

HEPCONNECT



A PROGRAM EVALUATION TOOLKIT for Harm Reduction Organizations

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**NATIONAL
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COALITION**

 **GILEAD**

This program evaluation toolkit was developed by ETR, in collaboration with the National Harm Reduction Coalition, to support the evaluation and sustainability planning efforts of Gilead's HepConnect grantees.

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This program evaluation toolkit was developed by [ETR](#), in collaboration with the [National Harm Reduction Coalition](#), to support the evaluation and sustainability planning efforts of Gilead’s [HepConnect](#) grantees. HepConnect is a 5-year initiative that focuses on reducing the number of chronic hepatitis C (HCV) infections within the greater Appalachian region that intersect with the opioid crisis.

The information included in this toolkit has been informed by the expertise of professional evaluators, harm reduction direct service providers, persons who use drugs (PWUD), and other harm reduction allies. Special thanks to the HepConnect evaluation team at ETR (Rebecca Erenrich, Kristin Kennedy, and Dr. Sam Ware), the National Harm Reduction Coalition’s Regional Director (Tamika Jackson), independent content consultants (Kelly Stevens and Luka Bair), independent graphic designer (Michelle Falise), ETR’s web development team (Cori Kocher, Larry Hardison, and Natalie Ordway), and the community of harm reduction providers from Aliveness Project Northwest Indiana, Madison County Health Department, Virginia Harm Reduction Coalition, Choice Health Network, Olive Branch Gals, and Indiana Recovery Alliance, for their assistance in the content development and formatting of this toolkit resource.

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Introduction

- *Have you ever wondered what goes into evaluating your program?*
- *Are you curious about ways to strengthen your existing harm reduction program evaluation process?*
- *Have you been searching for evaluation tools and resources that you can adapt to meet your needs?*

If you answered yes to any of the above questions, this toolkit is for you!

For decades, harm reductionists have provided essential services that have saved lives, strengthened communities, restored hope, and promoted the visibility of people who use drugs. Unlike alternate toolkits, this toolkit has been designed and tailored in collaboration with harm reduction programs like yours with the aim of meeting programs where they are in their evaluation process and supporting the growth and evolution of their evaluation efforts over time.

WHAT IS HARM REDUCTION?

“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

-National Harm Reduction Coalition

The purpose of this resource is simple: to provide a broad introduction to harm reduction program evaluation and to offer practical guidance and tools for staff and volunteers that can be tailored to align with the needs, capacities, and goals of community-facing harm reduction programs.

Whether you are a seasoned evaluator or are simply interested in learning more about program evaluation, this toolkit will help you:

- Recognize common challenges for facilitators when supporting program evaluation activities in a harm reduction program
- Identify the fundamental elements of a harm reduction program evaluation
- Determine the questions an evaluation plan should pose
- Select the ways to collect information for your evaluation that align with your program
- Understand “best practices” when evaluating a harm reduction program evaluation, and
- Apply strategies for maximizing the impact of program evaluation findings

Keep in mind, there is no one-size-fits-all solution when it comes to program evaluation. As someone on the frontline of your organization’s harm reduction work, your understanding of what will and won’t work for your program is invaluable, and this toolkit will not be able to match or replace that (nor will it try)! Instead, consider this toolkit an additional resource that can be used to help you process, brainstorm, and map out an evaluation that meets your needs.

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What Is In This Toolkit?

The toolkit walks you through the fundamentals of program evaluation, with an emphasis on how staff and volunteers can reinforce their harm reduction program evaluation practices. Each of the five modules that make up this toolkit contains information on a specific component of the evaluation process, starting with making the case and ending with strategies for sharing your evaluation results with different audiences. Although the modules were organized sequentially, each module focuses on a distinct component of the evaluation process and, if needed, can be reviewed independently based on your program evaluation needs.

Here is a brief overview of each module.

Mod 1

MODULE 1: *Making the Case for Program Evaluation*

For some, the idea of evaluating harm reduction programs can bring up conflicting feelings of resistance, frustration, and even annoyance. In *Module 1: Making the Case for Program Evaluation*, we will provide an overview of program evaluation and the benefits of integrating a meaningful program evaluation process that remains true to harm reduction principles. We will also provide an overview of the unique barriers and considerations related to integrating evaluation into programs and strategies for addressing resistance.

Key components of this section include:

- Defining program evaluation
- The importance of evaluating harm reduction programs to sustain the work
- Unique considerations when evaluating harm reduction programs

Mod 2

MODULE 2: *Preparing for Your Evaluation*

Module 2: Preparing for Your Evaluation lays out the core elements of a harm reduction program evaluation process. Here we will explore the intersections of racial and social justice in program evaluation design and its significance within harm reduction programs. We will also walk through common environmental and structural factors that impede evaluation plans and share helpful strategies to address them.

Key components of this section include:

- The role of racial justice, social justice, and inclusion in the evaluation process.
- An overview of the participatory evaluation framework.
- Common factors that can challenge program evaluation and strategies to mitigate their impact.

Mod 3

MODULE 3: *Planning Your Evaluation*

Program evaluation is all about answering the questions that you have about the work you are doing and its impact. In *Module 3: Planning Your Evaluation*, we will review key considerations for deciding what you want to get out of your evaluation, building the right team, and formulating clear, answerable questions that match your evaluation's aims.

Key components of this section include:

- Considerations when selecting your evaluation team.
- Elements of an evaluation plan.
- Asking the right questions.
- Aligning your evaluation with your harm reduction program needs.



MODULE 4: Doing Your Evaluation

Once you know what questions you want to answer, how do you answer them? *Module 4: Doing Your Evaluation*, highlights best practices for implementing your evaluation plan and thoughtfully collecting, storing, and analyzing your evaluation data.

Key components of this section include:

- Selecting the right evaluation tools.
- Identifying a data collection process that aligns with your program needs.
- Considerations for data analysis.



MODULE 5: Using Your Evaluation

When you've got it, flaunt it! *Module 5: Using Your Evaluation*, dives into the strategies and approaches for using your evaluation findings to promote community awareness, strengthen partnerships, and advocate for necessary resources.

Key components of this section include:

- Using your evaluation results for program improvement and sustainability.
- How to promote innovative practices using evaluation data.
- Identifying an appropriate communications strategy and data visualization products.

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How to Navigate This Toolkit

This practical resource will walk you through the steps of evaluation and offer tools and resources that will reinforce your engagement in the evaluation process. No matter the size of the harm reduction program, there is something for everyone in this toolkit!

Before you dive in, there are a couple of things to keep in mind.

First, there is no wrong way to use this resource. Within each module, you will find a host of tools, templates, references, and reflection questions. You will also find vignettes and helpful quotes from harm reductionists in the field sharing their best practices, lessons learned, and key considerations. Take whatever feels relevant to you!



Throughout this toolkit, you will also find vignettes, mini-lessons, and helpful quotes from real harm reductionists across the country who are actively working in the field. They will share their best practices, lessons learned and key considerations.

And, lastly, don't forget to save this resource for future use!

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What Does It Mean to “Make the Case,” and Why Is That Important?

Whether we know it or not, deep down we are all natural evaluators. We can't help it! It is written in our DNA as humans to be curious about why things are the way they are, and why they happen the way that they do. Even something as simple as leaving a review of a new restaurant on Google or looking up reviews of a newly released movie before purchasing the tickets are examples of just how routine evaluation is in our everyday lives.

But, for many of us, something shifts when we are tasked with having to evaluate the programs we work on. Making the case for evaluation starts with us. It is about being mindful of how we feel about evaluation and how those feelings inform our willingness to engage, or not engage, in the process.

Here are some assessment questions to help you think through your current relationship to evaluation:

- Does the idea of evaluating your harm reduction program feel overwhelming?
- Do you feel forced by your funder to demonstrate an evaluation process?
- Do you believe that implementing a *program evaluation* is a waste of time and resources?
- Have previous experiences with evaluation felt like a waste of time?
- Are you nervous about having to ask your clients to participate in an evaluation?
- Do you feel that your organization does not possess the necessary tools (e.g. data collection software) to effectively evaluate your harm reduction program?

If you answered “yes” to any of the questions above, it is possible you might be feeling some hesitancy, negativity, or anxiety around program evaluation. The good news is, these feelings are perfectly normal. Unless you have a special affinity for implementing program evaluation efforts, just figuring out how and where to start can feel overwhelming. That is where this toolkit comes in!

In this module, we are going to make the case for program evaluation by naming and addressing individual and organizational reluctance toward the process, and explore how program evaluations can be used to honor the capacity, history, and cultural norms of your harm reduction program.

What is Program Evaluation?

“Program evaluation is the systemic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and contribute to continuous program improvement.”

—Centers for Disease Control and Prevention

Generally speaking, the purpose of a program evaluation is to understand and measure how well a program has been able to accomplish its goals and reach its desired impact.

When funders are the driving force behind when and why to evaluate a program, it can be difficult to see the value of this effort and its relevance to what matters most. But, the truth is, program evaluations can be both a useful and meaningful exercise for your and program team! Program evaluations can help you identify needs related to staffing and service delivery, retrieve the information needed to problem solve and make informed decisions, better understand how well your program is operating, gauge how your services are being received by the community, and pursue additional or complementary funding streams to sustain your efforts.

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Harm Reduction and Evaluation: A Natural Partnership

For a movement with limited resources confronting massive challenges, harm reduction has always required careful attention to the effectiveness and impact of everything it attempts. This makes evaluation and harm reduction a natural partnership, pairing insight with innovation to enable positive change and ensure the best possible outcomes for our communities.



VOICES FROM THE FIELD: DANNY CLAWSON

“When I was getting my MPH (Masters in Public Health), I became really passionate about making sure that we were effectively measuring what we were doing and following the evidence and making sure that we were not wasting our money...that translates really well into harm reduction. I think once the larger network trained up on monitoring and evaluation tactics and techniques, I really see an opportunity for this movement to be on the cutting edge of marrying radical community-based work and monitoring and evaluation.”



In short, when you evaluate your harm reduction program, you invest in:

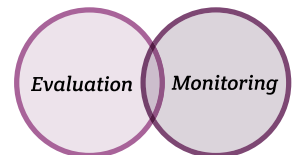
- Celebrating your strengths and successes of program delivery
- Developing a deeper awareness of challenges, or what is not working, and where to pivot to address problems quickly and truly meet the needs of the people you serve
- Owning the story of your past, your present, and the future potential of your work
- The ability to share your evaluation outcomes and best practices with peers and supporters in the field
- Having evidence of the effectiveness of your efforts, which can serve as a tool for convincing funders of the value of your work thus allowing you to sustain your efforts



Take a moment to reflect on other potential benefits to your program and your community when you evaluate your harm reduction program. How might those benefits improve service delivery and/or client experience?

Program Evaluation and Program Monitoring: What’s the Difference?

Have you ever put together a tracking sheet to keep a running count of the number of supplies you have given out, or used a sign-in sheet to capture the number of people who were present at an event? If so, you have engaged in a form of *program monitoring*. In essence, program monitoring is the routine collection of new or existing program data from tools such as databases, progress reports, and performance documents. It is typically done on an ongoing basis to better understand whether the program is operating as it should. When you regularly monitor your harm reduction program activities, you not only help your program stay organized, but also help ensure you have the information you need to make immediate program improvements and adjustments.



While the two practices overlap, program evaluation and program monitoring are two distinct activities. The table below details some of the notable differences between the two approaches.

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PROGRAM MONITORING

- Answers the question: "Are we doing things right?"
- Occurs on a routine basis
- Focuses on input, activity, and program output
- Provides information about the current status of program activity

PROGRAM EVALUATION

- Answers the question: "Are we doing the right thing?"
- Occurs on a periodic basis
- Focuses on outcomes, impact and overall goal of program
- Provides information about the overall impact of program activity

So, where does research fit in? Research aims to uncover new knowledge, or promote existing knowledge, about a theory, practice, or behavior. For example, over 30 years of *program research* has generated indisputable evidence that harm reduction interventions such as syringe services programs not only save lives, but are safe, effective, and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections.¹ Simply put, where program evaluation is focused solely on the impact and outcomes of a specific program, harm reduction research has broad implications for the field of harm reduction.

If you are interested in learning more about advances in harm reduction research as well as new and emerging research projects, visit the following sites:

Harm Reduction Journal: <https://harmreductionjournal.biomedcentral.com/>

NIH Harm Reduction Network: <https://heal.nih.gov/research/research-to-practice/harm-reduction-approaches-reduce-overdose-deaths>

Key Considerations: Making the Case Within Your Organization and Community

Earlier in this module, we highlighted some important benefits of program evaluation for individual harm reductionists to consider. Now let's talk about some key considerations when making the case for program evaluation within your organization and with members of your community. This often involves addressing mistrust or fear of negative consequences.

When it comes to making the case for program evaluation for your team or community, it is helpful to consider the following.

Meaningful involvement of people who use drugs (PWUD) is embedded within the core principles of harm reduction and is something that every program should consider when laying the foundation for an equitable and culturally responsive evaluation. **Meaningful involvement of PWUD** in program evaluation processes is about granting decision-making power to people with lived experience of drug use to inform the design, implementation, and analysis or reporting of an evaluation effort.

"In this society, if you use drugs, you become an expert at noticing and knowing because your life depends on it, but we rarely get treated like what we are: subject matter experts. People rarely think to ask a local expert about the deep questions and have a 5-minute conversation rather than a 5-week data collection effort."

—Luka Bair

What is Language Justice? Language justice is the practice of respecting everyone's fundamental right to communicate and receive information in the language that they prefer and feel most articulate and confident using. It also includes actions that work to dismantle language barriers and traditional systems of language-based oppression and discrimination.

¹ <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>

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➔ Here are a couple of questions to ask yourself as you consider what meaningful involvement can look like for your program:

- How will you compensate PWUD for their feedback and the sharing of their expertise?
- What training and support are you able to offer to ensure that PWUD are able to fully engage in the process?
- Are there processes in place to ensure that language justice standards are met and barriers related to accessibility are addressed?
- What policies or procedures might need to be reviewed, created and/or updated to allow for the full participation and engagement of PWUD in programmatic activities?

Additional information on how organizations can meaningfully involve people who use drugs can be found here: [AIDS United - Meaningful Involvement of People Who Use Drugs \[factsheet\]](#).

Emotional or ideological hesitance to program evaluation refers to the hesitation among staff or clients to engage in or contribute to a program evaluation due to uncertainty about the utility of the process. Both *emotional hesitance* (not feeling right about it) and *ideological resistance* (not feeling it is the right thing to do) come from somewhere, and, in many cases, are connected to a lack of trust in the integrity of the process, not feeling comfortable asking clients to share more information than is required for services, or having been burned by a poorly executed harm reduction program evaluation in the past. Whatever the reason, it is important to intentionally work to understand what might be fueling this reluctance and implement strategies that build trust, address concerns, and encourage authentic engagement.



Evaluation is not always flattering, but it is always helpful

In some cases, there may be a tendency to avoid evaluation in order to avoid facing uncomfortable or difficult truths. Acknowledging and naming that discomfort is the best way to overcome it. Evaluation can break the vicious cycle where lack of clarity allows problems to worsen and unpredictable crises to occur.



Voices from the Field: Al Forbes

“I think without evaluation tools, without inflection tools, you’re out there working but no one knows exactly what you’re doing. And I find that some people avoid evaluation because they’re afraid of what it might show.”

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The hostile political environment is another key consideration. Across the country, harm reduction program staff and clients are constantly at risk of being targeted, arrested, or shut down because of stigmatizing policy and public outcry against active drug use. Similarly, the political environment traditionally ranges from very hostile to extremely hostile for people who use drugs.

For many programs, collecting data on individuals who receive services, as well as the services themselves, can feel both risky and incriminating. Mistrust of the government and of government agencies is still very much a sensible attitude for people who use drugs, so while a program might feel they're suddenly operating in a more permissive environment, many PWUD won't be able to see it that way.

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Political hostility to harm reduction is the reality of prohibition

Harm reduction—as a movement—was created in response to the threats posed by a political and legislative program: the War on Drugs. For as long as the dominant political and legal regime supports the War on Drugs, harm reduction will be exposed to political hostility. In Barbie's case, despite support from all other stakeholders, a single political figure's opinions seriously hampered an effort to use evidence-based evaluation data to improve services.



Voices from the Field: Barbie Zabielski

"We asked questions and we told people that 'you matter to us' and now we're not doing anything with it. We almost feel like [not being able to deliver solutions due to political interference] has hurt our credibility, our ability to ask questions...It's very frustrating to be a public health agency, and not to be following best practices because of opinion."

Addressing the impact of hostilities toward harm reduction programs doesn't happen overnight, but with the increased visibility of the benefits of harm reduction, there is a reason to be hopeful.

Below are some strategies for making the case and addressing hesitancy.

| CONSIDERATION: MEANINGFUL INVOLVEMENT OF PEOPLE WHO USE DRUGS | |
|---|---|
| Strategies | <ul style="list-style-type: none"> - Secure diverse community representation - Facilitate the full participation of PWUD in the evaluation process (goal, definition, criteria of judgment, etc.) - Use a group decision-making process - Address area(s) of mistrust |
| Effect | Influence impedes resistance, and leads to: Identification and ownership regarding evaluation, common goals; increased commitment; trust, and improved cooperation |

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| CONSIDERATION: EMOTIONAL OR IDEOLOGICAL HESITANCY | |
|---|---|
| Strategies | <ul style="list-style-type: none"> - Address prior experience with evaluation - Inform about the purpose and uses of the evaluation to encourage transparency - Support a mutual exchange of information vs one-sided communication |
| Effect | Increased communication and knowledge about the evaluation process and intended outcome |
| CONSIDERATION: HOSTILE POLITICAL ENVIRONMENT | |
| Strategies | <ul style="list-style-type: none"> - Effectively (and, experientially) communicate benefits - Explore relationship building with local law enforcement and policy makers - Train staff/volunteers on Good Samaritan laws - Create a safe space to thoughtfully address anxieties and concerns |
| Effect | The potential "costs" of data evaluation will be more easily accepted |

Adapted from Taut, S. and Brauns, D. (2003). Resistance to evaluation: A psychological perspective. Sage Publication; 9(3): 247-264.




