Program Evaluation

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Objectives

- Determine the importance of program planning, implementation, and evaluation.
- Describe the six steps to program implementation and evaluation (CDC).
- Apply the six steps to program implementation and evaluation (CDC).

Evaluation Framework

Focus Evaluation Design

- Why is evaluation important?

Focus Evaluation Design

- Why is evaluation important?
  - To monitor progress toward the program's goal
  - To evaluate your process
  - To assess your outcomes
  - To determine whether program components are producing the desired results/outcomes
  - To describe HOW you achieved the results/outcomes

Focus Evaluation Design

- Purpose: *What is the intent or motive for conducting the evaluation (i.e., to gain insight, change practice, assess effects, or affect participants)?*
- Users
- Uses
- Questions
- Methods
- Agreements

Focus Evaluation Design

- Purpose
- Users: *Who are the specific persons that will receive evaluation findings or benefit from being part of the evaluation?*
- Uses
- Questions
- Methods
- Agreements

Focus Evaluation Design

- Purpose
- Users
- Uses: *How will each user apply the information or experiences generated from the evaluation?*
- Questions
- Methods
- Agreements

Focus Evaluation Design

- Purpose
- Users
- Uses
- Questions: *What questions should the evaluation answer? What unit of analysis is appropriate (e.g., a system of related programs, a single program, a project within a program, a subcomponent or process within a project)?*
- Methods
- Agreements

Focus Evaluation Design

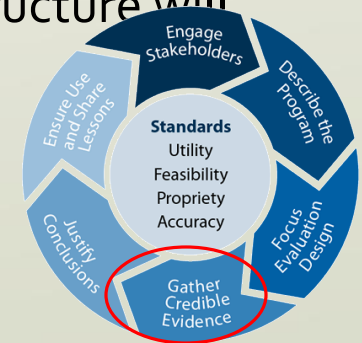
- Purpose
- Users
- Uses
- Questions
- Methods: *What procedures will provide the appropriate information to address stakeholders' questions (i.e., what research designs and data collection procedures best match the primary users, uses, and questions)?*
- Agreements

Focus Evaluation Design

- Purpose
- Users
- Uses
- Questions
- Methods
- Agreements: *How will the evaluation plan be implemented within available resources? What roles and responsibilities have the stakeholders accepted?*

Gather Credible Evidence

- Indicators: How will general concepts regarding the program, its context, and its expected effects be translated into specific measures that can be interpreted?
  - Sources: What sources (i.e., persons, documents, observations) will be accessed to gather evidence?
  - Quality: Is the information trustworthy (i.e., reliable, valid, and informative for the intended uses)?
  - Quantity: What amount of information is sufficient?
  - Logistics: What techniques, timing, and physical infrastructure will be used for gathering and handling evidence?



Logic Model Example: MHFA

Program Name: Mental Health First Aid (MHFA) for Rural WI
Situation: Attention around farmers' mental health has encouraged the development of a MHFA training specific for those who personally and professionally support central WI farmers.

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Short*	*Medium*	*Long*
MFHA Instructor Time Money Food/snacks Facilities AV equipment Partners - Extension - NFMC - Marshfield Clinic - Farming community	Schedule 3 MHFA courses Recruit Work with MHFA instructor to tailor curriculum for agricultural audience. Order food for 3 MHFA courses. Order materials for MHFA courses. Conduct MHFA course.	Farmers' friends Farmers' spouses family members Extension personnel Agribusiness Clergy	Increase knowledge of mental health disorders Increase int providing m health first aid to someone in crisis or distress. Increase skills in and intention to provide MHFA (listen nonjudgmentally, assessing for suicidal thoughts, give reassurance, encourage pro help, encourage self help). Decrease stigmatizing attitudes towards mentally ill	Increase nonjudgmentally, assessing for suicidal thoughts, give reassurance, encourage pro help, encourage self help). by participants in Clark, Wood, and Marathon Counties	Reduce ed nity stigma towards mental health problems and mentally ill individuals. Improve community capacity for mental health promotion and recovery.

