A Method for Building Evaluation Competency Among Community-Based Organizations

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Health Promot Pract published online 7 August 2013
DOI: 10.1177/1524839913496427

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http://hpp.sagepub.com/content/early/2013/08/01/1524839913496427

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What is This?
Community-based organizations often lack the capacity (e.g., time, staff, skills) to effectively evaluate programs, policies, and environmental changes. Providing evaluation technical assistance and training can be an effective and feasible way to build individual evaluation competency. The purpose of this article is to present a practical approach and related tools that can be used by evaluators and others (e.g., academic partners, funders) providing assistance to build evaluation skills in community organizations. The approach described was developed in collaboration with local universities and a regional health foundation to provide intensive technical support to 19 community-based organizations awarded funding to implement obesity prevention projects. Technical assistance processes and tools were designed to be tailored to organizations’ capacity and needs and can be used as templates by others who provide technical assistance. Evaluators, funders, and academic partners can use lessons learned from this experience to help shape and implement evaluation technical assistance approaches with community-based organizations.

Keywords: community organization; health promotion; program planning and evaluation

INTRODUCTION

Community-based organizations (CBOs) regularly implement programs, policies, and environmental changes that promote healthy and active lifestyles. However, CBOs are not always equipped with the staff and skills they need to effectively evaluate these activities. Strong evaluation skills are critical to provide organizations with the ability to monitor quality of the intervention, assess project effectiveness, and objectively justify support for sustained funding (Kapp & Anderson, 2010). Mayberry et al. (2008) found that key staff from community organizations reported high levels of knowledge and skill in core areas of program implementation (e.g., problem identification, intervention development) but were considerably less knowledgeable in areas of evaluation (e.g., assessment development, data collection).

Additionally, CBOs are faced with a number of challenges when conducting evaluation activities. First, they often have limited staff time to plan and implement evaluation activities. The primary function of many CBOs is to implement programs and serve their priority population; thus evaluation is often not included as a job responsibility for staff. These decisions are often guided by mandates from the CBO’s board of directors. Second, community organizations may not have the expertise to develop valid and reliable evaluation methods and tools (Brown, 1980; Johnson, Smith, & Bruemmer, 2007). They are often staffed by practitioners who have...
learned public health competencies on the job and lack professional training in health education evaluation methods (Committee on Educating Public Health Professionals for the 21st Century, 2003). Last, funders often restrict the money allocated for evaluation, especially smaller foundations and funders, because they may have fewer funding resources to dedicate to non-program activities (Gibbs, Hawkins, Clinton-Sherrod, & Noonan, 2009; Napp, Gibbs, Jolly, Westover, & Uhl, 2002). Although the Centers for Disease Control and Prevention (CDC; 1999) suggests that 10% of a project budget should be devoted to evaluation, foundation board of trustees often guide funding decisions and decide how much, if any, funding should be appropriated to evaluation activities.

To address these challenges, CBOs frequently partner with academic institutions. Partnerships often form so that a division of responsibilities results based on skills and expertise, with the CBO responsible for project implementation and the academic institution responsible for evaluation. Typically, intervention–evaluation partnerships work best when they start working together from the inception of the project (Patton, 2008). This can help inform the intervention and evaluation, making both activities stronger, and ensures that evaluation is not performed as an afterthought but instead as a well-planned set of activities that will meet the needs of the organization and the funder.

The purpose of this article is to describe an approach that evaluators and practitioners can use to increase evaluation competency through intensive technical assistance (TA). The approach described was developed in collaboration with local universities and a regional health foundation to provide intensive technical support to CBOs awarded funding to implement obesity prevention projects across Missouri. The aim of this article is to describe a three-phase process used for the provision of evaluation TA and to detail lessons learned for other evaluators to consider when developing and implementing evaluation TA activities. This approach can be used by funders to make sure all grantees have a basic understanding of evaluation and will produce evaluation results that can be disseminated, or by academic partners working with CBOs to build evaluation competency.