Al Forbes

Al Forbes is an independent consultant and evaluator working with the Aliveness Project Northwest Indiana. He describes his evaluation skills as “a continuation of my personal values and beliefs,” which have guided over two decades of experience working in the harm reduction movement and supporting people who use drugs, especially those in LGBTQ+ and Black communities. For Al, a lifelong practice and interest in internal and external improvement “helps me see that evaluation is an ongoing process and needs to be incorporated in every aspect of the conversation.”

 **“There was no one else to fill the role, the role needed to be filled.”**

Al highlights the key role that data and data capabilities play in harm reduction spaces, especially in spaces where improvement is critical but resources are limited, including small non-profits, minority non-profits, and LGBTQ+ organizations:

 **“They don’t have a lot of money, they don’t have a lot of resources, and when they do have money or resources, one of the ways to use that is to establish skills on evaluation or data collection...So they’re doing the work. They’re out there making a difference in the community, but they’re not monitoring or measuring that. So I come along and help them to create a framework in which they can tell this story, this narrative. For me, evaluation is what comes after you’ve done the work to ensure you’ve done the work well, so that’s what I typically do with my clients is just give them those tools**

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so they can look back and say 'We did the job' and 'We did it well.' The two aren't always married to each other. Maybe it's done, but it's not done well, that's why you do evaluation."



"Let's make it about the organization."

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Al shared a recent success story highlighting the broad scope of evaluation thinking and the need for an organization to have a clear vision of its capacities before it can fully leverage evaluation data. Working with a client who had just received a grant to incorporate the RedCap data platform, Al explored the organization's existing model as well as its existing questionnaires/forms, and soon recognized the need to step back and build a deeper framework to structure the program's data collection:



"So we have to sit down and go back to the drawing board and say, 'What are your programs? Not what are your services, but what are your programs?...Let's go back into evaluating what the organization is doing.' So, we did that. We then created a list of services under each department and then we started collecting data using a simple Excel spreadsheet. Evaluation is not just the formal part of looking back at the data, but also going back and evaluating what the organization is doing."

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With Al's support, the organization developed a more functional model and objectives, enabling them to use simple tools such as Excel to start collecting and interpreting data. Empowered with this additional capacity, the organization was able to approach major stakeholders and continue growing their data capacity:



"We started doing that data collection, and they were able to start going to the City of Chicago and Chicago Department of Health and the state Department of Health with data in hand. So it changed their ability to then look at what the organization was doing from a statistical standpoint, from a numerical standpoint. Then—when you have the numbers—it allows you to go back and evaluate what is going on... I tell people that evaluation doesn't have to be this long, complex process where you have to call [a specialist] in to do it. Evaluation is collecting the data and taking time to review the data."



"We're dealing with a traumatized population, our job is not to traumatize them further."

Building an evaluation model within an organization requires internal dialogues with colleagues, but when an evaluation requires collecting data from participants Al stresses the need for programs to be selective and aware about the data they collect:



"When I look at data collection, which is an essential property of evaluation, I ask 'Why are we having people taking questions and surveys with questions that have nothing to do with the work we want to do?' I tell my staff who do trainings 'If there's a question on here that has no relevance to the work you're doing, you're going to find resistance from the client, because they're going to want to know why you need to know that. If you can't answer that question, that tells me it shouldn't be on there'...Just make sure the questions are appropriate and that you have a reason for every question, that you've questioned the question, basically."

Now that we have gone over considerations for making the case, in the next module we review ways to set yourself and your team up for a successful harm reduction program evaluation process through preparation.

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Now that we have made the case for evaluation, let's dive into making sure you have all of the resources and capacities in place to carry forward an program evaluation process that aligns with your harm reduction program.

Let's Start at the Very Beginning...

As we prepare to launch our own program evaluation, one of the fundamental questions we should ask ourselves is, why are we doing this? In the last module (Making the Case for Program Evaluation) we learned that there are many benefits to evaluation. Now, it's time to nail down what our motivations are for engaging in this process, as well as what we want to accomplish as a result.

Am I evaluating my program to:

- Identify the strengths and successes of my harm reduction program?
- Acquire a better understanding of challenges, or what is not working, and where my program needs to pivot to address problem areas?
- Learn about areas where my harm reduction program can grow and/or expand?
- Share program updates and highlights with my funder?
- Share best practices and program highlights with peer organizations and community partners?
- Generate evidence of the effectiveness of harm reduction services to contribute to policy and advocacy efforts?
- Make the case for why my harm reduction program should continue to be funded and/or seek out additional funding?
- Other reason?

Having a clear understanding of our "why" helps to ensure that we are structuring our process appropriately and engaging the right resources that will help us along the way.

Now that we have our why, let's talk about the "when". When exactly is the best time to start preparing for an evaluation? The short answer is, it's never too late (or too early) to prepare for your evaluation. In fact, preparation can take place at any stage of your harm reduction program's implementation.

Let's go through a few common scenarios and considerations:

Scenario 1:

We are still trying to figure out how all of the pieces fit together for our harm reduction program and are doing our best to meet deadlines. When we start to get into a groove, we will likely find that we will have to make changes and come up with a new plan. ***Isn't it too early?***

- It's never too early! Preparing for your evaluation at this stage and including it as a part of your overall program planning can help to ensure you are allocating adequate resources, training opportunities, and the time needed to support your evaluation process.

Scenario 2:

Our harm reduction program has been up and running for a while, and we are constantly hearing from our clients and our partners that our work is making a difference in people's lives. We know that we are effective, and we know what we are doing works. ***Is this really needed?***

- Congratulations on having a long-standing harm reduction program that is making such an important difference in your community! While your personal knowledge of your program's impact in the community is invaluable, preparing for an evaluation at this stage can help to cultivate buy-

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in among staff and community on the benefits of program evaluation, as well as reinforce your program's value and aid in securing additional funding.

Scenario 3:

The funding for one component of our harm reduction work is coming to an end, and, given all of the moving pieces, we realize now that we weren't able to devote as much time to the program evaluation as we originally planned. ***Are we too late?***

- Many people find themselves in this very position, and, while this isn't the ideal time to begin preparing for an evaluation, it is still very doable. The benefits to preparing for an evaluation at this stage are the insights you can gain from having to scale your evaluation to match your timeline and your existing resources.



In this module, we will cover several things to consider when preparing for a program evaluation effort. Specifically, we will cover the importance of:

- **Assessing evaluation capacity**, or making sure your program team is equipped with everything needed to carry out an evaluation process without significantly disrupting day-to-day program activities
- **Considering culture** and the extent to which your own cultural background influences how you will conduct the evaluation, as well as how culture may affect how your attempts to evaluate may be received in your community
- **Advancing social equity** and assessing how your program can ground your evaluation process in equitable practices
- **Engaging community** and determining how you can include community as partners in the evaluation process
- **Identifying the evaluation type** that will be most appropriate for your program and the questions you'll be posing

Assessing Your Evaluation Capacity

Are you a team of one with many competing priorities, or is your team constantly sharing that there isn't enough time in the day to get things done? When so much of the work consists of making a way out of no way, taking time to assess your program's capacity for evaluation might seem like a silly concept. However, for the purposes of preparing for an evaluation process, being mindful of your true capacities is an important step in accurately scaling your evaluation effort to match what is both realistic and accomplishable.

These questions can help you assess your program's evaluation capacity:

INSTITUTIONAL READINESS

- Is there support for conducting evaluation from your organization's leadership (e.g., the board of directors or executive director)?
- Does the **culture** in your organization support information sharing, discussion and learning, and an openness to new ideas in decision making?
- Is your organization willing and able to allocate the necessary resources to the evaluation process (e.g., time, staff, funding)?
- Are there systems in place within your organization for data collection, storage, processing, analysis, and/or reporting?

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PROGRAM READINESS

- Is there agreement about what the program you intend to evaluate is supposed to accomplish in the short- and long-term?
- Does the culture in your organization support information sharing, discussion and learning, and an openness to new ideas in decision-making?
- Do stakeholders share an understanding of how the intervention operates (i.e., how the program is supposed to accomplish its aims)?
- Are there systems in place within your organization for data collection, storage, processing, analysis, and/or reporting?
- Are there preliminary signs that the program is functioning well?
- Is there a plan (even an informal one) for how the program is supposed to run?
- Are there any upcoming external factors that could prevent the program from reaching its intended outcomes, such as potential changes in funding or policy?

Based on the [Clearinghouse for Military Family Readiness Program Evaluability Assessment](#).

If you answered “no” or “unsure” to some of these questions, it may be wise to consider what needs to happen to prepare your organization for program evaluation. Perhaps you and your team would benefit from having some internal conversations about how your program is supposed to be accomplishing its goals, or you might need to figure out how to dedicate the resources needed to do your evaluation right. It is also possible that you may find that delaying your evaluation plans until your organization has found its footing is the wisest course at this time. Keep in mind that preparation is a process, and no matter where you are starting from, there is always room to grow and evolve.

These resources may assist you in building your program evaluation capacity:

[Building a Strategic Learning and Evaluation System for Your Organization](#) by FSG
[Working Better Together: Building Nonprofit Collaborative Capacity](#) by GEO Funders
[Organizational Capacity Assessment Tool](#) by AmeriCorps

Considering Culture as You Prepare to Evaluate

When planning a program evaluation, it is important to consider the role of culture because of its influence on every aspect of the evaluation process. Culture influences how we conceptualize, plan for, and implement our program evaluations. It has the power to inform the types of questions we choose to ask, the people we choose to involve in the process, and even the value we place on certain feedback.

Examining Culture. When many of us think of culture, we typically think of categories such as racial and ethnic groups, gender, and age. And, while those groups embody a wide range of cultures, they just scratch the surface when it comes to the complexities of culture and cultural identity. Broadly speaking, culture is the ever-changing, learned systems of knowledge that influence behavior, attitudes, perceptions, and one's sense of belonging in both universal and specific ways.¹

Being mindful of the role culture plays in evaluation can help us to become more intentional about checking our perceptions and encourage us to facilitate a more inclusive process that elevates the viewpoints of the community we serve and the staff/volunteers we entrust to deliver those services.

¹ Bradley, N. (2014). [What is culture? A brief look at the development of 'culture' and its understanding in language teaching.](#)

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Here are some culture-specific questions that may be helpful to ask yourself as you reflect on the role of culture within your evaluation process to date²:

- What social identities and cultural groups do I belong to and how do they color the lens through which I view and approach my harm reduction program?
- Are there enough resources and time for us to build relationships and trust through this evaluation process? If not, is it possible for us to implement this evaluation without impacting existing relationships within the community?
- Who are the “gatekeepers of knowledge” who can help us better understand the social context of the program or community?
- What culture missteps should our harm reduction program be careful not to repeat?

Addressing Our Biases. Biases can be defined as “a tendency, or prejudice, toward or against something or someone.”³ Some of our biases are known to us, and other biases operate outside of our awareness. Those types of biases are commonly referred to as implicit biases, or blind spots. When it comes to your program evaluation, the presence of unchecked or unacknowledged biases can lead to inaccurate findings and ultimately can reduce the credibility of your program evaluation. For this reason, it is important to both acknowledge the presence of biases, and build processes to mitigate the impact of those biases on the integrity of our program evaluation effort.

There are many biases that can be present throughout an evaluation process. Of those, the following three biases often stand out within program evaluations:

- **Confirmation bias:** This bias refers to the tendency to support an existing belief or understanding. Within a program evaluation, confirmation bias may motivate an evaluator or an evaluation team to seek out data that aligns with their understanding of how their program has benefited the community, and disregard information that might contradict or refute that data.
- **Response bias:** This bias refers to people's tendency to share incorrect or incomplete information due to fear or discomfort around sharing more truthful data that reflects their experience. If this bias is present, it can lead to the collection and analysis of inaccurate data and the development of incomplete or false conclusions. This type of bias is often found among evaluation respondents, but can also be held by members of the program team or the evaluation team who fear that sharing openly and honestly will negatively impact their employment or ability to contribute to the project.
- **Selection bias:** This bias refers to selecting individuals to participate or contribute to the evaluation process who do not accurately or fully reflect the demographics of your target population. An example of this bias is seeking out specific clients to participate in an interview because it is known that they had a positive experience or are liked by staff.

Although biases are a part of human nature, they are not etched in stone. It is helpful to keep in mind that we each have the power to address our biases and mitigate the impact of biased decision making, particularly when it has the potential to negatively affect your program evaluation.

To learn more about bias that are common in program evaluations and how to address them, check out these resources:

[Bias in Program Evaluation Tip Sheet](#) by Youth Development Executive of King County

[How Cognitive Biases Affect Monitoring, Evaluation and Learning](#) by ODI

[What is Response Bias and How Can You Avoid It](#) by Qualtrics

[Selection Bias](#) by Qualtrics

² Adapted from: The Colorado Trust - [The Importance of Culture in Evaluation: A Practical Guide for Evaluators](#) (2007) and [CDC - Practical Strategies for Culturally Competent Evaluation](#) (2017).

³ *Psychology Today*. Bias. <https://www.psychologytoday.com/us/basics/bias>

WHAT IS SOCIAL JUSTICE?

“Social justice is the pursuit of equal rights and equitable opportunity for all”

-San Diego Foundation

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Focusing on Racial and Gender Equity. Incorporating a focus on racial and gender equity requires taking intentional steps toward eliminating gender and racial disparities within your program and committing to an evaluation process that will contribute to measurable change in the lives and experiences of program staff and participants who are people of color, as well as those who identify as transgender or non-binary.

To invest in racial and gender equity work means that you are investing in *social justice*. It also requires the normalization of conversations about race, white supremacy, transphobia, and discrimination as they exist within the larger community context and within the organization. These types of conversations are never comfortable and often require the assistance of an external facilitator who can help create a safe, constructive, and affirming environment for awareness building, dialogue, and decision making. The *Road Map for Racial and Gender Equity* offers a framework and a series of reflection questions to help you to assess where you currently fall in your racial and gender equity work journey.

Road Map for Racial and Gender Equity

| | | |
|----------|---------------------|--|
| P | Problem Awareness | CONDITION: “Do I have an understanding of what the problems are and what the problems stem from?” |
| R | Root Cause Analysis | |
| E | Empathy | CONCERN: “How do I feel about the problems and the people who are harmed by those problems?” |
| S | Strategy | CORRECTION: “Do I know how to address the problems and am I willing to direct the needed resources and attention to addressing them?” |
| S | Sacrifice | |

Adapted from Harvard Business Review (2020). How to promote racial equity in the workplace. <https://hbr.org/2020/09/how-to-promote-racial-equity-in-the-workplace>

“There is a difference between Black harm reduction and White harm reduction. Oftentimes, harm reduction comes to us in a White model...what we’ve been finding in the Black harm reduction community is a need to educate our [white] counterparts that ‘while you’re well intentioned, you still come in through the eyes of a racist society, and that’s going to affect the way you view the person [you’re engaging].”
—Al Forbes

Here are some additional resources to support your continued learning and strategy development:

Racial Equity

[The Racial Equity Impact Assessment Toolkit](#) by Race Forward

[The Six Typical Phases of Racial Equity Work](#) by drworks

[Continuum of Becoming an Anti-Racist, Multicultural Institution](#) by Crossroads Ministry

[The Work Is Not The Workshop: Talking and Doing, Visibility and Accountability in the White Anti-Racist Community](#) by Catherine Jones

Gender Equity

[Transgender Rights Toolkit](#) by Lambda Legal

[DEI Toolkit: Gender and Gender Identity](#) by AAUW (American Association of University Women)

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Prioritizing Inclusion. *Inclusion* can take many different forms but, for our purposes, we are referring to the meaningful involvement of PWUD and people with lived experience throughout the evaluation process. It involves establishing a low-barrier and accessible pathway to engagement and participation, while maintaining an openness to learning and receiving insights.

| PWUD INCLUSION MODEL (Impact increases on the decision as you move down the chart) | |
|---|---|
| INFORM | <p>Public participation goal: "Here is what's happening." <i>(One-directional information sharing)</i></p> <p>Promise to the public: Providing information to PWUD that will support their understanding of the purpose and intended outcome of the evaluation process</p> |
| CONSULT | <p>Public participation goal: "Here are some options: what do you think?" <i>(Information sharing and feedback)</i></p> <p>Promise to the public: Facilitating opportunities to obtain feedback from PWUD on the development of the evaluation process</p> |
| INVOLVE | <p>Public participation goal: "Here is a problem: what idea(s) do you have?" <i>(Bi-directional information sharing)</i></p> <p>Promise to the public: Working with PWUD to ensure concerns and desires for the program are considered and reflected in the evaluation process</p> |
| COLLABORATE | <p>Public participation goal: "Let's work together to solve this problem." <i>(Partnership and trust building)</i></p> <p>Promise to the public: Engaging PWUD as partners and soliciting advice and recommendations on the design and implementation of the evaluation process</p> |
| EMPOWER | <p>Public participation goal: "We will implement the process that you decide is best." <i>(Shared leadership and ownership)</i></p> <p>Promise to the public: Placing the final decision making in the hands of PWUD</p> |

Adapted from the [IAP2 Spectrum of Public Participation](#)



Now that you have reviewed the PWUD Inclusion Model, consider the following questions:

- What level of engagement would you like to be able to facilitate with PWUD?
- What is a realistic level of engagement that your program can have with PWUD?
- What can you put in place to support increased inclusion of PWUD in your evaluation process?

It is important to keep in mind that inclusion is not blind acceptance of what people ask for or recommend. Like many other program activities, your evaluation is going to have its limitations. When prioritizing inclusion, it is important to clearly communicate what the parameters, boundaries, and program capacities are, as well as what your policies will allow so that all parties understand what is and isn't possible.

The Participatory Evaluation Approach⁴

"[We're] tired of people misrepresenting us or not putting drug users to the forefront in addressing what the problem is or what the solution is...[T]here's not many people doing drug user-led evaluation policies or drug user-led stuff to be evaluated."

-Nick Voyle, Executive Director of Indiana Recovery Alliance

Now that we have laid the foundation for the role of culture, equity, and inclusion in evaluation, let's explore a community-centered approach that pulls all of those elements together.

WHAT IS AN EVALUATION APPROACH?

Evaluation approaches are the "distinct ways to think about, design, and conduct evaluation efforts".³

Participatory evaluation is an *evaluation approach* that emphasizes involving in the evaluation process those individuals who will be directly impacted by how the evaluation is carried out and what it finds, and then using the results to strengthen programs.⁵ As the name suggests, this approach creates a pathway for PWUD to contribute as collaborative partners and work together with staff and volunteers to design and implement an evaluation process that is meaningful for all.



