

CHAPTER II

CDC'S FRAMEWORK FOR PROGRAM EVALUATION IN PUBLIC HEALTH AND PATTON'S UTILIZATION-FOCUSED EVALUATION APPROACH

This chapter provides an overview of CDC's Framework for Program Evaluation in Public Health (CDC Evaluation Framework) and the Utilization-Focused Evaluation approach (developed by Michael Quinn Patton). Both are used to guide the development of WISEWOMAN evaluation.

A. WISEWOMAN Evaluation

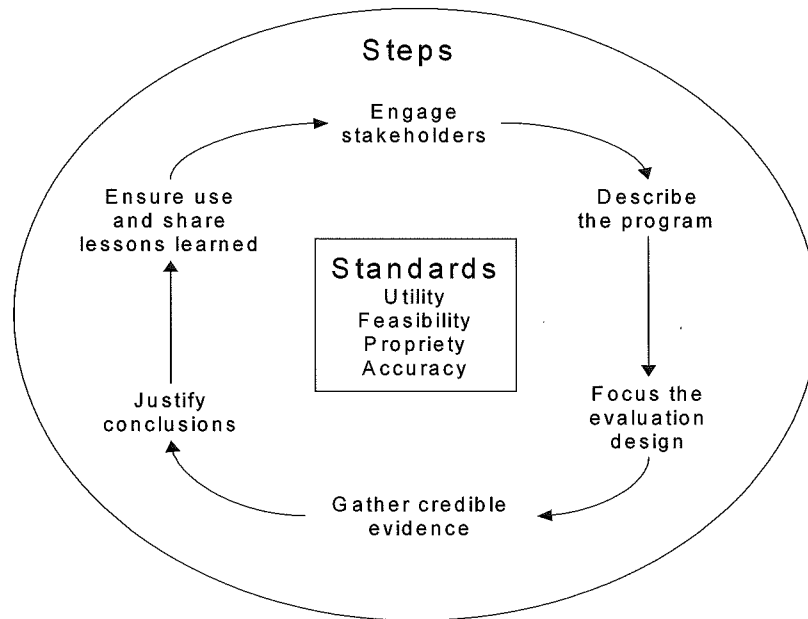
CDC and funded programs can work in partnership to achieve the greater goal of increasing access and improving quality of care for WISEWOMAN participants. Evaluation activities are focused at two levels: (1) the CDC WISEWOMAN Program (Chapter III) and (2) the funded program (Chapter IV). Both levels of evaluation should be guided by the CDC Evaluation Framework and the Utilization-Focused Evaluation approach. Both are described in the following sections.

B. CDC Evaluation Framework

The CDC Evaluation Framework focuses on the integration of evaluation and program management to produce results that can help guide program planning and improvement, ultimately leading to better public health outcomes. The framework was developed by the CDC Evaluation Working Group with input from over 300 individuals representing groups, including but not limited to, State and local health officials, evaluation experts, public health program managers, and community-based researchers. The framework was piloted through trainings with approximately 10,000 professionals. Since its conception, it has been used to guide numerous Federal, State, and community-based public health program evaluations.

The CDC Evaluation Framework includes four groups of standards for evaluation (utility, feasibility, propriety, and accuracy) and consists of six steps (engage stakeholders, describe the program, focus the evaluation design, gather credible evidence, justify conclusions, and ensure use and share lessons learned) (Figure 4).

Figure 4. CDC Evaluation Framework (Source: CDC 1999).



1. Standards for Program Evaluation

The CDC Evaluation Framework includes 30 Standards for Program Evaluation that were developed by the Joint Committee on Standards for Educational Evaluation (Joint Committee on Standards for Educational Evaluation 1994). These standards are widely recognized as the guide to sound evaluation practice and are classified into four groups. The CDC WISEWOMAN Program adheres to these standards in all of its evaluation activities. The four groups are:

- **Utility Standards:** An evaluation should be useful and its purpose clearly defined at the start of the evaluation process. Intended users of evaluation results should be included as stakeholders throughout the evaluation process.
- **Feasibility Standards:** An evaluation plan should be feasible and realistic given program factors such as evaluation cost, program needs, and political support for different activities.
- **Propriety Standards:** Evaluation strategies must be legal, ethical, and thoughtful of the welfare of those involved and those affected. This includes ensuring the rights of human subjects, avoiding conflict of interest (real or perceived), and developing policies for disclosure of evaluation findings.
- **Accuracy Standards:** Data accuracy is related to the credibility of evaluation results. Accuracy standards support the use of data sources (both qualitative and quantitative) that provide valid and reliable evaluation results, while recognizing that trade-offs in accuracy may be required in order to meet the other groups of standards.

2. Steps for Program Evaluation

The four groups of standards at the core of the CDC Evaluation Framework guide the performance of each of its six steps. The six steps are:

- Step 1. **Engage Stakeholders:** Stakeholders for an evaluation are a subset of the stakeholders for a program. Key evaluation stakeholders include those who will use the results of an evaluation. The involvement of such stakeholders throughout the evaluation process promotes their support of the evaluation activities and increases the likelihood that evaluation results will be used.
- Step 2. **Describe the Program:** A current, thorough description of the program or the program element to be evaluated is the foundation for evaluation design. A logic model may be a useful way to describe a program and a series of logic models may be helpful in expanding the detail of program elements to be evaluated.
- Step 3. **Focus the Evaluation Design:** An evaluation design begins with the identification of the evaluation purpose(s). Specific evaluation questions are developed and prioritized. Data needed to answer each question are identified. Focusing the evaluation design involves developing an evaluation plan that includes a description of methods for data collection, analysis and interpretation; and a plan for dissemination of evaluation results.
- Step 4. **Gather Credible Evidence:** Data are gathered in accordance with the evaluation plan developed in Step 3. Adjustments to the evaluation plan may be necessary and the Evaluation Standards serve as the guideposts.
- Step 5. **Justify Conclusions:** The assessment process includes analysis and synthesis of information, interpretation of results, and development of recommendations for program improvement and priorities. The reasoning that supports evaluation conclusions should be clear and explicit.
- Step 6. **Ensure Use and Share Lessons Learned:** To ensure that the findings from the evaluation are used and that lessons learned are acted upon, evaluation results should be shared with stakeholders. This may include active dissemination using multiple methods and formats suitable to different audiences.

Although the six steps of the CDC Evaluation Framework are depicted in sequential order, in practice an evaluation process often requires cycling backwards and forwards through the framework. For example, during the process of describing a program activity/area to be evaluated (Step 2), additional stakeholders for the evaluation may be identified (return to Step 1 to engage new stakeholders). Similarly, when gathering credible evidence (Step 4), a barrier in collecting an intended data source may require recycling back to re-examine the step of focusing the evaluation to reflect data sources that are accessible (Step 3) and potentially involving additional stakeholders to gain access to a new data set (Step 1). Thus, the CDC Evaluation Framework guides the evaluation but does not require rigid adherence to a sequential order.

C. Utilization-Focused Evaluation

In addition to the CDC Evaluation Framework, WISEWOMAN evaluation incorporates the Utilization-Focused Evaluation approach (Patton 1997). The guiding principle of this approach is that the value of an evaluation is tied to the utility and actual use of the results. This approach frames the evaluation design based on its purpose and stakeholders.

The Utilization-Focused Evaluation approach is compatible with the CDC Evaluation Framework and adds emphasis on the utility standards and the “engage stakeholders” and “ensure use and share lessons learned” steps of the CDC Evaluation Framework. It is also consistent with the guidance in the *WISEWOMAN Program Guidance and Resource Document* that funded programs should design an evaluation that will enhance the likelihood that findings will be used for program improvement, demonstrate that their evaluation findings are used by primary intended users, and share lessons learned.

The following tips for facilitating use of the evaluation results are adapted from the Utilization-Focused Evaluation Checklist (Patton 2002) and provide a general orientation to the approach.

- **Identify stakeholders and intended users to participate in the evaluation process.** Intended users are people who have a direct, identifiable stake in the evaluation. It is important to engage the intended users of evaluation results among the stakeholders who are involved throughout the evaluation process.
- **Refine the evaluation design to support use by evaluation stakeholders and intended users.** Engage stakeholders and the intended users when selecting evaluation indicators, methods, and data sources. Encourage them to identify the types of data or evidence that are credible and compelling from their viewpoint.
- **Manage data collection and analysis with use in mind.** Analyze, organize, and present evaluation results in a way that facilitates use by intended users. Ask the intended users how best to present the results.
- **Actively facilitate use of evaluation results.** One of the primary goals of evaluation is program improvement. Evaluation results should be disseminated to stakeholders and intended users and action steps should be developed that translate evaluation recommendations into action.

The original checklist may be found at <http://www.wmich.edu/evalctr/checklists/ufe.pdf>. More about Utilization-Focused Evaluation can be found in *Utilization-Focused Evaluation: The New Century Text* by Michael Patton.⁵

⁵ Patton, Michael Quinn. (1997). *Utilization Focused Evaluation: The New Century Text, 3rd Edition*. Thousand Oaks, California: Sage Publications, Inc.

CHAPTER III

CDC WISEWOMAN PROGRAM EVALUATION

This chapter provides a brief description of the CDC WISEWOMAN Program evaluation.

Program management and monitoring are key parts of the CDC WISEWOMAN Program evaluation. For Program management, CDC will use data, such as information gathered from the Interim and Annual Progress Reports, Financial Status Reports, and Continuation Applications, for tasks such as managing budgets and ensuring effective administration and implementation of the cooperative agreement program. CDC will monitor the WISEWOMAN Program by tracking key data from the MDEs such as the number of funded programs that are meeting screening targets, and quality indicators such as the percentage of program participants with alert values who receive timely and appropriate medical care.

In addition to management and monitoring, CDC will evaluate the progress made in achieving the six WISEWOMAN Program goals and the Program's contribution to reducing CVD morbidity and mortality. CDC will use the evaluation results to identify areas for Program improvement, technical assistance needs, and best practices. The results will be shared when communicating to partners and stakeholders about the impact of the WISEWOMAN Program on CVD.

