Government of **Western Australia**
Department of **Health**

Research and Evaluation Framework

Implementation Guide

To guide not-for-profit tenders, delivery and reporting on health promotion programs funded by the Chronic Disease Prevention Directorate

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Availability

The *Research and Evaluation Framework and Implementation Guide*, tools and templates are available from:
http://www.public.health.wa.gov.au/2/1770/2/research_and_evaluation_framework.pm

Acknowledgements

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Preface

This *Research and Evaluation Framework and Implementation Guide* has been designed to strengthen the process of research and evaluation of health promotion programs funded by the Chronic Disease Prevention Directorate.

Proper research and evaluation ensures that all aspects of programs can be accurately assessed. It also enables lessons to be learnt, strengths to be built upon, and for future planning and policies to be properly informed. Finally, evaluation is a vital step in ensuring that the Western Australian community is benefitting from the programs which the Department of Health funds through its many partners.

The *Research and Evaluation Framework and Implementation Guide* has been developed by the Child Health Promotion Research Centre at Edith Cowan University, in partnership with the Chronic Disease Prevention Directorate.

The Guide is intended to be current, relevant and practical, and its content will develop over time to ensure that it remains so.

Denise Sullivan
DIRECTOR
CHRONIC DISEASE PREVENTION DIRECTORATE

Contents

Abbreviations

R & E Framework	Research and Evaluation Framework
CDPD	Chronic Disease Prevention Directorate
CHPRC	Child Health Promotion Research Centre
NfPs	Not-for-profit organisations
RFT	Request for tender

Background

Since 2000, the Department of Health has moved away from the direct delivery of statewide health promotion programs to purchasing their delivery through grants and service agreements with a diverse number of not-for-profit organisations (NfPs). In 2010, the responsibility for purchasing these health promotion programs was transferred to the newly-formed Chronic Disease Prevention Directorate (CDPD).

Research and evaluation is critical to the development and rigour of health promotion programs purchased by the CDPD and provides evidence for assessing the return on investment of public monies in programs for which the Department of Health is accountable. Due to the growing number of funded NfPs and their variable capacity for research and evaluation, the CDPD identified the need for a research and evaluation framework to inform the tender process, delivery and reporting related to NfP health promotion programs funded by the CDPD.

In 2012, the CDPD contracted the Child Health Promotion Research Centre (CHPRC) at Edith Cowan University to develop this framework, taking into consideration best practice approaches as well as the capacity and needs of NfP and CDPD staff. This work involved a number of activities:

- Mapping of the current research and evaluation conducted by NfPs;
- Review of the literature to identify current national and international frameworks and to determine relevant theory-based health promotion planning and evaluation models;
- Consultation interviews with CDPD, NfP organisations and external evaluation agencies to determine current capacity for research and evaluation and supports required to strengthen this capacity;
- A stakeholder discussion forum to present consultation and review findings;
- Stakeholder validation of the draft *Research and Evaluation Framework* and implementation templates;
- Refinement of the *Research and Evaluation Framework* and the development of a supporting implementation guide; and
- A written project report and presentation to the CDPD.

This guide features the resulting *Research and Evaluation Framework* with tools and templates to support its implementation.

Introduction

Aims of the *Research and Evaluation Framework*

The *Research and Evaluation Framework* aims to strengthen the research and evaluation of health promotion programs funded by the CDPD. Along with this implementation guide, it provides:

- A step-by-step process that clearly links health promotion program planning and program research and evaluation;
- Recognition that the context of, need for and capacity to deliver health promotion programs influences their outputs and their contribution to preventing chronic disease;
- Mechanisms for reporting and making recommendations that inform future program design;
- Tools and templates to support good program planning and research and evaluation; and
- A case study example of good health promotion program and research and evaluation plans.

Why conduct research and evaluation?

Research and evaluation are critical components in the development and rigour of health promotion programs. Conducting high quality research and evaluation allows increased capacity to predict what could be achieved through the program's development and implementation and to explain the results if they differ from expectations.[1] Further, research and evaluation provides increased accountability for program inputs and activities undertaken to make a difference to individuals, communities and organisations. It also guides recommendations for future program development and implementation. Research and evaluation do not occur in isolation from one another; rather they are interlinked, occur concurrently and overlap in purpose.

Definitions

Research	In the context this document, research services the needs of health promotion by helping to refine future practices and approaches and promote effective and sustainable health promotion programs.
Evaluation	Evaluation can be defined as the process of making a value judgment. This may include determining the extent to which a program has achieved its intended outcomes and the processes undertaken to achieve these outcomes.[1]
Outcome evaluation	Outcome evaluation is concerned with longer term changes or effects of the program and usually corresponds to program goals.
Impact evaluation	Impact evaluation is concerned with the immediate and short term effects of the program, or those factors that are known to contribute to or cause the health issue, and usually correlate to the program objectives.
Process evaluation	Process evaluation measures the activity of the program and the extent to which it has been implemented (reach, satisfaction, number of activities implemented, performance of materials and quality assurance).
Formative evaluation	Evaluation that has the purpose of informing or improving program approaches and implementation including needs assessments, pre and post testing and stakeholder consultations.
Indicators	Health and social indicators are variables used to measure constructs that are not directly measurable such as wellbeing. E.g. life expectancy, income or employment rates.[2]

Key health promotion evaluation texts

Hawe P, Degeling D, Hall J. Evaluating health promotion: a practitioner's guide. Sydney: McLelland and Petty; 1990.

Nutbeam D, Bauman A. Evaluation in a nutshell: a practical guide to the evaluation of health promotion programs. Sydney: McGraw-Hill; 2010.

The *Research and Evaluation Framework*

The *Research and Evaluation Framework* was informed by various models of health promotion planning and evaluation,[3-7] existing research and evaluation frameworks[8-10] and implementation theory.[11, 12] It was tailored to meet the practical needs expressed by potential users and the steps and templates in this guide were given broad support by representatives of both NfP organisations and CDPD. The *Research and Evaluation Framework* consists of eight steps within four phases of implementation. Each implementation phase acts to group together the framework steps with a common purpose and defined outcome.

Phases and steps of the *Research and Evaluation Framework*

A four phase, eight step cycle leads practitioners firstly through a program planning phase (Steps 1–3) to define program need, priority and its goals, objectives and strategies. Secondly, (Steps 4–5) a research and evaluation planning phase that aims to assess whether the program was effective and why. Thirdly, an implementation phase (Steps 6–7) where both the program and research and evaluation plans are simultaneously implemented. And finally, a review phase (Step 8) where findings are assessed and recommendations made to strengthen future practice.

Phases and steps of the *Research and Evaluation Framework*

Phase One: Program planning (Steps 1–3)
Step 1 - Identify national, state and local context
Step 2 - Assess needs, evidence and capacity
Step 3 - Define program goals, objectives and activities
Phase Two: Research and evaluation planning (Steps 4–5)
Step 4 - Develop evaluation proposal
Step 5 - Complete evaluation plan
Phase Three: Implementation (Steps 6–7)
Step 6 - Collect data
Step 7 - Analyse and interpret data
Phase Four: Review (Step 8)
Step 8 - Review, recommend and disseminate

Research & Evaluation Framework

Requirements for different programs

The research and evaluation requirements of different programs will vary with the program's maturity, complexity, funding, intended target group and reach. However, each step of the *Research and Evaluation Framework* and the various templates and tools offered are relevant to all programs; the resulting evaluation plans reflecting different levels of complexity. Whilst some guidelines and examples are given in each step, it is difficult to be prescriptive for specific program needs. Consequently, a partnership approach with communication between the CDPD and NfP organisations forms a fundamental aspect of the *Research and Evaluation Framework* process.

Building capacity for implementation

Actions that build the implementation capacity of both organisations and individuals will strengthen research and evaluation practice within the WA health promotion system. Whilst there are many factors that can influence implementation, three drivers have been identified that strengthen implementation capacity. These are:

- Leadership that actively supports research and evaluation as important work that benefits health promotion program development, funding and delivery;
- Organisational infrastructure, policies and processes that support research and evaluation practice; and
- Staff competencies including staff selection, training, coaching, mentoring and performance assessments that focus on research and evaluation.[11]

As the *Research and Evaluation Framework* is implemented, capacity needs of both NfPs and CDPD will be monitored and supports facilitated where possible.

How to use this implementation guide

The aim of this guide is to support practitioners to use the *Research and Evaluation Framework* in a timely and effective way. The four phases of implementation are presented with the following components:

- Purpose and explanation of the corresponding *Framework* steps;
- List of tools and templates;
- A checklist of tasks;
- Additional resources for further support.

NfPs and the CDPD policy team should work through each phase and step of the Framework with completion of templates as specified in tender and service agreements.

