	2	3	4	5
5. Strength and competence of coalition leadership.	1	2	3	4	5
6. Sensitivity to cultural issues.	1	2	3	4	5
7. Use of the media to promote awareness of the coalition's goals, actions, and accomplishments.	1	2	3	4	5

• • •

8

Constituent Survey of Outcomes (Ratings of Importance)

Constituent Survey of Outcomes: What and Why?

What is it?

- A way to assess the significance of the community changes facilitated by the initiative

Why do it?

- To help identify the more important accomplishments of the initiative
- To redirect attention to more valued changes to be sought

The constituent survey of outcomes asks members of the initiative, funding agents, and outside experts to rate the significance of changes that the initiative has made in the community. The survey also asks respondents to rate the overall contribution these changes have made to achieving the initiative's mission.

This survey gives people who are important to the initiative an opportunity to comment on the changes produced by the initiative. Community leadership can use these data to adjust the focus of efforts to areas that are more valued by the initiative's constituents and that contribute more directly to accomplishing the mission.

One of the key evaluation questions is addressed using data from the constituent survey of outcomes.



Key Evaluation Question Addressed by the Survey of Outcomes:

- ✓ Were the community changes important to the mission?
(Survey data on importance of community changes to the mission)

This chapter outlines how to use surveys of outcome to assess the perceived importance of community changes that have been facilitated by the initiative.



Constituent Survey of Outcomes: How To's

- ✓ Develop a survey that lists all community changes (accomplishments) facilitated by the initiative
- ✓ Conduct survey of constituents:
 - Members (with experiential knowledge)
 - Outside experts (with specialized knowledge in the area)
- ✓ Obtain ratings for each change on its significance to the initiative's mission
- ✓ Use the survey results to refine choices for action

Evaluators develop a survey format in collaboration with leadership. Staff of the initiative are responsible for providing a list of accomplishments of the initiative and distributing the questionnaires. Respondents will return completed questionnaires to the evaluation team. The evaluators are responsible for entering and summarizing the data.

The entire process (from developing the questionnaire to final summary of the data) will last approximately two to three months. Staff of the initiative spend approximately ten hours in collaborating on questionnaire development and distributing questionnaires.

We recommend that the outcome survey be conducted every several years and/or in the last year of the grant period.

The following section provides a portion of a sample of results for a survey of outcomes for Kansas LEAN, a statewide coalition to reduce risk for cardiovascular disease.

Appendix 3 provides a sample cover letter for an outcome survey, a format for a generic survey, and a sample memorandum of results.

Sample Results for a Survey of Outcomes
Cardiovascular Risk-Reduction Initiative

Results of Kansas LEAN Outcome Survey
Respondents = 47 (47% response rate)

Kansas LEAN staff, coalition, and task force members have contributed to a variety of community changes related to heart disease. Kansas LEAN Coalition and Task Force members were asked to rate the importance of the following community changes to Kansas LEAN's mission. The scale ranged from 1 (Very Unimportant) to 5 (Very Important) with the option of indicating "Don't Know." The mean (average score) and the range (the lowest and highest response) are reported for each question on the survey.

IMPORTANCE of the community changes to the mission of reducing Kansans' risk for cardiovascular disease and some cancers through changes in diet and exercise

Community Changes

Mean and Range

1 = Very Unimportant; 5 = Very Important

1. In cooperation with Dillons supermarket, price reduction, shelf prompts and posters were introduced to encourage purchases of lower-fat food products.
2. In cooperation with USD #259, Wichita Public Schools, an employee health fair was conducted which included education and follow up screening to reduce risk for heart disease among employees and their families.

Mean: 4.07
Range: 2-5

Mean: 3.82
Range: 1-5

...

Goal Attainment Report

Goal Attainment Report: What and Why?

What is it?

- A way to monitor whether proposed community changes were actually accomplished

Why do it?

- To show progress in meeting objectives over time
- To help the initiative stay focused on its action plan

Staff of the initiative report whether (and when) proposed changes identified in the action plan were actually accomplished. These data show progress by recording the percentage of objectives met over time. It provides a reminder for staff and leadership to focus on the proposed changes.

One of the key evaluation questions is addressed using data from the goal attainment report.



Key Evaluation Question Addressed by the Goal Attainment Report:

- ✓ Did the initiative attain its goals? (Data on the percentage of changes sought that were actually facilitated)

This chapter describes how to use the goal attainment report to gather and report such data.



Goal Attainment Report: How To's

- ✓ Annually, staff mark the completion date next to each community change noted in action plan.
- ✓ Evaluators calculate the percentage of community changes set that were actually met.
- ✓ Evaluators provide feedback on goal attainment to leadership, trustees or Board of Directors, and funders.
- ✓ Data are used to refocus efforts, adjust the action plan, and secure support.

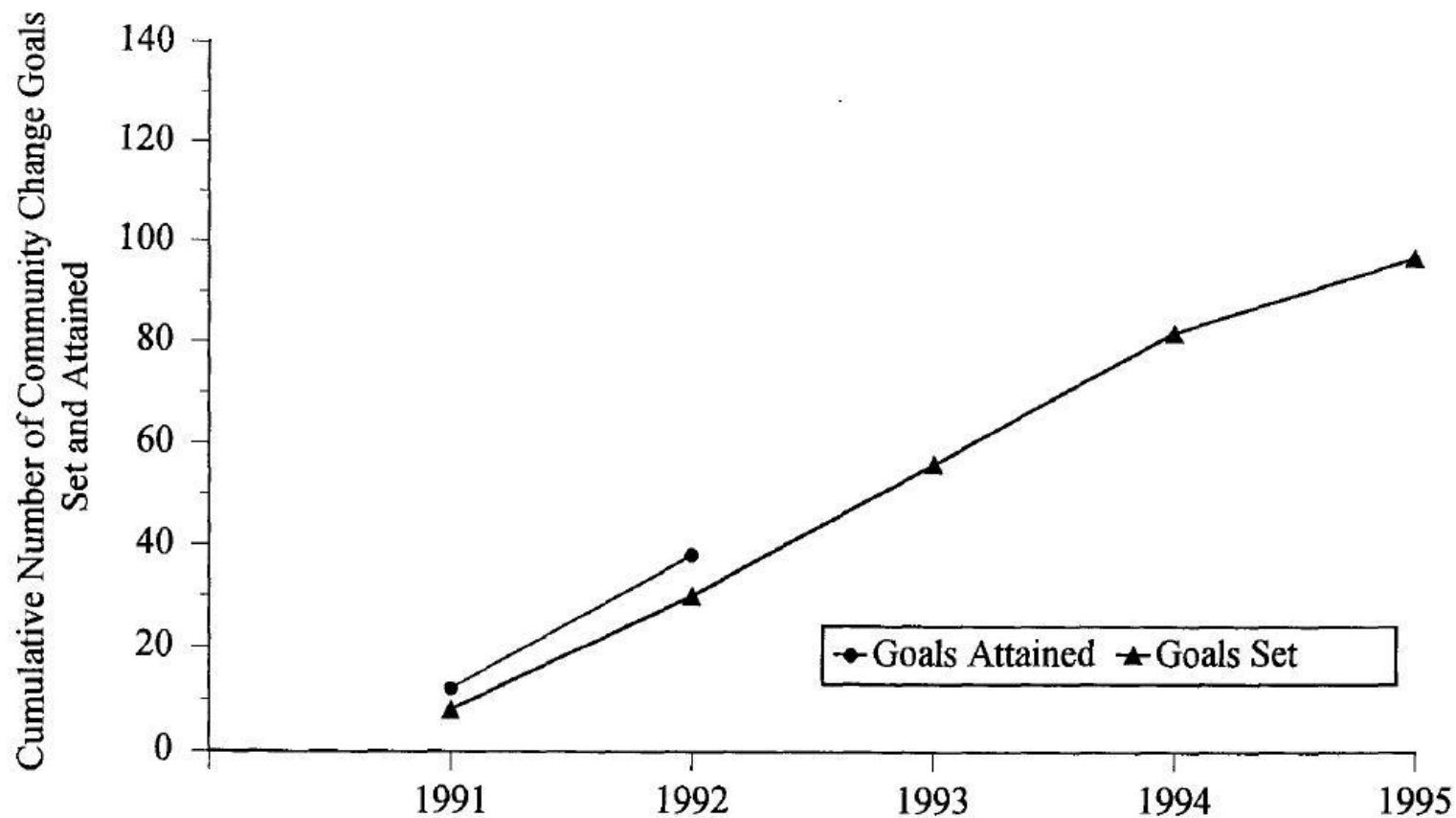
Staff mark the date of completion (month, year) next to each community change identified in the action plan. The evaluation team reviews and analyzes the data.

Depending on the completeness of the initiative's records, this may take five to ten hours of staff time.

We recommend that data be collected and summarized every six months. Data on goal attainment should be reported to the initiative within one month of receiving raw data.

The following page displays a sample graph used to provide feedback to initiatives on goal attainment. The triangles show the cumulative number of community changes set as goals over a five year timeline. The dots show the goals that were actually attained. For example, in 1991, eight goals were set and 12 were attained. (The latter is higher since other changes were produced in response to opportunities not anticipated in the original action plan.) Similarly, in 1992, 26 new goals were attained which, when added to the 1991 goals attained, produce a new cumulative total of 38 goals attained as of the end of 1992. This type of graph can provide clear information on goal attainment.

GOALS SET AND ATTAINED



97 Community Change Objectives were set over a 5 year period

"Results! Why, man, I have gotten a lot of results. I know several thousand things that won't work."

--Thomas A. Edison

10

Behavioral Surveys

Behavioral Surveys: What and Why?

What is it?

- A way to obtain information on how often key behaviors related to the concern actually occur

Why do it?

- To help assess the level of risk for a particular concern
- To secure data that may help draw public attention to the concern
- To provide information by which to evaluate the success of the initiative

Behavioral surveys include questions about behaviors that put people at risk for the concern, such as cigarette use and cardiovascular disease or unprotected sexual activity and adolescent pregnancy or HIV/AIDS. Surveys may be conducted in person or by telephone. For example, for substance abuse initiatives, behavioral surveys provide data about those who reported regularly using cigarettes, smokeless tobacco, alcohol, marijuana, and cocaine. Since surveys obtain self-reports, they may under- or over-estimate actual rates of behavior.

One of the core evaluation questions is addressed using data from behavioral surveys.



Core Evaluation Question Addressed by Behavioral Surveys:

- ✓ Is there a change in behavior related to the mission? (Data on the number of people reporting engaging in behaviors related to risk)

This chapter describes types of behavioral surveys and how to obtain and use data from them.

Example Questions from Behavioral Surveys for Illustrative Community Initiatives

Substance Abuse	Adolescent Pregnancy	Tobacco Control	Cardiovascular Risk Reduction
<ul style="list-style-type: none">• Use of:<ul style="list-style-type: none">○ Cigarettes○ Smokeless tobacco○ Alcohol○ Marijuana○ Cocaine	<ul style="list-style-type: none">• Sexual activity• Use of contraceptives	<ul style="list-style-type: none">• Use of cigarettes• Quit attempts	<ul style="list-style-type: none">• Consumption of:<ul style="list-style-type: none">○ Higher fat foods○ Fruits and vegetables○ Breads, grains

Tracking self-reported behavior over time permits an analysis of risk for a particular group. If the levels are high, the data may help elevate the issue on the public agenda. The data may also be used to evaluate the effects of the initiative's efforts towards its mission of reducing risk and enhancing protection.



Behavioral Surveys: How To's

- ✓ Annually, obtain existing behavioral data from relevant local agencies (If necessary, select and conduct behavioral surveys in collaboration with relevant local and state agencies.)
- ✓ Evaluators calculate data on the percentage of people reporting key behaviors related to risk at various levels
- ✓ Evaluators plot the data and provide feedback on key behavioral measures
- ✓ Data may be used to assess risk, elevate the issue on the agenda, and evaluate the effects of the initiative

Questionnaires are completed by respondents. For initiatives aimed at adolescents, for example, the respondents may include all youth in participating school districts at the elementary, middle school, and/or high school levels. When surveys attempt to estimate an entire population, such as a city or county, a phone survey may be recommended with a random selection of respondents based on phone numbers.

Where possible, use existing data based on reputable surveys. For example, the Centers for Disease Control and Prevention (CDC) in Atlanta offers an excellent survey related to health issues for adults, the Behavior Risk Factor Survey (BRFS). Different modules provide information on behaviors related to a variety of health concerns such as injury, diet, or physical activity. Similarly, the CDC offers the Youth Risk Behavior Survey (YRBS) for a variety of youth issues such as substance abuse, adolescent pregnancy, and youth violence. The evaluation team recommends surveys and summarizes the data and reports the information back to the initiative.

If the data already exist, this process requires minimal time from staff. Staff will be asked to provide the evaluation team with access to the data available through local school districts, health departments, or other appropriate agencies. If data are not available, this will require a substantial investment in time and perhaps money.

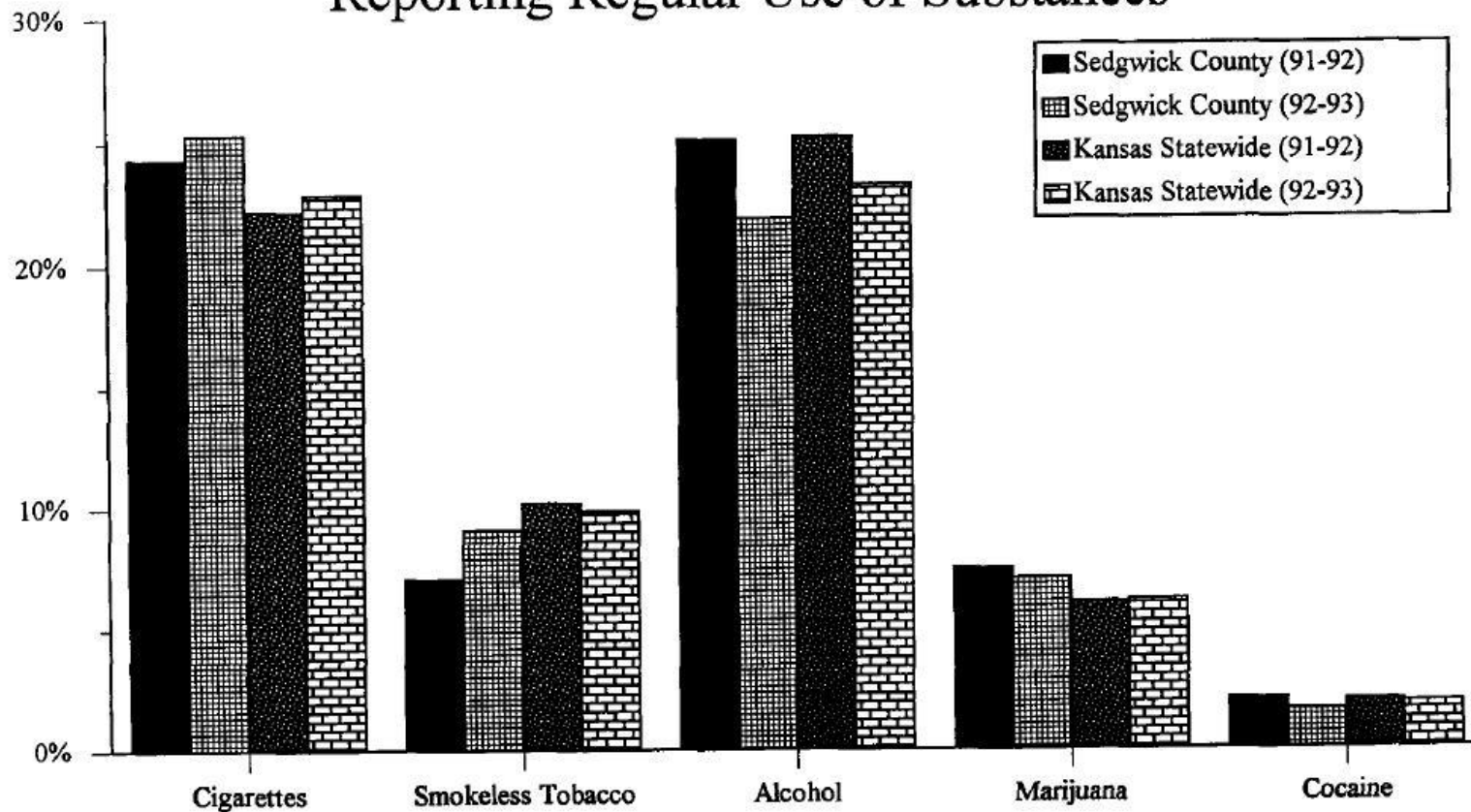
We recommend that the surveys be administered in early fall (October) of each year. This is best done in cooperation with relevant local organizations such as school districts, health departments, or law enforcement agencies. Data are typically available by early summer. Rely on local, state, and national resources for existing data, if necessary, for help in finding appropriate and validated behavioral surveys. The table on the next page lists some resources for obtaining or conducting behavioral surveys.

Obtaining or Conducting Behavioral Surveys: Some Resources for Illustrative Initiatives

<u>Community Concern</u>	<u>Potential Resources</u>
Substance Abuse	<p><u>Organizations:</u> Local school district, regional prevention center, local and state health department, law enforcement agency, treatment service providers</p> <p><u>Surveys:</u> Youth Risk Behavior Survey (YRBS) [Available from the Office of Adolescent Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Atlanta, GA 30333.]</p>
Adolescent Pregnancy	<p><u>Organizations:</u> Local health department, local school districts, family planning organizations</p> <p><u>Surveys:</u></p> <ol style="list-style-type: none"> 1) Youth Risk Behavior Survey (YRBS) 2) Adolescent Curriculum Evaluation [Available from Dr. Murray Vincent, School of Public Health, University of South Carolina, Columbia, SC 29208.]
Youth Violence	<p><u>Organizations:</u> Local school districts, Centers for Disease Prevention</p> <p><u>Surveys:</u> Youth Risk Behavior Survey (YRBS)</p>
Cardiovascular Disease	<p><u>Organizations:</u> Local and state health departments</p> <p><u>Surveys:</u> Behavior Risk Factor Survey (BRFS) [Available from state health department or U.S. Centers for Disease Control and Prevention (CDC).]</p>
Injury Control	<p><u>Organizations:</u> Local and state law enforcement agencies; state department of transportation</p> <p><u>Surveys:</u> Behavior Risk Factor Survey (BRFS) [Available from state health department or U.S. Centers for Disease Control and Prevention (CDC).]</p>
Tobacco Control	<p><u>Organizations:</u> Local and state health departments</p> <p><u>Surveys:</u> Behavior Risk Factor Survey (BRFS) [Available from state health department or U.S. Centers for Disease Control and Prevention (CDC).]</p>

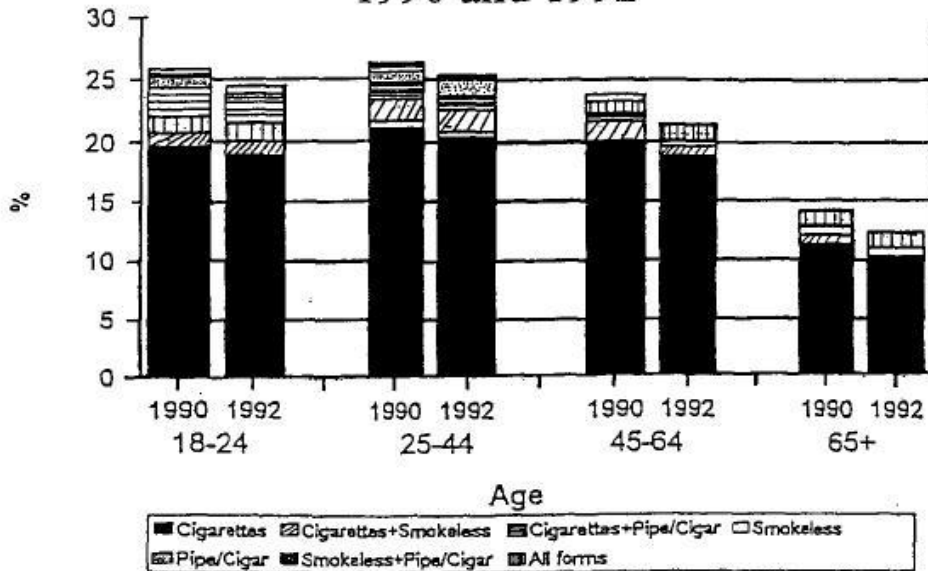
Example graphs of data resulting from behavioral surveys follow. First, we illustrate data from a behavioral survey for a community initiative to prevent substance abuse among adolescents. It presents data on reported use among high school seniors for a county's school district. Next, we present two types of behavioral data for a statewide tobacco control initiative in California. The upper panel shows total tobacco use compared for time periods before and after the initiative, the bottom panel, trend data for adolescents over time.

Figure 4
Student Substance Use Survey
 Percent of High School Seniors
 Reporting Regular Use of Substances



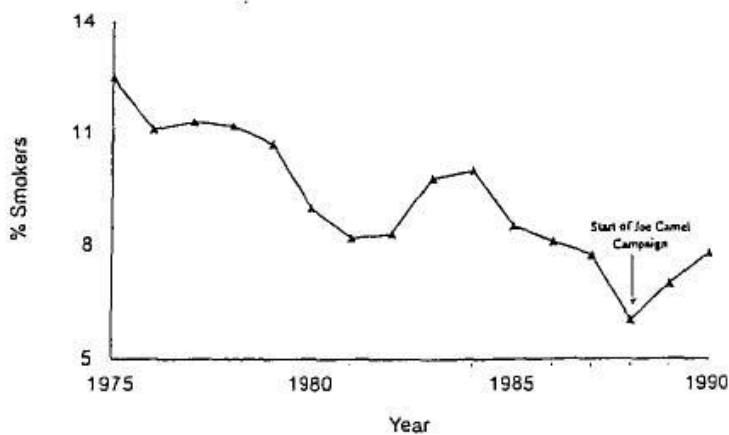
Source: DCCCA Center
 Note: Regular use is defined as daily and weekly use.

Total Tobacco Use in California 1990 and 1992



Source: California Tobacco Survey 1990, 1992

Trends in Smoking Prevalence Among 16- to 18-Year-Old Californians



Source: California Tobacco Survey

"Understanding is a two-way street."
--Eleanor Roosevelt

Interviews with Key Participants (Analysis of Critical Events)

Interviews with Key Participants: What and Why?

What are they?

- A way of learning from key participants about critical events in the history of the initiative

Why do it?

- To provide qualitative information about the context and meaning of events from the perspective of local informants
- To help identify factors that affected the initiative's success (or failure)
- To provide a history of the initiative
- To obtain insights that can be used in planning and renewal efforts

Key participants, such as leadership in staff and committees, have extensive knowledge about the initiative. They are interviewed to gain their insights into critical events in the history of the initiative.