There are many benefits to incorporating this approach in your process, including⁴:

- getting information you wouldn't get otherwise
- learning what worked and what didn't from the perspective of those most directly impacted
- empowering PWUD and staff
- teaching skills that can be used in employment and other areas of life
- encouraging community to have a sense of ownership of the project
- sparking creativity in everyone involved
- fitting into a larger program community engagement strategy

So, how exactly does it work? There is no specific formula for fully integrating this approach into your evaluation process. There are four overarching steps⁶:

Ensure you have the "right" people at the table. This is the most time-consuming element of the process because it requires identifying and training community members who have the ability to commit to a program evaluation process that might take up to a year to complete.

Establish evaluation "feedback loops." This element focuses on determining where the community will be engaged in the process. Ideally, community will be able to contribute to core components of the program

⁴ Child Welfare Information Gateway. (nd). <https://www.childwelfare.gov/topics/management/effectiveness/designing/evaluation>. US Department of Health and Human Services.

⁵ Community Toolbox (nd). Participatory Evaluation. <https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/participatory-evaluation/powerpoint>

⁶ Kranias, G. (2017). *Participatory Evaluation Toolkit*

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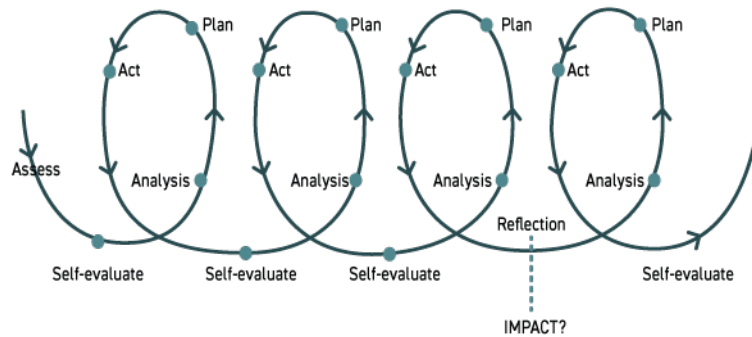
evaluation process, including:

- Deciding on the guiding questions.
- Choosing one (or more) information-gathering techniques.
- Collecting information.
- Discussing and analyzing the information that has been collected.
- Seeking consensus about evaluation conclusions and recommendations.
- Identifying actions that can be taken based on what is learned.

Start simple. If this is your first time incorporating this approach, it is probably not the time to develop a complicated community evaluation. Throughout the process, it is important to ensure that all communication is accessible and easy to understand.

Build a culture of reflection over time ... and stick with it! In the figure below you can see where in the continuum the approach makes space for a reflection period.

The Participatory Evaluation Cycle



Source: Jake Pfohl, "Participatory Evaluation: A Users's Guide," PACT.

If you have been a part of a program evaluation in the past, it is likely that it was structured in a traditional or conventional way. You can think of the *conventional evaluation* approach as a composite of all of the traditional ways we have been taught evaluations should be carried out. The table below details some of the attributes of a conventional approach and how they differ from the *participatory evaluation* approach.

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Differences Between Conventional and Participatory Evaluation

CONVENTIONAL EVALUATION

Who: External evaluators, experts

What: Predetermined indicators of success, principally cost and activity/production outputs

How: Focus on "scientific objectivity"; distancing of evaluator from other participants; uniform, complex procedures; delayed and limited access to results

When: Usually upon completion; sometimes also mid-term

Why: Accountability, usually summative, to determine if funding continues

PARTICIPATORY EVALUATION

Who: Community members, project staff, facilitator

What: People identify their own indicators of success

How: Self-evaluation; simple methods adapted to local culture; open, immediate sharing of results through community involvement in evaluation processes

When: Merging of monitoring and evaluation; hence frequent small-scale evaluations

Why: To empower local people to initiate, control and take corrective action

Source: [Narayan-Parker \(1993\)](#).

"Any tool or technique can be participatory, or not, depending on how it is used. The key is who makes the decision and who is in control. Project staff and evaluators often find that one of the most difficult challenges in participatory evaluation is giving up total control, or 'letting go' of their notion of the right way, the right question, the right wording, the right order, or the right answer."

-Deepa Narayan-Parker

It is also worth mentioning that, in most cases, it is not all or nothing when it comes to the two approaches. In fact, many programs have no choice but to strike a healthy balance between conventional and participatory approaches, particularly programs that have to incorporate funder-driven indicators for success or a specific funder mandated data-collection process.



While there are many benefits to using the participatory evaluation approach, there are also some important challenges to consider, including ⁴:

- It takes more time to carry out a participatory evaluation than a conventional evaluation.
- You have to make sure that everyone is involved, not just "leaders" of various groups.
- There has to be a mechanism in place to train people on understanding what goes into an evaluation, how the participatory process works, and how to meaningfully contribute.
- You have to get buy-in and commitment from participants.
- You may have to be creative about how you collect, record, and report information.
- Funders and policy makers may not understand or support participatory evaluation.

Despite the challenges, participatory evaluation can be the right choice for programs that are committed to the ongoing engagement and inclusion of PWUD in their program activities.

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Exploring Different Evaluation Types

Now that we have reviewed evaluation approaches, let's explore the type(s) of evaluations you may choose to take on. While there are many types of evaluations to choose from, the most common evaluations used by existing community-facing programs are *process evaluation*, *outcome evaluation*, *impact evaluation*, and *summative evaluation*. Knowing your evaluation type on the front end helps ensure a clear line of focus for what you want to know about your program and the data that needs to be collected throughout the program period to inform your process.

Evaluations can be conducted at different times throughout the lifecycle of your program. They can be used at the start of your program implementation to understand how your program is doing, at the end of a program to understand how your program has gone, or throughout your program to identify areas to strengthen. The table below outlines each of the evaluation types and when to use them.

When to Conduct Different Evaluation Types

| Type of Evaluation | TIMING in regard to Program Implementation | | | |
|--------------------|--|-------------|------------|-------------------------|
| | Beginning | Midway thru | At the end | After program has ended |
| PROCESS | ● | ● | ● | |
| OUTCOME | | ● | ● | |
| IMPACT | | ● | ● | ● |
| SUMMATIVE | | | | ● |

Here is a further breakdown of each of the evaluation types.

| PROCESS EVALUATION | |
|-------------------------------|--|
| What is it? | Focuses on whether your harm reduction program activities have been implemented in the way they were intended and resulted in the intended outputs. |
| Program Phase: | Start-Up and Implementation |
| When do you do it? | Process evaluations align with the start of your program implementation and can continue throughout the life of the program. |
| Answers the questions: | <ul style="list-style-type: none"> • What has your program done? • When did your program activities take place? • What were the barriers to and/or facilitators that support the implementation of your program activities? |
| OUTCOME EVALUATION | |
| What is it? | Measures the extent your program has influenced changes in behaviors, practices, or knowledge during the program period. |
| Program Phase: | Monitoring |
| When do you use it? | Outcome evaluations are usually conducted either midway through the program or at the end of the program period. |

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| | |
|-------------------------------|--|
| Answers the questions: | <ul style="list-style-type: none"> • Has the overall program goal been achieved? • What, if any, factors outside the program have contributed to or hindered the desired change? |
|-------------------------------|--|

IMPACT EVALUATION

| | |
|-------------------------------|---|
| What is it? | Assesses why or how a program has been able to influence sustained changes (impact) over time. It can also be used to determine which services help the program to accomplish its goals most effectively. The changes that are observed can be either directly or indirectly related to program activities. |
| Program Phase: | Reflection and Program Improvement |
| When do you use it? | An impact evaluation can take place midway through a program, after sufficient time has passed, or at the end of a program. |
| Answers the questions: | <ul style="list-style-type: none"> • What changes in participants' behaviors are the result of your program activities? • What would be lost in the community if the program no longer existed as is? |

SUMMATIVE EVALUATION

| | |
|-------------------------------|---|
| What is it? | Summative evaluations are intended to provide an overall synopsis of the effectiveness of the program. Typically, this type of evaluation helps to determine whether a program should be continued, expanded or ended. |
| Program Phase: | Sharing Lessons and Best Practices |
| When do you use it? | Summative evaluations usually take place after the completion of a program year or funding cycle. |
| Answers the questions: | <ul style="list-style-type: none"> • Should funding continue for this program? • Did the program ultimately accomplish its goal? • Should the harm reduction program services expand to other communities? |

Now let's revisit the three scenarios from the beginning of the module and determine the evaluation types that are likely most appropriate for each program, given the current implementation phase.

Scenario 1:

We are still trying to figure out how all the pieces fit together for our harm reduction program and are doing our best to meet deadlines. When we start to get into a groove, we will likely find that we will have to make changes and come up with a new plan.

- Most Appropriate Evaluation Type: **Process Evaluation**

Scenario 2:

Our harm reduction program has been up and running for a while and we are constantly hearing from

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our clients and our partners that our work is making a difference in people's lives. We know that we are effective, and we know what we are doing works.

- Most Appropriate Evaluation Type: **Process Evaluation, Outcome Evaluation, & Impact Evaluation**

Scenario 3:

The funding for one component of our harm reduction work is coming to an end and, given all of the moving pieces, we realize now that we weren't able to devote as much time to the program evaluation as we originally planned.

- Most Appropriate Evaluation Type: **Outcome Evaluation and Summative Evaluation**

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Barbie Zabielski, MPH, speaks to the need to plan evaluation questions carefully to expand clarity.



Barbie Zabielski, MPH

Barbie is a specialist in public health who works as the Deputy Director at the Virginia Harm Reduction Coalition. She is passionate about understanding the needs of program participants and advocating for them. While she acknowledges the importance of reporting data to funders, she believes evaluation should go beyond simple metrics and explore the actual impact of harm reduction programs.



"We want to tap into your knowledge about this world so that we can better understand and do a better job of advocating for you and serving your needs."

Barbie doesn't want evaluation data to show just superficial information or what could be learned from an intake form, she is passionate about building knowledge of participants' lives and their experiences, not just their interactions with SSPs.



"I feel like this is a population that really needs to be studied...We have to—instead of making people feel like we're doing a study because we want to look at them—we want to understand them because they are people we care about. We want to understand what we can do to serve them better. And we also want to make sure that they understand that we view them as experts in their own lives."

"We end up having a lot of black boxes where we don't know what happened, right?"

Barbie also speaks to the limitations of simple metrics and the need for in-depth data that explores the actual impact and outcomes of a program on a community. She explains that simple evaluation data, such as the number of vaccines or supplies distributed, does not reveal how people heard about the supplies and can create a "black box" because it fails to demonstrate the process underlying the impact of those supplies:

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"We go from, 'This is what I want to have happened and then here we are' and I have no idea to what extent any of these things was useful...all I know is that a whole load of people got vaccinated. My suspicion is that it had everything to do with the gift card we gave them. Do I know that for sure? Do I have any reason to believe that the flyers made any difference? I have no idea. I have no idea whether it's a complete waste of time or whether it's effective."

"What we do is a lot of process evaluation and then we do some outcome evaluation such as: this number of people got treated for hepatitis C, this number of people got connected and had at least one appointment with or initiated substance abuse treatment like this...so those are outcomes, and I totally appreciate that. But the thing that frustrates me is having too much of the black box stuff and too much of this stuff where we report what we did. We distributed, you know, fifty thousand condoms in a year, right? That's all fine. But did that change anything? Like how many pregnancies did you prevent? How many STIs did you prevent? That is the question."

"I'm a really big believer in focus groups."

As for how to get that impact data, Barbie highly recommends focus groups with compensated, engaged participants who each bring a different perspective and expertise to the conversation. With compensation, setting up these conversations is often easy.

=



"I don't think that they're that hard. They're not. I mean, they're really not that hard. You really just need a few questions to spark conversation and when you're talking about this population they love to talk."

Now that we have gone over considerations for making the case, in the next module we review ways to set yourself and your team up for a successful harm reduction program evaluation process through preparation.

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Planning is an important phase of the evaluation process. It is during this phase that program teams can begin to map out how the evaluation should be carried out and what should occur as a result¹.

Specifically, evaluation planning helps program teams²:

- Develop a step-by-step roadmap of the evaluation effort.
- Connect the dots between program planning efforts and your program evaluation efforts.
- Ensure the evaluation addresses what is helpful for funders (both new and prospective) to understand about the program.
- Identify the data collection methods and evaluation activities that best align with program and team capabilities.
- Establish a realistic timeline to carry out the evaluation.

In this module, we will go over the elements that contribute to a program evaluation planning process as well as tips and considerations for operating within a harm reduction program environment.

Planning - Harm Reduction Style

Scheduling, coordination, and communication are key whether you're planning to build a bridge or write a play, but it's important to consider from the outset how planning in harm reduction settings often poses unique challenges. Harm reduction programs face limited resources, time, and human capacity. Informal organizational methods and flexible, multi-faceted roles can be a strength of the harm reduction movement but come with their own challenges during planning phases. Finally, harm reduction programs operate within environments where external interruptions and crises are frequent. Many of these dynamics cannot be instantly fixed, but their impact can be mitigated by remaining aware and ready to adapt.

Trust your plans, but remember that nothing in harm reduction goes exactly as it should. Rather than locking yourself into anything with no room to adapt, plan to stay flexible!

Assembling Your Program Evaluation Team

Carrying out an evaluation is a group project, and establishing an active and involved *evaluation team* is a key first step. To implement an inclusive and participatory program evaluation process, the community must be invited to contribute to the evaluation planning in a meaningful way. Regardless of the scope or size of your harm reduction program evaluation, an evaluation team can ensure that your evaluation process is grounded in community voice and the perspectives of PWUD.

Often the individuals who are invited to be a part of an evaluation team are those with a vested interest in the results of the evaluation and its impact on your program and the drug user community. This group could include funders, project staff, working group members, clients, partner agencies, and any others who are invested in the strengthening and continued sustainability of the program³. Members of the evaluation team can be engaged in the process in the following ways⁴:

1 CDC. (n.d.) *Develop an effective evaluation plan: Setting the course for effective program evaluation*. <https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf>

2 Community Toolbox (n.d.). *Developing an evaluation plan*. <https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/evaluation-plan/main>

3 W. K. Kellogg Foundation (1998). *Evaluation Handbook*. <https://www.wkkf.org/-/media/62EF77BD5792454B807085B1AD044FE7.ashx>

4 IAP2. (n.d.). *Spectrum of P2*. <https://iap2canada.ca/Pillars>

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| INFORMING | CONSULTING | INVOLVING | COLLABORATING | EMPOWERING |
|---|--|--|--|--|
| Sharing regular updates about the progress of the evaluation process. | Seeking out feedback on the evaluation plan design, development, and implementation. | Ensuring the integration of insights and concerns throughout the evaluation process. | Looking to the evaluation team for advice and innovative solutions and incorporating recommendations to the extent possible. | Placing the final decision making in the hands of the evaluation team and implementing what they decide. |

For those programs that have established an evaluation team in the past for a previous evaluation, it may be worthwhile to re-engage individuals, or even re-activate the full group, to contribute to this effort.

For the programs that are establishing an evaluation team for the first time, now is the time to brainstorm! When brainstorming who should be invited to join the program evaluation team, it is helpful to start by drafting a list of as many people as you can. Think about those who are in some way touched by the program or impacted by the work.

Specifically, you may want to consider:

- Who provides funding for the initiative?
- Who will conduct the evaluation?
- Who do you collaborate with?
- Who is impacted by the work?

To ensure that you are casting a wide net, consider inviting colleagues who work on different pieces of the program to also contribute to this brainstorming exercise. There is no magic size when it comes to building an evaluation team. The size of the team should instead depend on what is needed to include a diverse range of perspectives in the evaluation process. As a harm reduction program, you also need to work out how you will recruit and engage PWUD as members of the evaluation team, and how you will connect everyone who is new to evaluation with the tools, resources, and/or mentorship they may need to support their full contribution to the process.

Below are some resources on how to effectively engage community in the evaluation process:

- [Evaluation and Community Engagement](#) by Nexus Community Partners
- [Engaging Community in Evaluation](#) by The Tamarack Institute. [YouTube clip]

Identifying Your Evaluator

In addition to assembling your evaluation team, determining who will serve as your evaluator should take place early on in the planning process. Whoever is selected will have the responsibility of leading all elements of the coordination and implementation of the evaluation effort and working collaboratively with both the program team and the evaluation team to ensure everyone is up to speed and engaged in the process. Deciding whether you will choose an internal evaluator or hire an external evaluator to lead the effort is important. Depending on your needs, you might opt to use an internal evaluator for certain components of the evaluation process and hire an external evaluator to specifically support the more complex or technical components of the evaluation (i.e., data analysis and write up of findings). As you consider which arrangement best aligns with your program needs, here are several pros and cons to keep in mind.

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THE PROS AND CONS OF INTERNAL EVALUATORS

Internal Evaluators: Staff who are on the program or within the organization conduct the evaluation

| | |
|-------------|---|
| PROs | <p>Existing Program Knowledge: Internal staff have prior knowledge of the program, the people involved and the unique cultural and political factors of the harm reduction program prior to the evaluation.</p> <p>More Cost Effective: An internal staff person may already be on the program, so having them lead these tasks may not have any additional cost.</p> <p>Increase In-House Expertise: Building into staff ability to lead this program evaluation may strengthen professional development and increase staff capacity to lead additional evaluation efforts.</p> |
| CONs | <p>Potential Bias: It's possible that internal staff may be incentivized to portray all program activities and their impact on the community in a positive light, and minimize any contradicting data.</p> <p>Limited Skill Set: Internal staff may not be as knowledgeable about how to coordinate, implement and monitor an evaluation effort.</p> <p>Distract from Other Duties: Adding the responsibility of leading this program evaluation may distract from the staff person's other job duties.</p> |

THE PROS AND CONS OF EXTERNAL EVALUATORS

External Evaluator: A consultant who is brought into the program supports a specific evaluation effort

| | |
|-------------|---|
| PROs | <p>Objective Perspective: An external evaluator will likely be less biased when conducting the evaluation because they do not have prior involvement in the program and possess no conflict of interest.</p> <p>Expertise: An external evaluator may possess a broader range of knowledge and skills regarding implementing a program evaluation and analyzing evaluation data.</p> |
| CONs | <p>Cost: External evaluators typically expect to be paid, and that may or may not be included in the program budget.</p> <p>Less Knowledge of the Program: External evaluators have to learn about the program before conducting the evaluation, which could take time and energy.</p> |

Source: [Program Evaluation Basics](#) by the University of Albany's Center for Human Services Research,

No matter which direction your program goes, it is important to clearly define who will take on which roles and responsibilities. If your team decides to designate a lead evaluator role, having a good working relationship with that person or that team is key to ensuring that the evaluation both stays on track and aligns with the needs and aims of your harm reduction program.