Process Indicators

Outcome Indicators

Assumptions
Central WI will be receptive to MHFA trainings in their communities

External Factors
Stigma around mental health, current agricultural economic and environmental climate, recent community events, competing events (time)

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Outcome Indicators

Workbook example

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MHFA: Stigma towards Mental Illness

- Indicators: Social Distance Scale (5-item instrument)

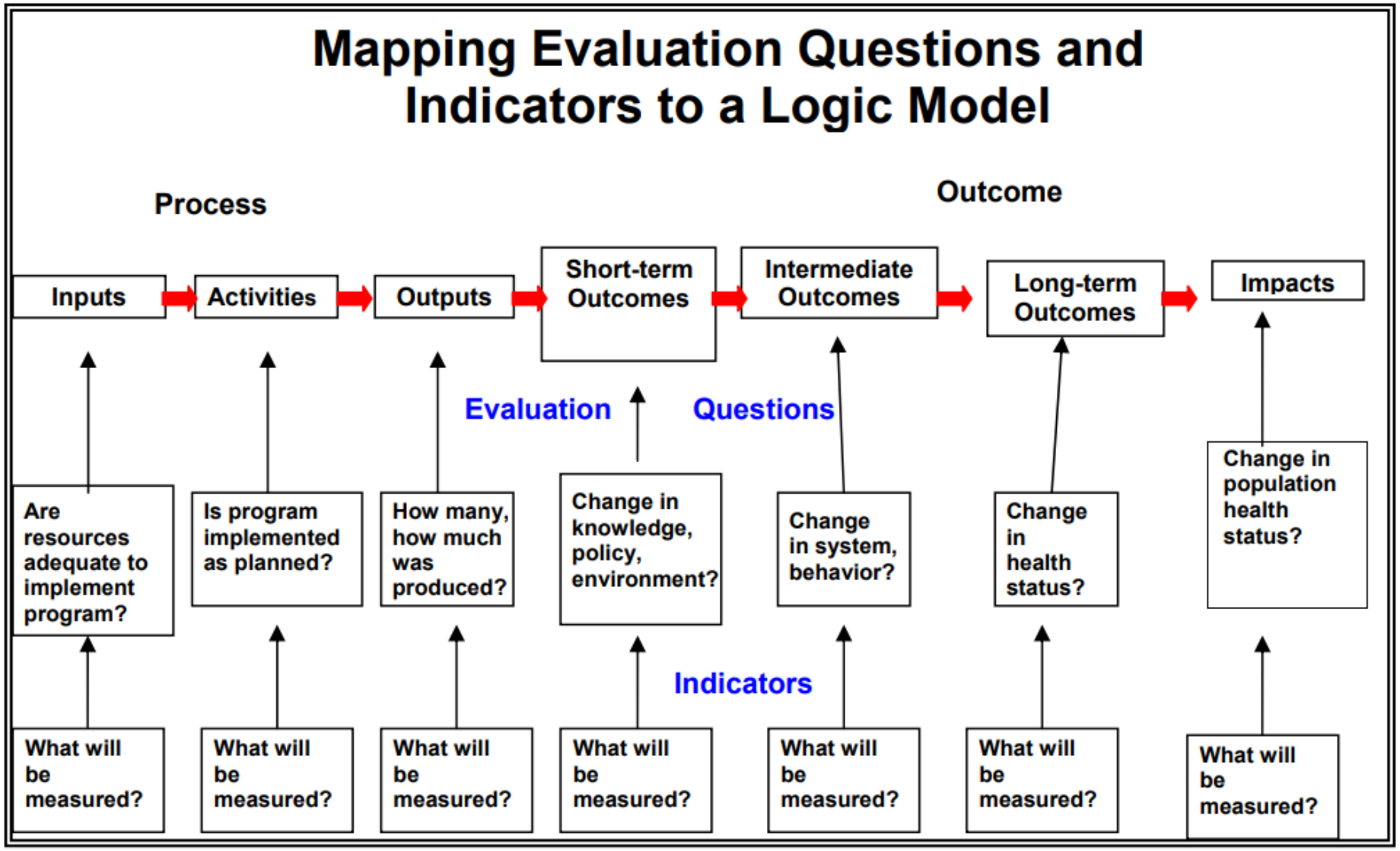
Section 7: Please indicate your level of agreement with each statement by checking the appropriate response.