Phase One: Program planning (Steps 1–3)

Introduction

Program planning is integral to program research and evaluation. Identification of national, state and local policy and practice context; assessment of population or community needs, evidence of effective interventions and capacity to respond; as well as specification of program goals, objectives and strategies will all influence research and evaluation planning. The *Research and Evaluation Framework* requires a summary in the form of a program planning logic model.

Aim

In Steps 1–3 of this phase, the match between target group needs, evidence-based practice, policy context and available resources is assessed to inform the selection of approaches and strategies that aim to achieve realistic program goals and objectives.

Outcome

A clear health promotion program plan that details not only program design, objectives and strategies (the 'what') but also details implementation support strategies (the 'how'). Whilst it is expected that NfPs will have their own detailed program plan, the *Research and Evaluation Framework* requires a summary of this in the form of a program planning logic model (Template A).

Timeline and responsibilities

This phase will be completed during the tender process. In most circumstances, the CDPD will complete the long term **outcomes** and parts (context and needs) of the **context/inputs** section of the logic model whilst preparing the Request for Tender (RFT). NfPs will complete the **context/inputs** (capacity and evidence) and **activities/outputs** sections in their response to the Request. Both parties may also contribute to the program **impacts** section. In some cases, assessment of needs and evidence may be lacking and collection of these may be part of the funded project.

Key information

Program planning logic model

The purpose of constructing a logic model is to provide a simplified, pictorial, one-paged snapshot of the proposed program. Using a logic model enables the assumed relationships between a program's elements to be visually represented and identification of any gaps that may exist in the program plan. Whilst the proposed health promotion program may not have the capacity or deliverables to measure achievement of long term health outcomes, the logic model clarifies which elements will be measured (e.g. impacts) and demonstrate how the program will contribute to state or national goals.

A basic logic model consists of the following elements:

- **Context/Inputs:** Inputs can be defined as the human, financial, organisational and community resources accessible to a program, as well as the policy and evidence context in which the program will operate.
- **Activities/Outputs:** Activities are the actions which are carried out to implement the program. Outputs can be defined as the direct results of these activities (but not the accomplishments or impacts from an activity). For example, an output may be the number of people attending an information session on healthy eating in a program which is dedicated towards improving nutrition in the workplace.
- **Impacts:** These are the short and intermediate changes that may result from the program activities. For example, changes in an individual's awareness, knowledge, skills, behaviour or an organisation's capacity. These correspond with program objectives.
- **Outcomes:** These are the long term changes that may result from the program activities or make a contribution towards achieving them. Outcomes may include changes to laws, policies, health care systems or organisations or changes in population/target group health status. These correspond with program goals.

Logic models can be visually represented in many different ways and may include additional components that help to describe specific programs. However, if overly complex, the model may lose its intended functionality such as showing relationships between each of the program's components or facilitating communication between stakeholders. Template A meets the basic reporting requirements of this *Research and Evaluation Framework*.

Tools and templates

- TEMPLATE A: Program Planning Logic Model (Appendix)
- Case study example of completed logic model for Kindy Eats Program

Additional resources

Council of Australian Governments. National Partnership Agreement on Preventive Health. Sydney: COAG; 2008 Available from: http://www.federalfinancialrelations.gov.au/content/npa/health_preventive/national_partnership.pdf

Department of Health, Western Australia. WA Health Promotion Strategic Framework 2012-2016. Perth: Chronic Disease Prevention Directorate, Department of Health, Western Australia; 2012. Available from: http://www.public.health.wa.gov.au/cproot/4462/2/wa_health_promotion_strategic_framework.pdf

National Institute for Health and Clinical Excellence. Health needs assessment: a practical guide. London: NICE; 2005. Available from: http://www.nice.org.uk/media/150/35/health_needs_assessment_a_practical_guide.pdf?bcsi_scan_2F83426B613409AB=0&bcsi_scan_filename=health_needs_assessment_a_practical_guide.pdf

Nutbeam D. The challenges to provide 'evidence' in health promotion. Health Promot Int. 1999;14:99-101.

Bucher JA. Using the logic model for planning and evaluation: examples for new users. Home Health Care Manage Pract. 2010;22:325-333.

W.K Kellogg Foundation. Logic Model Development Guide. Battle Creek (MI): WKKF; 2004. Available from: http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx

Renger R, Parker SH, Page M. How using a logic model refined our program to ensure success. Health Promot Pract. 2009;10:76-82.

Department of Health, Victoria. How to search for evidence of intervention effectiveness and cost-effectiveness. Melbourne: Department of Health Victoria; 2011. Available from: http://docs.health.vic.gov.au/docs/doc/B6F8541722DE233BCA25786900204617/$FILE/how-to-search-evidence-effectiveness.pdf

Haby M, Bowen S. Making decisions about interventions: a guide for evidence-informed policy and practice. Melbourne: Department of Health Victoria; 2010. Available from: http://docs.health.vic.gov.au/docs/doc/48A1D7CE62181DF6CA25785700187502/$FILE/Making%20decisions%20about%20interventions%20V3%20web.pdf

Step 1: Identify national, state and local context

Description

It is important for any health promotion program or service to demonstrate how it links with national, state and local priorities and targets. This recognition of the broader picture highlights the significance of the health issue and the program's importance and its contribution to reducing the burden of chronic disease and injury. The *National Partnership Agreement on Preventive Health* and the *WA Health Promotion Strategic Plan* are good places to start. For example, the *Western Australian Health Promotion Strategic Framework* details six priority areas with strategic directions and targets:

- Maintaining a healthy weight;
- Eating for better health;
- A more active WA;
- Making smoking history;
- Reducing harmful drinking; and
- Creating safer communities.

Timeline and responsibilities

The CDPD will usually identify links to national and state health priorities and targets prior to expressing a need to purchase a particular program. Thus parts of the program planning logic model such as the **policy context** and longer term **outcomes** may be completed by the CDPD prior to request for tender. The NfP may contribute to the local policy context if relevant to the proposed program, for example, local municipal area plans. Further discussion and collaboration will ensure that the CDPD and the NfP organisations agree how the proposed program and evaluation best fit within a wider context.

Step 1 task checklist

Task	Check √
1.1 Complete a **policy context** statement in the logic model (Template A) under **context/inputs** that justifies the program by linking it to identified national, state and local strategic plans/policies that relate to the proposed health issue and target group.	
1.2 Consider how the proposed program may contribute to the identified national, state and local priorities and targets and describe these longer term outcomes in the logic model under **outcomes**. (See Kindy Eats Program Case Study Template A).	

Step 2: Assess needs, evidence and capacity

Description

Identifying the needs of the target population is important in designing the program's goals and objectives and informing the type of strategies selected. Additionally, the extent of available evidence of what works in this area and capacity for implementation can influence the activities chosen.

Health data records, survey reports and literature searches may play a prominent role in providing the information for this step. Needs and evidence may also be expressed via the community itself in local focus groups or local health service usage records. There are many different types of evidence (quantitative, qualitative, theory-informed, practice-based, empirical) that can be used but if there is minimal evidence or significant gaps in what is known, then formative assessment (such as a needs assessment or a pilot study) may form an initial component of the proposed program.

Timeline and responsibilities

Usually, the CDPD will complete the **need for program** statement in this step prior to tender, leaving the NfPs to focus on the proposed activities/outputs and statements relating to the **evidence of what works** and **capacity to implement** the proposed activities. If activities/outputs are specified in the request for tender, the CDPD will also complete the evidence statement.

Step 2 task checklist

Task	Check √
2.1 Complete a **need for program** statement in the logic model under **context/inputs** that justifies the program by linking it to information on target group needs and prevalence of health issue etc. Otherwise state if such information will be collected as part of the project.	
2.2 Complete an **evidence of what works** statement in the logic model under **context/inputs** that justifies the program activities by linking them to evidence of effectiveness or good practice. Otherwise state if such information will be collected as part of the project.	
2.3 Complete a **capacity to implement** statement in the logic model under **context/inputs** that describes current human, financial, organisational and community resources available to implement the proposed activities. This includes the current funding request.	

Step 3: Define program goals, objectives and activities

Description

Definition of program goals, objectives and activities provides the basis of outcome, impact and process evaluation. Program goals and objectives can be written by aligning them to the long term 'outcomes' and program 'impacts' defined in the program logic model.

Health promotion goals are the long term measurable changes to which the funded program is expected to contribute. This may include changes in health indicators as well as social, economic and environmental conditions that support better health.[1] Objectives are the expected short and medium term changes directly due to the activities delivered. This may include changes which occur in personal attributes such as awareness, knowledge, attitudes and behaviour, as well as social, environmental and organisational factors.[1] Writing goals and objectives in a measurable way so they can be evaluated can be challenging. Using the SMART acronym (Specific, Measureable, Achievable, Realistic and Time-phased) is recommended.[13] The program 'impacts' and long term 'outcomes' defined in the logic model correspond to the program objectives and goals entered in the evaluation proposal (Template C) during Step 4.