Here are some resources on collaborating with internal and external evaluators:

[Internal vs. External Evaluator](#) by New York Health Foundation

[Working with Internal and External Evaluators](#) by CDC

[Selecting and Working with an Evaluator](#) by Health Care Georgia Foundation

[How to Hire an Evaluator](#) by HHS

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Developing Your Harm Reduction Program Evaluation Plan

Once you have an evaluator in place, it's time to start developing the plan. While there is not a single template or structure that is universally used, every evaluation plan should serve as a roadmap for your evaluation effort by outlining:

- Who is involved and their role (**Building Role Clarity**)
- How the evaluation will support program goals and objectives (**Developing Your Logic Model**)
- The type of evaluation you are conducting (**Selecting Your Program Evaluation Type**)
- Your evaluation questions (**Developing Your Program Evaluation Questions**)
- Your data collection methods (**Identifying Your Data and Data Collection Methods**)
- Your evaluation timeline and needed resources (**Determining Your Resource Availability and Timeline**)

Building Role Clarity

Establishing on the front end how the lead evaluator, evaluation team and harm reduction program team will work together to support the evaluation can minimize ambiguity, build trust and enhance efficiencies. When promoting *role clarity* within diverse teams, it is helpful to prioritize the following:

Define each role. This involves making sure that everyone engaged is operating with a clear understanding of the roles and responsibilities of each individual within and across teams. Initial brainstorming meetings or pre-planning sessions are often informal, but it is critical to clearly define and fill roles once meaningful planning begins. Some related questions to consider:

- What level of involvement does each team have?
- How do the teams communicate feedback and concerns?
- How are decisions made?
- How does each team plug into the process?

Maintain a culture of transparency. Engaging in honest communication with all individuals involved in the evaluation process and being open about any challenges, barriers or delays that emerge not only ensures that people have all the information they need to contribute fully, but also helps build trust within the group. Creating transparency can also take the form of identifying communication and information channels that are accessible to all members, scheduling meetings at times and within locations where non-staff can easily be present, and capturing key decisions that are made and sharing those notes after every meeting.

Define what success looks like for everyone. This involves ensuring that everyone is on the same page regarding the purpose or desired aims of the evaluation. Creating space to discuss and develop a shared definition of success reinforces group cohesion, alignment, and commitment to the process. It can also help dispel any myths or misconceptions regarding what the program evaluation will be able to produce or facilitate. Planning team members should continually assess and be comfortable with voicing concerns regarding collective objectives. Questioning whether success is achievable using existing plans, or sharing concerns about matching an established scope, are precisely what allows a team to orient itself transparently toward realistic goals. Self-awareness, along with the importance placed on constructive critique, and a pragmatic clarity of vision are organizational elements that distinguish harm reduction planning.

While the process of building role clarity should occur toward the beginning of the planning process, it is worth keeping in mind that this may need to be an ongoing conversation that is revisited and reframed throughout your evaluation effort. This is particularly true if individuals are regularly rotating on and off the evaluation or program teams.

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Designing Your Logic Model: Connecting Your Evaluation to Your Harm Reduction Program

With the evaluation team and the evaluator in place, the next step in the planning process is to ensure that everyone has a working understanding of what your harm reduction *program goals* and objectives are, and how your program activities contribute to meeting those objectives. You can think of program goals as the overarching purpose or mission of your program. It is the statement that defines why you are doing what you are doing. An example of a harm reduction program goal:

- To improve access to Medication-Assisted Treatment (MAT) services for PWUD aged 18 and older.

Objectives are the ways that you plan to accomplish your program goal. Objectives can be as specific as a single quantitative change, or more complex, like establishing a new service to reach your program goals. Here are some examples of program objectives for the above goal:

- Raise the number of MAT referrals by 25%.
- Establish vetted community partners for psychosocial services.

There are typically no limits to the number of program goals and objectives. Your harm reduction program can have one goal or multiple goals, and each goal can have multiple objectives. Some goals are built into every harm reduction program, such as “improve safety and quality of life for PWUD,” but your program should also include goals specific to your context and community. Using your program goals and objectives to frame your evaluation design ensures that your program evaluation effort is accurately assessing the results of your program’s activity.

One way to visually depict how your program activities are tied to your goals and objectives is to develop a *logic model*. A logic model can offer the evaluator and the evaluation team a clear picture of your harm reduction program’s goal and key elements of the program’s activities, insight on how the program operates, and an overview of intended outcomes. This can be a particularly helpful tool to share with those on your evaluation team who are not familiar with the specifics of your harm reduction program work or with an external evaluator.

WHAT IS A LOGIC MODEL?

“A logic model is a visual depiction of all of the program activities, outcomes and outputs. It is essentially a tool that shows how a program proposes to solve a problem or achieve a goal. It is a helpful step in helping your program and your evaluation effort remain both purposeful and organized.”

—Center for Human Services Research

| LOGIC MODEL COMPONENTS AND DESCRIPTIONS | |
|---|---|
| <i>Program Goal</i> | The target or outcome that the program is trying to reach; often tied to the funding stream and/or mission of the organization. |
| <i>Inputs</i> | The staffing, resources, supplies, and time that goes into your harm reduction program. |
| <i>Activities</i> | What your program is doing to accomplish your program goals; the program’s efforts. |
| <i>Outputs</i> | What is produced or happens because of the activities; can be referred to as impact or outcomes. |

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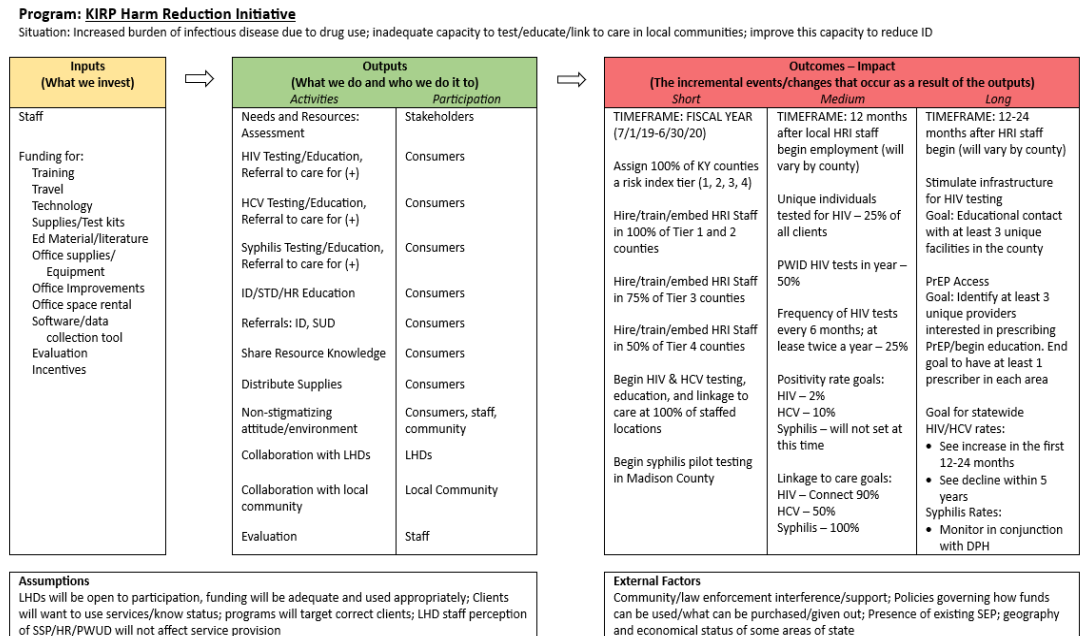
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| | |
|---------------------------------------|--|
| Short-Term Outcomes | The intended difference the program activities should make within the organization or the community at large in the short term. |
| Intermediate (Medium) Outcomes | The intended difference the program activities should make within the organization or the community at-large in the longer term. |
| Long-Term Outcomes (Impact) | The intended difference the program should make within the organization or the community at-large ultimately. |
| Assumptions | What you expect to be true about your program, program activities, and participants |
| External Impacts | The environmental context that will likely influence program activities. |

Source: [Developing an effective evaluation plan: Setting the course for effective program evaluation](#) by CDC

Below is an example of a logic model that was developed by the Oregon Harm Reduction Initiative using the framework above:



Source: [SSP Manual](#) by Oregon Health Authority.

If you are new to developing logic models or are interested in a refresher, here are some resources:

[How to Develop a Logic Model](#) by Compass

[Using a Logic Model for Program Planning](#) by the University of Cincinnati

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Selecting Your Program Evaluation Type

As was mentioned in the previous module, program evaluations can be conducted at different times throughout the implementation of your harm reduction program. Determining the type(s) of evaluation that you will need to implement as early as possible in the planning stage will provide a consistent benchmark for brainstorming and decision making, particularly when drafting your *evaluation questions* and conducting your data analysis. It is common for an evaluation to include two types of evaluation, such as when your organization conducts an impact evaluation and combines it with a summative evaluation in a report. Over time, this process becomes easier and easier until you can recognize the evaluation type(s) as soon as planning starts or as soon as an external evaluation is requested, for example by a funder.

Time and timing are crucial planning considerations for program evaluation and play a role in how your evaluation eventually functions. Will you need to reach a new goal every month? Does your funder need to receive a report twice yearly? How often do you need to update our intake lists? All these questions require that program evaluation has a recognized period of time in which it functions and/or an established cycle in time along which efforts are conducted. If a timeframe is defined by an external stakeholder, make sure your scheduling tools and timelines are adapted to their period of interest. If self-selecting evaluation timeframes, keep in mind that complexity will rise with the number of cycles you must conduct. Conducting large evaluation efforts once or twice a year may be the best fit for a program with limited evaluation experience.

Regardless of how often a new evaluation cycle occurs, developing an internal timeline is critical to keep the evaluation tasks on track. This timeline can be general, with tasks needing to be completed by a certain month, or as specific as setting deadlines on specific days.

The table below outlines the types of program evaluations that are most commonly implemented and when they occur.

When to Conduct Different Evaluation Types

| Type of Evaluation | TIMING in regard to Program Implementation | | | |
|--------------------|--|-------------|------------|-------------------------|
| | Beginning | Midway thru | At the end | After program has ended |
| PROCESS | ● | ● | ● | |
| OUTCOME | | ● | ● | |
| IMPACT | | ● | ● | ● |
| SUMMATIVE | | | | ● |

For a further breakdown of each evaluation type, see Module 2.

Once you determine the type of evaluation you will be conducting, it can be helpful to revisit your logic model to figure out what type of program data or information your evaluation should focus on to accomplish its aim.

For example, if you are conducting a *process evaluation*, it is helpful to focus on assessing the program information listed in the “inputs,” “activity,” and “outputs” sections of your logic model, as these pieces are most connected to how your harm reduction program is being implemented on a day-to-day basis.

If you are conducting an *outcome evaluation or impact evaluation*, it is helpful to focus on assessing the program information listed in the “short-term outcome,” “intermediate outcome” and/or “long-term outcome” sections of your logic model, as these elements all relate to what should happen, or occur, as a result of your program implementation.

Lastly, for *summative evaluations*, it is most helpful to focus on the information listed in the ‘long-term’ outcomes section of your logic model as this piece is the most connected to the ultimately intended difference your program is intended to make.

The table below further illustrates the logic model areas of focus based on evaluation type.

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| LOGIC MODEL COMPONENTS, DESCRIPTIONS AND EVALUATION TYPES | | |
|---|--|---|
| Inputs | The staffing, resources, supplies and time that goes into your harm reduction program. | Use Process Evaluation to focus on the Input phase |
| Activities | What your program is doing to accomplish your program goals; the program's efforts. | Use Process Evaluation to focus on the Activities phase |
| Outputs | What is produced or occurs because of the activities. | Use Process Evaluation to focus on the Outputs phase |
| Short Term Outcomes | The intended difference the program activities should make within the organization or the community at large in the short term. | Use Outcome and Impact Evaluations to focus on Short Term Outcomes phase |
| Intermediate (Medium) Outcomes | The intended difference the program activities should make within the organization or the community at large in the longer term. | Use Outcome and Impact Evaluations to focus on the Intermediate Outcomes phase |
| Long Term Outcomes (Impact) | The intended difference the program ultimately should make within the organization or the community at large. | Use Impact and Summative Evaluations to focus on the Long Term Outcomes phase |

Adapted from: CDC. (n.d.) *Develop an effective evaluation plan: Setting the course for effective program evaluation.* <https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf>

Developing Your Program Evaluation Questions

WHAT ARE EVALUATION QUESTIONS?

“Evaluation questions help to define the boundaries of an evaluation that are consistent with information needs, opportunities, and constraints related to data collection and available resources.”

—Lori Wingate and Daniela Schroeter

Evaluation questions are used to frame your evaluation implementation effort and inform your data collection. When developing your evaluation questions, it is helpful to consider:

- The goal(s) of your harm reduction program
- The type(s) of evaluation you are conducting
- The intended outputs or outcomes of the program activities

Luckily, all this information can easily be found in your logic model. It is also helpful to keep in mind that you do not have to do this alone. At this stage of the planning, it is particularly beneficial to invite your evaluation team to contribute to the question development process. Working in partnership with your evaluation team will help ensure the questions that you are developing are the right questions not only for your program team, but for your funder and community as well.

Evaluation Questions vs. Survey Questions. Upon first glance, it may seem like developing program *evaluation questions* and *survey questions* are one in the same, but that is not entirely true. Program evaluation questions are intentionally broad, while survey questions tend to be focused on assessing a specific behavior, feeling, or event.

Here are some of examples that illustrate the difference.

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SAMPLE EVALUATION QUESTIONS

- To what extent is our SSP providing satisfactory services to clients?
- Are we providing the supplies that our participants need?
- Was our new outreach site effective at engaging new participants?

SAMPLE SURVEY QUESTIONS

- How satisfied are you with the services provided at the SSP today?
- Did the syringe service program have the supplies you were looking for today?
- Have you ever visited our main clinic to access supplies?

Evaluators often advise teams to “question the question.” As you are working with your evaluation team to come up with a list of questions, ask yourself the following^{5,6}:

- Has this question been answered before? Have you searched for existing data inside and outside your program that could answer this question for you?
- Does this question reflect the goal(s) and objective(s) of your harm reduction program?
- Does this question reflect key elements of your harm reduction program logic model?
- Can the question be answered using available data/resources within the allotted timeframe?
- Is the question an “open-ended” question?
- Does your evaluation team feel good about the list of questions that have been developed?

If the answer is “no” for any of the evaluation questions that are developed, consider deprioritizing and/or reframing the question to better align with the criteria above.

Since every harm reduction program evaluation is unique, the number of evaluation questions you develop will all depend on what makes sense for your specific program. Depending on how robust the evaluation needs are, you may decide to develop anywhere from 3 to 10 evaluation questions. Keep in mind, the more evaluation questions you have, the more data collection, analysis, and/or reporting may be required.

Below are additional resources on program evaluation question development:

[Evaluation Questions Checklist for Program Evaluation](#) by Western Michigan University, Evaluation Center
[Develop Evaluation Questions](#) by Pell Institute.

The next step after finalizing your program evaluation questions is to establish *indicators*. Indicators are signs of progress that are used to determine if a program is meeting its objectives and goals⁷. Indicators also help you understand what has changed or occurred as a result of your program activities⁸. When developing your indicators, ensure that they are specific, observable, and measurable.

To learn more about how to develop indicators, check out these resources:

[What are Indicators](#) by CDC

[Indicators for Evaluation](#) by My Peer Toolkit

[Using Indicators: How to Make Indicators Work for You](#) by CDC

5 Eval Academy. *How to Write Good Evaluation Questions*. <https://www.evalacademy.com/articles/how-to-write-good-evaluation-questions>

6 CDC. *Developing Evaluation Questions*.

7 UN Women. *Programming Essentials, Monitoring and Evaluation*: <https://www.endvavnow.org/en/articles/336-indicators.html>

8 CDC. *CDC Approach to Evaluation*. <https://www.cdc.gov/evaluation/indicators/index.htm>

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Identifying Your Data and Data Collection Methods

Once you have a firm set of evaluation questions and indicators, identifying the data you will need to support your efforts becomes a much easier task, so your next step is identifying the best data collection strategy for your evaluation.

Data refers to the facts and statistics that are collected as a part of your program implementation. Data is an essential part of how harm reduction programs tell the story of what they do and how they do it. It helps you to be able to measure change and understand how your program has made a difference.

Data can be quantitative or qualitative. *Quantitative data* refers to data that is numeric and structured. These counts or frequencies of an occurrence can come from *close-ended survey questions*, intake forms, and program monitoring tools. *Qualitative data*, on the other hand, is non-numerical and descriptive. This form of data comes from people's perspectives and attitudes and is usually sourced from interviews, observations, focus groups, and *open-ended* survey questions.

WHAT ARE CLOSED- AND OPEN-ENDED QUESTIONS?

Closed-ended questions are questions that have a predefined set of answers for respondents to choose from (e.g., yes, no).

Open-ended questions do not have a predefined set of answers, but instead encourage respondents to share their thoughts in narrative form.

QUANTITATIVE DATA

- Answers the questions: "How many?" "What?" and "Who?"
- Explores the quantity of something, such as counts and measurements
- Data format: numbers
- Typical data collection techniques: checklists, multiple-choice questions, sign-in sheets, yes/no questions

QUALITATIVE DATA

- Answers the questions: "Why?" and "How?"
- Explores the quality of something, such as descriptions, opinions, experiences, and assessments or feelings
- Data format: words
- Typical data collection techniques: focus groups, community conversations, essay questions, interviews, observations

When conducting a program evaluation, collecting both qualitative and quantitative data is best, as it can provide a more comprehensive assessment of your program. Fortunately, data collection is likely already a part of your program monitoring practices or can easily be integrated into your program activities. When it comes to data collection, starting to plan as early as you can in the process is key so you can collect the data you want to analyze.

