Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED), a REACH US Program

**Project Evaluation Workbook**

A resource to support the Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED) Legacy Projects and Local Projects

Serving US Affiliated Pacific Islanders in their home islands and in Hawaii

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Prepared by Pacific CEED with funding from the US Centers for Disease Control and Prevention
REACH US cooperative agreement 5U58DP000976
Aloha!

The Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED) congratulates you on obtaining funding for your breast and cervical cancer prevention and control projects in your communities! The Legacy Projects and Local Projects are funded by Pacific CEED to initiate innovative interventions and to strengthen community capacity to help address the priorities of the Comprehensive Cancer Control Programs in the U.S. Affiliated Pacific Islands and Hawaii.

The Pacific CEED Project Evaluation Workbook provides guidance and tools to help local projects plan and implement the evaluation of your 12-month local breast and cervical cancer prevention and control projects. Each project is carried out in the context of the 5-year CCC Programs. This workbook outlines each phase of project evaluation step by step and provides sample evaluation tools, such as community surveys and other tools to help you collect data for your project evaluation.

We welcome feedback on any portion of this workbook including comments and suggestions on improving this guide and additional information that your project may find helpful to conduct a successful evaluation.

Best Wishes for the successful implementation and evaluation of your projects!

From,

The Pacific CEED Team
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References

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A: ‘P’ Process for Project Planning and Evaluation
B: Pacific CEED Promising Practices Report
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Background

1. Pacific CEED Legacy Projects and Local Projects
The goal of the Pacific Centers of Excellence in the Elimination on Disparities (Pacific CEED) is to reduce breast and cervical cancer health disparities using policy, organizational, community, family/individual and culturally tailored strategies to minimize exposure to tobacco, poor nutrition, inactivity and sexual risks and create a healthy environment to achieve wellness among U.S. Affiliated Pacific Islanders living on the islands, in Hawaii and on the continental US. Pacific CEED annually provides start up funds via the competitive Legacy Projects RFP process and the Local Projects direct grants to Pacific communities to initiate innovative interventions and strengthen community capacity. These projects address health disparities across the continuum of care for breast and cervical cancer based on the priorities of the local Comprehensive Cancer Control Programs (CCCs). The cancer continuum includes primary prevention and early detection, diagnosis and treatment, and support and palliative care.

2. Purpose of Pacific CEED Project Evaluation Workbook
This workbook was developed to guide evaluation plans and actions for all Pacific CEED funded projects. Moreover, Pacific CEED works closely with the Regional Comprehensive Cancer Control Program (RCCC) and the individual CCCs to ensure that all Legacy Projects and Local Projects address priority objectives of each USAPI CCC Program. Each project is expected to be implemented within the broader program environment of the USAPI Comprehensive Cancer Control Programs with their 5-year implementation and evaluation cycles. In addition, the contents and tools in this workbook can be used to guide evaluation planning for other public health and health promotion projects and programs. This workbook should serve as an ongoing resource for planning, implementing, documenting and reporting project evaluation.

3. Common objectives and performance measures; CCPI guidance and the Performance Management Plan (PMP)
The Pacific CEED Legacy Projects and Local Projects, Round 2 each address their own priorities but share common objectives by addressing at least one of the following areas of focus specified in the Legacy Projects Request for Proposals, Round 2:
• Building capacity for information/data collection and data utilization;
• Exploring the role of traditional beliefs/practices in relation to main-stream healthcare to support cancer prevention and early detection, diagnosis and treatment and/or palliative care; and/or
• Identifying, developing, and documenting promising practices.

Project evaluation focuses on how to evaluate these objectives as applied to each individual project plan and design. Each year Pacific CEED consults with the Cancer Council for the Pacific Islands (CCPI) to identify annual priorities and areas of focus. For Round 3, (YR4 fiscal year) the Legacy Projects priorities will be established at the CCPI meeting in June 2010.

The Pacific CEED Performance Management Plan (PMP) serves as the evaluation framework to help the Pacific Cancer Programs, the USAPI Comprehensive Cancer Control Programs in the U.S. Affiliated Pacific Islands (USAPI) and residents in Hawaii and on the mainland track and report on progress, change and results related to cancer prevention and control. The PMP provides the structure to evaluate the complex regional cancer program which is comprised of; 1) multiple regional programs funded by CDC (e.g. Pacific CEED, Regional Comprehensive Cancer Control (RCCC) and Pacific Region Central Cancer Registry (PRCCR), 2) multiple site locations (e.g. Comprehensive Cancer Control Programs in ten USAPI jurisdictions, Hawaii and the mainland), and 3) multiple levels (e.g. regional, USAPI jurisdictions and projects).

The PMP was developed in consultation with the regional and USAPI partners. The regional performance measures were selected from the RCCC 5-year Plan 2007-2012 and the regional Pacific CEED community action plan. (www.pacificcancer.org). The Pacific CEED work plan strategically supports the regional program by including several key objectives and performance measures from the RCCC 5-year plan. By tracking a number of key indicators at the regional level, Pacific CEED intends to document aggregate improvements in cancer prevention and care and demonstrate reduced disparities across the region.

The PMP also includes a core list of the common process and outcome performance measures for the jurisdictions. A composite list of ALL CCC objectives, activities and performance measures was compiled in Year 1 based on the USAPI CCC work plans. The USAPI CCC Programs each has the same or similar objectives and performance measures. Finally, the project level performance measures is a short list of generic measures for tracking progress, performance, outputs and results for the 12-month Legacy Projects funded each year in the
USAPI and Hawaii by Pacific CEED. The five core project level objectives and performance measures in the PMP are as follows:

<table>
<thead>
<tr>
<th>Legacy and Local Projects Objectives and Performance Measures</th>
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<tbody>
<tr>
<td>(extracted from the Pacific CEED Performance Management Plan (PMP))</td>
</tr>
</tbody>
</table>

**Objective #1.** By the end of each year, all Legacy Projects grantees (and recipients of direct grants) will submit a work plan and evaluation plan according to project standards.

**Performance Measure(s):**
1. a. Number and percent of project work plans & evaluation plans meeting project standards.

**Objective #2.** By the end of each project year, all Legacy Projects grantees (and recipients of direct grants) will complete and submit all deliverables according to the terms of the Agreements for Services.

**Performance Measure(s):**
2. a. Number and percent of Legacy Projects deliverables completed and submitted.

**Objective #3.** By the end of each project year, all Legacy Projects grantees (and recipients of direct grants) will receive technical assistance as requested.

**Performance Measure(s):**
3. a. Number of technical assistance requests and percent delivered.

**Objective #4.** By the end of project year, all Legacy Projects (and recipients of direct grants) will submit a Documentation & Dissemination Plan and a Sustainability Plan to their CCC Coalitions and to Pacific CEED.

**Performance Measures:**
4. a. Number of D&D plans submitted to CCCs & to Pacific CEED.
4. b. Number of Sustainability plans submitted to CCCs & Pacific CEED.

**Objective #5:** By the end of project year, all Legacy Projects (and recipients of direct grants) will submit a Promising Practices report according to the template provided.

**Performance Measure(s):**
5. a. Number & percent of projects submitting Promising Practices reports following the template provided.
5. b. Number & percent of projects based on adaptation of ‘evidence’ or on promising practices.
Introduction

4. What is evaluation?

Evaluation is:

“The systematic collection of information about the activities, characteristics, and results of programs to make judgments about the program, improve or further develop program effectiveness, inform decisions about future programming, and/or increase understanding” (Patton, 2008).

The above definition is commonly cited in public health program evaluation manuals, textbooks, and other resources, including the CDC Framework for Evaluation. Evaluation is not only a method or process but also embodies specific purposes reflected in the above definition. Michael Patton has provided leadership in the development, understanding and application of program evaluation models and methodologies for more than two decades. His first definition and models of evaluation date back to the early 1980s. Simply stated, evaluation tracks program information to document how the program (or project) was carried out and to measure the extent to which the objectives were achieved.

Program evaluation is carefully collecting information about a program or some aspect of a program (e.g. a project) in order to make decisions about the program. Program evaluation can include a variety of at least 35 different types of evaluation, such as needs assessments, accreditation, cost/benefit analysis, effectiveness, efficiency, formative, summative, goal-based, process, outcomes, etc.. The type of evaluation undertaken to document and improve programs depends on what the stakeholders want to learn about the program. Focus on what information is required to make appropriate program decisions, how to collect that information, how to make sense of the information and finally, how to communicate the meaning or interpretation of that information to various stakeholders to help them plan and make informed decisions.

5. Why evaluate?

Many people regularly undertake some nature of program evaluation but they may not do it in a formal way. As a result they don't get the most out of their efforts or they make conclusions that are inaccurate. Consequently, they miss precious opportunities to make more of difference
for their customer and clients, or to get a bigger bang for their buck. A project (or program) conducts evaluation for internal and external reasons. The most common internal reason for conducting evaluation is to see if the program is being carried out in the way in which it was originally designed and to see if the program is actually making a difference. These primary reasons may be broken down as follows:

- To make program improvements or modifications, to overcome unanticipated challenges or changes or if expected results are not being achieved,
- To determine if resources should continued or reallocated depending on results, given that resources are almost always scarce,
- To learn about what makes the program work or not,
- To document program results.

Programs also conduct evaluation for external reasons. The most common external reason is to provide accountability for funds and for effort in order to report to funders and decision-makers. Other external reasons why programs conduct evaluation is to share public health knowledge of ‘what works’, including best practices, promising practices, and/or evidence based practices and to accumulate documentation to show results to future funders and collaborators.

6. Project evaluation versus program evaluation

For this workbook, “program” is defined as a set of objectives and activities that are strategically designed to achieve identified outputs, outcomes and impact in relation to a specific health goal and set of objectives carried out over at least a 5-year period. Nonprofit programs are a set of organized methods that provide certain related services to clients, customers, patients, etc. A program is evaluated to decide if the program is indeed useful to its clients. The USAPI have planned and are now implementing and evaluating their Comprehensive Cancer Control Programs. The evaluation cycle typically coincides with the program planning and implementation cycle thereby covering all internal and external operations of a program. Evaluation is planned and carried out from the first moment a program is designed and planned, through to the completion of and often until after all program activities have been carried out to determine the overall effectiveness of the program and its impact on a targeted health priority or problem.
‘Project evaluation’ refers to a finite set of evaluation tasks and operations that take place within a shorter period of time (typically 1 year) to demonstrate and document certain steps and processes as well as selected deliverables or outputs. For example, a single 5-year ‘program’ can implement multiple short-term or 1-year project. Each project provides a field test for different models or ways of working. Pacific CEED grantees are funded as short-term ‘projects’ that are conducted within the 5-year CCC programs. This workbook focuses on how to evaluate a single, short-term project. Some of the guidance and tools may also be relevant to evaluating the 5-year CCC programs.

7. Organizational Readiness or creating a culture for evaluation

For programs that have never conducted an evaluation, it is important to first assess the organization or program environment. Organizations and program vary in the extent their environment is conducive to evaluation, otherwise referred to as organizational readiness. Programs may conduct an evaluation organizational readiness assessment to determine the extent program evaluation may be readily conducted and to address any barriers to evaluation.

Program considerations that may make evaluation challenging:

- Lack of time; staff are overcommitted
- Staff don’t think that the programs and activities can be measured or are unsure how
- Limited evaluation skills and knowledge
- Too many other program priorities
- Limited continuity within the organization’s leadership, board, staff, membership, etc.
- Staff, stakeholders, clients believe that programs (or they) can be hurt by evaluation data
- Limited or unsure how to use evaluation data once it is collected

Program considerations that may support evaluation:

- Staff want to do quality evaluation
- There are trained staff who can help with evaluation design, methods, analysis
- Evaluation is considered to be everyone’s responsibility

The worksheet on the next page may be used to assess the extent an organization is able to successfully address the relevant challenges to support an organization to include evaluation as one of its core, ongoing functions.
# TOOL: ASSESSING YOUR ORGANIZATION'S READINESS FOR EVALUATING OUTCOMES

This tool is designed to help organizations consider some of the factors involved in successfully evaluating outcomes. It is not necessary that all factors are in place before starting to evaluate, but a supporting and conducive environment is important. There is no right or wrong answer. Mark the number that best describes how you feel about each statement.

0 = don't know; 1 = strongly disagree; 2 = disagree; 3 = neither agree or disagree; 4 = agree; 5 = strongly agree

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Your rating</th>
</tr>
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<tbody>
<tr>
<td>a. We have a clearly defined and commonly understood mission statement, vision, and values/beliefs.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. We have identified priorities that are reflected in our goals.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>c. The leaders in our organization are committed to results-based management and measuring outcomes.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>d. There is general commitment to evaluation throughout the organization.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>e. Human, fiscal, and computer resources are available for planning and implementing outcome measurement.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>f. There is a plan and timeline for our outcome evaluation process.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>g. We have a common evaluation language/framework in the organization.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>h. Stakeholders/funders are expecting our organization to report outcomes.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>i. Staff are interested in evaluating outcomes.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>j. Staff have skills to conduct evaluation.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>k. Our organization supports professional development.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>l. Evaluation is rewarded in our organization.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>m. Evaluation processes, data, and findings are valued.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>n. Evaluation data are used (will be used) within the organization to improve programs, guide resource allocations, and support planning.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>o. Evaluation data are used (will be used) outside the organization to enhance public image, increase funding, and share promising practices.</td>
<td>0 1 2 3 4 5</td>
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</table>

Project Evaluation; The ‘P’ Process – 5 Steps

Overview – Using the ‘P’ process to plan and evaluate projects – 5 steps

The structure and contents of this Project Evaluation Workbook are based on the ‘P’ process for program planning and evaluation. The ‘P’ process model integrates key elements of the CDC Evaluation Framework, the Johns Hopkins University Center for Communication Programs (JHU-CCP) planning guide developed in resource-limited environments around the world and the Pacific CEED and Pacific Cancer Programs’ Performance Management Plan (PMP) adapted from the results framework initially developed by the US Agency for International Development for managing data collection and reporting for all USAID-funded country programs.

The ‘P’ Process for Program Planning and Evaluation comprises 5 steps:

Step 1: Assessment – review existing data to define the problem, goals & objectives
   a. Review existing data and situation to define the problem
   b. Create SMART objectives
   c. Worksheet: Writing SMART Project Objectives

Step 2: Evaluation Plan - define performance measures, establish baselines and project targets
   d. Pacific CEED Legacy Projects & Local Projects Evaluation Planning Template
   e. Define performance measures
   f. Establish credible baselines
   g. Project realistic targets
   h. Pacific CEED Legacy Projects & Local Projects Workplan and Evaluation Planning Template

Step 3: Implementation - identify data sources and tools
   i. Use existing data sources
   j. Develop evaluation tools as needed
   k. Triangulate evaluation data using both quantitative and qualitative data tools and sources
Step 4: Data collection, analysis, and reporting

l. Data collection methods: focus group discussions, face-to-face interviews, pre & post training tests, self-administered questionnaires, community surveys

m. Data analysis plan and data analysis

Step 5: Using data to re-plan and improve program

n. Data use by different stakeholders to plan, make decisions, report progress and performance, e.g. Pacific CEED Promising Practices Report

o. Refine evaluation and/or project goals and objectives

Using the “P” process to plan & evaluate projects (or programs)

- Step 1 - Assessment
- Step 2 – Evaluation Plan
- Step 3 - Implementation & Data sources
- Step 4 - Data Collection, Analysis & Reporting
- Step 5 - Using Data to re-plan & improve program
Step 1: Assessment – review existing data to define the problem, determine the goal & create objectives

p. Review existing data and situation to define the problem and determine the overall goal
q. Pacific CEED Legacy Projects & Local Projects Work plan and Evaluation Plan Template
r. Create SMART objectives - Worksheet: Writing SMART Project Objectives

Each project has developed a workplan with a project goal and SMART objectives. Pacific CEED expects each project to select a goal and objectives that is priority for their respective Comprehensive Cancer Control Program and to review existing information or data to help define the problem the project plans to address.

A project typically defines one overarching goal aimed to impact the identified problem. Goals are broad and long range project accomplishments.

Project objectives

☑ Specific, concrete, observable, and measurable statements of what the project is expected to achieve to move the project toward its goals.
☑ Process objectives describe how the program is carried out and what activities are delivered, implemented, or conducted.
☑ Outcome objectives describe impact, effects, and results of the project.

Project activities are the steps carried out in the project to accomplish its objectives.

SMART objectives

SMART refers to an acronym to develop strong evaluation objectives. This acronym can be very helpful in writing objectives for evaluating project progress and outputs, to measure what activities were proposed compared to what was actually implemented.

For example: By the end of the project period, 60 community leaders from the Women’s Advisory Council will be certified as breast and cervical cancer trainers.
* Specific - *What exactly are we going to do, with or for whom?*
The project states a specific change or product or outcome, to be achieved or accomplished. The desired change is stated in numbers, percentages, frequency, etc..

* Measurable - *Is it measurable and can WE measure it?*
This means that the objective can be measured and the source of measurement is identified.

* Achievable - *Can we get it done in the proposed timeframe for this amount of money?*
The expectation of what will be accomplished must be realistic given the market conditions, the time period, the political climate, resources allocated, etc.

* Relevant - *Will this objective lead to the desired results?*
This means that the project results will be attributable to the project activities and that the project results directly contribute to the agency or funder’s goal.

* Time-framed - *When will we accomplish this objective?*
This means stating clearly when the objective will be achieved within the designated or funded project period.

**Process Objectives**

☑ Focuses on activities carried out, delivered, conducted, implemented; the extent participants receive the activities, and those who carry out, deliver, conduct, and implement the activities.

☑ Answers the questions: What activities are being conducted? By whom? How are activities carried out?

**Examples of SMART Process Objectives:**

☑ Instead of: Identify and recruit a part time project coordinator
☑ SMART objective: By the 2\textsuperscript{nd} month in the project a part time project coordinator will be hired.
Instead of: Utilize the key relationships built with cultural and religious key informants
SMART objective: By the 3rd month in the project 6 meetings will be conducted with at least 10 cultural and religious leaders who have relationships with the project.

**Outcome Objectives** (appropriate for program objectives due to longer time-frame)

- Focuses on changes in knowledge, attitudes, behavior, and skills or systems, i.e., programs, policies, practices, changes that the project is trying to influence.

- Answers the questions: What are the results of the project? What individual or systems changes will happen? What is the effect or impact of the project?

Example of SMART Outcome Objective:

- Instead of: Increase awareness of breast and cervical cancer and screening & early detection.
- SMART objective: At the end of year 1, project participants will demonstrate a 20% increase in a post-test scores on breast and cervical cancer screening and early detection.
Carefully select appropriate objectives - useful and realistic to the available resources

The objectives selected to be evaluated are those that will provide the most useful information about what has been accomplished. However, different objectives require different levels of resources to evaluate. For example, these objectives both will provide useful results on increasing knowledge and skills for training about cervical and breast cancer prevention among women trainer(s).

Objective 1: At the end of the training session, participants, i.e., woman trainers, will score at least 85% on a knowledge and skills test about cervical and breast cancer prevention
Objective 2: At least 80% of health assistants who attend the training of trainers course will appropriately carried out at least 5 breast and at least 5 cervical cancer screening sessions.

Objective 2 would require more time and more resources (i.e. financial, human, time) to measure properly. Data collection would either involve observing the health assistants in practice as they interact with their clients or require self-reports to reliably report on skills and practices.

i. Objective 1 - Data collection involves the development of a valid pre and post test based on the content of the training course. Each participant completes a self-administered ‘test’ before and after the training. The training facilitators tabulate and compare the scores for the pre and post test results.

ii. In Objective 2, trainings conducted for health workers needs to be identified and tracked and the health assistants must be observed carrying out their new skills in a professional and quality manner, in various locations at different times of the week.

**Step 1 Summary:** Develop SMART project objectives that are realistic to evaluate.
Worksheet: Writing SMART Objectives

Worksheet 1: Writing Your Own Project Objectives

**Instructions:** Begin this worksheet by establishing a goal for your program. Next develop two process and two outcome objectives for your program. Make sure each objective is a SMART objective. Also, make sure each objective moves you toward your stated goal. If you have more than two process or outcome objectives for your program, make additional copies of this page.

Remember:
- Process objectives answer the questions: In order to reach the program goal, who needs to do what, with whom, and when is it to be done?
- Outcome objectives answer the questions: What effect do we hope the program will have? Or, what do we hope will be the results of this project?

Program Goal:

<table>
<thead>
<tr>
<th>Process Objective 1:</th>
<th>□ S</th>
<th>□ H</th>
<th>□ A</th>
<th>□ R</th>
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<tbody>
<tr>
<td>Process Objective 2:</td>
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<td>□ H</td>
<td>□ A</td>
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<td>□ T</td>
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<tr>
<td>Outcome Objective 1:</td>
<td>□ S</td>
<td>□ H</td>
<td>□ A</td>
<td>□ R</td>
<td>□ T</td>
</tr>
<tr>
<td>Outcome Objective 2:</td>
<td>□ S</td>
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<td>□ R</td>
<td>□ T</td>
</tr>
</tbody>
</table>
Step 2: Evaluation Plan - define performance measures, establish baselines and project targets

  s. Define performance measures (or indicators)
  t. Establish credible baselines
  u. Project realistic targets

Performance measure (or indicator)
A performance measure (or indicator) is a quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement or change (typically an ‘increase’ or a ‘decrease’ in a certain phenomena or process.

For example, the Comprehensive Cancer Control Coalitions (and the community partnerships) that plan and implement the community-participatory approaches are expected to have numerous members who represent a variety of different sectors, the public sector or government ministries or departments such as health, education, and agriculture as well as the private not-for-profit sector such as faith-based organizations, traditional healers, village leaders, women’s associations, and so on.

A related SMART objective for this expectation might be:
By the end of the 1st year of funding there will be least 4 active CCC Coalition members from different public sector organizations and at least 4 active CCC Coalition members from community or not-for-profit organizations.
An appropriate performance measure or indicator for this objective would be:
Number of sectors represented in the CCC Coalition or partnership.

Establish credible baselines

The baseline value is the beginning reference point of a particular performance measure (or indicator) either before a project is initiated or at the beginning of a project. The baseline value serves as a starting point of comparison to track progress in meeting project targets over the life of the project or project period. Baseline values serve as the key reference points for evaluating objectives. The following describe how baselines are established.
Baseline is already established:

- If baseline data or the baseline value exists prior to the start of a project, additional data collected over the life of the project must be collected in a consistent manner using the same or similar data collection methods in order to ensure equal comparison.
- Data may be obtained from a prior implementing partner’s project, a government report, an existing database, provided the data collection protocols, instruments, and scoring procedures can be replicated.

Baselines must be collected:

- If there are no existing data with which to establish a baseline, projects may need to collect pre-project data or conduct formative evaluation to establish the baseline specific to the identified objective and performance measure.
- For example, data may need to be collected to determine the current breast and cervical cancer screening rate in a local community prior to the commencement of the project or program.

Baselines may be established at different intervals during project implementation: Baseline data may be identified or collected even after the project begins, so long as the activity associated with the objective and performance measure has not yet begun.

