

Program Design and Evaluation

A Training Series for Nonprofits Serving Boulder County



Session 2: Understanding and Implementing Evidence-Based Programs, Practices, and Policies

Carole Broderick, Ph.D., cbroderick@omni.org

Kristy Beachy-Quick, M.P.P., kbquick@omni.org





Introductory Remarks

- ❖ Why the Training Sessions are Being Provided
- ❖ How Training Sessions Fit with the Larger Vision of the Human Services Strategic Plan
- ❖ Future Training and Technical Assistance Opportunities



Training Agenda

1:30 Introductions

1:45 Evidence-Based Approaches

(definition, strengths, and limitations)

2:00 The Importance of Program Implementation

2:15 Resources and Process for Selecting an EB Program

2:45 Local Implementation of an evidence-based strategy

Housing First: Greg Harms from the Boulder
Shelter for the Homeless

3:30 – 4:30 Individual Technical Assistance



Learning Objectives for Today

- Understand “Evidence-Based” terminology
- Identify the pros and cons to incorporating more evidence into your program
- Understand the importance of implementation to your program outcomes

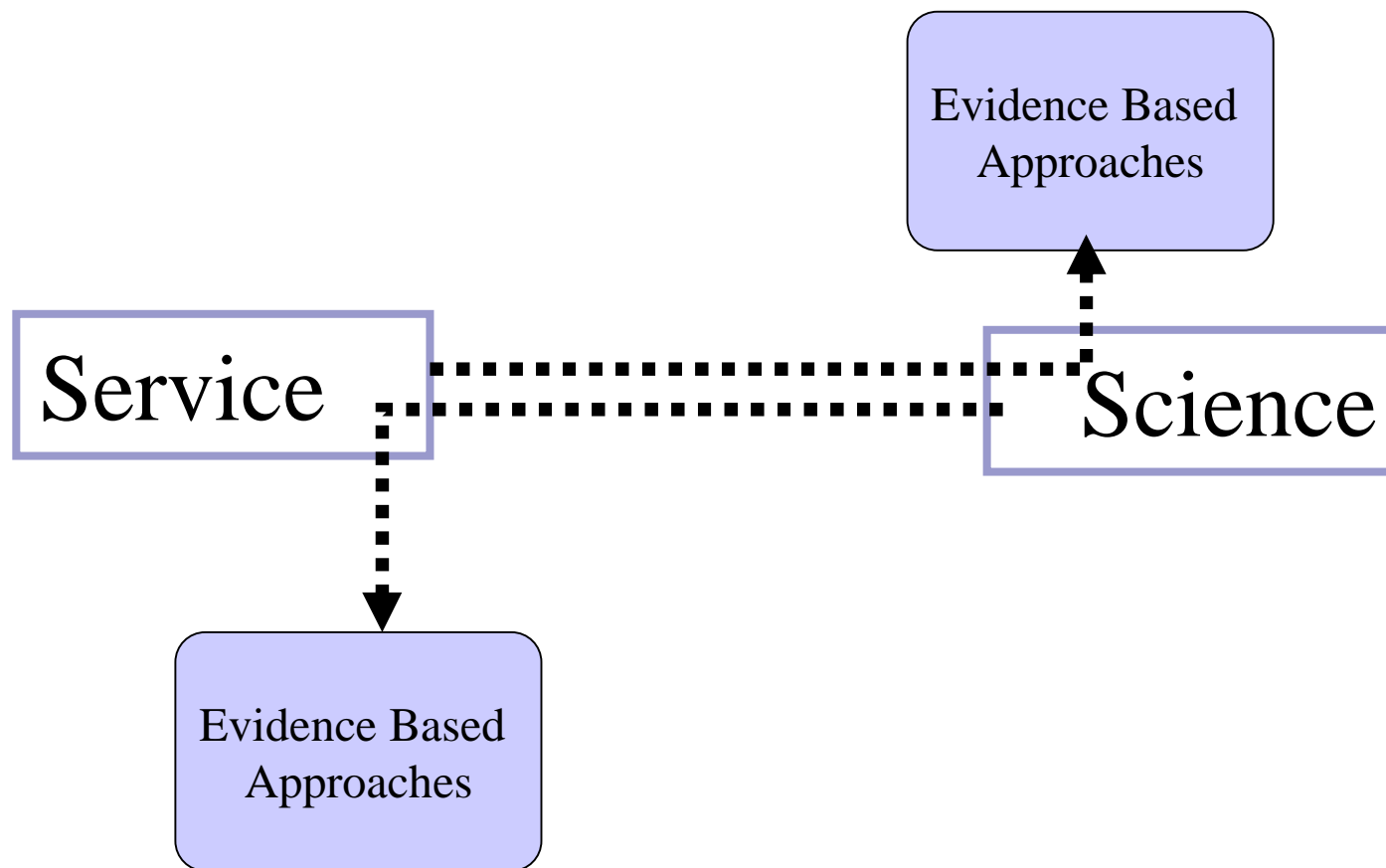


“Evidence-Based” Approaches

Approaches that have demonstrated positive impacts on their intended outcomes through rigorous evaluations.