► METHOD

Nineteen organizations (i.e., grantees) were funded in 2007 (n = 10) and 2008 (n = 9) to implement healthy eating and active living programming and support environmental and policy changes in their communities to reduce obesity rates. The projects addressed various populations (e.g., adults, children) across all settings (e.g., workplaces, schools) and in different geographies (e.g., rural, urban). As part of the grant application process, organizations developed project plans, including objectives and related evaluation methods. Although the long-term goal of the funding was to decrease obesity rates, grantees implemented a variety of activities to affect short and intermediate outcomes (e.g., knowledge, skills, behavior). Although each program described an internal evaluation plan, resources and staff devoted to evaluation were minimal, with the majority of grantee organizations allocating less than 10% of their budget (the amount allowed by the funder) to evaluation activities. The TA was accomplished in three phases: (a) assessment of changes in evaluation-related competency, (b) tailor TA, and (c) assessment of changes in evaluation-related competency. This approach was developed using the evaluation planning resources of national, state, and local organizations (e.g., CDC, Kellogg Foundation). These resources instruct individuals and organizations on how to conduct an evaluation but lack individualized and dynamic assistance to tailor it specifically to their work (CDC, 1999; W.K. Kellogg Foundation, 1998).

1. revise objectives to make them measurable and realistic,
2. ensure that grantees’ evaluations were designed to assess their objectives, and
3. address the unique evaluation needs of each organization.

It was believed that achieving these aims would enhance the evaluation competency of organization staff. The TA was accomplished in three phases: (a) evaluation competency needs assessment, (b) tailored TA, and (c) assessment of changes in evaluation-related competency. This approach was developed using the evaluation planning resources of national, state, and local organizations (e.g., CDC, Kellogg Foundation). These resources instruct individuals and organizations on how to conduct an evaluation but lack individualized and dynamic assistance to tailor it specifically to their work (CDC, 1999; W.K. Kellogg Foundation, 1998).
One of the requirements of funding was to work closely with the external evaluation team. Therefore, the funders introduced the grantees to the evaluation team at grantee orientation prior to beginning their projects.

**Evaluation Competency Needs Assessment**

This first phase was conducting a baseline evaluation needs assessment to identify current evaluation competency among grantees’ key staff members (e.g., project lead, evaluation staff). It is important to understand baseline capacity for providing individualized evaluation TA for at least two reasons. First, a needs assessment allowed the TA providers to identify grantees’ evaluation experience, current skill level, and specific evaluation needs. The results of the needs assessment were used to effectively tailor TA. Second, the needs assessment was used as a baseline measure of skill, allowing the evaluation team to track changes in competency following the TA. The needs assessment identified the number of staff assisting with evaluation, current evaluation experience and training, skill level for various evaluation activities, and evaluation methods currently being used. Questions used a 5-point Likert-type response (1 = very low skill, 5 = very high skill; see Appendix A for full survey [Appendix A is available at http://hpp.sagepub.com/ supplemental]). Definitions of each activity and method were not included in the survey. The evaluation team assumed that if a respondent was not familiar with a skill or method on the survey, he or she would report the skill level as low. The findings from the needs assessment helped the evaluation team prioritize the TA activities that were conducted with each grantee. For example, when logic model development was identified as a skill in which they were less proficient, initial TA efforts focused on improving that skill.

**Tailored Technical Assistance**

Tailored TA was provided both in a formal (e.g., trainings) and an informal (e.g., phone calls, e-mails) manner. Once the baseline needs were identified, a face-to-face site visit with each grantee was conducted. The evaluation team met with all project directors and evaluation staff on the initial visit and each subsequent visit or call. However, grantees were encouraged to include all staff members and partners working on the project during in-person meetings so the work remained collaborative.