Timeline and responsibilities

Usually, the CDPD will complete the need for program statement prior to tender, leaving the NfP to focus on the proposed activities/outputs and statements relating to evidence of what works and capacity to implement. If activities/outputs are specified in the request for tender, the CDPD will also complete the evidence of what works statement.

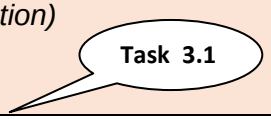
Step 3 task checklist

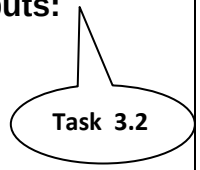
Task	Check √
3.1 Consider potential program activities that will meet the identified target group needs in an effective and achievable way and list these in the logic model under activities/outputs (See Kindy Eats Case Study Template A).	
3.2 Complete specific outputs for each activity including 'how much', 'to whom' and 'over what time' the activities will be implemented.	
3.3 Consider the proposed impacts that will result from program activities being implemented as planned and list under the logic model's Impacts as either a short term or medium term program impacts.	

Overview of tasks Steps 1–3: TEMPLATE A: Program Planning Logic Model

Steps 1–3: Linking informed service/program activities to long term outcomes through expected outputs and impacts

Context/Inputs	Activities/Outputs	Impacts	Outcomes
What are the <u>needs, evidence and capacity</u> that justify the proposed activities within the current <u>policy context</u>?	***What will the service/program do with which <u>target groups</u>?*** ***What are the <u>expected outputs</u>?*** *(How much will be delivered, over what duration)*	***What are the <u>expected short and medium term changes</u> due to the activities delivered?*** *(e.g. changes in awareness, knowledge, attitudes, skills, behaviour, capacity, policy, partnerships & environments)*	***What are the <u>expected long term changes</u> that the program activities will contribute?*** *(e.g. changes in health, education, social or economic outcomes?)*
Policy Context: **Need for program:** **Evidence of what works:** **Capacity to implement program:**	**Program activities and target group(s) and outputs:**	**Short term program impacts:** **Medium term program impacts:**	**Long term outcomes:**
Formative Evaluation	**Process Evaluation** *Linked to process indicators (e.g. reach, participation, satisfaction)*	**Impact Evaluation** *Linked to service/program objectives and impact indicators*	**Outcome Evaluation** *Linked to service/program goals and outcome indicators*





TEMPLATE A: Program Planning Logic Model – KINDY EATS Program (KEP) Case Study

Context/Inputs	Activities/Outputs	Impacts	Outcomes
Policy Context: DoHA National Quality Framework and Standards to promote healthy eating for early childhood settings. Dietary Guidelines recommend veg and fruit every day for children. **Need for program:** National Nutrition Survey shows 50% of 2-5 year olds do not eat enough fruit, 70% insufficient vegetables and 30% too much sugary drinks. 2010 WA Child Care Centre survey indicates menus low in fruit and veg and no policies re drinks. 2010 WA Child Care Centre survey indicates that Child Care Centre and pre-school staff do not feel they have the confidence, skills or capacity to implement a healthy eating program. **Evidence of what works:** Literature review shows: eating habits develop from an early age; access to food and attitudes and modelling by parents and carers influence development of food preferences; centre policy and staff training improves food quality. **Capacity to implement program:** Existing partnership with Child Care Centre regulating body (Department of Communities). Nutrition promotion leadership. Program staffing inputs: 1.5 FTE. Overall budget: $500 000/year	**1. Support Child Care Centres to implement Kindy Eats Program (KEP)** • Support at least 200 KEP centres per year with information, resources, training promotion, networking, and sourcing of fruit and veg. • Recruit and train 50 new Child Care Centres each year **2. Resource development and distribution to Child Care Centres staff and parents** • Supply and distribute KEP Policy Support Manuals to 50 new Child Care Centres and bi-monthly updates and newsletters to at least 200 existing KEP centres. • Supply and distribute parent engagement packs during Kindy Eats Week including sample letters/emails to parents, information brochures, low-literacy brochures, parent reminder magnet, posters, guidelines for interactive displays and presentations. **3. Promotional events** • Conduct state-wide Child Care Kindy Eats week each year to promote healthy eating. • Supply and distribute KEP starter packs to at least 3 Child Care Centre industry events per year.	**Short term program impacts:** • Increased number of WA Child Care Centres implementing KEP policies and menus that support healthy eating. • Increased number of Child Care Centre staff with positive attitudes towards having a role in promoting healthy eating in children and their knowledge and confidence to do this. **Medium term program impacts:** • Increased proportion of Child Care Centres engaging with parents to promote healthy food and drink recommendation s.	**Long term outcomes:** • Increased mean number of serves of fruit and vegetables consumed each day by children aged 2-5 years. • Increased proportion of children aged 2-5 years at a healthy weight.
Formative Evaluation	**Process Evaluation**	**Impact Evaluation**	**Outcome Evaluation**

Phase Two: Research and evaluation planning (Steps 4–5)

Introduction

Forward planning is essential to ensure timely collection of evaluation data. Data collection will be needed before as well as throughout the program, not just at the end. A research and evaluation plan includes key research and evaluation questions, methods, tools and analysis to address these, as well as timelines and responsibilities for implementation. This phase also involves assessment of readiness and capacity of personnel and organisations to carry out the research and evaluation plan and may require a focus on reallocation of resources, professional learning opportunities or the contracting of outside expertise.

Aim

To prepare a research and evaluation plan that supports the development and rigour of the health promotion program. Whilst the level and type of research and evaluation proposed will depend upon program complexity, duration and maturity, this plan is critical preparation for the evaluation activities that must occur simultaneously with key program activities.

Outcome

A research and evaluation plan developed to support the monitoring and assessment of the program's implementation and effectiveness in achieving stated objectives in the specified target group.

Timeline and responsibilities

An evaluation proposal (Step 4) should to be submitted as part of the tendering process with the opportunity, if successful, of being further developed into a full evaluation plan (Step 5) in consultation with the CDPD and with external expertise if required. The level of detail required in the proposal and full plan will vary from program to program. Minimum requirements for the proposal will be specified in RFT documents.

Key information

Research/evaluation questions

Development of research/evaluation questions is an important step to provide a focus for the research and evaluation plan. These may relate to formative, process and impact evaluation as well as factors that impact on the future of the program. See Template B for examples.

Indicators and tools

Indicators are the factors which are measured to indicate progress against goals, objectives and activities. Some common examples are provided in Template D. Tools for measurement will vary with the indicator and recommendations are beyond the scope of this document. However, selection of tools and measures should consider their validity, reliability and practicality in the proposed context of use, and pre- and post-questionnaires and indicators should be consistent.

Tools and templates

- TEMPLATE B: Evaluation Questions
- TEMPLATE C: Evaluation Proposal and Plan Template
- TEMPLATE D: Indicators Checklist

Additional resources

Fact sheet: Evaluation briefs: writing SMART objectives. Atlanta (GA): Centers for Disease Control and Prevention; 2009. Available from: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf

Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Am J Public Health. 1999;89:1322-1327.

Department of Health, Victoria. How to use qualitative research evidence when making decisions about interventions. Melbourne; Department of Health Victoria; 2010. Available from: http://docs.health.vic.gov.au/docs/doc/How-to-use-qualitative-research-evidence-when-making-decisions-about-interventions

Department of Health, Victoria. Indicators for nutrition, physical activity and obesity programs. Melbourne: Department of Health Victoria; 2010. Available from: http://docs.health.vic.gov.au/docs/doc/127A730B6DD914E2CA257869001EF41F/$FILE/indicators-nutrition-pa-obesity-programs.pdf

Jolley G, Lawless A, Hurley C. Framework and tools for planning and evaluating community participation, collaborative partnerships and equity in health promotion. Health Promot J Austr. 2008;19:152-157.

Step 4: Develop research and evaluation proposal

Description

The research and evaluation proposal is the 'working' draft prepared to meet RFT requirements and, if successful, leading to the final evaluation plan developed in consultation with the CDPD and external expertise if required. The proposal should link with the program logic model and document the essential components of the program's research and evaluation. At minimum, the proposal defines what level of assessment will occur (process, impact and/or outcome), the key research or evaluation questions to be addressed and timelines, processes and costs for development of a full research and evaluation plan. It also provides as much detail as possible on indicators, instruments, data collection and analysis methods, timelines and responsibilities. When necessary, these aspects will be the subject of communication and negotiation between the CDPD and the successfully funded provider.

Timeline and responsibilities

The CDPD will specify in the RFT the minimum requirements for the research and evaluation proposal. The NfP will complete the proposal guided by the program logic model. The level of detail required may vary depending on the nature and maturity of the program and SMART objectives are not required at the evaluation proposal stage. The Kindy Eats program case study example includes process, impact and outcome evaluation and close to final detail on indicators, instruments and methods.