For more information on the data collection methods, check out this helpful resource:

[Best Data Collection Methods to Optimize your Program Evaluation](#) by CDC

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Determining Your Resource Availability and Timeline

Determining your *resource availability* – the resources you have available to launch and carry out a program evaluation – is critical. The resources you'll need can be grouped into “people resources” and “project resources.”

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Scheduling and Timelines

A good evaluator is always asking, “Are we reaching our scheduled goals and is our timeline being followed as planned?” An evaluation itself must have a mechanism for understanding how long processes are taking and when deadlines need to be met.

Voices from the Field - Al Forbes

“Sometimes my agencies would find themselves in the last quarter and realize ‘oh shoot we did not do the work we needed to do. Now we gotta to hurry up and get things done.’”

“I said a true evaluation analysis looks at that [progress] month by month, quarter by quarter. So when you’re halfway through the grant and you’re supposed to reach a thousand people and you’ve only done five, you should know, before you get to your last quarter, that you’re behind in making adjustments.”

When it comes to planning around your people or staffing resources, consider the following⁹:

- Do project team members have enough time to support this evaluation effort?
- What scheduling conflicts could compromise your program team’s efficiency?
- Does the evaluation scope exceed your team’s abilities? If so, what is needed and what is possible to fill the skills gap?

Regarding your project resources, consider the following¹⁰:

- Does your team have all the tools (computers, software, etc.) that are needed to complete this evaluation process?
- Is the budget sufficient to cover all the tasks associated with this evaluation effort? If not, what other source of funding, or in-kind donation, might be available?

In addition to assessing your resource availability, formulating an evaluation timeline that aligns with your program needs and requirements is crucial. Knowing what the firm or unmovable deadlines are allows you and your evaluation team to be able to realistically map out an evaluation timeline that is both feasible and realistic. Below are some additional considerations when developing a timeline for your harm reduction program evaluation effort:

- ➔ Determine when the program milestones and deadlines are and work backwards
- ➔ Leave some wiggle room to account for delays
- ➔ Be flexible and open to pivoting if needed.
- ➔ Maintain clear and consistent lines of communication about timelines with the evaluation team and others

9 DPM. Resource Availability in Project Management. <https://thedigitalprojectmanager.com/projects/managing-schedules/resource-availability-in-project-management/>

10 DPM. Resource Availability in Project Management. <https://thedigitalprojectmanager.com/projects/managing-schedules/resource-availability-in-project-management/>

Pulling It All Together

A written *evaluation plan* document has the potential to encourage transparency, accountability, and focus from the beginning of the evaluation process to the end.

As you build out your evaluation plan, it is helpful to keep the following key strategies in mind:

| KEY STRATEGIES FOR BUILDING AN EVALUATION PLAN | |
|--|--|
| The Simpler, the Better | Start with a modest scope, and make your evaluation as simple as possible. If you start with a narrow, functional scope, it's more likely to <i>work</i> and be witnessed working. You can always expand the scope, but it's hard to narrow it, once you've started. Similarly, focus on using the least complicated and most accessible tools. The goal is to avoid frustration and a sense that "I just don't get this" at first. Once those moments happen, they can stall a person's faith in the whole process. |
| Focus on What is Real | Always structure your evaluation planning around real practices, real needs, and the reality of your program's context and capabilities. Evaluation can be used to reach a goal or transform aspects of your program, but that is only possible if you have a clear and practical vision of where you are starting from. Start with your knowledge of things that are working and use that to inform your vision for how things should be working. In harm reduction, thinking from the ground up is usually preferable to thinking from the top down. |
| Maintain Transparency | Explain the evaluation process to everyone, so that even those who are not directly engaged in the evaluation tasks know how and why it is happening. Make sure every staff/volunteer/member of your program has at least one moment where they see evaluation processes making their work easier. In the beginning, these moments are key for buy-in. |
| Leverage Your Existing Strengths | Don't reinvent the wheel. This means do not answer questions that have already been answered, gather information that is already known, or assemble data that is already available. Participant engagement is the best way to access common knowledge, but also make sure your questions hold up against common sense considerations: "Does it matter if we know this?" and "What difference will this make?" should be applied to every element of evaluation planning, especially when gathering information. |

Below are some evaluation plan templates that can support you in crafting of a plan document:

[Project Evaluation Plan Template](#) by Rural Health Innovations.

[Evaluation Plan Template](#) by CDC

Common Evaluation Planning Considerations

Selecting Planning Tools. The planning stage, much like evaluation more broadly, can be aided by selecting and using a small set of tools specifically to streamline and coordinate planning tasks. To make sure your team can collaborate effectively, it can be beneficial to utilize:

- A common timeline that can be referenced and updated
- A shared scheduling or calendar tool to ensure everyone is aware of meeting times and how to participate
- A collaborative writing platform so that everyone can view and contribute to written documents
- An established communication platform/channel to keep everyone engaged and ensure they have access to up-to-date evaluation activities and requests

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Maintaining Confidentiality. Most evaluation tasks do not require your program to track individual data, and the privacy and confidentiality of participant data must remain a constant priority. Ideally, someone looking at your evaluation data should not be capable of connecting a particular point of data with a particular person. To maintain the integrity of your program evaluation effort as well as the trust that people are putting into the process, it is important to devise a plan early in the process for how you will keep and maintain the confidentiality of the data you collect. Some general best practices include:

- Recognize what is called “personally identifiable data.” This data includes names, addresses, any contact information, as well as personal details such as a participant’s date of birth. Unless it is *absolutely* necessary, do not collect this information. Data should be specific enough to be usable, but general enough that it cannot be linked with a single person. For example:
 - Collect participants’ ages rather than birthdays.
 - Collect their ZIP Code or neighborhood rather than their address.
 - Assign random ID codes rather than using participant names.
- If your program collects any data that is unique to a participant, you now have “custody” of that sensitive information. This means you are responsible for safeguarding it, ensuring you know exactly who can access it, and being aware of where all copies are at any given time.
- Keep data in a locked cabinet or in a password-protected folder on your computer, and only allow access to the evaluators and key program staff. If you are using a web-based platform to share or store data, it must be kept in a private and protected format, and you should be aware of every individual who has access to those folders.
- Have all members of the evaluation team sign a statement that outlines the importance of confidentiality and ensure that they not share privileged information about the evaluation with anyone who is not a part of evaluation or program teams.
- Present the data in the aggregate, i.e. summarized with other data. This helps to ensure that no individual data point can be identified independent of the others.
- The simplest way to avoid compromising a participant’s personal data is not to collect it in the first place. Very few evaluation tasks genuinely require individual data on participants.

Receiving Clearance from Your Funder. Another planning consideration is related to clearance. Some federal programs require that you submit your *evaluation plan* and any accompanying tools through a clearance process. In a clearance process, an external party reviews planned evaluation activities to ensure they are in compliance with the terms of the grant award. This is not common, but can be a requirement for harm reduction programs that are directly funded by state or federal entities. If clearance is needed, you will not be able to begin your evaluation until you receive the green light from your funder. The clearance process is usually outlined in your grant award information and your project officer should be able to provide any additional clarification needed.

Encountering Ethical Problems. Harm reduction is both a practical system and an *ethical framework*. It is not possible to practice harm reduction without maintaining – at every moment – the ethical obligations which set harm reduction apart from other approaches. All evaluations should be designed and implemented in a way that fully respects the rights of the people whose data is being used. To accomplish this, it is important that all parties commit to causing no harm and/or minimizing the potential for harm to occur, not misrepresenting or misusing data, acquiring consent wherever possible, and not breaching confidentiality or specific requests for anonymity.¹¹

¹¹ International Program for Development Evaluation Training. (2007). https://web.archive.org/web/20210427180618/http://www.dmeforpeace.org/sites/default/files/M14_NA.pdf

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Despite these safeguards, it is not uncommon for ethical problems to emerge during a program evaluation. Some ethical problems may include¹²:

- The evaluator or evaluation team has decided what the findings “should be” prior to the start of the program evaluation or plans to use the findings in an ethically questionable manner.
- The evaluator or evaluation team declares certain questions off limits in the evaluation, despite their relevance.
- Findings are modified by the evaluator or evaluation team before release.
- The evaluator is pressured to violate confidentiality.
- Legitimate clients, partners or staff are omitted from the planning process for fear of what they might share.
- The evaluator is no longer able to be objective or fair in presenting the findings.
- The evaluation results have the potential to expose participants to harm or are used to limit agency and/or compromise access to services for those who have provided evaluation information.

If an ethical matter does emerge during your program evaluation process, it is up to the program team, the evaluation team and/or the evaluator to name the issue and devise a plan to address it.



Danny Clawson

Danny lays out the common practices and potential for collaboration between public health and harm reduction, with monitoring and evaluation being a critical link, alongside some shared values and many shared goals. .



“That translates well into harm reduction because this space is all about participant-led.”

Danny laid out common practices and potential for collaboration between public health and harm reduction, with monitoring and evaluation being a critical link, alongside some shared values and many shared goals.

“I think for harm reduction...once we get the larger network trained up on monitoring and about evaluation tactics and techniques, I really see an opportunity for this movement to be on the cutting edge of marrying radical community-based work and monitoring and evaluation. Because we’re already so in tune to our participants and making sure that we’re following their lead, that it just would naturally go together.”

“For the first year it was like, ‘Is this agency going to survive?’”

For evaluation capacity to truly expand in harm reduction, Danny sees funding as the critical element. To access funding, it is important to do some self-evaluation first, and confidently show your funder what your program is and what it does. Further funding can be secured using the data from evaluating program impacts. For Danny’s team, once the funding for evaluation arrived, they immediately turned to their participants for compensated feedback on their program.

¹² International Program for Development Evaluation Training. (2007). https://web.archive.org/web/20210427180618/http://www.dmeforpeace.org/sites/default/files/M14_NA.pdf

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“Truly, if we hadn’t gotten that grant from NACCHO and [a large university] to do this point-in-time survey, we never would have...like we were drowning this whole time, and now I feel we’re finally in a place where I can breathe.”

“[The sample is] just whoever’s actually coming up to your van, which is good because then you’re getting feedback from the people that are using your services the most. So that’s a really valuable perspective and it’s not it’s not something separate from your daily activities, right? It’s something that we did in parallel with our services and the great thing about having been funded is that then we were able to pay them for their time which you know it’s really important to us. As much as we’re about getting supplies to them and getting them connected to resources and a continuum of care, we’re just as passionate about doing whatever we can to get some coin in their pocket, right?”

“That was a big motivator for me, is kind of understanding people’s understanding around PrEP.”

Danny shared their experience with an effort to improve their organization’s capacity and reach regarding Hep C treatment and PrEP access. Despite an attempt to provide easier PrEP access, uptake remained low. They decided to create a system for reaching a wider network by gathering qualitative responses around PrEP. A key part of that qualitative feedback was gathering a focus group of diverse participants and being able to see common concerns and attitudes that their program could alleviate and adapt to.



“The health department had lifted up a PrEP initiation program where people could come in and initiate their PrEP through the health department, which is really important because it’s a lot closer to the general population...so that was really hopeful. But then the issue was that people weren’t utilizing that service.”

“So those were my two primary focuses, Hep C and PrEP education and understanding what the knowledge level was, what the interest was, what they understood about it so that we could design programs around that data.”

“I think the most important part of our project is we did a focus group. We did two and it was a heavy lift—and it was so helpful...so that was really, really illuminating and really helped direct us where we needed to focus our questions, and then we were really trying to understand that knowledge/attitude/belief [of focus group members].”

“We’re lucky to have a kick-ass health department.”

Unfortunately, health departments can often be a barrier to growth in harm reduction programs, but when the local health department is on board and supportive, data from participant feedback and focus groups can be used to gain further funding in addition to greater awareness of your participants’ feelings and beliefs.



“We’re lucky in the fact that we were able to use the Hep C data to get a really good grant from [a major funder] to do Hep C and HIV treatment and/or testing and connection to a treatment. So that’s been really, really helpful. In terms of our funders, the funders follow the data, they care about the data.”

As we have covered, planning out your evaluation is an important step in the evaluation process. Once you have your plan in place, you are ready to dive in and begin implementing your harm reduction program evaluation. In the next module, we will explore the key elements involved when moving that plan forward.

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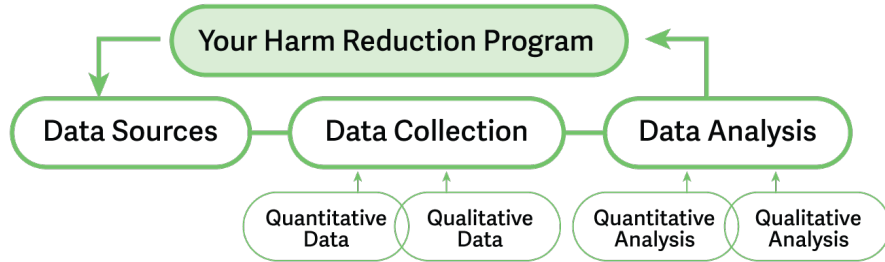
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Once you develop your program evaluation plan, the next step is to put that plan in motion! As we covered in Module 3, having a written evaluation plan in place provides your program and evaluation teams with a roadmap for how your evaluation will be carried out, how both the program and evaluation teams will contribute to the process, what data is needed, and how the results of your evaluation will be utilized. In this module, we will take a deeper dive into the data collection process, specifically focusing on strategies that can be used to collect and analyze the data, allowing you to draw meaningful conclusions about your harm reduction program activities.



Adapted from the [NMAC Program Evaluation Tool](#)

What Are Data Sources?

WHAT IS A DATA SOURCE?

A data source is an entity that provides information that has been collected in a systematic way.

—Centers for Disease Control and Prevention

Every bit of information that is documented, created, or collected as a part of your harm reduction program can be considered a potential evaluation *data source*. In essence, a data source is the place where the data that you plan to use is located or comes from. Your data source can consist of existing data, be comprised of data that will need to be collected for your evaluation, or be a combination of both.

It is helpful to think of data sources as entities that fall into one of the following three categories:

- The data gathered from people
- The data captured in documents
- The data collected through observation

Data gathered from people refers to information that comes directly from the individuals who benefit from or contribute to your harm reduction program. This includes your program participants, program staff, community partners, the general public, and even funders. Information gathered from people is often collected using forms or *surveys*, or by conducting interviews.

Document-specific data refers to any information that has been captured, or is routinely captured, as a part of the normal operations of the program. This can include data found in sign-in sheets, enrollment forms, or needs assessments. Keep in mind, the data's source is different from the data's format, so while you may be copying intake data from a paper form into a computer, the participant is still the source of the data.

Lastly, **data collected through observations** refers to information that is collected (often by program staff) that summarizes an event or interaction that has occurred. While observations can and should serve as a synopsis of the events and exchanges that take place, they should not attempt to speak to the thoughts or feelings of program participants (this information should instead be captured by a survey or interview).

Examples of observation data are program case notes, meeting notes, event notes, and incident reports.

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Collecting Your Data

Within the context of program evaluation, data collection is the process of gathering and measuring information from various sources in a systematic way to answer a program evaluation question. Many evaluations will rely on both quantitative (numeric) and qualitative (non-numeric/descriptive) data to gain a fuller understanding of their program's activities. The table below highlights some of the main differences between the two data types.

Data Types—Quantitative and Qualitative Data

QUANTITATIVE DATA

- Reveals quantities, such as counts and measurements
- Less subjective
- Survey question example:
Did you receive a harm reduction kit during your visit? [yes/no/not sure]
- Data example: 57% of the 100 respondents received a harm reduction kit during their visit.

QUALITATIVE DATA

- Reveals qualities, such as descriptions, opinions, experiences, and assessments
- More subjective
- Interview question example: *What did you like most about your visit?*
- Data Example: *"I liked the fact that you treated me like a human being, and gave me things that I could use like the harm reduction kits and the Narcan"*

It is important to keep in mind that your data collection process should be informed by your evaluation needs, your timeline, and what has worked best for your program and program participants in the past. Qualitative and quantitative data collection usually work together to provide a robust set of information about your program's activities and accomplishments.

Qualitative and Quantitative Data - Values with Values

When considering which type to collect or how to combine the two, remember you are representing/reporting on real lives and complex conditions. Your data should add detail and depth, not compress it.

Voices from the Field - Sam Armbruster

"Although it can be challenging to incorporate both quantitative and qualitative data in a report, I try to include as much detail and context as possible in the narrative sections of reports within the bounds provided. It significantly deepens the value of data to understand and discuss conditions that any harm reduction organization is operating within because geography, policy, demographic, and historical context all greatly impact the ways people can and cannot engage in harm reduction and related services."

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Commonly used data collection methods for program evaluations include¹:

- Surveys
- Interviews
- Observations
- Document review
- Focus groups

The following tables provide an overview of the each of these data collection methods²:

| DATA COLLECTION METHOD: SURVEYS | |
|--|---|
| <p><i>Surveys (also referred to as questionnaires) are written tools that are used to collect information from multiple respondents, for example, on their view of the program and how the program is being implemented.</i></p> | |
| Data Type: | - Primarily collects <u>quantitative data</u> but can also collect qualitative data through open-ended questions. |
| Examples of Data Sources: | - Participant questionnaires, Surveys, Checklists |
| Advantages | <ul style="list-style-type: none"> - They are effective tools for collecting a lot of data at once. - It is easy to collect this form of data in a safe, non-threatening or unobtrusive way. - It can be given at a single point in time or over time as a pre- and post-assessment. - It is easy to maintain participant confidentiality or anonymity. - There are many sample surveys available that can be modified to suit your needs. |
| Challenges | <ul style="list-style-type: none"> - The survey language can sway how participants respond to the questions (response bias). - You may not be able to follow up with participants to clarify information that is submitted. - Certain groups or individuals may be surveyed more than others, potentially resulting in data that reflects a subset of perspectives (sampling bias). |
| Helpful Resources: | <p>Collecting Evaluation Data: Surveys by University of Wisconsin</p> <p>Program Evaluation Tip Sheet – Constructing Survey Questions by CDC</p> <p>Data Collection Methods for Program Evaluation: Questionnaires by CDC</p> <p>Checklist to Evaluate the Quality of Questions by CDC</p> |

¹ Evaluation Toolkit (n.d.). Determine Collection Method. <http://toolkit.pellinstitute.org/evaluation-guide/collect-data/determine-collection-method/>

² Evaluation Toolkit (n.d.). Determine Collection Method. <http://toolkit.pellinstitute.org/evaluation-guide/collect-data/determine-collection-method/>

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DATA COLLECTION METHOD: INDIVIDUAL INTERVIEWS

Individual interviews are conversational sessions that are conducted with program participants, either in person or virtually, to gain an in-depth understanding of their experiences and opinions.