Important events make themselves known through their effects. It is sometimes necessary to reflect back over the development of a community initiative to identify these events. This process gathers qualitative information about critical events in the life of the initiative from the perspective of those most involved in the project. Important events that are brought to light in these interviews can inform the initiative's attempts at renewal, such as during changes in staffing, board membership, or the mission.

One of the key questions for evaluation is addressed using data from interviews with key participants.



Key Evaluation Question Addressed by Interviews with Key Participants:

- ✓ What critical events were associated with changes in the rate of community change? (Linking qualitative information on critical events with data on community change)

This chapter describes how to conduct semi-structured interviews to identify and explore critical events from the perspective of participants in the initiative.

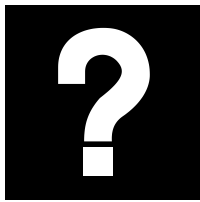


Interviews with Key Participants: How To's

- ✓ Staff and leadership provide names of about 5 people with extensive knowledge about the history of the initiative and its meaning for the community
- ✓ Evaluators conduct semi-structured interviews to ask questions about critical events and their meaning
- ✓ Evaluators synthesize the information in a report
- ✓ The data may be used to better understand the initiative, provide a history, and aid in renewal efforts

Evaluators ask leadership and others for the names of several persons such as leaders of key committees who have made large contributions in time and effort to the initiative. Evaluators conduct individual phone or face-to-face interviews with 4-5 of the most frequently nominated persons.

Evaluators are responsible for collecting and synthesizing the data. Leadership and staff of the initiative will recommend and provide introduction to key informants. Each interview takes about 90 minutes to complete. The questions attempt to identify critical events, their meaning, and future directions for the initiative.



Interviews about Critical Events: Some Key Questions

- What are the critical events in the history of the initiative?
 - ✓ Why was the event important?
 - ✓ What was the context for the event?
 - ✓ What key actions, actors, and other resources were required?
 - ✓ What barriers and resistance were encountered?
 - ✓ What were the consequences of the event for the initiative and the community?
- What are some overall lessons for the initiative?
- What future directions should be taken by the initiative?

We recommend that this analysis of critical events be conducted a minimum of every several years and/or in the last year of the grant period. If feasible, more regular interviews would yield valuable information, such as about barriers faced by the initiative, that could improve ongoing technical assistance. Evaluators collect and analyze this qualitative information and prepare a summary report. The report provides a synthesis of comments from all participants who reported on a particular event.

Appendix 4 provides materials that may be useful in conducting interviews with key participants. The format for the interview outlines the specific questions that guide the process. This may be duplicated or adapted for your use in interviewing key participants. The appendix also includes a portion of a sample critical events report for an initiative for reducing risk for cardiovascular disease.

***"Statistics are people with the
tears washed off."***

--Victor Sidel, Public health activist

Community-level Indicators

Community-level Indicators: What and Why?

What are they?

- A way to obtain information about the ultimate outcome of the initiative

Why do it?

- To provide “bottom-line” evidence of the impact of the initiative
- To help determine the effects if key components of the initiative
- Negative results can be used to get the issue on the public agenda
- Positive results can be used to secure support for the initiative

Community-level indicators provide markers to assess the ultimate outcome of the initiative. Evaluators review potential indicators recommended by experts for evaluating the particular mission. Candidate indicators are field tested in the community to assess their availability, feasibility, sensitivity, and accuracy. For substance abuse coalitions, for example, the U.S. Centers for Substance Abuse Prevention (CSAP) and the Regional Drug Initiative in Oregon recommend several indicators. These include such indicators as single-nighttime vehicle crashes or emergency medical transports related to alcohol. Evaluators work together with staff and local and state agencies to identify the measures that are locally available, feasible to collect, accurate, and sensitive to the initiative's mission. Data should be available for several years before the start of an initiative to establish an adequate baseline level for key indicators.

Two core evaluation questions are addressed using data from community-level indicators.



Core Evaluation Questions Addressed by Community-level Indicators:

- ✓ Does the initiative have a community-level impact related to the mission? (Data from community-level indicators)
- ✓ Is community-level impact related to changes facilitated by the initiative? (Linking data on community change with community-level indicators)

This chapter describes how to obtain and use data for community-level indicators of the ultimate outcome of the initiative.

Examples of Community-level Indicators of Outcome

Substance Abuse	Adolescent Pregnancy	Tobacco Control	Youth Violence
Single-nighttime vehicle crashes	Estimated pregnancy rate per 1000 females aged 15-19	Per capita consumption of cigarettes	Hospital admissions for violence-related injuries
Emergency medical transports related to alcohol use			

The overall impact of the initiative should be felt at the community level. Tracking recognized community indicators related to the mission provides bottom-line evidence of the initiative's success. It also helps discover the effects of key components. Negative results can be used to elevate the issue on the public agenda. Positive results can be used to secure financial support for institutionalizing the initiative.



Community-level Indicators: How To's

- ✓ Evaluators select indicators that are:
 - Available
 - Accurate
 - Feasible to collect
 - Sensitive to the initiative
- ✓ Evaluators secure data from relevant local and state agencies
- ✓ Evaluators summarize and graph the data
- ✓ Evaluators present the data, at least annually, to community leadership, trustees, and funders
- ✓ Data are used to elevate the issue on the public agenda and redirect the initiative's efforts

Archival data are collected by relevant local and state agencies, such as health departments, law enforcement agencies, and the State Department of Transportation's Office of Traffic Safety.

Several meetings with evaluators and staff of the initiative will be needed to identify indicators that may be sensitive to the mission. Staff will provide access and introductions to local sources of information. Evaluators usually collaborate with the initiative and local and state agencies to secure the data. Evaluators compile, summarize, and graph the data and report back the findings to the initiative and funding agents.

The indicators of community-level impact should be updated annually. Baseline data for several years before onset of the initiative should be secured, summarized, and presented to community leadership and grantmakers within the first year.

Information on resources for obtaining community-level indicators follows. Resources are noted for such community concerns as substance abuse, adolescent pregnancy, youth violence, cardiovascular disease, tobacco control, and injury control.

Obtaining Community-level Indicators: Some Resources

Community Concern

Substance Abuse

Potential Resources

Organizations:

Local school district, regional prevention center, local and state health department, law enforcement agency, treatment service providers, U.S. Center for Substance Abuse Prevention (CSAP)

Adolescent Pregnancy

Organizations: Local and state health department, family planning organizations, local school district, Center for Population Options

Youth Violence

Organizations: Local law enforcement agency, local school district, regional prevention center

Cardiovascular Disease

Organizations: Local and state health departments, American Cancer Society, American Heart Association, Centers for Disease Control and Prevention

Injury Control

Organizations: Local and state law enforcement agencies; state department of transportation, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services

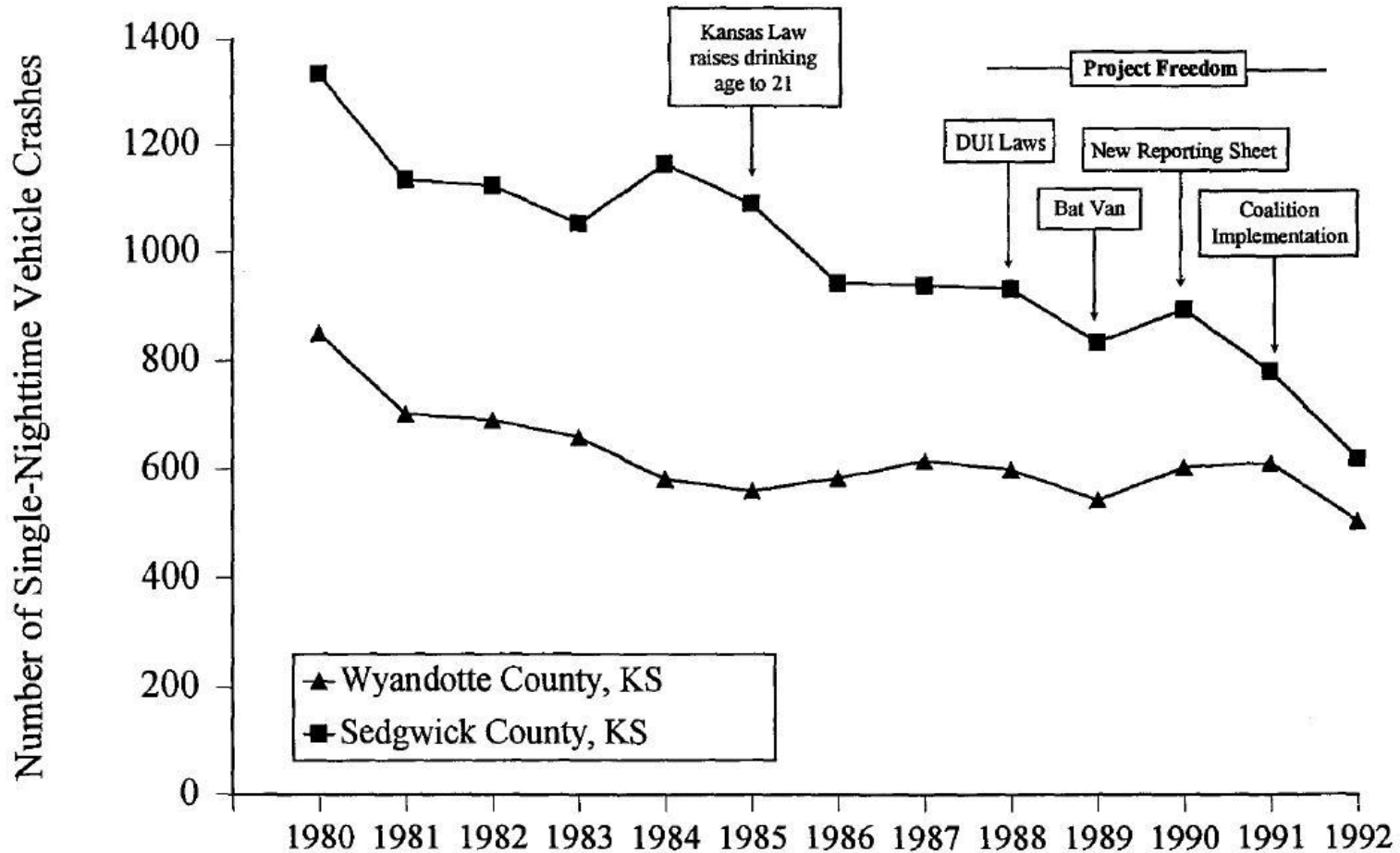
Tobacco Control

Organizations: Local and state health departments, American Cancer Society, American Heart Association

The following pages provide examples of data collected for several illustrative community-level indicators. First, for substance abuse initiatives, we illustrate the data collected for the community-level indicators of single-nighttime vehicle crashes. This is followed by an example for an adolescent pregnancy initiative using the indicator of estimated pregnancy rate per 1000 females aged 15-19. We conclude the examples with an indicator for a statewide tobacco control initiative, the per capita consumption of cigarettes.

Appendix 5 provides a more detailed list of potential community-level indicators for initiatives for prevention of substance abuse, adolescent pregnancy, tobacco control, injury control, and violence.

Number of Single-Nighttime Vehicle Crashes

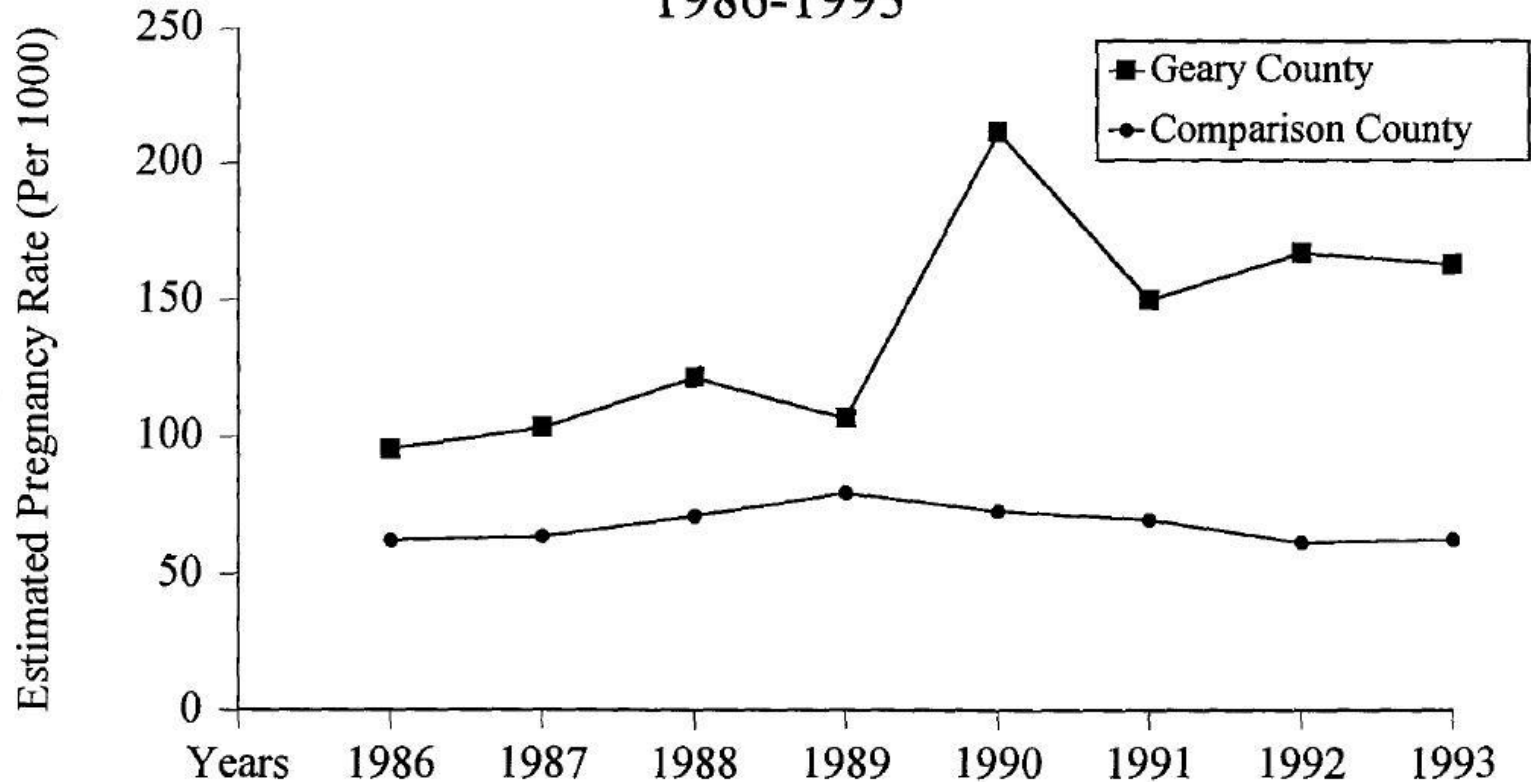


Source: Office of Traffic Safety Kansas Department of Transportation
 Single-nighttime vehicle crashes include accidents resulting in \$500 or more in property damage and any injury

Estimated Adolescent Pregnancy Rates*

Geary and Comparison County

1986-1993

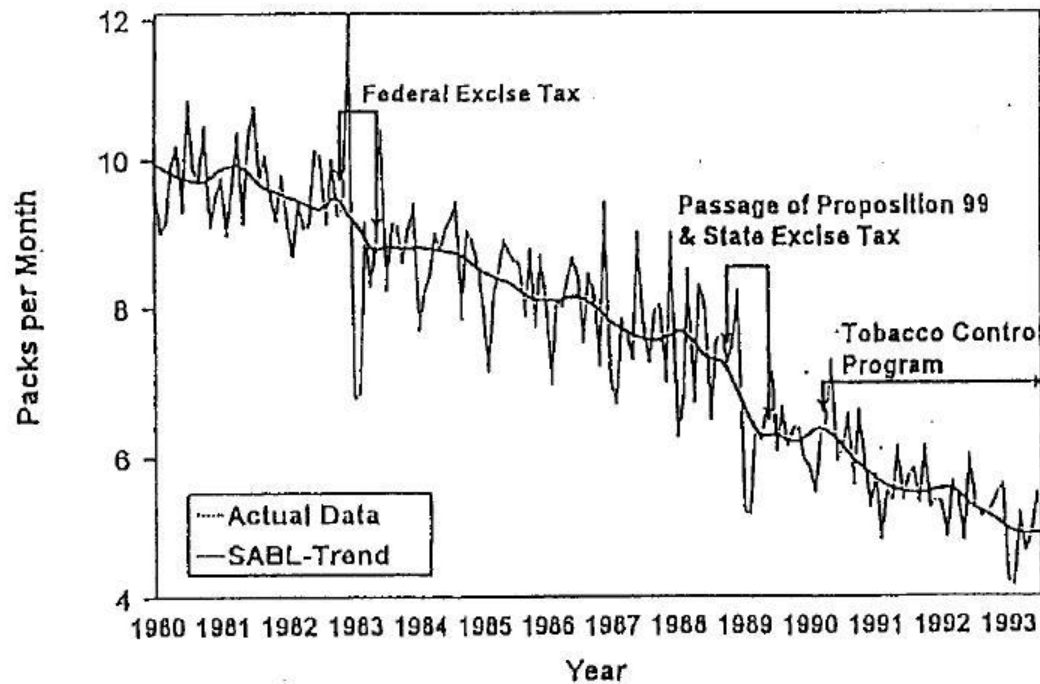


* Live births, stillbirths & abortions per 1000 females age 15-19

Source: Kansas Department of Health and Environment (KDHE).

Technical Notes: All births occurring at Irwing Army Hospital to Ft. Riley residents were recorded for Geary County even when Riley was the county of residence. Most of the abortion data includes only those reported by hospitals and clinics participating in KDHE's reporting system through which details statistics are available. Abortion data is, to a certain degree underreported. The 1990 age-group population estimates were provided by the U.S. Census Bureau. Estimates for 1985 and 1989 were provided by the Kansas University Institute for Public Policy and Business Research. 1986, 1987, and 1988 estimates were derived by KDHE staff from the previously mentioned estimates. The 1991 and 1992 estimates were compiled by the Kansas Division of the Budget.

Seasonally Adjusted Trend of Per Capita Consumption of Cigarettes in California



Source: California State Board of Equalization

Reprinted from: Pierce, J.P., et al. Tobacco Use in California: An Evaluation of the Tobacco Control Program, 1989-1993, University of California, San Diego, 1994.

PART III

Bringing It All Together

What's Ahead. . .

- ☞ Using the Evaluation System to Answer Key Questions about the Initiative
- ☞ Providing Feedback to Improve the Initiative
- ☞ Communicating Information about the Initiative to Gain Support from Key Audiences
- ☞ Some Reflections on the Evaluation System

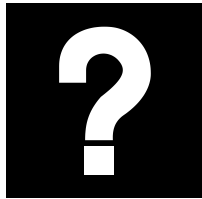
***"In all affairs it's a healthy thing
now and then to hang a question
mark on the things you have long
taken for granted."***

--Bertrand Russell

13

Using the Evaluation System to Answer Key Questions about the Initiative

A measurement system has value if it can address questions of interest to relevant audiences. Several core questions seem to be of particular interest to community leadership and grantmakers.



Core Evaluation Questions:

- Was the community mobilized to address the mission? (Chapter 5)
- What changes in the community resulted from the initiative? (Chapter 5)
- Is there a change in behavior related to the mission? (Chapter 10)
- Does the initiative have a community-level impact related to the mission? (Chapter 12)
- Is community-level impact related to changes facilitated by the initiative? (Chapters 5 & 12)

This chapter illustrates how the measurement system described in prior chapters can be used to answer these questions.

Was the community mobilized to address the mission?

This issue is important for those initiatives that are trying to build community capacity and facilitate change relevant to the mission. Community mobilization is reflected in community actions. Community actions are defined as actions taken by staff, other professionals, and community members affiliated with the coalition to create changes in programs, policies, and practices related to the mission of the initiative.

The graph on the following page (see Figure 1) illustrates how we display data on community mobilization. It shows the pattern of community actions by members of a substance abuse coalition, Project Freedom of Wichita, Kansas. Each community action is a discrete event, such as meeting with key leaders in the school system or making phone calls to elected officials about a proposed policy change. To illustrate, the following discrete events were scored as three different units of community actions: a) meeting with city and parks personnel to develop resources for after school activities for youth such as community service, b) meeting with the Hispanic coalition to help establish a summer youth academy for Hispanic youth, and c) developing a format for a hospital Chaplain inservice on emergency room traumas related to drugs and gangs.

As shown in Figure 1, community actions are plotted cumulatively, with each new event added to all previous events. For example, the six new community actions that occurred in September 1990 were added to the previous total of four actions to make a new cumulative total of ten through September 1990. Similarly, the eight new actions that occurred in May 1991 were an increase from the previous 40 actions to make a new cumulative total of 48 through May 1991. With a cumulative record, a flat line depicts no activity or outcome; the steeper the line, the more activity or outcome. This captures the cumulative nature of the process of community mobilization.