Would you....	Definitely No (0)	Probably No (1)	Probably Yes (2)	Definitely Yes (3)
...feel ashamed if people knew someone in your family has a mental health disorder?	☐	●	☐	☐
...be afraid to have a conversation with someone with a mental health disorders?	☐	☐	●	☐
...be disturbed about working on the same job as someone with a mental health disorder?	☐	●	☐	☐
...be unable to maintain a friendship with someone with a mental health disorder?	☐	☐	●	☐
...feel upset or disturbed about sharing a room with someone with a mental health disorder?	☐	●	☐	☐
...marry someone with a mental health disorder?	●	☐	☐	☐

MHFA: Stigma towards Mental Illness

- Indicators: Social Distance Scale (5-item instrument)
- Sources: Survey pre and post
- Quality: Anonymous
- Quantity: Two time periods to compare changes in attitudes
- Logistics: Pre test before training, post test after, plan for time before and after training
- Evidence: compare differences in reported social distance scores

What to Evaluate?



How to Evaluate

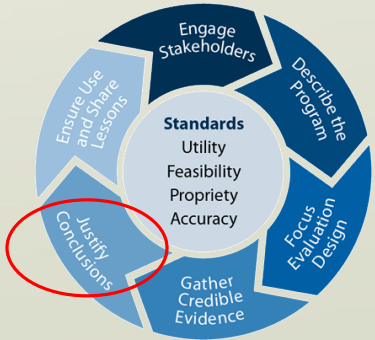
Pre-post with control	Randomly assign individuals from the same target population to intervention or control, provide one group with training, examine changes
Pre-post with comparison	Deliver the program to one group (called the program group) and not (comparison group) and then measure both groups after.
Pre-post	Measure change by comparing baseline to post-intervention within target group
Post only	Measure outcome after delivering program to target group

Data Collection Methods at a Glance Continued

Methods	Pros	Cons	Costs	Time to Complete	Response rate	Expertise needed
Self-administered surveys	Anonymous; inexpensive; easy to analyze; standardized, so easy to compare with other data	Results are easily biased; misses info.; drop out is a problem for analysis	Moderate	Moderate, but depends on system (mail, distribute at school)	Moderate, but depends on system (mail has the lowest)	Little expertise needed to give out surveys; some expertise needed to analyze and interpret the data
Telephone surveys	Same as paper and pencil but allow you target a wider area and clarify responses	Same as paper and pencil but miss people without phones (those w/low incomes)	More than self-administered	Moderate to high	More than self-administered	Need some expertise to implement a survey and to analyze the data
Face-to-face structured surveys	Same as paper and pencil, but you can clarify responses	Same as paper and pencil but requires more time and staff time	More than telephone and self-administered surveys	Moderate to high	More than self-administered survey (same as telephone survey)	Need some expertise to implement a survey and to analyze and interpret the data
Archival trend data	Quick; inexpensive; a lot of data available	Comparisons can be difficult; may not show change over time	Inexpensive	Quick	Usually very good but depend on the study that collected them	No expertise needed to gather archival data, some expertise needed to analyze and interpret the data
Record review	Objective; quick; does not require program staff or participants; preexisting	Can be difficult to interpret, often is incomplete	Inexpensive	Time consuming	Not an issue	Little expertise needed; coding scheme may need to be developed

Justify Conclusions

- Making claims regarding the program that are warranted on the basis of data that have been compared against pertinent and defensible ideas of merit, value, or significance (i.e., against standards of values); conclusions are justified when they are linked to the evidence gathered and consistent with the agreed on values or standards of stakeholders.