A. Program Goals and Evaluation Questions

The WISEWOMAN Program goals are the basis for the identified evaluation questions, potential indicators, and data sources. As mentioned in Chapter I, the goals for the CDC WISEWOMAN Program include:

1. Maximizing the reach of the Program (i.e., provide service to as many women as possible).
2. Working to eliminate health disparities (by serving those most in need).
3. Decreasing heart disease and stroke risk factors of the WISEWOMAN population.
4. Maximizing the number and variety of settings that deliver WISEWOMAN services (e.g., screening, lifestyle intervention).
5. Ensuring that WISEWOMAN is delivered as intended (i.e., direct services are implemented with fidelity).
6. Sustaining the benefits of WISEWOMAN over time at the individual level (e.g., linking participants to low-cost community resources that support heart health) and organizational level (e.g., implementing policies and procedures that reflect a focus on primary prevention and follow national guidelines).

In general, evaluation questions are meant to address program progress and effects and they should therefore clearly align with program goals. The questions do not, however, have to directly mirror the goals of the program as specific aspects of a goal may have higher priority for evaluation or particular program components for evaluation may address multiple goal areas.

Evaluation questions should also reflect the focus of the evaluation. However, since evaluation questions are developed throughout the life of a program, the questions may change based on the program's stage. For example, evaluation questions for a new program may focus on assessing capacity, infrastructure, and essential operations. As a program comes into full and ongoing operation, evaluation questions may focus more on quality, effectiveness, and efficiency. Along with consideration of the evaluation context, evaluation questions are usually developed using a combination of information resources including program goals and objectives and the program description. In addition, stakeholder input on how to focus and prioritize the evaluation questions is essential to ensure that results are used.

Using the WISEWOMAN Program goals, CDC has developed the following evaluation questions for the CDC WISEWOMAN Program:

- I. How well does the Program maximize reach in the priority populations?
- II. To what extent are all required Program direct services implemented in a manner consistent with Program guidelines?
- III. To what extent do WISEWOMAN services meet the needs of Program participants?
- IV. To what extent do guidance and technical assistance meet Program/partner needs?
- V. How effective is the Program at implementing activities intended to promote sustainability of the Program?
- VI. What is the Program's contribution to the elimination of health disparities?
- VII. What effect does participation in the WISEWOMAN Program have on participants' heart disease and stroke risk factors?

Table 1 presents the list of the seven CDC WISEWOMAN Program evaluation questions and the corresponding WISEWOMAN goals that they address.

Table 1
CDC WISEWOMAN Program Evaluation Questions and Corresponding Goals

	CDC WISEWOMAN Evaluation Questions	CDC WISEWOMAN Goal(s) Addressed
I.	How well does the Program maximize reach in the priority populations?	Maximize the reach of the Program Maximize the number and variety of settings that deliver WISEWOMAN services Work to eliminate health disparities
II.	To what extent are all required Program direct services implemented in a manner consistent with Program guidelines?	Ensure that WISEWOMAN is delivered as intended Work to eliminate health disparities
III.	To what extent do WISEWOMAN services meet the needs of Program participants?	Decrease heart disease and stroke risk factors Work to eliminate health disparities
IV.	To what extent do guidance and technical assistance meet Program/partner needs?	Ensure that WISEWOMAN is delivered as intended
V.	How effective is the Program at implementing activities intended to support sustainability of the Program?	Sustain the benefits of WISEWOMAN over time at the individual level and organizational level Ensure that WISEWOMAN is delivered as intended

	CDC WISEWOMAN Evaluation Questions	CDC WISEWOMAN Goal(s) Addressed
VI.	What is the Program's contribution to the elimination of health disparities?	Work to eliminate health disparities
VII.	What effect does participation in the WISEWOMAN Program have on participants' heart disease and stroke risk factors?	Decrease heart disease and stroke risk factors Work to eliminate health disparities

The CDC WISEWOMAN Program evaluation questions can be grouped into two types of evaluation questions: process and outcome. Some questions are process (Questions I and II) and some are outcome (Question VII). Questions do not have to be exclusively process or outcome and can address either process or outcome issues, depending on how they are framed (Questions III, IV, V, and VI). In general, process evaluation questions address the implementation of a program while outcome evaluation questions focus on the intended results produced by the program, such as health risk factors, access to care, and program sustainability. Evaluations of a program's processes and outcomes are often conducted in conjunction with one another because program implementation processes affect the outcomes of the program. In terms of the WISEWOMAN Program, a site that is able to implement a lifestyle intervention as intended (process) is more likely to achieve desired health improvements (outcome). An evaluation plan may include both process and outcome questions to assess a program's progress towards meeting its goals and to identify areas for program improvement.

B. Evaluation Indicators

Indicators are data and may be examined on an ongoing basis to track program progress. These same data are also frequently used to provide answers to evaluation questions (evaluation indicators). When used for tracking, indicators often correspond to core program activities that are assessed and reported on a regular basis. Indicator data analysis can show trends in activities, outputs, and outcomes. This information can be used for program planning, improvement, and evaluation. A list of potential evaluation indicators for the CDC WISEWOMAN Program evaluation is presented in a table in Appendix A. The indicators are grouped to demonstrate how the indicator data may also be used to answer each CDC WISEWOMAN Program evaluation question. The table shows how the indicators are associated with logic model component(s) and gives suggested data sources. The CDC WISEWOMAN Program evaluation design is being finalized and the evaluation will likely utilize subsets of the indicators in Appendix A to answer specific evaluation questions that relate to CDC priorities.

C. Evaluation Data Sources

Utilizing appropriate data sources for evaluation indicators can strengthen the credibility of evaluation. Some data sources such as MDEs offer consistency of measurement and reporting between years and among programs. Different data sources have advantages and limitations and, as a result, may be better suited for one type of indicator versus another. A combination of data sources may provide the most accurate representation of the program. Table 2 illustrates three main data sources that CDC anticipates using in its WISEWOMAN Program evaluation: MDEs, the CDC Site Visit and Technical Assistance Tracking Database, and case studies.

WISEWOMAN MDEs are a set of standardized data variables collected by funded programs and reported biannually to CDC. MDEs were developed to ensure that consistent and complete information is collected for each WISEWOMAN participant. Data elements include information on screening sites, participant demographic characteristics, baseline screening and rescreening results, personal and family health history, and lifestyle intervention services provided. Analyses of MDEs are used by CDC to monitor and manage the WISEWOMAN Program, track Program progress, assess Program performance, identify areas for Program improvement, and inform Program planning and budgeting. Funded programs should also use MDEs as a data source for their own program monitoring and management. CDC also uses MDE data for Program evaluation and funded programs are encouraged to do likewise.

In addition to MDE data, CDC uses data from its Site Visit and Technical Assistance Tracking Database to identify program-specific training needs, Program-wide training needs, and areas for Program improvement. Data obtained from case studies will be used by CDC to examine Program implementation, activities, and outcomes. Using a combination of data sources is useful in developing a full understanding of the CDC WISEWOMAN Program, and takes advantage of the strengths offered by each data type.

Table 2
Summary of Core WISEWOMAN Data Collection Activities

Core Data Collection Activities			
	Minimum Data Elements (MDEs)	Site Visit and Technical Assistance Tracking Database	Case Studies
Description	Set of standardized data elements about participant demographics, geographics, services received, and risk factors	Database housing information related to site visits conducted and technical assistance provided by CDC	Document providing in-depth information about Program implementation, activities, and outcomes.
Party Responsible for Data Submission	Funded program	CDC	CDC or its designee
Data Collection Period	Biannual (April and October)	Annual (site visits) At least monthly (technical assistance)	Annual (in conjunction with site visits when possible)
Data Analysis Type	Quantitative	Quantitative and Qualitative	Qualitative
CDC Analysis	<ul style="list-style-type: none"> Standardized reports generated twice a year for each funded program and the overall Program Plotted over time 	<ul style="list-style-type: none"> Identification of themes and trends in progress towards meeting objectives Calculate descriptive statistics of technical assistance type and number of sessions provided Plotted over time 	<ul style="list-style-type: none"> Identification of themes and trends in progress towards meeting objectives Provide context to quantitative assessments
Funded Program Analysis	<ul style="list-style-type: none"> Analysis of data from CDC MDE reports to monitor program performance and use of resources 	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Not applicable
Use	<ul style="list-style-type: none"> Monitor program management and efficiency Track program progress Assess program performance Identify areas for program improvement Inform program planning and budgeting 	<ul style="list-style-type: none"> Identify Program-wide and program-specific training needs Identify areas for Program improvement Ensure assistance is fairly allocated Ensure standardized messages are communicated 	<ul style="list-style-type: none"> Identify best practices Identify areas for Program improvement Inform Program planning and budgeting

This chapter has provided a brief overview of the CDC WISEWOMAN Program evaluation. Chapter IV focuses on WISEWOMAN funded program evaluation.

CHAPTER IV

WISEWOMAN FUNDED PROGRAM EVALUATION

This chapter provides guidance that WISEWOMAN funded programs can utilize when planning and conducting their evaluation activities. Section A summarizes the overall purpose of funded program evaluation and Section B briefly describes the WISEWOMAN funded program evaluation requirements. Section C illustrates how funded programs can use the CDC Evaluation Framework and Utilization-Focused Evaluation to structure their evaluation.

A. Purpose of Funded Program Evaluation

The major purpose of funded program evaluation is to generate results and recommendations that can be used to improve the program. Funded program evaluation can be used to:

- Identify program needs
- Identify methods for program improvement
- Identify best practices
- Demonstrate accountability to funders, including CDC

Funded program evaluations are intended to be complementary to the CDC WISEWOMAN Program evaluation. They should therefore be guided by the CDC Evaluation Framework and the principles of Utilization-Focused Evaluation. When beginning funded program evaluation, it is important to ask: *What do you need to know to help improve your program?*

Funded programs may want to use the CDC WISEWOMAN Program evaluation questions as a basis for developing their own evaluation questions. As indicated in Chapter III, the seven CDC WISEWOMAN Program evaluation questions are:

- I. How well does the Program maximize reach in the priority populations?
- II. To what extent are all required Program direct services implemented in a manner consistent with Program guidelines?
- III. To what extent do WISEWOMAN services meet the needs of Program participants?
- IV. To what extent do guidance and technical assistance meet Program/partner needs?
- V. How effective is the Program at implementing activities intended to promote sustainability of the Program?
- VI. What is the Program's contribution to the elimination of health disparities?
- VII. What effect does participation in the WISEWOMAN Program have on participants' heart disease and stroke risk factors?