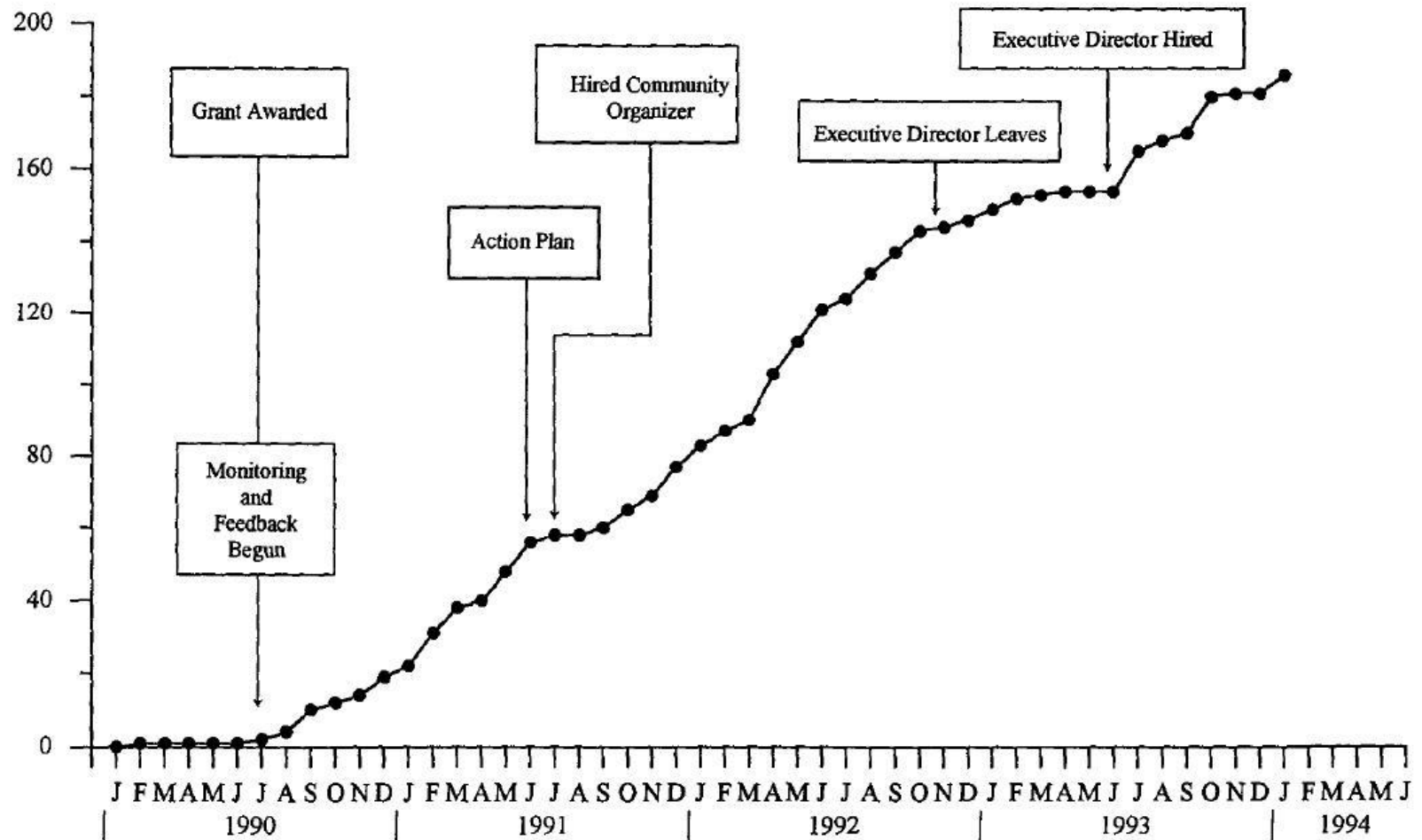
During the initial eight months of planning, the data show low initial rates of community actions since most activity was focused within the coalition. A marked increase and sustained level of community actions followed the completion of the coalition's action plan and hiring of a community organizer in the spring and summer of 1991. A high and steady rate of community actions continued until the departure of the former executive director in the fall of 1992 and a loss of key staff, including the associate director, in the summer of 1993. The hiring of a new executive director, who resigned in the spring of 1994, did not appear to bring about equivalent or sustained levels of community action. Overall, the results for Project Freedom of Wichita show a high level of community mobilization that was sustained for more than two years. Future research may determine whether Project Freedom of Wichita can renew its previous levels of community action after a transition to new leadership and the development of a new action plan.

What changes in the community resulted from the initiative?

Community change is defined as: new or modified programs, policies, or practices related to the mission. The graph that follows (see Figure 2) illustrates how we display data on community change. It shows the pattern of community change for the Decade of Hope Coalition (DOHC). This initiative was funded by the U.S. Center for Substance Abuse Prevention (CSAP). It involves members of the Jicarilla Apache Tribe and the Dulce, New Mexico (pop. 3,200) community in this coordinated effort to prevent substance abuse.

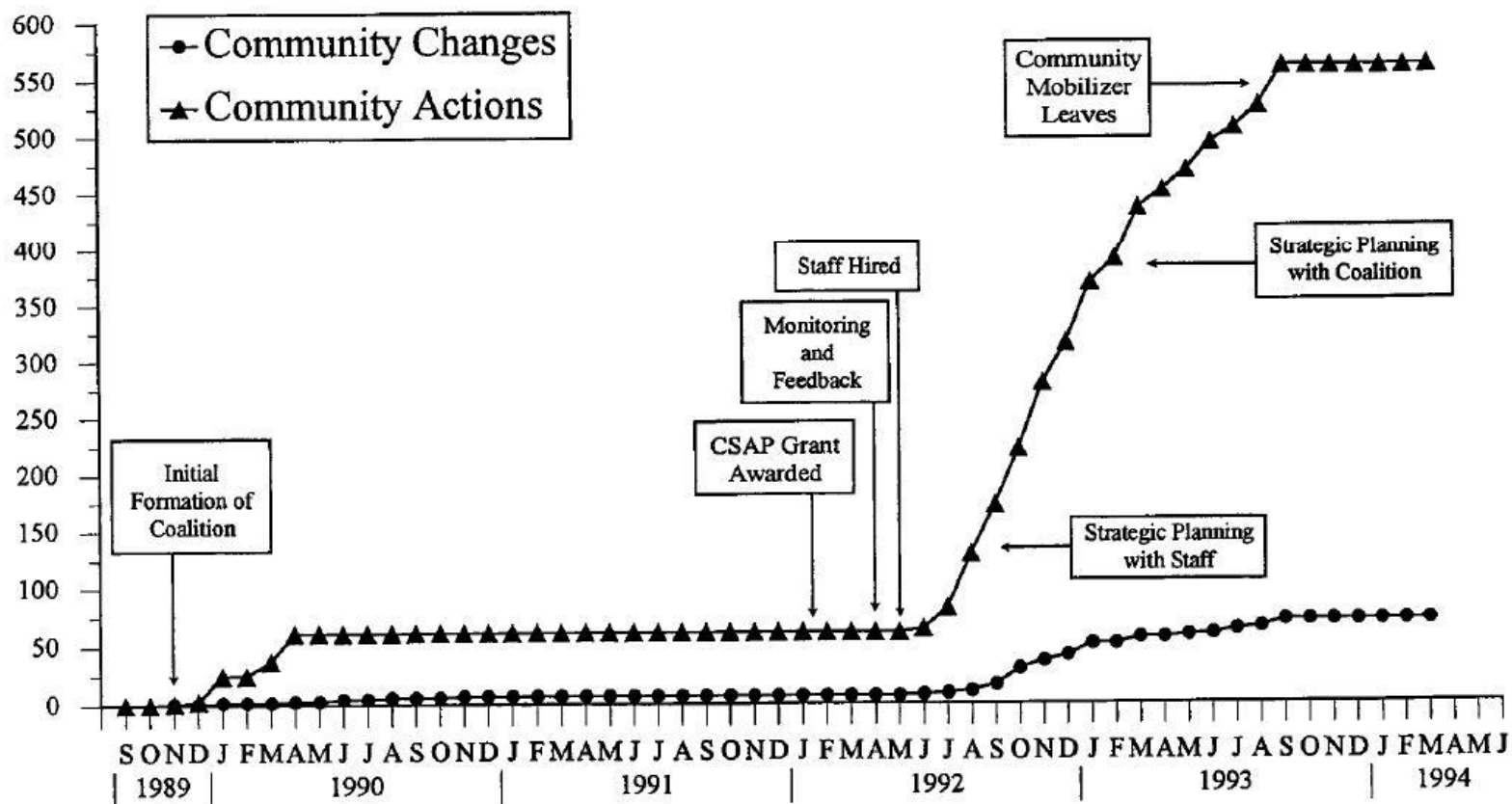
Illustrative community changes (i.e., programs, policies, and practices) facilitated by the DOHC include: 1) established a mini-grant program to fund established overdose prevention activities with children and sponsor the creation of over 20 new programs (program), b) began a community-wide strategic planning retreat on prevention of substance abuse in Dulce (program), c) tribal employment policy changed so that employees could attend prevention activities during

Figure 1
PROJECT FREEDOM OF WICHITA
 Cumulative Number of Community Actions Taken



DECADE OF HOPE COALITION

Cumulative Number of Community Actions and Community Changes



work hours and still be paid (policy), d) changed policy regarding fighting at the local bar so that customers involved in a fight at the bar could not return for at least one month (policy), e) convinced the local radio station to air all public service announcements in both Jicarilla and English (practice), and f) arranged for a female Alcoholics Anonymous sponsor with the Indian Health Services (practice).

As shown in this graph for the DOHC, a dramatic increase in changes occurred following the grant award, the onset of the monitoring and feedback system, and the hiring of staff. Strategic planning with staff and the coalition may also have contributed to this increased rate. Following the departure of the community mobilizer, however, community change stopped, consistent with a similar drop in community actions.

Figure 3 shows the pattern of community change for a coalition to reduce risk for cardiovascular disease and some cancers, known as Kansas LEAN. Kansas LEAN has the primary mission of reducing intake of dietary fat. Illustrative community changes for Kansas LEAN include: a) changed school lunch menus to reduce fat and maintain calories in six low-income schools in Wichita (program), b) developed "Check Your 6" nutrition activity kits for teachers, school fund service providers, and child care providers (program), c) Healthy Kansas 2000 conference adopted some of Kansas LEAN strategies as objectives for the State of Kansas (policy), d) developed and implemented a nutrition assessment with 5th grade students in Kansas (practice), and e) Dillon's supermarkets used price reduction and shelf prompts to encourage purchases of lower fat foods (practice).

As shown in the graph for Kansas LEAN (see Figure 3), there is a long, steady, and moderate rate of community change. Continuous change was observed beginning in summer 1990 following a grant from the Kansas Health Foundation, the onset of the monitoring and feedback system, and the hiring of a very competent director for the coalition. Action planning appears to also have contributed to the steady run. Hiring additional professional staff in winter 1992 increased the rate of change above earlier levels. The retention of original leadership, and a strategy of dispersed leadership in this coalition, may have contributed to the steady rates over many years.

Is there a change in behavior related to the mission?

Data from behavioral surveys can also help establish whether the initiative is having an effect. For many health issues, the Behavior Risk Factor Survey (BRFS) or the Youth Risk Behavior Survey (YRBS), available from the Centers for Disease Control and Prevention in Atlanta, are valuable sources of behavioral data. The YRBS asks youth to report behaviors related to substance abuse, violence, teen pregnancy, and other issues to health and injury. There are also a variety of high school surveys, such as the Michigan High School Senior Survey (Monitoring the Future), that provide valuable behavioral data for school-aged youth. Behavioral data might include, for example, the reported incidence of drinking during the past week or acts of physical violence during the past month.

Figure 4 shows data for Project Freedom of Wichita obtained from high school surveys on the percentage of high school seniors reporting regular use of cigarettes, smokeless tobacco,

Figure 3

KANSAS LEAN

Cumulative Number of Community Changes

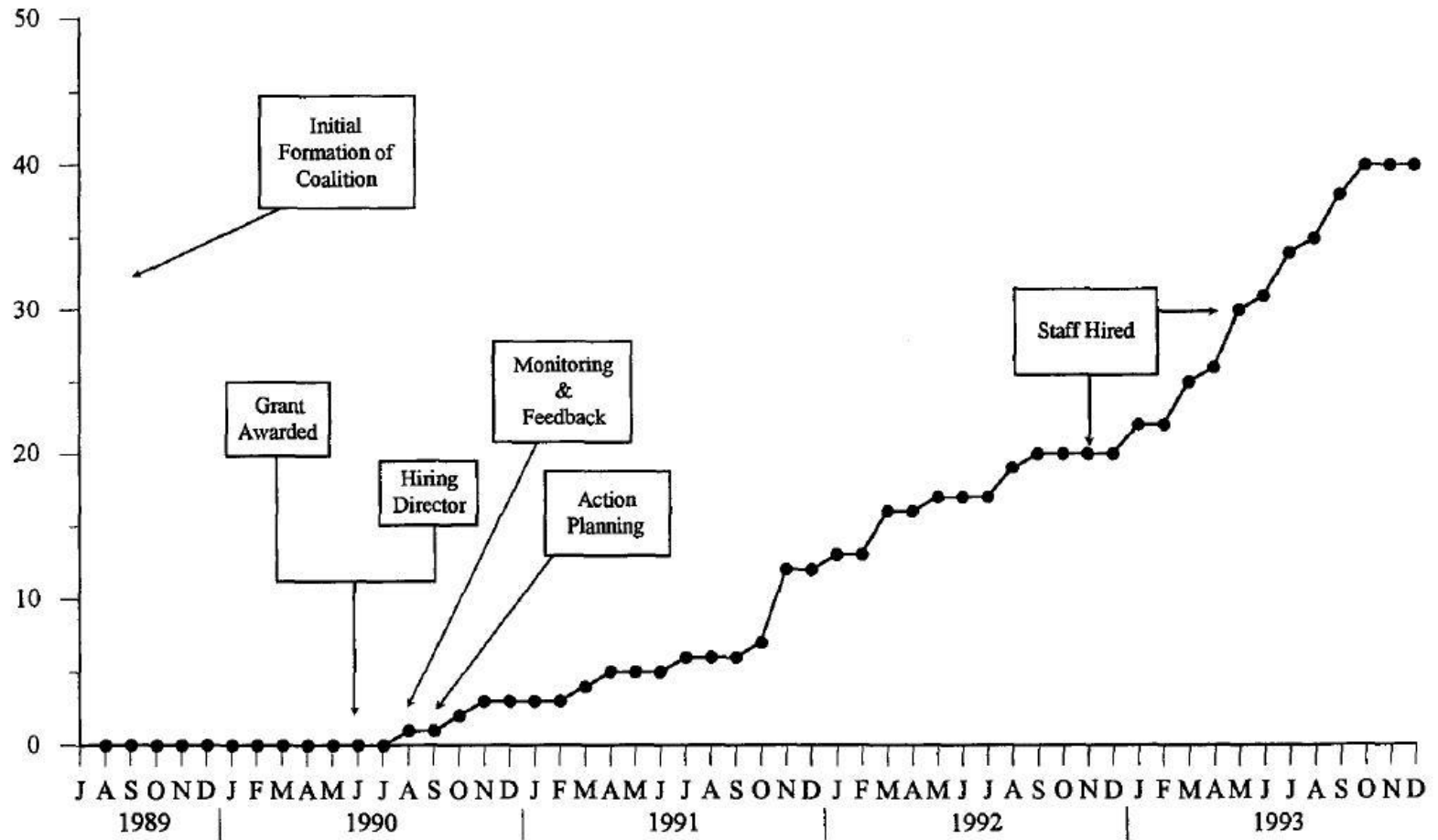
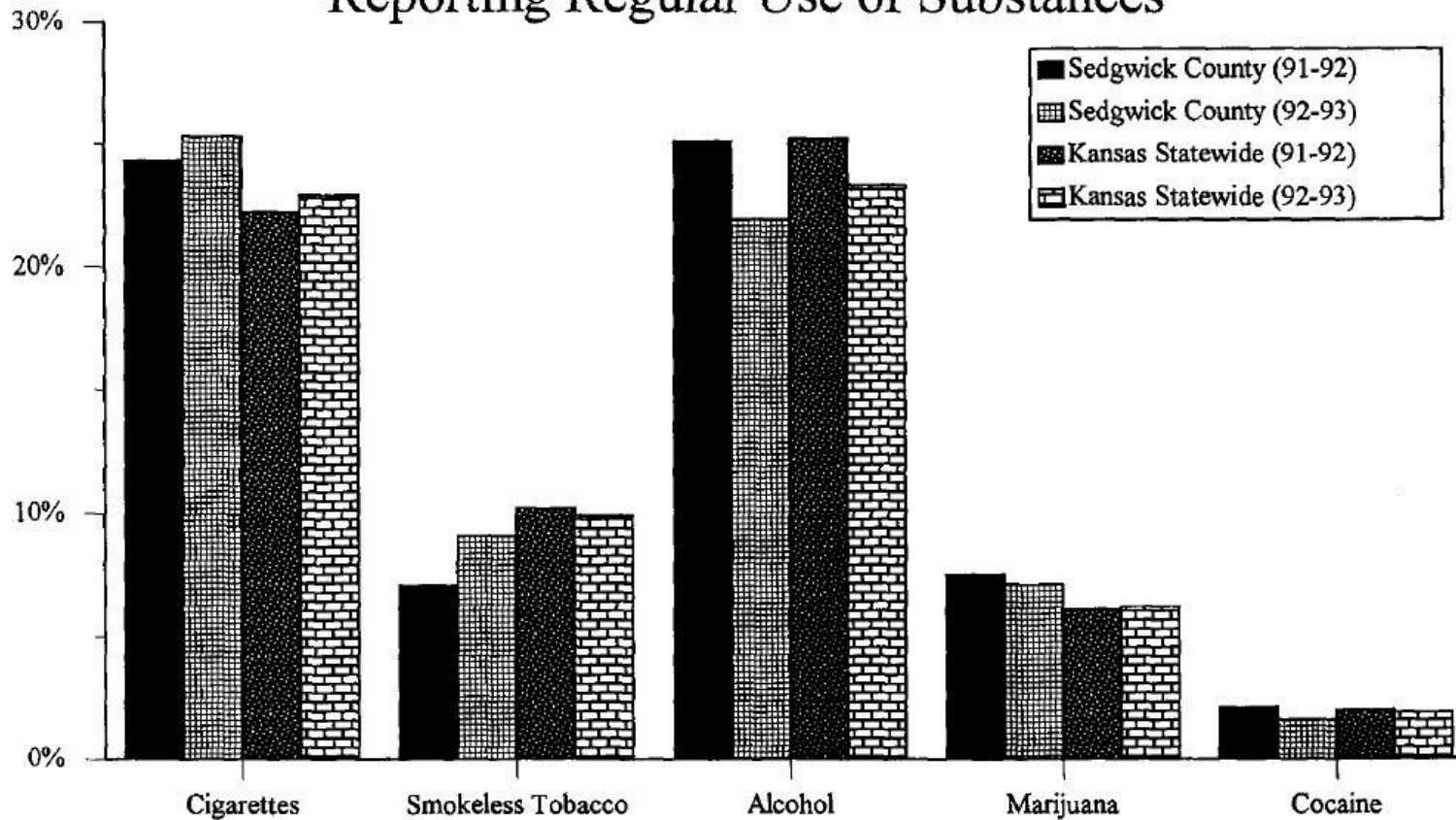


Figure 4
Student Substance Use Survey
 Percent of High School Seniors
 Reporting Regular Use of Substances



Source: DCCCA Center

Note: Regular use is defined as daily and weekly use.

alcohol, marijuana, and cocaine at two points in time (1991, the first year of implementation; 1992, the second year). Data from Sedgwick County are compared with statewide data.

The largest effects were noted with alcohol; showing reductions in reported regular use in Sedgwick County compared to statewide. More modest effects were noted with marijuana. Similarly small effects were noted with cocaine. Reported regular use of cigarettes increased in Sedgwick County, a slightly higher increase than that observed statewide. Smokeless tobacco use increased somewhat in Sedgwick County, while statewide reported use decreased.

These findings suggest that Project Freedom may have had a modest effect on alcohol use among school-aged youth. Smaller effects may also have occurred with marijuana and cocaine. The substantial rise in smokeless tobacco, and the prevalence of cigarette smoking, suggest the importance of targeting tobacco for control as well as abuse of alcohol and other drugs.

Does the coalition have a community-level impact related to the mission?

Archival records can provide data on whether the initiative is having an impact at the broad community level. For initiatives for preventing adolescent pregnancy, for example, data on the estimated rate of adolescent pregnancy are available for each county from the state department of health. Figure 5 provides data on adolescent pregnancy for Franklin County and a comparison county. Baseline data could be used to demonstrate the level of the problem in the county. By tracking these data over the years of the initiative, we can assess the overall effect.

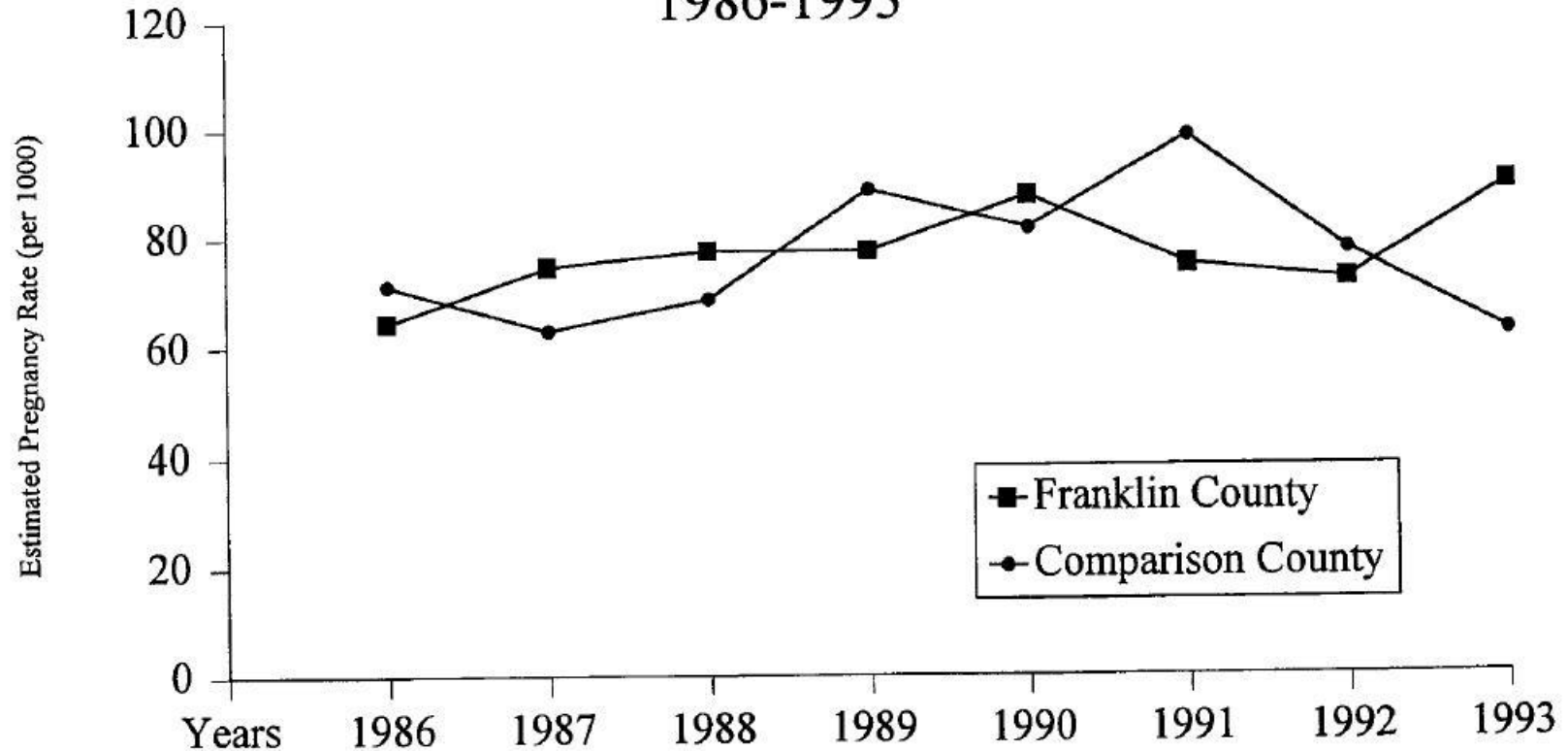
Figure 6 shows archival data for Project Freedom of Wichita on the rate of single-nighttime vehicle crashes, a consensus indicator for assessing community-level impact of substance abuse coalitions. Provided by the state office of traffic safety, these data on crash rate per 1000 are displayed for Sedgwick County, Wyandotte County (a comparison county that includes Kansas City, Kansas), and the state of Kansas. Although the results show no effect in Sedgwick County during the initial planning year (1990), there is a rather marked effect in each of the two years (1991-92) when the coalition's action plan was being implemented as reflected in high and steady levels of community actions and changes.