Priority was placed on traveling to the grantee’s home office because grantees often lacked resources to travel out of their service area and had limited time to participate in trainings. Additionally, because grantees often have misconceptions about the purpose of evaluations and view them as a judgment of their work, face-to-face visits were critical so they would understand the goal was to assist them in making their evaluations stronger. A face-to-face visit helped the evaluation team build relationships, set the tone for collaborative teamwork, and establish trust with the grantee, without placing undue burden on them. An additional benefit of visiting each grantee was seeing each project in action. This helped the evaluation team understand the programs’ function, allowing for the development of a more thorough evaluation plan. Although basic information was collected to understand the background and history of the project, the primary focus of the site visit was to gain an understanding of current evaluation activities (e.g., data collection and measurements, data analysis and reporting) and evaluation challenges (e.g., lack of skills related to evaluation activity, lack of trained staff) and to identify additional needs related to physical activity and healthy eating intervention development that could be provided by the university evaluation team. Initial site visits lasted approximately 2 to 4 hours. Two evaluation team members attended each site visit.

It was apparent from the baseline needs assessment and initial site visits that grantees’ capacity to implement internal evaluations varied, which highlighted the importance of the individualized TA. Grantees with lower capacity required more one-on-one time and required assistance with initial evaluation tasks (e.g., developing evaluation questions), whereas grantees with higher capacity required less one-on-one time and often needed assistance later in the evaluation process (e.g., analyzing data, reporting results). The evaluation team was responsive to the varied needs and adjusted their TA strategies accordingly. This tailored approach helped reduce any mistrust and allow grantees to recognize the valuable resource the funder was providing them.

The overall evaluation plan for each grantee incorporated three tools.

1. Project logic model (i.e., operational plan linking activities to expected outcomes)
2. Evaluation Activities Worksheet (i.e., plan for implementing evaluation methods)
3. Progress Reporting Tool (i.e., report on results achieved)

We discuss each of these in detail below.
Project logic model development. As identified in key evaluation resources, one of the first steps in evaluation planning is operationalizing the project using a logic model (CDC, 1999; W.K. Kellogg Foundation, 1998). The evaluation team worked with key staff and the internal evaluator (if identified) to increase their individual competency for developing logic models by using an interactive logic model activity with large Post-it® notes. Participants were prompted to identify all components of a logic model, as defined in Figure 1.

This exercise demonstrated how specific inputs and activities were linked and would accomplish intended outcomes. During the process, the evaluation team determined what, if any, evaluation methods the grantees were currently using, and if any additional evaluation activities were needed to measure outputs and outcomes.

Evaluation Activities Worksheet. During initial site visits, the evaluation team observed that many grantees lacked a clear understanding of how project objectives should align with other components of the logic models. An Evaluation Activities Worksheet was developed to link evaluation measures and methods to project objectives and logic model activities and outcomes (e.g., short term, intermediate, and long term).

The worksheet included the following components for each evaluation question:

1. Specific objective(s) relating to each evaluation question
2. Evaluation methods being used for each evaluation question and/or any new methods
3. Data management, analysis, and reporting activities being implemented
4. TA opportunities to be addressed (see Appendix B for the worksheet template with examples [Appendix B is available at http://hpp.sagepub.com/supplemental])

The evaluation team helped grantees create a list of evaluation questions for each of their objectives. Based on the evaluation questions, the evaluation team worked with the grantee to identify appropriate evaluation methods and measures. This activity resulted in grantees beginning to understand how evaluation questions and objectives fit into the evaluation plan and logic model. Each objective was matched with a short-term,
an intermediate, or a long-term outcome on the evaluation worksheet. Once the connection between objectives, evaluation questions, and logic model components was demonstrated, grantees identified evaluation methods for each question, incorporating their current and proposed methods, as appropriate.

The worksheet was used to assist grantees to monitor the attainment of project outcomes and objectives and revise evaluation activities as needed. Although most grantees would not be able to complete all of the proposed evaluation activities, this activity provided an opportunity to build the grantee’s competency for evaluation planning for future projects.