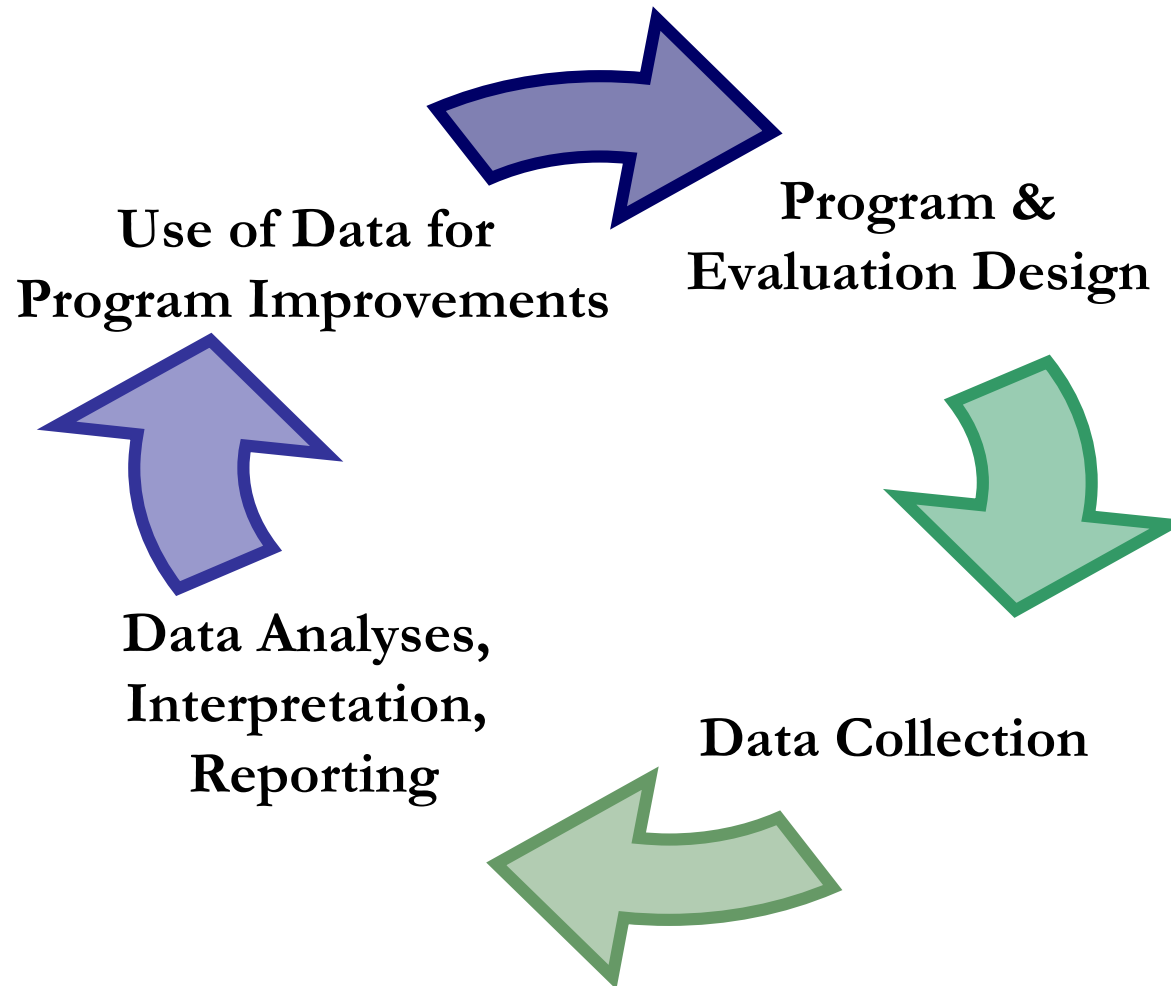


Development Continuum

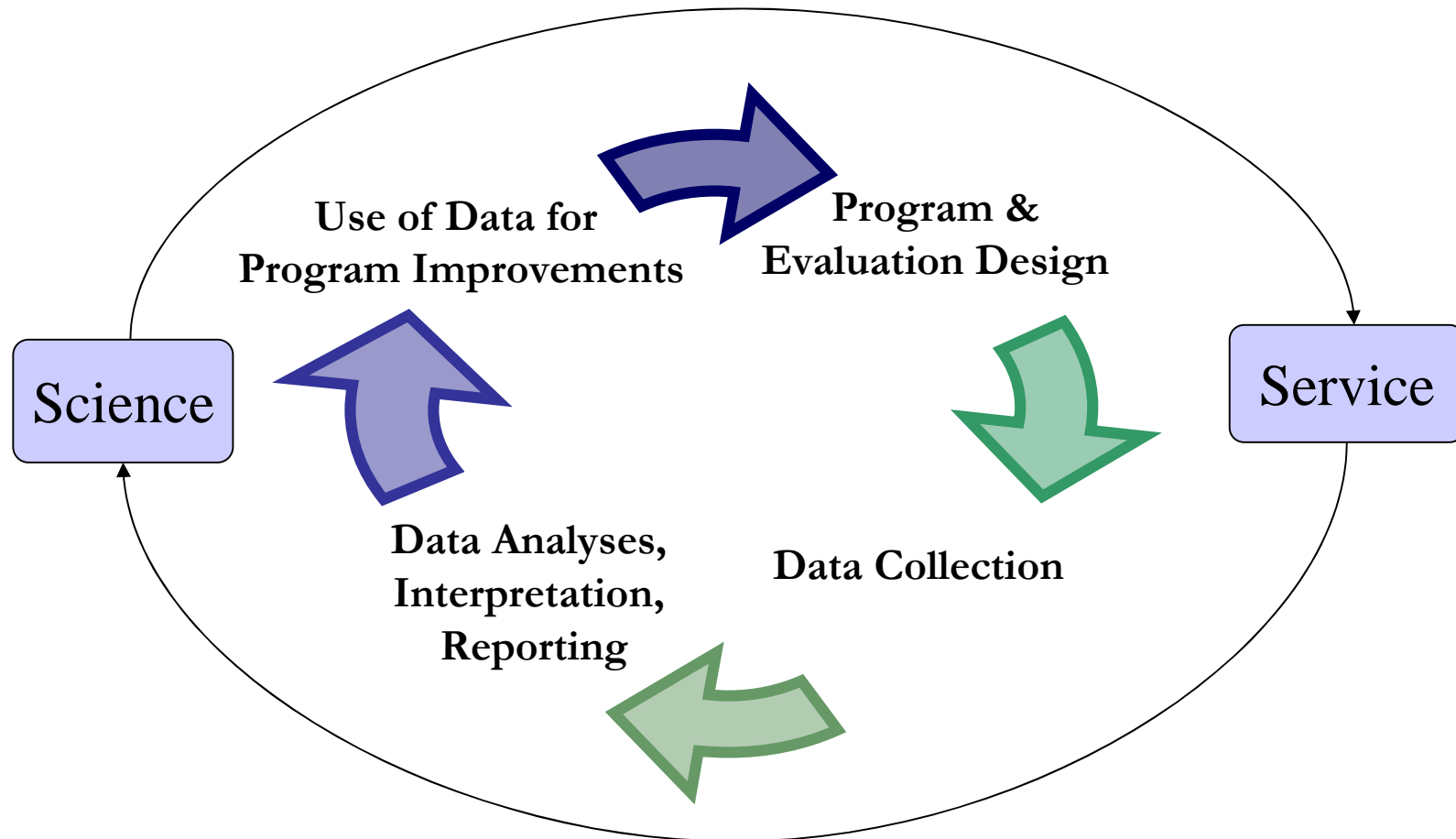




Evaluation Life Cycle



Continuum and Life Cycle





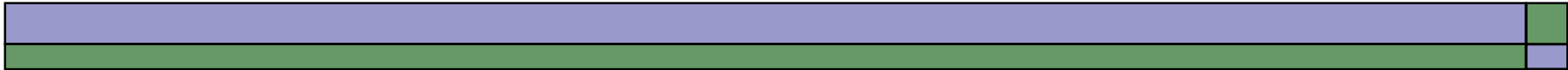
Why Practitioners and Funders like Evidence-Based Approaches

- Clearly defined “road map”
- Resources and support
- Better able to make the case (e.g., taxpayers) that your approach will be successful
- Knowledge that your program is sound