Step 4 task checklist

Task	Check √
4.1 Write the program goals (from outcomes defined in logic model) into the evaluation proposal under **service/program goal(s)**.	
4.2 Write the program objectives (impacts defined in logic model) into the evaluation proposal under **program objectives.**	
4.3 Transfer the list of program activities from the logic model into the evaluation proposal under **activities.**	
4.4 Consider the research and evaluation questions that the evaluation proposal aims to answer (using Template B as a guide but may include others) and write the questions into the evaluation proposal under **key research and evaluation questions.** CDPD may have specified minimum requirements but NfP may suggest others for discussion prior to final plan.	

4.5 Depending on the level of evaluation required, list the indicator for each goal (outcome), objective (impact) and activity (process) that will tell you if this has been achieved (using Template D as a guide but may include others) under **indicators.**	
4.6 For each indicator, describe the methods and tools that will be used to collect the evaluation information/data and how this will be analysed under **evaluation methods, tools and analysis**.	
4.7 Under **timelines** and **responsibilities** define when this will occur and who will take primary responsibility to carry out each task.	
4.8 Discuss with stakeholders how the research and evaluation findings may be disseminated and enter into evaluation proposal under **plan for dissemination.**	
4.9 Provide an estimate of the cost of conducting the research and evaluation plan and enter under **evaluation budget**.	

Step 5: Complete evaluation plan

Description

Refinement of the evaluation proposal into a full evaluation plan is required once the tender proposal is successful. Whilst the majority of thinking about the program and how it will be evaluated has been done in the evaluation proposal, the successful tender means that an evaluation budget will have been secured to allow further development if needed. For example, this may include consultation with external evaluation expertise or formative research to help define strategies or measurement tools. The evaluation plan should be reviewed in detail to ensure the proposed methods and tools will answer the set evaluation questions within the proposed budget. It is likely that the evaluation plan will become a deliverable output in a tender agreement in the early stages of the tender timeline.

Timeline and responsibilities

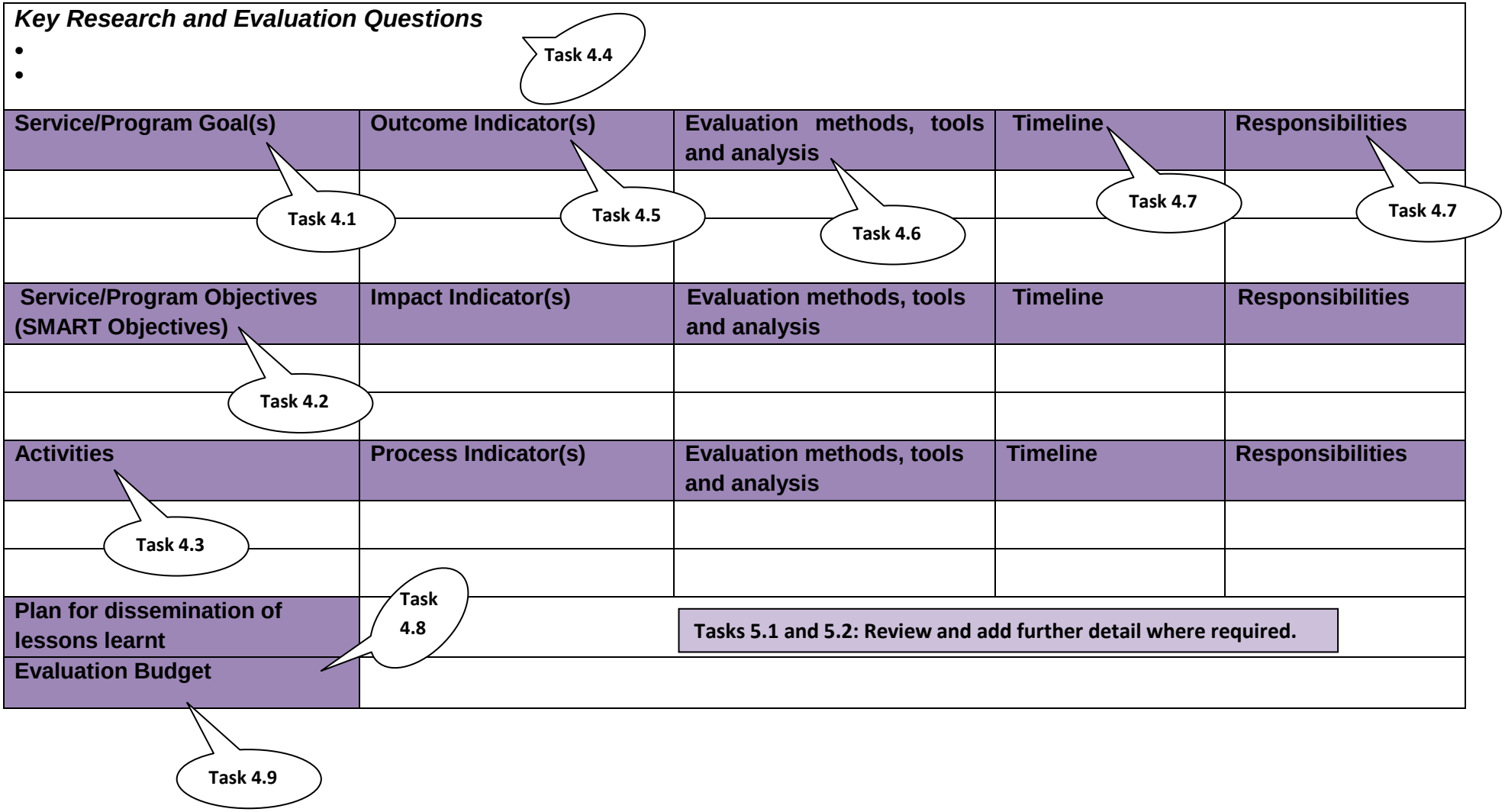
NfPs should develop the final evaluation plan in consultation with the CDPD and external consultants if required. In this case, the consultants should be briefed on the requirements of the *Research and Evaluation Framework*.

Step 5 task checklist

Task		Check √
5.1	Engage CDPD and other relevant stakeholders in reviewing the evaluation proposal and budget to finalise the evaluation plan.	
5.2	Submit the evaluation plan to the CDPD by the agreed timeline.	

TEMPLATE C: Evaluation Proposal/Plan

Steps 4 and 5 - Linking service/program goals, objectives and activities to evaluation questions, design and measurement



TEMPLATE B: Key Evaluation Questions

Step 4 and 5 – Linking program objectives/activities to clear evaluation questions

Task 4.4

Question Focus	Key Questions	Tick if apply
Process	Has the program been implemented as intended?	
	What factors (both positive and negative) impacted on the implementation?	
	What percentage of the target group has received the program?	
	Has uptake of the program varied by socioeconomic position, indigenous status, non-English speaking background and/or rural/metro location?	
	Have program participants (staff, community organisations, community members) been satisfied with the program?	
	Others?	
Impacts and Outcomes	Have the program impacts and outcomes been achieved?	
	What impact has the program had on populations facing greatest inequality?	
	What unanticipated positive and negative impacts/outcomes have arisen from the program?	
	Have all strategies been appropriate and effective in achieving the impacts and outcomes?	
	What have been the critical success factors and barriers to achieving the impacts and outcomes?	
	Is the cost reasonable in relation to the magnitude of the benefits?	
	Have levels of partnership and collaboration increased?	
	Others? Please specify.	
Implications for future programs and policy	How can the operation of the program be improved in the future?	
	Do the results differ when compared to the evidence base that guided the planning of strategies?	
	Where to from here?	
	What performance monitoring and continuous quality improvement arrangements should exist into the future?	
	How will the program or the impacts of the program be sustained beyond the funding time frame?	
	Will additional resources be required to continue or further develop the program?	
	Should the program be continued or developed further?	
	Others? Please specify.	

(Source: Department of Health Victoria, 2010)

TEMPLATE B: Key Evaluation Questions: KINDY EATS program (KEP) case study

Step 4 and 5 – Linking program objective/activities to clear evaluation questions

Question Focus	Key Questions	Tick if apply
Process	Has the program been implemented as intended?	✓
	What factors (both positive and negative) impacted on the implementation?	
	What percentage of the target group has received the program?	✓
	Has uptake of the program varied by socioeconomic position, indigenous status, non-English speaking background and/or rural/metro location?	✓
	Have program participants (staff, community organisations, community members) been satisfied with the program?	✓
	Others?	
Impacts and Outcomes	Have the program impacts and outcomes been achieved?	✓
	What impact has the program had on populations facing greatest inequality?	
	What unanticipated positive and negative impacts/outcomes have arisen from the program?	
	Have all strategies been appropriate and effective in achieving the impacts and outcomes?	✓
	What have been the critical success factors and barriers to achieving the impacts and outcomes?	
	Is the cost reasonable in relation to the magnitude of the benefits?	
	Have levels of partnership and collaboration increased?	✓
	Others? Please specify.	
Implications for future programs and policy	How can the operation of the program be improved in the future?	✓
	Do the results differ when compared to the evidence base that guided the planning of strategies?	
	Where to from here?	
	What performance monitoring and continuous quality improvement arrangements should exist into the future?	
	How will the program or the impacts of the program be sustained beyond the funding time frame?	
	Will additional resources be required to continue or further develop the program?	
	Should the program be continued or developed further?	
	Others? Please specify.	