Baseline is zero:

- Baselines will be zero for some if not most performance measures (or indicators).
- For example, if a new program focuses on building the training skills of a train the trainer health education project, the baseline for the performance measure (or indicator) “the number of trainers trained” is zero.
- In example provided above regarding CCC coalition membership and sectoral representation, the baseline is likely to be “0” because the coalition was just getting started at the beginning of the program (or project).
- In other words at baseline there is no coalition and no members.

Project realistic targets

Targets indicate the specific, planned level of results to be achieved within an explicit time frame. There are a number of different ways to project the level improvement the project should reasonably expect to achieve within a certain designated time period.
The following is a simple ‘formula’. The ‘desired level or amount of improvement’ is more difficult to determine, depending on the performance measure.

Baseline indicator + desired level (or amount of change = Target Performance

- Select performance measures (or indicators) that are not overly ambitious – perform a reality check with all stakeholders.
- Consider funding and resource facilitators and barriers: organizational capacity, personnel, funding, facilities
- Use past performance trends to determine the realism of target
- Recognize the external economic and political environment
- Consider the type of indicators selected. For example, changes in disease prevalence rates such as a decrease in cancer will take longer to achieve than changes in local policy or changes in the number of different sectors represented on the CCC coalition and hopefully changes in health behavior such as increase an in cancer screening rates can be achieved within a shorter time frame.

Expressing Projected Targets

- Absolute level of achievement –

Example: By 2015, train at least 75% of health assistants in neighbor island dispensaries to conduct Visual Inspections with acetic acid.

Baseline: Number of health assistants trained in VIA at inception of project, e.g. 0
Target: 75% of total health dispensary workers
Denominator: In order to quantify this target using a single variable, the denominator must be known. The denominator in this case is the total number of health assistants in the neighbor island dispensaries at the start of the project. If it is known that there are 15 health assistants and the projected target by 2015 is to train 75%, then 11 total health assistants must be trained. If, however, by 2015 at least 10 health assistants are trained in VIA then 10/15 or 67% of the total number of health assistants will have been trained. Definitely the project can say ‘significant progress has been made in achieving the target’. However, the target has not yet been ‘met’.
Example: By 2015, train 50% of the leaders of the women’s community groups to do outreach education in the villages to encourage women to come to the health centers for their regular pap smears and clinical breast exams.
This example is similar to the one above.
- What is the baseline value?
- What is the denominator?
- How many women leaders must be trained to meet the target?

- Change in level of achievement –
This is another method for indicating and measuring desired change.
Example: By 2015, increase the number of smoke-free public worksites by at least 50%.
  Baseline: Number of worksites smoke free at inception of project, e.g., 0 smoke free worksites
  Denominator: Project staff conducted a community mapping exercise and identified a total of 50 different worksites on the main island.
  Target: 25 smoke free worksites

- Creation of something new –
In this case, there will be no denominator because the desired result or change will be the creation of something new, something that has never existed before and moreover the value is a count, not a proportion or percentage of the total existing phenomenon. Therefore there is no denominator.
Example:
  Objective: By 2015, every community health center will be completely tobacco-free.
  Baseline: Number of community health centers tobacco free at inception of project, e.g., 0
  Target: 22, i.e., all, community health centers are tobacco free
However, the project could have used a different performance measure and projected a target that represents a proportion of the total number of community health centers.
Example:
Objective: By 2015, 100% of all community health centers will be completely tobacco-free.
Denominator: The total number of community health centers, say 6.
Target: If only 50% of all community health centers is completely tobacco-free by 2015, then the achievement value is 3 or 50%.

Step 2 summary: Baseline values provide the reference point at the start of the project and targets provide the projected or desired level of achievement to be reached by the end of the project.
**Purpose:** Planning for project evaluation needs to occur as early as possible. This template will help Legacy projects & ‘Local’ projects think about how project activities will be evaluated during the project planning phase and early in project implementation. The information requested in this template will also help project planners write clear objectives that are specific and measurable and achievable within a certain time frame.

**How to Complete the Template:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Definition-Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMART Objective:</td>
<td>What you plan to accomplish that can be measured by the end of the project period</td>
</tr>
<tr>
<td>Activities:</td>
<td>Brief description of what you hope to accomplish.</td>
</tr>
<tr>
<td>What will be Measured:</td>
<td>Identify how you will know you have reached your objective and whether you expect an increase or decrease in your measure. What will you measure to show that you have achieved your result? Examples: increase in fruit and vegetable consumption, increase in health assistants trained in the community, increase in healthy policy.</td>
</tr>
<tr>
<td>Baselines:</td>
<td>The existing measure. Example: currently families eat 1 serving of fruits and 1 serving of vegetables each day, 10% of all eligible women obtain cervical cancer screening (Note: you must know the denominator – e.g. the total number of ‘eligible women’</td>
</tr>
<tr>
<td>Targets:</td>
<td>The measure you hope to reach at the end of the project. Example: At least 5 servings of fruits and 5 servings of vegetables each day. 25% of eligible women obtain cervical cancer screening.</td>
</tr>
<tr>
<td>Data source:</td>
<td>Where or who you will obtain your data from. Example: food frequency questionnaires, activity logs, training attendance logs, MCH client records.</td>
</tr>
<tr>
<td>Timeframe:</td>
<td>When the data will be collected</td>
</tr>
</tbody>
</table>
### Pacific CEED Legacy Projects & Local Projects: Work plan & Evaluation plan Template

**GOAL:**

<table>
<thead>
<tr>
<th>SMART Objectives</th>
<th>Activities</th>
<th>Evaluation data</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Performance measures (change; increase or decrease)</td>
<td>Baselines</td>
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<tr>
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</tbody>
</table>


Step 3: Implementation - Identify data sources and tools

The type of data collection method you choose depends on your SMART objectives and the related performance measures (or indicators). It’s easy to start out by saying “Let’s do a survey,” or “Let’s conduct some focus group discussions”. But before deciding on a specific type of evaluation data collection tool it is extremely important to first determine the project objectives, determine what the stakeholders want to know, how the information will be used and where the information will come from. (e.g. what source of data). In other words, the Methods follow the purpose of the evaluation. Project evaluation data may be collected at a single point in time, or at various times, e.g., beginning, middle, and end of program, depending on the purpose and evaluation needs.

Using existing data sources
Often, people go to different project stakeholders such as project participants, health service clientele or customers to collect evaluation information. A variety of evaluation data sources exist for each project or program such as client or patient records, project reports to funders, newsletters to the community, pictorial records and observations and other organizational documents.

Quantitative and qualitative data sources
Data are typically classified as quantitative or qualitative. Quantitative methods provide for structured responses and have numeric answers. Examples of quantitative data collection tools and methods for data collection include surveys, pre and post training workshop tests, and clinic checklists that are self-administered. Qualitative methods provide description through words and visuals and include focus group discussions, document review, and case studies and help explain and answer the “why” questions. The selection of the evaluation data collection method and tool that is appropriate for a project’s evaluation depends on what the stakeholders want to know, the type of data required and resources available.
Develop new evaluation tools as needed

Often both quantitative and qualitative data are needed. Semi-structured face-to-face interviews often include some close-ended quantitative questions as well as some open-ended qualitative questions in a single interview schedule. Using both methods often provides a more complete understanding of the program and its impact. Sometimes a qualitative method such as focus group discussions will be utilized to help understand the problem from a local perspective in order to create a more tailored quantitative data collection method, such as a community survey.

Triangulate evaluation data using both quantitative and qualitative data tools and sources

Multiple data sources and evaluation tools sometimes will be used to measure some of the same variables or to collect sufficient data to get a more complete picture of the situation. Multiple evaluation data collection sources and tools are utilized in order to ‘triangulate’ the data resulting in a more complete understanding of the project and its objectives.

Collecting data is about making choices to obtain trustworthy, authentic, and credible evidence. Often a mix of methods provides more useful findings. However, most evaluations operate under resource constraints, so practical considerations often dictate the final choices.

Examples

Objective: By 2015, every community health center will be completely tobacco-free.
Indicator: Number of community health centers tobacco free
Data source: Community health center program records

Objective: By 2015, increase the number of smoke-free public worksite by at least 50%.
Indicator: Number of worksites smoke free
Data source: Worksite program records
Objective: By 2015, train at least 75% of health dispensary workers to conduct pap smears and clinical breast exams in rural communities to provide breast and cervical cancer outreach & prevention education in their communities.

Indicator: Number of health dispensary workers trained

Data source: End of training questionnaires, training attendance records

Objective: Recruit 4 interpreters/translators from the Micronesian community in Hawaii by month 3.

Indicator: Number of interpreters/translators recruited

Data source: Training course records.

Appendix C contains sample questionnaires, surveys, and other tools addressing common outcomes in evaluating cancer prevention and control projects. The Pacific CEED Legacy and Local Project Evaluation Planning Template (pp. 24-25) should be used to guide the data collection. The tools included address evaluating projects changing health behaviors, health education trainings, and pain and palliative care.

**Step 4: Data collection, analysis and reporting**

Data collection methods

The following are common data collection methods:

*Surveys*

The most widely used data collection method is the survey which involves structured questionnaires to generate quantitative, i.e., numerical, data. Surveys may be mailed (through the postal system or e-mail), completed on-site, or given through interviews conducted face-to-face, by telephone, or through the internet or telephone.

*End-of-session questionnaires*

The end-of session questionnaire is used to collect immediate feedback from participants.
Document review
Document review relies on pre-existing materials such as program records, meeting minutes, and program or project reports.

Face-to-Face Interviews
The interview involves the collection of information by talking with and listening to people. Interviews range on a continuum from those that are tightly structured with specific questions to those that are free flowing and conversational.

Focus group Discussions
Focus group Discussions involve facilitating a discussion with a homogeneous group of about 6-10 people related to the data or topic of interest.

Observation
Evaluation information is collected by “seeing” and “listening.” This method is less common but still useful method of data collection.

Other methods for collecting data
There are a variety of other methods, such as creative expression using drawing, drama, and photography, i.e., photovoice; diaries and journaling; and case studies.

Sample data collection instruments and tools
On the next page is a group activity to help participants learn how to develop different evaluation data collection tools.
**Evaluation Data Collection Tools Activity**

As you develop the data collection tools, think about the ‘planning and evaluation cycle’ and when during the cycle you need data to help you monitor program implementation, strengthen the program, and report on progress. Think about your program objectives and what you need to know and what you want to achieve. Usually more than one type of data collection method can be used to help answer any of the evaluation questions.

**Group 1 – Focus Group Discussions (FGD)**

*Evaluation Question:*
Why aren't women coming to the community health center or to the hospital or to the private doctor for their pap smears?

1. Define the population you will invite to participate in the FGD, what are their characteristics?
2. What resources do you need to conduct an FGD? Do you need more than one FGD? Where will it take place?
3. How do you train the facilitator and the note-taker/observer?
4. Begin to draft a Focus Group Discussion Facilitators Guidelines. What do you want to know? What kinds of questions should you ask? What will you do with the information?
5. How do you analyze the data and use the data?
6. What other data collection tools would you like to use to help answer this question?

**Group 2 – Key informant Interview with government decision-makers**

*Evaluation question:*
What impact has the tax on tobacco had on tobacco use?

1. Define/describe the population to be interviewed as key informants.
2. Why do you want to know the answer to this question? Why are you targeting the decision-makers? What other groups of people might you like to interview?
3. Draft the interview schedule for conducting the key informant interviews. What questions will you ask?
4. Who will conduct the interviews? How will they be trained?
5. How will the data be analyzed and interpreted?
6. Is this the best data collection method for investigating this evaluation question?

**Group 3 – Community Survey**

*Evaluation question:*
Is the radio talk show about cancer increasing general awareness and knowledge about cancer? Does the show motivate people to go to the clinic to be screened?

1. Who should be surveyed? What proportion (or sample size) of the target population will you be satisfied with as the ‘study sample’ for the community survey?
2. Start developing the questionnaire. Use a mix of structured and unstructured style questions so that you collect both qualitative and quantitative data.
3. How will you ensure a high response rate?
4. How will you analyze the data and what will you do with the data once analyzed and interpreted?

**Group 4 – Document Review**

*Evaluation question:*
How many doctors and nurses and in which clinic services routinely and correctly conduct clinical breast exams in the absence of mammography?
1. Do you want to know more than ‘how many’? What else do you want to know in addition to ‘how many’?
2. What else could your evaluation efforts do to motivate doctors and nurses to do their utmost to help women detect breast cancer as early as possible?
3. How would you gain access to the patients’ charts to help obtain the answers to your evaluation question(s)? How do you ensure patient confidentiality?
4. What are you looking for in the patient charts? How will you ‘record’ the information?
5. How will you collate and analyze the information?
6. What do you expect to do with the data?

**Group 5 – Pre and post test**

*Evaluation question:*
What knowledge and skills have the community/village health workers gained as a result of their participation in the 2-week long training program?
1. Who are the participants of the training program? What are their expectations by attending the training program? What are the expectations of the Ministry of Health? What are the expectations of the community?
2. What are you going to evaluate? What kind of pre and post test would you design?
3. Start to develop a pre and post test questionnaire. How would you structure it?
4. What other data collection tools or methods could be used to evaluate the new skills of the village health workers? How often should their knowledge and skills be ‘tested’?

**Group 6 – Observation**

*Evaluation question:*
How has the community based survivorship program made a difference in the quality of life for people living with cancer and their family members?
1. Define the population you wish to involve in your observational approach? Survivors? Family members? Members of the support group? Others? What are their characteristics?
2. What resources do you need to carry out an observation? What will you observe? What kind of permission or consent do you need?
3. What kind of training will be required for reliable observational techniques?
4. Begin to draft an observational check list of guide. What do you want to know? What kinds of items should be included on the check list? What are the observers actually going to observe? What will you do with the information?
5. How do you analyze the data and use the data?
6. What other data collection tools might you use to help answer the same questions?
v. Data analysis planning and data analysis

Data analysis is the process of converting numbers and words into usable information to interpret what the results of the data collection. Data do not speak for themselves. Interpretation involves bringing context and knowledge to bring meaning to the evaluation data. Data analysis often takes more time than expected, so plan accordingly. Also think about who should be involved and can help out in the analysis.

Data analysis is often associated with mathematics, statistics, and tasks that may cause anxiety or discomfort. Data analysis may be viewed as too hard or better done by someone else. In fact, many data analysis techniques involve simple mathematics. We analyze data every day in various ways.

Planning for data analysis
Planning for analysis should start when first constructing the evaluation questionnaires, surveys, and/or instruments. Thinking about data analysis plan early will help ensure the data needed are collected.

Data Analysis plan:
- review project objectives
- review data collection tools & subjects in relation to objectives & performance measures
- review data results
- review baselines and denominators
- analyze qualitative data (e.g. Focus Group Discussions)
- analyze quantitative data (e.g. surveys)
- interpret the results
- extract recommendations

Analyzing quantitative data
Analyzing quantitative data involves adding, subtracting, multiplying, dividing, and other similar calculations. There are basic steps to help facilitate analysis. These are outlined in the Appendix.
Analyzing qualitative data
Qualitative data come from interviews, open-ended survey questions, focus groups, journals and diaries, documents, reports, and observations. A common approach to qualitative data analysis is content analysis. This type of analysis involves a systematic process of organizing respondents’ comments into coherent categories in order to summarize and make sense of all the words. The are basic steps to help facilitate analysis, and this is outlined in Appendix.

Interpreting the data
Interpretation is the process of attaching meaning to the analyzed data. Numbers and words do not speak for themselves. For example, what does it mean that 3 worksite are smoke free? Is this a little or a lot? What conclusions and recommendations can be drawn about the project based on the results?

Using Excel in data analysis
Many organizations use Microsoft Windows and the suite of software programs supported by this software. Basic quantitative analysis may be performed using Excel while organizing qualitative data may do done through MSWord.

Examples of Data Analysis

Objective: By 2015, increase the number of smoke-free public worksite by at least 50%.
Indicator: Number of worksites smoke free
Data source: Worksite program records
Analysis: Count number of worksite smoke free. Compute the percent increase from the baseline to target period.

Objective: By 2015, train at least 75% of health dispensary workers to conduct pap smears and clinical breast exams in rural communities to provide breast and cervical cancer outreach & prevention education in their communities
Indicator: Number of health dispensary workers trained
Data source: End of training questionnaires, training attendance records
Analysis: Count number of health dispensary workers trained. Computer percent trained based on total number of health dispensary workers, actual or estimated.

**Step 5: Data to re-plan, improve program, influence change**

Data use by different stakeholders to plan, make decisions, report progress and performance, e.g. Pacific CEED Promising Practices Report

When preparing to communicate the evaluation results to different stakeholders, several questions need to be asked:

- Were the original objectives met?
- Who participated in project? (Were any important stakeholders left out?)
- Who wants the data?
- Why do they want the data & how will they use the findings?
- What are appropriate formats for communicating the findings?

Different stakeholder use evaluation data for different purposes. Project evaluation results should be reported to partners, decision-makers, funders and other stakeholders. Depending on the purpose or use of the data, various formats for reporting evaluation results are available. Pacific CEED projects report results using the Promising Practices Template (p. 37). Reporting to partners, policy makers, and other stakeholders keeps key community members apprised of project activities, demonstrates accountability for funding or activities or time they may have a stake in and which may also foster and cultivate continued involvement and support, and supports systems and possibly policy and practice changes.

Pacific CEED Promising Practices report:

- Legacy Projects and Local Projects report on their results using the Pacific CEED Promising Practices Template (p.37).
- The purpose of a project evaluation is to have credible, useful information to document program results.
- Project staff might also learn about how to improve the program, and will need to report final results to demonstrate accountability to your funder, i.e., Pacific CEED.
• Presenting your results in a clear and concise way can be done through graphic displays – charts, illustrations, and photographs to simplify complex information, emphasize key points, and create a picture of the data.

• As we know, “a picture is worth a thousand words.”

  o Using Results

Engage and inform policy makers and other stakeholders about the evaluation as early as possible in the project planning. Present the data in time for the data to be useful. The utility of the evaluation results depends on how the data are documented, presented and used. When reporting to policy maker, the media, and other external sources, avoid using too many statistics and use data that is easy to comprehend. For example:

  Instead of: “73.6% of respondents reported consuming at least 3 servings of carotenoid rich vegetables”

  Say: “Nearly three quarters of those surveyed said they ate the amount of fruit and vegetable to protect them from cancer”

Presenting information graphically can help to use the evaluation results. Graphics tell a story, by showing proportions, comparisons, trends, geographic and technical data and, in the case of photographs, and putting a human face to the project.
Data use & formats;  
It depends on the stakeholder.

<table>
<thead>
<tr>
<th>Application of findings</th>
<th>Appropriate formats</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve program organization &amp; management</td>
<td>‘Official’ report</td>
</tr>
<tr>
<td>To improve planning</td>
<td>Website, Power pPoints</td>
</tr>
<tr>
<td>To assist decision-making</td>
<td>Newsletter, radio, TV</td>
</tr>
<tr>
<td>To prioritize, indicate where action &amp; resources needed</td>
<td>Public forum</td>
</tr>
<tr>
<td>To indicate where further research is needed</td>
<td>Key findings charts &amp; tables</td>
</tr>
<tr>
<td>To provide capacity building</td>
<td>Talking points for policy-makers</td>
</tr>
<tr>
<td>To support a grant proposal</td>
<td>Talking points - community leaders</td>
</tr>
<tr>
<td></td>
<td>Feedback session - community organizations</td>
</tr>
<tr>
<td></td>
<td>Feedback session - consumers</td>
</tr>
</tbody>
</table>

Refine evaluation and/or project goals and objectives

After an evaluation is conducted, and often even during an evaluation, recommendations arise on how the evaluation may be improved. Use your evaluation process and results to refine the process and modify project goals and objectives.

Example

Objective: By 2015, increase the number of smoke-free public worksite by at least 50%.

Depending on whether this objective was met, was not met, or was exceeded, the objective may need to be modified. The evaluation process itself may need to be refined. For example, “smoke free public worksite” may need to be defined.
# Pacific CEED

**Promising Practices & Progress Report Form**

<table>
<thead>
<tr>
<th><strong>Project Name/Title:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Date/Duration:</strong></td>
<td><strong>Jurisdiction/Island/Village:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Audience Reached:</strong></th>
<th><strong>Contact Name/Info:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who benefits from this project?</td>
<td></td>
</tr>
<tr>
<td>How many participants are there? Please be specific. (e.g., youth, seniors, cancer survivors, caregivers, health professionals, outreach workers)</td>
<td></td>
</tr>
</tbody>
</table>

| **Photo:** Insert a photo that captures the spirit of your project. Please use jpg file. | **Participant Quote:** Insert a quote from a project participant or partner to help ‘tell the project story’. (Please ensure consent and include the person’s contact information.) |

<table>
<thead>
<tr>
<th><strong>History/Background:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ What is the identified need for this project?</td>
<td></td>
</tr>
<tr>
<td>✓ Does the project build on an existing project?</td>
<td></td>
</tr>
<tr>
<td>✓ Was the project adapted from a model used elsewhere?</td>
<td></td>
</tr>
<tr>
<td>✓ What is the history of the project?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Goal and Objectives:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ What is the overall goal of this project?</td>
<td></td>
</tr>
<tr>
<td>✓ What are the project’s priority objectives?</td>
<td></td>
</tr>
<tr>
<td>✓ Which Comprehensive Cancer Control Plan objective does this project address?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Planning &amp; Development:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ What data or reports were used to help plan the project?</td>
<td></td>
</tr>
<tr>
<td>✓ Who are the project partners and what are their roles?</td>
<td></td>
</tr>
<tr>
<td>✓ What was the planning process?</td>
<td></td>
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<tr>
<td>✓ What ‘evidence’ or models or theories of change influenced the project design?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Implementation:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ What are the project’s primary activities?</td>
<td></td>
</tr>
<tr>
<td>✓ How were the activities carried out?</td>
<td></td>
</tr>
<tr>
<td>✓ Who implemented the project activities?</td>
<td></td>
</tr>
<tr>
<td>✓ What partners were involved?</td>
<td></td>
</tr>
<tr>
<td>✓ How did the community participate?</td>
<td></td>
</tr>
<tr>
<td>✓ What materials or products or deliverables were created? (i.e. brochure, video, PSA, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Evaluation:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ What are the key results and/or outcomes (expected and unexpected)?</td>
<td></td>
</tr>
<tr>
<td>✓ What evaluation data collection methods were used to measure the change? (include a graph or chart or diagram)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Lessons Learned:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ What are the strengths and weaknesses of the project?</td>
<td></td>
</tr>
<tr>
<td>✓ How could this project be improved?</td>
<td></td>
</tr>
<tr>
<td>✓ What recommendations do you have for others who want to replicate the project?</td>
<td></td>
</tr>
</tbody>
</table>
Final Words

Keep in mind the 5 steps of the ‘P’ process to plan and evaluate projects and the following tips.

• Develop an evaluation plan using the 5 steps to conduct a project evaluation.

• Keep it simple. Be creative. Stay flexible.

• Involve stakeholders, partners, and staff in the evaluation planning and implementation.

• Allow staff time and allocate resources for evaluation.

• Match evaluation methods to evaluation objectives.