Evaluation questions are used to clarify the performance of specific aspects of a program and should be linked to the program's logic model. Establishing such linkages enables programs to

understand evaluation results in the context of the program processes. However, depending on the priorities, resources, and stage of program implementation, not all logic model components may be addressed in designing a program evaluation. As mentioned in Chapter III, many of the CDC WISEWOMAN Program evaluation questions will examine components of the Funded Program Logic Model. Table 3 depicts the specific components that each of the CDC WISEWOMAN Program evaluation questions address.

Table 3
CDC WISEWOMAN Program Evaluation Questions and Corresponding Funded Program Logic Model Components they Address

	CDC WISEWOMAN Evaluation Questions	Logic Model Component(s) Addressed
I.	How well does the Program maximize reach in the priority populations?	Activities (Direct Services): <ul style="list-style-type: none"> - Provider Selection - Participant Recruitment - Baseline Screening and Referral Services - Lifestyle Interventions - Rescreening
II.	To what extent are all required Program direct services implemented in a manner consistent with Program guidelines?	Activities (Direct Services): <ul style="list-style-type: none"> - Baseline Screening and Referral Services - Rescreening - Lifestyle Interventions - Risk Reduction Counseling - Case Management - 5-A Behavioral Counseling Framework - Professional Development
III.	To what extent do WISEWOMAN services meet the needs of Program participants?	Activities (Direct Services): Multiple measures of the extent to which participant needs are being addressed can be measured within all direct service components
IV.	To what extent do guidance and technical assistance meet Program/partner needs?	Activities (Program Management): <ul style="list-style-type: none"> - Oversight - Professional Development Short-term outcomes (Program Level): <ul style="list-style-type: none"> - Implemented Program as Intended Intermediate outcomes (Program Level) <ul style="list-style-type: none"> - Improved Program Effectiveness and Efficiency
V.	How effective is the Program at implementing activities intended to promote sustainability of the Program?	Activities (Partnerships): <ul style="list-style-type: none"> - BCCEDP - Tobacco Control Programs - HDSP Programs/Coalitions - Community Partners Short-term Outcomes (Program Level): <ul style="list-style-type: none"> - Maximized Sharing of Resources with Program Partners Intermediate Outcomes (Program Level) <ul style="list-style-type: none"> - Developed and Maintained Community and Partner Support for the Program

	CDC WISEWOMAN Evaluation Questions	Logic Model Component(s) Addressed
VI.	What is the Program's contribution to the elimination of health disparities?	Activities (Direct Services): <ul style="list-style-type: none"> - Participant Recruitment - Baseline Screening and Referral Intermediate outcomes: <ul style="list-style-type: none"> - Improved Access to Care - Improved Quality of Care
VII.	What effect does participation in the WISEWOMAN Program have on participants' heart disease and stroke risk factors?	Intermediate outcomes: <ul style="list-style-type: none"> - Changed Behaviors Among Participants - Reduced Heart Disease and Stroke Risk Factors Among Participants

B. Funded Program Evaluation Requirements

Funded programs should use their program evaluation to identify areas for continuous quality improvement of program services and to ensure quality care for participants. The *WISEWOMAN Program Guidance and Resource Document* contains detailed information about WISEWOMAN funded program evaluation requirements. The funded program evaluation requirements that are specified in this evaluation overview document are purposely broad and are intended to be flexible. CDC understands that not all funded programs are alike and that each program may need to implement slightly different evaluation activities depending on its specific evaluation needs. The purpose of funded program evaluation is to improve the program; therefore, programs should consider their evaluation needs in relation to the program requirements.

Below is a list of the major evaluation requirements with a brief description of how funded programs can meet them.

1. Funded programs are expected to work with CDC or its designee to demonstrate the program's value, which includes process and outcome evaluations; case studies; and assessing public health impact, effectiveness, and cost effectiveness.

As described in Chapter III, CDC will be conducting an evaluation of the overall WISEWOMAN Program. Funded programs will assist CDC in its evaluation by collecting and submitting MDE data, providing CDC with policies and procedures documents upon request, and participating in site visits and case studies.

2. Funded programs must assess whether direct services are being implemented as intended. This includes monitoring the implementation of the core elements of the lifestyle intervention and assessing the impact of the lifestyle intervention.

A cornerstone of the CDC WISEWOMAN Program is the provision of direct services with fidelity to the WISEWOMAN Program requirements. Funded programs can use MDE data to engage in ongoing monitoring and to assess the impact of direct service provision. It is important to keep in mind that MDEs may not be able to help answer all identified evaluation questions. Therefore, funded programs are encouraged to look beyond MDE data when conducting their evaluations. Potential additional data sources are discussed in Part C of this chapter.

3. Funded programs must give providers feedback to evaluate progress and identify processes that are working well or that need improvement.

Funded programs will need to develop processes for giving feedback to providers that lead to program improvements. This might include monthly reports using MDE data that show the progress being made on meeting screening targets and if participants with alert values are being seen in a timely manner, or scheduling monthly calls with providers to discuss and provide feedback on implementation of Program requirements.

4. Funded programs are expected to share lessons learned and make contributions to knowledge through presentations, publications, and other methods of dissemination.

Opportunities for sharing lessons learned include meetings with other funded programs, professional conferences, and monthly calls with the CDC WISEWOMAN project officer.

Funded programs should include key evaluation activities in their work plan and all evaluation activities must be approved by CDC before they are implemented.

C. Conducting Funded Program Evaluations

Funded program evaluations should be guided by the CDC Evaluation Framework and the Utilization-Focused Evaluation approach. As discussed in Chapters II and III, the CDC Evaluation Framework is guided by four groups of evaluation standards (utility, feasibility, propriety, and accuracy) and consists of the following six steps:

- Step 1:** Engage Stakeholders
- Step 2:** Describe the Program
- Step 3:** Focus the Evaluation Design
- Step 4:** Gather Credible Evidence
- Step 5:** Justify Conclusions
- Step 6:** Ensure Use and Share Lessons Learned

Each step of the CDC Evaluation Framework will be described and then applied to the funded program evaluation example below.

Funded Program Evaluation Example

Susan, the program manager for program X, is examining the program’s MDEs. Although program X is able to provide baseline screenings to a large number of women, exceeding their target screening numbers, the data show that very few participants who are referred to the lifestyle intervention (LSI) are participating. In program X, women with at least two risk factors are supposed to be referred to the LSI. The program manager, Susan, wonders why so few women are participating in the LSI and decides to use the CDC Evaluation Framework and the Utilization-Focused Evaluation approach to develop her evaluation plan.

Baseline Screenings	Number of Women Referred to LSI	Attendance at the LSI			
		Site A	Site B	Site C	Site D
1700	1200	30	40	10	100

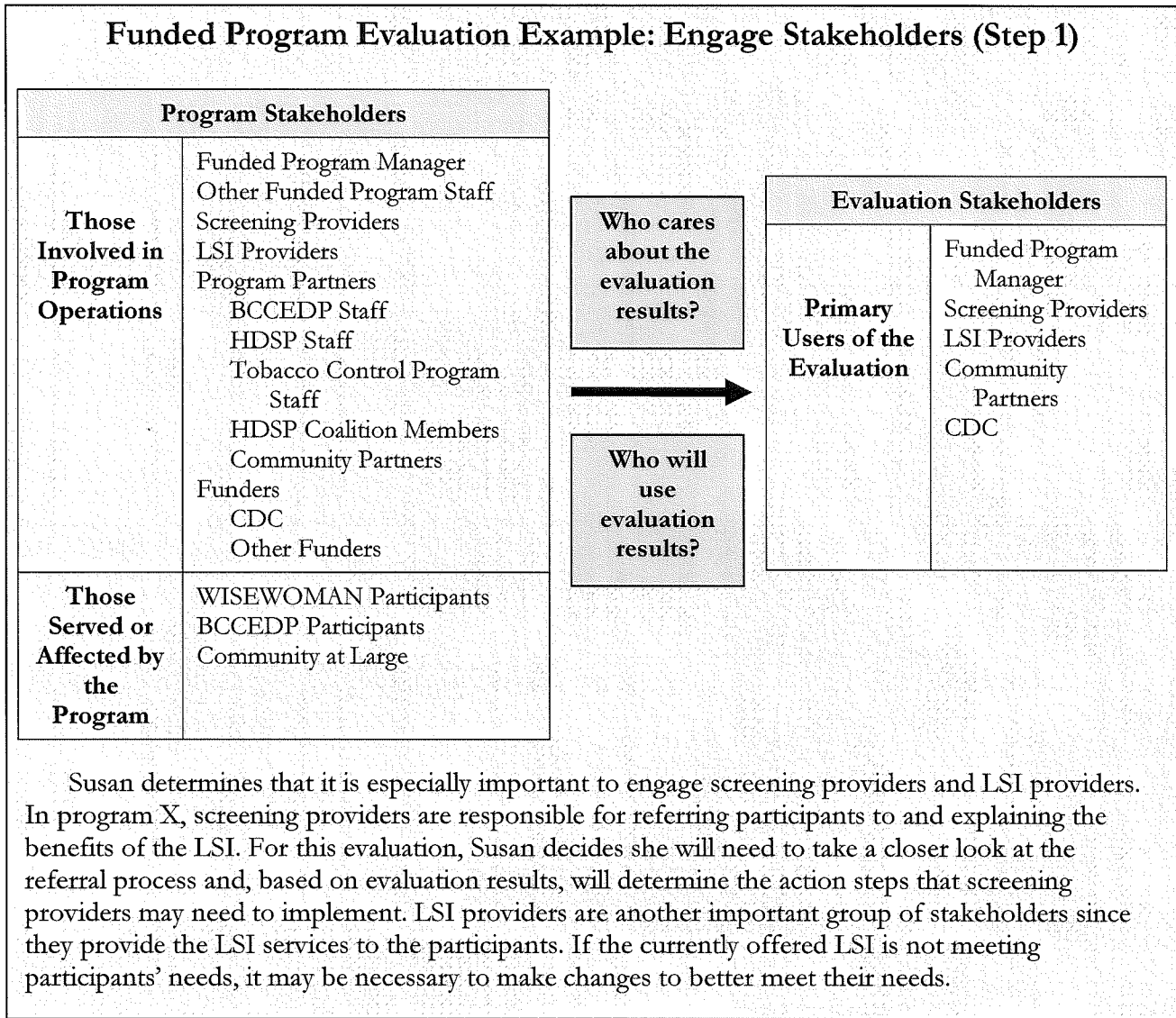
Step 1: Engage Stakeholders

Stakeholders are the people or organizations who have an investment in what will be learned from an evaluation and what will be done with the knowledge. To identify stakeholders for an evaluation, it is helpful to ask, “Who cares about the evaluation results?” and, “Who will use evaluation results?” Engaging stakeholders throughout the evaluation process helps ensure that various perspectives are considered when:

