EVALUATION of MCH PROGRAMS: LOGIC MODELS & PROCESS EVALUATION

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Describing the Program using Logic Models

Logic models provide the needed synthesis of your program to successfully convey why your program is important as well as the logic behind why you expect it to succeed. A logic model is an iterative tool, providing a framework to revisit throughout program planning, implementation and evaluation.

Recommended Framework For Program Evaluation

Steps
- Engage stakeholders
- Ensure use and share lessons learned
- Standards
  - Utility
  - Feasibility
  - Propriety
  - Accuracy
- Justify conclusions
- Focus the evaluation design
- Gather credible evidence

CDC 1999

Program Logic Model Parenting Program

Inputs
- Use
- Money
- Parents

Outputs
- Design parent education curriculum
- Produce relationship training sessions, workshops

Activities
- Parents increase knowledge of child development
- Parents learn new ways to discipline

Participations
- Parents use improved parenting skills
- Support roles of child, spouse, extended family participants

Evaluation Logic Model

Program Logic Model Parenting Program

Resources/Impacts

Activities

Outcomes

Impact

Input

Activities

Participations

Outcomes - Impact

Short Term

Medium Term

Long Term

Key Evaluation Questions
- Resources
- Outputs
- Outcomes
- Impact

Indicators

A. A score of 3 or more on a 0-5 scale
B. A score of 3 or more on a 0-5 scale
C. A score of 3 or more on a 0-5 scale
D. A score of 3 or more on a 0-5 scale
E. A score of 3 or more on a 0-5 scale
Elements and program outcomes. Relationship between specific program and can aid in understanding the document program implementation.

Federal, state, and local infrastructure and resources. Geographic networks. Culture and resources. Finance - Housing. Title V. Science and evidence-base. Community norms and resources. Policy & Environment. MCH System. Community, and resources. Existing community and resources. Social Service Systems. Transportation. Depression. Stress, Allostatic load & risk. Reproductive history. Existing Community Nutrition education project: created with recipes used in classes and those submitted by residents. Staff; cooking classes/food demonstrations at local housing complexes along with children's activities to encourage them to eat healthy meals. Community garden/Community Nutrition education project: so successful, a local foundation is providing sustained funding to continue implementation for 5 years. Social Marketing Campaign: challenges them to "spread the word" among their families and friends. Community Voices: unite in an effort to collectively apply their resources to the implementation of one or more common strategies for the achievement of a common civic/community action groups, and local businesses which identify themselves with the local Healthy Start site's target project area, and who consumers, appropriate agencies at the State, Tribal, county, city government levels, public and private providers, churches, local. Community Action Network:

Evaluation Logic Model

Process evaluation is used to monitor and document program implementation and can aid in understanding the relationship between specific program elements and program outcomes. (Saunders et al., 2005)

Potential process evaluation questions

1. Describe the program
2. Describe complete & acceptable program delivery
3. Consider program responses, context & characteristics
4. Develop potential list of questions
5. Determine methods
6. Prioritize the process evaluation plan

Potential process evaluation questions for media matters

Through a series of meetings, program planners developed a list of potential process evaluation questions that included the following:

- Flexibility
- Dose Delivered
- Dose Received
- Reach
- Recruitment

Control
Formative (or Process) | Process or Implementation | Outcome
---|---|---
Can we effectively reach the target population? | What proportion of clients attend all sessions? | What proportion of clients achieved each of the main outcomes?
Can we implement the intervention to the desired intensity? | Did/do we have to make adaptations to our program and if so how? | Were there subgroups for whom the program does not work?
Is the staff to client ratio sufficient? | How can we explain unintended outcomes? | Was there a difference in effect by ‘dose’ or intensity?
Is the outcome being measured accurately? | Are there conditions under which this program is not ideal or not working? | Are there unexpected outcomes and how did it impact clients?

**Housing First Theory of Change Logic Model for Homeless Individuals with Severe Mental Illness (S. Tsemberis, 2010)**

<table>
<thead>
<tr>
<th>HF</th>
<th>Evaluation Model</th>
<th>Improved Health</th>
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<tbody>
<tr>
<td>Theory of Change Logic Model</td>
<td>Change in housing and collaborative care plan</td>
<td>Improved Health</td>
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</table>
| Improved Health | Physical health | Quality of life
| Physical health | Access to health services; Income | Mental health services
| Mental health services | Contact with non-supportive networks | Increased support for change
| Increased support for change | Access to community services | Participation in illness management and self-care
| Participation in illness management and self-care | Subjective well-being (symptoms, confidence in recovery) | Hope for change
| Hope for change | Access to community health services | Physical health
| Access to community health services | Long-term planning | Improved Health
| Long-term planning | Identifying, building, planning | HF Evaluation Model
| Identifying, building, planning | Scoping, building, reviewing, & refining | PHASES IN THE PARTNERING PROCESS
| Scoping, building, reviewing, & refining | Moving on, scaling, planning, implementing, mobilising, and maintaining | Outcomes

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