• Use and adapt existing tools and data sources.

• Document and report results clearly and regularly and tailor data reports to the different stakeholders.

• Learn from the process and results of the project evaluation.
References


Holm-Hansen, C. Conducting Interviews 2007; Wilder Research http://www.wilderresearch.org

Johns Hopkins University. HU-CCP ‘P’ Process for Program Planning and Evaluation


McNamara, C. Basic Guide to Program Evaluation © Copyright Carter McNamara, MBA, PhD, Authenticity Consulting, LLC. Adapted from the Field Guide to Nonprofit Program Design, Marketing and Evaluation.


# Appendices

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</tr>
</tbody>
</table>
Appendix A: “P” Process for Project Planning and Evaluation

Using the “P” process to plan & evaluate projects (or programs)

- Step 1 - Assessment
- Step 2 – Evaluation Plan
- Step 3 - Implementation & Data sources
- Step 4 - Data Collection, Analysis & Reporting
- Step 5 - Using Data to re-plan & improve program
## Step 1: Assessment

<table>
<thead>
<tr>
<th>Identify Stakeholders &amp; recruit partners:</th>
<th>Review existing data to assess the situation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CCC Coalition</td>
<td>1. Health information/client records</td>
</tr>
<tr>
<td>2. Policy makers</td>
<td>2. Tobacco Legislation</td>
</tr>
<tr>
<td>3. Schools &amp; parents</td>
<td>3. Health provider survey results</td>
</tr>
<tr>
<td>4. Community Health Clinics</td>
<td></td>
</tr>
<tr>
<td>5. Health providers</td>
<td></td>
</tr>
</tbody>
</table>

**Analyze & define the problem:**

- Little data on cigarette sales
- Little data on combined cigarette & betel nut use
- FCTC guidelines are explicit for member states.
- Review YRBS results
**Step 2: Evaluation plan; establish goals, objectives & indicators**

**Overall goal:** Local, State and national tobacco policies will conform with the global guidelines for the Framework Convention for Tobacco Control (FCTC)

**Project design:** The national tobacco program is multi-pronged to comply with the FCTC guidelines. The project targets policies related to: 1) youth and young adults for prevention, working with schools, parents, churches & youth clubs, 2) policy-makers to increase tobacco tax and 3) community health centers and other workplaces for tobacco-free initiatives & interventions.

### Project Evaluation Plan

<table>
<thead>
<tr>
<th>SMART Objectives</th>
<th>Indicators</th>
<th>Data Source</th>
<th>Baseline 2008</th>
<th>Targets 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>-By 2012, every community health center will be completely tobacco-free.</td>
<td># (%) of community clinics smoke-free</td>
<td>MOH/BPH Primary Health Care</td>
<td>0</td>
<td>22 (100%)</td>
</tr>
<tr>
<td>-By 2012 every CHC will offer short tobacco interventions with every clinic contact.</td>
<td># (%) of client visits with intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 3: Implementation & data sources**

### Program Planning & Evaluation Plan

<table>
<thead>
<tr>
<th>SMART Objectives</th>
<th>Program Activities</th>
<th>Timeline</th>
<th>Staff &amp; partners</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure every community health center is tobacco-free</td>
<td>1. Establish tobacco-free committee with reps from community health centers</td>
<td>Q1-Q4</td>
<td>MOH/BPH</td>
<td>CHC database</td>
</tr>
<tr>
<td></td>
<td>2. Draft tobacco-free guidelines</td>
<td></td>
<td>Coalition for Tobacco Free Palau</td>
<td>Client records</td>
</tr>
<tr>
<td></td>
<td>3. Visit each CHC to discuss guidelines</td>
<td></td>
<td>UAK</td>
<td>Guidelines signed</td>
</tr>
<tr>
<td></td>
<td>4. Develop training program for CHC health providers &amp; staff</td>
<td></td>
<td>COSAP</td>
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<tr>
<td></td>
<td>5. Pilot test introduction of short tobacco intervention in CHC</td>
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<td></td>
<td>6. Offer quit programs for health providers.</td>
<td></td>
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</tr>
<tr>
<td>To increase routine offer of short tobacco interventions with every clinic contact.</td>
<td>1. Establish tobacco-free committee with reps from community health centers</td>
<td>Q1-Q4</td>
<td>MOH/BPH</td>
<td>CHC database</td>
</tr>
</tbody>
</table>
Step 4: Data collection, analysis and reporting

Data collection methods:
- Clinic records
- Health information system
- Surveillance
- Community survey
- Face-to-face interviews
- Focus group discussions
- Pre & post tests
- Document review
- Observations

Analysis plan:
- Review data results
- Review baselines and denominators
- Analyze qualitative data (e.g. Focus groups)
- Analyze quantitative data (e.g. surveys)
- Interpret the results
- Extract recommendations

Step 5: Using data to re-plan, to improve the program & to influence change

Stakeholders data needs:

**CDC - funder**
Needs to know how we are spending funds and that coverage for CC screening is increasing

**Women ages 25-65 - clients**
Need to know the screening method is safe and reliable

**Director, Public Health - employer, government**
Needs to know the program is cost-efficient, that health workers are skilled & knowledgeable.

Key Findings Report

XX Program publishes a quarterly newsletter highlighting program activities, level of community participation, & selected outcome data.

XX Program also produces an annual report for the funder and MOH.
## Project planning & evaluation plan

<table>
<thead>
<tr>
<th>GOAL:</th>
<th>SMART Objectives</th>
<th>Activities</th>
<th>Evaluation data</th>
<th>Performance measures (change; increase or decrease)</th>
<th>Baselines</th>
<th>Targets</th>
<th>Data Source</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

This table outlines the project planning and evaluation plan, featuring SMART Objectives, Activities, and various data points such as Baselines, Targets, and Data Source, along with a Time frame column.
## Appendix B: Pacific CEED Promising Practices Reports

### Pacific CEED Legacy Projects

#### Promising Practices & Progress Report Form

**a CDC REACH US cooperative agreement #5U58DP000976-02**

<table>
<thead>
<tr>
<th>Project Name/Title:</th>
<th>Jurisdiction/Island/Village:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Tasi le Ola</em> (One Life): A 5-part Breast Cancer Prevention Radio Drama</td>
<td>American Samoa</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Date/Duration:</th>
<th>Contact Name/Info:</th>
</tr>
</thead>
<tbody>
<tr>
<td>January – July 2009</td>
<td>American Samoa Community Cancer Coalition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audience Reached</th>
<th>Participant Quote:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Audience-Women age 40 and older</td>
<td>During the week following the final airing of <em>Tasi le Ola</em> Project Assistant Vaioge Tuito'elau documented a telephone call from a female listener whose life seemed to parallel the main character in the radio drama, Tasi. The listener shared the following:</td>
</tr>
<tr>
<td>Secondary Audience- family and friends of women age 40 and older</td>
<td>“Listening to the “Tasi le Ola” radio program was very interesting. Not only that it speaks life, it also sounded natural to the human ear—that any woman can relate to. At first, I thought these people [characters] were telling my story.</td>
</tr>
</tbody>
</table>

Samoan women created “One Wish for my Life” flags and received promotional packs at a *Listen to Tasi le Ola* social marketing event held at the LBJ Tropical Medical Center.

Twelve local singing groups contributed *Tasi le Ola* theme songs that encouraged women to make their health their priority. The artists performed at an outdoor kick-off event the weekend before the show aired.

Formative research results were shared with Key Stakholders who included cancer survivors, media professionals, health care providers and traditional Samoan healers. Stakeholders applied the evidence and their own experiences in script development activities.

I am in my middle adulthood stage, married and have kids. I have been a heavy smoker for many years and I never bothered to go for medical checkups especially, when they [Public Health] advertised free cancer screening. I didn’t think that I had time to do all that I thought was important. As I listen to the first episode where Tasi’s daughters advise their sick mother to go see a doctor, it reminded me of my husband. I used to cough a lot and he used to tell me to go see a doctor because he was worried about my health. Before, I was a very stubborn woman and I denied the fact that I was a sick woman, but deep inside I felt it was the truth.

One day, I decided to go because I didn’t feel well and I had no choice but to go and get help. I had no doubt in my mind that I have cancer but I just needed to find out for myself. As I went in for my first visit I was afraid and worried at the same time that I might have cancer and I won’t be here for my children. My mind battled with so many unanswered questions but I knew I needed to make the right choice and move on from there. After I had seen a doctor, I received my results. I was told that I wasn’t sick. I felt relieved and was very thankful to find out that I wasn’t sick. I was happy that I made the right choice. Right now, I know that I am a changed person. I quit smoking and I go and get screened every year and I tell people about my story.

I believe listening to “Tasi le Ola” will change peoples’ lives because I honestly say that most women want to get help but are afraid or have no idea of how to get help. I really want to thank the people who did the “Tasi le Ola” radio program-you did a great job with the radio program. The messages were encouraging and I enjoyed listening to all the episodes.

**But I was curious to find out about Tasi’s results... I want to find out**
when will be another “Tasi le Ola” radio program coming up. Is there another one coming soon?”

**History/Background:**
Cancer is the second leading cause of death in American Samoa and breast cancer is the most prevalent site for Samoan women. More than half (53%) of women in American Samoa report having a family member diagnosed with cancer with 72% of these cases being breast cancer.

Women are aware of breast cancer but are acting independent of mainstream care. Despite 73% of women reporting awareness of free local breast cancer screening and 73% of women stating they have done a self-breast exam, fewer than 30% of eligible women—age 40 and older—utilized clinical breast exam and mammogram services in American Samoa 2003-2007.

The US National Cancer Institute recognizes traditional healing methods as complementary and alternative therapy for cancer patients; however believing that cancer can be cured by Samoan healers (Fofo, Taulasea) leads some women to forego available western medical prevention and treatment. As high as 57% of American Samoan women report having visited a traditional Samoan healer for health problems and 24% believe that traditional healers can cure cancer. Amongst female cancer survivors, 22% say they sought treatment from a traditional healer. Women who say they would seek treatment from a traditional healer if diagnosed with breast cancer are less likely to have a mammogram even when they were aware of the test.

The American Samoa Community Cancer Coalition (ASCCC) previously produced a cervical cancer prevention documentary video that was well-received. Building on this success, as well as billboards, radio PSAs and outreach activities of partners, the ASCCC chose to address the low rate of breast cancer screening and women’s utilization of alternative, traditional healing methods over mainstream care via mass media communication. This was the first time a serial drama format was used on local radio in American Samoa. *Tasi le Ola* was also the first multifaceted social marketing campaign based on local quantitative and qualitative data, and developed and implemented by a diverse group of American Samoa stakeholders.

**Goal and Objectives:**
Relevant Comprehensive Cancer Control Goal: early detection
Objective 2.1: increase screening rates for breast cancer.
*Tasi le Ola* Project Goal, Objectives and Strategies:
Planning & Development:
Project staff conducted formative research activities starting with a literature review focusing the following key terms: cancer (breast), women, complementary and alternative medicine/therapies, American Samoa, Samoans, traditional healers, and radio serial drama. A cancer-related knowledge-attitudes-behaviors survey was conducted with 179 Samoan women age 40 and older and 47 health care providers were surveyed about their attitudes and practices related to complementary and alternative medicine. Surveys were available in English and Samoan. And, 13 semi-formal interviews were conducted with health care providers, traditional Samoan healers, and female cancer survivors. Formative research data revealed typical patterns of behavior; women’s perceived barriers to breast cancer screening and treatment; health care providers and Samoan healers’ experiences in treating cancer patients; and key health behavior change messages. The formative research results were shared with Key Stakeholders at an open-invitation, community forum followed by a script development workshop.

Radio drama script development methods were adapted from Esta de Fossard’s (1996) *How to Write a Radio Serial Drama for Social Development: A Script Writer’s Guide*. Project staff facilitated workshop sessions that enabled Stakeholders to utilize formative research evidence and their own experiences in small-group activities that developed 1) the key health messages for a radio drama; 2) profiles of realistic characters; and 3) relevant plot scenarios in which to convey the health messages. Stakeholder input was summarized in a Creative Brief to guide the drafting of scripts for a 5-episode drama. Scripts were written collaboratively by a team of 4, first in English, then translated into Samoan and finally back-translated to English. Writers used the *Bilingual Guide to Understanding Cancer-related Terminologies in English and Samoan* by Okenaisa Fauolo and Tafito Aitaoto (2008) for standardized translations. The Stages of Change Model was employed to chart the development, or lack of development, of each radio drama character in light of relevant barriers encountered in the plot. The main characters modeled adoption of positive health behaviors related to the key health messages after overcoming barriers.

Scripts of episodes 1 and 2 were pretested with women in the target group in partnership with the American Samoan Territorial Administration on Aging (TAOA). Other project partners included Comprehensive Cancer Control (CCC), the American Samoa Community Cancer Network (ASCCN), Breast and Cervical Cancer Early Detection Program (BCCEDP), and the Samoan National Nurses Association (SNNA) who contributed voice talent.
song contest judging, script editing, kick-off event support, and advertising. Media partnerships were developed with 3 FM radio stations (V103, 92.1KSBS and 104 Showers of Blessings) to air and promote Tasi le Ola and assist in recording theme song contestants.

### Implementation:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Formative Research</th>
<th>Production</th>
<th>Airing &amp; Promotion</th>
<th>Impact Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td>January - March</td>
<td>April - May</td>
<td>May – June</td>
<td>June - July</td>
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</table>

<table>
<thead>
<tr>
<th>Key Partners</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>ASCCC Project Staff &amp; Board Members</td>
<td>ASCCC Project Staff &amp; Board Members</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature Review</td>
<td>Stakeholder Forum &amp; Creative Brief Workshop</td>
</tr>
<tr>
<td>Surveys</td>
<td>Tasi le ola Branding</td>
</tr>
<tr>
<td>Interviews</td>
<td>Script writing, translation</td>
</tr>
<tr>
<td>Transcriptions</td>
<td>Script pre-testing, editing</td>
</tr>
<tr>
<td>Analysis</td>
<td>Taping, audio editing</td>
</tr>
<tr>
<td>Reporting</td>
<td>Theme song contest, judging</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerPoint presentation</td>
<td>DVD: The Making of ‘Tasi le Ola’</td>
</tr>
<tr>
<td>Workshop session guide</td>
<td></td>
</tr>
<tr>
<td>Creative Brief, logo</td>
<td></td>
</tr>
<tr>
<td>Scripts (Samoan, English)</td>
<td></td>
</tr>
<tr>
<td>Voice talent, song contest release forms</td>
<td></td>
</tr>
<tr>
<td>CD: 5, 10-minute episodes in Samoan; 5, 10-minute episodes in English; 12 theme songs, 2 ads</td>
<td></td>
</tr>
<tr>
<td>Press articles, photos</td>
<td></td>
</tr>
<tr>
<td>Print, web ads</td>
<td></td>
</tr>
<tr>
<td>Banner</td>
<td></td>
</tr>
<tr>
<td>50+ new ASCCC memberships</td>
<td></td>
</tr>
</tbody>
</table>

### Evaluation:

A short-term impact evaluation survey was completed by 200 women the week after the final airing of Tasi le Ola. Key findings included:

- 62% of those surveyed reported listening to Tasi le Ola
- 27% of listeners heard at least 5 episodes of Tasi le Ola over 3 weeks of airing
- 61% listened to the program in Samoan and English
- 59% of listeners said they discussed the program with others
- 89% of listeners said that they learned something new about cancer from Tasi le Ola
- 94% said that they would like more radio programs like Tasi le Ola
- And, 77% of listeners compared to 64% of non-listeners intend to screen for breast cancer this year

A telephone survey of women who received cell phone text message reminders to listen to Tasi le Ola was also conducted. And, project staff set community participation goals and evaluated these aims at the end of the project using Lehman’s (1999) *Model for Measuring Community Participation of Community-based Health Initiatives*.

### Lessons Learned:

**Project Strengths:**

- Broad Community Stakeholder base given many opportunities to contribute
- Dedicated, creative and team-oriented staff of writers/translators/producers/editors
- Cost-effective production: $70 digital voice recorder and free audio editing software used
- Novelty: A radio drama had never been produced for cancer prevention in American Samoa so it caught people’s attention
- Strong branding and promotion: Tasi le Ola logo present on all advertisements and on a variety of products distributed to the target audience (t-shirts, magnets, bracelets, bags) and ads were placed in all available media
- New project partnership developed with TAOA and partnerships strengthened with radio stations
Project Weaknesses:

- Airing schedule was short (3 weeks)
- Partnership with BCCEDP weak due to misunderstandings
- Basic impact evaluation only: A more thorough assessment should include focus groups with Tasi le Ola listeners, health care providers and traditional Samoan healers. Survey results of intended behaviors should be compared with women’s actual clinic attendance numbers requiring stronger relationships with BCCEDP and LBJ

Recommendations:

- Conduct thorough formative research on your health issue and how it affects your main target audience.
- Share results of your research with the community and use this opportunity to recruit volunteers for other project activities: actors, singers, song contest judges, pre-testing groups, etc..
- Think outside of the box: We conducted 150 surveys with women at a BINGO hall in less than 1 hour by offering a $1 BINGO dabber incentive.
- Always pretest scripts before production to ensure clarity and cultural appropriateness, especially when health concepts are translated to the native language from English.
- Adapt the methods found in How to Write a Radio Serial Drama for Social Development: A Script Writer’s Guide.
- Use a simplified theory (Stages of Change) to develop characters, analyze pre- and post- intervention data.
- The theme song contest was easy to organize and very popular. We offered cash prizes and all songs were used in Tasi le Ola episodes. A health promotion song contest alone could be an effective project. The ASCCC owns the rights to all songs and can now use them for future cancer prevention campaigns.
- If you can afford it, air 1 episode several times over one week with the entire serial aired over 1+ month.
- Media production is time consuming: 1, 10-minute radio drama episode took about 3 hours to write collaboratively, another 2 hours to translate from English to Samoan, 1 hour to pretest, 1-2 hours to edit the script, 2-3 hours to audiotape in English and Samoan, and 5-6 hours to edit the audio of both language versions.
- Tasi le ola was a fun and rewarding project for staff and volunteers and there was an immediate positive response from the community. We recommend other islands try it because radio is very pervasive.
**Pacific CEED Promising Practices & Progress Report**

**Project Name/Title:**
Mobilization of Micronesian Communities in Hawaii for Health Equity

**Project Date/Duration:**
Ongoing since July 2009

**Jurisdiction/Island/Village:**
State of Hawaii

**Audience Reached:**
Micronesians in the State of Hawaii & in Micronesia Multiple state providers
- public health nurses
- social workers
- outreach workers
- health professionals
- politicians
- policy decision makers
- lawyers
Hawaii’s general public

**Contact Names/Info:**
Wilfred Alik, MD, MHAC Chair, wilfredalik@hotmail.com
Innocenta Sound-Kikku, MHAC Vice Chair innocenta.soundkikku@gmail.com
Carmina Alik, Project Coordinator, c_alik8690@hotmail.com
Barbara Tom, MHAC Advisor, barbara.tom@doh.hawaii.gov

**Photos:**
Micronesians & supporters rally in front of the State of Hawaii Capitol building against the Hawaii Department of Health Services plan to cut them off from the MedQuest program, August 2009

**Participant Quotes:**
Below is one of many stories that document Micronesians fight for health equity published in the Honolulu Advertiser on August 8, 2009:

```
Nearly 100 members of the Micronesian community and its supporters held a rally last night at the state Capitol to demand that the state and federal governments come up with sufficient funds to continue health care benefits for Micronesians living in Hawaii.

The rally was organized by Micronesians United and drew dozens of migrants from Micronesia, the Marshall Islands and Palau who receive health care coverage through the state’s Quest Medicaid program. Several elected officials and representatives from social services organizations also joined the rally.

At issue is the nearly 7,500 non-U.S. citizens, many from these Pacific Island nations, who will see their medical coverage switched from the Quest program to a basic medical plan on Sept. 1. The move, the state said, will free up about $15 million annually that will be used to expand prescription drug coverage for Medicaid clients.
```

The state typically receives reimbursements...
Members of various Micronesian action groups (including those from the neighboring islands) & supporters at Hawaii Health Equity Summit, Honolulu, September 2009

Micronesian Health Advisory Coalition members undergoing training by Hawaii Alliance of Non-Profit Organizations (HANO), September 2009

from the federal government for payments the state makes for U.S. citizens, but receives a low percentage for care provided to noncitizens. The state said it covers $90 million in health care services annually, but receives reimbursement of between $10 million and $11 million.

To deal with the huge difference in outlay, the state created a new program, Basic Health Hawai‘i, to serve the people who legally reside here but aren’t eligible for federally supported care.

But the new plan, critics say, will not pay for treatment of serious illnesses, such as cancer and kidney diseases.

Manuel Sound, a former lieutenant governor of Chuuk State, moved to Hawai‘i seven years ago because he could not receive dialysis treatments in his native Chuuk. If the state puts him on the basic health plan, he said, he will no longer be able to afford the treatments.

"I'm worried," the 69-year-old father of seven said. "I will get poisoned, then I'll start digging a grave here or wait until I die and then they'll send me home in a box if I stop dialysis."

Sound said he wants the federal government to live up to its end of the Compact of Free Association by paying the state for its health care costs. The Compact provides U.S. economic assistance to these nations, formerly the Trust Territory of the Pacific Islands, and access to many domestic programs. In exchange, the U.S. gets defense and other rights in these nations.

"I hope they will find the money to adjust the basic plan, which is not enough for anything at all," he said.

U.S. Rep. Neil Abercrombie last week successfully included an amendment to a bill that would give the state matching funds for Medicaid to Compact migrants, or about $15 million annually.

Sisan Suda, an officer with Micronesian United, said he appreciated Abercrombie’s effort and hoped that it will be enough to care for the
### History/Background:

The relationship between the United States and Micronesia is deeply rooted to at least World War II when the US obtained administrative oversight of the region and later declared it as strategic trust of the United States under the UN Security Council. The US also set up a military base in the Marshall Islands and carried out its Nuclear Weapon Testing Program from 1946 to 1958 of 67 atomic bombs. It’s estimated that the total yield power of these nuclear devices is equivalent to that of 7200 Hiroshima bombs.

It was during this testing period that the people of the Marshall Islands were exposed to the many direct and indirect effects of nuclear radiation and fallout. Multiple islands and atolls, as well as the lagoons and ocean around them, were contaminated by nuclear fallout. The Marshall islanders depended on the land as well as the ocean around them for their subsistence. As a result of the US Nuclear Weapons Testing Program, the land and water of many of the islands and atolls were contaminated. People were uprooted from their home atolls. Many of the inhabitants on atolls downwind were irradiated. Radiation is associated in being the cause of at least 22 known cancers. A 2004 National Cancer Institute report noted that there were another 530 excess cancers to be expected as a result of the nuclear testing.

The United States and the sovereign governments of Federated States of Micronesia and Marshall Islands signed into law the compact of free association (COFA) in 1986 with Palau following suit in 1994. This allowed the citizens of these freely associated states unrestricted travel to the United States and access to health and education benefits. However, COFA migrants became ineligible for Medicaid coverage in 1996 when the Personal Responsibility and Work Opportunities Reconciliation Act was signed into law.