TEMPLATE C: *Evaluation Proposal*: Kindy Eats program (KEP) case study

Steps 4 and 5 - Linking service/program goals, objectives and activities to evaluation questions, design and measurement

Key Evaluation Questions:

- Has the program been implemented as intended?
- What percentage of the target group has received the program?
- Has uptake of the program varied by rural/metro location?
- Have program participants (staff, parents, stakeholders) been satisfied with the program?
- Have the program impacts (objectives) been achieved?
- Have all strategies been appropriate and effective in achieving the impacts?
- Have levels of partnership and collaboration increased?
- How can the operation of the program be improved in the future?

Service/Program Goal:	**Outcome Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
1.1 Increased mean number of serves of fruit and vegetable consumed each day by children aged 2-5 years.	Mean number of serves of fruit and vegetables consumed each day by WA children aged 2-5 years	WA Health and Wellbeing Survey data	3 yearly monitoring	DoH
1.2 Increased proportion of children aged 2-5 years at a healthy weight.	% of children in healthy weight range of BMI for age	WA Health and Wellbeing Survey data	3 yearly monitoring	DoH
Service/Program Objectives **(SMART Objectives)**	**Impact Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
2.1 To increase the number of WA childcare centres implementing the KEP by at least 50 per year.	Change in the number of WA Child Care Centre implementing the KEP. Number of new Child Care Centre Healthy Food and Drink policy pledges registered with Department of Communities.	KEP records of training. Department of Communities records.	Ongoing records collated bi-annually by 30 June and 31 Dec	Funded NfP Department of Communities.

2.2 To increase to at least 90% following KEP training the proportion of centre staff with high (>85%) positive attitude and self-efficacy scores related to implementing KEP policies and menus that support healthy eating.	Pre-post KEP training change in staff attitude and self-efficacy scores related to implementing KEP policies and menus.	KEP attitudes and self-efficacy questionnaire administered with staff pre and post training.	Collected at each training and collated bi-annually by 30 June and 31 Dec	Funded NfP
2.3 To increase to at least 80% following KEP training the proportion of centre staff with correct knowledge of child healthy food and drink recommendations.	Pre-post KEP training change in staff knowledge scores related to child healthy food and drink recommendations.	Healthy diet for children knowledge questionnaire administered with staff pre and post training.	Collected at each training and collated bi-annually by 30 June and 31 Dec	Funded NfP
2.4 To increase to 80% the proportion of Child Care Centres which actively promote healthy eating guidelines to parents.	Change in proportion of Child Care Centres requesting KEP Kindy Eats Week parent engagement kits.	Change in KEP records of kits requested.	Collated annually by 31 Dec	Funded NfP
Activities	**Process Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
3.1 Support Child Care Centres to implement KEP	Number of centres per year supported with information, resources, training, promotion, communication, networking, sourcing fruit and veg. Staff satisfaction survey.	KEP records of requests and supply. Annual online survey of centre satisfaction with resources and supports.	Ongoing records collated bi-annually by 30 June and 31 Dec	Funded NfP
3.2 Resource development and distribution to Child Care Centres staff and parents	Number of resources developed and distributed: KEP Policy Support Manuals bi-monthly updates and newsletters Kindy Eats Week parent engagement packs KEP starter packs	KEP records of requests and supply	Ongoing records collated bi-annually by 30 June and 31 Dec	Funded NfP

3.3 Promotional events	Number of parent engagement packs requested during Kindy Eats Week Number of media reports of Kindy Eats Week activities Number of promotional activities at industry events	KEP records of requests and supply Media monitors reports	Ongoing records collated bi-annually by 30 June and 31 Dec	Funded NfP
Plan for dissemination of lessons learnt	Evaluation results will be reported to the DoH as per contract requirements.			
Evaluation Budget	$50,000 per year (staff time, printing questionnaires, data entry)			

TEMPLATE C: Evaluation Plan: Kindy Eats program (KEP) case study (Additions to Evaluation Plan from Evaluation Proposal are in ***bold italic***)

Steps 4 and 5 - Linking service/program goals, objectives and activities to evaluation questions, design and measurement

Key Evaluation Questions:

- Has the program been implemented as intended?
- What percentage of the target group has received the program?
- Has uptake of the program varied by rural/metro location?
- Have program participants (staff, parents, stakeholders) been satisfied with the program?
- Have the program impacts (objectives) been achieved?
- Have all strategies been appropriate and effective in achieving the impacts?
- Have levels of partnership and collaboration increased?
- How can the operation of the program be improved in the future?

Service/Program Goal and Target population(s):	**Outcome Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
1.1 Increased mean number of serves of fruit and vegetable consumed each day by children aged 2-5 years	Mean number of serves of fruit and vegetables consumed each day by WA children aged 2-5 years	WA Health and Wellbeing Survey data	3 yearly monitoring	DOH
1.2 Increased proportion of children aged 2-5 years at a healthy weight.	% of children in healthy weight range of BMI for age	WA Health and Wellbeing Survey data	3 yearly monitoring	DOH
Service/Program Objectives (SMART Objectives)	**Impact Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
2.1 To increase the number of WA childcare centres implementing the KEP by at least 50 per year.	Change in the number of WA Child Care Centres implementing the KEP. Number of new Child Care Centres Healthy Food and Drink policy pledges registered with Department of Communities	KEP records of training. DOC records ***Expressed as % centres trained and all centres***.	Ongoing records collated bi-annually by 30 June and 31 Dec	Funded NfP Department of Communities
2.2 To increase to at least 90% following KEP training the proportion of centre staff with high (>85%) positive attitude and self-efficacy scores related to implementing KEP policies and menus that support healthy eating.	Pre-post KEP training change in staff attitude and self-efficacy scores related to implementing KEP policies and menus.	***Validated*** KEP attitudes and self-efficacy questionnaire (Jones et al. 2010) administered with staff pre and post training. ***Comparison of proportions using Chi-squared test***	Collected at each training and collated bi-annually by 30 June and 31 Dec	Funded NfP
2.3 To increase to at least 80% following KEP training the proportion of centre staff with correct knowledge of child healthy food and drink recommendations.	Pre-post KEP training change in staff knowledge scores related to child healthy food and drink recommendations.	***Validated*** healthy diet for children knowledge questionnaire ***(Cove et al, 2012)*** administered with staff pre and post training. ***Comparison of proportions using Chi-squared t-test.***	Collected at each training and collated bi-annually by 30 June and 31 Dec	Funded NfP

2.4 To increase by 80% the proportion of Child Care Centres which actively promote healthy eating guidelines to parents.	Change in proportion of Child Care Centres requesting KEP Kindy Eats Week parent engagement kits.	KEP records of kits requested. ***Change per year in numbers and % of registered centres. Proportion of new and repeat requests.***	Collated annually by 31 Dec	Funded NfP
Activities	**Process Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
3.1 Support Child Care Centres to implement KEP	Number of centres per year supported with information, resources, training, promotion, communication, networking, sourcing fruit &andveg. Satisfaction of centre managers with KEP support	KEP records of requests and supply Annual centre manager survey re satisfaction with KEP resources and support	Ongoing records collated bi-annually by 30 June and 31 Dec ***Online survey 30 Nov each year.***	Funded NfP
3.2 Resource development and distribution to Child Care Centre staff and parents	Number of resources developed and distributed: KEP Policy Support Manuals Bi-monthly updates and newsletters Kindy Eats Week parent engagement packs KEP starter packs	KEP records of requests and supply	Ongoing records collated bi-annually by 30 June and 31 Dec	Funded NfP
3.3 Promotional events	Number of parent engagement packs requested during Kindy Eats Week Number of media reports of Kindy Eats Week activities Number of promotional activities at industry events	KEP records of requests and supply Media monitors reports	Ongoing records collated bi-annually by 30 June and 31 Dec	Funded NfP
Plan for dissemination of lessons learnt	Evaluation results will be reported to the DoH as per contract requirements ***and shared with stakeholders through newsletters***.			
Evaluation Budget	$50,000 per year (staff time, printing questionnaires, data entry)			

Phase Three: Implementation (Steps 6–7)

Introduction

During this phase, data collection will occur alongside the implementation of the health promotion program. Analysis of impact and outcome data will help to answer questions about the effectiveness of the strategies, whilst assessment of process data might explain why or why not a strategy was successful.