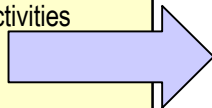


Common Concerns about Evidence-Based Approaches

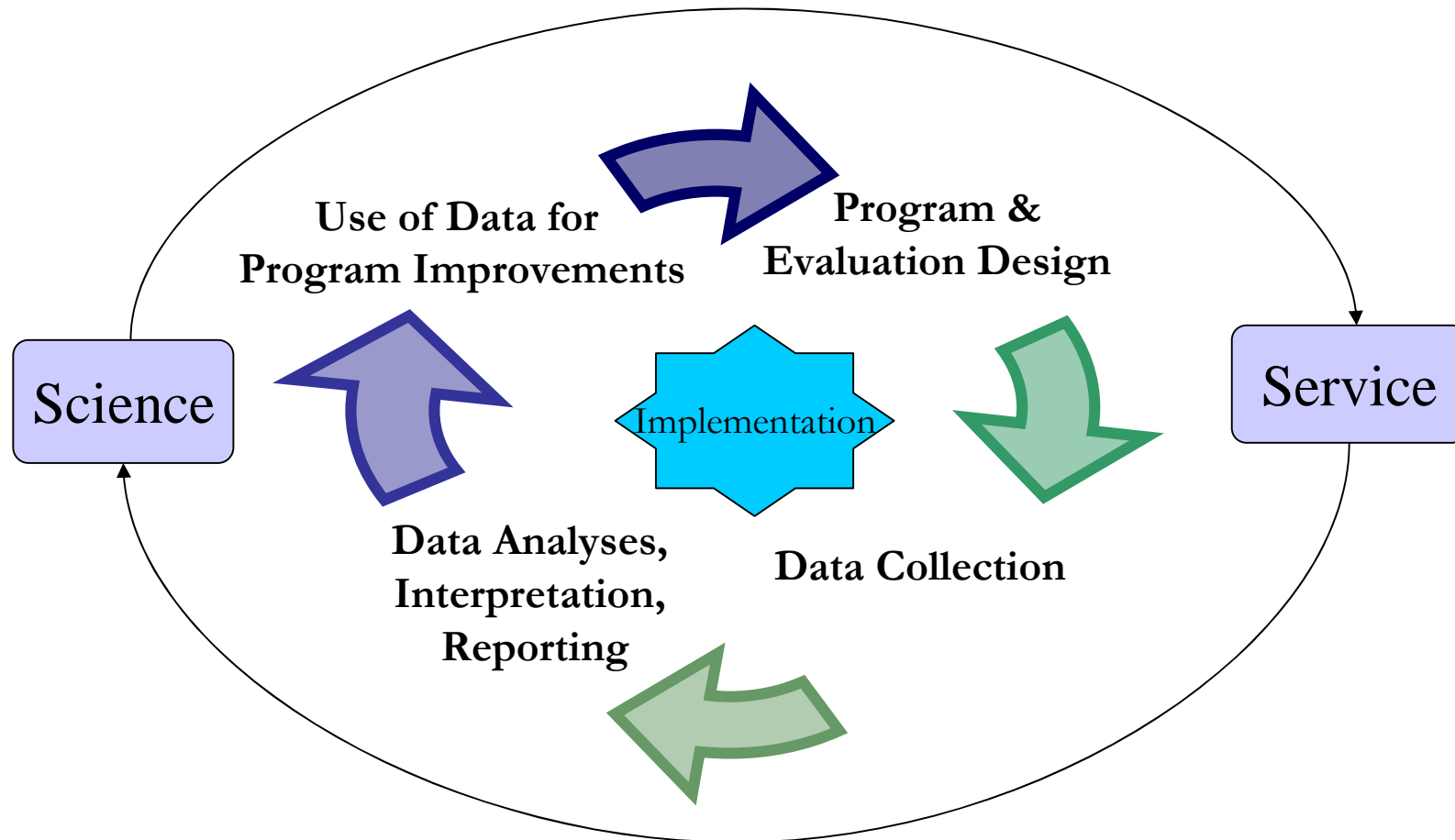
- ❑ Will replace (or seek to replace) practitioner judgment
- ❑ Will lead to “cookbook” practice
- ❑ Requires too much time to be employed in real-life practice settings
- ❑ Doesn't apply to “real-world” clients



How does your program provide Service?		How much service do you provide?	What difference does this program make?		
What RESOURCES are dedicated to this program?	What SERVICES are provided?	What AMOUNTS OF SERVICE are provided?	What are the BENEFITS TO PROGRAM PARTICIPANTS? (Outcomes should be in logical, sequential order and follow an if – then logic.)		
			Short-term	Intermediate	Long-term
<p>Types of resources: Money Staff Volunteers Staff time Volunteer time Supplies Facilities</p> <p>For example: 1 Home health aid staff member 2 dedicated admin staff 3 year funding stream from United Way Local grant 2 retired nurses as volunteers 2 student interns</p>	<p>Types of services: Curriculum that is implemented Training that is available to participants Activities implemented in community Education materials that are created and disseminated Partnerships that are formed</p> <p>For example: XYZ curriculum is offered during 16 1-hour sessions Home visits are completed weekly with each participant Education flyers are created monthly and disseminated at health clinics</p>	<p>Types of amounts: # of participants that attend the program # of hours of community forums # of brochures distributed # of monthly newsletters sent Community activities</p> <p>For example: 40 participants complete curriculum each semester 150 brochures are distributed weekly 40 home visits completed each week</p>	<p>Types of Short-term benefits Increased knowledge Increased skills Changed Attitude Altered Behaviors (benefits that can be expected in the short-term)</p> <p>For example: Parents who graduate the curriculum have improved communication and parenting skills High school students understand the importance of wearing seat belts after the training series</p>	<p>Types of Intermediate benefits: Increased knowledge Increased skills Changed Attitude Altered Behaviors (benefits that can be expected soon, but not immediately)</p> <p>For example: Parents who complete the program have more confidence in their parenting abilities one year after implementation Community members have established better coordinated services for the homeless population in ABC County</p>	<p>Types of Long-term benefits: Altered Behaviors Changed Norms Change in Policies Altered systems or organizational changes (benefits that cannot be expected for several years)</p> <p>For example: More children in ABC County receive all recommended immunizations on schedule by 2012 Decrease in the rate of teen pregnancy in ABC school within 5 years</p>



