### Session II—Selected Design Issues

**TOTAL SESSION TIME:** 90 minutes

**OBJECTIVE**
- At the completion of Session II, participants will be able to apply concepts of program fidelity, dosage, pre- and post-measures, control/comparison groups, attrition and quality data collection to the design of a sample program evaluation.

### Activity 1

<table>
<thead>
<tr>
<th>TIME</th>
<th>MATERIALS</th>
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| 15 minutes | ♦ Overhead 12: Session II Objective  
♦ Overhead 13: Selected Design Issues in Program Evaluation  
♦ Overhead 14: It Can Be Quick and Clean!!!  
♦ Overhead 15: Assume that we want to show whether the program made a difference |

**INSTRUCTIONS**

*In the next ninety minutes we will focus on good program evaluation design.*

*(Overhead 12)* The objective is to learn to apply concepts of program fidelity, dosage, pre- and post-measures, control/comparison groups, attrition and quality data collection to the design of program evaluations.

*(Overhead 13)* Good evaluation design can be very simple or very comprehensive, depending upon your needs, the program, and audiences.

*(Overhead 14)* It is quite possible to have a poorly designed evaluation that is very complicated, or to have a simple, quick, clean and good evaluation. Can you think of any examples of either type that you have seen or participated in?

Help participants determine a few examples of good and poor evaluations. Keep this discussion short and to the point. Try not to go off on tangents or discuss specifics at this point.
There is one common theme in all evaluations that we will take as a given.

(Overhead 15) We will assume that the purpose of evaluation is to show whether or not the program made a difference. In the next 20 minutes or so we will explore six design concepts that will help us do quality evaluation.
TIME

25 minutes
(It is important to keep this session within the time allocated so there will be time to apply the principles and present the ideas in Activity 3. Keep the lecture and discussions brief.)

MATERIALS

♦ Overhead 16: Question One
♦ Overhead 17: Example
♦ Overhead 18: Design Concepts
♦ Overhead 19: Question Two
♦ Overhead 20: Example
♦ Overhead 21: Design Concepts
♦ Overhead 22: Question Three
♦ Overhead 23: Example
♦ Overhead 24: Design Concepts
♦ Overhead 25: Question Four
♦ Overhead 26: Example
♦ Overhead 27: Design Concepts
♦ Overhead 28: Question Five
♦ Overhead 29: Example
♦ Overhead 30: Design Concepts
♦ Overhead 31: Question Six
♦ Overhead 32: Example
♦ Overhead 33: Design Concepts

INSTRUCTIONS

(Overhead 16) The first question is, “Is the program implemented as written?”

(Overhead 17) For example, Preparing for the Drug Free Years is a 10-session parent education program with family meetings and practice sessions that need to be done by participants between each session. If we are evaluating this program at different sites and some decide to have five double sessions instead of ten single sessions, are we evaluating the outcomes of the same program across sites? Can we expect to replicate the results obtained elsewhere?

Allow time here for brief discussion.

This is a serious issue that must be discussed with the program staff and agreement reached regarding a good match between program development and evaluation planning.

(Overhead 18) There is flexibility in program implementation as long as good communication takes place and everyone is aware of these program fidelity issues.

(Overhead 19) The second design question is, “Did everyone fully participate in every session?”

Session II—Activity 2
What if some parents came once or twice, others a few times, some every time? What if some did the family meetings and practice while others did not? How would you account for this in the evaluation?

Allow time for brief discussion of this problem. Encourage participants to talk about ways to add questions to the evaluation such that these issues could be addressed.

You have had excellent suggestions on how to account for dosage issues in designing the evaluation.

The third question is, “Was there change over time and did it last?” If we want to see if the program made a difference, we need to know where people were before they started the program.

What did parents know before they started the program? Did they increase knowledge? Did they change their behavior? Was the change evident three months later? 12 months later? What are some of the challenges of this aspect of evaluation?

Encourage brief discussion of problems such as hard-to-find participants for follow-up, cost of follow-up in staff time, staff focus on doing more programs—not following old ones, etc. Talk about the benefits to staff, participants, administrators and funders of conducting this follow-up at least once to determine program impact over time.
Pre/post/post measures can help us learn about program effectiveness over time, provide needed feedback for program improvement, and justify continued funding and efforts. It doesn’t have to be done with every session, but at least one good pre/post/post evaluation can be very helpful.

The fourth question is, “How do you know this program contributed to the change?” What if people changed as a result of growing older? What if everyone changed because of something reported in the media?

What if you found no pre-post change, but didn’t know that over the same period family problems increased among those not in the program?

If you have no control or comparison group, you will not be able to determine that the program contributed to the change. How might you build a comparison into your evaluation?

Encourage brief discussion of ways to plan for control or comparison groups and how to assign either individuals, schools, classrooms, or others to such groups.

The fifth question is, “What if you lose track of a lot of people in the program or comparison group?”

For example, if many people in the comparison group move away or disappear, those who remain may be the
most stable families and bias your results. What are the implications for evaluation planning?

Encourage brief discussion of this problem and suggest ways to give incentives for people to stay in the evaluation data collection and at a minimum ways to be able to describe who left and how they differ on important characteristics.

(Overhead 30) Attrition is a problem faced by most evaluations and we can do some things to keep it at a minimum or at least explain how it may bias our results.

(Overhead 31) The last question is, “How do you know your evaluation information or data are good?”

(Overhead 32) What if the program coordinator is great with parents and gets them to come, to talk, to practice at home, but she sees all this record keeping and data collection as taking away from valuable program time?