- Developing evaluation questions
- Planning the evaluation methods
- Selecting data sources that key stakeholders consider to be credible
- Interpreting evaluation data and results
- Using evaluation results for program improvement

Engaging stakeholders in an evaluation is also an important component of the Utilization-Focused Evaluation approach. Engaging stakeholders early and often throughout the evaluation process helps to facilitate use of the evaluation results. Although a variety of stakeholders can be identified for a program, stakeholders for an evaluation are those who are interested in or potentially impacted by the evaluation results. The stakeholders for an evaluation are generally a subset of the program stakeholders.

In the box below is a description of how Step 1 of the CDC Evaluation Framework is applied to the funded program evaluation example presented on page 26.



Step 2: Describe the Program

A program description can include a written document containing program protocols, logic models, and other published resources. A review of the generic program description with program staff, stakeholders, and others can help verify that there is a shared, current understanding of the program components and goals. In addition to a general program description, it is often useful to develop a detailed written description of the particular program activity/area that is the subject of the evaluation. Developing a detailed description is especially helpful in clarifying the current status of program components or activities that may have changed since an overall program logic model was adopted.

When describing a program or a program activity to be evaluated, it is important to include information about the current context that may influence the program, the evaluation data, or evaluation conclusions. Contextual factors may include competing or supporting initiatives, social or regional norms, local political factors, and motivations or behaviors of the priority population or providers.

The following are resources that can be used to assist funded programs with developing their program descriptions:

- Funded program narrative and work plan
- *WISEWOMAN Program Guidance and Resource Document*
- www.wiseinterventions.org Web site
- www.cdc.gov/wisewoman Web site

Another good resource to use when describing the program is the funded program logic model (Figure 3). Logic models are helpful in 1) describing the logic of how the program is expected to function (linking processes to eventual effects) and 2) showing what and where to evaluate. Outlining the logic of how programs are expected to function often reveals assumptions concerning conditions for program effectiveness. As mentioned in Chapter 1, Figure 3 serves as a generalized funded program logic model. Funded programs may wish to tailor this logic model to suit their program and evaluation needs. Funded programs may wish to add ongoing activities, outputs, or outcomes; regroup categories; further represent relationships between program elements by inserting more flow arrows; or more fully depict internal and external program goals. In addition, funded programs may choose to expand parts of the logic model. For example, if a program is conducting an evaluation of its recruitment activities, it may want to expand the recruitment section of the funded program logic model in more detail. The program may outline all specific recruitment strategies that are employed and the logic behind how these strategies work to get women into the program.

In the box below is a description of how Step 2 of the CDC Evaluation Framework is applied to the funded program evaluation example presented on page 26.

Funded Program Evaluation Example: Describe the Program (Step 2)

Susan focuses on the connection between *referral* to LSI services and *use* of LSI services. She uses the following resources to further describe this aspect of the program:

- Program X's Logic Model: LSIs are a crucial link between outputs and outcomes. According to the program design described in the logic model, changes in knowledge and motivation lead to changes in behavior which lead to changes in risk factors. In program X, it is critical that those women who are screened and have at least two identified risk factors, are referred to participate in the LSI.
- Program X's Flow Diagram for WISEWOMAN Direct Services: Screening providers use behavior and readiness to change assessments along with screening information to determine the need for LSIs and community-based referrals. Since in program X the link to the LSI is the screening provider, Susan thinks that perhaps this is where there is a breakdown in the "flow".
- Susan has heard a number of anecdotal reports that some screening providers do not see the benefits of the LSI for participants. She plans to examine this issue in more detail in her evaluation.

Step 3: Focus the Evaluation Design

Focusing the evaluation design includes:

- 1) Identifying the Evaluation Purpose
- 2) Identifying Potential Evaluation Questions
- 3) Prioritizing Evaluation Questions
- 4) Determining What Data are Needed to Answer the Evaluation Questions (Evaluation Indicators)

1. Identify the Evaluation Purpose

Articulating an evaluation's purpose is an important first step in focusing the evaluation design. Characteristics of the program, particularly its stage of development, will influence the evaluation's purpose. The CDC Evaluation Framework specifies that public health evaluations have four general purposes, described as follows:

- To gain insight, for example, into the practicality of a new approach or to clarify how a program's activities are expected to bring about change.
- To change practice, for example, to describe what has been done within a program and to what extent. Such information can be used to better describe program processes or to improve how a program operates.
- To assess effects, for example, to examine the relationship between program activities and outcomes.

- To affect those who participate in the evaluation. Often, the logic and systematic reflection required of stakeholders who participate in an evaluation can facilitate internal programmatic changes.

2. Identify Potential Evaluation Questions

Evaluation questions establish boundaries for the evaluation by identifying what aspects of the program will be assessed; they reflect the focus of the evaluation. The purpose the evaluation should drive what evaluation questions are asked.

Three resources that can be used to generate potential evaluation questions are the seven CDC WISEWOMAN Program evaluation questions (from Chapter III), the generic funded program logic model (Figure 3), and the funded program tailored logic model.

As previously mentioned, evaluation questions can be broadly grouped into two types: process and outcome. While evaluation is conducted continuously over the life of a program, the types of evaluation questions can change depending upon the stage of program implementation. The purpose of the evaluation determines the type of evaluation needed, and drives decisions regarding what data should be collected and what evaluation methods are suitable.

Process evaluation is conducted once a program is underway to assess whether a program is implemented as intended. For a new program, a process evaluation may also be conducted to determine whether important benchmarks are being met during the start-up period of program implementation. For ongoing programs, process evaluation may also examine the quantity and quality of the processes, activities, and products. Process evaluation questions typically examine program activities and outputs (not outcomes). Example process evaluation questions a WISEWOMAN funded program could explore include:

- What are barriers to obtaining high baseline screening rates?
- What factors enable some screening sites to obtain such high rescreening rates?
- To what extent are we reaching our priority population?
- To what extent are lifestyle interventions delivered to participants as intended (women received all core elements of the lifestyle intervention)?
- What can be done to help the screening services better meet the needs of participants?
- To what extent are participants satisfied with the lifestyle intervention services?
- What can be done to increase satisfaction among screening and lifestyle intervention providers?

Process evaluation is a critical component in supporting an outcome evaluation because it can confirm that program components are in place and functioning as intended so that desired outcomes can be achieved. Thus, a good process evaluation is the cornerstone of every evaluation. It is expected, at least initially, that the majority of funded program evaluations will be process evaluations.

Outcome evaluation answers the question “Did we achieve the results or outcomes we anticipated?” Outcome evaluation may look for changes in knowledge, attitudes, behavior, health risk factors, access to care, or program sustainability. Example outcome evaluation questions a WISEWOMAN funded program evaluation could investigate include:

- To what extent have participants increased their awareness and knowledge of their own heart disease and stroke risk factors?
- To what extent has the WISEWOMAN program improved access to care?
- To what extent have participants changed their behaviors around diet, physical activity, and tobacco use?
- To what extent are the WISEWOMAN and BCCEDP programs integrated?
- What is the quality and what are the outcomes of WISEWOMAN partnerships (BCCEDP, Tobacco Control Program, HDSP Program/Coalition, community organizations)?

Outcome evaluations are usually conducted after a program has been fairly well established. As a general rule, short term outcomes on a logic model are usually achieved in a one to two year period while intermediate outcomes are usually achieved in a five year period.

3. Prioritize Evaluation Questions

As described in Chapter II, the four groups of Standards for Program Evaluation (utility, feasibility, propriety, and accuracy) should serve as guides to help prioritize evaluation questions. Prioritizing evaluation questions is an important step in which to engage evaluation stakeholders. Some questions to ask when prioritizing evaluation questions include:

- How will the answers to the evaluation questions be used? (**utility standard**)
- Will we be able to make changes in the areas we are examining? (**utility standard**)
- What evaluation questions are feasible to answer? (**feasibility standard**)
 - What questions do we have the time, skills, and resource to investigate?
 - What evaluation questions can we access a source of data to answer?
- Can the data needed to answer the evaluation question be collected in accordance with standards such as patient confidentiality? (**propriety standard**)
- Are data available to answer the evaluation question with the level of accuracy that is needed to provide a credible answer to the evaluation question? (**accuracy standard**)

In the box below is a description of how the first three parts of Step 3 of the CDC Evaluation Framework are applied to the funded program evaluation example presented on page 26.

**Funded Program Evaluation Example: Focus the Evaluation Design (Step 3)
(Identify the Evaluation Purpose, Identify Potential Evaluation Questions,
Prioritize Evaluation Questions)**

After discussions with the evaluation stakeholders, Susan identifies the evaluation purpose, potential evaluation questions to guide her evaluation, and prioritizes which questions she will focus on in her evaluation.