Continuum and Life Cycle





Key Terms in Implementation

➤ Dosage

- Are you providing the recommended amount of service?

➤ Fidelity

- Are you adhering to the specified model? (e.g. staff qualifications, training curriculum, target population)



Example of Dosage and Fidelity

- Nurturing Parenting Program
- The **dosage: 16** is what has been shown by the research to be the ideal number of sessions/visits
- **Fidelity** to the model: Experienced trainers, no more than one session per week, participation is voluntary
- If you don't follow the recommended regimen, you risk the chance of not improving or seeing an impact— e.g., not enough dose **or** enough dose, but little consistency

Implementation effects: Dosage

Number of Sessions

broken into 4 groups:

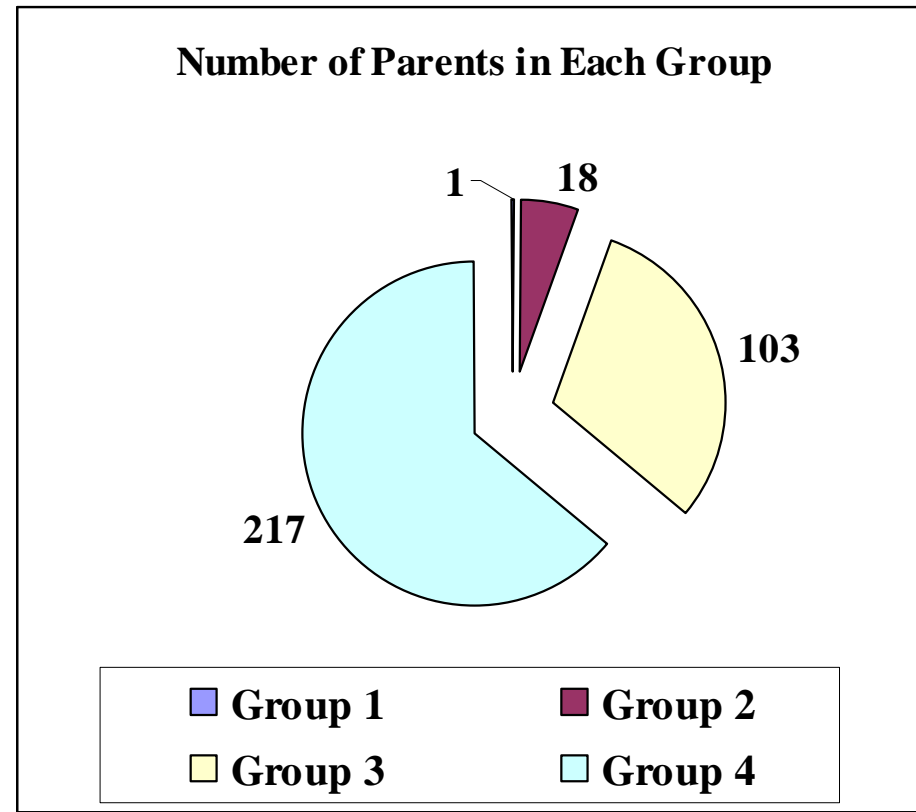
Group 1 = 8 or less sessions

Group 2 = 9 – 12 sessions

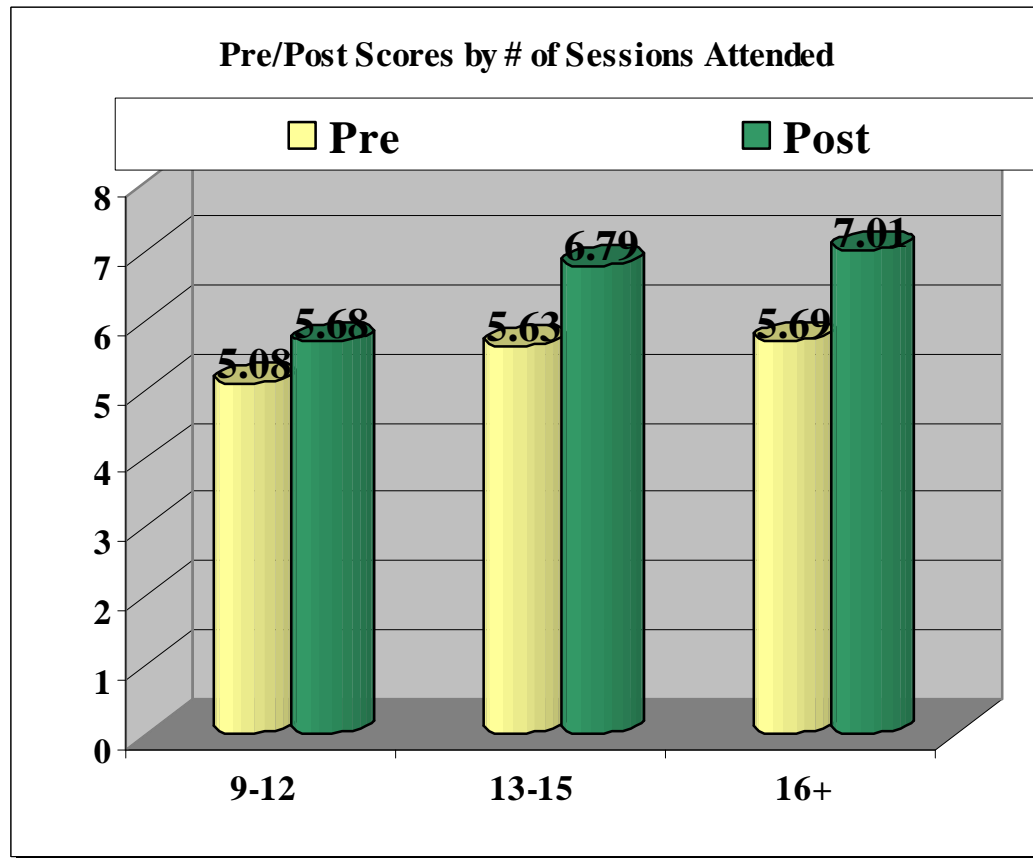
Group 3 = 13-15 sessions

Group 4 = 16+ sessions

Hypothesis: Parents who attend a higher number of sessions will improve more than those who attend less sessions.



Implementation effects: Dosage



Parents who attended more than 13 sessions **improved more** than those attending 9-12 sessions. And, parents who attended the full curriculum improved the most