No effects of similar size or duration were observed in either Wyandotte County or the state, although there appears to be a one year decrease in Wyandotte County in 1992 associated with a highway system grant that added 12 additional motorcycles to the police department. A sharper and more sustained decrease was observed in Sedgwick County, when compared to Wyandotte County and the state. These preliminary findings suggest that implementation of Project Freedom's action plan, and the community changes that were produced, may have brought about improvements in community-level indicators. Of course, other correlated events that occurred before or during the coalition's efforts, such as prevention grants for driving under the influence, may have accounted for the observed changes in community-level indicators.

Is community-level impact related to changes facilitated by the initiative?

This is a crucial question: Is there a relationship between the ultimate outcome of the initiative and the pattern of community change it produces? If community change predicts

Figure 5
Estimated Adolescent Pregnancy Rates*
 Franklin and Comparison County
 1986-1993



* Live births, stillbirths & abortions per 1000 females age 15-19

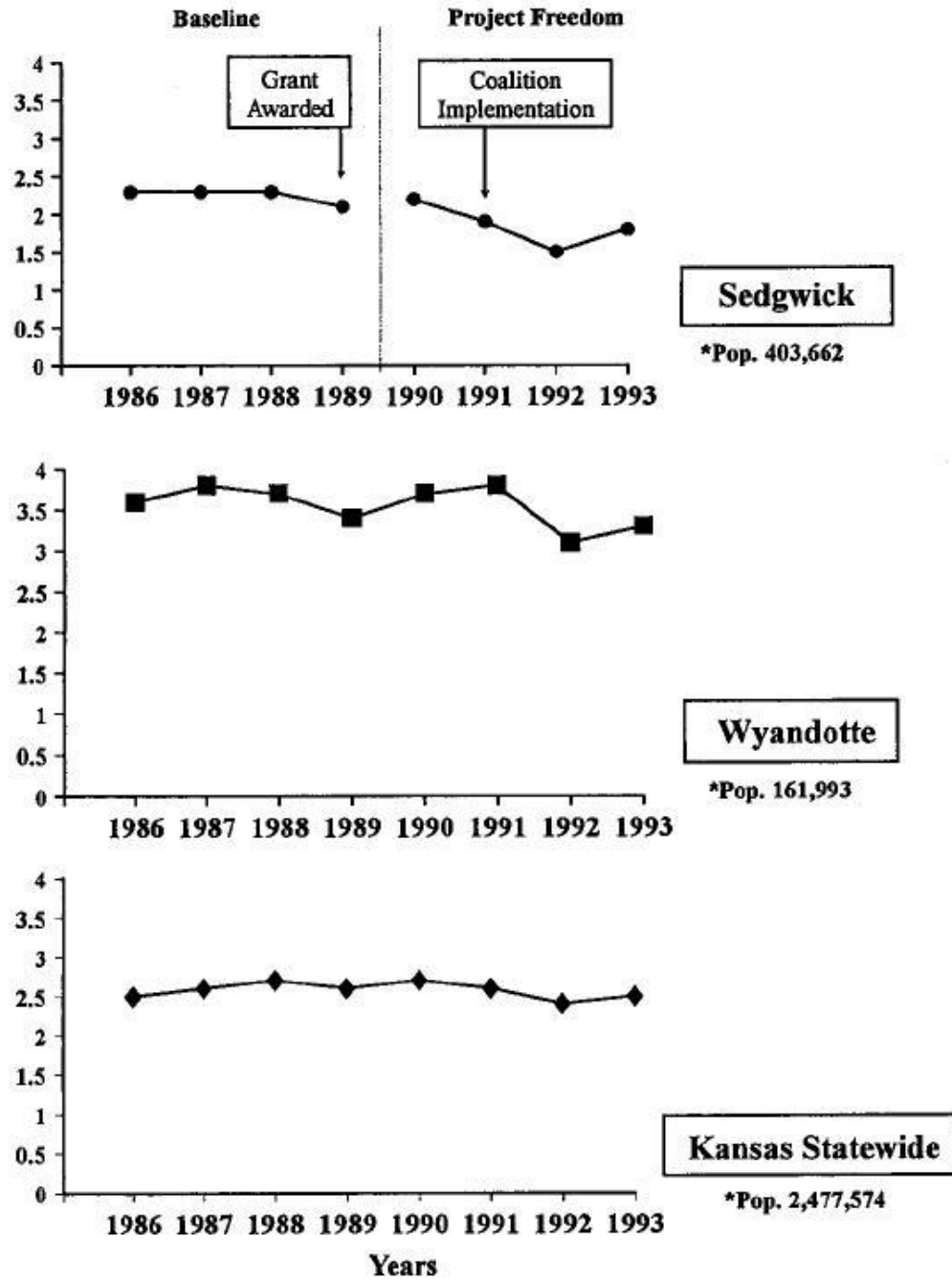
Source: Kansas Department of Health and Environment (KDHE).

Technical Notes: Abortion data includes only those reported by hospitals and clinics participating in KDHE's reporting system through which details statistics are available. Abortion data is, to a certain degree underreported. The 1990 age-group population estimates were provided by the U.S. Census Bureau. Estimates for 1985 and 1989 were provided by the Kansas University Institute for Public Policy and Business Research. 1986, 1987, and 1988 estimates were derived by KDHE staff from the previously mentioned estimates. The 1991 and 1992 estimates were compiled by the Kansas Division of the Budget.

Figure 6

PROJECT FREEDOM

Single-Nighttime Vehicle Crash Rate Per 1000

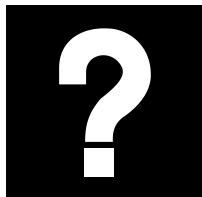


long-term impact, it may be possible to intervene early to increase a community initiative's prospects for success.

Figure 7 displays the relationship between the community-level indicator, single-nighttime vehicle crashes, and the cumulative number of community changes, a potentially important predictor of ultimate outcome for Project Freedom. We hypothesized that improvements in the community-level indicator, a reduction in the crash rate per 1000, would occur only after a sufficient number of community changes had occurred.

The results show that reductions in crash rate in Sedgwick County occurred only after substantial numbers of community changes were produced. During 1990, a planning year in which few community changes were produced, there was a slight increase in crash rate. During 1991 and 1992, the observed decreases in crash rate corresponded with the observed increases in community change. The marked reduction in rate of community changes in 1993 corresponded with a slight increase in crash rate. These findings suggest that community changes--modifications in programs, policies, and practices related to the mission--may have been responsible for improvements in community-level indicators.

Further research is needed to clarify whether community change is a reliable predictor of eventual impact for community initiatives. Sustained rates of community change may be needed to produce (or even maintain) improvement in community-level indicators. Although other events may have caused the observed relationships, this research suggests that community change may be an important intermediate outcome and early predictor of eventual impact of community initiatives.

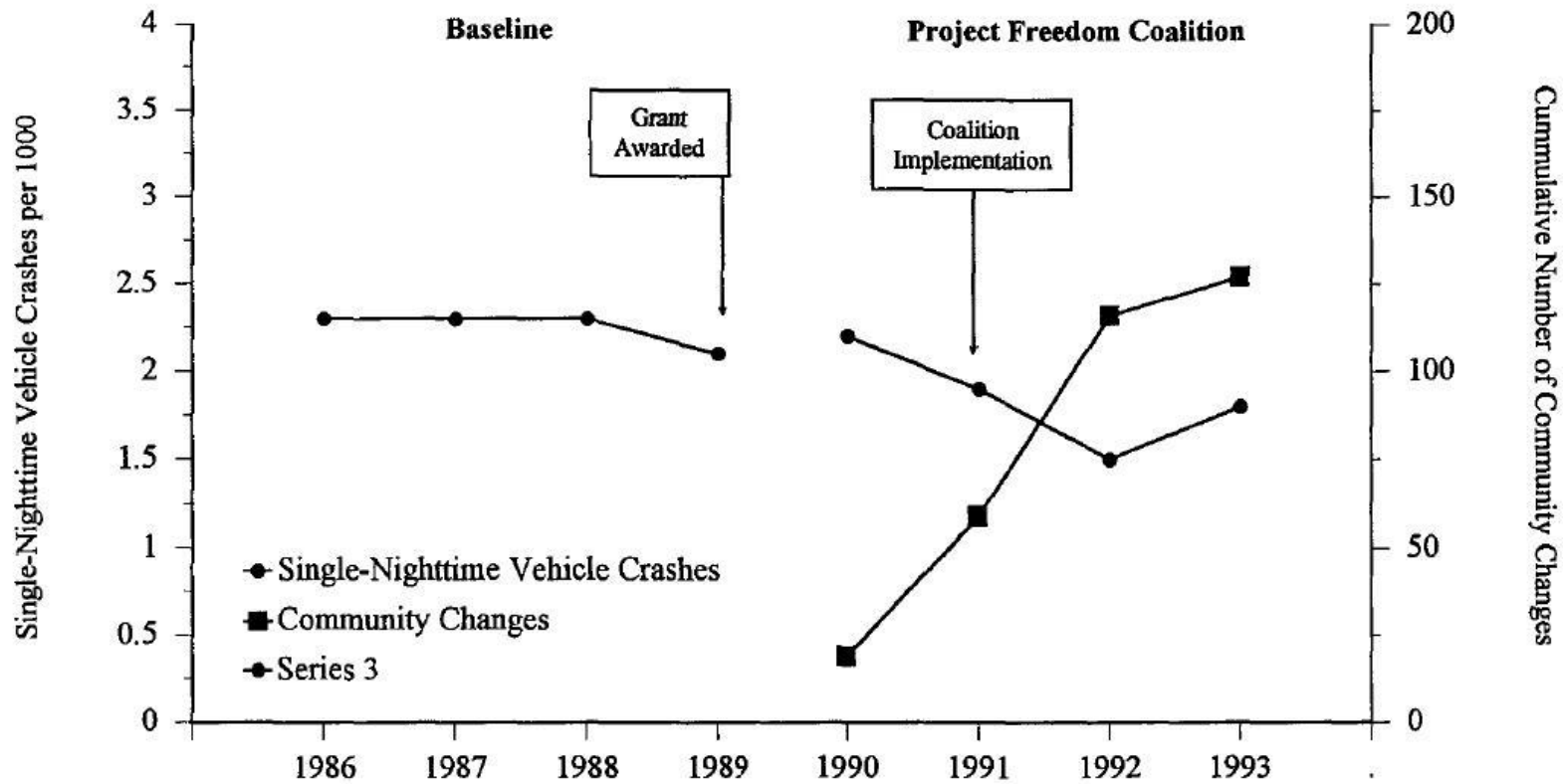


other Key Evaluation Questions:

- Were constituents satisfied with the initiative? (Chapter 7)
- Were the community changes important to the mission? (Chapter 8)
- Did the initiative attain its goals? (Chapter 9)
- What critical events were associated with changes in the rate of community change? (Chapters 5 & 11)

Community initiatives are made up of people who have experiential knowledge of the problem and influence in getting things done locally. Members' opinions of how the initiative is operating and whether it is effective are invaluable. It is also important to get the opinions of other key constituents, including funding partners and outside "experts" with specialized knowledge about the problem. Several other measures from the evaluation system allow examination of these additional aspects of the initiative.

Figure 7
PROJECT FREEDOM OF WICHITA



Source of vehicular data: Office of Traffic Safety, Kansas Department of Transportation.
 Single-nighttime vehicle crashes include accidents resulting in \$500 or more in property damage and any injury noted in police reports.
 *Population based on 1990 Census Data: U.S. Census Bureau.

Were constituents satisfied with the initiative?

Member satisfaction with the initiative may be an important indicator of support and challenges. We recommend using a constituent survey of process to provide information on members' satisfaction with various aspects of the initiative, such as competence of staff and leadership. Each item is rated on a 5-point scale, with 5 the highest.

To illustrate, we provide data from Kansas LEAN, a state-wide coalition to reduce intake of dietary fat associated with cardiovascular disease and some cancers. The highest ratings were for the strength and competence of leadership (4.4) and strength and competence of staff (4.4), and the success in generating resources for the coalition (4.2). For individual items, the lowest ratings were for participation of people of color (3.3), training and technical assistance (3.6), and use of the media to promote awareness of the coalition's goals, actions, and accomplishments (3.5). The coalition's contributions to reducing dietary fat intake were rated high for both youth dietary fat intake (4.0) and adult dietary fat intake (3.8), and all respondents indicated that the community was better off today because of Kansas LEAN. The survey data can be used to help inform leadership about the initiative's status and its future challenges. [Chapter 7 provides more detail about how to use satisfaction surveys.]

Were the community changes important to the mission?

All community changes or accomplishments of the initiative are not of equal importance. We recommend using a constituent survey of outcomes to assess the significance of the observed community changes to the mission. Coalition members respond to questions about the importance of each change, using a 5-point scale with 5 the highest.

Data from Project Freedom of Wichita, a substance abuse coalition, will illustrate. In general, respondents rated community changes facilitated by Project Freedom as "important", an average rating of 3.8. No community change received a rating below 3.0 (neither unimportant nor important). The top three rated community changes involved resource allocations or policy: the city council approved the addition of 32 police officers (4.4), the city council approved a new "drive-by" shooting ordinance (4.4), and changes in the state law for drive-by shootings (4.4). The lowest ranked community changes involved small, short-term, or symbolic efforts: development of a job description for the director of a state-level commission on family and youth (3.1), a youth project in a local school (3.1), cosponsoring the Great American Smoke-Out to reduce use of tobacco (3.2), and the mayor's commitment to use a drug-free life style slogan on a sticker for all city vehicles (3.2).

Taken together, the contribution of the reported community changes to the mission was rated a 4.2 (between important and very important). Evaluators reported the results to coalition leadership. These data were used to help guide choices of objectives in future strategic planning and inform funding agents about the significance of coalition accomplishments. [Chapter 8 provides more advice about how to use this survey of outcomes.]

Did the coalition attain its goals?

Information about goal attainment can help the initiative stay focused and be accountable for what it proposes to do. Community initiatives facilitate many systems changes in the community, some of which may not be reflected in the original action plan. Evaluators can also help leadership examine how the initiative is progressing in facilitating the changes, including

those outlined in its action plan.

For Project Freedom of Wichita, for example, researchers graphed the percentage of goals attained that were scheduled for completion for the several years in which Project Freedom's original action plan was operative. Coalition staff and evaluators reviewed the data base of community changes, minutes of meetings, and other information to determine which of the original list of community changes to be sought (and others defined by new opportunities) had been accomplished. By the end of 1991, Project Freedom had attained 12 community change objectives (more than the eight set for completion according to the original action plan); and by the end of 1992, 26 change objectives (more than the original 22). The results suggest that during the several years that Project Freedom's action plan was operative, it remained on or slightly ahead of schedule with accomplishing its goals. By providing feedback on goal attainment, evaluators may help staff to focus on bringing about the changes identified in the initiative's action plan. [Chapter 9 offers additional insight on how to use the goal attainment report.]

What critical events were associated with changes in the rate of community change?

The complexity of community initiatives makes it difficult to determine what is most important. Semi-structured interviews with coalition leaders and other key informants can help identify critical events that may have influenced functioning of the initiative. Qualitative information may reveal the importance of such "critical events" as ongoing monitoring and feedback, action planning, hiring a community organizer, or the departure of key leadership.

By overlaying the critical events noted during interviews on the monitoring data for community actions and change, possible relationships between critical events and measures of process and outcome can be examined. As illustrated by Figures 1 (Project Freedom), 2 (Decade of Hope Coalition), and 3 (Kansas LEAN), there may be some common factors that affect the functioning of community initiatives. For example, since completion of action planning and the hiring of key staff were followed immediately by a marked increase in community actions and changes, action planning and competent staff may be among the factors that contributed to community change and impact. By contrast, the loss of key leadership may produce a reliable drop in productivity. This process of linking critical events to data on community change may help identify potential factors affecting success of community initiatives. In addition, the analysis of critical events may help document the history of the initiative, its intended and unintended consequences, and its future direction. [Chapter 11 goes into more detail about how to identify critical events.]

This chapter illustrates how the evaluation system can be used to address key questions about the community initiative. In the next chapter, we describe how data obtained with the evaluation system can be used to improve the functioning of the initiative.

14

Providing Feedback to Improve the Initiative

Providing Feedback: What and Why?

What is it?

- Presenting data on accomplishments in graph form to those involved in the initiative

Why do it?

- To help community leadership assess progress towards meeting the initiative's goals
- To help see areas where the initiative may want to put more energy
- To help detect when too much energy is spent in areas less central to the mission
- To provide the opportunity to celebrate small accomplishments
- To help the initiative focus on the "big picture" by seeing cumulative accomplishments over time
- To provide funders the opportunity to help re-direct the initiative towards activities more directly related to the mission
- To provide funders the opportunity to see and reward the accomplishments of the initiative

Evaluators and leaders of the initiative present graphs of monitoring data as part of all the initiative's regular meetings. Particularly appropriate audiences include meetings of the steering committee, overall coalition, or funding partners. Summary graphs (with all measures listed) can be used or presenters can highlight graphs that show key intermediate outcomes (such as community changes).

The graph on the next page illustrates how feedback information was provided for a community initiative to prevent adolescent pregnancy. When graphs are presented to groups the first few times, the format of the graphs should be explained. For example, the cumulative nature of the graphs should be noted and the presenter should explain how expected progress may look. In addition, general definitions and examples for the measures should be given, such as noting that "community change" refers to changes in programs, policies, or practices related to the mission.



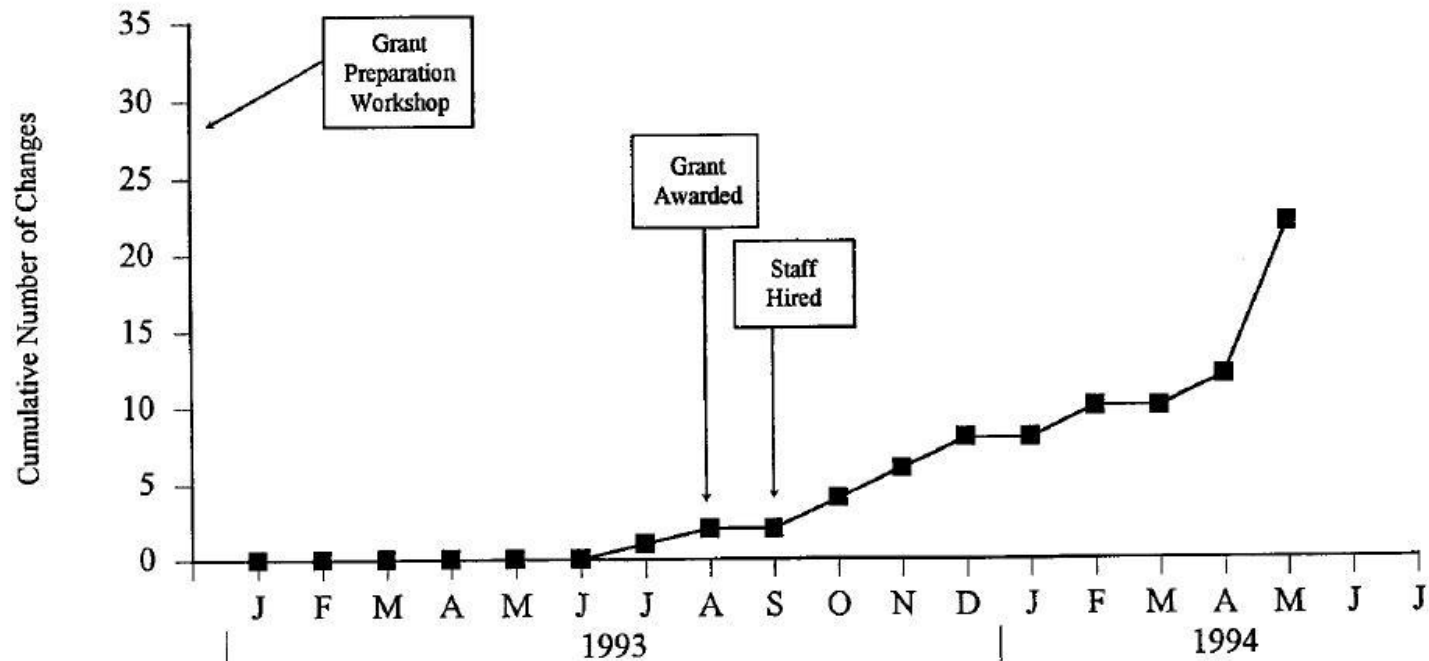
Providing Feedback: General How To's

- ✓ Begin with an overall summative statement about how the initiative is doing that is affirming
- ✓ Present the data as a precious gift to the group:
 - Communicate the value of a group that "really wants to know how it's doing" and the unique nature of data available to the initiative
- ✓ Provide a shared vision of the initiative as a catalyst for change
 - Communicate optimism that the group will ultimately succeed in having an impact

Start with measures that are in the control of initiative staff and group members (community actions) followed by community changes since these most directly show the accomplishments of the initiative. Next show graphs that are particularly important to the mission of the initiative, such as services provided, or relate to the developmental phase of the group. For example, groups just formed may focus on planning products because they will show activity related to developing group structure. In later stages of the initiative, the emphasis may be on community change and resources generated (as well as community-level impacts) since these may inform prospects for financial sustainability and institutionalization.

GEARY COUNTY COMMUNITY CHANGES

School/Community Sexual Risk Reduction Replication Initiative



Community changes are new or modified programs, policies, or practices in the community that are produced by project members and are relevant to the initiative's goals.