The 2000 US Census revealed that there were 8,725 Micronesians living in Hawaii. This is considered by many to be an underestimation. In 2008, it was estimated that there are now 12,215 Micronesians residing in the state of Hawaii. Reasons for emigration include economic opportunity, employment, medical and subsistence (Graham, 2008).

With the increasing number of COFA migrants to Hawaii and the 1996 PRWORA rendering COFA migrants ineligible for Medicaid coverage, it’s been estimated that Hawaii spends more than $101 million per year on services to COFA migrants and is only reimbursed $10-11 million per year by the federal government.

### Goal and Objectives:

- To form a non-profit Micronesian Health Advisory Coalition, comprised of Micronesian professionals with health-equity focus
- To rapidly mobilize Micronesian communities in Hawaii to prepare for and present at the Hawaii Health Equity Summit and develop key contributions to the State’s Health Equity Strategy
- To publicly advocate against the implementation of Basic Health Hawaii Plan
- To educate Micronesians residing in the state of Hawaii on health issues affecting them
- To advocate for Micronesians residing in the State of Hawaii on current health inequity issues
- To collaborate with other Micronesian interest groups, including Micronesians United, Micronesian Community Network, Nations of Micronesia, Micronesian Culture Awareness Project

### Planning & Development:
Below is the list of multiple partners that were instrumental in 1) the formation of the Micronesian Health Advisory Coalition and its inherent goals of organizing community champions and professionals and pursue its development of a non-profit status; 2) the organization of Micronesian leaders/advocates to attend the 2009 Hawaii Health Equity Summit; 3) the organization of effective advocacy among COFA migrants against the Basic Health Hawaii Plan; and 4) the future planning to train Micronesians to become certified translators in alignment with the National Standards on Culturally and Linguistically Appropriate Services (CLAS)

<table>
<thead>
<tr>
<th>Partner</th>
<th>Role</th>
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<tbody>
<tr>
<td>Micronesians United (MU)</td>
<td>Active partner is public advocacy for Micronesian health equity &amp; in public rallies against proposed Basic Health Hawaii Plan</td>
</tr>
<tr>
<td>Micronesian Community Network (MCN)</td>
<td>Primary Hawaii-based Pacific CEED subcontractor. Obtained additional funds from Pacific CEED to support MHAC members to attend Hawaii Health Equity Summit and to sponsor trainings with HANO (Hawaii Association of Non-Governmental Organizations)</td>
</tr>
<tr>
<td>Nations of Micronesia (NOM)</td>
<td>Network of health providers who are strong supporters of Micronesian clients/issues</td>
</tr>
<tr>
<td>Micronesians United – Big Island</td>
<td>Active partner who advocate for Micronesians health equity and educate the public on Micronesian issues on the Big island</td>
</tr>
<tr>
<td>Pacific CEED</td>
<td>Strong supporter of MHAC &amp; major funder of activities including HANO training and logistical costs of MHAC attendees to the Health Summit</td>
</tr>
<tr>
<td>Hawaii Alliance for Non-profit Organizations (HANO)</td>
<td>Provided training for MHAC in organizing to acquiring non-profit 501(C)(3) status</td>
</tr>
<tr>
<td>Hawaii Public Health Association (HPHA)</td>
<td>Organizer of Hawaii Health Equity Summit dedicated to improving public health. Offered discount HPHA membership to 5 MHAC leaders &amp; champions.</td>
</tr>
<tr>
<td>Lawyer for Equal Justice (LEJ)</td>
<td>Legal Counsel for COFA migrants who filed the case for TRO against the state’s implementation of the Basic Health Hawaii</td>
</tr>
<tr>
<td>JABSOM Department of Family Medicine and Community Health</td>
<td>Actively participates in meetings, hearings, testimonies, presentations in various avenues to bring light to the COFA migrant issues</td>
</tr>
<tr>
<td>Hawaii Department of Health (HDOH)</td>
<td>Employs several members of the Micronesian communities and advisors and act as source of information/resource</td>
</tr>
<tr>
<td>Volunteer Resource Center of Hawaii (VRCH)</td>
<td>Fiscal Agent for MCN and MHAC (Round Two Legacy Projects grantees)</td>
</tr>
<tr>
<td>University of Hawaii’s Center for Interpretation and Translation Services (UH-CITS)</td>
<td>Will provide training for trainees of Micronesian Language Access Program to increase certified Micronesian translators/interpreters</td>
</tr>
<tr>
<td>Hawaii State Breast and Cervical Cancer Program (BCCP)</td>
<td>Partner to pilot test the trainees of the Micronesian Language Access Program</td>
</tr>
</tbody>
</table>

**Implementation:**
1) Formation of the Micronesian Health Advisory Coalition and its inherent goals of organizing community champions and professionals pursue its development of a non-profit status.
champions and professionals and pursue its development of a non-profit status:

- First meeting of interested community leaders, advocates, professionals was organized by Barbara Tom in July 2009
- Interim officers were elected among the group with plans for regular meetings & invitations to other interested community leaders
- It was through the Pacific CEED contract with MCN (with VRCH as fiscal agent) that MHAC was able to hire HANO for non-profit training (see photo)

2) Mobilization of Micronesian leaders/advocates to attend the 2009 Hawaii Health Equity Summit in Honolulu, September 10-12, 2009:

- Strategic planning meetings & teleconferences with colleagues on the neighbor islands took place from July 2009 to prepare strategic priorities for Hawaii Health Equity Summit
- Recruitment of other Micronesians leaders including those from the Neighbor Islands
- It was through the Pacific CEED contract with MCN (with VRCH as fiscal agent) that MHAC was able to mobilize & organize representation for the Health Summit (see photo)

3) Organization of effective advocacy among COFA migrants against the Basic Health Hawaii Plan:

- Meetings were held among MHAC members, other Micronesian groups (such as MU, MCN, NOM, Pa Emman Kabjere), Department of Human Services, key state legislators
- Solicitation of involvement/increase awareness of key COFA government officials
- COFA migrant testimonies at state hearings & informational sessions
- COFA migrant rallies at the state Capitol organized by Micronesians United (see photo)
- Attempts to meet/have a voice with the Governor & her administration
- Retaining the services of Lawyers for Equal Justice to file for TRO

4) Future planning to train Micronesians to become certified translators in alignment with the National Standards on Culturally and Linguistically Appropriate Services (CLAS):

- Rapid submission and receipt of Pacific CEED Legacy Projects Award

Evaluation:

A wide scope of key health equity policies and actions in the State of Hawaii were impacted by this project. The outcomes resulting from the various aspects of the project illustrate the productive achievements.

1) Formation of the Micronesian Health Advisory Coalition:

- Completed HANO training of 12 members of MHAC on September 18, 2009
- Based on the group’s core values, the following Mission Statement was developed:
  “The Micronesian Health Advisory Coalition, through its collaborative leadership and guided by our unique cultural values, advocates for the health and well-being of Micronesians to improve their quality of life in seeking justice and equality for the Pacific community”
- Discussed overview of best practices in board governance
- Identified & prioritized critical action steps

2) Participation in the 2009 Hawaii Health Equity Summit:

- 22 participants sponsored by MHAC/MCN/PCEED/HPHA attended the Health Summit
- Induction of MHAC members into HPHA
- Active participants and key contributors to the State’s Health Equity Strategy

3) Organization of COFA migrants against the Basic Health Hawaii Plan:

- TRO granted by Federal Court against the state’s proposed implementation until next hearing in early 2010
- Active advocacy of COFA governments to reverse 1996 PRWORA & to increase Compact Impact Funds
- Increased awareness of Micronesian health issues
- Increased activity of Micronesian action groups
4) National Standards on Culturally and Linguistically Appropriate Services (CLAS):
- Rapid submission and receipt of Legacy Projects Award
- Micronesian Language Access Program (MLAP) is seen as an essential step in "Micronesians helping themselves and as resource for others"
- Current active recruitment for the first class of MLAP to start in January 2010

Lessons Learned:

**Strengths:**
- Micronesian owned concerns & issues
- Strong Micronesian support network in Hawaii
- Brought increased awareness to Micronesians health, educational, and social issues in Hawaii
- Launched new community action groups, such as Micronesian Health Advisory Coalition
- Revived & energized existing Micronesian action groups
- Pulled the diverse Micronesian communities together to focus on common health concerns
- Brought attention to Micronesian issues at various levels of the government
- Encouraged COFA governments to take a more active stance on matters concerning Micronesians in HI and in the Continental US
- Micronesian groups and citizens used as resources
- Increased collaboration among Micronesian groups and others, such as UH-CIT, Pacific CEED, Hawaii’s BCCP
- Retention of Lawyers for Equal Justice for COFA migrants
- Engaged full support of the Hawaii Legislators, namely Rep John Mizuno, Sen Suzanne Chun Oakland, and Sen Kalani English
- Support of the Hawaii Congressional Delegates in Neil Abercrombie, Daniel Akaka, and Daniel Inouye

**Weaknesses/Challenges:**
- Misconceptions, misunderstandings, stereotyping among the Micronesian communities as well as the general public in Hawaii persist
- Time away from work, families to attend the Hawaii Health Equity Summit, meetings, hearings, informational sessions
- Raised misunderstanding between various Micronesian groups
- There are still Micronesians in the community that are misinformed or unaware of the issues
- Legal challenges and unknowns
- COFA migrants not given a voice with the Governor and her administration
- The State’s plan to pursue Basic Health Hawaii despite multiple hearings, rallies, and letters

**Recommendations:**
- Support MHAC’s pursuit in acquiring non-profit status through funding for TA in drawing up its articles of incorporation and bylaws
- Pacific CEED’s continued support with the Legacy Projects Grant for the first class of MLAP to start in January 2010
- Continue to establish and solidify partnerships with other community action groups
- Continue to work with COFA governments (counsel generals) to work with the US federal government in reversing the 1996 PRWORA to deem COFA migrants eligible for Medicaid
- Continue to work with state legislators, congressional leaders, other community stakeholders to advocate against the state’s Basic Health Hawaii plan
- Implement original COFA Task Force Report to increase support services for FAS citizens through preventive care *by CLAS standards*
Appendix C:
A Guide to Program Evaluation Data Collection Methods and Sample Tools

A Guide to Program Evaluation
Data Collection Methods and Sample Tools

A resource in support of the regional CDC-funded Pacific Cancer Programs;
Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED)
Regional Comprehensive Cancer Control (RCCC)
Pacific Region Central Cancer Registry (PRCCR)
10 USAPI Comprehensive Cancer Control Programs (CCCs)

Department of Family Medicine & Community Health
John A. Burns School of Medicine
University of Hawaii

Prepared by Pacific CEED with funding from the US Centers for Disease Control and Prevention
A REACH US cooperative agreement 5U58DP000976

Updated June 2010
**Evaluation Data Collection Tools and Templates**

**Introduction:**
This resource guide provides a selection of sample data collection tools and guidance for developing and using these tools to evaluate community projects. In some cases the sample tools address cancer prevention and control and may also be relevant for other health care and health promotion programs. The instruments and tools that have been selected are those that may be more useful, feasible, and relevant in limited resource settings. The selected surveys and tools may be used to collect data to evaluate relevant areas in cancer prevention and control programming.

**How to Use this Guide and Selected Evaluation Data Tools:**

This section contains additional data collection and analysis guides, focus group discussion, and key informant interview scripts and question templates, and actual surveys and tools to collect data relevant to evaluating project progress and outcomes for cancer prevention and control.

- The data collection and analysis guides detail qualitative and quantitative procedures

1. Focus Group Discussions and Key Informant Interviews
When a project is addressing a new area and wants to obtain depth of information, focus group discussion and key informant interviews are often conducted. Detailed procedures are often involved, and these guides outlines the steps and provide sample scripts and questions.

2. Tips for Data Analysis
Depending on whether your project collected quantitative or qualitative data, they need to be analyzed according. The standard steps to analyze quantitative and qualitative data are presented. Guidelines on how to analyze focus group data in particular as part of a type of qualitative analysis is also included.

- The focus group discussion and key informant information provides guidelines on scripts and general questions to develop and conduct these data collection methods.
The surveys and data collection tools may be directly administered to evaluate activities of your cancer prevention and control projects.

1. Health Behaviors
Short term outcomes of cancer prevention and other health promotion programs involve changes in health promotion attitudes and behaviors. Health behavior surveys are used to evaluate changes in health knowledge, attitudes, and behavior as short term results for projects addressing nutrition, physical activity, smoking, and weight management.

2. Health Education Training Evaluations
Health education and health promotion professionals often participate in professional development trainings and workshops. For example, community outreach workers may receive training on how to increase the community’s understanding of the need for regular health check-ups and screening or the benefits of healthy eating and regular physical activity. Health assistants may receive training on how to conduct VIA (visual inspections with acetic acid) which requires special skills on how to counsel clients about this resource appropriate procedure to pap smears to screen for cervical cancer. Health educators and program managers may receive training on how to conduct project evaluations. Tools to evaluate health education professional development trainings assess the extent participants have acquired new knowledge and skills related to their area of work.

3. Patient Pain and Palliative Care
Comprehensive cancer programming in the USAPI includes the development of programs to address pain and palliative care for cancer patients. Evaluating these projects involves both assessing the service delivery of pain and palliative care and patient outcomes. The sample survey tools provided in this resource guide address the evaluation of pain and palliative care projects or services and relevant patient outcomes.

4. Organizational Evaluation and Quality Assurance
Evaluating a health care organization’s functioning ensures quality patient care, i.e., quality assurance. The organizational evaluation tool assesses the organization’s management,
provision of patient services, and quality assurance efforts. Additionally as part of an organization’s quality assurance, the organization needs to have quality assurance or evaluation capacity. A tool to assess an organization’s evaluation capacity is also included.

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Patient, Pain and Palliative Care

- Patient Satisfaction Questionnaire
- Medical Outcomes General Adherence
- Health Related Quality of Life

5. Organizational Evaluation and Quality Assurance

- Healthcare Organizational Survey for Quality Management Directors
- Building Organizational Evaluation Capacity
- More resources:
### Common data collection methods for project evaluation

Adapted from APPEAL, 2001.

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<td>Community survey and self-administered questionnaires</td>
<td>Evaluate health and other related changes in attitudes, knowledge, and behaviors</td>
<td>To carry out outcome evaluation □ To collect data before and after the implementation of an intervention or a program to measure changes due to the intervention □ To efficiently collect information from a large number of people or a sample of the total population □ To get data confidentially or anonymously - a more valid method than other methods □ Requires expertise in data analysis &amp; database computer programs</td>
<td>Track changes in coalition membership satisfaction □ Evaluate improvements in attitudes toward physical exercise and increase in physical activity levels</td>
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<tr>
<td>Face-to-face Interviews</td>
<td>Information obtained from individuals about their experiences and changes in health and other related knowledge, attitudes, and behaviors and/or to learn more about their answers to ‘why’.</td>
<td>To gather in-depth information □ To collect descriptive data when the outcomes or results are exploratory or uncertain □ To ask sensitive questions of individuals participants (but sometimes the self-administered questionnaire is more anonymous) □ Takes time to conduct and to analyze notes and transcripts □ Use when response bias is not a critical factor</td>
<td>Evaluate patients’ attitudes to provision of palliative care and how the program affected them □ Evaluate Western trained health providers’ beliefs and practices about Complementary &amp; Alternative Medicine</td>
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### Common data collection methods for program evaluation (continued)

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<tr>
<td>Focus group Discussions</td>
<td>Facilitated discussions among groups of people with similar backgrounds (from 8-12) to understand their beliefs, preferences &amp; sometimes knowledge, often to help program planners design the intervention or to help design a community survey instrument.</td>
<td>To collect in-depth information such as opinions and preferences from a specific target population as a needs assessment to help inform the development of a program. (formative evaluation)  To collect descriptive information from diverse stakeholders – e.g. hold FGDs for each stakeholder group  To help evaluate the effectiveness of a program  To pilot test materials or messages or a model or a product with the intended audience  Requires a trained and experienced facilitator and note-taker  Requires time to recruit &amp; facilitate the groups and time to analyze and interpret the qualitative data</td>
<td>To document in depth understanding of women’s beliefs and preferences regarding breast &amp; cervical cancer screening to prevent cancer. To document men’s beliefs and preferences about prostate cancer screening and health-seeking behaviors. To explore the extent to which the key messages in the radio serial drama were heard and understood by the intended audience.</td>
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<tr>
<td>Document reviews</td>
<td>Review documentation and information from pre-existing written materials, such as meeting minutes, reports, budgets, newspaper articles, etc.</td>
<td>To help understand the problem and analyze the situation for Step 1 of program planning.  To help determine baseline and outcomes to evaluate service delivery improvements.  Requires little training in evaluation or research.  Reviewer(s) needs time to review &amp; document key findings.</td>
<td>Review coalition documents and minutes for MOAs and other evidence of partnerships  Review newspaper articles to determine the extent cancer prevention and control topics are being reported on accurately.</td>
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Interview and Focus Group Tips

Tips for conducting program evaluation

You have identified information to help you answer your evaluation questions and developed a plan to collect it. In the last tip sheet, we discussed strategies for developing and collecting surveys. In this tip sheet, we provide recommendations for conducting interviews.

When to consider using an interview

Interviews allow you to gather information from respondents by asking them questions directly (rather than having them complete answers on their own, such as by filling out a questionnaire). Interviews may be done in-person or by telephone. Interviews tend to be more time-consuming and expensive to conduct than surveys, but can also yield a better response rate. Interviews are most useful when you need in-depth information about people’s experiences or perspectives or when you want to interact with your respondents, by clarifying questions or providing them with information.

Types of interviews

Interviews vary in their degree of structure and formality. Less formal interviews may be useful if you are exploring a broad topic or conducting interviews with very diverse participants. More structured interviews are useful when it is important to collect consistent information across all of your participants. Interviews generally fall somewhere along the following continuum:

1. Informal, conversational interview —
   No predetermined questions are asked, in order to remain open and adaptable to the respondents’ nature and priorities.

2. Semi-structured interview —
   The same general areas of information are collected from each respondent, providing more focus than the informal approach. However, the specific questions, and the way that they are asked, may vary each time, allowing some flexibility in getting information.

3. Structured interview —
   All respondents are asked exactly the same questions and provided with a consistent set of response options. While this approach is less flexible, it makes it easier to analyze and report responses.

When interviews are structured, it is important that they be done consistently each time. If more than one person is going to conduct interviews, provide training in advance, including opportunities to conduct practice interviews.
CONDUCTING INTERVIEWS

The interview process

Explaining the project to potential respondents
While people are usually willing to be interviewed, some may refuse. People are more likely to agree to an interview when their initial contact with an interviewer is positive. On making initial contact:

- Maintain a positive attitude and be enthusiastic.
- Explain the purpose of the interview, the kinds of questions you will ask, how long the interview usually takes, and how the information will be used.
- Allow the respondent to ask questions before beginning the interview.
- If someone seems reluctant to participate, ask about their concern or objection and try to address it—this is more effective than being pushy.

Practice your introduction before contacting respondents. People respond more favorably when you sound like yourself and not as though you are reading from a script.

Conducting the interview
Interviews allow you to establish rapport with respondents. Before starting, use small talk to give yourself and the person you are interviewing a chance to get comfortable. Once you begin the interview:

- Ask questions at a reasonable pace.
- If the interview is structured, read each question exactly as written and in the same order every time.
- Read the entire question before accepting an answer.
- When asked to repeat a question, repeat the entire question.

- Don’t skip a question because it was answered earlier or because you think you know the answer.
- Encourage responses with occasional nods of the head, “uh huh”s, etc.
- Provide transition between major topics, e.g., “we’ve been talking about (some topic) and now I’d like to move on to (another topic).”
- Do not count on your memory to recall their answers. Ask for permission to record the interview or take notes.
- Do not allow the person you are interviewing to continually get off topic. If the conversation drifts, ask follow-up questions to redirect the conversation to the subject at hand.
- Avoid getting into casual conversation or discussing issues, topics, and viewpoints that are related or unrelated to questions on the survey.

If you plan to conduct the interview in person, be thoughtful about where it will take place. Make sure the location is comfortable for the respondent, such as their home, work place, or other location they prefer. The setting should be quiet and private so that you can conduct the interview without violating confidentiality.

Avoiding bias
One disadvantage of interviews is the possibility of respondents changing their answers to please the interviewer or avoid embarrassment. It is important to prevent bias when conducting interviews. Do not express your own attitudes, opinions, prejudices, thoughts, or feelings during the interview.
The following tips can help you avoid influencing the respondent’s answers:
- Do not show surprise, approval, or disapproval with your words, gestures, or expressions to anything the respondent says or does.
- Do not disagree or argue with someone even if they express opinions you feel are wrong.
- Do not become too familiar or casual by sharing personal information.
- Do not laugh too much or make the interview seem like a friendly conversation.
- Do not seek clarification in a way that leads the respondent toward one particular answer.

**Probing for more information**

Interviews provide the opportunity for you to explore or clarify questions, and allow you to explore topics in more depth than you can with a survey. Use “probe” questions to obtain more information about answers that are incomplete, unclear, or irrelevant. Common probes include: “Could you be more specific?” “Could you give me an example?” or “Could you explain that?” Probes should be asked in a neutral way, and should not be used to pester or coerce someone into answering uncomfortable questions. Other recommendations for using probes:
- Never use leading probes. If you are not sure what a respondent means, ask the question again or ask for clarification.
- Probe responses to closed-ended questions if the respondent selects an answer that was not on your list. Repeat the entire list of options, instead of trying to guess what was meant.
- Respondents sometimes say “Don’t know” because they didn’t understand the question, didn’t hear the entire question, or are not sure how to answer. If someone says they “don’t know” an answer, probe at least once. Repeating the question again can be effective.
- If someone does not want to answer a question, probe one time. If he or she still doesn’t answer the question, move on to the next question. Sometimes it is helpful to reassure the respondent that all answers are confidential.
- Probe for clarification and inconsistencies. Make sure you understand what the respondent is saying. If you don’t understand what a respondent means, ask.

*Process, page 4*

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<th>RESPONSE</th>
<th>GOOD PROBE</th>
<th>WRONG!!</th>
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<td>Survey Question</td>
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<tr>
<td>What did you like best about the program?</td>
<td>I don't know.</td>
<td>Whatever you think is fine.</td>
<td>Didn't you like the staff?</td>
</tr>
<tr>
<td>How many nights did you stay in the shelter?</td>
<td>Oh, about 10 or 12 nights.</td>
<td>Would that be closer to 10 or 12?</td>
<td>Interviewer writes 11.</td>
</tr>
<tr>
<td>How would you improve the program?</td>
<td>Everything!</td>
<td>Please be more specific?</td>
<td>You mean you didn’t like anything?</td>
</tr>
<tr>
<td>What is your race or ethnicity?</td>
<td>Well, I'm a mixture.</td>
<td>A mixture?</td>
<td>Are you part Black or Hispanic?</td>
</tr>
<tr>
<td>How much would you agree that the services you received were useful? Would you strongly agree, agree, disagree, or strongly disagree?</td>
<td>I think they were okay.</td>
<td>So.. would you say you strongly agree, agree, disagree, or strongly agree?</td>
<td>(Interviewer records “agree” without probing further).</td>
</tr>
</tbody>
</table>
Process, continued

- Probe for details when needed. Use probes to get a complete response that fully answers the question.
- Stop probing when you have obtained the necessary information, the respondent becomes annoyed or irritated, or the respondent has nothing more to say.