A common cause of concern within the data collection step relates to the ability of staff to accurately obtain the data from their participants. Challenges to this process may arise due to a lack of willingness of participants, low literacy among participants and/or participants living in rural or remote areas. Overcoming these challenges lie in the early recognition of these potential issues and during the planning phases devising strategies and data collection tools which can assist in reducing these barriers.

Aim

To implement *both* the program plan and research and evaluation plan using the intended methods, tools and analysis.

Outcome

Both the program plan and research and evaluation plan are implemented as intended and changes to these plans are documented.

Timeline and responsibilities

The funded NfP is responsible for implementation of both the program and evaluation plans. The NfP organisation may contract part or all of the implementation of the evaluation plan to one or more external consultants. In this case, the consultants should be briefed on the requirements of the *Research and Evaluation Framework*.

Tools and templates

- Tools will vary depending on specific project needs.

Additional resources

Durlak J, Dupre E. Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. Am J Community Psychol. 2008;41:327-350.

Fixsen DL, Naoom SF, Blase KA, Friedman RM, Wallace F. Implementation research: a synthesis of the literature. Tampa (FL): The National Implementation Research Network, University of South Florida, Louis de al Florida Mental Health Institute; 2005. Available from: http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf

Step 6: Collect data

Description

This step involves collecting research and evaluation information according to the methods and timelines outlined in the research and evaluation plan. Collecting accurate and representative data is imperative to making assessments of the impact and effectiveness of the implemented health promotion program. Prior to collecting the data, a pilot test is recommended to test the feasibility and effectiveness of the data collection, storage and analysis methods and tools.

Timeline and responsibilities

The funded NfP is responsible for ensuring timely and quality data collection according to the research and evaluation plan. If external agencies are used, full reporting of timing and methods should be required, including any collection difficulties that may influence the quality of the data or response rates achieved.

Step 6 task checklist

Tasks	Check √
6.1 Collect data alongside program implementation as intended in the research and evaluation plan.	
6.2 Record process notes regarding any difficulties encountered in collecting data that may influence the quality of data collected or response rates achieved.	

Step 7: Analyse and interpret data

Description

Effective analysis and interpretation of the data collected is essential to demonstrating the effectiveness of the program in achieving its intended objectives and impacts. This analysis also enables the strengths and limitations of the program to be identified and recommendations to be formulated.

Timeline and responsibilities

It is appropriate for a person who is not part of the program implementation team to be responsible for the data analysis. This helps to maintain objectivity and to reduce bias in interpreting results. Apart from this, full understanding of the program and discussion with the implementation team is needed to formulate recommendations from the results. If the analysis is being conducted externally to the program delivery organisation, a clear justification of the analysis methods undertaken should be requested.

Step 7 task checklist

Task	Check √
7.1 Analyse data as intended in the Research and Evaluation Plan.	
7.2 Record process notes regarding any issues encountered in analysing data that may influence the interpretation of the data and its validity in results presented.	

Phase Four: Review (Step 8)

Introduction

Reviewing the results, developing recommendations and disseminating findings are crucial in shaping the future of the program and contributing toward a strong evidence base within injury prevention and health promotion. Formative research and process evaluation provide important guidance for program implementation. Impact and outcome evaluation provide evidence of the effectiveness of the program.

Aside from reports to the CDPD, dissemination of findings and recommendations to program partners, community stakeholders, policy makers and the wider health promotion profession should also be considered. This may take a variety of forms including reports, briefings, seminars, conference presentations, newsletter or peer-reviewed journal publications. This dissemination can contribute to the health promotion evidence base and should be discussed with the CDPD during the reporting process.

Aim

To review the findings of the research and evaluation plan and to discuss the implications of these for future program development and sustainable delivery to the target group/s. Lessons learnt from these findings can contribute to our wider understandings of evidence-based practice and feed back into the first step of the process when proposing ‘innovations’ to the original program.

Outcome

A program report template is completed that summarises the results and outcomes of the program and make recommendations of ways to strengthen future program development and delivery and disseminate results (Template E).

Timeline and responsibilities

The funded NfP is responsible for timely reporting of research and evaluation processes and results to the CDPD according to the research and evaluation plan. Completion of Template E is required at agreed intervals to provide a consistent summary report to the CDPD that is readily collated across all funded programs. The CDPD is responsible for timely acknowledgement and feedback on these reports. Research and evaluation findings, positive or negative, are important lessons to be collaboratively discussed between the NfP and CDPD to achieve improvement in the program. Further dissemination of findings and recommendations using appropriate mediums should be jointly agreed by the NfP and CDPD.

Tools and templates

- TEMPLATE E: Reporting Template (Appendix)

Additional resources

Wandersman A, Duffy J, Flaspohler P, Nonan R, Lubell K, Stillman L, et al. Bridging the gap between prevention research and practice: the interactive systems framework for dissemination and implementation. Am J Community Psychol. 2008;41:171-181.

Woolf SH. The meaning of translational research and why it matters. J Am Med Assoc. 2008;299:211-213.

Communication notes: reader friendly writing–1:3:25. Ottawa: Canadian Health Services Research Foundation; 2009. Available from: http://www.cfhi-fcass.ca/Migrated/PDF/CommunicationNotes/cn-1325_e.pdf

Step 8: Review, recommend and disseminate

Description

Regardless of the results of a program evaluation, analysis and understanding of *why* these results occurred can make a valuable contribution to future program development. For example, an early childhood physical activity program may not have produced the desired results due to a limited number of teachers implementing the program. Review of the program process evaluation may show a range of barriers for teachers that reduced their capacity to implement the program. This should lead future program development to investigating and reducing these barriers prior to further program implementation. This not only contributes to the 'innovation' of the program for the future but also its sustainability.

Timeline and responsibilities

Completion of Template E by NfPs is required at agreed intervals to provide a consistent summary report to the CDPD that is readily collated across all funded programs. Additional reports should be succinct and provide sufficient detail to describe and justify research and evaluation methods, results and recommendations. The CDPD is responsible for timely acknowledgement and feedback on these reports. Both the CDPD and NfPs are responsible for collaborative discussion of research and evaluation results to achieve improvement in the program and appropriate dissemination of findings.

Step 8 Task checklist

Task	Check √
1.1 Transfer the program goals, objectives, activities and indicators from the program's research and evaluation plan to the reporting Template E.	
1.2 Place a description of the results of the evaluation conducted under the appropriate heading of **outcome, impact or process evaluation results**.	
1.3 List any reasons for adaptations made to the research and evaluation plan and any **implementation challenges** and opportunities that arose throughout the evaluation process.	
1.4 As an overall summary**,** review the **key research and evaluation questions** and evaluation findings in terms of what this means for program effectiveness and achievement of program goals and objectives and make **recommendations** for future program development or evaluation methods.	

1.5	Under **dissemination of lessons learnt** describe how the evaluation findings and recommendations were disseminated.	
1.6	Submit Template E to CDPD along with any additional documentation to describe and justify research and evaluation methods, results and recommendations.	
1.7	CDPD to provide feedback to NfP within agreed timelines.	
1.8	Organise collaborative discussion with CDPD of research and evaluation results to achieve improvement in the program and appropriate dissemination of findings.	

TEMPLATE E: Report

Step 8: Linking the Program Evaluation Plan to general reporting requirements, recommendations and dissemination

What you intended to do? (*Linked to planned goals, objectives and indicators)*		**What you did?** *(Program evaluation results)*	**Implementation Challenges** *(including what adaptions were made and why)*
Service/Program Goal(s)	**Outcome Indicator(s)**	**Outcome Evaluation Results**	**Implementation Challenges**
Service/Program Objectives	**Impact Indicator(s)**	**Impact Evaluation Results**	**Implementation Challenges**
Activities	**Process Indicator(s)**	**Process Evaluation Results**	**Implementation Challenges**
Review of Key Evaluation Questions and Recommendations:			
Dissemination of lessons learnt:			

Task 8.1

Task 8.2

Task 8.3

Task 8.4

Task 8.5

TEMPLATE E: Reporting Template – KINDY EATS program (KEP) Case Study

Step 8: Linking the Evaluation Plan to general reporting requirements, recommendations and dissemination