Examples of community changes produced by Geary County include:

- Junction City Youth Clinic extended its hours for pregnancy and STD testing from 2 days a week to 5 days a week as a result of the School/Community Special Project's staff encouraged the change in policy. (10/93)
- As a result of meeting with School/Community Special Projects the Secondary School Principals decided that students could read teen pregnancy tidbits over the intercom during Teen Pregnancy Prevention Week. (4/94)
- In response to the community concern about youth engaging in positive activities during the summer. The superintendent agreed to have a summer youth program sponsored by S/CSP. (5/94)



Providing Feedback: More Specific How To's

- ✓ Show graphs in the order of:
 - Community actions
 - Community changes
 - Measures specific to the mission or related to the developmental phase of the initiative
- ✓ When presenting each measure:
 - Introduce the measure. Provide a brief definition, example, and explanation of why it is important.
 - Give an example from accomplishments in recent months
 - Point out what is positive about the data
 - Note the trend of the data and its meaning (steep line in a cumulative graph indicates high activity, flat line indicates no activity)
 - Discuss suggested re-direction of efforts (if any)
 - Review examples listed on the graph
 - Affirm the initiative by noting evidence of progress
 - Ask for comments or questions from the group
- ✓ If the measure does not show recent growth:
 - Point out any previous accelerating trends in the figure
 - Discuss cyclical nature of the measure, if appropriate (resources generated, for example, often are recorded in spurts associated with funding deadlines)
 - When meeting with the initiative's leadership, ask if there were additional activities that were not recorded. Remind leaders of the definition and list items that have been recorded over the life of the initiative.
- ✓ Summarize the data by discussing strengths of the initiative
 - Review the graphs showing the graph most directly related to the mission of the project (probably the graph of community change)



Overall Tips on Providing Feedback

- ✓ Present the data as a gift, informing the audience of how the initiative is doing
- ✓ Focus on the positive and be affirming
- ✓ Convey optimism about prospects for success (if appropriate)
- ✓ Convey need for change or adjustment (if appropriate)
- ✓ Convey shared vision of the initiative as an effective catalyst for change

***"The improvement of understanding
is for two ends: first, our own increase of
knowledge; secondly, to enable us
to deliver that knowledge to others."***

--John Locke

Communicating Information about the Initiative to Gain Support from Key Audiences

Communicating Data: What and Why?

What is it?

- A way to inform local, state, and national audiences of the goals and achievements of the initiative

Why do it?

At the local level:

- To help raise awareness of the issue of concern
- To help attract volunteers, funding, and in-kind resources from local concerned citizens and agencies
- To promote recognition of the efforts of volunteers and collaborators
- To help lobby for local ordinances or program changes to address issue(s) of concern

At the state level:

- To create a "name" for the initiative in the state, which makes it more competitive when seeking state resources
- To help establish a statewide network of persons and agencies with similar goals
- To help lobby for legislative changes to address the issue(s) of concern

- To help the initiative garner recognition and resources from the state and region

At the national level:

- To create a "name" for the initiative nationwide, which makes it more competitive when seeking resources from the state or federal government, or large private foundations
- To help tap into nationwide networks of persons and agencies with similar goals and wide expertise
- To help the initiative garner recognition and resources from across the country

Leaders and members of the initiative can present graphs of data, slides and pictures of project activities, and anecdotes to a variety of audiences. Particularly important audiences include local officials and prospective funders. Presenting evaluation data sends the message that the initiative has concrete goals and is able to track progress toward those goals. Presenting data will also allow local, state, and national audiences the opportunity to learn from the initiative and to give advice to its leadership.

The initiative's "story" will probably change over time. In the early phases, baseline data, such as from behavioral surveys, help establish awareness of the level of the problem in the community. Monitoring data, especially on community change, provide early evidence of project activities and accomplishments. In later phases, behavioral surveys and community-level indicators may provide evidence of ultimate impact and outcome.



Communicating Data: How To's

- ✓ Develop a presentation format that can be lengthened or shortened depending on the amount of time available, including compelling descriptions and visuals of:
 - The issue(s) of concern
 - The initiative's goals, strategies, and methods for reaching those goals
 - Data on activities (e.g., services provided)
 - Data on accomplishments (i.e., community changes)
 - Data on outcome (i.e., behavioral measures and community-level indicators)
- ✓ Identify important audiences for the data:
 - Local: civic organizations, business groups, grassroots organizations, school boards, PTAs, church organizations, editors and editorial boards, newspapers, health organizations, elected and appointed officials in local government, grantmakers
 - State: state and regional professional conferences, regional professional training workshops, grassroots and advocacy organizations, church conferences, grantmakers
 - National: professional conferences, professional training workshops, grassroots and advocacy organizations, church conferences, grantmakers
- ✓ Identify avenues for getting the word out:
 - Word of mouth
 - Presentations
 - Newspapers
 - Newsletters
 - Radio spots
 - Television coverage
 - Professional journals

Evaluators should provide graphed data. Project members may be able to provide anecdotes and interesting visuals such as photos, slides, project T-shirts, or other promotional materials from project activities. A mix of data, visuals, and anecdotes or quotes is effective in getting across the message in a compelling manner.

Presentations should be "pitched" to the interests of the audience. For example, public health audiences may be particularly interested in project activities that directly contribute to health outcomes, while service organizations may have particular interest in activities that contribute to the well-being of the community and display altruism. The choice of presenter may be important; in some settings youth may communicate best, in others, members of the initiative who know the audience may be more effective presenters.

Presentations should be made with a concrete outcome in mind. Most communications will offer compelling evidence to promote awareness of the issue(s) and the need to do something about it. Beyond raising awareness, presentations are important ways to involve community members in the initiative. Service organizations (e.g., Rotary clubs) may be eager to volunteer for project activities or sponsor a new program. Many clubs have national organizations that champion causes (e.g., Association of Junior Leagues, and their Teen Outreach Program) or who provide resources for supporting special projects. Members of professional organizations, such as the American Public Health Association, have expertise in areas that may improve the functioning of the initiative. Members of governing bodies of state and national professional organizations may have the ability to make changes in policy or practice that will directly affect the issue(s) of concern. Have an outcome in mind when communicating data, and work to achieve that goal.



Possible Goals of a Presentation:

- Obtaining money and in-kind resources for the initiative
- Attracting volunteers for project activities
- Influencing a change in program, policy, or practice
- Obtaining input on making the initiative more responsive
- Overcoming resistance to the initiative
- Learning how the initiative can become more effective

Some forms of communicating data are time consuming, such as publishing in professional journals. Collaborating with local universities or evaluators may enable the initiative to access forms of communication it would otherwise not pursue.

***"We know accurately only
when we know little;
with knowledge doubt enters."
--Johann Wolfgang von Goethe***

Some Reflections on the Evaluation System²

This handbook describes the Work Group's system for evaluating community initiatives for health and development. The evaluation system uses eight core measurement instruments to capture 15 different measures related to the process, outcome, and impact of community initiatives.



Core Measurement Instruments:

- ✓ Monitoring and feedback system
- ✓ Constituent surveys about the initiative's:
 - goals
 - process
 - outcome
- ✓ Goal attainment report
- ✓ Behavioral surveys
- ✓ Interviews with key participants
- ✓ Community-level indicators of impact

The data permit conclusions about whether the initiative is: a) mobilizing the community, as evidenced by an increased rate of community actions, b) changing the community, as evidenced by increased changes in programs, policies, and practices related to the mission, c) changing behavior, as evidenced by results of behavioral surveys, and d) having an ultimate impact on the community, as evidenced by changes in the rates of community-level indicators related to the mission.

²Portions of this chapter are adapted from Fawcett, Lewis et al. (1994).



Five Core Evaluation Questions:

- Was the community mobilized to address the mission?
- What changes in the community resulted from the initiative?
- Is there a change in behavior related to the mission?
- Does the initiative have a community-level impact related to the mission?
- Is community-level impact related to changes facilitated by the initiative?

A particularly promising contribution of this evaluation system is the metric of community change. Community changes document the initiative's accomplishments: new or modified programs, policies, and practices related to the mission. This intermediate outcome may be related to recommended community-level indicators of the mission. Determining this relationship is important since community-level indicators, such as single-nighttime vehicle crashes (for substance abuse coalitions), are often too delayed to enable useful and ongoing feedback on the functioning of initiatives. Our findings with a substance abuse coalition, Project Freedom of Wichita, Kansas, suggest that community change and bottom-line indicators may be related. Of course, these findings may be spurious. For instance, a particular event not reflected in the community changes (perhaps even unrelated to the coalitions' efforts) may have been responsible for changes in the particular community-level indicators. Future research will help establish whether, and under what conditions, patterns of community change are predictive of changes in accurate and sensitive community-level indicators of the mission.

Other qualitative and quantitative data collected with the Work Group's evaluation system provide secondary findings on functioning of community initiatives. Survey data help determine whether the initiative chose goals that members deemed important for addressing the mission. Goal attainment report data help determine whether the initiative attained many of its original goals, and whether it made other changes in response to emerging opportunities. Surveys of process help assess levels of satisfaction with the initiative among members. The key participant interviews help discover whether critical events, such as action planning or the onset and offset of key staff and leadership, are related to functioning of community initiatives.

Challenges to Evaluating Community Initiatives for Health and Development:

- Effects are often delayed
- Difficult to establish links between project activities and particular outcomes
- May not find a suitable comparison
- Finding an early marker of ultimate outcomes

Several challenges to evaluating community initiatives for health and development are implicit in this approach. First, the effects of community initiatives are often delayed. Ultimate outcomes and impacts, such as might be detected with community-level indicators, may not occur for many years. Reducing risk and enhancing protective factors are more realistic aims of community initiatives. Accordingly, an important focus of the evaluation should be on detecting community changes, alterations in programs, policies, and practices that will potentially reduce risk or enhance protection. Such changes will not be of equal significance; their importance to the mission should be assessed by surveys and interviews with key informants. Assessment of the effects of the coalition should be continued long enough to learn about the size and durability of impacts on community-level indicators.

Second, the usual research goal of establishing links between project activities (the independent variable) and particular outcomes (the dependent variables) may be particularly challenging. Community initiatives use a variety of strategies, such as networking and advocacy, to launch an array of interventions, such as mentoring programs and enhanced enforcement, each with multiple components. The interventions focus on different targets, such as youth and parents, operate with different agents, such as religious leaders and business people, in multiple community sectors, such as in schools and criminal justice, over varying periods of time. Accordingly, it is very difficult to specify the independent variable, its timing, and dosage. The community change metric provides an important and flexible measure of systems change.

Third, since coalition-induced changes in the community affect the entire population, it is also difficult to obtain a suitable comparison group. It may be difficult to obtain data from other communities or find other communities with similar characteristics. Since other communities may also be acting on the problem, they may serve as a comparison, but not as a control. Inadequate comparison communities may make it difficult to conclude that the results were due to the initiative and not something else.

Finally, finding an early marker of ultimate outcomes would permit timely feedback on functioning of the initiative. Preliminary findings suggest that community change may be an early prediction of community-level impact. General statements about possible relationships between rates of community change and community-level indicators may be strengthened only by replication. Future longitudinal studies of multiple sites may help discover the conditions under which community change is a valid predictor of community-level impact.

Although the monitoring system helps address some of these concerns, its use also poses some methodological challenges related to accuracy and sensitivity of reports, reactivity of measurement, and change in instrumentation. First, we attempt to increase the accuracy and completeness of reports by using event logs and follow-up interviews with members and staff of the initiative. Second, honesty of reporting is encouraged by occasional verification by independent sources, such as meeting minutes and media reports. Third, we acknowledge that an even more sensitive reporting system would capture the offset of events, such as when a program concluded, as well as the onset of events which is the focus of this measurement system. Fourth, the monitoring system is a highly reactive measurement system. Initiatives are asked to report activities monthly. Since monitoring and feedback are part of the design for this initiative, this is less a methodological flaw than a caution that the effects may be limited to these conditions. Fifth, this is a time and cost intensive method of evaluation. Finally, we attempt to reduce changes in instrumentation by using a standard protocol that includes scoring instructions and behavioral definitions for each measure. Relatively high levels of agreement in scoring among independent observers suggests that the monitoring system may produce reliable data.



Strategies for Evaluating Community Initiatives:

- Focus the evaluation on community change, a promising early marker of impact
- Provide ongoing feedback
- Assess the significance of changes
- Ensure data quality through verification and reliability assessments
- Examine community-level indicators of impact
- Use multiple measures, including quantitative and qualitative data
- Use qualitative data to examine critical events
- Replicate the findings in multiple case studies
- Conduct the evaluation long enough to learn about the size and durability of impacts

Despite these challenges, the systematic study of coalitions will likely continue to provide clues to the nature and functioning of community-based initiatives for health and development. Since we use adaptations of this evaluation system with other community initiatives, a multiple case study design is unfolding. Adapted versions of the Work Group's evaluation system have been used with health and human service coalitions in

Massachusetts funded by Kellogg Foundation, and with the Decade of Hope Coalition in Dulce, New Mexico, supported by the Center for Substance Abuse Prevention's Community Partnership Program. Under the auspices of the Kansas Health Foundation, there are 11 sites involved in a replication of a substance abuse prevention model, a school and community initiative for the prevention of adolescent pregnancy, and a rural health promotion initiative. Taken together, these multiple case studies provide valuable opportunities to discover the conditions under which community initiatives can produce community change and impact. Ongoing and future efforts will help us discover the generality of this model for evaluating community initiatives and the utility of this approach to supporting community-based strategies for health and development.

Although many millions of dollars have been invested in thousands of community initiatives for health and development, there is little scientific evidence that this investment has had an impact. This evaluation system provides data that enable us to discover the conditions under which community initiatives can have an impact on community-level indicators related to their missions. Since community change appears to be correlated with eventual impact, it may be an important intermediate outcome that can be used to monitor and provide ongoing feedback on functioning of community initiatives. Participatory evaluation helps us understand the variables that may affect the functioning of community initiatives, enabling us to use this information to improve their capacities to produce change. Such collaborative research strengthens both the practice of societal change, and the science that may one day undergird it.

Summary Lessons on Evaluation:

- The primary purpose of evaluation is to support improvement, not to judge success or failure.
- Evaluation information can empower community initiatives to further develop and renew themselves.
- Evaluation should begin early and be an integral part of the development process.
- Evaluation should be a participatory and collaborative process.
- A monitoring system can help community leadership establish and maintain effective functioning of the initiative.
- Feedback should be provided at regular intervals, especially early in the initiative's development.
- Evaluation information helps discover whether the initiative's efforts are actually effective.
- Evaluation research helps direct the initiative's attention to powerful variables that might actually make a difference.
- Evaluation research reminds us that behavior change is often slow and difficult.
- Evaluation results should be communicated openly and frequently to all leadership, membership, trustees, and funding agents.
- Grantmakers can use evaluation information to encourage productivity and accountability.
- Community leadership can use evaluation information to attract and maintain support and resources.

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***"We should make things as simple
as possible, but not simpler."
-Albert Einstein***

APPENDIX 1

Background Information and Materials for Using the Monitoring System

Background Information and Materials for Using the Monitoring System

Chapter 5 introduced the monitoring system and outlined the five major steps involved in completing the monitoring process. Appendix A provides more detailed information for people who are responsible for completing the three most complex steps: assigning events to categories, assessing reliability, and graphing and providing feedback on the data generated by the monitoring system.

☞ Categorizing Log Entries

This section provides:

- General scoring instructions
 - Expanded definitions of categories for scoring
 - Practice exercises
 - Answers to practice exercises
 - Blank forms
-
-

☞ General Scoring Instructions

This section provides general guidance for deciding which events fit into which scoring category. Categorizing events is not an exact science. As evaluators gain experience classifying events, they may want to make additions to clarify the definitions used to categorize events. Adding examples of events that are difficult to categorize will help others using the monitoring system.

Table A.1, that follows, provides a summary of the observational code used to categorize events. It provides a list of categories of key events, definitions, and examples. What is an *event*? Broadly stated, events are occurrences that are designed to reduce risks for problems identified by the initiative. The distinction between external and internal events will assist in categorizing key events.

Table A.1

Summary of the Observational Code for the Monitoring System		
EXTERNAL EVENTS (Happens <u>outside</u> the initiative)		
CODE	DEFINITION	EXAMPLES
CA Community Actions	Actions taken in the community to bring about a new or modified program, policy, or practice	*Letters *Phone calls *Town Meetings
CC Community Changes	New or modified programs, policies, or practices in the community facilitated by the initiative that reduces risks for a problem targeted by the initiative	*A new (or modified) program (e.g., mentoring program) *A new (or modified) policy (e.g., labeling low-fat foods) *A new (or modified) practice (e.g., regarding hours of service, or new collaboration)
SP Service Provided	Events that are designed to provide information, instruction, or develop skills of people in the community	*Classes *Workshops *Communications such as bill stuffers
M Media Coverage	Coverage of the initiative or its projects in the newspaper, radio or television, or newsletter	*Radio *TV (e.g., PSA's) *Brochure
X Other	Items for which no code or definition has been created	*Phone calls to set up meetings *Internal staff meetings
INTERNAL EVENTS (Happens <u>within</u> the initiative)		
PP Planning Products	Results, or products of planning activities within the group	*Statements of objectives, or action plans developed *Formation of committees or task forces *Hiring new staff
RG Resources Generated	Acquisition of funding for the initiative through grants, donations or gifts in kind	*Materials received *People's professional time *Money *Grants

External events

Most of the events will involve people not directly associated with the initiative. For example, staff may work with the city council to approve a new ordinance to ban smoking or may co-sponsor a religious organization walking group. Both of these events include people from outside the initiative (the city council and walking group organizers and participants) and are considered *external events*. External events can be classified as *community actions*, *community changes*, *services provided*, or *media coverage*. External events involve making things happen in the community to reduce the risks for some problem related to the purpose of the initiative.

Internal events

Some events facilitate the development of the partnership or coalition. These events may be internal, involving only those working directly with the group. For example, the Steering Committee may complete their strategic planning process and adopt a formal action plan, or an executive from the initiative's Board of Directors may donate office supplies. *Planning products* (such as the first example), by definition, are always internal events. *Resources Generated* (e.g., volunteer's professional time, donated materials, or money) are internal events if the beneficiary is the partnership.

The distinction between external and internal events is helpful, especially in deciding if the events should be categorized at all. For example, if talk about a proposed policy change occurred only among members of the initiative, not with those who could enact or implement the policy, it would be considered a planning activity, not a community action. If the event involved *only those from within the initiative*, acting as initiative members, then, to be categorized, the event would need to result in a planning product or generate resources.

☞ Multiple Events in One Log Entry

A single reported entry may contain several discrete events which should be reflected in the scoring by recording each separately. This is done best by breaking out the one entry into several items and scoring each event separately. For example, the following entry might be recorded on a log form: "The second block party was facilitated in the Pinkney neighborhood. Low-fat foods and recipes were distributed and line dance lessons were given. The event was filmed by the local TV Station and appeared in the evening news." The event is a *service provided*, and the section reporting media coverage would be scored *media*.

☞ Duplicate Scores

There is meant to be little overlap between definitions. For instance, an item may not be scored as both a *planning product* and *service provided*. The category of *community change* is an exception: items scored as community change are usually accompanied by an additional scoring category. The intent of the category of community change is to document all instances of new or modified programs, policies, and practices. But, a new program (such as a workshop) is also scored as a *service provided*

(see Table A.1). *To capture all of the changes produced, the first new program and the first new practice are scored as community changes in addition to another category if it is*

applicable (e.g., *resources generated, community action, media coverage, or services provided*).

The most likely combinations are *community change* and *service provision* (e.g., the first instance of risk assessments conducted at a grocery store chain may be scored as both. *Community change* and *community action* may also be reported as a combined item (e.g., "Committee member met with the hospital director. Routine heart health screenings for family members will now be offered in the waiting rooms"). Only events scored as *community change* can have more than one score.

☞ Relationship Between Community Action and Community Change

Community actions and *community changes* generally relate to each other. Keep in mind the goal or outcome of an action when scoring it. The purpose of a *community action* is to make some change in program, policy, or practice designed to reduce risks for a problem (a *community change*). For each *community action*, the intended *community change* should be evident. A person filling out a log may word items to fit a particular category or definition. The evaluator must code the item relative to what actually happened.

☞ Verifying Reported Events

If the person who scores the logs is different from the person who fills them out, it will be important to spot-check information on the log forms for accuracy. The focus of verification should be on items categorized as *community changes* since this may be a particularly important marker of program impact.

One way to verify events is to choose several recorded items and call the person(s) involved. You may need to get the phone number from the person completing the logs. If an item that is selected for verification cannot be verified, do not include it when counting items in each scoring category. Caution: this is a highly intrusive method of verification and may suggest mistrust to collaborators.

A less intrusive way of verifying key events is to simply review the logs and check off the events already heard about from independent sources. Another recommended technique is to examine archival records and written evidence such as meeting minutes, newspapers, and newsletters that may be included with the logs.

☞ Record Keeping

There are many ways to archive data collected using the monitoring system. These include storing the logs in a file cabinet, saving logs typed into a word-processing program, or maintaining a computerized database. Keeping records organized is very important. Graphs of the data are only summaries; actual entries of events provides more detailed information.

Entries in the logs should be as complete as possible, especially events categorized as *community changes*. One rule of thumb is to archive *community changes* clearly enough so that someone else reviewing the same entry (years later) would also categorize it as a *community change*. Entries of *community changes* are used in other parts of the evaluation system (see Chapter 6, the Survey of Outcomes). In addition, the list of community changes provides a nice history of the group's accomplishments.

☞ Expanded Definition of Scoring Categories

In the following section, each scoring category summarized in Table A.1 of this Appendix is defined in detail. Entries on monitoring log forms are compared to these definitions to determine which category best describes the entry. For each scoring category, the category is named and abbreviated, a general definition is given, and the criteria that log entries must meet to be included in the category are presented. The section is outlined using a numbering system to facilitate referencing specific parts of the definition.

1. Community Actions

Abbreviation: CA

General definition: Community actions are actions taken to bring about a new or modified program, policy, or practice to reduce risks for a problem. Events categorized as community actions document the extensive effort it takes to make change in the community.

Project members performing community actions may: (a) attempt to modify or create a new program, policy, or practice within the community, (b) implement plans for addressing issues in the community, or (c) attend meetings involving community leaders in which changes are recommended by the member of the initiative.

Community actions include acting directly to make changes in the community, actively lobbying, or advocating with change agents. Personal contacts, phone calls, demonstrations, petitions, and letter writing are all examples of community actions.

1.1 Community actions must meet all of the following criteria:

- 1.1.1 have occurred (not just planned), and
 - 1.1.2. include community members external to the initiative or outside the committee or subcommittee advocating for change, and
 - 1.1.3. be taken to bring about changes in programs, policies, or practices in the community, and
 - 1.1.4. be related to the initiative's goals and objectives.
- 1.2 If presentations to community audiences include generating changes to be made in the community (e.g., listening sessions) or are aimed specifically at some change in the community (relative to the group's mission), then it is a community action. If not, a workshop or other presentation is scored as a service provided.
 - 1.3 Collaboration with community members (people external to the initiative) to set new agendas for the community are community actions. If this is the first occurrence of collaboration in the community, however, it could be a community change (a change in practice) as well as a community action.
 - 1.4 Actions taken to keep the group going--working on by-laws, soliciting funding for the group, or holding meetings among group members--are

not considered to be community actions since they do not contribute directly to changes in the community to reduce a problem. Internal meetings among group members are generally not considered community actions.

1.4.1. Exceptions occur when members of groups targeted for change are also involved in the initiative and its committees and task forces. For example, at a committee meeting, enforcement issues for selling tobacco products to minors might be discussed with a representative of the police department. Since a representative of a community sector to be changed (i.e., law enforcement) was involved, it would be considered a community action.