Finally, the evaluation team helped grantees prioritize selected evaluation activities based on existing organizational capacity. This prioritization involved discussions between the evaluation team and the grantee and focused on two main goals. First, grantees were encouraged to select and implement evaluation activities that would help them document progress toward meeting their objectives. Second, grantees selected activities that were realistic given their capacity and resources.

**Progress Reporting Tool.** The Progress Reporting Tool was developed to help grantees systematically report progress on project objectives. Whereas the Evaluation Activities Worksheet set the stage for identifying the appropriate evaluation data to collect and methods to use, the Progress Reporting Tool guided the consistent reporting of program activities and attainment of objectives. The tool was used as a living document that grantees updated over time. Program activities were listed for each objective and related evaluation activities and results. When possible, percentage change from preactivity to postactivity was documented to illustrate whether or not an objective had been achieved or to demonstrate progress toward meeting an objective. The tool was shared with the funder every 6 months and provided a clear and consistent method of communicating results to all types of partners (e.g., funders, board of directors, community partners; see Appendix C for a copy of the tool [Appendix C is available at http://hpp.sagepub.com/supplemental]).

In addition to the formal TA activities described above, the evaluation team provided ongoing informal TA to grantees. One-on-one individualized TA was provided through a variety of methods, including additional site visits, conference calls, and e-mail communications. Activities were tailored to each grantee’s capacity in order to strengthen individual evaluation competency and address unique evaluation needs. Figure 2 provides a summary of the overall requests by type of TA. It lists the requests made by grantees (above and beyond the general TA activities described previously). For example, some organization’s evaluation TA focused on data analysis and reporting, whereas for others, TA focused on how to apply the evaluation process to their future work.

**Evaluation of Technical Assistance**

The third phase of this process was to evaluate the TA provided and assess changes in individual evaluation competency. Three sources of data were used to accomplish this: baseline and follow-up needs assessment, initiative-level web-based data collection system, and reports submitted by grantees to the funder. A follow-up assessment of evaluation competency was conducted with all grantees after 3 years of program implementation. It included the same items as the baseline assessment as well as additional items that assessed the likelihood of applying evaluation tools and techniques to future projects, and identified the evaluation TA activities that were most useful to the grantee.

Overall, grantees reported an increased skill level in almost all evaluation competencies (Figure 3). The greatest improvements were reported in developing surveys/instruments to collect data, collecting qualitative data, determining best methods for answering evaluation questions, and developing logic models. Grantees reported the smallest improvements in building a database to store data, analyzing quantitative data, and analyzing qualitative data.
Feedback regarding the timeliness and usefulness of the TA was collected quarterly through an initiative web-based data collection system. Overall, grantees reported being very satisfied with the TA they received. Ninety-one percent (91%) of grantees strongly agreed that the evaluation team responded to grantee needs within a timely manner, and 88% strongly agreed that the information provided was useful. Additionally, 100% of grantees reported they were somewhat or very likely to use the evaluation tools and skills again in the future.

The funder collected qualitative feedback from the grantees twice a year about interactions with the evaluation team. Grantees provided positive feedback on many aspects of the evaluation TA (e.g., overall interaction). In particular, organizations reported that the assistance developing evaluation tools and methods was especially beneficial for internal project evaluations. As two community organizations noted in their interim report to the funder:

It’s been helpful to have [evaluation assistance] this time . . . to really look closely at our evaluation tools, to make sure that [tools] are doing what we wanted them to do, and [we do] what we said we’re going to do with them.

I think the evaluation trainings have been really helpful because we want to make sure that we’re doing it right and we’re keeping track of whether it’s working or not. We’re not evaluation experts. I think we are really comfortable talking about evaluations, but we don’t have all the tools. When they [the evaluation team] share various tools with us and link us to ideas and help us brainstorm through the process of evaluating specific pieces of the project, I think it’s tremendously helpful.