Conducting focus groups
Focus groups are interviews conducted with a small group of participants simultaneously. Focus groups share many advantages with interviews, while also allowing you to generate insights based on the interactions among participants. Many of the recommendations for conducting interviews also apply to focus groups. In addition, consider the following tips:

- If possible, have someone trained in group facilitation conduct the group.
- Keep the number of questions reasonable— you can generally expect to thoroughly address 5-7 questions during a 1.5 hour focus group.
- Make it easy for people to participate, by providing transportation, child care, or refreshments as appropriate.
- Establish ground rules to ensure that participants feel comfortable, stay focused, and respect the privacy of others.
- Select participants who are opinionated and comfortable sharing information in a group.
- Limit participation to 6-10 individuals.
- Allow opportunities for each person to share information, rather than letting a few people dominate the conversation.
- Have a second person take notes and help facilitate the group if needed.

Quick links to more information

Free Management Library’s “General Guidelines for Conducting Interviews”
(Adapted from the Field Guide to Consulting and Organizational Development)
http://www.managementhelp.org/evaluat/interview.htm

Designing and Conducting Focus Group Interviews by Richard A. Krueger
http://www.shadoc.umn.edu/mg/assets/186288/663rp_Krueger_Oct02.pdf

In future tip sheets

Ethical issues in conducting evaluations (10/07)
Analyzing and understanding data (1/08)
Communicating evaluation results (4/08)

Find previous tip sheets on the web: www.op.state.mn.us/grants/index.htm or www.wilderresearch.org.
Planning Guide for Focus Groups
by Richard A. Krueger

Assuming a typical focus group study of 4-6 focus groups within the same community.

1. Planning
   Conceptualizing the study, developing questions and arranging logistics
   Time Needed: 6-70 hours

2. Recruiting
   Developing recruitment strategy and instruments, contacting potential participants, follow-up with letters and phone messages.
   Time Needed: 15-50 hours

3. Moderating
   Moderate focus group and travel time for moderator and assistant.
   Time Needed: 24-36 hours

4. Analysis
   Analyze results and prepare written report.
   Time Needed: 8-120 hours

   But:
   Add 35% more time if you've never done it before
   Add 20% more time if a committee has to approve draft
   Add 20% more time if recommendations are needed

5. Other Costs:
   Travel expenses for moderator team, travel expenses for participants, honorariums or gifts, food, room charge, transcription charges, phone costs, equipment, tapes, supplies and equipment.

First Steps with Focus Group Studies

1. Decide whether focus groups are appropriate
2. Decide who to involve
3. Listen to your target audience
4. Put your thoughts in writing
MODERATING

Moderator Skills

by Richard A. Krueger

Select the right moderator

- Exercise mild unobtrusive control
- Adequate knowledge of topic
- Appears like the participants

Use an assistant moderator

- Handles logistics
- Takes careful notes
- Monitors recording equipment

Be mentally prepared

- Alert and free from distractions
- Has the discipline of listening
- Familiar with questioning route

Use purposeful small talk

- Create warm and friendly environment
- Observe the participants for seating arrangements

Make a smooth & snappy introduction

Standard introduction

1. Welcome
2. Overview of topic
3. Ground rules
4. First question

Use pauses and probes

5 second pause

Probes:

- "Would you explain further?"
- "Would you give an example?"
- "I don't understand."
Record the discussion

- Tape recorders
- Written notes

Control reactions to participants

- Verbal and nonverbal
- Head nodding
- Short verbal responses
- (avoid “that's good”, “excellent”)

Use subtle group control

- Experts
- Dominant talkers
- Shy participants
- Ramblers

Use appropriate conclusion

Three Step Conclusion

1. Summarize with confirmation,
2. Review purpose and ask if anything has been missed,
3. Thanks and dismissal

Recorder (Assistant Moderator) Skills

- Help with equipment & refreshments
- Arrange the room
- Welcome participants as they arrive
- Sit in designated location
- Take notes throughout the discussion
- Operate recording equipment
- Do not participate in the discussion
- Ask questions when invited
- Give an oral summary
- Debrief with moderator
- Give feedback on analysis and reports
RECRUITING

by Richard A. Krueger

Systematic Notification Procedure

1. Set meeting times for group interviews
2. Contact potential participants by phone or in person
3. Send a written personalized invitation
4. Phone (or contact) each person the day before the focus group

Incentives for Participation

Money
Food
Gifts
Positive, upbeat invitation
Opportunity to share opinions
Enjoyable, convenient and easy to find meeting location
Involvement in an important research project
Build on existing community, social or personal relationship

Selection Strategies

List
Piggyback
On location
Nominations
Snowball samples
Random telephone screening
Screening and selection services
Ads in newspapers and bulletin boards
Focus Group Discussion Questions and Script Templates

Outline for Introducing a Focus Group

Welcome

- Introduce moderator and assistant

Our topic is ...

- The results will be used for ...
- Your were selected because ...

Guidelines

- No right or wrong answers, only differing points of view
- We're tape recording, one person speaking at a time
- We're on a first name basis
- You don't need to agree with others, but you must listen respectfully as others share their views
- Rules for cellular phones and pagers if applicable. For example: We ask that your turn off your phones or pagers. If you cannot and if you must respond to a call, please do so as quietly as possible and rejoin us as quickly as you can.
- My role as moderator will be to guide the discussion
- Talk to each other

Opening question

Script for Beginning a Focus Group

The first few moments in focus group discussion are critical. In a brief time the moderator must create a thoughtful, permissive atmosphere, provide ground rules, and set the tone of the discussion. Much of the success of group interviewing can be attributed to the development of this open environment.

The recommended pattern for introducing the group discussion includes:
(1) Welcome, (2) Overview of the topic (3) Ground rules and (4) First question. Here is an example of a typical introduction:

Good evening and welcome to our session. Thanks for taking the time to join us to talk about educational programs in the county. My name is Dick Krueger and assisting me is Tom Olson. We're both with the University of Minnesota. Sara Casey, who is with the local extension office, asked us to help the staff get some information from county residents about your perceptions of local extension efforts. They want to know what you like, what you don't like, and how programs might be improved. We are having discussions like this with several groups around the county.
You were invited because you have participated in some extension programs, so you're familiar with what extension does, and you all live in this section of the county.

There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.

You've probably noticed the microphone. We're tape recording the session because we don't want to miss any of your comments. People often say very helpful things in these discussions and we can't write fast enough to get them all down. We will be on a first name basis tonight, and we won't use any names in our reports. You may be assured of complete confidentiality. The reports will go back to the county extension staff to help them plan future programs.

Well, let's begin. We've placed name cards on the table in front of you to help us remember each other's names. Let's find out some more about each other by going around the table. Tell us your name and where you live.

**Asking Questions that Yield Powerful Information**

by Richard A. Krueger

- **Use open-ended questions**
  "What did you think of the program?"
  "Where do you get new information?"
  "What do you like best about the proposed program?"
  Be cautious of phrases such as "how satisfied" or "to what extent"

- **Avoid dichotomous questions**
  These questions can be answered with a "yes" or "no"

- **Why is rarely asked?**
  Instead ask about attributes and/or influences. Attributes are characteristics or features of the topic. Influences are things that prompt or cause action.

- **Use "think back" questions.**
  Take people back to an experience and not forward to the future

- **Use different types of questions**
  Identify potential questions
  Five Types of Questions
  1. Opening Question (round robin)
  2. Introductory Question
  3. Transition Questions
  4. Key Questions
  5. Ending Questions

- **Use questions that get participants involved**
  Use reflection, examples, choices, rating scales, drawings, etc.

- **Focus the questions**
  Sequence that goes from general to specific
• **Be cautious of serendipitous questions**
  
  Save for the end of the discussion

---

**Ending Questions**

• **All things considered question**
  
  This question asks participants to reflect on the entire discussion and then offer their positions or opinions on topics of central importance to the researchers.

  Examples:
  "Suppose that you had one minute to talk to the governor on merit pay, the topic of today’s discussion. What would you say?"
  or
  "Of all the things we discussed, what to you is the most important?"

• **Summary question**
  
  After the brief oral summary the question asked is:
  "Is this an adequate summary?"

• **Final question**
  
  The moderator reviews the purpose of the study and then asks the participants:
  "Have we missed anything?"

---

**Strategies for Focus Group Questions**

• Choose among alternatives
• Make a list
• Fill in the blank
• Rate with blank card
• Semantic differential
• Projection, fantasy and daydreams
• Draw a picture
• Develop a campaign
• Role playing
• Questions that foster ownership: What can you do...?
Generic Focus Group and Interview Questions

Example #1

1. How have you been involved in _____?
2. Think back over all the years that you've participated and tell us your fondest memory. (The most enjoyable memory.)
3. Think back over the past year of the things that (name of organization) did. What went particularly well?
4. What needs improvement?
5. If you were inviting a friend to participate in (name of organization), what would you say in the invitation?
6. Suppose that you were in charge and could make one change that would make the program better. What would you do?
7. What can each one of us do to make the program better?

Example #2

Here is a sample set of questions that could be used to obtain feedback and information on participation in health education activities. Modify and adjust the questions as needed. The questions might be applicable to such categories as: health education trainings, services, and events. These questions could be used for practice focus groups and interviews to allow moderators a chance to lead the discussion, for assistants to take field notes and provide oral summaries. You may want to have five to seven people in each focus group and then sitting slightly back from the table could be a number of assistant moderators.

- How and when did you participate in XXXXX?
- Tell me about positive experiences you've had with XXXX?
- Tell me about disappointments you've had with XXXX?
- Who or what influenced your decision to participate in XXXX?
- When you decided to participate in XXXX, what did you hope to learn/receive?
- What are three things that you would like to have changed after participating in XXXX?
- Let's list these on the flip chart. If you had to pick only one factor that was most important to you, what would it be? You can pick something that you mentioned or something that was said by others.
- Have you ever participated in similar activities to XXXX? How is XXXX different than other similar activities you have participated in?
- Of all the things we've talked about, what one comment would you like to make about your participation or receipt of services with XXXXX?
TIPS FOR QUANTITATIVE DATA ANALYSIS

Provide both number and percentage.

If only the percentage is reported, it is impossible to know whether the percentage is based on a small or large number of participants. Take, for example, this sentence: “75% of participants reported increased daily exercise.” Is that reporting about 10 or 200 participants? On the other hand, if only the number is presented, as in “20 people reported increased daily exercise,” it is difficult to know if the data represents a small or large percentage of the participants.

Use the correct base, or denominator.

While you may have 100 returned questionnaires, not every respondent may answer every question. In fact, the actual number of respondents may vary with each question and even by items within a question. When calculating the percentage, use the actual number of responses for the individual item.

Avoid averaging percentages.

Do not add up percentages and then calculate an average of the summed percentages. Go back to the original numbers, add all the individual totals, and then calculate the percentage of the total.

Don’t average words. See Quick Tip 15.

Do not substitute averages for more complete information.

Sometimes you may calculate an average to summarize outcome data into one number. While this step simplifies data reporting and makes it easier, a few very high or low scores can radically affect the average. There is no information on how the scores are distributed. Reporting the number and percentage of participants for each outcome provides considerably more information on the extent of achievement. Use averages to supplement and summarize the data, but do not use them as a substitute for actual numbers and percentages.

Be careful when collapsing response categories.

When there are multiple response options, it can be helpful to combine them to highlight results. For example, you might combine four levels of agreement (strongly disagree, disagree, agree, and strongly agree) and report results for only two levels (disagree and agree). This process may help the reader, but it can also obscure rich information. Collapsing categories simplifies the reporting but loses the detail.

Don’t be afraid to discuss limitations.

Always present and discuss limitations of the data and the data analysis. Revealing the limitations of the information and the process strengthens the analysis.
TIPS FOR QUALITATIVE DATA ANALYSIS

Organize all your narrative data in one place.
Sometimes you may have narrative data from different interviews done at different times, various observations, or different open-ended questions on a survey questionnaire.

Read through and get to know your data.
Spend time reading through the data and thinking about the data.

Decide whether you will use preset categories or emergent categories.
There is no single correct way to categorize qualitative data, but consider the alternative approaches and pick the way that best suits your purpose and data.

Make the analysis suit the use.
Sometimes it is easy to become so immersed in your data that it is hard to see the forest for the trees. There is so much that is interesting and insightful. You may want to include everything. You may want to share it all. However, remember the end user. Seldom do others want to read pages of “rich” description. What will that user really want to learn from these data? Think about a 3-minute summary of your 90-minute focus group interview.

Interpretation is more than description.
Once you’ve categorized and summarized the data, think about the meaning. Keep the interpretation rooted in the raw data, but move beyond just presenting and summarizing the data. Think about the significance of the findings.

Allow adequate time.
Thoughtful and useful analysis takes time. Allocate time for doing the analysis. Often qualitative data collection and analysis occur simultaneously, so consider the time that is needed during data collection for reading and thinking about your data. Analysis doesn’t just happen at the end.
Focus Group Discussion

Systematic Analysis Process

by Richard A. Krueger

1. **Start while still in the group**
   - Listen for inconsistent comments and probe for understanding
   - Listen for vague or cryptic comments and probe for understanding
   - Consider asking each participant a final preference question
   - Offer a summary of key questions and seek confirmation

2. **Immediately after the focus group**
   - Draw a diagram of seating arrangement
   - Spot check tape recording to ensure proper operation
   - Conduct moderator and assistant moderator debriefing
   - Note themes, hunches, interpretations, and ideas
   - Compare and contrast this focus group to other groups
   - Label and file field notes, tapes and other materials

3. **Soon after the focus group--within hours analyze individual focus group.**
   - Make back-up copy of tapes and send tape to transcriptionist for computer entry if transcript is wanted
   - Analyst listens to tape, reviews field notes and reads transcript if available
   - Prepare report of the individual focus group in a question-by-question format with amplifying quotes
   - Share report for verification with other researchers who were present at the focus group

4. **Later--within days analyze the series of focus groups**
   - Compare and contrast results by categories of individual focus groups
   - Look for emerging themes by question and then overall
   - Construct typologies or diagram the analysis
   - Describe findings and use quotes to illustrate

5. **Finally, prepare the report**
   - Consider narrative style versus bulleted style
   - Use a few quotes to illustrate
   - Sequence could be question by question or by theme
   - Share report for verification with other researchers
   - Revise and finalize report
Focus Group Analysis Tips

When analyzing focus group data consider...

WORDS
Think about both the actual words used by the participants and the meanings of those words. A variety of words and phrases will be used and the analyst will need to determine the degree of similarity between these responses.

CONTEXT
Participant responses were triggered by a stimulus--a question asked by the moderator or a comment from another participant. Examine the context by finding the triggering stimulus and then interpret the comment in light of that environment. The response is interpreted in light of the preceding discussion and also by the tone and intensity of the oral comment.

INTERNAL CONSISTENCY
Participants in focus groups change and sometimes even reverse their positions after interaction with others. When there is a shift in opinion, the researcher typically traces the flow of the conversation to determine clues that might explain the change.

FREQUENCY OR EXTENSIVENESS
Some topics are discussed more by participants (extensiveness) and also some comments are made more often (frequency) than others. These topics could be more important or of special interest to participants. Also, consider what wasn't said or received limited attention. Did you expect but not hear certain comments?

INTENSITY
Occasionally participants talk about a topic with a special intensity or depth of feeling. Sometimes the participants will use words that connote intensity or tell you directly about their strength of feeling. Intensity may be difficult to spot with transcripts alone because intensity is also communicated by the voice tone, speed, and emphasis on certain words. Individuals will differ on how they display strength of feeling and for some it will be a speed or excitement in the voice whereas others will speak slowly and deliberately.

SPECIFICITY
Responses that are specific and based on experiences should be given more weight than responses that are vague and impersonal. To what degree can the respondent provide details when asked a follow up probe? Greater attention is often placed on responses that are in the first person as opposed to hypothetical third person answers.

FINDING BIG IDEAS
One of the traps of analysis is not seeing the big ideas. Step back from the discussions by allowing an extra day for big ideas to percolate. For example, after finishing the analysis the researcher might set the report aside for a brief period and then jot down the three or four of the most important findings. Assistant moderators or others skilled in qualitative analysis might review the process and verify the big ideas.
## Analysis Choices

<table>
<thead>
<tr>
<th>ANALYSIS TYPE</th>
<th>Memory based analysis</th>
<th>Note based analysis</th>
<th>Tape based analysis</th>
<th>Transcript based analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION</td>
<td>Moderator analyzes based on memory and past experiences and gives oral debriefing to client</td>
<td>Moderator prepares a brief written description based on summary comments, field notes and selective review of tapes</td>
<td>Moderator prepares written report based on an abridged transcript after listening to tapes plus field notes and moderator debriefing</td>
<td>Analyst prepares written report based on complete transcript. Some use of field notes and moderator debriefing</td>
</tr>
<tr>
<td>ORAL OR WRITTEN REPORTS</td>
<td>Usually oral report only</td>
<td>Usually oral and written report</td>
<td>Usually oral and written report</td>
<td>Usually oral and written report</td>
</tr>
<tr>
<td>TIME REQUIRED PER GROUP</td>
<td>Very fast Within minutes following the discussion</td>
<td>Fast Within 1-3 hours per group</td>
<td>Fast Within 4-6 hours per group</td>
<td>Slow About 2 days per group</td>
</tr>
<tr>
<td>PERCEIVED LEVEL OF RIGOR</td>
<td>Minimal</td>
<td>Moderate</td>
<td>Moderate to High</td>
<td>High</td>
</tr>
<tr>
<td>RISK OF ERROR</td>
<td>High</td>
<td>Moderate depending on quality of field notes</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>
The Old Fashioned Analysis Strategy:
Long Tables, Scissors and Colored Marking Pens

Equipment needed:
- Two copies of all transcripts
- Scissors
- Tape
- Lots of room with long tables and possibly chart stands
- Large sheets of paper (flip charts, newsprint paper, etc.)
- Colored marking pens
- Stick-on notes

1. **Prepare your transcripts for analysis.** You will save time and agony later if you are careful in preparing your transcripts. Be sure they follow a consistent style. For example, single spaced comments and double spaced between speakers. The comments of the moderator should be easily identifiable by bolding, caps, or underlining.

2. 

3. **Make two copies of each transcript.** One will be used to cut up and the other one stays intact for later reference.

   **TIP:** Consider printing transcripts on different colors of paper and color coding by audience type, category, etc. For example, teenagers are on blue paper and parents on green paper. Or use colored marking pens, highlight pens, or stick on notes to identify quotes that are cut out.

4. **Arrange transcripts in an order.** It could be in the sequence in which the groups were conducted, but more likely it will be by categories of participants or by some demographic screening characteristics of participants (users, non-users and employees, or teens, young adults and older adults, etc.). This arrangement helps you be alert to changes that may be occurring from one group to another.

5. **Read all transcripts at one sitting.** This quick reading is just to remind you of the whole scope and to refresh your memory of where information is located, what information is missing, and what information occurs in abundance.

6. **Prepare large sheets of paper.** Use a large sheet of paper for each question (sometimes several questions are integrated together into a theme). Place the large sheets on chart stands, on a long table or even on the floor. Identify the question or theme at the top of the sheet. If you have several categories of groups you might draw lines to divide the paper into sections and then group
comments within these sections. For example, on one part of the page you might place comments from teen focus groups, in another place there will be comments from parent focus groups, and in a third place there will be comments from teacher focus groups.

7. **Cut and tape.** Read responses to the same question from all focus groups. Cut out relevant quotes and tape them to the appropriate place on the large sheet of paper. Look for quotes that are descriptive and capture the essence of the conversation. Sometimes there will be several different points of view and you can cluster the quotes around these points of view. The quality and relevance of quotes will vary. In some groups you might find that you can use almost all quotes, but in other groups there will be few usable quotes. Set the unused quotes aside for later consideration. Also remember that some comments are better placed in other sections, such as when an individual gets "off topic" and responds to a different question.

**TIP:** Develop a strategy for documenting the source of the quote. Later you may want to go back and examine the context of a particular discussion and this source information will be vital. You could use colored markers, stick-on notes, or a coding letter or number to represent the source of the comments. For example, you might use different colors of highlighter marking pens and use a specific color for each category of respondents. Draw a vertical line from top to bottom of each page of the transcript. Then when you cut up this transcript that color will be present as a marker for the source. Or, you use a code number for each group and place that code number at the end of every quote in the transcript.

8. **Write a statement about the question.** Look over the quotes and prepare an overview integrating paragraph that describes responses to that question. A number of possibilities may occur. For example, you might be able to compare and contrast differing categories, you might have a major theme and a minor theme, you might discuss the variability of the comments, or even the passion or intensity of the comments. Following the overview paragraph you may need several additional paragraphs describing sub-sets of views or to elaborate on selected topics. When you are finished, to on to the next question.

9. **Continue until all transcripts are reviewed.** Some analysts like to prepare the descriptive summary immediate after the quotes for a question are placed on the large sheet of paper, but other analysts like to wait until all sheets are filled before writing. The benefit of delay is that it allows you to rearrange quotes to places where they really belong.

10. **Take a break.** Get away from the process for awhile. Refocus on the big picture. Think about what prompted the study. It's easy to get sidetracked into areas of minor importance. Be open to alternative views. Be skeptical. Look over the pile of unused quotes. Think big picture. Invite a research colleague to look over your work and offer feedback.