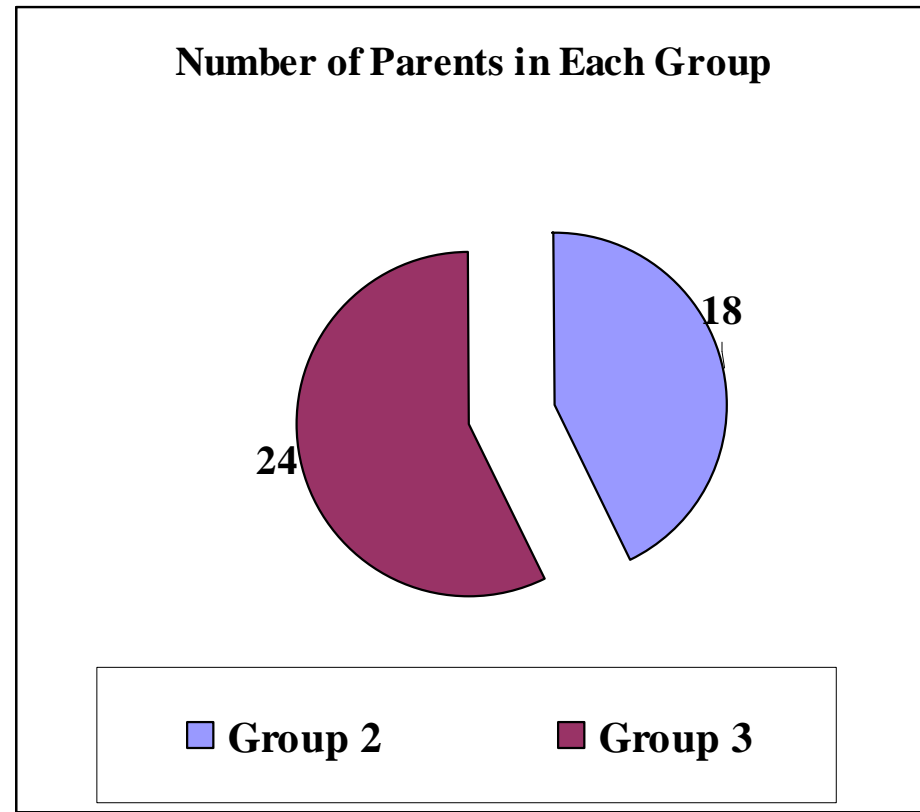
Implementation effects: Fidelity

Not-Voluntary

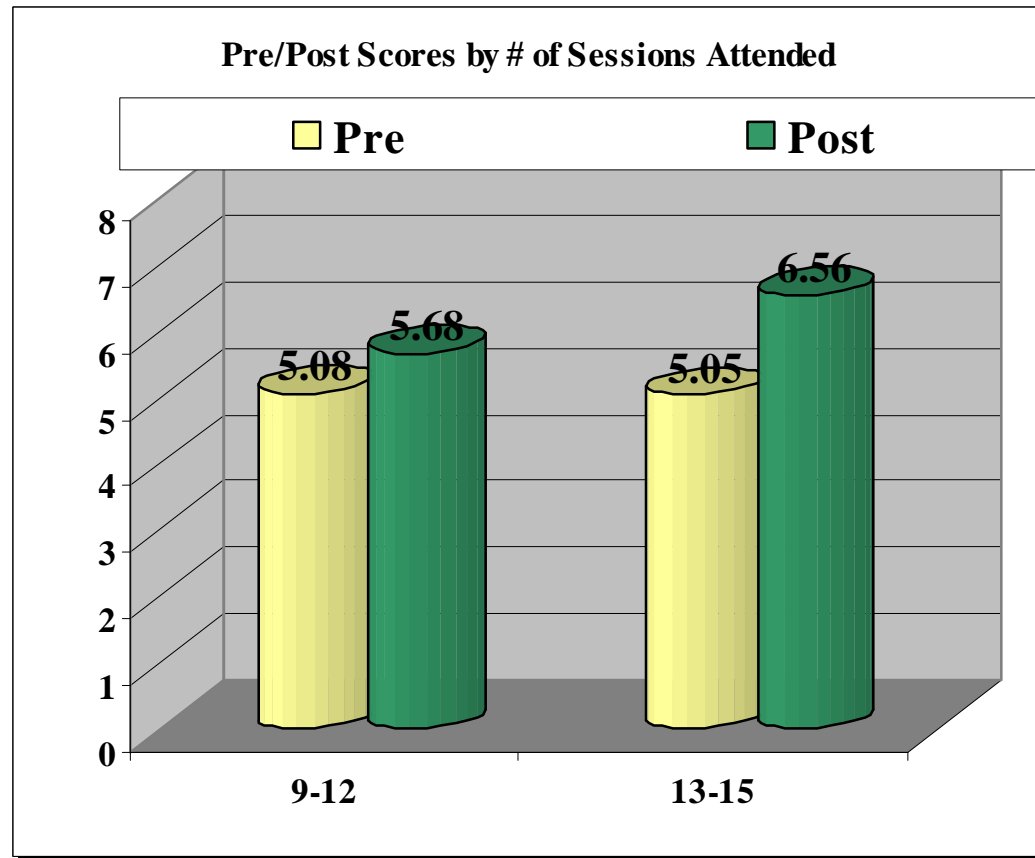
Group 2 = 9–12 sessions

Group 3 = 13-15 sessions

Question: Does fidelity to the model matter? Does it matter if participants are volunteers?