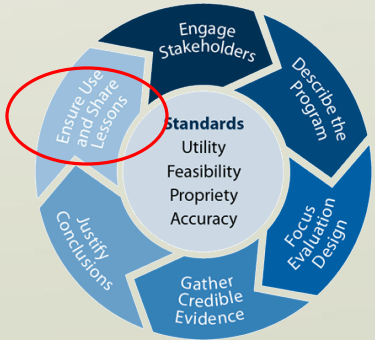


Methods to Justify Conclusions

- Using appropriate methods of analysis and synthesis to summarize findings;
- Interpreting the significance of results for deciding what the findings mean;
- Making judgments according to clearly stated values that classify a result (e.g., as positive or negative and high or low);
- Considering alternative ways to compare results (e.g., compared with program objectives, a comparison group, national norms, past performance, or needs);
- Generating alternative explanations for findings and indicating why these explanations should be discounted;
- Recommending actions or decisions that are consistent with the conclusions; and
- Limiting conclusions to situations, time periods, persons, contexts, and purposes for which the findings are applicable.

Ensure Use and Share Lessons Learned

- Ensuring that a) stakeholders are aware of the evaluation procedures and findings; b) the findings are considered in decisions or actions that affect the program (i.e., findings use); and c) those who participated in the evaluation process have had a beneficial experience (i.e., process use).

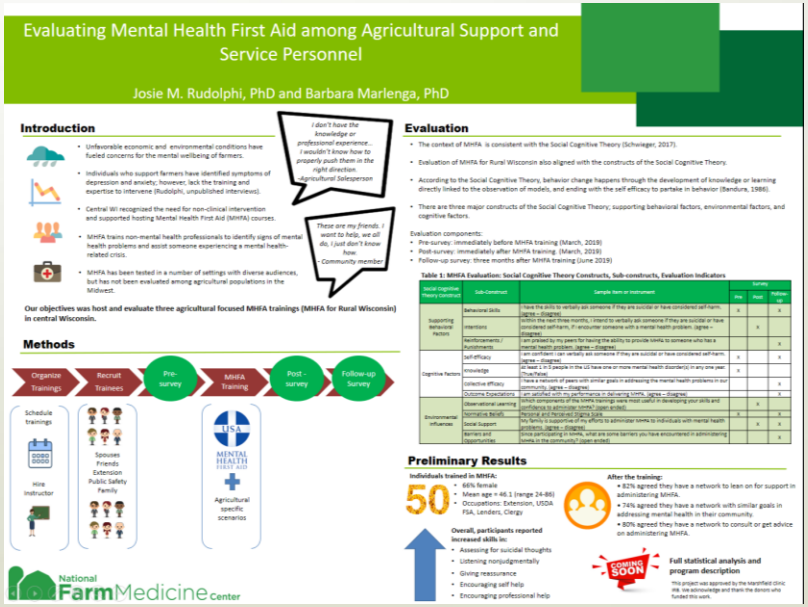


Methods to Ensuring Use and Lessons Learned

- Designing the evaluation to achieve intended use by intended users;
- Preparing stakeholders for eventual use by rehearsing throughout the project how different kinds of conclusions would affect program operations;
- Providing continuous feedback to stakeholders regarding interim findings, provisional interpretations, and decisions to be made that might affect likelihood of use;
- Scheduling follow-up meetings with intended users to facilitate the transfer of evaluation conclusions into appropriate actions or decisions; and
- Disseminating both the procedures used and the lessons learned from the evaluation to stakeholders, using tailored communications strategies that meet their particular needs.

How to disseminate?

- How could you ensure stakeholders and the public are aware of your program results and lessons learned?



Evaluating Mental Health First Aid among Agricultural Support and Service Personnel

Josie M. Rudolphi, PhD and Barbara Marlenga, PhD

Introduction

- Unfavorable economic and environmental conditions have fueled concerns for the mental wellbeing of farmers.
- Individuals who support farmers have identified symptoms of depression and anxiety; however, lack the training and expertise to intervene (Rudolphi, unpublished interviews).
- Central WI recognized the need for non-clinical intervention and supported hosting Mental Health First Aid (MHFA) courses.
- MHFA trains non-mental health professionals to identify signs of mental health problems and assist someone experiencing a mental health-related crisis.
- MHFA has been tested in a number of settings with diverse audiences, but has not been evaluated among agricultural populations in the Midwest.