What you intended to do? ***(Linked to planned goals, objectives and indicators)***		**What you did?** ***(Results from the program evaluation)***	**Implementation Challenges** ***(including what adaptions were made and why)***
Service/Program Goal and Target population(s):	**Outcome Indicator(s)**	**Outcome Evaluation Results**	
1.1 Increased mean number of serves of fruit and vegetable consumed each day by children aged 2-5 years	Mean number of serves of fruit and vegetables consumed each day by WA children aged 2-5 years	WA Health and Wellbeing Survey 2-5 year olds Fruit serves: 1.5 in 2010, 1.5 in 2012 Veg serves: 2.0 in 2010, 2.1 in 2012	No significant difference over 3 years. Insufficient centres enrolled for population outcome in the short term. Enrol more centres per year or wait for longer term (10 year) outcome. External factors may also influence.
1.2 Increased proportion of children aged 2-5 years at a healthy weight.	% of children in healthy weight range of BMI for age	WA Health and Wellbeing Survey 2010: 80% in HWR 2012: 79.5% in HWR	As above. Activity levels may also be a factor. Could introduce an activity program as part of KEP.
Service/Program Objectives **(SMART Objectives)**	**Impact Indicator(s)**	**Impact Evaluation Results**	
2.1 To increase the number of WA childcare centres implementing the KEP by at least 50 per year.	Change in the number of WA Child Care Centres implementing the KEP.	New Child Care Centre enrolled in KEP: 80 in 2010, 55 in 2011, 57 in 2012 Total represents 30% of WA Child Care Centres Healthy food and drink pledges: 60 in 2010, 65 in 2011, 52 in 2012 (92% of KEP enrolled)	Meeting objectives
2.2 To increase to at least 90% following KEP training the proportion of centre staff with high (>85%) positive attitude and self-efficacy scores related to implementing KEP policies and menus that support healthy eating.	Pre-post KEP training change in staff attitude and self-efficacy scores related to implementing KEP policies and menus.	780 staff trained between 2010-13 Pre-training: 40% with high positive attitude and self-efficacy score Post-training:92% with high positive attitude and self-efficacy score	Meeting objectives

2.3 To increase to at least 90% following KEP training the proportion of centre staff with correct knowledge of child healthy food and drink recommendations.	Pre-post KEP training change in staff knowledge scores related to child healthy food and drink recommendations.	780 staff trained between 2010-13 Pre-training: 10% with correct knowledge score Post-training:96% correct knowledge score	Meeting objectives
2.4 To increase to 90% the proportion of Child Care Centres which actively promote healthy eating guidelines to parents.	Change in proportion of Child Care Centres requesting KEP Kindy Eats Week parent engagement kits.	Requests for KEP Week parent kits. 40(70% of registered) in 2010, 88 (80%) in 2011, 156 (90%) in 2012	KEP week held midyear. 2010 - 50% enrolled after Week. Meeting objectives
Activities	**Process Indicator(s)**	**Process Evaluation Results**	
3.1 Support Child Care Centres to implement KEP	Number of centres per year supported with information, resources, training, promotion, communication, networking, sourcing fruit and veg. Satisfaction of centre managers with KEP support	Child Care Centres supported by KEP: 80 in 2010, 55 in 2011, 57 in 2012 received starter pack. 70 in 2010, 130 in 2011, 180 in 2012 received training 95% managers satisfied or highly satisfied with support. Consistent across years	Training held bi-monthly. Training lower than registrations due to waiting list.
3.2 Resource development and distribution to Child Care Centre staff and parents	Number of resources developed and distributed: KEP Policy Support Manuals Bi-monthly updates and newsletters Kindy Eats Week parent engagement packs KEP starter packs	KEP Policy Support Manuals 80 in 2010, 55 in 2011, 57 in 2012 bi-monthly updates and newsletters 80 in 2010,135 in 2011, 192 in 2012 Kindy Eats Week parent engagement packs 40 in 2010, 88 in 2011, 156 in 2012 KEP starter packs 80 in 2010, 55 in 2011, 57 in 2012	
3.3 Promotional events	Number of parent engagement packs requested during Kindy Eats Week Number of media reports of Kindy Eats Week activities Number of promotional activities at Child Care Centre industry events	Kindy Eats Week parent engagement packs 40 in 2010, 88 in 2011, 156 in 2012 Media reports of Kindy Eats Week activities 5 in 2010, 8 in 2012, 16 in 2012 Promotional activities at industry events 3 in 2010, 4 in 2011, 4 in 2012	Supplied media kit to centres in 2012-generated more local newspaper reports. Make this a regular feature.

Review of Key Evaluation Questions and Recommendations:	Program objectives met re enrolments, staff healthy nutrition knowledge, staff attitudes and self-efficacy, parent promotion. Training of staff particularly effective and high satisfaction of centre managers. Program goals not achieved in 3 years, most likely because insufficient centres were enrolled for population outcome in the short term. Previous request for tender showed this intervention effective in increasing fruit and veg and proportion with healthy weight in exposed children. Need to increase resources to enrol more centres per year or wait for longer term (10 year) outcome. Introduction of an activity component should be investigated as an option to improve weight outcomes.
Dissemination of lessons learnt:	Evaluation results will be reported to the DoH Results shared with stakeholders through newsletters, invited presentation at 2013 Child Care Centre annual conference Proposal submitted to present staff training package and results at 2013 National Health Promotion Conference

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13. Fact sheet: Evaluation briefs: writing SMART objectives. Atlanta (GA): Centers for Disease Control and Prevention ; 2009. Available from: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf

Appendix: Task checklists and blank templates

Overview:	Step by step task checklists
Template A:	Program Planning Logic Model
Template B:	Research and Evaluation Proposal and Plan
Template C:	Key Evaluation Questions
Template D:	Indicators Checklist
Template E:	Reporting Template

Overview: Step by step task checklists

Step 1 Task Checklist	Check √
1.1 Complete a **Policy Context** statement in the logic model (Template A) under **Context/Inputs** that justifies the program by linking it to identified national, state and local strategic plans/policies that relate to the proposed health issue and target group.	
1.2 Consider how the proposed program may contribute to the identified national, state and local priorities and targets and describe these longer term outcomes in the logic model under Outcomes. (See Kindy Eats Program Case Study Template A).	
Step 2 Task Checklist	**Check √**
2.1 Complete a Need for Program statement in the logic model under Context/Inputs that justifies the program by linking it to information on target group needs and prevalence of health issues etc. Otherwise state if such information will be collected as part of the project.	
2.2 Complete an Evidence of what works statement in the logic model under Context/Inputs that justifies the program activities by linking them to evidence of effectiveness or good practice. Otherwise state if such information will be collected as part of the project.	
2.3 Complete a Capacity to implement statement in the logic model under Context/Inputs that describes current human, financial, organisational and community resources available to implement the proposed activities. This includes the current funding request.	
Step 3 Task Checklist	**Check √**
3.1 Consider potential program activities that will meet the identified target group needs in an effective and achievable way and list these in the logic model under **Activities/Outputs** (See Kindy Eats Case Study Template A).	
3.2 Complete specific **Outputs** for each activity including 'how much', 'to whom' and 'over what time' the activities will be implemented.	
3.3 Consider the proposed 'impacts' that will result from program activities being implemented as planned and list under the logic model's **Impacts** as either a short term or medium term program impacts.	
Step 4 Task Checklist	**Check √**
4.1 Write the program goals (from outcomes defined in logic model) into the evaluation proposal under **Service/Program Goal(s)**.	
4.2 Write the program objectives (impacts defined in logic model) into the evaluation proposal under **Program Objectives**.	
4.3 Transfer the list of program activities from the logic model into the evaluation proposal under **Activities**.	
4.4 Consider the research and evaluation questions that the evaluation proposal aims to answer (using Template B as a guide but may include others) and write the questions into the evaluation proposal under **Key research and evaluation questions**. CDPD may have specified minimum requirements but NfP may suggest others for discussion prior to final plan.	
4.5 Depending on the level of evaluation required, list the indicator for each goal (outcome), objective (impact) and activity (process) that will tell you if this has been achieved (using Template D as a guide but may include others) under **Indicators**.	
4.6 For each indicator, describe the methods and tools that will be used to collect the evaluation information/data and how this will be analysed under Evaluation methods, tools and analysis.	