A. Identify the Evaluation Purpose

- To identify and implement strategies to increase the number of women who utilize LSI services

B. Develop Evaluation Questions

Potential evaluation questions for this evaluation:

1. To what extent are the LSI services meeting participants' needs?
2. What factors facilitate use of the LSI services?
3. What barriers to using the LSI services do women experience?
4. To what extent is the current program infrastructure adequate to support participation in the LSI?
5. What is the process for referring women to the LSI?
6. To what extent is the LSI having an impact on participant's heart disease and stroke risk factors?
7. Should the State begin offering a different LSI?

C. Prioritize Evaluation Questions

- Question 1 may help program X understand why some women either drop out of LSIs or continue to participate. After querying her stakeholders, Susan discovers that this question is not a priority for them. In order to facilitate use of the evaluation results, she decides to focus her evaluation efforts to answer other questions.
- Question 5 should have been answered as a part of step 2 (describe the program). By articulating the process by which women are referred to LSIs, Susan will have a better idea of where to focus her evaluation efforts.
- Question 6 is really an outcome question. The answer to the question does not serve Susan's evaluation purpose to identify and implement strategies to increase the number of women who utilize LSI services.
- Question 7 is asking whether or not the State should begin implementing a different LSI. Susan discovers that stakeholders, including LSI providers, are very resistant to the idea of implementing a different LSI. Stakeholders feel that the proper course of action to take, if necessary, is to modify the LSI, rather than implement a different LSI. Therefore, asking this question is not useful. An answer of "yes" or "no" will generate the same outcome.
- Susan determines that her evaluation will focus on questions 2, 3, and 4.

4. Determine What Data are Needed to Answer the Evaluation Questions (Evaluation Indicators)

Once the priority evaluation questions are identified, the next step is to determine *how* the evaluation questions can be answered. Evaluation indicators are the information or data that provide observable evidence of accomplishments, changes made, or progress achieved.

In the table below is a description of how the fourth part of Step 3 of the CDC Evaluation Framework is applied to the funded program evaluation example presented on page 26.

Funded Program Evaluation Example: Focus the Evaluation Design (Step 3) (Determine Evaluation Indicators)	
Evaluation Question	Evaluation Indicator(s)
1. What factors facilitate use of the LSI services?	List of current LSI users' facilitators to use of LSI services Percentage of screened participants that indicated any readiness to change
2. What barriers to using the LSI services do women experience?	List of non-LSI users' barriers to use of LSI services List of LSI users' barriers to use of LSI services
3. To what extent is the current program infrastructure adequate to support participation in the LSI?	Number of programs with policies and procedures in place to deliver WISEWOMAN required assessments Number of programs with policies and procedures in place to ensure referral to the LSI

Step 4: Gather Credible Evidence

Gathering credible evidence includes identifying data sources and determining data collection methods and timing. Using existing data sources to help answer the evaluation questions minimizes burden; however, when existing data sources are not available, programs may have to develop new ones to help answer their priority evaluation questions.

1. Identify Data Sources

The primary data source available to WISEWOMAN funded programs is the MDEs which is a useful starting point for funded program evaluations. Bi-annual reports generated from MDEs can be used for on-going monitoring of direct service activities and potentially be used to identify areas for program evaluation. However, when evaluating direct services, funded programs should look beyond the MDEs to help answer the priority evaluation questions. Additional potential data sources for funded program evaluations include the following:

- Policies and Procedures Documents
- Work Plan
- Staff Records and Budget
- Memorandums of Understanding/Contracts with Partners
- Training Records
- Provider Surveys, Interviews, or Focus Groups
- Client Surveys, Interviews, or Focus Groups

The box below provides a description of how one WISEWOMAN funded program has used MDEs on an on-going basis and how others have moved beyond the use of MDE data for program evaluation.

Going Beyond MDEs for Program Evaluations Examples from WISEWOMAN Funded Programs

1. **Monthly Quality Improvement Reports for Individual Providers:**
A program developed monthly reports that were generated from the MDEs for each of its providers. The quality improvement reports were sent to the providers and used as a basis for discussion about areas where things were going well and areas that needed improvement.
2. **Participant Focus Groups and Surveys:** Participants were surveyed about their satisfaction with services provided through the program. Results were used to modify the services delivery process to better meet the needs of the program participants. The modifications included extending hours of operation to the weekends and evenings, providing transportation to services, and changing the lifestyle intervention mode of delivery from face-to-face to telephone.
3. **Provider Focus Groups and Surveys:** Providers were asked about key factors and obstacles to providing services. Results were used to identify areas for improvement related to program processes, forms, and resources.

By examining different types of data on a routine basis and investigating the reasons for what the data show, programs can continually be improved. Funded programs can also use their CDC project officer, other funded WISEWOMAN programs, or the WISEWOMAN Best Practices Toolkit to identify strategies for program improvement. (The WISEWOMAN Best Practices Toolkit: Lessons Learned from Selected Programs is available at <http://www.cdc.gov/wisewoman/publications.htm> WISEWOMAN.)

In the table below is a description of how the first part of Step 4 of the CDC Evaluation Framework is applied to the funded program evaluation example presented on page 26.

Funded Program Evaluation Example: Gather Credible Evidence (Step 4) (Identify Data Sources)		
Evaluation Question	Indicator(s)	Data Source
1. What factors facilitate use of the LSI services?	List of current LSI users' facilitators to use of LSI services Percentage of screened participants that indicated any readiness to change	None existing: WISEWOMAN participant survey, interview, or focus group Readiness to change assessments
2. What barriers to using the LSI do women experience?	List of non-LSI users' barriers to use of LSI services List of LSI users' barriers to use of LSI services	None existing: WISEWOMAN participant survey, interview, or focus group
3. To what extent is the current program infrastructure adequate to support participation in the LSI?	Number of programs with policies and procedures in place to deliver WISEWOMAN required assessments Number of programs with policies and procedures in place to ensure referral to the LSI	Policies and procedures documents

2. Determine Data Collection Methods and Timing

If data are to be collected from new sources, the evaluation plan should also address how and when these data will be collected. Data can be classified into two major types: quantitative and qualitative. **Quantitative data** are numerical and are often used to make calculations and draw conclusions in terms of percentages, proportions, and other values. **Qualitative data** reflect respondents' thoughts, feelings, and perspectives and are primarily analyzed in terms of themes, ideas, or events. The type of data collection method employed should align with the evaluation need. *What do you really need to know to answer the question?*

In considering the type of data to collect, the four groups of Standards for Program Evaluation (utility, feasibility, propriety, and accuracy) provide further guidance. For example:

- Which method will best help you answer the evaluation questions and fulfill the purpose of your evaluation?
- Which method is less disruptive to the program staff and participants?
- Which method is more feasible?

In addition, it may be helpful to engage stakeholders during this step, asking them to identify what sources of data they consider to be credible. Overall, several considerations impact the ultimate selection of data collection methods.

When considering the timing of data collection, it is important to **be realistic**. Some data can only be collected at one time or at a specific time. Other types of data may be collectable throughout the program (e.g. every other month) or continuously. Relevant questions include:

- When will data be available?
- When can the information be conveniently collected?
- Where will the information collection take place?
- Will a sample be used or will data be collected from all participants?
- Who will collect the data?
- What safeguards are needed to protect confidential data?

In the box below is a description of how the second part of Step 4 of the CDC Evaluation Framework is applied to the funded program evaluation example presented on page 26.

Funded Program Evaluation Example: Gather Credible Evidence (Step 4) Selecting Data Collection Methods and Timing

To answer the evaluation questions, Susan identifies surveys, interviews, and focus groups as possible data collection methods to supplement the program's existing data sources (policies and procedures documents and readiness to change assessments). Susan asks the following questions to help decide on additional data collection methods.

- Which method is less disruptive to the program staff and participants?
 - Surveys are quicker and easier for participants to complete
 - Women may be more honest answering surveys because they can be anonymous
- Which method will best help answer the questions?
 - Interviews allow you to probe to find out more detailed information and focus groups allow women to play off of each other's ideas, providing a greater depth of information
 - Women may not complete the surveys
- Which method is more feasible?
 - Majority of staff have the training and time to do interviews, but not focus groups
 - Women can probably be recruited for a brief interview after their visit; however, most would probably not return to the clinic to participate in focus groups
- Which method do the stakeholders consider to be credible?
 - Susan's LSI providers (important stakeholders) encourage her to conduct interviews with LSI and non-LSI participants. They feel that conducting interviews will provide the richest source of data.

After considering the options, Susan decides to conduct interviews over a three-month period. Staff members have the training and the time to conduct interviews, which will yield more in-depth information than a survey, yet will not require participants to return to the provider as a focus group would. In addition, she wants to produce data that are credible to her stakeholders (LSI providers) in order to facilitate acceptance and use of the evaluation results.

Step 5: Justify Conclusions

Justifying conclusions includes the process of analyzing and synthesizing the data gathered, interpreting the results, and developing priorities and recommendations for program improvement based on the results. The data analysis methods employed are based on the type of data collected (qualitative or quantitative). Interpreting the results is the process of attaching meaning to the analyzed data. Involving evaluation stakeholders at this step provides multiple perspectives, especially in interpreting results and drawing conclusions that affect program operation. Typically, documentation of the process used to justify conclusions is part of the written evaluation report.

The table below depicts a completed evaluation plan for the funded program evaluation example presented on page 26 that includes planning for Steps 3-5 of the CDC Evaluation Framework.

Funded Program Evaluation Example: Evaluation Plan Chart					
Evaluation Question	Indicator(s)	Data collection			Data Analysis
		Source	Method	Timing	
1. What factors facilitate use of the LSI services?	List of current LSI users' facilitators to use of LSI services	Participant interviews	Conduct interviews with sample of participants	May: after woman's fist LSI session	Qualitative: list of facilitators (themes)
	Percentage of screened participants that indicated any readiness to change	Readiness to change assessments	Examine last year's readiness to change assessments	March	Percentage of screened participants indicating readiness to change
2. What barriers to using the LSI services do women experience?	List of non-LSI users' barriers to use of LSI services	Participant interviews	Conduct interviews with all who received a baseline screening who have not attended an LSI	May - July: during clinical visit	Qualitative: list of barriers (themes)
	List of LSI users' barriers to use of LSI services	Participant interviews	Conduct interviews with sample of participants	May: after woman's fist LSI session	
3. To what extent is the current program infrastructure adequate to support participation in the LSI?	Number of programs with policies and procedures in place to deliver WISEWOMAN required assessments Number of programs with policies and procedures in place to ensure referral to the LSI	Policies and procedures documents	Examine policies and procedures	March	Qualitative: list of policies

Step 6: Ensure Use and Share Lessons Learned

The dissemination and use of evaluation results is an essential step in the evaluation of public health programs. This is especially true for service-delivery programs as they attend to the direct needs of participants. The fundamental goal of any evaluation effort is to generate information that can be used to improve program operations and develop support from stakeholders for program activities. Effective dissemination of lessons learned can lead to improvement *within* a program and *across* programs. Within a program, evaluation stakeholders who have been involved throughout the evaluation process are a key audience for evaluation results and may be instrumental in applying the evaluation recommendations and lessons learned. The dissemination of evaluation results to those outside of a program can widen the utility and impact of evaluation activities across programs.