Examples of community actions:

- A staff member discussed menu changes and offered assistance in developing a heart healthy menu at a local restaurant. (Community action because it facilitates a practice/policy change. See definition 1.1)
- Merchants were asked to display signs describing the penalty for selling tobacco to minors and the need for proper identification. (Community action because it is directly related to a community change relevant to a mission of reducing risks for drug use. See definition 1.1)
- Phone calls were made to managers of three area supermarkets to discuss the possibility of placing point of purchase signs on shelves indicating items low in saturated fat. (Community action because it is directly related to a community change relevant to a mission of reducing risks for CVD. See definition 1.1)
- A town meeting was held with residents of the Pinkney neighborhood to discuss how to increase opportunities for alternative activities. Ideas generated were added to the project's action plan. (Action taken to generate ideas for community change, relative to drug use and teen parenthood prevention. See definition 1.2)

Examples of items not scored as community actions:

- A meeting was held by the subcommittee for public policy to discuss community policies which may be related to welfare reform. (This is not a community action since no one external to the initiative (such as a policymaker) was present, and it was not part of the mission of the initiative. See definitions 1.1.2, 1.4, and 1.1.4. This entry would be scored "X." X is the abbreviation for the category "other" for items for which no code or definition has been created)
- The executive director contacted area store managers to arrange a meeting to discuss the goals of the initiative and request their support. (This is not a community action since the aim was to increase support for the initiative, not community change. See definition 1.1.3, and 1.4. This entry would be scored X.)
- A meeting was held by the Schools Committee to discuss election procedures for electing the chairperson. (This is not a community action since it relates to change in the initiative, not the community. See definitions 1.1.2 and 1.4. This entry would be scored X.)

- Representatives of the initiative will contact the local supermarket to arrange a meeting to discuss the implementing point-of-purchase signs. (This item is a future event, not an action that already occurred. See definition 1.1.1. This entry would be scored X.)

2. Community Changes

Abbreviation: CC

General definition: Community changes are new or modified programs, policies or practices in the community facilitated by the initiative that reduce risks for a problem targeted by the initiative. Statements of community changes should include information about the impact on the community (e.g., number of stores changing policies). Changes that have not yet occurred, which are unrelated to the group's goals, or those which the initiative had no role in facilitating are not considered community changes for the initiative.

2.1 Community changes must meet all of the following criteria:

- 2.1.1. **have occurred (not just planned), and**
 - 2.1.2. **include community members external to the initiative or outside the committee or subcommittee advocating for change, and**
 - 2.1.3. **are related to the initiative's chosen goals and specific objectives, and**
 - 2.1.4. **are new or modified programs, policies, or practices of governmental bodies, agencies, businesses, and other sectors of the community, and**
 - 2.1.5. **are facilitated by individuals who are members of the initiative or are acting on behalf of the initiative.**
- 2.2 **Changes reported at different points in time should be counted as separate changes only if they resulted from different actions.**
 - 2.3 **The *first* instance of a new program or practice in the community is scored as a community change, since it constitutes a change in a program or practice in the community.**
 - 2.4 **The *first* occurrence of collaboration between community members external to the initiative is a community change (a change in practice).**
 - 2.5 **Not all first-time events are community changes; *the event must meet all parts of the definition of a community change.* For example, if staff members attended a seminar for the first time, this is not a community change since it is *not* a new or modified program, policy or practice of an organization.**

Examples of Community changes:

- Point of purchase signs indicating breakfast cereals low in saturated fat were put in three supermarkets. (Change in practice directly related to group actions and consistent with its mission of reducing risks for cardiovascular disease. See definition 2.1)

- A video describing healthy nutrition and exercise is now shown daily in the waiting room of the pediatric clinic of the local hospital. (Change in policy directly related to group actions. See definition 2.1)
- A local business adopted a low-fat menu in their employee cafeteria. (Change in practice directly related to actions by the group. See definition 2.1)
- An education and skills training program regarding reproductive health and abstinence was incorporated into the local high school curriculum. (Change in program directly related to the group's actions and specific objectives. See definition 2.1).

Examples of items not scored as community changes:

- Junior high school students will increase awareness of the effects of diet and exercise on their physical and emotional health. (Outcome written in the future tense. It will only be scored if it already occurred. See definition 2.1.1 This entry would be scored X.)
- A new subcommittee was formed to address federal legislative issues. (This is a planning product since it reports a change in the organization of the initiative, not the community. See definition 2.1.2., 2.1.3 and 2.1.4 The score for this entry is X.)
- The project's Administrative Assistant reported that the AME church started a new Sunday afternoon walking group. (As written, the outcome was not facilitated by the project. See definition 2.1.5. The entry would be scored X.)

3. Planning Products

Abbreviation: PP

General definition: Planning products refer to the results or products of planning activities within the group. There are many types of planning activities, such as developing a mission, completing a strategic planning process, developing an action plan, and setting committee goals. Usually there is some result of planning, something that helps guide the initiative's activities. The result of planning can be, for example, mission statements, strategic plans, written action plans, or written committee goals. These results or products of planning are categorized as planning products. A new initiative will usually complete a number of planning products over time. Most initiatives review and update their action plans yearly, for example.

Planning products can include: (a) statements of objectives (including broad goals), (b) formation of committee or task forces (among established members of the initiative), (c) by-laws and rules adopted, (d) grant applications written or submitted if they result in new objectives for the initiative, and (e) the hiring of staff for the initiative.

3.1 Planning products must meet all of the following criteria:

3.1.1. are identified products or residuals of planning activities, and

3.1.2. are completed, and

3.1.3. occurred with only individuals internal to the initiative.

3.2 Planning products may create the opportunity for service delivery, gathering and distributing resources, as well as community actions

and community changes.

- 3.3 **Separate planning products may be scored if the same item reflects more than one product of planning.**
- 3.4 **Planning is an internal activity. Collaboration with community members (people external to the initiative) to set new agendas for the community are community actions. One needs to keep in mind that partners often wear two or more hats, and can act within the initiative as well as outside the initiative.**
- 3.5 **Planning products include creation of groups within the initiative, such as committees or task forces for collaborative problem solving.**
- 3.6 **Hiring staff is an instance of a planning product.**
- 3.7 **Adopting mission, objectives, action plans, by-laws, or rules of order are instances of planning products.**
- 3.8 **Events that lead to and support the resulting planning product (such as planning meeting) are scored as X's (other).**

Examples of planning products:

- Legislative committee established and members are elected. (Committee formation is a planning product. See definition 3.5)
- By-laws were formally adopted by the group. (Adoption of by-laws or rules is a planning product. See definition 3.7)
- Community changes to be sought by the supermarket task force were adopted. The first committee meeting was on 6/2/90. (Adopting objectives is a planning product. See definition 3.7)
- Broad goals and objectives of the initiative were established at initiative meeting on 7/21/90. (Goal formation is a planning product. See definition 3.7)

Examples of items that are not planning products:

- The initiative director drafted goals for the members to review. (This is not a planning product since the result is yet to be reported. See definition 3.1.2. Entry would be scored as X.)
- A local foundation provided a \$10,000 grant to facilitate an education and awareness program of the initiative. (The grant is a unit of resources generated; the grant application would likely be a planning product. See definitions 3.1 and 6.1.)
- Travel arrangements were made for speakers to present at the October workshop. (This is not a planning product since it relates to a future service provided. See definition 3.1. Entry would be scored as a X)
- Nutrition education workshops were conducted with local child care providers. (This is a service provided. See definitions 3.1 and 4.1.)

4. Services Provided

Abbreviation: SP

General definition: Services provided are events that are designed to provide information, instruction, or develop skills of people in the community. Services provided include classes, programs, screenings, workshops, publications, or other services or communications (e.g., public service announcements or bill stuffers). Records on services provided can include the number of classes or programs conducted and the number of participants in those classes/programs.

4.1 Services provided must meet all of the following criteria:

- 4.1.1. are services or communications to educate, inform, enhance skills, or provide support, and
 - 4.1.2. are sponsored or facilitated by members of the initiative, and
 - 4.1.3. have occurred and/or are ongoing, and
 - 4.1.4. be delivered to community members outside of the initiative.
- 4.2 When a *new* program is initiated, it should be coded as both a community change and a service provided. Any continuing instance of programs are services provided.
 - 4.3 If presentations to community audiences include generating changes to be made in the community (e.g., listening sessions) or are aimed specifically at some change in the community (relative to the group's mission), then it is a community action. If not, a workshop or other presentation is scored as a service provided.
 - 4.4 Instances of service provision (e.g., each workshop, class, or program) are scored each time the event occurs.
 - 4.5 Events to plan services (such as meetings to decide the content of a class) are scored as X's (other).

Examples of services provided:

- A press conference on nutrition was held at Dillon's Grocery Store #65 and attended by approximately 100 people. (This is a service provided since it provided an educational opportunity related to the project's mission. See definitions 4.1 and 4.3)
- A skills training workshop on getting help from a mentor was conducted at the school. (This is a service provided since it is a workshop related to reducing risks for problems targeted by the initiative. See definitions 4.1 and 4.4)
- Nutrition education workshops were conducted for child care providers. (This is a service provided since it is a workshop related to reducing risks for health problems targeted by the initiative. See definitions 4.1 and 4.4)
- A conference on diet and exercise programs in area businesses was conducted on 6/27/90. (This is a service provided since it is an educational program related to reducing risks for problems targeted by the initiative. See definitions 4.1 and 4.4)

Examples of items not scored as services provided:

- A mailing list of potential conference attendees was developed. (This is planning for a service that has yet to result in a conference. See definitions 4.5 and 4.1.3. This item would be scored X.)
- Nutrition education workshops will be conducted in the month of March. (This service has not yet occurred. See definition 4.1.3. This entry would be scored X.)

5. Media Coverage

Abbreviation: M

General definition: Coverage of the initiative or its projects in the newspaper, radio or television, or newsletter. These may be scored as: a) instances or discrete occurrences of coverage, b) column inches of coverage (for print media), and/or c) minutes of coverage (for broadcast media)

5.1 Media coverage must meet all of the following criteria:

5.1.1. have occurred (not just planned), and

5.1.2. be an instance of radio time, television time, newspaper article, brochure or newsletter, and

5.1.3. feature, or be facilitated by, the initiative.

5.2 Record the number of instances and the extent of coverage (i.e., column inches of print media, minutes of broadcast media) for each media exposure. For TV and radio, every airing of a public service announcement (PSA), news report, or event in which the initiative or one of its programs is mentioned is counted as a discrete instance and/or in broadcast minutes. Every newspaper article mentioning the initiative or program is counted as an instance. Every newsletter article is an instance. Each different brochure disseminated is an instance.

- 5.3 Media coverage is counted if it features the project, even if the coverage was not initiated directly by the group. Airings and articles not facilitated by the initiative are valid only if the name of the initiative or one of its projects or products is mentioned or referred to.**
- 5.4 Count all instances of media coverage facilitated by the initiative. The initiative may facilitate media coverage in an number of ways, for example, by: writing public service announcement, contacting editorial boards, building relationships with reporters, or sponsoring media events.**
- 5.5 Copies of print media should be attached to and stored with the logs.**
- 5.6 Internally produced media (such as newsletters, newsletter articles) are all counted as media coverage.**

Examples of media coverage:

- Newspaper article describing the initiative totaling 15 inches of space. (Scored as 1 unit and/or 15 column inches. See definitions 5.1 and 5.2)
- Five, 10 minute radio spots describing the project aired on the local AM radio station. (Scored as 5 units and/or 50 broadcast minutes. See definitions 5.1 and 5.2)
- Eight, 3 minute radio spots describing the project aired on the local FM station. (Scored as 8 units and/or 24 broadcast minutes. See definitions 5.1 and 5.2)

Examples of items not to be considered as media coverage:

- An article on a teen parenthood prevention project in Washington, DC public schools appeared in the local newspaper, 9/12/93. (This is not an instance since the program was not connected to the initiative. See definitions 5.1.3 and 5.3 This entry would be scored X.)
- The local health department developed and distributed a free brochure on preparing healthy meals for children, 10/93. (This is not an instance since the brochure was not facilitated by the initiative. See definition 5.1.3. Entry is scored X.)

6. Resources Generated

Abbreviation: RG

General definition: Acquisition of funding for the initiative through grants, donations, or gifts in kind. Each separate grant or donation is considered to be a unit of resources generated. Resources generated can include money, materials, and people's time.

The monitoring system counts resources generated in two ways: units and estimated value. Why count resources in two ways? Many initiatives will have a few large grants and many small donations. Counting units (or instances) of resources generated highlights the small donations that would seem inconsequential in dollar amount when compared to the larger grants. These small donations show community support, however, and are important to the long-term financial sustainability of the initiative.

- 6.1 Resources generated must meet all of the following criteria:**
- 6.1.1. have occurred (not just planned), and**
 - 6.1.2. be in the form of money, materials, or donated professional time, and**
 - 6.1.3. be used to facilitate actions related to the mission of the initiative, and**
 - 6.1.4. be allocated to the initiative (not one of its partners).**
- 6.2 Donation of people's time is counted if the person is doing work they are trained to do. Professional services of builders, nurses, teachers, and facilitators are examples. Estimate the value of the donated time by calculating the hourly market value of the services multiplied by the number of hours of service.**
- 6.3 Estimate the market value of donated materials. For example, if the newspaper donated advertising space for a special event, determine the market value of that advertising space.**
- 6.4 Count grant moneys when they are disbursed. For example, if a 5-year, \$500,000 grant was awarded and disbursed at \$100,000 per year, count one instance of \$100,000 every year over the grant period.**

Examples of Units of Resources Generated:

- The initiative was awarded a \$1000 grant from Kansas Action for Children. (New grant received. See definition 6.1.2)
- Funding was received from a foundation to implement nutrition education programs (Money generated with help from the initiative for its projects. See definition 6.1)
- A portion of a staff member's time (.5 full-time equivalent) was assigned to the partnership from the county health department (Staff time was donated. See definitions 6.1.2 and 6.2)
- A three year implementation grant was awarded by the Kansas Health Foundation. (New grant is a resources generated. See definitions 6.1 and 6.4)
- A local physician volunteered her time to conduct "Heart Health Checks" at a Project sponsored conference. (Donation of a person's professional time is a resource generated. See definition 6.2)

Example of items that are not Units of Resources Generated:

- The fundraising committee submitted a grant proposal to the Governor's Office. (This is a planning product since it has not yet resulted in a grant. See definitions 6.1.1. and 3.1. Entry would be scored X.)
- Project staff assisted with writing a grant for the YWCA to secure funds to build a new track. (The money was not allocated to the initiative. See definition 6.1.4. Obtaining this grant may be a community change)

- Thirty volunteers assisted with the project-sponsored 10-K run. (Volunteers did not donate professional time, according to this entry. See definition 6.2. This entry would be scored X or services provided if it is the only report of the project sponsored run.)

7. Not Scored, other

Abbreviation: X

General definition: Other items included on the logs for which no code or definition has been created. If this occurs, code the item with an "X."

New initiatives will often report activities that are in-process. Much of the monitoring system, however, is designed to track the results of actions, such as media coverage, services provided, and resources generated. Clearly there are many activities that will take place before a result is produced, for example, phone calls, planning meetings, and confirmation memos. These activities, however, are not categorized in this system.

7.1 If an item is scored as an "X", it is not also scored as something else.

Practice Exercises: Assigning Scoring Categories

Included on the next few pages are practice logs and answer sheets for feedback on practice scoring. Following are Event Logs (Table A.2) and Answer Sheets (Table A.3) and Services Provided logs (Table A.4) and Answer Sheets (Table A.5). Entries in the Media Coverage and Resources Generated logs are usually straightforward, so practice logs are not included. Practice is one of the best ways to learn the monitoring system. Entries listed further on in the logs are more complicated than those listed in the beginning. Answers and explanations are provided after each practice log (Tables A.3 and A.5).

Instructions

Assign scoring categories to each entry using the Expanded Definitions. Make a photocopy of the logs and write your score in the column labeled "Code." Compare your scores with the answers provided following the sample logs. The practice logs are written to simulate logs you may actually receive, so watch out for entries that fall into more than one category, entries that are not scored (e.g., are coded X), and entries on the wrong forms. Good luck! The monitoring system isn't perfect, so practice won't make you score perfectly, but it will help increase your accuracy!

Table A.2 Practice Event Log

EVENT LOG				
Entry #	Code (CA, CC, PP, SP, M, RG, or X)	Date	Event	Description
			Describe the event in detail. Include: Why is it important? What happened as a result?	a. Who was involved? b. What organizations collaborated? c. To what community sector or objective does this relate? d. Was this the first time it occurred?
1.		1/1/95	Discussed enhancing physical activity levels and nutrition education in the after school program at El Centro. Staff will consider making changes.	a. El Centro staff & a coalition member b. El Centro c. Broader Community d. No
2.		3/1/95	Met with El Centro staff. Physical activity and nutrition components were added to the after school program.	a. El Centro staff & a coalition member b. El Centro c. Broader Community d. Yes
3.		2/6/95	Met with manager of chicken place and discussed adding low-fat items to menu. She agreed to contact the franchise office to pursue it.	a. Manager of restaurant and Staff b. Chamber of Commerce c. Business Community d. Yes
4.		2/9/95	Presented on the topic of lower fat eating strategies at the local AARP meeting. 16 people attended. They asked great questions about cooking techniques.	a. Coalition member, Kristie, arranged. Chef Jones presented b. AARP c. Broader Community d. Yes
5.		3/3/95	Wrote an editorial on our need for bike paths along the river. The editorial will be featured in Sunday's <i>Herald Times</i> .	a. Media Task Force member wrote it b. YWCA helped with the research c. Broader Community d. First time Ella wrote one
6.		2/1/95	Tonya, Associate Professor at Haskell Indian Nations University, donated 2 hours of her time analyzing the BRFS survey data for the Pinkney neighborhood.	a. Tonya b. Haskell c. not sure d. No
7.		1/8/95	Met with parents from the Waldorf school to finalize school snack and lunch menus. Parents rewrote the menu to include lower fat and higher fiber foods. New menus are being used and the kids are eating most of the food!	a. Parents and Staff b. Nutritionist on Health Task Force helped c. School Sector d. Yes, for the Waldorf school
8.		2/4/95	Met with St. John elementary	a. Staff

			school and School Food Service director and discussed changing the school food program. He is going to talk to her principal and we will meet again next week.	<ul style="list-style-type: none"> b. St. John school c. School Sector d. Yes
9.		2/5/95	Arranged a meeting with the Chamber of Commerce and MAS (Mothers Against Smoking). This is the first time these groups have met. MAS asked business leaders to adopt at least one practice change that would make cigarettes more difficult for youth to obtain. They were really interested. We scheduled another meeting to formalize agreements.	<ul style="list-style-type: none"> a. MAS, the Chamber, and Staff b. see above c. Business community and broader community d. yes
10.		2/6/95	The project held a community-wide listening session to hear people's concerns about second-hand smoke. Community member's ideas were added to an action plan to address the problem.	<ul style="list-style-type: none"> a. 36 community members and all staff b. Community building donated space c. Broader community d. first on this topic
11.		2/7/95	The Health Organizations Task Force met. Discussed priorities and leadership needs. Scheduled meetings for next 6 months.	<ul style="list-style-type: none"> a. Task Force members b. none c. Health Organizations d. no
12.		2/9/95	Worksite Task Force meeting was held. Joe, who is in charge of PR at the hospital, agreed to include the project's brochure, "Heart Health Tips" on meal trays. Now put on trays the first week of every month.	<ul style="list-style-type: none"> a. Task Force members b. none c. Health Organizations d. no, they meet monthly
13.		2/9/95	Superintendent of Haskell Indian Nations University told me at church that they changed the school policy to require physical education, stressing lifelong exercise.	<ul style="list-style-type: none"> a. Haskell Indian Nations University b. none c. Schools d. yes

Table A.3 Answer Sheet for Practice Event Log

Entry Number	Correct Code(s)	Explanation	Definition Reference Number
1.	CA	The purpose of this meeting is to change the after school program., which is a change in El Centro's practices. The score of community change, however, is not appropriate because the change has not happened yet. The meeting is precursor to the desired community change.	1.10
2.	CA & CC	The change discussed in #1 happened, and is scored CC. The meeting reported in this entry is scored as CA because it meets all the criteria listed in 1.1. Most community changes are accompanied by an additional score, usually CA or SP.	2.1 & 1.1
3.	CA	The purpose of this meeting is to change the menu, which would be a change in a Chicken Place practices. As with #1, the change has not happened yet. Notice that the recorded answered "yes" to the question, "was this the first time this event happened?" Answers to this question can be misleading. This may be the first meeting with the restaurant, but not the first instance of a change in program, policy, or practice.	1.1 & 2.1.1
4.	SP	The purpose of this event is to inform people about lower fat eating, which falls under the category of services provided. Notice that this service was put in the event log. The event log is designed to record community actions and community changes, but it may be used to report events that fall in other categories.	4.1.1
5.	X	The purpose of writing the editorial is to produce media coverage. After it has been published, the editorial will be an instance of media coverage.	5.1.1
6.	RG 1 unit \$70	Tonya donated her professional time, which is an instance of resource generation. The value of her time was estimated at \$35.00 per hour. A telephone call to determine the going rate for a service or an educated guess can be used to estimate value of someone's time.	6.20
7.	CA & CC	The Waldorf school changed the practice involved in preparing food for the children at school, which is a community change. The meeting to make this change is scored as a CA.	1.1 & 2.1
8.	CA	The purpose of the meeting is to change the food service practices at St. John school. The change hasn't happened yet.	1.10
9.	CC & CA CA	This is another example of a number of events in one entry. Two new groups collaborated to make changes in the community. The new collaboration is a change in practice and is scored as a community change. The meeting itself is a CA. MAS & the initiative requested that businesses adopt new practices making cigarettes more difficult for youth to obtain. The purpose of the request is a practice change that has not yet happened.	2.4 & 1.1 1.1
10.	CA	The purpose of this presentation is to gather information from community members to make changes related to reducing second-hand smoke. Ideas were added to the group's	1.2

	RG 1 unit \$30.00	action plan. Did you notice that the community building space was donated? The donation is an instance of a resource generated. Donation was estimated to be valued at \$30.	6.3
11.	X	This was an internal meeting. The meeting did not result in any planning products.	1.4 & 3.8
12.	CA & CC	This was an internal meeting. It is different from #11 in that a Task Force member was acting in the role of PR coordinator for the hospital. A community change occurred during the internal meeting.	1.4.1 & 2.1
13.	X	As reported in this entry, the coalition didn't facilitate this community change.	2.1.5

Table A.4 Practice Services Provided Log

<i>ONGOING SERVICES PROVIDED</i>							
Entry #	Code	Date	Service (e.g., workshop, class, screening)	Location	# of People Attending	# of Hours	New Service ? Yes/No
1.		1/1/95	Cholesterol screenings	Northridge nursing home	76.00	5.00	no
2.		3/1/95	Cool Guys Thursday Night walk-in group	Hard Rock Cafe	16.00	1.00	no
3.		2/6/95	Cook-off featuring low-fat ethnic foods	Southwest AME church	134.00	3.00	no
4.		2/9/95	Presented on the mission of the project and evaluation data to the United Way board of directors	United Way	5.00	1.00	yes
5.		3/3/95	Presentation to MADD on steps they can take to increase enforcement of "SYNAR" ordinances (no sales to minors). Will meet next week to develop a collaborative action plan.	Home of Mary Mathews	15.00	1.00	yes
6.		2/1/95	Presented tips on how to increase time spent in lifelong aerobic physical activities in high school PE classes to a group of PE teachers. Principal is interested in changing PE class curriculum and wants PE teacher's support.	Jackson High School	35.00	2.00	no
7.		1/8/95	Smoking cessation support groups for pregnant teens held on Tuesday and Thursday	Johnson High School & Bryant High School	Tu -5 Th - 7	1.00	no
8.		2/4/95	First Annual breast cancer walk-a-thon	downtown	360.00	4.00	yes
9.			Met with SADD chapter members to plan next STOP class	office	3.00	1.00	no
10.			Lawrence Memorial Hospital sponsored 6 smoking cessation classes	LMH	?	?	yes
11.			Presented the injury prevention advantages of designated bike paths to a local physician's group. They decided to cosponsor a local ordinance supporting bike paths.	LMH	6.00	2.00	yes

Table A.5 Answer Sheet for Practice Ongoing Services Provided Log

Entry Number	Correct Code(s)	Explanation	Definition Reference Number
1.	SP	The purpose of the screenings was to provide information about cholesterol levels and general education on risk reduction.	4.10
2.	SP	The purpose of the group is to provide support for participating in physical fitness activities	4.1.1
3.	SP	The purpose of the cook-off is to enhance people's skills in low-fat cooking.	4.10
4.	SP	At first glance the event looks like it might be a community action. The presentation, however, was not interactive nor aimed specifically at some community change, therefore it is not a community action.	1.2 & 4.1
5.	CA	The presentation was aimed at a specific community change, enforcement of an ordinance, therefore the event is a community action.	1.20
6.	CA	This event is similar to #5. The purpose is to change the practice of PE teachers.	1.20
7.	SP & SP	Support groups are services. Note that two services are reported in one entry.	4.40
8.	CC & SP	The walk-a-thon is a new practice in the community and is, therefore, scored as a community change and service provided.	2.1 & 4.2
9.	X	Planning for services is not a service provided even if people external from the group participate in class preparation.	4.50
10.	X	This entry suggests that the initiative did not sponsor or facilitate the classes.	4.1.2
11.00	CA	The purpose of the presentation was to secure support for a specific community change, and is therefore a community action.	1.2 & 4.3

Assessing Reliability of Scoring

This section provides:

- ✓ Steps for assessing reliability
 - ✓ Examples
 - ✓ Practice exercises
 - ✓ Answers to practice exercises
-
-

☞ Steps for Assessing Reliability

Some partnerships may intend to publish or make conference presentations of monitoring data. In these circumstances, it may be important to assess reliability on the scoring of coded logs. Reliability refers to whether independent observers score events in the same way. For those initiatives with few resources or less stringent requirements for evaluation, this may be unnecessary.