Data Type: - Primarily collects qualitative data but can also collect quantitative data by numerically coding responses.

Examples of Data Sources: - Documented questions-and-answer sessions with program participants or staff.
- It can be either formal or informal.

Advantages - You can receive a full range of information about your program, including participants' feelings, thoughts, beliefs, and opinions.
- You can clarify the information that is shared in real time.

Challenges - Interviewing is a skill that takes time to develop.
- It can be time consuming.
- It can be hard to analyze or compare data received across participants.
- The information received will likely reflect participant biases.

Helpful Resources: [Using Qualitative Interviews in Evaluations: Improving Interview Data](#) by Westat
[Data Collection Overview: Interviews](#) by CDC

DATA COLLECTION METHOD: OBSERVATIONS

Observations are written documentation (usually completed by staff) of program events and/or participant interactions.

Data Type: - Primarily collects qualitative data but can also collect quantitative data by numerically coding responses.

Examples of Data Sources: - Program participant case notes.
- Incident reports.

Advantages - You can document your observations as the event is happening (or shortly after).
- It can be a helpful way to understand an ongoing process or behavior.
- It can reveal things about your program that you had not thought of before.

Challenges - This data is often not standardized and may be hard to analyze across different times and observers.
- It can be difficult to interpret and categorize observations.

Helpful Resources: [Collecting Evaluation Data – Direct Observation](#) by University of Wisconsin

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DATA COLLECTION METHOD: DOCUMENT REVIEW

Document review involves the gathering of existing program documents, monitoring data and records.

| | |
|----------------------------------|---|
| Data Type: | - Primarily collects <u>quantitative data</u> but can also collect qualitative data in the form of documented narratives. |
| Examples of Data Sources: | - Sign-in sheets - Enrollment forms - Needs assessments - Meeting minutes |
| Advantages | - Provides comprehensive program information in a way that does not interrupt regular program activities. - Information already exists or is captured as a routine part of program monitoring. |
| Challenges | - Information may be incomplete or unreliable. - This process can be time consuming. - Data is restricted to what already exists and is not flexible. |
| Helpful Resources: | Data Collection Method: Document Review by CDC |

DATA COLLECTION METHOD: FOCUS GROUPS

Focus groups are conversational sessions that are conducted with a group of program participants, either in person or virtually, to gain an in-depth understanding of their experiences and opinions.

| | |
|----------------------------------|---|
| Data Type: | - Primarily collects <u>qualitative data</u> but can also collect quantitative data by numerically coding responses. |
| Examples of Data Sources: | - Documented question-and-answer sessions with a group that represents a population or type of program participant. |
| Advantages | - You can quickly and reliably collect common impressions about the program or program experience. - It can be an efficient way to acquire a range of information within a short span of time. - You can capture the perspective of key participants. |
| Challenges | - Locating a trained facilitator to lead these sessions can be difficult and/or costly. - It may be difficult to schedule the session(s) and/or facilitate the attendance of participants. |
| Helpful Resources: | Data Collection Overview: Focus Groups by CDC Using Focus Groups in Program Development and Evaluation by University of Kentucky |

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Promoting the Reliability of Your Data

Ensuring that your data is as reliable as it can be throughout the data collection effort is an important component of the evaluation process. *Data reliability* refers to program data that can be trusted to effectively inform your evaluation in the ways that are needed.³ To be considered reliable, your program data should be accurate, unique, and complete. Specifically,

| | |
|--------------------------|---|
| DATA ACCURACY | Refers to data that is stored properly and is formatted in a way that makes it easy to understand what the data represents. |
| DATA UNIQUENESS | Means that the data is real and that there are no duplicates. |
| DATA COMPLETENESS | Refers to data that is not missing important or critical elements. |

While there isn't a perfect science to ensure that your program evaluation data is reliable, identifying ways to strengthen the accuracy, uniqueness, and completion of your data is a good first step. The table below outlines some tips to consider:

| TIPS FOR STRENGTHENING YOUR DATA'S RELIABILITY | |
|---|--|
| DATA ACCURACY | <p>Create a centralized data storage system. Creating a centralized data storage system not only helps organize your data, but ensures that your data is easily accessible to all members of the program team.</p> <p>Standardize your data entry. Having a standard way that data is entered into your systems that is simple and straightforward can help keep your data usable. Ensure that the measurements/inputs of your data are accessible and legible by labeling them consistently.</p> <p>Define your data standards. Being clear about how data will be both organized and formatted will help to promote its useability and make it easier to work with during the evaluation process.</p> |
| DATA UNIQUENESS | <p>Regularly clean your data. Proactively performing data audits to remove data that is invalid or duplicated helps ensure that your data set represents what it is intended to represent.</p> |
| DATA COMPLETENESS | <p>Promote data standards within the team. When data standards are encouraged and supported at all levels of the program team, it becomes a part of the team culture and cultivates an awareness of critical data elements that are important for program monitoring and evaluation.</p> |

Preparing for Your Data Analysis

As tempting as it may be (particularly when on a tight timeline), it is not recommended that you jump into drawing conclusions while you are still collecting data. Holding off on this part of the *data analysis* until after you complete your data collection effort helps ensure that incomplete or inaccurate data does not make its way into your final evaluation results.

Have you checked all of the boxes? Once you have reached the end of your data collection process, it can be helpful to briefly pause to assess your progress so far and ensure you have everything that you need to move forward. Below is a checklist that may serve as a helpful resource as you wrap up your data collection process and prepare for your analysis:

³ ClicData (2022). *Data reliability: A Challenge to Address Becoming Data-Driven*. <https://www.clicdata.com/blog/reliable-data-definition-process-benefits/>

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- All program data that is required for the evaluation has been collected
- All the program data is digitally stored, organized, and clearly labeled in a shared location (e.g., Google Drive, Teams, shared drive).
- All members of the program and evaluation teams can access the program evaluation data.
- Where appropriate, all personally identifying information has been removed from the data that has been collected (e.g., participant names, addresses, contact information).
- If applicable, all audio recordings from interviews and focus groups have been digitally transcribed and saved in the shared location.

Who will lead your analysis? If you have not already determined who on the team will take the lead on analyzing the data, this is a good time to do so. Ideally, the person(s) leading this effort should be able to navigate the existing platforms where the data is housed and feel comfortable conducting basic qualitative and quantitative analysis.

Will you need additional support? Similarly, you may find at this point that it is worthwhile to explore low or no cost external support to aid your data analysis effort. Local colleges and universities have been known to offer free evaluation support to small harm reduction organizations, as do several national drug user health, HCV, and HIV capacity-building providers.

To learn about the availability of low or no-cost evaluation capacity building assistance, visit:

National Harm Reduction Coalition – www.harmreduction.org

NASTAD – www.nastad.org

AIDS United – www.aidsunited.org

Data Analysis

Now that your harm reduction program data has been collected, digitized, and saved in a central location, it's time to dig into the analysis. Data analysis refers to the process of reviewing, summarizing, and comparing program data to draw useful conclusions about your program.

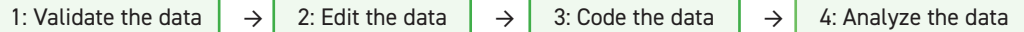
For many, this is the most intimidating part of the program evaluation process. But, while there are some program data analyses that are complex and overly technical, that is not a requirement for a successful and informative program evaluation! Anyone can conduct a program evaluation analysis that produces results that serve to increase awareness, strengthen processes, and promote the visibility of their harm reduction programs.

How you analyze your data depends on what you are trying to understand about your program and the insights you are hoping to gain. The purpose of an analysis is to take a large amount of data and identify meaningful insights about your program that can help you draw conclusions and make decisions about how best to move forward. In the next two sections, we will cover some useful methods for analyzing your quantitative and qualitative data.

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Analyzing Your Quantitative Data

The quantitative data analysis process typically follows the following four steps⁴:



Step 1: Validate the data

Data validation consists of ensuring that all the data that has been collected for your program evaluation has been cleaned, is complete, and is labeled and stored properly. When using tables, labels are often the top row and may be called fields, columns, or variables. At this point, the evaluator and/or members of the program team will review all the quantitative data sets to remove any duplicates and unwanted data points. This is also where all identifiable information about participants that is not relevant for the evaluation should be removed. Data of this nature usually consists of names, addresses, phone numbers, and personal or protected health information. Once complete, the result is a strong quantitative data pool that is accurate, relevant, and usable.

Step 2: Edit the data

The purpose of **data editing** is to ensure that the data is clear and understandable by viewers and those who may analyze the data. A common situation involves shortening data so that tables don't include unnecessarily long entries that break visual flow. This usually involves reading through the data to identify raw data output that can be converted to formats that are easier for a computer to read and analyze.

For example:

- If a column is titled Housing, the answer "I am housed in an automobile or car" can be converted into "car."
- Empty answers may need to be converted into null or other software terms indicating that a field is empty, whereas questions that the respondent chose not to answer may be titled "Skipped Question" or NA.
- Columns are often added which re-order or extrapolate data from other responses, even qualitative ones. Using the response "I use heroin and cocaine", you may want to add a column for 'Number of Drugs Used' with 2 as the sum.
- Computers treat text differently than numbers, so it is often necessary to convert a reply such as "three" to the numeral 3, or to remove units such as years, meters, hours, etc. In the case of units, the text usually becomes part of the column label to ensure clarity, so that a column entitled "distance" with an answer "3 miles" becomes "Distance in Miles" with the answer "3."

This editing involves using reason to decipher the meaning or fill in missing information, where appropriate. While editing, the goal is to make data unambiguous and clearer to a viewer. It is very important to remain objective and avoid biased editing.

Biased editing can occur when the editors:

- Attempts to remove or rephrase information that they don't agree with.
- Removes or alters data just to make analysis less complex or easier.
- Attempts to add information that tells a story that they think is important.
- Attempts to add information based on what they know about the respondent.

⁴ *Humans of Data. (2018). Your guide to qualitative and quantitative data analysis methods. <https://humansofdata.atlan.com/2018/09/qualitative-quantitative-data-analysis-methods/>*

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This deep dive into your quantitative data can be both time consuming and tedious, so it is important to allocate enough time for this effort. It is also helpful to consider not waiting to edit all the data at the end of the data collection program, and instead move to edit segments of validated data throughout the data collection process.

Step 3: Code the data

Data coding refers to the process of grouping and assigning value to the quantitative responses. By coding data, you can take large sets of information and break them down into simplified brackets or categories. Below is an example of how to code quantitative data received from a survey.

Example. You received 2,000 completed surveys and, as a part of your analysis, will need to find the average age of the survey respondents. Instead of counting each age individually, you can create “age” categories and code each of the categories to condense the amount of information you have combed through during the analysis. Based on the age ranges, the categories you come up with could be 18-24 years old, 25-35 years old, 36-50 years old, and 51-70 years old. Now, instead of looking at 2,000 entries to analyze the age range, you would only have to examine the four categories to analyze the age distribution among respondents.

Step 4. Analyze the data

The most used quantitative data analysis method is **descriptive statistics**. Descriptive statistics refers to analyzing data in a way that helps to describe or summarize the relationships and patterns that are present⁵. Essentially, it takes large amounts of data and breaks it down into several categories of useful information to examine “what happened.”

Here are some common examples of descriptive analysis:

Mean: a numerical average

Median: the midpoint of a data set when in chronological order

Mode: the most common value

Percentage: the ratio or number that represents a fraction of 100

Frequency: the number of occurrences

Range: the largest number minus the smallest number in the data set

Note: Descriptive analysis can help reveal outliers, which are data points likely to be incorrect or highly abnormal, such as when someone enters their age as 7,591. These outliers are often removed so as not to skew critical data points, such as “average age.” Excluding outliers should be done with care, as some results may be true but abnormal. Start with data that is undeniably incorrect, such as “our clinic is open 28 hours a day.” Statistical methods for identifying outliers can be found in the Quantitative Analysis resources section below.

Inferential statistics goes a step beyond descriptive statistics by using the same quantitative data to draw conclusions (or inferences) and make predictions about the larger population. Common examples of inferential analysis are correlation (describing the relationship between two variables) and regression (showing the strength of the relationship between two variables). Inferential analysis is more complex than descriptive analysis and typically requires a more advanced understanding of statistics to appropriately apply it to your program evaluation.

⁵ *Humans of Data. (2018). Your guide to qualitative and quantitative data analysis methods. <https://humansofdata.atlan.com/2018/09/qualitative-quantitative-data-analysis-methods/>*

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Helpful tools:

For descriptive statistics, Microsoft Excel and Google sheets are commonly used.

For inferential statistics, tools such as SPSS, SAS or STATA are commonly used.

Here are some resources to learn more about inferential analysis:

[Understanding Statistical Inference](#) by Dr. Nic's Math and Stats

[Descriptive vs. Inferential Statistics: Key Differences and Measurement Techniques](#) by Simplilearn

When engaging in your quantitative analysis process, it is helpful to keep the following in mind:

Include numbers with your percentages. When writing up your findings, remember that every percentage should also indicate the total number the ratio is based on. Including percentages alone can be misleading because they don't on their own offer insight into what the ratio means. For example, just saying that "50% of our clients have been linked to psychosocial services" does not paint as complete a picture as "50% of our 10 clients have been linked to psychosocial services." Often, the size of the sample is established in a shorthand where the letter "n" is meant to show the number of responses in the sample, such as "50% (n=10)."

Interpreting vs describing: While it might be tempting to write up findings based on exactly what the numbers say, a key opportunity the analysis process offers is the ability to interpret meaning from the data. Consider what the data is telling you. What are your takeaways? What could this information mean? These, along with the descriptive data, are the insights that you should look to include in your findings.

Here are some resources on conducting a quantitative analysis:

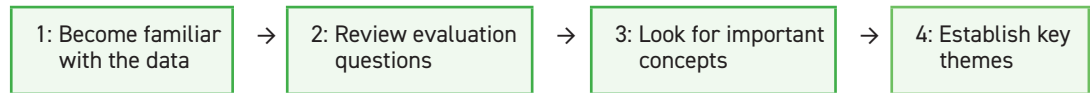
[Analyze Quantitative Data](#) by Evaluation Toolkit

[Quick Guide to Analyzing Quantitative \(Numeric\) Assessment Data](#) by Washington State University

Analyzing Your Qualitative Data

Qualitative data analysis is different from quantitative analysis, as qualitative analysis is not an objective exercise. The purpose of a qualitative analysis is to assess what the written or narrative data is telling you about the program and organize that into themed categories that will help you draw conclusions.

The qualitative data analysis process typically follows the following four steps⁶:



Step 1. Become familiar with the data

Once all the data has been transcribed, it is helpful to first read through the data a couple of times to become acquainted with it. As you read, jot down basic observations and gut reactions that emerge so that you can reference these down the line.

Step 2. Review evaluation questions

After you read through the text, review the evaluation questions to determine which of them will be able to be answered using the qualitative data you have collected. This is a crucial step, as it determines which sets of data will be used in the evaluation and which sets will not. Once you have identified the data that will be used for your evaluation, it is helpful to pull it into a separate document that organizes the text by the evaluation question it helps to answer.

⁶ *Humans of Data. (2018). Your guide to qualitative and quantitative data analysis methods. <https://humansofdata.atlan.com/2018/09/qualitative-quantitative-data-analysis-methods/>*

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Step 3. Look for important concepts

Once the qualitative data has been pulled and organized, the next step is to code the data based on the patterns that emerge. By reading through the data, your team can create a list of common terms and themes. The patterns can either be similar concepts, phrases, or beliefs, or they can be similar types of responses to questions (e.g., negative responses vs. positive responses). As with quantitative data, coding the data based on patterns helps narrow down a large set of narrative into helpful, more manageable categories. A helpful tool for identifying patterns within qualitative data sets is Voyant. With Voyant, you can use the platform to identify phrases or words that are relevant for your evaluation and search for them in the text. For example, you can identify key phrases such as “syringe van” or “outreach hours” and Voyant will identify them in the text along with the other vocabulary and phrases used in large qualitative data sets. If you set “hours” as a key term, Voyant will help you view other terms which appear in the same sentences or paragraph, such as “closed”, “open”, and/or “later.” This allows you to explore large volumes of qualitative data and see how many people referred to “hours” in relation to “closed” and “later.”

Step 4. Establish key themes

The two types of qualitative analysis that are commonly used for program evaluation are *narrative analysis* and *thematic analysis*.

| TWO TYPES OF QUALITATIVE ANALYSIS | |
|-----------------------------------|---|
| Narrative analysis | This type of analysis focuses on analyzing respondents' experiences and motivations by looking closely at the individual stories that they share and interpreting their meaning. |
| Thematic analysis | This type of analysis focuses on using the patterns identified in step three to determine and compare common themes across the qualitative data sets to tell a larger, overarching story. |

When engaging in your qualitative analysis process, it is helpful to keep the following in mind:

Carefully read through all the data. Reading through the data multiple times and taking notes on what information or quotes stand out to you can help ensure you have not overlooked any key insights.

Qualitative data analysis is an inherently subjective process. For this reason, it is helpful, where possible, to have more than one person read through the data to identify patterns and/or themes and compare notes to introduce as much objectivity into the process as you can.

Focus on what is needed. While it can be tempting to include all the interesting data you come across, to ensure an effective analysis it is important to stick to the information that directly relates to your evaluation questions.

Allow adequate time. Whether it is one person supporting this work or a team of people, analyzing qualitative data will take time. While there is no magic number, giving yourself more than 2 to 3 weeks to both prepare the data and conduct the analysis is a good starting point.

Here are some additional resources on conducting a qualitative analysis:

[A Guide to Qualitative Analysis](#) by Royal Geographical Society.

[Analyze Qualitative Data](#) by the Evaluation Toolkit

Key Consideration: Securing Your Data

A key element of the evaluation process is ensuring that the data being collected does not jeopardize the safety of clients or those contributing to your program evaluation process. Ensuring data protections involves establishing and adhering to parameters that both protect the confidentiality of personally identifying information, and limit the use of that information to the sole purposes of program evaluation and program improvement. Protecting data in this way is of particular importance due to criminalization laws and other legal risks associated with illicit drug use and offering certain harm reduction services.