**LESSONS LEARNED**

The evaluation team learned a number of lessons while providing TA over 3 years that can provide guidance for others who provide this type of service. First, evaluators should tailor TA when working with CBOs. It was apparent from the needs assessment and site visits that grantees’ capacity to implement internal evaluations varied. Through this process, the evaluation team identified strengths on which to capitalize and weaknesses to make stronger. In many cases, evaluation activities that could be implemented quickly and successfully were prioritized. The early success achieved by several grantees as a result of this approach was encouraging and helped grantees to be more open to implementing other evaluation activities. The initial needs assessment of baseline competency facilitated the evaluation team’s ability to tailor these skill-building strategies to fit varying needs.

Second, evaluators should utilize a practice-based, realistic approach to evaluation. The evaluation team approached evaluation not as research but rather as a mechanism to demonstrate success to funders, boards of directors, and other key partners. The team worked collaboratively with grantees to identify data that were within their capacity to collect and that were necessary to demonstrate success. Using plain language and avoiding jargon were critical as was using real examples to demonstrate applications of methods and tools to their specific projects. Although numerous existing evaluation tools and resources are available, organizations often had difficulty understanding and applying them for their specific activities. The evaluation team was able to work with the grantees dynamically to coach them about how to use these evaluation resources with their specific project activities.

Third, funders and evaluation teams wishing to build evaluation competency should consider the timing and funding to implement this tailored assistance. Ideally, evaluation teams should work with grantees throughout the life of their project, from the grant review and development process through reporting and disseminating final results. When evaluation teams are included from the onset of the grant process, measurable and realistic objectives and appropriate resources committed to the program are more likely to be established early.
For example, most of the grantees had originally written process or output objectives in their grants, but few had written impact or outcome objectives. Although many understood the value of having objectives; they did not always have the skill to write measurable and realistic outcome objectives. The progress reporting tool demonstrated success of their program and helped drill home the point that measurable and realistic objectives are indeed vital to successful evaluation. Once grantees had to report the data and how they were progressing toward meeting their objectives, they began to understand the importance of well-written, measurable objectives.

Fourth, it is imperative to consider integrating content expertise into TA activities. Having content expertise helped the evaluation team quickly understand programs and develop appropriate evaluation methods. For example, there are specific strategies that are useful for evaluating physical activity interventions (e.g., direct observations, built environment audits; Kelly, Hoehner, Baker, Brennan Ramirez, & Brownson, 2006). Content expertise combined with strong evaluation skills allows evaluators to help grantees quickly and efficiently develop evaluation plans.

CONCLUSIONS

Increasing evaluation competency not only enhances the public health workforce’s current skill (Mitchell, Florin, & Stevenson, 2002), it can also reduce the overall costs of projects by eliminating the need for outside evaluators. The methods presented in this article describe a three-phase process used for the provision of evaluation TA. The three phases include evaluation competency needs assessment, tailored TA to individual organizations, and evaluation of TA provided. As demonstrated, evaluation training and experience vary greatly among organizations. Barriers to conducting evaluation activities include lack of staff professionally trained to conduct evaluations and lack of access to evaluation resources. Building staff evaluation competencies will help ensure that programs, environmental changes, and policies achieving anticipated outcomes are documented and disseminated appropriately. The results of this project indicated that individualized, tailored TA can improve individual competency. The results of the needs assessment showed a consistent positive increase in skills. Moreover, grantees reported that they were very likely to use these tools and approaches again in the future. This approach can be used by others providing evaluation TA to increase evaluation competency among CBOs often staffed by well-meaning but undertrained practitioners. To initiate this approach, CBOs and evaluators should advocate for TA using evidence that staff are not prepared to do evaluation and make the case to funders that TA can assure thorough and consistent results across grantees.

NOTE

1. In addition to providing TA, the evaluation team was also contracted to conduct an overall evaluation of the initiative. Part of this initiative-level evaluation used a web-based data collection system that included questions about the quality of the TA.

REFERENCES