There are only three steps taken to calculate reliability: scoring, filling out a reliability table, and calculating the agreement score.

Step 1: Two people score the same set of logs

Two people independently categorize the same log forms. One person acts as a "primary observer" and one is a "reliability observer" A reliability observer is an individual who independently scores logged events to ensure that events are coded accurately in accordance with the written, agreed-upon definitions. If new definitions or categories are developed or revised based on discussions between the primary and reliability observers, recode the logs separately and recalculate reliability (you may have to go back to the beginning of the logs). A random sample of items may be used for reliability for those months when many logs are returned (10 to 20% would be reasonable, although evaluators might do 100% for the first few months of the evaluation).

Step 2: Fill out a reliability table

The primary observer obtains the scored logs from the reliability observer and compares them with his or her own using a reliability table. The reliability table can be as simple as a contingency table with the codes listed along the top for the primary observer and down the side for the reliability observer. Place a hash mark for each item where the intersection of the observers' codes occur.

Step 3: Calculate the reliability score

Reliability scores range from perfect agreement (100%) to complete disagreement (0%). Researchers disagree on the range of acceptable levels of reliability, but scores over 80% are

generally accepted. There are a number of formulas that can be used to calculate reliability. The following formula assesses reliability generously. A more conservative formula may be used if the data are shared with scientific audiences.

A reliability score can be calculated by totaling each cell in the reliability table and using the formula:

$$\text{Reliability Score} = (\text{number of agreements} / \text{total number of coded events}) \times 100$$

☞ **What to do if your reliability scores are low**

Lower rates of reliability are expected at first. Don't worry, with practice reliability scores will probably increase. If not, discuss difficult to score events with the reliability observer. Try to reach consensus on the appropriate category for these events. Add these difficult to score events under examples in the monitoring definitions. If, after practicing and talking, reliability scores are still low, consider assigning someone with the role of "expert ." The expert should have the best grasp of the definitions. Everyone else can then try to calibrate their scores to the categories assigned by the expert. If all else fails, modify the definitions or add new categories.

☞ Example: Calculating Reliability

Helen scores this initiative's logs regularly; she is the primary observer. Vince, who has been scoring logs from another initiative, codes the same set of logs to assess the accuracy of their coding. Vince is the reliability observer. The scores from both of them are listed in Table A.6.

Event	Helen's Code	Vince's Code	Agreement or Disagreement
1.0	CA	CA	A
2.0	CA	PP	D
3.0	CA	CA	A
4.0	CA	X	D
5.0	SP	CA	D
6.0	CC	CC	A
7.0	SP	SP	A
8.0	SP	SP	A
9.0	SP	SP	A
10.0	SP	SP	A
11.0	SP	SP	A
12.0	X	X	A
13.0	M	M	A
14.0	CC	CC	A
15.0	M	M	A
16.0	X	X	A
17.0	CA	X	D
18.0	CA	SP	D
19.0	CA	CA	A
20.0	CA	CA	A
21.0	X	X	A
22.0	X	X	A
23.0	CC	CC	A
24.0	X	X	A
25.0	X	X	A
26.0	RG	RG	A
27.0	RG	RG	A
28.0	X	X	A
29.0	M	M	A
30.0	M	M	A

The column on the far right in Table A.6 indicates Helen and Vince's agreement or disagreement on which category the event should be assigned: "A" indicating agreement and "D" for disagreement. To calculate reliability, the total number of agreements is divided by the number of agreements plus disagreements and the result is multiplied by 100.

Helen and Vince scored 25 of the events the same. They scored a total of 30 events.

The reliability of their scores is calculated as follows:

$$\text{Reliability score} = (25/30) \times 100$$

Helen and Vince obtained a reliability score of 83.3%, an acceptable level of reliability.

☞ Practice Exercises: Assessing Reliability

The exercises in this section will give you practice in taking two people's scores for a set of logs and calculating the reliability of their scoring.

Instructions

Indicate if the primary and reliability observer agreed or disagreed on the score they assigned to each event in Table A.7. Use the formula provided in this chapter (Number of agreements/total number of events X 100) to calculate the reliability score.

Event	Codes of Primary Observer	Codes of Reliability Observer	Agreement or Disagreement
1.00	SP	CA	
2.00	CA	PP	
3.00	CA	CA	
4.00	CA	X	
5.00	SP	CA	
6.00	CC	CC	
7.00	X	CC	
8.00	CC	CC	
9.00	SP	SP	
10.00	CA	CA	
11.00	SP	SP	
12.00	X	X	
13.00	M	M	
14.00	CC	CC	
15.00	M	M	
16.00	X	X	
17.00	SP	SP	
18.00	X	X	
19.00	M	M	
20.00	CA	CA	
21.00	X	X	
22.00	X	X	
23.00	CC	CC	
24.00	X	X	
25.00	X	X	
26.00	RG	RG	
27.00	RG	RG	
28.00	X	X	
29.00	CC	CC	
30.00	M	M	

Complete the following information and calculate the reliability score below.

Number of agreements: _____

Total number of events (agreements + disagreements) : _____

Reliability score (percent agreement): _____

☞ Answers to Practice Exercises: Assigning Scoring Categories

Number of agreements: 25

Total number of events: 30

Reliability score (percent agreement): 83.3%

Graphing and Providing Feedback

This section provides:

- ✓ Steps for graphing and providing feedback
 - ✓ Examples
 - ✓ Practice exercises
 - ✓ Answers to practice exercises
-
-

☞ Steps for Graphing and Providing Feedback

After a set of logs is completely coded, the evaluators graph the data. If assessing reliability, it is important to only graph the primary observer's scoring categories. There are many ways of graphing, but the best way is to display it so that people understand it. This will take some trial and error with each particular initiative. (Line graphs, bar graphs, colored lines, etc. are all possible). Graphs can be constructed by hand or with a computer.

We recommend preparing cumulative line graphs, as shown in Figure 4.6 of Chapter 4. By adding new events to previous ones, cumulative graphs provide a picture of ongoing development of the initiative. The slope of the line is an indicator of how much activity or accomplishment occurs. The steeper the slope, the more activity; a flat line shows no activity.

Graphing is quite easy, but can be time consuming. Constructing graphs by hand is tedious and learning a new computer program requires an initial time investment. Graphs are worth the time! After recording and categorizing all these events, why stop short of the most informative and useful product? Graphing makes the data collected easier to understand and provides a way to organize years of data.

Graphing and providing feedback is a three step process. First, tally scores by category and add the number to the previous months' data. Second, graph the total number of events in each category. Finally, share and discuss the graphs with members of the initiative and

community members.

Step 1: Tally scores and add to previous data

Add up the number of events in each category (e.g., number of community actions, number of community changes) scored in the current set of logs. Please note that it is important that only the data from the primary observer is graphed. Otherwise, the data will be distorted, and the reliability scores will be meaningless. Enter the numbers on a tally sheet that contains similar data from previous sets of logs.

Step 2: Graph the data

Locate the point on the graph that represents the cumulative number of each category, draw a dot, and connect the new dot to the dot that represents the previous total. That's all there is to it.

Step 3: Feed data back to members of the initiative

Once the graphs are completed, make a list of the community changes, and lists of items for any of the other codes, for the current logs. This is extremely helpful for those explaining the graphs, and saves them the trouble of reading logs that may not contain many actions or outcomes. The lists should be updated monthly, and outcomes should be grouped by month.

Share the graphs with staff from the initiative and community members. In general, presentation of monitoring graphs should include the following:

- Introducing the coding categories: provide examples of each category and state why this measure is important
- Pointing out what is positive about the data
- Noting trends in the line and explaining the possible meaning of the trends

☞ Example: Graphing and Providing Feedback

Data from Helen's scores (taken from Table A.6) are used to illustrate how to graph data cumulatively.

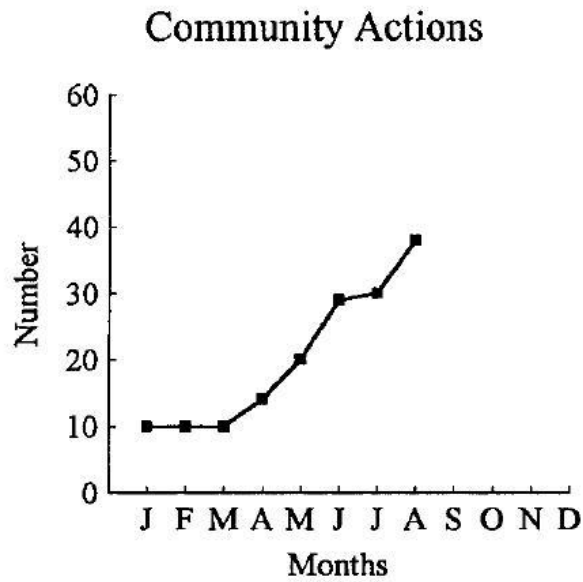
Table A.8 shows an example tally sheet. Data for each month are listed on the row marked "cum." for cumulative. Monthly data are added to the previous month's data in the row marked "cum." for cumulative. For example, there were 8 community actions in August. Eight was added to the cumulative total of 30 in July, for a new cumulative total of 38 in August.

		JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
CA	Num.	10.0			4.0	6.0	9.0	1.0	8.0				
	Cum.	10.0	10.0	10.0	14.0	20.0	29.0	30.0	38.0				
CC	Num.	0.0	0.0	0.0	1.0	1.0	2.0	4.0	3.0				
	Cum.	0.0	0.0	0.0	1.0	2.0	4.0	8.0	11.0				
SP	Num.	0.0	3.0	4.0	6.0	7.0	7.0	3.0	6.0				
	Cum.	0.0	3.0	7.0	13.0	20.0	27.0	30.0	36.0				
PP	Num.	4.0	4.0	2.0	0.0	0.0	1.0	2.0	0.0				
	Cum.	4.0	8.0	10.0	10.0	10.0	11.0	13.0	13.0				
Media	Num.	5.0	5.0	2.0	3.0	5.0	1.0	0.0	4.0				
	Cum.	5.0	10.0	12.0	15.0	20.0	21.0	0.0	25.0				
RG \$	Num.	100,000	0.0	0.0	\$100	\$20	\$600	\$30	\$350				
	Cum.	100,000	100,000	100,000	100,100	100,120	100,720	100,750	101,100				
RG units	Num.	1.0	0.0	0.0	2.0	1.0	6.0	1.0	2.0				
	Cum.	1.0	1.0	1.0	3.0	4.0	10.0	11.0	13.0				

Num = Number Cum. = Cumulative

Figure A.1 shows a cumulative graph of the community actions tallied in Table A.8. Notice the flat line between January and March. In cumulative graphs, flat lines indicate no activity: No community actions were produced in February and March. The line becomes steeper starting in April and continuing through August, which indicates more community actions were produced during that period.

Figure A.1 Example Graph of Community Actions Plotted Cumulatively



☞ Practice Exercises

The exercise that follows provides practice in summarizing and graphing four months of monitoring data. Good luck!

Instructions

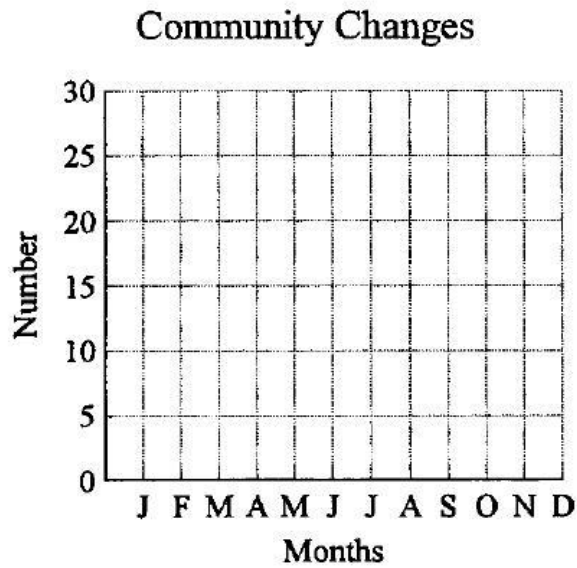
Table A.9 lists sample scoring categories for September - December. Use the Tally Sheet provided in Table A.10 to calculate cumulative totals for these months. Graph the results, for community changes only, on Figure A.2. Finally, provide answers to questions about the graph.

SEPT	PP	CC	CC	CA	CA	CA	SP	SP	CC	M	M	CC	CA
OCT	CA	SP	SP	SP	CA	CA	CC	CC	CC	CC	M	CA	CA
NOV	CC	CC	SP	SP	SP	CA	CA	CA	CA	CA	M	M	M
DEC	CC	SP	SP	SP	CA	CA	PP	SP	SP	SP	SP	CC	CC

		JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
CA	Num.	10.0	0.0	0.0	4.0	6.0	9.0	1.0	8.0				
	Cum.	10.0	10.0	10.0	14.0	20.0	29.0	30.0	38.0				
CC	Num.	0.0	0.0	0.0	1.0	1.0	2.0	4.0	3.0				
	Cum.	0.0	0.0	0.0	1.0	2.0	4.0	8.0	11.0				
SP	Num.	0.0	3.0	4.0	6.0	7.0	7.0	3.0	6.0				
	Cum.	0.0	3.0	7.0	13.0	20.0	27.0	30.0	36.0				
PP	Num.	4.0	4.0	2.0	0.0	0.0	1.0	2.0	0.0				
	Cum.	4.0	8.0	10.0	10.0	10.0	11.0	13.0	13.0				
Media	Num.	5.0	5.0	2.0	3.0	5.0	1.0	0.0	4.0				
	Cum.	5.0	10.0	12.0	15.0	20.0	21.0	0.0	25.0				
RG \$	Num.	100,000	0.0	0.0	\$100	\$20	\$600	\$30	\$350				
	Cum.	100,000	100,000	100,000	100,100	100,120	100,720	100,750	101,100				
RG units	Num.	1.0	0.0	0.0	2.0	1.0	6.0	1.0	2.0				
	Cum.	1.0	1.0	1.0	3.0	4.0	10.0	11.0	13.0				

Num = Number Cum. = Cumulative

Figure A.2 Graph for Practice Exercise



Looking at the graph you constructed on community changes, answer the following questions.

Are there any flat points on the line representing community changes? If so, during which months? _____

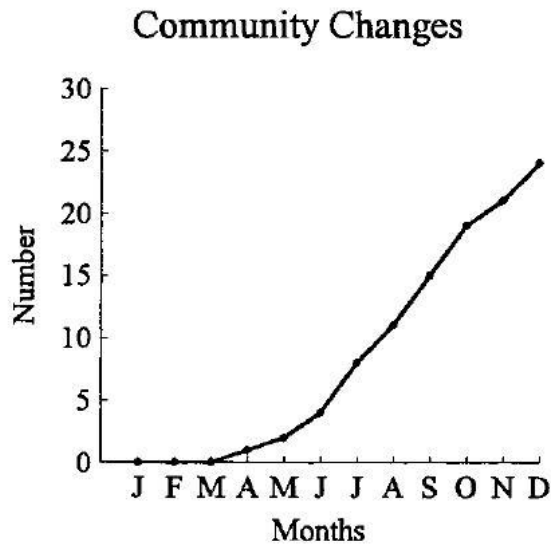
Are there any steep slopes on the line representing community changes? If so, during which months? _____

What conclusions can you draw about community changes facilitated over this period?

☞ Answers to Practice Exercises

Table .A.10 Answer Tally Sheet for Practice Exercise					
		SEPT	OCT	NOV	DEC
CA	Num.	4.0	5.0	5.0	2.0
	Cum.	42.0	47.0	52.0	54.0
CC	Num.	4.0	4.0	2.0	3.0
	Cum.	15.0	19.0	21.0	24.0
SP	Num.	2.0	3.0	3.0	7.0
	Cum.	38.0	41.0	44.0	51.0
PP	Num.	1.0	0.0	0.0	1.0
	Cum.	14.0	14.0	14.0	15.0
Media	Num.	2.0	1.0	3.0	0.0
	Cum.	27.0	28.0	31.0	31.0
RG \$	Num.	0.0	0.0	0.0	0.0
	Cum.	101,100	101,100	101,100	101,100
RG units	Num.	0.0	0.0	0.0	0.0
	Cum.	13.0	13.0	13.0	13.0
Num. = Number Cum. = Cumulative					

Figure A.2 Answer Graph for Practice Exercise



Are there any flat points on the line representing community changes? If so, during which months? There is a flat line from January through March.

Are there any steep slopes on the line representing community changes? If so, during which months? Steepest part of the line is between July and October

What conclusions can you draw about community changes produced over this period?

No community changes were produced at the beginning of the year. Perhaps this is a new initiative. The first community change happened in April, and there is a steady increase of community changes produced until November. There was a slight drop in the slope in November. Perhaps the holiday season resulted in a slower rate of change.

Blank Forms for the Monitoring System

This part of the appendix provides blank forms for implementing the monitoring system.

It also includes the following:

- ✓ Event Log
- ✓ Ongoing Services Provided Log
- ✓ Media Coverage Log
- ✓ Resources Generated Log
- ✓ Tally Sheet for summarizing monitoring data

Event Log

Site:

Recorder:

Using this form, please describe: 1) actions taken to bring about changes in the community that are related to reducing risk for problems in living, and 2) changes in *programs* (e.g., new after school activities), *policies*, (e.g., worksite cafeteria offers at least one heart healthy alternative), and *practices* (e.g., new community collaboration) that are related to reducing risk for problems identified by the initiative.

Code	Date (m/d/y)	Event	Description
		Describe the event in detail. Include: Why is it important? What happened as a result	<ul style="list-style-type: none"> a. Who was involved? b. What organizations were collaborators c. To what community sector or objective does this relate? d. Was this the first time this event happened?

Send this form by the first Friday of every month to the evaluators: _____

Ongoing Services Provided Log

Site:

Recorder:

Using this form, please describe classes, workshops, screenings, or other informational or service programs provided to community members on a regular basis. Please note whether this is the first time that this service has been provided in the community.

Code	Date (m/d/y)	Service (e.g., workshop, class, screening)	Location of Service	# of people attending	Number of hours	New Service ? Yes/No

Send this from by the first Friday of every month to the evaluators: _____

Media Coverage Log

Site: _____

Recorder: _____

MEDIA COVERAGE Please attach copies of newspaper articles, etc.			
Date (m/d/y)	Topic of media Coverage (e.g., announcing a new peer support program)	Media Type (Newspaper, TV, Radio, etc.)	Number of Newspaper Column Inches or Broadcast Minutes (e.g., 4 inches; 2 minutes)

Send this from by the first Friday of every month to the evaluators: _____

Resources Generated Log

Site: _____

Recorder: _____

RESOURCES GENERATED			
For example: Cash and Grants (e.g., United Way grant, Rotary cash donation, etc.) and In Kind Donations (e.g., free professional service, food donation)			
Date (m/d/y)	Source	In Kind Dollar Amount	Cash/Grants Amount

Send this from by the first Friday of every month to the evaluators: _____

Tally Sheet

Project: _____

Year: _____

		JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
CA	Num.												
	Cum.												
CC	Num.												
	Cum.												
SP	Num.												
	Cum.												
PP	Num.												
	Cum.												
Media (inches, min)	Num.												
	Cum.												
RG \$	Num.												
	Cum.												
RG units													
Num = Number Cum. = Cumulative													

APPENDIX 2

Materials for Constituent Survey of Process (Ratings of Satisfaction)

SAMPLE COVER LETTER FOR CONSUMER SATISFACTION SURVEY

Date

Dear Member of (the initiative):

The purpose of the attached consumer satisfaction questionnaire is to get your feedback on how well (the initiative) is doing. As you know, (the initiative's) mission is to _____ in _____ (city/county).