(Overhead 33) How can you insure consistent, quality data collection and management?

Encourage brief discussion of training, feedback, use of results in program improvement, etc.

Here is a quick review of all six selected design concepts: program fidelity dosage pre/post/post measures
control/comparison groups
attrition
data quality

*We will keep these in mind and use them in the next activity.*
Activity 3

TIME

50 minutes

MATERIALS

♦ Overhead 34: Case Example
♦ Handout D: Case Example: Selected Design Concepts
♦ Flip charts
♦ Markers
♦ Masking tape

INSTRUCTIONS

(Overhead 34) This activity requires us to get into groups of six. Each person in the group must take responsibility for one design concept. Among yourselves, please divide up the six design concepts.

(Handout D) Please read the case example and consider your assigned design issue. As a group discuss where each concept is addressed, the strengths and how it could be improved. Make brief notes on the flip chart so you can present your summary to the total group. You have 30 minutes to work in your groups which means about five minutes for discussion of each concept.

Circulate among groups to answer questions, clarify instructions, check progress. When 15, 20, and 25 minutes have passed, make an announcement of time left and how far along you think they should be in the discussion. Call time at 30 minutes.

I heard some good discussion as I went from group to group. We have about 20 minutes to hear the results of your work. Let’s start with the issue of program fidelity and hear from this group first, followed by each group’s report on any other perspectives or different ideas about program fidelity.

Go through all six concepts in this manner. To use time wisely, ask each group to report only new ideas about the topic. Start
the discussion of each of the six concepts with a different group so one group does not do all the reporting.

Thank you for all your insight into these issues. As you develop programs and evaluation plans, I hope that this information will be useful to you and your teams. Are there any final comments or questions?

Lead a short summary discussion of the six elements, looking for common themes or threads in their reports. Ask for any lingering questions or comments.

Thank you for your active participation. Our next session will focus on specific indicators and measures.
Session II Objective

Participants will be able to apply concepts of:

- Program fidelity
- Dosage
- Pre- and post-measures
- Control/comparison groups
- Attrition
- Quality data collection

to the design of a sample program evaluation
Selected Design Issues in Program Evaluation

Good design can be as simple or as comprehensive as you need.
It Can Be Quick and Clean!!!

It can also be complicated and poor quality
Assume that we want to show whether the program made a difference.
Question One

Is the program implemented as written?
Example

Preparing for the Drug Free Years (PDFY) is a ten-session parent education program with family practice times between each session.
Design Concepts

Program fidelity
Question Two

Did everyone fully participate in every session?
Example

Did some parents come once or twice, others a few times, some every time? Did they do the family practice?
Design Concepts

- Program fidelity
- Dosage
Question Three

Was there change over time and did it last?
Example

What did parents know or do before they started the program? Did they increase knowledge or change their behavior? Was the change evident 3 months later? 12 months later?
Design Concepts

- Program fidelity
- Dosage
- Pre/post/post measures
Question Four

How do you know this program contributed to the change?
Example

- You found no change
- BUT you didn’t know that over the same period family problems increased among those not in the program
Design Concepts

- Program fidelity
- Dosage
- Pre/post/post measures
- Control/comparison groups
Question Five

What if you lose track of a lot of people in the program or comparison group?
Example

Many people in the comparison group move

Those who remain may be the most stable families
Design Concepts

- Program fidelity
- Dosage
- Pre/post/post measures
- Control/comparison groups
- Attrition
Question Six

How do you know your evaluation information (data) is good?
Example

The program coordinator is great with parents—gets them to come, to talk, to practice at home

BUT, she sees all this record keeping as taking away from valuable time
Design Concepts

- Program fidelity
- Dosage
- Pre/post/post measures
- Control/comparison groups
- Attrition
- Data quality
Case Example

- In groups of 6
- Each person take responsibility for one design concept
- Read case, discuss & record on flip chart each concept in terms of:
  - Is it addressed? Where?
  - What are the strengths?
  - What could be improved?
Case Example:

Selected Design Concepts

One state was funded to conduct a specific teen pregnancy prevention program in six counties. The curriculum included six classroom sessions of 45 minutes each and was designed to be taught by high school juniors and seniors to children in grades 4, 5 and 6. Written parent permission was required to participate in the program and a separate parent signature was required to participate in the evaluation.

In three counties, high school teens were recruited and trained at a 4-day retreat and then received weekly coaching and feedback sessions. In two counties, the school nurse taught the classes, and in one county, the high school students in the peer mediation class taught it. Because transportation to the elementary school was a problem for the high school students in one county, the curriculum was delivered in three double sessions. Confidentiality rules prohibited any names on evaluation instruments and teachers could not share attendance records. However, code numbers were assigned to each student and put on their evaluation papers. Only the school office had the list, which matched names and numbers so confidentiality was maintained.

A pre-test of knowledge and attitudes was given to every 4th, 5th and 6th grade class. Then classes were randomly assigned to get the program this year or not. Post-tests were given to both sets of classes when the curriculum was completed and again three and six months later. Code numbers were matched to look at individual change in knowledge and attitude over time between those who had the program and those who did not. In two counties, because of seasonal labor, 60% of those who took the pre-test were not present for post-tests 1 and 2. In another county, 38% of the children who had permission to be in the program did not have permission to participate in the evaluation.

Finally, there was a fire drill on the day of post-test 1 in one school and the students had only ten minutes to do the evaluation that usually takes 30 minutes. In another school where the nurse was teaching, she spent the time allotted for post-tests 1 and 2 on “booster” sessions and said she knew the curriculum worked so there was no need to “test.”