I don't have the knowledge or professional experience... I wouldn't know how to properly push them in the right direction. - Agricultural Salesperson

These are my friends. I want to help, we all do, I just don't know how. - Community member

Our objectives was host and evaluate three agricultural focused MHFA trainings (MHFA for Rural Wisconsin) in central Wisconsin.

Methods

Organize Trainings → Recruit Trainees → Pre-survey → MHFA Training → Post-survey → Follow-up Survey

Schedule trainings; Hire Instructor

Spouses, Friends, Extension, Public Safety, Family

Agricultural specific scenarios

Evaluation

- The context of MHFA is consistent with the Social Cognitive Theory (Schwieger, 2017).
- Evaluation of MHFA for Rural Wisconsin also aligned with the constructs of the Social Cognitive Theory.
- According to the Social Cognitive Theory, behavior change happens through the development of knowledge or learning directly linked to the observation of models, and ending with the self efficacy to partake in behavior (Bandura, 1986).
- There are three major constructs of the Social Cognitive Theory; supporting behavioral factors, environmental factors, and cognitive factors.

Evaluation components:
- Pre-survey: immediately before MHFA training (March, 2019)
- Post-survey: immediately after MHFA training (March, 2019)
- Follow-up survey: three months after MHFA training (June 2019)

Table 1: MHFA Evaluation: Social Cognitive Theory Constructs, Sub-constructs, Evaluation Indicators

Social Cognitive Theory Construct	Sub-Construct	Sample item or instrument	Survey: Pre	Post	Follow-up
Supporting Behaviors/ Factors	Behavioral Skills	I have the skills to verbally ask someone if they are suicidal or have considered self-harm. (agree – disagree)	x		x
	Intentions	Within the next three months, I intend to verbally ask someone if they are suicidal or have considered self-harm, if I encounter someone with a mental health problem. (agree – disagree)		x	
	Reinforcements / Punishments	I am praised by my peers for having the ability to provide MHFA to someone who has a mental health problem. (agree – disagree)			x
Cognitive Factors	Self-efficacy	I am confident I can verbally ask someone if they are suicidal or have considered self-harm. (agree – disagree)	x		x
	Knowledge	At least 1 in 5 people in the US have one or more mental health disorder(s) in any one year. (True/False)	x		
	Collective efficacy	I have a network of peers with similar goals in addressing the mental health problems in our community. (agree – disagree)			x
	Outcome Expectations	I am satisfied with my performance in delivering MHFA. (agree – disagree)			x
Environmental Influences	Observational Learning	Which components of the MHFA trainings were most useful in developing your skills and confidence to administer MHFA? (open ended)		x	
	Normative Beliefs	Personal and Perceived Stigma Scale	x		x
	Social Support	My family is supportive of my efforts to administer MHFA to individuals with mental health problems. (agree – disagree)		x	x
	Barriers and Opportunities	Since participating in MHFA, what are some barriers you have encountered in administering MHFA in the community? (open ended)			x

Preliminary Results

Individuals trained in MHFA:

50

- 66% female
- Mean age = 46.1 (range 24-86)
- Occupations: Extension, USDA FSA, Lenders, Clergy

After the training:
- 82% agreed they have a network to lean on for support in administering MHFA.
- 74% agreed they have a network with similar goals in addressing mental health in their community.
- 80% agreed they have a network to consult or get advice on administering MHFA.

Overall, participants reported increased skills in:
- Assessing for suicidal thoughts
- Listening nonjudgmentally
- Giving reassurance
- Encouraging self help
- Encouraging professional help

COMING SOON

Full statistical analysis and program description

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National Farm Medicine center

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Questions?

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