WISEWOMAN funded programs are expected to present the results of their evaluation to CDC and their other evaluation stakeholders and to demonstrate that the results are being used for program improvement. Possible venues for this communication include monthly technical assistance calls with CDC, site visits, formal written evaluation reports, and progress reports. Evaluation results from funded programs will be used by CDC to demonstrate the Program's value and share lessons learned among all funded programs.

1. Developing a Dissemination Plan

In order to facilitate the dissemination process, funded programs are encouraged to include a dissemination plan within their evaluation plan. Key elements of a dissemination plan include a list of distribution channels, products to create, and a timeline for dissemination.

a. Distribution Channels

Funded programs may choose to disseminate their evaluation results in a variety of ways including electronic media, print media, presentations at meetings, and informal avenues such as word-of-mouth. The effectiveness of a method for communicating results will depend upon the intended audience. Funded programs are encouraged to discuss the preferred method of distribution with each of its stakeholders to ensure that evaluation results are used.

b. Products

The type of products to disseminate can also affect the use of the evaluation results. Possible products include fact sheets, issue briefs, presentations, formal evaluation reports, synthesis reports, abstracts, and peer-reviewed journal articles. The type of products created will be dependent on the intended use. For example, direct service providers may prefer brief monthly reports containing tailored feedback. Legislative representatives may prefer brief fact sheets that summarize information about a program. CDC WISEWOMAN Program project officers may prefer synthesis reports to assess funded program strengths and weaknesses to inform technical assistance.

c. Timeline

The timing and timeliness of the dissemination process can also impact the utilization of the information. For example, release of products during the summer months when many stakeholders are away can lead to evaluation results being overlooked and unnoticed. However, the strategy of providing evaluation results to program partners before their planning process can help to ensure the coordination of activities between organizations. While timing can affect the use of evaluation results, the timeliness can also affect use of the products. A year lag time between the completion of an evaluation and the distribution of information can discourage stakeholders from using results. Funded programs are encouraged to release evaluation results as soon as appropriate and feasible.

The dissemination of results is the culmination of the evaluation process. However, it is not the end of the evaluation process. As the CDC Evaluation Framework illustrates, evaluation is a cyclical and continuous process. Dissemination is an opportunity for funded programs to engage stakeholders, Step 1 of the CDC Evaluation Framework, and begin the evaluation cycle again.

In the box below is a description of how Step 6 of the CDC Evaluation Framework is applied to the funded program evaluation example presented on page 26.

Funded Program Evaluation Example: Ensuring Use of Evaluation Results (Step 6)

Using the evaluation findings, Susan creates action steps to ensure the utilization of evaluation results.

- **Evaluation Findings:** Participant facilitators to attend the LSI include making services available on weekends and evenings and providing transportation
 - **Action Step:** Work with LSI providers to ensure services are available on weekends/evenings and that transportation is provided or that the site is accessible via public transportation
- **Evaluation Findings:** Participants who did not attend the LSI indicated that they do not attend because they do not have time to attend a face-to-face meeting
 - **Action Step:** Work with LSI providers to offer the lifestyle intervention via telephone. (Providing the LSI face-to-face is not a core element so allowing the contacts to be made via telephone will not compromise the fidelity of the implementation of the LSI.)
- **Evaluation Findings:** Policy and procedures documents given to screening providers do not explicitly define the criteria for referring participants to the LSI
 - **Action Step:** Modify documents to explicitly define the criteria for referring women to the LSI (if they have a least 2 risk factors). Alert screening providers to the changes made, emphasizing the benefits of the LSI and the need to refer at risk women.
- **Evaluation Findings:** A low percentage of screened participants indicated any readiness to change
 - **Action Step:** Verify that behavior and readiness to change assessments are being administered. This is a potential new evaluation.
 - **Key Point:** Evaluation results sometimes generate more evaluation questions, thus beginning the six step process over again!
 - **Potential New Evaluation Questions:**
 1. To what extent are the behavior and readiness to change assessments implemented in a manner consistent with Program guidelines?
 2. To what extent do providers need further training on how to counsel and communicate with women?

Susan will continue to monitor the number of women who attend the LSI to determine if the changes she implements have an effect on LSI attendance rates.

This chapter has described funded program evaluation, the central purpose of which is to generate results and recommendations that can be used for program improvement. For this reason, funded programs should engage stakeholders early and often throughout the evaluation process and work with them to determine how to best evaluate and improve their program.

Because funded program evaluations are intended to compliment the CDC WISEWOMAN Program evaluation, funded programs are encouraged to use the CDC Evaluation Framework and the principles of Utilization-Focused Evaluation as they develop their evaluation plans. In addition, funded programs can use the CDC WISEWOMAN Program evaluation questions, indicators, and data sources (especially the MDEs) as a basis for their evaluations.

Further resources and guidance on developing and conducting evaluations are available from CDC. To access these resources, funded programs should contact their CDC WISEWOMAN Program project officer.

APPENDIX A

WISEWOMAN EVALUATION QUESTIONS, ACTIVITY AREAS, POTENTIAL INDICATORS, AND DATA SOURCES

Appendix A highlights the evaluation questions, activity areas, potential indicators, and data sources CDC will draw from when conducting its WISEWOMAN Program evaluation. To the left of the table, distinctions are made between process evaluation, outcomes, and the evaluation of CDC guidance and technical assistance. Evaluation questions are listed at the beginning of each section. Below each evaluation question, the WISEWOMAN activity area is listed and the area of the logic model that this area addresses can be found in parentheses. For each evaluation question, examples of potential indicators and data sources are presented.

CDC WISEWOMAN Program Evaluation Questions, Indicators, and Possible Measures

WISEWOMAN ACTIVITY AREA	POTENTIAL INDICATOR	DATA SOURCE(S)
<p style="text-align: center;">I. How well does the Program maximize reach in the priority populations?</p> <p>Provider Selection (Program Management)</p>	<p>I.1. Number of WISEWOMAN Screening Sites</p> <ul style="list-style-type: none"> - Local Public Health Agencies - Federally Qualified Health Centers - Community Health Clinics - Free Clinics - Ob-Gyn Private Provider Practices - Non Ob-Gyn Private Provider Practices - Hospitals - Indian/Tribal Health Clinics or Medical Centers - Family Planning Clinics - Other: (please specify) <p>I.2. Number of BCCEDP Screening Sites</p> <ul style="list-style-type: none"> - Local Public Health Agencies - Federally Qualified Health Centers - Community Health Clinics - Free Clinics - Ob-Gyn Private Provider Practices - Non Ob/Gyn Private Provider Practices - Hospitals - Indian/Tribal Health Clinics or Medical Centers - Family Planning Clinics - Other: (please specify) 	<p>I.1. WISEWOMAN MDEs</p> <p>I.2. NBCCEDP MDEs</p>

PROCESS EVALUATION

PROCESS EVALUATION

Participant Recruitment (Direct Services)	<p>I.3. Number of BCCEDP Participants Aged 40-64 at Each BCCEDP Screening Site</p> <ul style="list-style-type: none"> - Local Public Health Agencies - Federally Qualified Health Centers - Community Health Clinics - Free Clinics - Ob-Gyn Private Provider Practices - Non Ob/Gyn Private Provider Practices - Hospitals - Indian/Tribal Health Clinics or Medical Centers - Family Planning Clinics - Other: (please specify) 	I.3. NBCCEDP MDEs
Baseline Screening and Referral Services (Direct Services)	<p>I.4. Number of Women Receiving a Baseline Screening</p> <p>I.5. Cumulative Number of Women Receiving a Baseline Screening Over Time</p> <p>I.6. Number of Participants Who had Access to Community-Based Resources Facilitated</p> <ul style="list-style-type: none"> - Nutrition Services - Physical Activity Services - Quit Line Services - Other Tobacco Cessation Services <p>I.7. Number of Participants Assessed for Readiness to Change (as data are available from funded programs)</p> <p>I.8. Number of Participants Who Receive a Behavior Assessment (as data are available from funded programs)</p> <ul style="list-style-type: none"> - Dietary Behavior - Physical Activity 	<p>I.4. WISEWOMAN MDEs, Case Studies</p> <p>I.5. WISEWOMAN MDEs</p> <p>I.6. WISEWOMAN MDEs, Case Studies</p> <p>I.7. Case studies</p> <p>I.8. Case studies</p>
Lifestyle Interventions (Direct Services)	<p>I.9. Number of Participants Who Received Lifestyle Intervention Services</p> <p>I.10. Number of New Women Who Received Lifestyle Intervention Services</p> <p>I.11. Cumulative Number of Participants Who Received Lifestyle Intervention Services Over Time</p>	<p>I.9. WISEWOMAN MDEs, Case Studies</p> <p>I.10. WISEWOMAN MDEs, Case Studies</p> <p>I.11. WISEWOMAN MDEs</p>
Rescreening (Direct Services)	<p>I.12. Percent of Participants Who Receive a WISEWOMAN Rescreening When They are Seen for Their BCCEDP Annual Exam 12-18 Months After Their Initial WISEWOMAN Baseline Screening</p> <p>I.13. Cumulative Number of Women Rescreened Over Time</p> <p>I.14. Percent of Participants Who Receive More Than One WISEWOMAN Rescreening Over Time</p>	<p>I.12. WISEWOMAN MDEs, NBCCEDP MDEs</p> <p>I.13. WISEWOMAN MDEs</p> <p>I.14. WISEWOMAN MDEs</p>