Please complete each question by circling the number that best shows your satisfaction with that aspect of the initiative. We welcome additional comments and suggestions you have for improving (the initiative).

To protect anonymity, please use the enclosed envelope to return your completed questionnaire to our evaluators, the (name them).

Thanks in advance for your valuable advice and feedback.

Best regards,

Executive Director

PLEASE RETURN BY _____

Sample Annual Consumer Satisfaction Survey (Date)

We welcome your feedback on how well (the initiative) is doing. For each item, please circle the number that best shows your satisfaction with that aspect of the initiative. Provide additional comments if you wish.

Your SATISFACTION
with the...

PLANNING AND IMPLEMENTATION:

	very dissatisfied			very satisfied		
1. Planning process used to prepare the objectives for the initiative.	1	2	3	4	5	
2. Follow through on the initiative's activities.			1	2	3	4 5
3. Strength and competence of staff.	1	2	3	4	5	

Comments:

LEADERSHIP:

	very dissatisfied			very satisfied		
4. Clarity of the vision for where the initiative should be going.	1	2	3	4	5	
5. Strength and competence of leadership.	1	2	3	4	5	
6. Sensitivity to cultural issues.			1	2	3	4 5
7. Use of the media to promote awareness of the initiative's goals, actions, and accomplishments.	1	2	3	4	5	
8. Opportunities for members of the initiative to take leadership roles.	1	2	3	4	5	

Comments:

Your SATISFACTION

20. The initiative's contribution to the goal of
(list other major goals, if appropriate) . 1 2 3 4 5

Comments:

OVERALL APPROVAL RATING:

21. Is the community better off today because of
(the initiative) ? (Circle one) Yes No

OVERALL COMMENTS:

Sample Memorandum of Results

DATE: _____

TO: (Leadership and Board of Directors of the initiative)

FROM: The Evaluation Team

RE: Results of the Annual Consumer Satisfaction Survey for
_____.

Enclosed please find the results of the Annual Consumer Satisfaction Survey. We had a good response--_____ people (___ %) completed the survey. This report includes the average rating and the range of responses for each question, and a summary of the comments for each section.

Generally, respondents were satisfied with the different aspects of functioning outlined in the survey. However, the range of responses was from 1 to 5 for each issue. The highest ratings were noted for the strength of competence of staff, the strength and competence of leadership, and the clarity of the vision of the initiative. The lowest rating was noted for item 20, the group's contribution to the goal of _____ . Ninety-three percent of the respondents felt that the community was better off today because of (the initiative).

Many of the respondents also provided comments at the end of each section. The comments, in addition to the ratings of each question, may provide some helpful feedback in planning for future activities of (the initiative).

If you have any questions, please feel free to call us. We can also further discuss the survey findings at our next meeting.

cc: Program officer, Funding source

APPENDIX 3

Materials for Constituent Survey of Outcomes (Ratings of Importance of Community Changes)

SAMPLE COVER LETTER FOR OUTCOME SURVEY

Date

Dear Members of (the initiative) :

The purpose of the attached outcome survey is to get your feedback on how well (the initiative) is doing. As you know, the mission of (the initiative) is to _____ in _____ (city/county).

Please complete each question by circling the number that illustrates how important each community change is to the mission of (the initiative) .

To protect anonymity, please use the enclosed self-addressed envelope and return your completed survey to our evaluators, the (name them) .

Thanks in advance for your valuable advice and feedback.

Best regards,

Executive Director

Enclosure

PLEASE RETURN BY _____

GENERIC OUTCOME SURVEY
(Date)

Staff and members of (the initiative) have been involved in efforts that resulted in a variety of community changes related to the mission of _____.

This survey lists XX community changes that resulted from the initiative's efforts. For each survey item, please circle the number that best describes how important each community change is to the initiative's mission of _____. Use the following scale to rate your answers.

1	2	3	4	5
Very Unimportant	Unimportant	Neither Unimportant nor Important	Important	Very Important

COMMUNITY CHANGES
(Date Accomplished)

IMPORTANCE
OF THE COMMUNITY
CHANGES TO THE MISSION
OF _____.

			Very Unimportant	Neither Unimportant Very Important	Unimportant nor Important		
1.00	_____	(Date)	1.00	2.00	3.00	4.00	5.00

2.00	_____	(Date)	1.00	2.00	3.00	4.00	5.00

3.00	_____	(Date)	1.00	2.00	3.00	4.00	5.00

Taken together, how important are the above community changes in accomplishing the mission of _____?

SAMPLE MEMORANDUM OF RESULTS FOR A SUBSTANCE ABUSE INITIATIVE

DATE: _____

TO: (Leadership and Board of Directors of the Initiative)

FROM: Evaluation Team

RE: Results of the Outcome Survey for _____

Enclosed please find the results of the Outcome Survey for _____. The purpose of the survey was to assess the significance of community changes resulting from the initiative's efforts according to its constituents. We had a reasonable response rate (13%), with 103 completed questionnaires from the 800 coalition members and policy makers to whom the survey was mailed. The attached report includes the average rating and the range of responses for each question listed in order of occurrence on the survey. We conclude with written comments related to (the initiative's) accomplishments, a critical review of community changes, and recommendations for improvement.

In general, respondents rated the community changes facilitated by _____ as "important," an average rating of 3.79 (with 5 the highest). Further, no community change received a rating below 3 (neither unimportant nor important). Taken together, the contribution of the reported community changes to the mission was rated as 4.21 (between important and very important.)

The three top rated community changes involved changes in resource allocations or policy: City Council approves the addition of 32 additional police officers for the city, (Mean = 4.39, Range = 1-5), the new, "drive-by" shooting ordinance, approved by the City Council, increases the penalty to a maximum of one year (Mean = 4.38, Range = 1-5), and based upon the efforts of _____, the Governor signed the "drive-by" shooting bill to make shooting a firearm at a home a felony and revisions to the state "drive-by" shooting law (Mean = 4.37, Range = 1-5).

Among the lowest ranked community changes involved small, short-term, or symbolic efforts: _____ helped in the development of a job description for the new executive director position at SRS Family and Youth Commission (Mean = 3.06, Range = 1-5), mini-grant awarded to the Holy Savior School to give kids the opportunity to create a project to present at a fair in the Spring of 1992 (Mean = 3.12, Range = 1-5),

_____ agrees to cosponsor the Great American Smoke-out (Mean = 3.21, Range = 1-5), and commitment from the mayor to use drug-free life style sticker slogan on all city vehicles (Mean = 3.21, Range = 1-5).

Many of the respondents also provided written comments. The comments are attached and are grouped according to accomplishments, a critical review of community changes, and recommendations for improvement.

You should be proud of these accomplishments. Your constituents have noted the significant contributions of these many changes to _____'s mission of reducing substance abuse among adolescents. If you have any questions please feel free to call us.

cc: Program Officer, Funding source

*"The pure and simple truth
is rarely pure and never simple."
--Oscar Wilde*

APPENDIX 4

Materials for Interviews with Key Participants (Analysis of Critical Events)

FORMAT FOR THE CRITICAL EVENTS INTERVIEW

Initiative:

Key Participant:

Participant's Position:

Participant's Involvement with the Initiative:

Date of Interview:

Interviewer:

Interview Process: Ask introductory questions: What key events or incidents were critical to the initiative's development? Its major accomplishments or successes? Its setbacks or challenges?

After listening to the informant and taking notes on this page, identify the several particularly important events (usually 6-12 discrete events). State these to the informant, asking for agreement about them. Each identified critical event will then be considered separately using the form that follows.

CRITICAL EVENTS:

Date (month, year)

Event

FOR EACH CRITICAL EVENT, ask about:

Date of the Event (month, year):

RATIONALE: (Why was this event particularly important?)

CONTEXT OR CONDITIONS: (What was going on at the time of the event? What made the conditions right for this to happen?)

KEY ACTIONS AND ACTORS: (What key actions brought about the critical event? Who were the key actors?)

BARRIERS AND RESISTANCE: (Were the group's actions met with barriers or resistance? What types of barriers? Who resisted?)

KEY RESOURCES: What key resources (e.g., people, financial resources, political influence) were used to bring about the critical event? How were these resources used to overcome barriers and resistance?)

CONSEQUENCES (for the initiative): (What were the consequences of or results of the critical event for the initiative?)

CONSEQUENCES (for the community): (What were the consequences for the community?)

After all identified events have been discussed, ask about:

OVERALL LESSONS: (Overall, what lessons have you learned from your involvement with the initiative? What lessons have you learned from the initiative's attempts to define and act on its mission?)

FUTURE DIRECTIONS: (What issues does the initiative face in the future? What challenges should be addressed?)

SAMPLE CRITICAL EVENT REPORT FOR A COALITION FOR REDUCING RISK FOR CARDIOVASCULAR DISEASE

List of Critical Events in the Life of the Kansas LEAN Coalition

1. Initial formation of Kansas LEAN (Fall, 1988)
2. Development of Partnerships and Task Forces (Spring, 1989)
3. Negotiating a location and lead agency for Kansas LEAN (Spring, 1990)
4. Collaboration with Childcare Association (Late Spring 1989)
5. Kansas Health (Wesley) Foundation awards the Kansas LEAN grant (July, 1990)
6. Hiring Kansas LEAN's Director (July, 1990)
7. Interventions with Dillons (August, 1990)
8. Developing the Child Care Nutrition Curriculum (September, 1990 - April, 1994)
9. Monitoring and evaluation (September 1990, ongoing)
10. Action planning (October, 1990 - April, 1991)
11. KDHE provides 50% of LEAN Director's salary (January 1991)
12. Kansas Wheat Foods Commission becomes a partner of Kansas LEAN (May, 1991)
13. Kansas LEAN presents at national conferences (Spring, Fall, 1991)
14. The first Annual Kansas LEAN Partners' Meeting (November, 1991)
15. Kansas LEAN facilitates the USDA Food Safety education project (Winter 1991)
16. First Annual Legislative Fat Bucks Buffet (Spring 1992)
17. Kansas LEAN awarded American Cancer Society grant (Spring, 1992)
18. LEAN awarded American Cancer Society grant (Spring 1992)
19. Development of Youth Foods and Nutrition Curriculum (Spring 1992 - October 1993)
20. Kansas LEAN moved to Kansas Department of Health Education (July 1992)
21. Release and distribution of Check Your Six materials (Fall 1992)
22. Kansas LEAN awarded USDA technical assistance grant to conduct the CDC Dietary Intake Survey (completed Summer 1993)
23. Kansas LEAN awarded Prevention Block Grant (July 1993)

Sample Narrative--

CRITICAL EVENT: 10. Action Planning

Date of the Event: October 1990 - April 1991

A. RATIONALE:

The action plan kept us on a time line. Things were no longer pie in the sky. We put up time lines that gave us something to go against. The action plans are very much a working document.

B. CONTEXT OR CONDITIONS:

The coalition had spent a year talking in generalities. We were ready to get down to action. We were holding press conferences that made a commitment to the public to do something. We took all the change objectives and laid out our action plan by Task Forces. Each Task Force met to further develop the action plan. Most of us were not used to being in a true collaboration. The diversity of the group required that we figure out how people fit. If we didn't define roles, we would lose people.

C. KEY ACTIONS AND ACTORS:

Judy Johnston, Paula Marmet, Steve Coen, Mary Clark, Tom Ryan, Maggie Chamberlain, and David Banks were key leaders. They forced us to decide what we were going to do. The monthly brainstorming was very helpful. The survey of importance and feasibility was very critical. The survey gave all the Task Force members and partners a chance to get involved.

D. BARRIERS AND RESISTANCE:

Since people had experienced other types of strategic planning, some eyes rolled when we started. Some thought it would not produce anything useful. Eventually people believed that this planning process would be different.

E. KEY RESOURCES:

The task forces still had control over what would be pursued. The Work Group and Steve Coen were very helpful in providing technical support.

F. CONSEQUENCES (Coalition):

The strategic plan made the coalition members feel that we were finally underway. It helped with public perception. We now had substance. This is what we are and what we do. It brought the coalition together on its priorities. For example, the emphasis on early nutrition made it easier for people to see that children were a priority for the coalition. It also made it much easier to talk with potential funders.

G. CONSEQUENCES (Community):

Strategic planning got programs in place. Without it, we might not have began to work on the child care curriculum. The action plan put programs out there that weren't there before. Action planning also helped us to pull in new partners. As the plan grew, additional partners become obvious. Partners could see how they could be involved with the coalition and its mission.

APPENDIX 5

Background for Community-level Indicators for Initiatives for Prevention of Substance Abuse, Adolescent Pregnancy, Tobacco Control, Injury Control, and Violence

RECOMMENDED COMMUNITY-LEVEL INDICATORS FOR SUBSTANCE ABUSE COALITIONS

1. Number of single-nighttime vehicle accidents.
2. Number of drug positives from urine samples of arrestees (e.g., based on Drug Use Forecasting [DUF] System).
3. Number of arrests for drug possession.
4. Cost and purity of street drugs.
5. Number of drug positives from urine samples of pregnant women at the time of delivery.
6. Number of AOD-related emergency room episodes (e.g., based on Drug Abuse Warning Network [DAWN]).
7. Number of AOD-related deaths (e.g., based on DAWN).
8. Number of individuals on waiting lists for and admissions to in-patient and out-patient AOD program service.
9. Number of referrals and admissions to mental health centers for AOD problems.
10. Incidence of AOD-related birth outcomes (e.g., fetal alcohol syndrome, positive drug toxicology).
11. Incidence of drug-related sexually-transmitted diseases (STDs), including HIV transmission in AIDS cases.
12. Incidence of AOD-related medical conditions (e.g., cirrhosis of the liver, hepatitis).
13. Number of drug positives from urine samples of job applicants and employees.
14. Aggregate per capita consumption of alcohol, based on alcohol tax revenue data.

Source: Evaluation of the Community Partnership Demonstration Program. Identification and assessment of community-wide indicators of alcohol and other drug abuse and procedures for pilot test indicators. [Available from the Center for Substance Abuse Prevention, 9C18, Rockwall II, 5600 Fishers Lane, Rockville, MD 20857.]

RECOMMENDED COMMUNITY-LEVEL INDICATORS FOR SUBSTANCE ABUSE COALITIONS

1. Drug-affected babies.
2. Student alcohol and drug abuse.
3. Juvenile arrests for drug offenses.
4. Adult arrests for drug offenses.
5. Arrestees testing positive for drugs.
6. Marijuana plants seized.
7. Positives in pre-employment drug testing.
8. Employers with employee assistance programs.
9. People treated for substance abuse problems.
10. Teen alcohol-involved traffic deaths.
11. Adult alcohol-involved traffic deaths.
12. Drug overdose deaths.

Source: Regional Drug Initiative. Drug Impact Index. Portland, Oregon. June 1992. [Available from the Regional Drug Initiative, 522 S.W. 5th Street, Suite 1310, Portland, Oregon 97204.]

NOTES ON THE COMMUNITY-LEVEL INDICATOR OF SINGLE-NIGHTTIME VEHICLE CRASHES

Data on Single-Nighttime Vehicle Crashes

Source: State Office of Traffic Safety, State Department of Transportation.

Definition: Single-nighttime vehicle crashes are incidents that involve no more than one vehicle and result in any physical injury or more than \$500 property damage (to the vehicle and/or other property).

Methodology: Local law enforcement agencies (police, highway patrol, county sheriff, campus police, etc.) write up incidents. Report forms are sent to the State Department of Transportation which inputs and edits data. The reliability of the data base (if known) should be reported.

Strengths and Limitations of Data

Single-nighttime vehicle crashes:

- are to a large degree associated with alcohol and other drug use
- is the most reliable indicator of community-wide substance abuse

However, single-nighttime vehicle crashes:

- do not reflect substance abuse by non-driving persons or youths under legal driving age
- are caused by other factors in addition to substance abuse
- are subject to underreporting or misreporting by agencies

Reviewing Trends and Comparison Communities

Trends in single-nighttime vehicle crashes should be reviewed to see whether the initiative is having an impact in the target county. Compare reductions in single-nighttime vehicle crashes in the initiative's county with another comparable county or in the state overall. This comparison has some limitations. The changes brought about by the initiative may have changed behaviors related to driving under the influence of substances to a greater degree than other drug-related behavior. The comparable county, although demographically the most similar, may not be an ideal comparison to the target county. Something may have occurred in the comparison county (and not occurred in the initiative's county) that slowed downward trends in single-nighttime vehicle crashes in the comparison county.

RECOMMENDED COMMUNITY-LEVEL INDICATOR FOR ADOLESCENT PREGNANCY PREVENTION INITIATIVES

The estimated pregnancy rate for females aged 15-19 is the most commonly used indicator for adolescent pregnancy. Data may also be available for females aged 10-19 and 10-14. Currently, the majority of the pregnancies occur within the 15 to 19 year old age group.

Technical Notes

The *formula* for calculating the estimated pregnancy rate is as follows: (live births+fetal deaths+reported abortion)/population of females age 15-19 X 1000.) This formula can also be used to calculate the estimated pregnancy rate for females of different ages. Epidemiological data such as these rely on the accuracy of both the numerator and denominator. Limitations of each are described below.

Abortion data include only those reported by hospitals and clinics participating in state health department report systems. Because of their sensitivity, abortion data tend to be underreported. For example, in a typical county in 1993, 6.6% of adolescent pregnancies reportedly resulted in an abortion. Yet, nationally, it is estimated that 36% of adolescent pregnancies result in abortions.

Population estimates for the age group may come from different sources. Estimates are available from the Census Bureau and as well as from state offices such as health departments and university research institutes. Population estimates may come from different sources over a given time period. For example, population estimates for years 1 through 5 may have been provided by the state Census Bureau and for years 6 through 10 by a local research institute.

It is important to know the data that are needed to compute the estimated pregnancy rate for a given age group and their limitations. Because of the difficulty in securing data on abortions and population size with absolute certainty, the estimated pregnancy rate for adolescents age 15 through 19 remains an "estimate." Issues around reporting by hospitals in a given area and the accuracy of recording place of residence of the mother may also come into play when exploring the accuracy of estimated pregnancy rate as an indicator. Changes in data collection that may have occurred over the period of the prevention initiative, and a few years prior, should also be explored with the state health department's statistician to give the initiative a sense of whether changes in the estimated pregnancy rate could be due to a change in reporting rather than as a result of the initiative.

RECOMMENDED COMMUNITY-LEVEL INDICATOR FOR TOBACCO CONTROL INITIATIVES

Per capita consumption of tobacco products

Note: This represents the most objective data available on population levels of tobacco consumption. Data are available from the state health department (or department of revenue) based on the excise taxes that are imposed on tobacco products. Excise taxes are collected at the level of tobacco distributors. This information is available on a monthly basis.

Variability from month to month may be an artifact of this measure. It may reflect patterns of stocking at the retail level. When systematic seasonal variations are adjusted for, however, collective sales data provide the best available estimate of total tobacco use.

The main limitation of these data is that they do not provide information on the behavior of consumers. A change in consumption rate is a composite of many individuals' uptake and quitting behavior. For example, a drop in cigarette sales may be the result of the same people smoking fewer cigarettes or fewer people smoking. Nor do consumption data indicate what changes in special populations, such as young women or ethnic minorities, might be reflected in the data. Despite these limitations, tobacco consumption remains the best community-level indicator.

[Source: Pierce, J.P. et al. (1994). Tobacco use in California: An evaluation of the tobacco control program, 1989-1993. La Jolla, CA: University of California, San Diego.]

RECOMMENDED COMMUNITY-LEVEL INDICATORS FOR INJURY CONTROL INITIATIVES*

1. Deaths due to unintentional injuries.
2. Hospitalizations due to unintentional injury.
3. Deaths caused by motor vehicle crashes.
4. Deaths from falls and fall-related injuries.
5. Drowning deaths.
6. Hip fractures among older adults.
7. Emergency room admissions for non-fatal poisonings.
8. Hospitalizations due to non-fatal head injuries.
9. Hospitalizations due to non-fatal spinal injuries.
10. Secondary injuries associated with injuries to the head and spinal cord.
11. Deaths due to farm-related injuries.
12. Hospitalizations due to farm-related injuries.
13. Local sources of other measures may include coroner and police reports, data from walk-in clinics and emergency rooms, child care centers, schools, nursing homes, social service agencies, senior services, large businesses, and insurance companies.

* Because impact measures for intentional injury are included under the heading "violence prevention initiatives," the following candidate measures cover only unintentional injury due to motor vehicle crashes, residential fires, falls, poisoning, and other non-intentional causes.

Note: Almost three-quarters of all injury deaths, and over half of non-fatal injuries, occur among males. Accordingly, including females in the denominator of incidence rates may render measures less sensitive. [Rice, D.P., MacKenzie, E.J., & Associates. (1989). Cost of injury in the United States: A report to Congress. San Francisco, CA: Institute for Health & Aging, University of California and Injury Prevention Center, The Johns Hopkins University.]

Source: United States Department of Health and Human Services. (1990). Healthy people 2000: National health promotion and disabled prevention objectives. (DHHS Publication No. PHS 91-50213). Washington, D.C.: U.S. Government Printing Office.

RECOMMENDED COMMUNITY-LEVEL INDICATORS FOR VIOLENCE PREVENTION INITIATIVES

1. Uniform Crime Reports, Federal Bureau of Investigation/Department of Justice (FBI/DOJ): Published annually; includes violent crimes such as rape, assault, homicide, and robbery.
2. National Crime Survey and National Victimization Survey (FBI/DOJ): Administered annually; includes questions about spouse, child and elder abuse.
3. National Center for Health Statistics Mortality Data and Centers for Disease Control Mortality Data (Center for Disease Control and Prevention, Atlanta, GA): Includes data collected based on the ninth edition of the International Classification of Diseases (ICD-9 codes); summarizes the deaths in the United States by cause and demographics.
4. State Crime Data (for example, from the Kansas Bureau of Investigation): Published annually; includes the same information given to the FBI for their Uniform Crime Reports, but is broken down by county and metropolitan areas.
5. State Incident Based Reporting System (for example, from the Kansas Bureau of Investigation): Unpublished data; includes information provided by police agencies through "Standard Offense Reports" and "Standard Arrest Reports."
6. State Juvenile Justice Information System (for example, from the Kansas Bureau of Investigation): Unpublished data; includes the same information provided by the Incident Based Reporting System as well as information from Child in Need of Care (CINC) or Child in Need of Services (CHINS) reporting.
7. Local sources of data may include coroner reports and local police reports, information collected by the school district on the incidence and prevalence of assaults, and information collected by local women's shelters and social service agencies about spouse abuse.

"Few will have the greatness to bend history itself; but each of us can work to change a small portion of events, and in the total of all those acts will be written the history of this generation."

--Robert F. Kennedy