11. **Prepare the report.**
Health Behaviors
(ALSO see WHO’s STEPwise surveillance tool for chronic disease and health promotion http://www.who.int/chp/steps/en/)

- Behavior questionnaire

1. How many servings of fruits and vegetables do you eat per day?
   0  1  2  3+

2. How many caffeinated drinks (coffee, tea, cocoa, soft drinks) do you drink per day?
   0  1-2  3-4  5+

3. How many glasses (8 ounces) of water do you drink per day?
   0-3  4-5  6-7  8+

4. How many meals do you consume per day
   1-2  3-4  5-6  7+

5. I cook with and eat fats:
   ___Nearly always cook/eat high fat foods (fried foods, shortening, butter, creams)
   ___Cook/eat mostly high fat
   ___Cook/eat both high and low fat foods
   ___Cook/eat mostly low fat
   ___Cook/eat only low fat

6. My bread/grain eating habit is:
   ___Nearly always eat refined (white bread, grains, rolls, crackers cereal)
   ___Eat mostly refined grain products
   ___Eat a mixture of refined and whole grain products
   ___Eat primarily whole grain products
   ___Eat only whole grain products

7. How often do you eat out:
   ___I eat out nearly every day
   ___I eat out several times each week
   ___I eat out a few times each month
   ___I seldom or never eat out

8. My salty food habit is: (check all that apply)
   ___I rarely eat salty foods (chips, pickles, soups, added salt)
   ___Occasionally I eat salty foods
   ___I regularly eat salty food
   ___I add salt to the foods I eat

9. During the past 30 days, did you diet to lose weight or to keep from gaining weight?
   Yes   No
   If Yes Explain: ________________________________________________________________

10. My high fat snack eating habit is:
___ I eat high fat snack foods (potato chips) 3 or more times daily
___ I eat high fat snacks once or twice daily
___ I eat high fat snacks a few times each week
___ I rarely or never eat high fat snack
11. How often do you eat red meat:
   ___ I eat red meat nearly every day
   ___ I eat red meat several times each week
   ___ I eat red meat a few times each month
   ___ I seldom or never eat red meat

12. How often do you eat cookies, cakes, sweets:
   ___ I eat cookies, cakes, sweets nearly every day
   ___ I eat cookies, cakes, sweets several times each week
   ___ I eat cookies, cakes, sweets a few times each month
   ___ I seldom or never eat cookies, cakes, sweets

13. How many alcoholic beverages do you consume per week?
    0-3    4-5    6-7    8+

14. On average I sleep ____ hours a night.
    3-4    5-6    7-8    8+

15. Outside of work, what physical and/or social activities do you engage in?
### Nutrition questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Do you add salt to foods after cooking or when serving them at the table?</td>
<td>1. No, never</td>
</tr>
<tr>
<td></td>
<td>2. Yes, but infrequently or when I feel that salt is needed</td>
</tr>
<tr>
<td></td>
<td>3. Yes, always or almost always</td>
</tr>
<tr>
<td>9.2 What types of oils or fats do you use most often in cooking or baking?</td>
<td>1. Vegetable oil</td>
</tr>
<tr>
<td></td>
<td>2. Lard or suet</td>
</tr>
<tr>
<td></td>
<td>3. Butter</td>
</tr>
<tr>
<td></td>
<td>4. Margarine</td>
</tr>
<tr>
<td></td>
<td>5. Other</td>
</tr>
<tr>
<td></td>
<td>6. Nothing in particular</td>
</tr>
<tr>
<td></td>
<td>7. I don’t use any oil or fat when cooking</td>
</tr>
<tr>
<td>9.3 What types of oils and fats do you most often use at home to fry foods?</td>
<td>1. Vegetable oil</td>
</tr>
<tr>
<td></td>
<td>2. Lard or suet</td>
</tr>
<tr>
<td></td>
<td>3. Butter</td>
</tr>
<tr>
<td></td>
<td>4. Margarine</td>
</tr>
<tr>
<td></td>
<td>5. Other</td>
</tr>
<tr>
<td></td>
<td>6. Nothing in particular</td>
</tr>
<tr>
<td></td>
<td>7. I don’t use any oil or fat when cooking</td>
</tr>
<tr>
<td><strong>The next questions concern foods that you normally eat or drink. Please, tell me how often you eat or drink each. For example, twice a week, three times a month, etc. Remember, I am only interested in the food that you eat—so consider all the foods you eat both at home and on the street.</strong></td>
<td></td>
</tr>
<tr>
<td>9.4 How often (number of times) do you drink fruit juices like orange, grapefruit, or How often (number of times) do you drink fruit juices like orange, grapefruit, or</td>
<td>1. Per day</td>
</tr>
<tr>
<td></td>
<td>2. Per week</td>
</tr>
<tr>
<td></td>
<td>3. Per month</td>
</tr>
<tr>
<td></td>
<td>4. Per year</td>
</tr>
<tr>
<td></td>
<td>5. Never</td>
</tr>
<tr>
<td></td>
<td>6. Don’t know/not sure</td>
</tr>
<tr>
<td>9.5 Not counting juice, how often (number of times) do you eat fruits?</td>
<td>1. Per day</td>
</tr>
<tr>
<td></td>
<td>2. Per week</td>
</tr>
<tr>
<td></td>
<td>3. Per month</td>
</tr>
<tr>
<td></td>
<td>4. Per year</td>
</tr>
<tr>
<td></td>
<td>5. Never</td>
</tr>
<tr>
<td></td>
<td>6. Don’t know/not sure</td>
</tr>
<tr>
<td>9.6 How many servings of vegetables in general and green, leafy vegetables do you ordinarily eat? If you eat vegetables for lunch and at the main meal, this is considered two servings.</td>
<td>1. Per day</td>
</tr>
<tr>
<td></td>
<td>2. Per week</td>
</tr>
<tr>
<td></td>
<td>3. Per month</td>
</tr>
<tr>
<td></td>
<td>4. Per year</td>
</tr>
<tr>
<td></td>
<td>5. Never</td>
</tr>
<tr>
<td></td>
<td>6. Don’t know/not sure</td>
</tr>
<tr>
<td>9.7 How many eggs do you ordinarily eat?</td>
<td>1. Per day</td>
</tr>
<tr>
<td></td>
<td>2. Per week</td>
</tr>
<tr>
<td></td>
<td>3. Per month</td>
</tr>
<tr>
<td></td>
<td>4. Per year</td>
</tr>
<tr>
<td></td>
<td>5. Never</td>
</tr>
<tr>
<td></td>
<td>6. Don’t know/not sure</td>
</tr>
</tbody>
</table>
9.8 Are you ordinarily able to get (available in the market) the following foods?

<table>
<thead>
<tr>
<th></th>
<th>Vegetables</th>
<th>Fruits</th>
<th>Vegetable oil</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes, always</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Yes, but occasionally difficult to find</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Yes, but very difficult to find</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Not available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9.9 Do you ordinarily have money or the means to buy the following foods?

<table>
<thead>
<tr>
<th></th>
<th>Vegetables</th>
<th>Fruits</th>
<th>Vegetable oil</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes, always</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Yes, but occasionally difficult to find</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Yes, but very difficult to find</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Not available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- **Eating behavior patterns questionnaire**

Eating Behavior Patterns Questionnaire *(adapted from Schulundt DG, PhD. Vanderbilt University School of Medicine SODA Questionnaire)*

Read each item and think if you agree or disagree that the item describes you and your eating habits. Mark the box that best describes your level of agreement with each statement. If a statement does not apply to you (for example a question asks about what you do at work you do not have a job), then mark #3 (neutral or N/A) box.

1 – Strongly disagree  
2 – Disagree  
3 – Neutral or N/A  
4 – Agree  
5 – Strongly agree

<table>
<thead>
<tr>
<th></th>
<th>1 – Strongly disagree; 2 – disagree; 3 – neutral or N/A; 4 – agree; 5 – strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I stop for a fast food breakfast on the way to work.</td>
</tr>
<tr>
<td>2.</td>
<td>My emotions affect what and how much I eat</td>
</tr>
<tr>
<td>3.</td>
<td>I use low-fat food products</td>
</tr>
<tr>
<td>4.</td>
<td>I carefully watch the portion sizes of my foods.</td>
</tr>
<tr>
<td>5.</td>
<td>I buy snacks from vending machines.</td>
</tr>
<tr>
<td>6.</td>
<td>I choose healthy foods to prevent heart disease.</td>
</tr>
<tr>
<td>7.</td>
<td>I eat meatless meals from time to time because I think that is healthier for me.</td>
</tr>
<tr>
<td>8.</td>
<td>I take time to plan meals for the coming week.</td>
</tr>
<tr>
<td>9.</td>
<td>When I buy snack foods, I eat until I have finished the whole package.</td>
</tr>
<tr>
<td>10.</td>
<td>I eat for comfort.</td>
</tr>
<tr>
<td>11.</td>
<td>I am a snacker.</td>
</tr>
<tr>
<td>12.</td>
<td>I count fat grams</td>
</tr>
<tr>
<td>13.</td>
<td>I eat cookies, candy bars, or ice cream in place of dinner.</td>
</tr>
<tr>
<td>14.</td>
<td>When I don’t plan meals, I eat fast food.</td>
</tr>
<tr>
<td>15.</td>
<td>I eat when I am upset.</td>
</tr>
<tr>
<td>16.</td>
<td>I buy meat every time I go to the grocery store.</td>
</tr>
<tr>
<td>17.</td>
<td>I snack more at night.</td>
</tr>
<tr>
<td>18.</td>
<td>I rarely eat breakfast.</td>
</tr>
<tr>
<td>19.</td>
<td>I try to limit the intake of red meat (beef).</td>
</tr>
<tr>
<td>20.</td>
<td>When I am in a bad mood, I eat whatever I feel like eating.</td>
</tr>
<tr>
<td>21.</td>
<td>I never know what I am going to eat for supper when I get up in the morning.</td>
</tr>
<tr>
<td>22.</td>
<td>I snack two to three times a day.</td>
</tr>
<tr>
<td>23.</td>
<td>Fish and poultry are the only meats I eat.</td>
</tr>
<tr>
<td>24.</td>
<td>When I am upset, I tend to stop eating.</td>
</tr>
<tr>
<td>25.</td>
<td>I like to eat vegetables seasoned with fatty meat.</td>
</tr>
<tr>
<td>26.</td>
<td>If I eat a larger than usual lunch, I will skip supper.</td>
</tr>
</tbody>
</table>
27. I take a shopping list to the grocery store.  1 2 3 4 5
28. If I am bored, I will snack more  1 2 3 4 5
29. I eat at church socials.  1 2 3 4 5
30. I am very conscious of how much fat is in the food I eat.  1 2 3 4 5
31. I usually keep cookies in the house.  1 2 3 4 5
32. I have a serving of meat at every meal.  1 2 3 4 5
33. I associate success with food.  1 2 3 4 5
34. A complete meal includes a meat, a starch, a vegetable, and bread.  1 2 3 4 5
35. On Sunday, I eat a large meal with my family.  1 2 3 4 5
36. Instead of planning meals, I will replace supper with a snack.  1 2 3 4 5
37. If I eat a larger than usual lunch, I will replace supper with a snack  1 2 3 4 5
38. If I am busy, I will eat a snack instead of lunch.  1 2 3 4 5
39. Sometimes I eat dessert more than once a day.  1 2 3 4 5
40. I reduce fat in recipes by substituting ingredients and cutting portions.  1 2 3 4 5
41. I have a sweet tooth.  1 2 3 4 5
42. I sometimes snack even when I am not hungry.  1 2 3 4 5
43. I eat out because it is more convenient than eating at home.  1 2 3 4 5
44. I hate to cook.  1 2 3 4 5
45. I would rather buy take out food and bring it home than cook.  1 2 3 4 5
46. I have at least three to four servings of vegetables per day.  1 2 3 4 5
47. To me, cookies are an ideal snack food.  1 2 3 4 5
48. My eating habits are very routine.  1 2 3 4 5
49. If I do not feel hungry, I will skip a meal even if it is time to eat.  1 2 3 4 5
50. When choosing fast food, I pick a place that offers healthy foods.  1 2 3 4 5
51. I eat at a fast food restaurant at least three times a week.  1 2 3 4 5
Scoring Questionnaire. Go through the questionnaire you just completed. Write down the score of 1-5 that you chose with the associated number. For example, if you chose 4-agree for #3, write down 4 next to the number 3 under Low-fat Eating. Total the scores of each section and divide it by the total number of questions included in that section. If your average is 4 or 5 you have characteristics of that eating behavior.

Low-fat Eating (11 total questions)
3.____  12.____  40.____
4.____  19.____  46.____
6.____  23.____  50.____
7.____  30.____
TOTAL: _____  AVERAGE: _____

Snacking and Convenience (10 total questions)
11.____  31.____  44.____
13.____  41.____  45.____
14.____  42.____  47.____
22.____  43.____
TOTAL: _____  AVERAGE: _____

Emotional Eating (8 total questions)
2.____  15.____  28.____
9.____  17.____  33.____
10.____  20.____
TOTAL: _____  AVERAGE: _____

Planning Ahead (6 total questions)
8.____  27.____  48.____
21.____  45.____  50.____
TOTAL:_____  AVERAGE:_____  

Meal Skipping (7 total questions)
24.____  37.____
26.____  38.____
TOTAL:_____  AVERAGE:_____ 

Cultural/Lifestyle Behaviors (9 total questions)
1.____  25.____  34.____
5.____  29.____  35.____
16.____  32.____  39.____
TOTAL:_____  AVERAGE:_____
ACTIVITY 3
1. When you eat out at restaurants that have buffets you often overeat. You find it hard to eat in moderation at these restaurants. You find yourself getting seconds and thirds in this situation.

2. You are having an insulin reaction. You are alone and are scared about what will happen if you do not treat it quickly. You want to make sure that you eat enough to stop it. You know that a glass of orange juice is usually enough. But, you want to make sure that you do not pass out so you consider eating a candy bar (or some other sweet treat) instead.

3. This is a very busy time in your life. You are always rushed. You don’t have time to cook the right types of food let alone plan them. It seems as if everything that you have time to cook is not allowed on your meal plan. You feel as if you are locked into a never ending cycle. When you don’t eat right, you feel bad, and when you feel bad, you don’t like to eat right.

4. During the week you have a very structured routine for your diabetes care that includes meal planning. Sometimes on the weekends you routine is less structured making meal planning difficult. Often you eat the wrong types of food because you do not plan your meals.

5. You play on a softball team (or other activity). You have games scheduled three nights a week. Usually the games start thirty minutes after you get off work and last for two hours. After the game you usually socialize with your teammates for an hour. On softball evenings, you just don’t have time to eat the way that you dietitian said that you should. It is much more convenient to get a hamburger at McDonald’s than to find the time to eat a healthy meal.

6. You are visiting friends for your vacation. These friends cook with butter and fat and have a cake or pie for dessert every night. You feel that you must eat what is served or not eat at all. You do not feel comfortable asking for foods that fit into your meal plan.
7. You are on your way to an important meeting and are running late. If you do not get stopped by any more lights, you will just make the meetings. You look down and see that bag of doughnuts that you picked up this morning. Sometimes you get stressed out; eating something seems to make you feel better. You are tempted to eat the doughnuts.

8. You have had an awful day. You were in line for a promotion and your best friend got it instead of you. When you went to pick up the laundry at the dry cleaners they had lost it. Then, you got a flat tire only three blocks from home. You feel like “pigging out”. You don’t care what you’re supposed to eat. You are really depressed and you think that you deserve something special.

9. You are planning on going to movies tonight with your friends. Your favorite treat is buttered popcorn and the movie theater is running a special on large popcorn and free refills on large drinks. What would you do at a sports event in the same situation?
- Baseline behavior survey

Physical Activity:
(For questions 1-17, circle the appropriate response)

1. When you are at work, which of the following best describes what you do?
   a. Mostly sitting or standing
   b. Mostly walking
   c. Mostly heavy labor or physically demanding work

2. In an average week, how many days do you participate in physical activities that cause increase in breathing or heart rate?
   0— Never  2—2 days  4— 4 days
   1— 1 day  3— 3 days  5— 5 days or more

3. On the days you participate in physical activities, how much time do you spend being physically active?
   0—Less than 10 minutes  3—At least 30 minutes
   1—At least 10 minutes  4—More than 30 minutes
   2—At least 20 minutes

4. In an average week, how many days do you perform strength activities?
   0—Less than 10 minutes  3—At least 30 minutes
   1—At least 10 minutes  4—More than 30 minutes
   2—At least 20 minutes

5. In an average week, how many days do you perform stretching activities?
   0—Less than 10 minutes  3—At least 30 minutes
   1—At least 10 minutes  4—More than 30 minutes
   2—At least 20 minutes

6. Which of the following best describes your physical activity level?
   0—Not physically active on a regular basis now and do not intend to start
   1—Not physically active on a regular basis now but am thinking of starting
   2—Trying to become physically active, or am physically active infrequently
   3—Physically active less than 5 times/week for 1-6 months
   4—Physically active 5 or more times/week for 1-6 months
   5—Physically active 5 or more times/week for 7 months or more

7. My employer provides opportunities for me to be physically active.
   Strongly Disagree  Disagree  Somewhat agree  Agree  Strongly Agree
   1                     2             3       4   5
Nutrition:

8. In a usual week, how many days do you eat 5 or more servings of fruits and vegetables?
   0—Never 3—3 days
   1—1 day 4—4 days
   2—2 days 5—5 days or more

9. My employer provides opportunities for me to consume fruits and vegetables.
   Strongly Disagree   Disagree   Somewhat agree   Agree   Strongly Agree
   1                     2             3       4   5

10. In a usual week, how many cans of regular soda pop do you drink?
    (Can = 12 oz)
    0—None 1—One to two
    2—Three to five 3—Six to ten
    4—Ten or more

11. Do you have access to healthy options in vending?
    1—No 2—Yes

12. Do you have access to healthy food options at meetings?
    1—No 2—Yes

13. In a usual day, how many cups of skim or 1% milk do you drink?
    0—None 1—One to two
    2—Three or more

Tobacco Use:

14. Do you currently smoke cigarettes everyday, some days, or not at all?
    0—Not at all 1—Some days 2—Every day

15. If you smoke, how many cigarettes do you smoke on an average day?
    1—Less than 1 pack per day 2—2 packs per day
    2—1 pack per day 3—More than 2 packs per day

16. Have you quit smoking cigarettes?
    0—Never smoked, or quit for at least 5 years
    1—Yes, I have for more than 6 months
    2—Yes, I have, but for less than 6 months
    3—No, but I intend to in the next 30 days and have tried for at least 24 hours in the past year
    4—No, but I intend to in the next 6 months
    5—No, and I do not intend to in the next 6 months

17. My employer provides opportunities to help me quit smoking.
   Strongly Disagree   Disagree   Somewhat agree   Agree   Strongly Agree
   1                     2             3       4   5
Worksite Support:
18. Indicate each of the items listed below that you have started or accomplished that were influenced by your company or work setting:
(Place a check beside all that apply.)

- Started being physically active regularly
- Maintained a regular exercise program
- Cut back on smoking
- Stopped smoking
- Developed skills to manage symptoms of depression
- Developed skills to manage stress in your life
- Developed healthier eating habits
WHO STEPS Behavior Survey: Questions on Tobacco Use, Diet, Physical Activity
For further information: www.who.int/chp/steps

Survey Information

<table>
<thead>
<tr>
<th>Location and Date</th>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cluster/Center/Village ID</td>
<td>11</td>
<td>I1</td>
</tr>
<tr>
<td>2 Cluster/Center/Village name</td>
<td>12</td>
<td>I2</td>
</tr>
<tr>
<td>3 Interviewer ID</td>
<td>13</td>
<td>I3</td>
</tr>
<tr>
<td>4 Date of completion of the instrument</td>
<td>dd mm year</td>
<td>I4</td>
</tr>
</tbody>
</table>

Participant Identification Number

Step 1 Demographic Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Sex (Record Male / Female as observed)</td>
<td>Male 1 Female 2</td>
<td>C1</td>
</tr>
<tr>
<td>12 What is your date of birth? Don’t know 77 77 77777</td>
<td>dd mm year</td>
<td>C2</td>
</tr>
<tr>
<td>13 How old are you?</td>
<td>Years</td>
<td>C3</td>
</tr>
<tr>
<td>14 In total, how many years have you spent at school or in full-time study (excluding pre-school)?</td>
<td>Years</td>
<td>C4</td>
</tr>
</tbody>
</table>
### Step 1  Behavioural Measurements

**CORE: Tobacco Use**

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let’s start with tobacco.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)</td>
<td>Yes 1</td>
<td>T1</td>
</tr>
<tr>
<td></td>
<td>No 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If No, go to T5b</td>
<td></td>
</tr>
<tr>
<td>Do you currently smoke tobacco products daily?</td>
<td>Yes 1</td>
<td>T2</td>
</tr>
<tr>
<td></td>
<td>No 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If No, go to T5b</td>
<td></td>
</tr>
<tr>
<td>How old were you when you first started smoking daily?</td>
<td>Age (years)</td>
<td>T3</td>
</tr>
<tr>
<td></td>
<td>Don’t know 77</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Known, go to T5a</td>
<td></td>
</tr>
<tr>
<td>Do you remember how long ago it was? (RECORD ONLY IF NOT ALL 3)</td>
<td>In Years</td>
<td>T4a</td>
</tr>
<tr>
<td></td>
<td>In Months</td>
<td>T4b</td>
</tr>
<tr>
<td></td>
<td>In Weeks</td>
<td>T4c</td>
</tr>
<tr>
<td></td>
<td>If Known, go to T5a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Known, go to T5a</td>
<td></td>
</tr>
<tr>
<td>On average, how many of the following do you smoke each day?</td>
<td>Manufactured cigarettes</td>
<td>T5a</td>
</tr>
<tr>
<td></td>
<td>Hand-rolled cigarettes</td>
<td>T5b</td>
</tr>
<tr>
<td></td>
<td>Pipes full of tobacco</td>
<td>T5c</td>
</tr>
<tr>
<td></td>
<td>Cigars, cheroots, cigarillos</td>
<td>T5d</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>T5e</td>
</tr>
<tr>
<td></td>
<td>If Other, go to T5other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Go to 79</td>
<td>T5other</td>
</tr>
<tr>
<td></td>
<td>If Known, go to T5a</td>
<td></td>
</tr>
</tbody>
</table>

**CORE: Diet**

The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a typical week, on how many days do you eat fruit? (USE SHOWCARD)</td>
<td>Number of days</td>
<td>D1</td>
</tr>
<tr>
<td></td>
<td>Don’t Know 77</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Zero days, go to D3</td>
<td></td>
</tr>
<tr>
<td>How many servings of fruit do you eat on one of those days? (USE SHOWCARD)</td>
<td>Number of servings</td>
<td>D2</td>
</tr>
<tr>
<td></td>
<td>Don’t Know 77</td>
<td></td>
</tr>
<tr>
<td>In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)</td>
<td>Number of days</td>
<td>D3</td>
</tr>
<tr>
<td></td>
<td>Don’t Know 77</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Zero days, go to D5</td>
<td></td>
</tr>
<tr>
<td>How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)</td>
<td>Number of servings</td>
<td>D4</td>
</tr>
<tr>
<td></td>
<td>Don’t Know 77</td>
<td></td>
</tr>
</tbody>
</table>
### CORE: Physical Activity

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food crops, fishing or hunting for food, seeking employment. [Insert other examples if needed]. In answering the following questions, "vigorous-intensity activities" are activities that require hard physical effort and cause large increases in breathing or heart rate. "moderate-intensity activities" are activities that require moderate physical effort and cause small increases in breathing or heart rate.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>52</strong> Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate (like carrying or lifting heavy loads, digging or construction work) for at least 10 minutes continuously? <strong>[INSERT EXAMPLES] (USE SHOWCARD)</strong></td>
<td>Yes 1</td>
<td>P1</td>
</tr>
<tr>
<td></td>
<td>No 2 If No, go to P 4</td>
<td></td>
</tr>
<tr>
<td><strong>53</strong> In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</td>
<td>Number of days</td>
<td>P2</td>
</tr>
<tr>
<td><strong>54</strong> How much time do you spend doing vigorous-intensity activities at work on a typical day?</td>
<td>Hours: minutes</td>
<td>P3</td>
</tr>
<tr>
<td></td>
<td>hrs mins</td>
<td>(a-b)</td>
</tr>
<tr>
<td><strong>55</strong> Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brick walking (for carrying light loads) for at least 10 minutes continuously? <strong>[INSERT EXAMPLES] (USE SHOWCARD)</strong></td>
<td>Yes 1</td>
<td>P4</td>
</tr>
<tr>
<td></td>
<td>No 2 If No, go to P 7</td>
<td></td>
</tr>
<tr>
<td><strong>56</strong> In a typical week, on how many days do you do moderate-intensity activities as part of your work?</td>
<td>Number of days</td>
<td>P5</td>
</tr>
<tr>
<td><strong>57</strong> How much time do you spend doing moderate-intensity activities at work on a typical day?</td>
<td>Hours: minutes</td>
<td>P6</td>
</tr>
<tr>
<td></td>
<td>hrs mins</td>
<td>(a-b)</td>
</tr>
</tbody>
</table>

### Travel to and from places

The next questions exclude the physical activities at work that you have already mentioned.

Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping to market, to place of worship. [Insert other examples if needed]

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>58</strong> Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?</td>
<td>Yes 1</td>
<td>P7</td>
</tr>
<tr>
<td></td>
<td>No 2 If No, go to P 10</td>
<td></td>
</tr>
<tr>
<td><strong>59</strong> In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?</td>
<td>Number of days</td>
<td>P8</td>
</tr>
<tr>
<td><strong>60</strong> How much time do you spend walking or bicycling for travel on a typical day?</td>
<td>Hours: minutes</td>
<td>P9</td>
</tr>
<tr>
<td></td>
<td>hrs mins</td>
<td>(a-b)</td>
</tr>
</tbody>
</table>
## CORE: Physical Activity, Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreational activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The next questions exclude the work and transport activities that you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>have already mentioned. Now I would like to ask you about sports,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fitness and recreational activities (leisure). [Insert relevant terms].</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61  Do you do any vigorous-intensity sports, fitness or</td>
<td>Yes 1</td>
<td>P10</td>
</tr>
<tr>
<td>recreational (leisure) activities that cause large increases in</td>
<td>No 2</td>
<td></td>
</tr>
<tr>
<td>breathing or heart rate (e.g., running or football) for at least 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>minutes continuously? [INSERT EXAMPLES] (USE SHOWNCARD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62  In a typical week, on how many days do you do vigorous-intensity</td>
<td>Number of days</td>
<td>P11</td>
</tr>
<tr>
<td>sports, fitness or recreational (leisure) activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63  How much time do you spend doing vigorous-intensity sports, fitness</td>
<td>Hours: minutes</td>
<td>P12</td>
</tr>
<tr>
<td>or recreational activities on a typical day?</td>
<td></td>
<td>(a-b)</td>
</tr>
<tr>
<td>64  Do you do any moderate-intensity sports, fitness or</td>
<td>Yes 1</td>
<td>P13</td>
</tr>
<tr>
<td>recreational (leisure) activities that cause a small increase in</td>
<td>No 2</td>
<td></td>
</tr>
<tr>
<td>breathing or heart rate such as brisk walking, jogging, swimming,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>volleyball for at least 10 minutes continuously? [INSERT EXAMPLES] (USE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHOWNCARD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65  In a typical week, on how many days do you do moderate-intensity</td>
<td>Number of days</td>
<td>P14</td>
</tr>
<tr>
<td>sports, fitness or recreational (leisure) activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66  How much time do you spend doing moderate-intensity sports, fitness</td>
<td>Hours: minutes</td>
<td>P15</td>
</tr>
<tr>
<td>or recreational (leisure) activities on a typical day?</td>
<td></td>
<td>(a-b)</td>
</tr>
</tbody>
</table>
Exercise: Decisional Balance

This section looks at positive and negative aspects of exercise. Read the following items and indicate how important each statement is with respect to your decision to exercise or not to exercise in your leisure time. Please answer using the following 5-point scale:

5 = Not Important
4 = A little bit important
3 = Somewhat important
2 = Quite important
1 = Extremely Important

If you disagree with a statement and are unsure how to answer, the statement is probably not important to you. How important are the following opinions in your decision to exercise or not to exercise?

1. I would have more energy for my family and friends if I exercised regularly.
2. I would feel embarrassed if people saw me exercising.
3. I would feel less stressed if I exercised regularly.
4. Exercise prevents me from spending time with my friends.
5. Exercising puts me in a better mood for the rest of the day.
6. I feel uncomfortable or embarrassed in exercise clothes.
7. I would feel more comfortable with my body if exercised regularly.
8. There is too much I would have to learn to exercise.
9. Regular exercise would help me have a more positive outlook on life.
10. Exercise puts an extra burden on my significant other.

SCORING: 1,3,5,7,9 pros; 2,4,6,8,10 cons

References
• Smoking: Self-Efficacy / Temptation

Listed below are situations that lead some people to smoke. We would like to know HOW TEMPTED you may be to smoke in each situation. Please answer the following questions using the following five point scale.

1 = Not at all tempted
2 = Not very tempted
3 = Moderately tempted
4 = Very tempted
5 = Extremely tempted

1. With friends at a party.
2. When I first get up in the morning.
3. When I am very anxious and stressed.
4. Over coffee while talking and relaxing.
5. When I feel I need a lift.
6. When I am very angry about something or someone.
7. With my spouse or close friend who is smoking.
8. When I realize I haven't smoked for a while.
9. When things are not going my way and I am frustrated.

Scoring
Positive Affect / Social Situation 1, 4, 7
Negative Affect Situations 3, 6, 9
Habitual / Craving Situation 2, 5, 8

References
• Weight: Decisional Balance

Each statement represents a thought that might occur to a person who is deciding whether or not to lose weight. Please indicate how IMPORTANT each of these statements might be to you if you were considering a decision to lose weight. There are FIVE possible responses to each of the items that reflect your answer to the question "How important would this be to you?" Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to lose weight.

1 = Not important at all
2 = Slightly important
3 = Moderately important
4 = Very important
5 = Extremely important

1. The exercises needed for me to lose weight would be a drudgery. □
2. I would feel more optimistic if I lost weight. □
3. I would be less productive. □
4. I would feel sexier if I lost weight. □
5. In order to lose weight I would be forced to eat less appetizing foods. □
6. My self-respect would be greater if I lost weight. □
7. My dieting could make meal planning more difficult for my family or housemates. □
8. My family would be proud of me if I lost weight. □
9. I would not be able to eat some of my favorite foods if I were trying to lose weight. □
10. I would be less self-conscious if I lost weight. □
11. Dieting would take the pleasure out of meals. □
12. Others would have more respect for me if I lost weight. □
13. I would have to cut down on some of my favorite activities if I try to lose weight. □
14. I could wear more attractive clothing if I lost weight. □
15. I would have to avoid some of my favorite places if I were trying to lose weight. □
16. My health would improve if I lost weight. □
17. Trying to lose weight could end up being expensive when everything is taken into account. □

18. I would feel more energetic if I lost weight. □

19. I would have to cut down on my favorite snacks while I was dieting. □

20. I would be able to accomplish more if I carried fewer pounds. □

**Scoring**

Pros = all even numbered questions

Cons = all odd numbered questions

**Description**

Part of the decision to move from one stage to the next is based on the relative weight given to the pros and cons of changing behavior. The pros represent positive aspects of changing behavior, including facilitators of change. The cons represent negative aspects of changing behavior, and may be thought of as barriers to change. The decision making component of the transtheoretical model is based on a model first conceptualized by Janis and Mann (1968, 1977).

They assumed that sound decision making involves careful assessment of all relevant considerations, which are then evaluated in a decisional "balance sheet" of potential gains and losses. The anticipated gains (or benefits) and losses (or costs) can be categorized into eight major types of consequences: gains for self, losses for self, gains for significant others, losses for significant others, approval from significant others, disapproval from significant others, self-approval, and self-disapproval. Gains and losses for self and others represent utilitarian considerations that go into making the decision to change behavior, whereas approval and disapproval for self and others represent instrumental (non-utilitarian) considerations, such as self-esteem, social approval, internalized moral standards and ego ideals. Thus, both individuals and normative reference groups are taken into account regarding instrumental objectives as well as value-based appraisals (Hoyt & Janis, 1975).

Although the Janis and Mann (1977) model proposed eight specific categories of decision-making, only two general dimensions, the pros and cons of behavior change, have been supported consistently by factor analytic studies (Marcus, Rakowski, & Rossi, 1992; O'Connell & Velicer, 1988; Rakowski et al., 1992; Redding, Rossi, Velicer, & Prochaska, 1989; Rossi & Blais, 1991; Velicer, DiClemente, Prochaska, & Brandenburg, 1985). Within the context of the transtheoretical model, the pros and cons were first examined for the problem of smoking cessation (Velicer et al., 1985). This research indicated the existence of a specific functional relationship between decision-making and an individual's stage of change. Subsequent longitudinal research verified the relationship between the stages of change and decisional balance and established the predictive validity of the construct (Prochaska et al., 1985; Prochaska, Velicer et al., 1991). These studies and others across a wide range of problem
behaviors have found that the comparative weighing of the pros and cons varies depending on
the individual's stage of change (Prochaska, Velicer, Rossi et al., in press). In general, the pros
increase as a function of stage whereas the cons decrease. In the precontemplation stage, the cons
of changing a problem behavior will be judged by individuals to outweigh the pros. In the action
and maintenance stages, the pros outweigh the cons. The positive aspects of changing a problem
behavior begin to outweigh the negative aspects of change in the contemplation stage. That the
pros and cons are evaluated approximately equally in the contemplation stage is not surprising.
The resulting indecision and lack of commitment are largely responsible for so many individuals
becoming stuck in the contemplation stage, substituting thinking for action while continually
struggling with weighing the costs and benefits of changing behavior.

The pros and cons of behavior change serve primarily as intermediate outcome variables in the
transtheoretical model. The shift in decisional balance tends to be especially striking across the
early stages of change, especially the increase in the pros from precontemplation to
contemplation. Thus, decisional balance tends to be an excellent indicator of an individual's
decision to move out of the precontemplation stage. The relationship between the stages of
change and decisional balance has been shown to remarkably consistent across a diverse set of
problem behaviors (Prochaska, Velicer, Rossi, et al., in press), including alcohol use, radon gas
exposure, mammography screening, HIV risk reduction, condom use, adolescent delinquent
behavior, smoking cessation, and weight control (Marcus, Rakowski, & Rossi, 1992;
Rakowski et al., 1992; Redding, 1993; Rossi, 1990; Rossi et al., 1993a, 1993b; Rossi & Blais,
1991; Rossi, Rossi, Prochaska, & Velicer, 1992; Velicer et al., 1985). Especially noteworthy is
that it is not only the form of the relationship that has been replicated across problem behaviors,
but also the magnitude of the change in decisional balance across the stages of change. In
progressing from precontemplation to action, the pros of change tend to increase by about one
standard deviation, whereas the cons of change tend to decrease by about one-half of a standard
deviation. These results have led to the development of strong and weak principals of behavior
change (Prochaska, in press).

References

- For more tools:
  http://www.uri.edu/research/cprc/measures.htm
  http://patienteducation.stanford.edu/research/download.html
Health Education Training Evaluations (also see NCI’s Trainer’s Guide for Cancer Education on Pacific CEED Forum and www.Pacificcancer.org)

- Training Evaluations

Up to 20 participants

Materials
Closing statement handout for each participant

Directions

Ask participants to:
1. Take a Closing Statements Handout (see below).
2. Take a minute to complete any of the sentences on the handout that they choose (give participants 5-10 minutes to complete handout)
3. Form a circle in (the back of the room).
4. Ask participants to go around the circle and share one of the closing statements out loud.

Notes to Facilitator

- You can place this before or after the evaluation, but don't hurry it. Give people a sense of how much longer you plan to keep them (i.e., "We'll do this exercise for 10 minutes, spend 5 minutes finishing evaluation forms, and then we'll adjourn").
- Be sure participants will be able to see and hear each other.
- Don't respond to what is shared; model respectful, quiet acceptance of what's offered.
- End by thanking everyone for sharing the training with you.

Closing Statements Handout

Please complete any of these sentences to summarize your experience of this training event. You will be asked to share one with the group.
- I learned_____.
- I feel_____.
- I was surprised_____.
- I'm wondering_____.
- I've re-discovered_____.
- I figured out_____.
- I appreciated_____.
- I felt challenged_____.
- I'm clearer about_____.
Training Evaluations
Form (Version A)

Name (Optional)
Were the overall program goals met?
If no, please explain and give suggestions for improvement.

1. What are the top three things you learned from this training?
2. If you could give the trainers one piece of advice on how to improve the training, what would it be?
3. What were some of the training's highlights or parts that you valued most?
4. What did you like least about the training?
5. What other types of training would you like?
6. What problems or dissatisfaction did you have with the way the program was scheduled?

Form (Version B)
Circle the appropriate response.

1. **Trainer organized the material effectively.**
   Strongly Agree Neutral/No Disagree Strongly Agree
   Agree Opinion Disagree
   Comments:

2. **Trainer managed discussions effectively.**
   Strongly Agree Neutral/No Disagree Strongly Agree
   Agree Opinion Disagree
   Comments:

3. **Trainer used effective teaching methods.**
   Strongly Agree Neutral/No Disagree Strongly Agree
   Agree Opinion Disagree
   Comments:

4. **Trainer used handouts and audiovisuals that were appropriate and contributed to the presentation.**
   Strongly Agree Neutral/No Disagree Strongly Agree
   Agree Opinion Disagree
   Comments:
5. **Discussion materials were clear.**

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral/No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Comments:

6. **The training can be applied to my current job.**

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral/No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Comments:

7. **The material presented is useful on a personal level.**

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral/No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Comments:

8. **The material presented is useful on a professional level.**

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral/No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Comments:

9. **Would you be interested in attending a followup session on this topic?**

If yes, specify the areas that you would like to see included in the agenda.
Feedback Cards Exercise

Purpose
To provide a mechanism for participants to give feedback regarding the training/learning experience

Time
5-10 minutes

Group Size
Any size

Materials
Two colors of 3" x 5" index cards, enough for each participant to receive one card of each color

Directions
1. Pass around two stacks of 3" x 5" index cards. Each stack should be a different color (best to use colors that are easily distinguishable from each other, e.g., blue and yellow)
2. Ask each participant to take one card of each color.
3. Ask each participant to write, "One thing you really liked or appreciated about this training (or this day of training) on the ____ color card."
4. Ask participants to write, "One thing you wished had been different about this training (or this day of training) on the ___ (other than in step #3) color card."
5. When all participants have completed the cards, ask that they pass both cards to the front.
6. Thank participants for their input and assure participants that the trainers will carefully consider their feedback.

Head, Heart, and Feet Exercise

Purpose
To evaluate the session at its conclusion, especially useful for audiences with limited literacy skills

Time
15 minutes

Group Size
Any size

Materials
Evaluation sheet for each participant, flipchart, markers, and tape

Directions
1. Hand out the evaluation sheet that follows. Explain its objective and how the information will be used.
2. Invite participants to use the markers to draw their head, heart, and feet on the paper.
3. Ask participants to fill in the form (individually or with someone else).
4. If there is time, ask them to share something they learned or to give final comments.

**Variation**

Draw a large head, heart, and feet on flipchart paper and post it. Distribute small slips of paper and ask participants to write down the major things they learned or got out of the event. Post these points in the appropriate position on the flipchart and discuss them.

- **Head:** What did you learn today?
- **Heart:** How did today's training feel to you?
- **Feet:** What are you going to do as a result of the training today?

**Faces Exercise**

Please circle the face that best describes your feelings about each given training activity:

**Icebreaker**

**Lecturette on risk factors**

**Values clarification exercise**

**Small group exercise on barriers and facilitators**
Video

Energizer

Role play exercise
“Name of Training”

Training Evaluation and Learning Self Assessment

1. Please rate this training in terms of Trainer’s Expertise, Clarity, Cultural Appropriateness, Time Management, and Responsiveness to your educational needs. Provide any additional feedback in the Comments section. Circle the appropriate numbers.

RATING SCALE: 1 = LOW 3 = MEDIUM 5 = HIGH

<table>
<thead>
<tr>
<th>Trainer Name(s)</th>
<th>Expertise</th>
<th>Clarity</th>
<th>Culturally Appropriate</th>
<th>Time Management</th>
<th>Responsiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Comments:

2. Please review the following list of knowledge and skills statements. Give some thought to what you knew before this training and what you learned here today. Circle the number that best represents your knowledge and skills before then after this training.

RATING SCALE: 1 = LOW 3 = MEDIUM 5 = HIGH

<table>
<thead>
<tr>
<th>BEFORE TRAINING</th>
<th>SELF-ASSESSMENT OF KNOWLEDGE AND SKILLS RELATED TO:</th>
<th>AFTER TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
OVERALL EVALUATION OF PRESENTATION

3. Please take a moment to answer the following questions. Your comments are an **important contribution** as we design learning experiences to meet your professional needs.

What will you do **differently** in your practice/service setting as a result of this training?

![Icon](image)

What do you feel were the **strengths** of this presentation?

![Icon](image)

What do you feel were the **weaknesses** of this presentation?

![Icon](image)

How can we **improve** this presentation?

![Icon](image)

What **additional** training-development education do you require?

![Icon](image)

4. Please rate the following statements using a 1 through 5 scale where:

1 = **Disagree Strongly**                       5 = **Agree Strongly**

___ The **difficulty level** was about right.

___ I can **apply the information** in my practice/service setting.

___ The presentation met my professional **educational needs**.

___ The trainer **actively involved** me in the learning process.

___ As a result of this training, I feel **more confident** in my capacity to develop training materials.
Patient, Pain and Palliative Care

- Patient Satisfaction Questionnaire

SHORT-FORM PATIENT SATISFACTION QUESTIONNAIRE (PSQ-18)

These next questions are about how you feel about the medical care you receive.
On the following pages are some things people say about medical care. Please read each one carefully, keeping in mind the medical care you are receiving now. (If you have not received care recently, think about what you would expect if you needed care today.) We are interested in your feelings, Good and Bad, about the medical care you have received.

How strongly do you AGREE or DISAGREE with each of the following statements?
(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Doctors are good about explaining the reason for medical tests ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I think my doctor's office has everything needed to provide complete medical care ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. The medical care I have been receiving is just about perfect ............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Sometimes doctors make me wonder if their diagnosis is correct ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I feel confident that I can get the medical care I need without being set back financially ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. When I go for medical care, they are careful to check everything when treating and examining me ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I have to pay for more of my medical care than I can afford ...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I have easy access to the medical specialists I need ..........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Where I get medical care, people have to wait too long for emergency treatment ................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
How strongly do you **AGREE** or **DISAGREE** with each of the following statements?  
(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Doctors act too businesslike and impersonal toward me ...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. My doctors treat me in a very friendly and courteous manner ...........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Those who provide my medical care sometimes hurry too much when they treat me ..............................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Doctors sometimes ignore what I tell them .................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I have some doubts about the ability of the doctors who treat me ........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Doctors usually spend plenty of time with me .................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. I find it hard to get an appointment for medical care right away ........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. I am dissatisfied with some things about the medical care I receive .......</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. I am able to get medical care whenever I need it ...............................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Instructions for Scoring the PSQ-18

The PSQ-18 yields separate scores for each of seven different subscales: General Satisfaction (Items 3 and 17); Technical Quality (Items 2, 4, 6, and 14); Interpersonal Manner (Items 10 and 11); Communication (Items 1 and 13); Financial Aspects (Items 5 and 7); Time Spent with Doctor (Items 12 and 15); Accessibility and Convenience (Items 8, 9, 16, and 18).

Some PSQ-18 items are worded so that agreement reflects satisfaction with medical care, whereas other items are worded so that agreement reflects dissatisfaction with medical care. All items should be scored so that high scores reflect satisfaction with medical care (see Table 1). After item scoring, items within the same subscale should be averaged together to create the 7 subscale scores (see Table 2).

We recommend that items left blank by respondents (missing data) be ignored when calculating scale scores. In other words, scale scores represent the average for all items in the scale that were answered.

Table 1
Scoring Items

<table>
<thead>
<tr>
<th>Item Numbers</th>
<th>Original Response Value</th>
<th>Scored Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, 5, 6, 8, 11, 15, 18</td>
<td>1 ----------------------&gt;</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2 ----------------------&gt;</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3 ----------------------&gt;</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4 ----------------------&gt;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>5 ----------------------&gt;</td>
<td>1</td>
</tr>
<tr>
<td>4, 7, 9, 10, 12, 13, 14, 16, 17</td>
<td>1 ----------------------&gt;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2 ----------------------&gt;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3 ----------------------&gt;</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4 ----------------------&gt;</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5 ----------------------&gt;</td>
<td>5</td>
</tr>
</tbody>
</table>
### Table 2
Creating Scale Scores

<table>
<thead>
<tr>
<th>Scale</th>
<th>Average These Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Satisfaction</td>
<td>3, 17</td>
</tr>
<tr>
<td>Technical Quality</td>
<td>2, 4, 6, 14</td>
</tr>
<tr>
<td>Interpersonal Manner</td>
<td>10, 11</td>
</tr>
<tr>
<td>Communication</td>
<td>1, 13</td>
</tr>
<tr>
<td>Financial Aspects</td>
<td>5, 7</td>
</tr>
<tr>
<td>Time Spent with Doctor</td>
<td>12, 15</td>
</tr>
<tr>
<td>Accessibility and Convenience</td>
<td>8, 9, 16, 18</td>
</tr>
</tbody>
</table>

Note. Items within each scale are averaged after scoring as shown in Table 1.
### Medical Outcomes General Adherence

**Table 1: Medical Outcomes Study General Adherence Items**

How often was each of the following statements true for you during the past 4 weeks?

*(Circle One Number on Each Line)*

<table>
<thead>
<tr>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>A good bit of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

1. I had a hard time doing what the doctor suggested I do . . .

2. I followed my doctor’s suggestions exactly . . .

3. I was unable to do what was necessary to follow my doctor’s treatment plans . . .

4. I found it easy to do the things my doctor suggested I do . . .

5. Generally speaking, how often during the past 4 weeks were you able to do what the doctor told you?

*(Circle One)*

- None of the time ..................... 1
- A little of the time .................. 2
- Some of the time ........................ 3
- A good bit of the time ............... 4
- Most of the time ........................ 5
- All of the time .......................... 6
### Table 3: Medical Outcomes Study Specific Adherence Recommendation

Next I have a list of things your doctor, a nurse, or other health care professional may have recommended that you do as part of your treatment. As I read each one, please tell me if your doctor, a nurse or other health care professional has recommended that you do this now.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follow a low salt diet?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Follow a low fat or weight loss diet?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Follow a diabetic diet?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Take a prescribed medication?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Check you blood for sugar?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Take part in a cardiac rehabilitation program?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Exercise regularly?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Socialize more than usual with others?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Cut down on the alcohol you drink?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Stop or cut down on smoking?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. Check your feet for minor bruises, injuries, and ingrown toenails?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. Cut down on stress in your life?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. Use relaxation techniques like biofeedback or self-hypnosis?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14. Carry something with sugar in it as a source of glucose for emergencies?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. Carry medical supplies needed for your self-care?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Note.** At baseline of the MOS, these questions are asked during a telephone interview that preceded questions about their adherence to recommendations by approximately three months. At the two-year follow-up point, they answered similar items at the latter part of a self administered questionnaire. Performance of specific adherence behaviors was tapped earlier on the same questionnaire.
Table 4: Medical Outcomes Study Specific Adherence Behaviors

How often have you done each of the following in the past 4 weeks?