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The table below outlines the recommended practice for handling different types of confidential data:

Recommendations for Handling and Securing Data According to Risk Level

| | |
|---|---|
| LOW-RISK CONFIDENTIAL DATA | Information that, in its current form, likely would not cause harm to an individual if disclosed |
| Example: | Anonymous survey data; anonymized qualitative or quantitative data |
| Recommended Practices | <p>...How to store this data: Store on a password-protected computer .</p> <p>...How to share this data: Any file sent via email should be password protected. The password should be sent to the recipient through a different medium.</p> |
| SENSITIVE CONFIDENTIAL DATA | Information that, in its current form, can be expected to negatively impact an individual's reputation, put them at risk, or cause embarrassment |
| Example: | Any data (quantitative or qualitative) that has not yet been anonymized. This could include information shared in confidence, social security numbers, or drug use information. |
| Recommended Practices | <p>...How to collect this data: Collect data on a password protected device.</p> <p>...How to store this data: Data should be encrypted and password protected.</p> <p>...How to share this data: Any file sent via email should be password protected. The password should be sent to the recipient through a different medium.</p> |
| DATA THAT WOULD LIKELY CAUSE HARM IF DISCLOSED | Information that, if disclosed in its current form, could create a risk of social, psychological, reputational, financial, legal or other harm to an individual or a group |
| Example: | Sensitive data that cannot be anonymized because it is needed as is for analysis. This could include health information, drug use information, criminal history, public assistance information, or social security information. |

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|---|---|
| <p>(continued) Recommended Practices</p> | <p>...How to collect this data: Use of paper material is not encouraged, but, if necessary, it should be handled with extreme care and not left unattended unless in a locked and secure environment. Electronic data should be collected on an encrypted and password-protected device.</p> <p>...How to store this data: Data should be encrypted and password protected.</p> <p>...How to share this data: This data should not be shared via email. Files should be encrypted when using an organization's shared drive.</p> <p>...How to access this data: Access to this data should be limited and controlled by the lead evaluator or program team member. It is a best practice to keep a list of individuals who have been granted access to this type of data.</p> |
| <p>INFORMATION THAT WOULD CAUSE SEVERE HARM IF DISCLOSED</p> | <p>Information that, if disclosed in its current form, could create risk of criminal liability, loss of employment or severe harm to an individual or a group</p> |
| <p>Example:</p> | <p>Highly confidential data that cannot be anonymized because it is needed as is for analysis. This could include drug use information, criminal history, or any documented illegal activity (e.g., sex work);</p> |
| <p>Recommended Practices</p> | <p>...How to collect this data: Use of paper material is not encouraged, but, if necessary, it should be handled with extreme care and not left unattended unless in a locked and secure environment. Electronic data should be collected on an encrypted and password-protected device.</p> <p>...How to store this data: Data of this type should be stored in a physically locked room on a password protected and encrypted hard drive or computer.</p> <p>...How to share this data: Sharing of this data in any form (written, verbal, electronic) should be limited and only take place in a secure location. Data should not be shared by email.</p> <p>...How to access this data: Access should be very limited and strictly controlled. It is a best practice to keep a list of individuals who have been granted access to this type of data.</p> |

Source: Czechowski, Sylvestre, J., Moreau, K (2019). *Secure data handling: An essential competence for evaluators*. *Canadian Journal of Program Evaluation*. 34(1): 139-151.

Here is some additional information on securing evaluation data:

[Data Security](#) by Digital Defense Fund

[Beginner's Guide to the Basics of Data Encryption](#) by Infosec

[Types of Encryption to Protect Your Data](#) by Insights for Professionals

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Sam Armbruster

Turning to real-world experiences can often be a helpful way to translate data and information concepts into functional understanding, precise improvements, and meaningful dialogues with the wider world. Below, Sam describes the importance of qualitative and quantitative measures as tools to support what is ultimately the purpose of evaluation: to understand what you do, how you do it, and what can be done better as individuals and communities seek to survive and thrive through the War on Drugs.

Sam Armbruster is an advocate and provider of harm reduction services, acting as the Education and Data Manager at Choice Health Network. With extensive experience providing harm reduction in both rural and urban communities, Sam applies their expertise in public health and multidisciplinary approaches to integrate quantitative metrics with rich qualitative data.



“It’s always been really challenging for me to get the ‘full picture’ from numbers alone.”

Sam describes how the importance of qualitative and narrative information is not always reflected in the traditionally numbers-focused evaluation models used by funders and public health agencies:



“I think that in a lot of evaluation of public health programs more broadly it’s very number-oriented, quantitative data collection—what percentage change in X health outcome took place, how many people attended X educational program, etc.—which is valuable information, but, unfortunately, I think that a lot of narrative and personhood gets lost in focusing on outcomes and not context.”

“One of the challenges related to sharing evaluation data with funders is that sometimes some really important information I would like to communicate is lost in translating the data. Most funders have a really explicit formula or set of details they want to receive, and, while I understand that, it can mean that some of the important context I discussed previously is lost.”

“Gathering qualitative information from program participants provides a chance to learn meaningful information that might otherwise be lost”

For Sam, elevating the qualitative experiences of program participants is not only a core part of the political dimension of harm reduction, but is also essential for individual programs to provide impactful and relevant services, as well as amplify the voices of their communities in more formal evaluation dialogues.



“Since Harm Reduction is a social justice movement at its core, I think it’s important to include the context of systems and peoples’ lived experiences in any evaluation that takes place....It’s simultaneously helpful for our program directly to shape the services we provide, but it has more far-reaching implications as well.”

“Our organization is often invited to tables people who use drugs and/or are otherwise marginalized don’t have access to, and having deeper, contextualizing qualitative data means that we are able to share those folks’ stories and knowledge with people who wouldn’t necessarily hear it any other way.”

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“I try to include as much detail and context as possible in the narrative sections of reports within the bounds provided.”

Sam shares how it is possible—and ultimately beneficial—to push back on quantitative evaluation demands which lack qualitative variables, whether that means changing the evaluation questions before they are implemented or ensuring that the resulting data is placed in its necessary context in later reports.

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“Our team has also been able to have ongoing conversations with funders that request specific quantitative data (most often the measures: syringes distributed, syringes returned, total participant visits, total unique participants) to at least provide further data that paints a more complete photo of the services that people are interested in accessing. It feels important to me that the interpersonal connections that are built with program participants be visible to people viewing data, especially if it is limited to quantitative measures.”

“Our program uses a combination of quantitative and qualitative data collection to inform pretty much any change that takes place in our program.”

Well-designed evaluation and monitoring can inform and help shape every aspect of a program, from the services it offers and the locations it reaches to the way the organization is staffed and trained. As Sam describes, functional evaluation infrastructure can provide a feedback and assessment loop that can be extended to external audiences and become a natural aid for delivering effective harm reduction for years to come.



“We collect quarterly satisfaction surveys that measure satisfaction with staff, program space, and service time; gauge syringe coverage; and provide opportunities for additional feedback. We have also conducted formal smaller-scale surveys to assess supplies participants need, both at the beginning of the program and prior to beginning to offer gender-affirming hormone therapy injection supplies. In addition to those formal surveys, we have more informally taken feedback from participants to offer alternative injection supplies that participants don’t regularly ask for but that meet their specific needs. This information has also been used to shape the program’s hours, caps on syringes, types of supplies, and the places that we refer to and the information we give participants to prepare them for the experience they will likely have at a given organization. Surveys, stories, and informal data collection strategies have also shaped some of the advocacy efforts that we engage in, such as engaging community members in discussions about how local medical and hospital policies ultimately exacerbate harm among folks who use drugs.”

Now that we have covered how to carry out your harm reduction program evaluation, in the next and final module we will explore how to use the results of your evaluation to address reporting and communication needs.

We have now arrived at the final phase in the harm reduction program evaluation process—putting your evaluation data to use. The underlying goal of every evaluation is to use the results to drive action. That action can be focused on using the data to strengthen how the program works, completing a funder report, and/or advocating for harm reduction and drug user health within your community. In this module, we will cover how to effectively use and communicate your evaluation results for program improvement and sustainability.

Developing an Evaluation Report

Once you have completed your analysis and documented your qualitative and quantitative findings, the next step is to pull all the information together into a program *evaluation report*. The purpose of this report is to document the purpose, process, and results of your program evaluation effort so that it can be referenced and, if needed, shared with others. Specifically, evaluation reports speak to:

- Why you conducted a program evaluation
- How the evaluation process was structured and carried out
- What was found or identified as a result
- What key learnings or conclusions can now be made about the program

The table below outlines the structure of a typical program evaluation report¹:

| REPORT SECTION | WHAT IS IT? | ADDITIONAL CONSIDERATIONS |
|--------------------------------------|---|--|
| Executive Summary | Summarizes the purpose, key findings, and conclusion of your evaluation effort. | These should be the last sections you complete to ensure they provide an accurate summary of the information included in the report. |
| Table of Contents | Lists the headings, subheadings, and page numbers within the report. | The executive summary is typically no longer than 1-3 pages. The table of contents can be any length and should include, at minimum, accurate headers and page numbers. |
| Introduction & Background | Provides an overview of the purpose of the evaluation and your evaluation questions. This section can also include a brief overview of your harm reduction program. | Keeping this section short and concise is key. Avoid incorporating a lengthy overview of your program. |
| Methods | Offers an overview of the evaluation methods used. Can also include elements of your evaluation plan such as your logic model and timeline. | It is important to share the things that did not go as planned and how those elements influenced the evaluation results, if at all. This level of transparency will help to contextualize the findings. |
| Findings | Summarizes your analysis efforts and assesses of how well your harm reduction program has met its intended goals. | It is helpful to meet with members of the program team to discuss the findings, recommendations and proposed next steps prior to finalizing these sections in the report. This not only can help to generate awareness and buy-in among staff of the significance of the evaluation, but can also help to promote accountability when it |

¹ *BYP Group (2020). How do you report on your results.*
<https://www.bypgroup.com/news/2020/4/16/writing-and-evaluation-report>

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| REPORT SECTION | WHAT IS IT? | ADDITIONAL CONSIDERATIONS |
|--------------------------|--|--|
| Findings | Summarizes your data and data analysis efforts and assesses how well your harm reduction program has met its intended goals. | It is helpful to meet with members of the program team to discuss the findings, recommendations and proposed next steps prior to finalizing these sections in the report. This not only can help to generate awareness and buy-in among staff of the significance of the evaluation, but can also help to promote accountability when it comes to carrying out the action items. |
| Conclusions & Next Steps | Includes the main takeaways from the program evaluation findings and any recommendations for next steps. | When writing the next steps section (e.g., developing the action items that will support the implementation of key recommendations), keep in mind that the actions should be specific, measurable, realistic and timebound. |

Here are some helpful tools on how to develop an evaluation report:

- [Developing Final Reports](#) by Better Evaluation
- [How to Write an Evaluation Report](#) by EvalCommunity

Once your evaluation report is complete, you can begin the process of sharing, or using, your evaluation results. To start, it's helpful to identify who your target audience(s) will be.

Defining Your Audience

Identifying your audience, or the individuals/organizations who should be made aware of your evaluation results, is a helpful starting place when determining the best method to share your evaluation results. For example, a member of staff who is intimately familiar with your harm reduction program (*internal audience*) may need information delivered in a straightforward way to be able to make use of it, whereas a community member (*external audience*) might benefit from knowing why this work should matter to them.

Internal Audience vs External Audience

| |
|---|
| INTERNAL AUDIENCE |
| Typically consists of the individuals who make up the organization's staff and volunteers. Occasionally this group may also include members of your evaluation team. |
| EXTERNAL AUDIENCE |
| Consists of the individuals who are not formally a part of the organization, inclusive of funders, program participants, partners, and the broader community. Often these are stakeholders who are directly involved in program impact, including community groups and funders. |

A program that has just launched may have a completely different audience than a program that is wrapping up. As you begin to think about who your audience is, it might be helpful to frame it within the context of your program's implementation stage. Let's revisit some of our scenarios from earlier in the toolkit in Module 2 to explore this further.

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Implementation Stage: Beginning of Program Implementation

Harm reduction programs that choose to complete an evaluation within the earlier stages of their program implementation typically conduct a **PROCESS EVALUATION**. The data that emerges from this type of evaluation focuses on the specifics of how your program activities have been carried out. This includes the extent to which activities were completed as planned and any barriers or challenges that the program has faced to date.

***Scenario 1.** We are still trying to figure out how all the pieces fit together for our harm reduction program and are doing our best to meet deadlines. When we start to get into a groove, we will likely find that we will have to make changes and come up with a new plan.*

Typically, the audience best suited to receive this type of data is an **INTERNAL AUDIENCE**. These individuals are typically responsible for monitoring or implementing the program and would most benefit from the detailed and specific insights that would come from a process evaluation. Because they are internal, the presentation of this information can be informal and still effective.

Implementation Stage: Midway or at the End of Program Implementation

It is common for harm reduction programs to conduct an evaluation either midway or toward the end of their program implementation. These types of evaluations can be process evaluations, outcome evaluations, impact evaluations or a combination of the three. The program evaluation data that is usually produced through evaluations done at this stage can range from being focused on activity or operations (process), whether the program has accomplished its goal (outcome), or the extent to which change among clients has occurred (impact).

***Scenario 2.** Our harm reduction program has been up and running for a while and we are constantly hearing from our clients and our partners that our work is making a difference in people's lives. We know that we are effective, and we know what we are doing works.*

The audiences best suited to receive these types of evaluations are **BOTH INTERNAL AND EXTERNAL**. The key here is determining which data is appropriate to share with the general public and/or your funder, and which data should remain internal to be utilized by staff for program improvement. The evaluation results from this implementation stage can be used to strengthen the program delivery, share best practices, or make the case to community and funders alike.

Internal Focus: Using Evaluation Data for Program Improvement

Identifying areas of program strengthening is often the primary focus of an evaluation. This is why most harm reduction program evaluations include process and outcome data. These data sets often help answer the questions: "Are we doing the right things?" and, "Are we achieving our program goal?" When programs use evaluation data to adjust how their program operates, they are using their data for program improvement. Evaluation results that are used for program improvement can help:

- Expand the scope or reach of those elements of the program that are working well and producing desired outcomes.
- Increase program team awareness of program accomplishments.
- Expand capacity.
- Identify additional service or program areas that would benefit clients.
- Fix or deprioritize elements of the program that are not working as intended.

An internal focus typically means that your audience will be an internal audience such as staff, board of directors, etc. Sharing information with an internal audience for the purposes of program improvement means that you can be more straightforward and transparent about what is shared and how it is shared. That said, when sharing your data, it may be helpful to organize the way that it is presented to emphasize

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the following²:

...What did we collect?

- What did we plan to do and how?
- What was gathering information like?
- What data came out?

...What are we seeing?

- What activities have been implemented to date?
- What increases or decreases have we seen?
- What trends have emerged?

...What does it mean?

Has the program led to any changes – among clients? within the organization? within the community?

...What are the implications for improvement?

- What is important to sustain?
- What needs to change or be altered?
- What needs to be discontinued?
- How and when should the improvements take place?

Sharing program evaluation data with an internal audience can be informal, but it should always be intentional and provide space for reflection, questions, and suggestions. Using Microsoft PowerPoint, [Canva](#) or [Google Slides](#) to present the results of the evaluation is a good way to not only visually capture the main elements of the evaluation results, but also celebrate your team's accomplishments through the use of pictures and quotes.

To be successful, program improvement efforts require the full participation of all members of the program team. This is why inviting all members of this audience group in to discuss the implementation changes to strengthen the overall effort is a worthwhile strategy.

In instances where all members of your internal audience group were involved in the evaluation data collection and analysis process, consider reframing the evaluation results overview as an opportunity for reflection and brainstorming on how best to integrate program improvement measures.

TYPE OF DATA TO INCLUDE:

- Data that shows how the program has been operating.
- Data that indicates whether program goals are being met.
- Data that demonstrates impact within the community.
- Data that highlights best practices
- Data that shows the impact on cost

² Community Toolbox. Refining the program or intervention based on evaluation research. <https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-interventions/refine-intervention/main>

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COMMUNICATION CONSIDERATIONS:

- Can take an informal tone.
- Should be visually appealing and factual.
- Should be organized in a way that easily ties back to program activities and deliverables.
- Don't be afraid to share the good news as well as the difficult news.
- Create opportunities for feedback, questions, and insights.
- Create space for collective problem solving and program improvement strategy development.

“We also try to share information about evaluation findings with participants and support our participants engaging in advocacy themselves – both by providing educational support about how they can share their feedback directly with people who need to hear it and giving opportunities for them to review our presentations for educational sessions.”

—Sam Armbruster

External Focus: Using Evaluation Results for Program Sustainability

Program sustainability can refer to different things depending on how new or established your harm reduction program is. Newer programs, for example, may prioritize securing additional or supplemental funds as a part of their sustainability strategy to support their harm reduction work once the initial funding period comes to an end. In addition to securing funding, more established harm reduction programs may also include strategies such as expanding their partnership network or broadening their harm reduction policy initiatives³. Sharing the results of your program evaluation with external audiences is an effective way to make the case that your harm reduction program is essential, impactful, and worth funding.

The data sets that are often pulled for these purposes are outcome data, impact data, and summative data. (Note: Summative data is data that is usually collected after the program has ended and speaks to the overall effectiveness of the program.) These data sets often help answer the questions: “What do we want people to know?” and, “What do we need people to understand?” External audiences can include:

- ➔ Funders (current and prospective)
- ➔ Program participants
- ➔ The general public

Sharing results with your funder. While it is true that sharing your evaluation results with your funder is often a program requirement, it can also be looked at as an opportunity to make a case for continued funding. Using your evaluation data to illustrate your program’s “wins,” while also pointing out the additional areas that you are positioned to address, can be a salient way to demonstrate to your funder the effectiveness of your organization’s work, the limitations of the existing funding, and potential opportunities for addressing the needs of PWUD more fully were funding to continue or increase.

3 HUD. Program Sustainability. https://www.hud.gov/sites/documents/hhpgm_final_ch7.pdf

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TYPES OF DATA TO INCLUDE FOR YOUR FUNDER:

- Data that shows the extent to which program activities have been accomplished.
- Data that indicates whether program goals are being met.
- Data that shows the influence on cost.
- Data that demonstrates impact within the community.
- Data that offers lessons learned and best practices.