PROCESS EVALUATION

II. To what extent are all required Program direct services implemented in a manner consistent with Program guidelines?

<p>Baseline Screening and Referral Services/Rescreening (Direct Services)</p>	<p>II.1. Percent Of Participants Who Receive WISEWOMAN Required Services at Screening</p> <ul style="list-style-type: none"> - Two Blood Pressure Measurements - A Total Cholesterol Measurement - An HDL Cholesterol Measurement - Height and Weight Measurements - A Blood Glucose Measurement - A Smoking Behavior Assessment - A Personal Medical History Assessment - A Family Health Assessment - All Required Screening Services <p>II.2. Number of Programs with Policies and Procedures in Place to Deliver WISEWOMAN Required Assessments</p> <ul style="list-style-type: none"> - Dietary Behavior Assessment - Physical Activity Behavior Assessment - Readiness to Change Lifestyle Behaviors Assessment <p>II.3. Number of Programs with Policies and Procedures in Place to Ensure Access to Low-Cost Community-Based Resources</p> <ul style="list-style-type: none"> - Low-Cost Medical Care and Medications for Participants (e.g., sliding fee scale) - Low-cost, Community-Based Nutrition Programs - Low-Cost, Community-Based Physical Activity Programs - Low-Cost, Community-Based Tobacco Cessation Programs 	<p>II.1. WISEWOMAN MDEs</p> <p>II.2. Policies and Procedures</p> <p>Documents, Site Visit Reports, Data Collection Forms, Flow Diagrams</p> <p>II.3. Case Studies, Site Visit Reports, Memorandums of Understanding/Contracts with Partners, Training Records, Provider/Client Surveys</p>
<p>Risk Reduction Counseling (Direct Services)</p>	<p>II.4. Number of Programs with Policies and Procedures to Require Providers to Provide Risk Reduction Counseling to Participants Verbally and in Writing</p>	<p>II.4. Policies and Procedures</p> <p>Documents, Site Visit Reports, Memorandums of Understanding/Contracts</p>
<p>Case Management (Direct Services)</p>	<p>II.5. Number of Programs with Policies and Procedures in Place to Address Barriers to Treatment for Participants with Alert Values</p>	<p>II.5. Policies and Procedures</p> <p>Documents, Progress Reports, Site Visit Reports, Case Studies, Training Records, Provider/Client Surveys</p>
<p>5-A Behavioral Counseling Framework (Direct Services)</p>	<p>II.6. Number of Programs that Provide Documentation for Participants with Alert Values Who Receive a Diagnostic Exam and Medication Within One Week After Screening</p> <p>II.7. Number of Programs that Provides a Written Explanation for Participants with Alert Values Who do not Receive a Diagnostic Exam and Medication Within One Week After Screening</p> <p>II.8. Number of Programs that Tailor Lifestyle Interventions to Individual Participants</p> <p>II.9. Number of Programs with Policies and Procedures that Require Delivery of All 5 A's to All Participants</p>	<p>II.6. WISEWOMAN MDEs, Policies and Procedures Documents</p> <p>II.7. WISEWOMAN MDEs, Policies and Procedures Documents</p> <p>II.8. Policies and Procedures Documents, Flow Diagrams</p> <p>II.9. Policies and Procedures Documents, Site Visit Reports, Case Studies, Flow Diagrams</p>

PROCESS OR OUTCOME EVALUATION*		
	<p>Professional Development (Program Management)</p> <p>II.10. Number of Programs with Policies and Procedures that Require Providers to Deliver Care in Accordance with National Clinical Care Guidelines</p> <p>II.11. Number of Programs that Provide Training to Providers</p> <ul style="list-style-type: none"> - The 5-A Behavioral Counseling Framework - Early Detection of Heart Disease and Stroke - WISEWOMAN Requirements - National Clinical Care, Diet, and Lifestyle Recommendations - Behavior Change Strategies - Cultural Competence - Accurate Blood Pressure Measurement - Women and Heart Disease - How to Identify Appropriate Community-Based Resources and Link Women to Them <p>II.10. Site Visit Reports, Memorandums of Understanding/Contracts, Policies and Procedures Documents</p> <p>II.11. Training Records, Provider Surveys</p>	
	<p>III. To what extent do WISEWOMAN services meet the needs of Program participants?</p> <p>Provision of Direct Services (Direct Services)</p> <p>III.1. Percent of Participants Who are Very Satisfied or Somewhat Satisfied with WISEWOMAN Services</p> <p>III.2. Percent of Participants Who are Very Satisfied or Somewhat Satisfied with WISEWOMAN Staff's Treatment of Them</p> <p>III.3. Percent of Participants with Alert Values Who had Barriers to Treatment Addressed</p> <ul style="list-style-type: none"> - Transportation - Language Services - Provider Services in the Evening and on Weekends - Provider of the Same Race or Ethnicity - Other <p>III.4. Percent Of Participants Who are Very Satisfied or Somewhat Satisfied with the Community-Based Resources Accessed through WISEWOMAN Referrals</p> <ul style="list-style-type: none"> - Low-Cost Medical Care and Medications - Low-Cost, Community-Based Nutrition Programs - Low-Cost, Community-Based Physical Activity Programs - Low-Cost, Community-Based Tobacco Cessation Programs <p>III.5. Average Amount of Time a Participant has to Wait in the Clinic</p> <p>III.6. Number of Participants Who are Lost to Follow Up/ Do Not Return for Rescreening</p> <p>III.7. Number of Written/Verbal Complaints Received from Program Participants</p>	<p>III.1. Client Survey</p> <p>III.2. Client Survey</p> <p>III.3. Funded Program Assessments</p> <p>III.4. Client Survey</p> <p>III.5. Funded Program Assessments</p> <p>III.6. WISEWOMAN MDEs, NBCCEDP MDEs</p> <p>III.7. Funded Program Assessments</p>

*Evaluation Question III (To what extent do WISEWOMAN services meet the needs of Program participants?) could address both process and outcome issues.

PROCESS OR OUTCOME EVALUATION **
GUIDANCE AND TECHNICAL ASSISTANCE

IV. To what extent do guidance and technical assistance meet Program/partner needs?

<p>CDC to Funded Programs</p>	<p>IV.1. Number and Type of Guidance CDC and its Evaluation Contractors Provide to Funded Programs</p> <ul style="list-style-type: none"> - Program Management - Direct Services - Evaluation - Partnerships - Other <p>IV.2. Number and Type of Technical Assistance CDC and its Evaluation Contractors Provides to Funded Programs</p> <ul style="list-style-type: none"> - Program Management - Direct Services - Evaluation - Partnerships - Other <p>IV.3. Number of Programs that Submit MDEs Twice a Year (April 15 and October 15) with Minimal Errors</p> <p>IV.4. Number of Programs that Participate in Annual Site Visits</p> <p>IV.5. Number of Programs that Participate in CDC Case Studies</p> <p>IV.6. Number of Programs Very Satisfied or Somewhat Satisfied with Technical Assistance Received from the CDC Project Officer</p> <p>IV.7. Number of Programs Very Satisfied or Somewhat Satisfied with Technical Assistance Received from the Evaluation Contractor</p>	<p>IV.1. Case Studies, Site Visit Reports, Technical Assistance Records</p> <p>IV.2. Case Studies, Site Visit Reports, Technical Assistance Records</p> <p>IV.3. WISEWOMAN MDEs</p> <p>IV.4. Site Visit Reports</p> <p>IV.5. Case Study Reports</p> <p>IV.6. Case Study Reports</p> <p>IV.7. Site Visit Reports</p>
<p>Funded Programs to Partners/Providers</p>	<p>IV.8. Number and Type of Guidance and Technical Assistance Provided to Partners/Providers</p> <p>IV.9. Number of Partners/Providers Very Satisfied or Somewhat Satisfied with Guidance and Technical Assistance Received from Funded Programs</p>	<p>IV.8. Program-Specific Evaluations</p> <p>IV.9. Program-Specific Evaluations</p>

**Evaluation question IV (To what extent do guidance and technical assistance meet Program/partner needs?) could address both process and outcome issues.

PROCESS OR OUTCOME EVALUATION**

V. How effective is the Program at implementing activities intended to promote sustainability of the Program?

<p>BCCEDP/ Baseline Screening and Referral Services/Rescreening (Partnerships/Direct Service)</p>	<p>V.1. Percent of Women Who Receive WISEWOMAN Screening Services During a BCCEDP Annual Exam Office Visit or at a Separate Office Visit with CDC Written Approval</p>	<p>V.1. WISEWOMAN MDEs, NBCCEDP MDEs</p>
<p>Oversight (Program management)</p>	<p>V.2. Number of Programs that Spend at Least 60 Percent of WISEWOMAN Cooperative Agreement Funds on Expenses that can be Directly Tied to Participants (i.e., direct services)</p> <p>V.3. Number of Programs with a Proposed Budget that Corresponds to their Work Plan and Meets CDC Administrative Requirements</p> <p>V.4. Percent of Program Funding by Funding Source</p>	<p>V.2. Program Budget</p> <p>V.3. Program Budget and Work Plan</p> <p>V.4. Program Budget</p>
<p>Partnership Activities</p>	<p>V.5. Number and Result of Partnerships</p> <ul style="list-style-type: none"> - BCCEDP - Tobacco Control Program - HDSP Program/Coalitions - Community Partners - Other 	<p>V.5. Case Studies, Site Visit Reports, Memorandums Of Understanding/Contracts with Partners, Work Plans, Progress Reports</p>
<p>Evaluation Activities (Short-term Outcomes)</p>	<p>V.6. Number of Programs with a Work Plan that Includes Ways to Measure if Goals and Objectives are Being Accomplished</p> <p>V.7. Number of Programs that Conduct Periodic Evaluation</p> <p>V.8. Number of Programs that Develop Recommendations for Program Improvement and Implement the Recommendations</p> <p>V.9. Number of Presentations Conducted by the Program</p> <p>V.10. Number of Publications Issued by the Program</p>	<p>V.6. Program Work Plan</p> <p>V.7. Program Work Plan, Progress Reports, Evaluation Reports</p> <p>V.8. Progress Reports, Work Plan, Site Visit Reports, Provider/Client Surveys</p> <p>V.9. Progress Reports, Work Plan</p> <p>V.10. Progress Reports, Work Plan</p>

***Evaluation Question V (How effective is the Program at implementing activities intended to promote sustainability of the Program?) could address both process and outcome issues.