4.7 Under **Timelines** and **Responsibilities** define when this will occur and who will take primary responsibility to carry out each task.	
4.8 Discuss with stakeholders how the research and evaluation findings may be disseminated and enter into Evaluation Proposal under **Plan for Dissemination**.	
4.9 Provide an estimate of the cost of conducting the Research and Evaluation Plan and enter under **Evaluation Budget**.	
Step 5 Task Checklist	***Check √***
5.1 Engage CDPD and other relevant stakeholders in reviewing the evaluation proposal and budget to finalise the evaluation plan.	
5.2 Submit the evaluation plan to the CDPD by the agreed timeline.	
Step 6 Task Checklist	***Check √***
6.1 Collect data alongside program implementation as intended in the Research and Evaluation Plan.	
6.2 Record process notes regarding any difficulties encountered in collecting data that may influence the quality of data collected or response rates achieved.	
Step 7 Task Checklist	***Check √***
7.1 Analyse data as intended in the Research and Evaluation Plan.	
7.2 Record process notes regarding any issues encountered in analysing data that may influence the interpretation of the data and its validity in results presented.	
Step 8 Task Checklist	***Check √***
8.1 Transfer the program goals, objectives, activities and indicators from the program's Research and Evaluation Plan to the reporting Template E.	
8.2 Place a description the results of the evaluation conducted under the appropriate heading of **Outcome, Impact or Process Evaluation Results**.	
8.3 List any reasons for adaptions made to the Research and Evaluation Plan and any **Implementation Challenges** and opportunities that arose throughout the evaluation process.	
8.4 As an overall summary, **review the Key research and Evaluation Questions** and evaluation findings in terms of what this means for program effectiveness and achievement of program goals and objectives and make **recommendations** for future program development or evaluation methods.	
8.5 Under **Dissemination of lessons learnt** describe how the evaluation findings and recommendations were disseminated.	
8.6 Submit Template E to CDPD along with any additional documentation to describe and justify research and evaluation methods, results and recommendations.	
8.7 CDPD to provide feedback to NfP within agreed timelines.	
8.8 Organise collaborative discussion with CDPD of research and evaluation results to achieve improvement in the program and appropriate dissemination of findings.	

TEMPLATE A: Program Planning Logic Model

Steps 1 – 3: Linking informed service/program activities to long term outcomes through expected outputs and impacts

Context/Inputs	Activities/Outputs	Impacts	Outcomes
What are the needs, evidence and capacity that justify the proposed activities within the current policy context?	***What will the service/program do with which target groups?*** ***What are the expected outputs?*** *(How much will be delivered, over what duration)*	***What are the expected short and medium term changes due to the activities delivered?*** *(e.g. changes in awareness, knowledge, attitudes, skills, behaviour, capacity, policy, partnerships and environments)*	***What are the expected long term changes to which the program activities will contribute?*** *(e.g. changes in health, education, social or economic outcomes?)*
Policy context: **Need for program:** **Evidence of what works:** **Program capacity inputs:**	**Program activities, target group(s), and outputs:**	**Short term program impacts:** **Medium term program impacts:**	**Long term outcomes:**
Formative Evaluation	**Process Evaluation** *Linked to process indicators (e.g. reach, participation, satisfaction)*	**Impact Evaluation** *Linked to service/program objectives and impact indicators*	**Outcome Evaluation** *Linked to service/program goals and outcome indicators*

TEMPLATE B: Key Evaluation Questions

Step 4 and 5: Linking program objectives and activities to clear evaluation questions

Question Focus	Key Evaluation Questions	Tick if apply
Process	Has the program been implemented as intended?	
	What factors (both positive and negative) impacted on the implementation?	
	What percentage of the target group has received the program?	
	Has uptake of the program varied by socioeconomic position, indigenous status, non-English speaking background and/or rural/metro location?	
	Have program participants (staff, community organisations, community members) been satisfied with the program?	
	Others?	
Impacts and Outcomes	Have the program impacts and outcomes been achieved?	
	What impact has the program had on populations facing greatest inequality?	
	What unanticipated positive and negative impacts/outcomes have arisen from the program?	
	Have all strategies been appropriate and effective in achieving the impacts and outcomes?	
	What have been the critical success factors and barriers to achieving the impacts and outcomes?	
	Is the cost reasonable in relation to the magnitude of the benefits?	
	Have levels of partnership and collaboration increased?	
	Others? Please specify.	
Implications for future programs and policy	How can the operation of the program be improved in the future?	
	Do the results differ when compared to the evidence base that guided the planning of strategies?	
	Where to from here?	
	What performance monitoring and continuous quality improvement arrangements should exist into the future?	
	How will the program or the impacts of the program be sustained beyond the funding time frame?	
	Will additional resources be required to continue or further develop the program?	
	Should the program be continued or developed further?	
	Others? Please specify.	

(Source: Department of Health Victoria, 2010)

TEMPLATE C: Evaluation Proposal/Plan

Steps 4 and 5: Linking service/program goals, objectives and activities to evaluation questions, design and measurement

Key Evaluation Questions • •				
Service/Program Goal	**Outcome Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
Service/Program Objectives (SMART Objectives)	**Impact Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
Activities	**Process Indicator(s)**	**Evaluation methods, tools and analysis**	**Timeline**	**Responsibilities**
Plan for dissemination of lessons learnt				
Evaluation Budget				

TEMPLATE D: Indicators Checklists

Steps 4 and 5: Linking program goals, objectives and activities to outcome, impact and process indicators - Examples of key program activities, outputs and reach indicators for Process Evaluation

Activities		Output/reach indicators
Program development & governance	Establish program governance and administration	• Contracts with project implementers established • Project Advisory Group / Steering Group established • Contract with evaluators established
	Establish performance monitoring and reporting arrangements	• Project milestones identified, or • Key indicators identified for program monitoring and reporting
	Identify effective and efficient interventions	• Evidence reviewed or created through formative research • Evidence-based interventions incorporated into action plan
	Develop health promotion implementation and action plans	• Program logic model completed • Community assessment conducted and reported • Action plans finalised
Program delivery	Supportive settings and environments e.g. legislation/policy change	• Number, percentage* and range of stakeholders involved in new/improved legislation/policy change (reach) • Level of satisfaction of stakeholders
	Community action for social and environmental change	• Number, percentage* and range of stakeholders/settings involved (reach) • Level of satisfaction of stakeholders
	Health education and skill development	• Number, percentage* and range of target group/settings involved (reach) • Level of satisfaction of stakeholders
	Social marketing, advocacy and health information	• Evidence on effective social marketing messages and methods collected/ reviewed • Key marketing channels/methods (e.g. newspaper, Internet, telephone helpline, point of sale displays etc.) identified • Marketing materials developed • Campaigns implemented in targeted areas • Number and percentage* of target group aware of social marketing/health information activities and resources (reach) • Level of satisfaction of stakeholders
	Screening, individual risk factor assessment and immunisation	• Number and percentage of target group participating in each activity (reach) • Level of satisfaction of stakeholders
	Capacity building strategies including: partnerships, leadership, resources, workforce development and organisational development	• Number and percentage of target group participating in each activity (reach) • Level of satisfaction of stakeholders *Percentage of those eligible

Steps 4 and 5: Linking program goals, objectives and activities to outcome, impact and process indicators - Examples of key program objectives/activities and impact indicators for Impact Evaluation

Program Objectives /Activities	Impact indicators	
Program delivery	Supportive settings and environments	• Policy/legislative change to support HP • Re-orientation of services to support HP • Change in organisational practices to support HP • Changes in natural and built environments to support HP • Changes in social, political, economic environments to support HP
	Community action for social and environmental change	• Level of community action and influence on local determinants of health • Level of community capacity to deliver HP • Level of community social capital (social networks and supports, attitudes to diversity, participation in community activities)
	Health education and skill development	• Changes in individual knowledge, attitudes, skills, self efficacy
	Social marketing, advocacy and health information	• Changes in public opinion, knowledge, attitudes, skills, self efficacy
	Screening, individual risk factor assessment and immunisation	• Increased use of risk factor management services • Improvements in risk factors
Capacity Building	Organisational development	• Management support • Consideration of health promotion issue in organisation strategic plans and policies • Organisational commitment to staff development in HP issue • Evidence of evidence-based practice in HP • Evidence of evaluation and dissemination of HP learnings
	Workforce development	• Gaps in HP skills/training needs identified and addressed • New knowledge and skills integrated into daily work • Increased management and worker understanding and confidence in applying HP
	Leadership	• Specialist positions to lead HP effort • Organisations taking a leadership role in HP effort
	Partnerships	• Level of fragmented and duplicated effort • Proportion of HP initiatives delivered in partnerships with stakeholders • Maturity of partnerships (ranging from networks to collaboration)
	Resources	• Efficiency and effectiveness of resource targeting • Success in leveraging financial & other resources for HP • Access to evidence and knowledge-based information

TEMPLATE E: Report

Step 8 - Linking the Program Evaluation Plan to general reporting requirements, recommendations and dissemination

What you intended to do? (*Linked to planned goals, objectives and indicators)*		**What you did?** *(Program evaluation results)*	**Implementation Challenges** *(including what adaptions were made and why)*
Service/Program Goal(s)	**Outcome Indicator(s)**	**Outcome Evaluation Results**	**Implementation Challenges**
Service/Program Objectives	**Impact Indicator(s)**	**Impact Evaluation Results**	**Implementation Challenges**
Activities	**Process Indicator(s)**	**Process Evaluation Results**	**Implementation Challenges**
Review of Key Evaluation Questions and Recommendations:			
Dissemination of lessons learnt:			

This document can be made available
in alternative formats on request
for a person with a disability.