<table>
<thead>
<tr>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>A good bit of time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cut down on stress in your life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Used relaxation techniques (biofeedback, self-hypnosis, yoga, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Exercised regularly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Tried to socialize more with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Took prescribed medication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Took part in a cardiac rehabilitation program</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Cut down on the alcohol you drank</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Stopped or cut down on smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Checked your blood for sugar</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Checked your feet for minor bruises, injuries, and ingrown toenails</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Carried something with sugar in it (a source of glucose) for emergencies when outside your home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Carried medical supplies needed for your self-care when outside your home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Followed a low salt diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Followed a low fat or weight loss diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Followed a diabetic diet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Note. At baseline of the MOS, the questions were included in the self-administered patient assessment questionnaire. At the two-year follow-up these questions were also included in the self administered patient assessment questionnaire.
Health Related Quality of Life

Centers for Disease Control and Prevention Health-Related Quality of Life 14-Item Measure

CDC HRQOL-14
"Healthy Days Measure"

Healthy Days Core Module (4 questions)
Activity Limitations Module (5 questions)
Healthy Days Symptoms Module (5 questions)

Division of Adult and Community Health
National Center for Chronic Disease Prevention and Health Promotion

The standard 4-item set of Healthy Days core questions (CDC HRQOL-4) has been in the State-based Behavioral Risk Factor Surveillance System (BRFSS) since 1993 (see BRFSS Website http://www.cdc.gov/brfss). Since 2000, the CDC HRQOL-4 has been in the National Health and Nutrition Examination Survey (NHANES) for persons aged 12 and older. Since 2003, the CDC HRQOL-4 has been in the Medicare Health Outcome Survey (HOS)—a NCQA HEDIS measure. Standard Activity Limitation and Healthy Days Symptoms modules have also been available since January 1995. When used together, these measures comprise the full CDC HRQOL-14 Measure.

Healthy Days Core Module (CDC HRQOL-4)

1. Would you say that in general your health is:

Please Read

a. Excellent 1
b. Very good 2
c. Good 3
d. Fair 4
or
e. Poor 5

Do not read these responses

Don't know/Not sure 7
Refused 9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

a. Number of Days _ _
b. None 8 8
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

   a. Number of Days   _ _
   b. None    8 8  

   If both Q2 AND Q3 ="None", skip next question

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

   a. Number of Days   _ _
   b. None    8 8

Activity Limitations Module

These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

1. Are you LIMITED in any way in any activities because of any impairment or health problem?

   a. Yes     1  
   b. No     2  
   Don't know/Not sure   7  
   Refused    9

   Go to Q1 of Healthy Days Symptoms Module

2. What is the MAJOR impairment or health problem that limits your activities?

   Do Not Read. Code Only One Category.

   a. Arthritis/rheumatism  0 1 
   b. Back or neck problem  0 2 
   c. Fractures, bone/joint injury  0 3 
   d. Walking problem  0 4 
   e. Lung/breathing problem  0 5 
   f. Hearing problem  0 6 
   g. Eye/vision problem  0 7 
   h. Heart problem  0 8 
   i. Stroke problem  0 9 
   j. Hypertension/high blood pressure  1 0 
   k. Diabetes  1 1

   Go to Q1 of Healthy Days Symptoms Module
l. Cancer 1 2
m. Depression/anxiety/emotional problem 1 3
n. Other impairment/problem 1 4
Don't know/Not sure 7 7
Refused 9 9

3. For HOW LONG have your activities been limited because of your major impairment or health problem?

Do Not Read. Code using respondent's unit of time.

a. Days 1 __ __
b. Weeks 2 __ __
c. Months 3 __ __
d. Years 4 __ __

Don't know/Not sure 7 7 7
Refused 9 9 9

4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

a. Yes 1
b. No 2

Don't know/Not sure 7
Refused 9

Healthy Days Symptoms Module

1. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?

a. Number of Days __ __
b. None 8 8

Don't know/Not sure 7 7
Refused 9 9

2. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?

a. Number of Days __ __
b. None 8 8

Don't know/Not sure 7 7
Refused 9 9
3. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?

   a. Number of Days   _ _
   b. None    8 8
     Don't know/Not sure  7 7
     Refused   9 9

4. During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?

   a. Number of Days   _ _
   b. None    8 8
     Don't know/Not sure  7 7
     Refused   9 9

5. During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?

   a. Number of Days   _ _
   b. None    8 8
     Don't know/Not sure  7 7
     Refused   9 9
Organizational Evaluation and QA

- Healthcare Organizational Survey for Quality Management Directors
  - Improving Chronic Illness Care Evaluation
  - Healthcare Organization Survey for Breakthrough Series (BTS) Team Members

Statement of Confidentiality

Completion of this survey is voluntary. You may choose to fill out this survey or not. You may skip any question that you do not want to answer. Please understand that your answers are completely private and confidential. Your name will never be attached to the judgments and experiences expressed in this survey. Your responses will be available to researchers on the Improving Chronic Illness Care Evaluation for purposes of aggregate analysis only.

Benefit to You and Your Team

You have been identified as a member of your organization’s Breakthrough Series (BTS) team. By completing this survey you will be contributing to your team’s efforts to improve the quality of care for your patients. Aggregate feedback will be provided to you and your colleagues for your use. (No individual will be identified.) Over time, data comparing your results with other participating teams and organizations will be provided for your use in benchmarking and as a tool for helping you improve performance.

If you have any questions or want to know more about this study, please call _______________.

PLEASE RETURN THIS SURVEY DIRECTLY TO ____________ IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. THANK YOU VERY MUCH FOR YOUR TIME AND PARTICIPATION.

A. THE ORGANIZATION AS A WHOLE

Instructions: These questions relate to the type of organization that your institution is most like. Each of these items contains four descriptions of healthcare organizations. Please distribute 100 points among the four descriptions depending on how similar the description is to your organization. None of these descriptions is any better than the others; they are just different. For each question, please use all 100 points.

For example: In question 1, if Organization A seems very similar to mine, B seems somewhat similar, and C and D do not seem similar at all, I might give 70 points to A and the remaining 30 points to B.

Please note that these questions pertain to the overall organization of which you are a part, not to your individual team or unit.
Organization Character (Please distribute 100 points)

1. _______ Organization A is a very personal place. It is a lot like an extended family. People seem to share a lot of themselves.  
9-11

2. _______ Organization B is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.  
12-14

3. _______ Organization C is a very formalized and structured place. Bureaucratic procedures generally govern what people do.  
15-17

4. _______ Organization D is very production oriented. A major concern is with getting the job done. People aren’t very personally involved.  
18-20

Total=100 points

Organization’s Managers (Please distribute 100 points)

5. _______ Managers in Organization A are warm and caring. They seek to develop employees’ full potential and act as their mentors or guides.  
21-32

6. _______ Managers in Organization B are risk-takers. They encourage employees to take risks and be innovative.  
24-26

7. _______ Managers in Organization C are rule-enforcers. They expect employees to follow established rules, policies, and procedures.  
27-29

8. _______ Managers in Organization D are coordinators and coaches. They help employees meet the organization’s goals and objectives.  
30-32

Total=100 points

Organization Cohesion (Please distribute 100 points)

9. _______ The glue that holds Organization A together is loyalty and tradition. Commitment to this organization runs high.  
33-35

10. _______ The glue that holds Organization B together is commitment to innovation and development. There is an emphasis on being first.  
36-38

11. _______ The glue that holds Organization C together is formal rules and policies. Maintaining a smooth running operation is important here.  
39-41

12. _______ The glue that holds Organization D together is the emphasis on tasks and goal accomplishment. A production orientation is commonly shared.  
42-44

Total=100 points
Total=100 points

Organization Emphases (Please distribute 100 points)

13. _______ Organization A emphasizes human resources. High cohesion and morale in the organization are important. 45-47

14. _______ Organization B emphasizes growth and acquiring new resources. Readiness to meet new challenges is important. 48-50

15. _______ Organization C emphasizes permanence and stability. Efficient, smooth operations are important. 51-53

16. _______ Organization D emphasizes competitive actions and achievement. Measurable goals are important 54-56

---------------------------------

Total=100 points

Organization Rewards (Please distribute 100 points)

17. _______ Organization A distributes its rewards fairly equally among its members. It’s important that everyone from top to bottom be treated as equally as possible. 57-59

18. _______ Organization B distributes its rewards based on individual initiative. Those with innovative ideas and actions are most rewarded. 60-62

19. _______ Organization C distributes its rewards based on rank. The higher you are, the more you get. 63-65

20. _______ Organization D distributes its rewards based on the achievement of objectives. Individuals who provide leadership and contribute to attaining the organization’s goals are rewarded. 66-68

---------------------------------

Total=100 points

B. QUALITY IMPROVEMENT IN THE ORGANIZATION*

INSTRUCTIONS

In this section you are asked to assess your organization’s efforts to improve the quality of care and services it provides. Please read each statement carefully. Indicate the extent to which you agree or disagree that the statement characterizes your organization by circling the appropriate response (1 = Strongly Disagree, 5 = Strongly Agree). In answering the questions, you should think about what the organization is actually like now, not how you think it might be in the future or how you might wish it to be.
RESPONSE CATEGORIES

In circling a response, please keep in mind the following general guidelines regarding the choices of response categories:

- Circle **Strongly Agree** when the statement represents a completely accurate description of your ORGANIZATION.
- Circle **Strongly Disagree** when the description is completely inaccurate.
- Circle **Neither Agree Nor Disagree** when you believe the statement is neither a particularly accurate nor a particularly inaccurate description of your ORGANIZATION. This situation may arise because there is wide variation in the activities the statement describes. For example, you might circle neither agree nor disagree when the statements true of some departments but not of others.
- Circle **Don’t Know** if you do not have enough information to answer a question.

GLOSSARY/SPECIAL INSTRUCTIONS

| Organization: | In responding to questions that ask you to make a global judgment about the “organization,” please respond based upon your knowledge and experience of the department or area in which you are currently employed, the other departments or areas you come in contact within the course of doing your job, and the information you have on the organization as a whole. |
| Quality of Care and Services: | Throughout the survey you are asked to make judgments about the “quality of care and services provided.” In these questions, “quality of care and services” refers to how well the organization performs the many activities and functions involved in patient care. The term “quality of care and services” is not limited to the technical quality of care provided to patients; “quality of care and services” is a broader, more general category that includes not only the technical quality of care, but also includes how well patient service needs are met. |
| Senior Executives: | In general, the senior executives have the overall responsibility for the operation and administration of the organization. President (CEO, administrator), senior or other vice presidents, chair or vice chairs of nursing, and medical director are some of the titles held by people who occupy senior executive positions. In some organizations, these employees have the title of associate administrator. |
| Middle Managers: | Middle managers include department heads and first line supervisors who are not part of the senior executive staff. |

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

Pacific CEED Project Evaluation Workbook   June 2010   Page 129
1. The senior executives clearly articulate the organization’s values relevant to quality of care and continuous quality improvement.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (69) |

2. The behavior of the senior executives is consistent with values relevant to quality of care and continuous quality improvement.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (70) |

3. The senior executives have demonstrated an ability to manage the changes (e.g., organizational, technological) needed to improve the quality of care and services.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (71) |

4. The senior executives act on suggestions to improve the quality of care and services.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (72) |

5. The senior executives generate confidence that efforts to improve quality will succeed.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (73) |

**Employee involvement quality planning**

6. Staff are involved in developing plans for improving quality.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (74) |

7. Non-managerial staff are playing a key role in setting priorities for quality improvement.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (75) |

8. Staff have the authority to correct problems in their area when quality standards are not being met.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (76) |

9. Staff are supported when they take necessary risks to improve quality.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (77) |

10. The organization has an effective system for employees to make suggestions to management on how to improve quality.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (78) |

**Human resource utilization**

11. Staff are given education and training in how to identify and act on quality improvement opportunities.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (9) |

12. Staff are given education and training in statistical and other quantitative methods that support quality improvement.  

|   | 1 | 2 | 3 | 4 | 5 | 9 (10) |

13. Staff are given the needed education and training to improve  

|   | 1 | 2 | 3 | 4 | 5 | 9 (11) |
job skills and performance.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>14. Staff are rewarded and recognized (e.g., financially and/or otherwise) for improving quality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Customer satisfaction**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15. The organization does a good job of assessing current patient needs and expectations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Staff promptly resolve patient complaints.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. Patients’ complaints are studied to identify patterns and prevent the same problems from recurring.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. The organization uses data from patients to improve services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. The organization uses data on customer expectations and/or satisfaction when designing new services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
C. PERCEPTIONS OF THE CHRONIC CARE COLLABORATIVE
The following statements deal with aspects of the Chronic Care Collaborative. For the following items, indicate the degree to which you agree or disagree with each statement using the scale below.

<table>
<thead>
<tr>
<th>Exerting effort (e.g., time and resources) will:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. help you implement elements of the Chronic Care Model in your organization.</td>
<td>1 2 3 4 5 6 7 (18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Success in implementing elements of the Chronic Care Model will:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. help you improve quality of care for patients with chronic illness.</td>
<td>1 2 3 4 5 6 7 (19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. help you improve patient satisfaction with their care.</td>
<td>1 2 3 4 5 6 7 (20)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. help you improve productivity/efficiency.</td>
<td>1 2 3 4 5 6 7 (21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. help improve patient clinical outcomes.</td>
<td>1 2 3 4 5 6 7 (22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. help you involve patients with their own care.</td>
<td>1 2 3 4 5 6 7 (23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. help improve continuity of care.</td>
<td>1 2 3 4 5 6 7 (24)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. allow you opportunities to use your skills and abilities better.</td>
<td>1 2 3 4 5 6 7 (25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. help you get recognition (i.e., praise, promotion, etc.) from your superiors.</td>
<td>1 2 3 4 5 6 7 (26)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. help you feel that you have accomplished something worthwhile.</td>
<td>1 2 3 4 5 6 7 (27)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11. help you to adopt the PDSA improvement process.</td>
<td>1 2 3 4 5 6 7 (28)</td>
<td></td>
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</tr>
</tbody>
</table>
### Success in adopting the PDSA improvement process will:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. enable your organization to make changes that improve the processes of care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7 (29)</td>
</tr>
<tr>
<td>13. enable process changes to be spread to other parts of the organization.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7 (30)</td>
</tr>
<tr>
<td>14. enable the Breakthrough Series team to gain support for process changes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7 (31)</td>
</tr>
<tr>
<td>15. enable your organization to adapt the Chronic Care Model to their needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7 (32)</td>
</tr>
</tbody>
</table>

### How important are the following to you?

<table>
<thead>
<tr>
<th></th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Improving quality of care for patients with chronic illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (33)</td>
</tr>
<tr>
<td>17. Improving patient satisfaction with their care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (34)</td>
</tr>
<tr>
<td>18. Improving productivity/efficiency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (35)</td>
</tr>
<tr>
<td>19. Improving patient clinical outcomes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (36)</td>
</tr>
<tr>
<td>20. Involving patients with their own care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (37)</td>
</tr>
<tr>
<td>21. Improving continuity of care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (38)</td>
</tr>
<tr>
<td>22. Having opportunities to use your skills and abilities better.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (39)</td>
</tr>
<tr>
<td>23. Getting recognition (i.e., praise, promotion, etc.) from your superiors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (40)</td>
</tr>
<tr>
<td>24. Feeling that you have accomplished something worthwhile.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (41)</td>
</tr>
<tr>
<td>25. Making changes that improve the processes of care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (42)</td>
</tr>
<tr>
<td>26. Spreading process changes to other parts of the organization.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (43)</td>
</tr>
<tr>
<td>27. Gaining support for process changes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (44)</td>
</tr>
<tr>
<td>28. Adapting the Chronic Care Model to your organization’s needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (45)</td>
</tr>
</tbody>
</table>
Using the following response choices, please insert the letter indicating the most likely response if you or any staff member did the following actions.

\( A = \) the action would usually bring reward or approval by a supervisor/superior.

\( B = \) the action would probably bring neither approval nor disapproval by a supervisor/superior.

\( C = \) the action would usually bring admonition or disapproval by a supervisor/superior.

\( D = \) the action would not be noticed by a supervisor/superior.

<p>| | |</p>
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</table>

29. Helping others implement elements of the Chronic Care Model.  
30. Failing to follow new Chronic Care Model policies and procedures.  
31. Suggesting new ways in which to implement elements of the Chronic Care Model.  
32. Failing to make efforts toward Chronic Care Model implementation.

D. DEMOGRAPHICS

1. What is your current profession? (please circle one)
   a) Physician  e) Medical Assistant
   (specialty)------- f) Nutritionist  
   b) Nurse Practitioner  g) Health Care Administrator  
   c) Nurse  h) Health Educator  
   d) Physician Assistant  i) Other

2. How long have you worked in your profession? (years )
3. What is your current job title?
4. How long have you worked in your current position?(years )
5. What is the last year of school you completed?
   a) High school graduate  c) College graduate
   b) Some college or junior college  d) Post-graduate

6. What is your gender?
   a) Male  
   b) Female

7. What is your age?
   a) 18-19  d) 30-34  g) 45-49
   b) 20-24  e) 35-39  h) 50-54
   c) 25-29  f) 40-44  i) 55 or older

8. In addition to the other members of your BTS team, who else in your organization is critical to the team’s success in implementing the PDSA process and the Chronic Care Model?

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title or Position:</th>
<th>Card04 (7-8)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Card05 (7-8)</td>
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<td>Card05 (7-8)</td>
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<tr>
<td></td>
<td></td>
<td>Card05 (7-8)</td>
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</tbody>
</table>
THANK YOU FOR COMPLETING THIS SURVEY. PLEASE RETURN THIS SURVEY TO ____________________________ IN THE ENCLOSED SELF-ADDRESS ENVELOPE.

Please feel free to use the following page to give us your reactions to the survey, tell us about your experience in the Chronic Care Collaborative, or communicate anything you think is important.
## Building Organizational Evaluation Capacity

### A Checklist for Building Organizational Evaluation Capacity

**Boris B. Volkov and Jean A. King**

2007

The purpose of this checklist is to provide a set of guidelines for organizational evaluation capacity building (ECB), i.e., for incorporating evaluation routinely into the life of an organization. The checklist, which was developed from case study data and an extensive literature review, can be a resource for a wide range of stakeholders in organizations seeking to increase their long-term capacity to conduct and use program evaluations in everyday activities.

### Organizational Context: Be aware of the internal and external organizational context, power hierarchies, administrative culture, and decision-making processes.

<table>
<thead>
<tr>
<th>1. Cultivate a positive, ECB-friendly <em>internal organizational context</em>.</th>
</tr>
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<tbody>
<tr>
<td>Make sure that key leaders of the organization support and share responsibility for ECB.</td>
</tr>
<tr>
<td>Locate existing and enlist new evaluation champion(s) in the organization.</td>
</tr>
<tr>
<td>Determine and work to increase the organization’s interest in and demand for evaluation information.</td>
</tr>
<tr>
<td>Determine if and to what extent the internal environment is supportive of change.</td>
</tr>
<tr>
<td>Provide opportunities for sufficient input in decision making, ensuring that people in the organization are able to use data to make decisions.</td>
</tr>
<tr>
<td>Organize opportunities for socializing around evaluation activities during the workday (for example, working on a survey collaboratively or discussing evaluation findings at brown bag lunches).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Understand and take advantage of the <em>external environment and its influence on the organization</em>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify external mandates/accountability requirements and expectations, and integrate them into the ECB efforts.</td>
</tr>
<tr>
<td>Determine if and to what extent the external environment is supportive of change (for example, accreditation agencies encourage innovation, professional communities promote evaluation activities, external stakeholders provide support for evaluation).</td>
</tr>
</tbody>
</table>
**ECB Structures: Purposefully create structures—mechanisms within the organization—that enable the development of evaluation capacity.**

### 3. Develop and implement a purposeful long-term ECB plan for the organization.

Establish a capable ECB oversight group (composed of members of the staff, board of directors, and community) to initiate, evaluate, and advance evaluation processes continually in the organization.

- Generate an appropriate conception of evaluation for organizational policies and procedures.
- Create a strategy for conducting and using evaluations in the organization that applies existing evaluation frameworks, guidelines, and professional standards.
- Integrate evaluation processes purposefully into organizational policies and procedures.
- Make sure that a detailed written ECB plan exists, is distributed throughout the organization, and is used to assess progress.
- Evaluate the capacity building activities routinely to insure that capacity is increasing and the evaluation function is growing.

### 4. Build and reinforce infrastructure to support specific components of the evaluation process and communication systems.

Create organizational structures that will facilitate evaluation activities (for example, framing evaluation questions; generating needed studies; conducting needs assessments; designing evaluations; and collecting, analyzing, and interpreting data).

- Assign responsibility for facilitating the ongoing development and evaluation of evaluation processes.
- Build individuals’ readiness and skills to implement evaluation activities.
- Develop and use an internal reporting/monitoring/tracking system.
- Develop an effective communication and reporting capability to explain evaluation processes and disseminate findings, both positive and negative, to stakeholder groups.

### 5. Introduce and maintain purposeful socialization into the organization’s evaluation process.

Establish clear expectations for people’s evaluation roles and provide sufficient time during the work day for evaluation activities.

- Offer tangible incentives for participation in the evaluation process.
- Provide or make available formal training, professional development, and coaching in
Promote and facilitate people’s learning evaluation by involving them in meaningful ways in evaluation planning and implementation (“learning by doing”).

Model a willingness to be evaluated by insuring that evaluations and the ECB process itself are routinely and visibly evaluated.

**6. Build and expand peer learning structures.**

Emphasize and implement purposeful trust building (both interpersonal and organizational) and interdependent roles in the evaluation process.

Incorporate a feedback mechanism in the decision-making process and an effective communication system so that people will learn from evaluation activities.

Create ongoing learning activities through which people interact around evaluation processes and results.

Provide ample opportunities for both individual and group reflection (for example, data based discussions of successes, challenges, and failures in the organization).

**Resources: Make evaluation resources available and use them.**

**7. Provide and continuously expand access to evaluation resources.**

Use evaluation personnel effectively (for example, have internal professionals model high quality practice, teach evaluation processes by engaging staff in evaluation activities, have external consultants present findings to staff).

Provide easy access to relevant research bases that contain “best practice” content for evaluation in general and for evaluation in specific program content and to examples of high quality evaluation descriptions and reports.

Ensure the availability of sufficient information on how to access existing evaluation resources (for example, websites, professional organizations, evaluation consultants).

**8. Secure sources of support for program evaluation in the organization.**

Assure long-term fiscal support from the board or administration—explicit, dedicated funding for program evaluation activities.

Provide basic resources (copying, equipment for data collection and analysis, computers and software, etc.).

Allow adequate time and opportunities to collaborate on evaluation activities, including, when possible, being physically together in an environment free from interruptions.

If needed, develop revenue-generating strategies to support program evaluation (for example, selling copies of data collection instruments or serving as evaluation consultants to other organizations for pay).