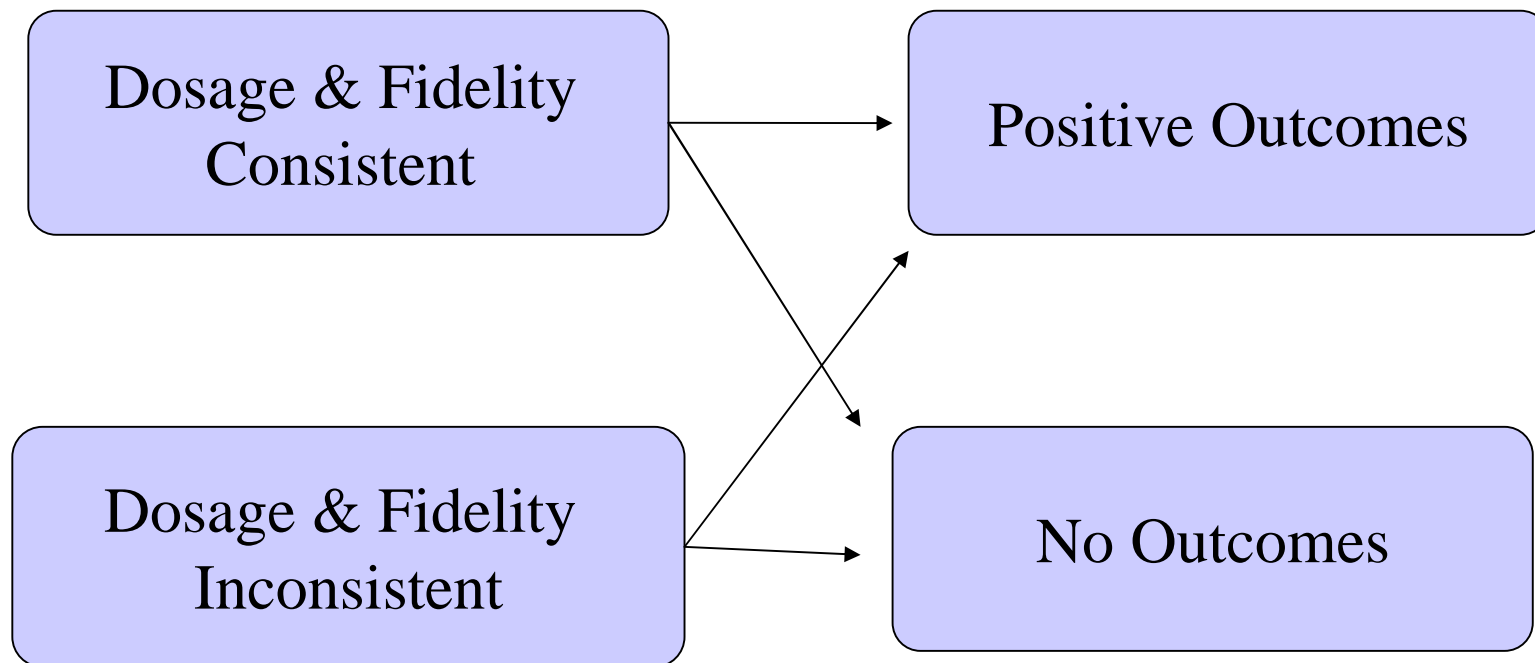
Implementation effects: Dosage and Fidelity



In this particular case, fidelity to model (voluntary participation) could not be controlled.

For those with more sessions (dosage), even though non-voluntary (lack of fidelity) they did better.

Implementation to Outcomes





Small Group Discussion

- ❑ Share briefly about your services; what are you implementing?
- ❑ What outcomes have you found?
- ❑ How did implementation affect your outcomes?
- ❑ What other lessons were learned?



Refining Your Program Model: Importance of Context

Practical Tools



Pulling it all together

- *What is the best fit?*
- *What are the current resources in place?*
- What exactly are the services being provided?
- What are the specified goals/outcomes?



What other factors may influence implementation?

□ **Goodness of Fit**

- Does it fit the capacity & resources?
- Does it fit the overall mission?
- Does it fit the community's readiness?
- Is it culturally appropriate for the focus population?



What are the current resources in place?

Program	Types of Services	Population and Geographic Region Served	What's the evidence -base?	Funding level, length, etc.	Current limitations, challenges, etc.



Compare Resources in Place

- What do the comparisons reveal about how well the issues are currently being addressed?
 - Does it adequately address the problem?
 - Is there enough “dosage”?
 - Is it the right population?
 - Does it cover the geographical region of focus?
 - Are there issues with the current approaches?



Approach Comparison Table

		What aspects of this approach address the <i>issues/outcomes</i> and target population that your program is going to address?	How does this approach add to already existing services?	What are the resources needed? (e.g., facilities, staff, materials, training, etc.)	

Approach Comparison Table

	What is the name of the approach and did you find it? (name of website, etc.)	What aspects of this approach address the <i>issues/outcomes</i> and target population that your program is going to address?	How does this approach add to already existing services?	What are the resources needed? (e.g., facilities, staff, materials, training, etc.)	How well does this approach "fit"? Will adaptations be necessary?



Case Study of Evidence-Based Approach

Boulder Shelter for the Homeless:
Housing First Approach



Local Case Study: Evidence-Based Strategy

Welcome Greg Harms, from
the Boulder Shelter
for the Homeless to talk about the
Housing First Program





Guiding Questions

- Where do you think this program falls in the continuum of Science to Service/ Service to Science?
- What is the focus of the evaluation?
- How will they know if their program is “working”?
- Are there any lessons you can take away from this program that can apply to the work you are doing?



Technical Assistance from OMNI

- ❑ OMNI trainers will be available on June 26th from 9am to 4pm to meet with individual organizations to answer questions specific to your programs
- ❑ Sign-up for a one hour slot through The Community Foundation
- ❑ Email EvaluationTA@omni.org and we will respond to specific questions you may have related to the content covered in this training or the previous training
- ❑ Please complete the evaluation form in your folder