PROCESS OR OUTCOME EVALUATION***		VI. What is the Program's contribution to the elimination of health disparities?	
Participant Recruitment (Direct Services)	VI.1. The Extent to which the Proportion of Racial/Ethnic Minorities in the WISEWOMAN Program is Similar to that in BCCEDP VI.2. Percent of WISEWOMAN Participants by Race/Ethnicity VI.3. Percent of WISEWOMAN Participants Who Live in Geographic Areas with Higher than Average Rates of Cardiovascular Disease Morbidity and Mortality VI.4. Percent of WISEWOMAN Participants Who Live in Rural Areas	VI.1. WISEWOMAN MDEs, NBCCEDP MDEs VI.2. WISEWOMAN MDEs VI.3. WISEWOMAN MDEs, State & County Data VI.4. WISEWOMAN MDEs, State & County Data	
Baseline Screening and Referral Services/Rescreening (Direct Services)	VI.5. Percent of Participants Who were Screened, Participated in a Lifestyle Intervention, and were Rescreened by Race/Ethnicity VI.6. Percent of Participants Who were Screened, Participated in a Lifestyle Intervention, and were Rescreened Who Live in Geographic Areas with Higher than Average Rates of Cardiovascular Morbidity and Mortality	VI.5. WISEWOMAN MDEs VI.6. WISEWOMAN MDEs, State & County Data	
Evaluation Activities (Intermediate Outcomes)	VI.7. Percent of Women Who Improve their Cardiovascular Risk Factors between Baseline Screening and Rescreening by Race/Ethnicity	VI.7. WISEWOMAN MDEs	

****Evaluation Question VI (What is the Program's contribution to the elimination of health disparities?) could address both process and outcome issues.

OUTCOME EVALUATION

VII. What effect does participation in the WISEWOMAN Program have on participants' heart disease and stroke risk factors?

<p>Evaluation Activities (Short-term Outcomes)</p>	<p>VII.1. Percent of Participants Who have Increased Awareness of their Heart Disease and Stroke Risk Factors VII.2. Percent of Participants Who Improve their Knowledge of Heart Healthy Food Choices, Activities, and Remaining Tobacco Free VII.3. Percent of Participants Who Move Forward in their Readiness to Change Lifestyle Behaviors between Baseline Screening and Rescreening (as data are available from funded programs) - Healthy Food Choices - Physical Activity - Being Tobacco-Free</p>	<p>VII.1. Funded Program Assessments VII.2. Funded Program Assessments VII.3. Funded Program Evaluation Reports</p>
<p>Evaluation Activities (Intermediate Outcomes)</p>	<p>VII.4. Percent of Participants Who Improve their Diet and Physical Activity between Baseline Screening and Rescreening (as data are available from funded programs) VII.5. Percent of Participants Who Decrease their Smoking between Baseline and Rescreening VII.6. Percent of Participants with Alert Values Who are Evaluated and Treated within one Week after Screening VII.7. Percent of Participants Who Improve their Heart Disease and Stroke Risk Factors between Baseline and Rescreening - Diastolic Blood Pressure - Systolic Blood Pressure - Total Cholesterol - HDL Cholesterol - LDL (As Data Are Available From Funded Programs) - Blood Glucose - A1C (as data are available from funded programs) - BMI VII.8. Percent of Participants with Decreased Framingham or Jackson Risk Score between Baseline Screening and Rescreening</p>	<p>VII.4. Funded Program Assessments VII.5. WISEWOMAN MDEs VII.6. WISEWOMAN MDEs VII.7. WISEWOMAN MDEs VII.8. WISEWOMAN MDEs</p>

APPENDIX B EVALUATION RESOURCES

Below are resources that may be referenced when developing logic models, evaluation plans and determining evaluation activities.

LOGIC MODEL RESOURCES	
Heart Disease and Stroke Prevention Program Evaluation Guide: Developing and Using a Logic Model	http://www.cdc.gov/DHDSP/state_program/evaluation_guides/pdfs/logic_model.pdf This guide offers a general overview of the development and use of logic models as planning and evaluation tools.
W.K. Kellogg Foundation Logic Model Development Guide	http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf This manual describes in detail how to develop logic models.
Program Development and Evaluation: Logic Model	http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html This site provides an explanation of logic models in PDF and PowerPoint file formats.
Building a Successful Prevention Program (Step 7: Evaluation -- sections II, III, V, X)	http://captus.samhsa.gov/western/resources/bp/step7/eval2.cfm This site is designed to be a "how-to" guide to planning and implementing an evaluation of your prevention program.
Designing Projects and Project Evaluations Using The Logical Framework Approach	http://www.kar-dht.org/logframe.html This site describes the advantages to using a logic model as well as the basic principles.
Everything You Wanted to Know About Logic Models But Were Afraid to Ask	http://www.insites.org/documents/lmact.pdf This handout focuses on moving from a basic logic model of an initiative to one that takes into account the dynamics of the social systems that the initiative is designed to influence.
The Community Toolbox : Developing a Framework or Model of Change	http://ctb.ku.edu/en/dotework/tools_tk_4.htm This part of the CTB WorkStation provides a framework for developing a model of change or logic model for your community initiative.

EVALUATION PLAN DEVELOPMENT RESOURCES

<p>Heart Disease and Stroke Prevention Program Evaluation Guide: Developing an Evaluation Plan</p>	<p>http://www.cdc.gov/DHDSP/state_program/evaluation_guides/evaluation_plan.htm This guide will help states and their partners think through the process of planning evaluation activity. It describes components of a plan, details to consider in plan development, provides sample templates, and provides a step-by-step process.</p>
<p>A Guide to Evaluation Primers</p>	<p>http://www.rwjf.org/files/publications/RWJF_ResearchPrimer_0804.pdf This report is an orientation guide to some handbooks and basic primers (introductory pieces) on program evaluation.</p>
<p>CDC Evaluation Working Group—Framework for Program Evaluation</p>	<p>http://www.cdc.gov/eval/framework.htm This site provides a good basic introduction to CDC's program evaluation framework, steps, and standards.</p>
<p>W.K. Kellogg Foundation Evaluation Handbook</p>	<p>http://www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf Part Two of the handbook is a blueprint for programs to use when conducting evaluation. It details definitions and case studies in planning for an evaluation, then describes designing and conducting evaluation, and concludes with communication findings and results.</p>
<p>Understanding Evaluation: The Way to Better Prevention Programs</p>	<p>http://www.ed.gov/PDFDocs/handbook.pdf The handbook describes the why and how of program evaluation and outlines the steps in conducting evaluations.</p>
<p>Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury</p>	<p>http://www.cdc.gov/ncipc/pub-res/demonstr.htm This primer, written primarily for managers of injury prevention programs, details the importance of evaluation, as well as step-by-step instructions on conducting a simple evaluation.</p>
<p>Taking Stock: A Practical Guide to Evaluating Your Own Programs</p>	<p>http://www.horizon-research.com/reports/1997/stock.pdf This document was written for program managers interested in conducting a basic evaluation. It describes the concepts and techniques important to evaluation, and it uses numerous examples throughout the text.</p>
<p>The Program Manager's Guide to Evaluation</p>	<p>http://www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/index.html The Guide explains program evaluation -what it is, how to understand it, and how to do it.</p>
<p>Evaluation Support Services Web Site</p>	<p>http://www.wmich.edu/evalctr/ess/ This site is intended to increase the use and improve the quality of evaluations.</p>
<p>The Power of Proof: An Evaluation Primer!</p>	<p>http://www.ttac.org/power-of-proof/ This site provides tools are designed to help tobacco control professionals demonstrate the success of their programs through evaluation. This series will give those who are new to evaluation, and those who want to brush up on their skills, access to a collection of introductory information, tools, and resources from experts in the field.</p>
<p>Core Performance Measures: A Systematic Approach to Process and Outcome Evaluation Across the Steps to a HealthierUS Cooperative Agreement Program</p>	<p>http://www.cdc.gov/eval/whatsnew.htm#steps This site offers information on approaching process and outcome evaluation as it relates to the Steps to a HealthierUS Program. Information can be tailored to specific program needs.</p>

EVALUATION ACTIVITY RESOURCES

Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives	http://www.cdc.gov/DHDSP/state_program/evaluation_guides/pdfs/smart_objectives.pdf This guide is aimed at helping states develop realistic and measurable objectives. It describes the components of a SMART objective and provides examples.
Outcome Measurement Resource Network	http://national.unitedway.org/outcomes/ This site offers information, downloadable documents, and links to resources related to the identification and measurement of program- and community-level outcomes.
Practical Assessment, Research, and Evaluation	http://pareonline.net/ This site is an on-line, peer-reviewed journal supported entirely by volunteer efforts. Its purpose is to provide access to refereed articles that can have a positive impact on assessment, research, evaluation is an, and teaching practice.
Tools, Instruments & Questionnaires for Research and Evaluation of Intervention Programs	http://www.wilderdom.com/tools.html This site provides information, reviews and links to research tools, program evaluation surveys, questionnaires and other instruments for researching and evaluating the impacts of psycho-social training and intervention programs.
Wisconsin Clearinghouse for Prevention Resources	http://wch.uhs.wisc.edu/13-Eval/13-Eval-main.htm This site contains links to resources on data sources and statistical trend data, online publications, training events, funding sources, and evaluation and data collection strategies.
Outcomes Toolkit	http://www.health.gov/partnerships/exhibits/entries/G38a.htm This Toolkit includes an array of indicators, strategies and tools to enable monitoring and program improvement. It provides users with an ability to communicate strategies and progress to an external audience.