THINGS TO CONSIDER WHEN SHARING DATA WITH YOUR FUNDER:

- Should be more formal; prioritize sharing the information your funder has requested in the format they have requested.
- Should be visually appealing and data driven.
- Include human-interest stories where possible to elevate the validity of the findings and proposed approaches.
- Should be organized in a way that easily ties back to program activities and deliverables.
- Be intentional about highlighting your program's accomplishments, as well as how your program will address areas that have not gone as planned.

Sharing results with your clients. Sharing your evaluation findings with current and potential program participants can be beneficial for several reasons. Communications about your program's implementation can convey how important participants are to the program; ensure participants have the information they need to successfully participate in the program; and provide reminders to participants of upcoming services, tasks, or events.⁴ Using your program evaluation results to share the benefits of the program and the ability of the program to support the needs of existing participants can also be an effective way to sustain or increase interest and community demand for your program's services. While it is helpful to highlight and share the positive aspects of your program, it's just as important to be transparent about any limitations to what your program can offer so that current and prospective participants have a realistic understanding of what to expect.

TYPES OF DATA TO INCLUDE FOR YOUR CLIENTS⁵:

- Information that outlines how to participate in the program and any associated requirements.
- Data that demonstrates existing participant perceptions and experiences.
- Data that specifically aligns with participants' interests and addresses known concerns.

THINGS TO CONSIDER WHEN SHARING DATA WITH YOUR CLIENTS:

- Include human-interest stories where possible to elevate the social validity of your program.
- Should be conversational and in the participant's primary language (if not English) wherever possible.
- Should be brief, visually interesting, and free of jargon.
- Should be organized in a way that easily ties back to the accessibility and availability of services.

⁴ CIPP. (2017) Effective Communicating Evaluation Findings. https://osepideasthatwork.org/sites/default/files/CIPP2_Effectively_Communicating_Evaluation_Findings_2017_Section_508_Com....pdf

⁵ CIPP. (2017) Effective Communicating Evaluation Findings. https://osepideasthatwork.org/sites/default/files/CIPP2_Effectively_Communicating_Evaluation_Findings_2017_Section_508_Com....pdf

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“A lot of the behavioral models that are used [by the CDC] are, like they say, based on behavior. So intuitively we oftentimes have the answer, we’re doing the work, we just haven’t named it what the experts have named it. So I’d often backtrack and ask ‘well tell me what you were doing? Oh you were using thinkers in the community, so that’s actually a popular opinion leaders model.’ So now we can write it up and lean into that and be more intentional in calling it by the model. Most programmatic stuff comes from human content, so it’s a human design”

—Al Forbes

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Sharing your results with the general public. Sharing your evaluation results with the general public can create awareness about the importance of harm reduction programs and can take the form of a marketing tool to solicit donors and supporters within your community. In many places around the country, harm reduction work remains greatly underfunded, particularly when it comes to the types of supplies that are needed to save people’s lives. Generating awareness not just about the program, but also about the positive impact of harm reduction services and interventions within the community can mobilize community support.

TYPES OF DATA TO INCLUDE:

- Data that demonstrates impact within the community.
- Data that offers lessons learned and best practices.
- Data that demonstrates existing participant perceptions and experiences
- Data that specifically aligns with known interests, priority areas, or concerns.

THINGS TO CONSIDER WHEN SHARING DATA:

- Depending on the specific audience, can range from conversational to more technical.
- Should be visually appealing and data-driven.
- Humanize the numbers, where possible, to connect the dots for people.
- Should be organized in a way that easily ties back to impact and lessons learned.
- Be intentional about highlighting your program’s accomplishments and the importance of this work in the community.

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Developing a Communication Strategy

While it might be helpful to develop a communication strategy for internal audiences or external audiences who benefit from or contribute to your harm reduction program, consider the external audiences who are less familiar with your harm reduction work and/or your specific program activities.

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Communication strategies are blueprints for developing and disseminating a message to an intended audience. Using a communication strategy to share the evaluation outcomes of your harm reduction program can effectively increase awareness of the impact of your program and demonstrate the importance of sustaining the work within the community. Having a communication strategy in place also helps ensure your communication effort is efficient, effective, and intentional.

Bringing in your evaluation team, as well as other members of the program team, to brainstorm the specifics of the strategy is a good first step.

Consider facilitating conversations that answer the following questions⁶:

- Who is your intended audience? (e.g., funders, partners, clients, the general public)
- Why do you want to communicate with this audience? (i.e., the purpose of your communication effort)
- What is the message you want to share with this audience? What do they need to know about your program that they may not know?
- How will your evaluation results be used to help you deliver this message?
- What communication channels are appropriate to use to maximize access to the information?
- What resources are needed (e.g., people, financial, technology) to effectively use those channels to distribute your message?

Once you have the answers to these questions, you will have all the information you need to begin to put your communication strategy in motion.

As we saw in the previous section, different audiences will have different perspectives and will likely be most drawn to the components of your program that align with their interests and values. Leaning into the expertise and insights of your evaluation team and other trusted community members can help you decipher the message and communication channels to invest in that will be most impactful.

Essentially, the steps to developing a program evaluation communication strategy are:



⁶ Community Toolbox. *Develop a plan for communication.* <https://ctb.ku.edu/en/table-of-contents/participation/promoting-interest/communication-plan/main>

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Determining your audience. When determining your audience, one of the first things to decide is whether you are reaching out to a defined group (e.g., program participants) or a more general group (e.g., people who reside in your city). Determining your specific audience early in the process helps ensure that your community efforts are appropriately framed to align with what makes sense for the audience to understand about your program.

Establishing the purpose. Here is where you outline what you are hoping to accomplish as a result of this communication effort. There are many reasons that harm reduction programs elect to develop a communication strategy, and here are just a few⁷:

- Raising funds to support program sustainability.
- Becoming known, or better known, in the community.
- Educating the public on drug user health and the benefits of harm reduction interventions.
- Recruiting or retaining program participants.
- Recruiting volunteers to support the work.
- Mobilizing supporters, or the general public, to engage in political action.
- Announcing events or celebrating accomplishments.
- Countering the misinformation about harm reduction that may be circulating in the community.
- Addressing an organizational crisis that has become public knowledge (e.g., a staff member who has passed away).

Framing the message. When creating messages, it is helpful to consider how the following components will be incorporated⁸:

| |
|---|
| <p>CONTENT</p> <p>The content of your message should be informed by both your audience and the purpose of the communication effort. This is particularly true when deciding how much content to include. For some audiences, a brief and to the point approach will prove to be most effective, whereas other audiences require context and stories to connect to the message.</p> |
| <p>MOOD</p> <p>Mood refers to the emotional tone of your delivery. Decisions to use a positive or serious tone should be based on the content that is being delivered and the delivery that has proven to be effective for your audience.</p> |
| <p>LANGUAGE</p> <p>Language can be thought of as both the actual language used (e.g., English, Spanish), as well as the style (e.g., formal, informal, simple or complex). A hard and fast rule is to use simple and straightforward language that expresses the message both clearly and simply.</p> |
| <p>COMMUNICATION CHANNELS</p> <p>Ensuring that your audience sees your message is key. For some audiences, newsletters are an effective dissemination mechanism. For others, it might be community events. Working with your program and evaluation teams to determine the best approaches is helpful.</p> |

Utilizing your evaluation data. Utilizing your program evaluation data can be a powerful way to ground and reinforce your message within tangible data, quotes, and community stories.

⁷ Community Toolbox. Developing a plan for communication. <https://ctb.ku.edu/en/table-of-contents/participation/promoting-interest/communication-plan/main>

⁸ Community Toolbox. Developing a plan for communication. <https://ctb.ku.edu/en/table-of-contents/participation/promoting-interest/communication-plan/main>

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Committing the needed resources. Consider how many resources you have to devote to your communication effort. Resources can be people specific (e.g., your staffing capacity to carry out communication activities), funding specific (e.g., the amount of funds your program can allocate for this effort), or logistics specific (e.g., the tools and software your program needs to successfully engage in this effort). Committing necessary resources can ensure that your communication strategy maintains momentum from the beginning through to the end.

Executing the strategy. A part of executing your communication strategy is ensuring that you document and monitor your approach and the outcomes. Remember, any number of things can shift and change throughout the planning and execution of your communication strategy. As such, it is also helpful to remain flexible and create contingencies, or a backup plan, in the event the original strategy is no longer viable.

Here are some related resources that may prove helpful as you build your communication plan:

[Creating a Communications Action Plan](#) by Viasport

[Communications Planning](#) by Mindtools

[How to Develop a Success Story](#) by CDC

Visualizing Your Data

Data visualization refers to the act of translating evaluation data into a visual context to make it relatable and easier to understand. At its core, data visualization can be thought of as a combination of evaluation data (both qualitative and quantitative), the design (the visual representation), the story (the message that is being conveyed), and shareability (the mechanisms used to get the information out into the world).

To be effective, the visualization of your data should⁹:

- Tell the story of your data
- Be clear and easy to understand
- Be selective and intentional about the information being shared
- Complement the text and relevant key messages
- Be free of jargon and overly technical language

When visualizing your data, it is helpful to select a visual that best aligns with the data that you are attempting to illustrate. Not doing so may make your data hard to understand. The table below provides an overview of when types of common visualization elements should be used.¹⁰

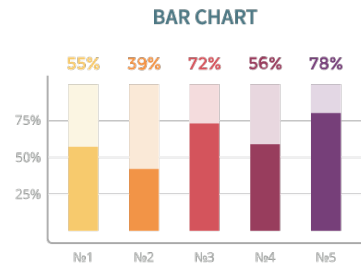
To compare one set of values to another:

Tables. This consists of rows and columns used to compare variables. Tables can show a great deal of information in a structured way, but they can also overwhelm users who are simply looking for high-level trends.

Bar charts. These graphs are divided into sections that represent parts of a whole. They provide a simple way to organize data and compare the size of components to one another.

TABLE

| | COLUMN TITLE | COLUMN TITLE | COLUMN TITLE | COLUMN TITLE |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|
| First Row | 234 876 304 | 234 876 304 | 234 876 304 | 234 876 304 |
| Second Row | 12 324 553 800 | 12 324 553 800 | 12 324 553 800 | 12 324 553 800 |
| Third Row | 58 587 900 | 58 587 900 | 58 587 900 | 58 587 900 |
| Rowspan | 1 234 854 898 | 1 234 854 898 | 1 234 854 898 | 1 234 854 898 |
| Row | 12 000 343 | 12 000 343 | 12 000 343 | 12 000 343 |
| Rowspan | 234 554 333 | 234 554 333 | 234 554 333 | 234 554 333 |
| Last Row | 14 458 876 | 14 458 876 | 14 458 876 | 14 458 876 |
| TOTAL | 14 564 765 322 | 14 564 765 322 | 14 564 765 322 | 14 564 765 322 |



9 CDC. *The power of data visualization*

10 BetterEvaluation.org. *Visualise data* - <https://www.betterevaluation.org/frameworks-guides/rainbow-framework/describe/visualise-data>

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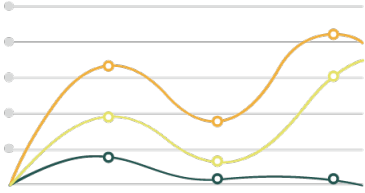
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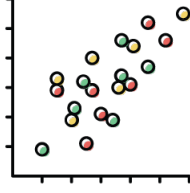
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To illustrate changes over time, use:

Line graphs and scatterplots. These visuals show change in one or more quantities by plotting a series of data points over time. Line graphs utilize lines to demonstrate these changes, while area charts connect data points with line segments, stacking variables on top of one another and using color to distinguish between variables.



LINE GRAPH



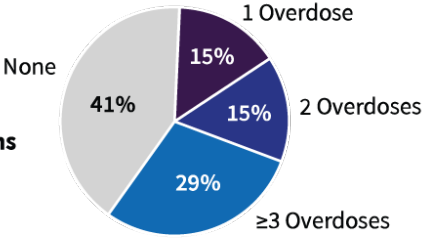
SCATTERPLOT

To see the parts of the whole:

Pie charts. A pie chart is a divided circle, in which each slice of the pie represents a part of the whole. The categories that each slice represents are mutually exclusive and exhaustive. Data with negative values cannot be displayed as a pie chart.

PIE CHART

Numer of Opioid Overdoses Witnessed in the Past 12 Months
Among all respondents, n=1,265



To represent text from qualitative data, use either:

Word clouds. Word clouds or tag clouds are graphical representations of word frequency that give greater prominence to words that appear more frequently in a source text.

Or, concept mapping. Concept maps are depictions of the relationship of multiple concepts.



No matter which data visualization tool you choose, remember that the simpler and more straightforward the visual is, the more likely your audience will clearly understand what you are attempting to convey. The purpose of data visualization is to support the telling of your program's story and/or call to action. If you are unsure if your data visualization is hitting the mark, it might be worthwhile to pull in members of your evaluation or program teams to review and provide feedback.

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Here are some helpful resources for your consideration:

[Data Visualization Catalogue](#)

[Data Visualization Checklist](#) by Berkeley

[The Typical Data Visualization Process](#) by Evergreen Data

[Slides, Handouts and One Pagers](#) by Evergreen Data

[Examples of How to Visualize Your Data](#) by Data to Viz



Laura Nagle

Laura Nagle is a Risk Reduction Specialist at Madison County Health Department in the state of Virginia. She details the opportunities and challenges faced by evaluation efforts in states with conservative public health traditions. With a grant provided by a national network of county and city health departments, she describes how she and her team utilized evaluation tools and techniques to address an emerging issue and better serve rural participants:



“We got this grant to figure out how we’re going to do better data collection. So we already use RedCap, you know, we collect a lot of quantitative stuff, but haven’t done a lot of qualitative. We noticed in March last year that our numbers just went from [high] to straight down. I mean it was astonishing how our numbers dropped, we couldn’t figure out what was going on. So we were able to do incentives, a \$20 gift card to do 30 minute interviews with folks, and we learned a couple of interesting things.”

“It was this perfect storm of things that caused our numbers to dive substantially”

By providing structured, compensated point-in-time (PIT) surveys, Laura and her team quickly honed in on the *cause* of the sharp drop-off in participants. Using these simple surveys, her team traveled to various cities in the state and gathered direct feedback from program participants and those who would potentially benefit from being participants, discovering two primary reasons for the drop-off.



“A new law in Kentucky had gotten passed that said that folks can buy syringes at pharmacies without an ID or a prescription. That combined with the fact that we have had to use retractable syringes here, that’s how our ordinance was written, and people, you know, hated our syringes. So, once word got out that they could buy them at Walmart...it took about eight months from the time the law passed until word got out.”

“We also learned how big of a barrier transportation is for people. We’re a pretty large county...So people who live close to us, you know, could walk or bike, but a lot of people couldn’t. So the two things that came out of that feedback was that we have to figure out how to get rid of these retractable syringes, and we have to be able to start doing mobile exchange so that we can get to people who can’t get to us. Because we’re a public health department, it is our job to prevent being the next Austin, Indiana [a city that had a major HIV outbreak], that’s right over the river from where we are, you know? So, if we want to prevent that, we’ve got to do those things.”

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“It was fantastic to reach out to people.”

Laura and her team selected the right evaluation tool for their capacity and context. They needed a tool that could be developed quickly, was easy to use, and provided up-to-date information. For them, a PIT survey was the perfect fit not only for critical feedback, but also for outreach to new participants. Laura shares some examples of questions they used for their survey:

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“Do you know anyone who could use our services but hasn’t come? What do you think are the reasons?”

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“When there are times that you needed our services but didn’t come, what were the reasons that you weren’t able to be here?”

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“How do you think people would feel about mobile exchange? What would it feel like to walk up to this van?”

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***“Most people’s response was ‘thank you for asking.’
So that was very, very positive.”***

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“So it started with anyone who came in to our harm reduction program, we would ask if they had a little bit of time to do it and then it just was a snowball sample from there. That’s when we could start interviewing people who maybe didn’t come to us but needed our services or people who we hadn’t seen for a while. Because we had the incentive, we had a lot of people who were willing to talk to us. We would take the van out and do surveys with folks who didn’t use our services but needed them.”

Delivering the PIT elicited positive responses from the community, as well as vital programmatic data and qualitative information that could be used when advocating for the program to be allowed to change their syringe type and begin mobile services. Unfortunately, the program met with opposition from a single local official who disrupted their opportunity to put their information into action.

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Conclusion

This toolkit was developed to provide a general introduction to harm reduction program evaluation, along with practical guidance and key considerations to reinforce your existing or anticipated evaluation efforts. Although there are many things to keep in mind, we hope that this toolkit builds your confidence in developing a program evaluation. There is no one right way to engage in this process. Your program's needs, funders' requirements, and staff capacity play a huge part in determining how, why, and when an evaluation is conducted, so you and the staff and volunteers at your organization will have to determine what a meaningful and feasible evaluation effort should look like for your harm reduction program.

Now that you have read through the entire toolkit, let's recap some of the key elements that were covered in each of the modules.

Making the Case (Module One). Making the case for evaluation is about being mindful of how our past experiences with data collection and/or evaluation can impact our individual and collective willingness to fully contribute to an evaluation process. Whether any resistance to program evaluation stems from an emotional place or ideological concerns, making the case involves investing in better understanding those reluctances and building toward what is necessary to increase buy-in and trust in the process.

Preparing for your Evaluation (Module Two). Preparing for your program evaluation goes beyond making sure you have all the people, tools, and necessary resources in place. It also includes examining ways to ensure your evaluation design reflects racial and gender equity standards and centers the meaningful involvement of people who use drugs in your process.

Planning for Your Evaluation (Module Three). Planning your evaluation involves taking a deep dive into the specifics of how your evaluation will be implemented. This includes making determinations about who will be involved, the type of evaluation you will need to conduct, how data will be collected, resources necessary to be successful, and the timeframes for each of the activities. Also key to the planning process is identifying who will lead and contribute to your program evaluation effort. Clearly identifying, defining, and assigning roles on the front end can help to minimize role ambiguity and support coordination and buy-in throughout the evaluation process.

Doing Your Evaluation (Module Four). This stage of the process involves collecting, preparing, and analyzing your program evaluation data. While there are many methods you can use to collect relevant quantitative and qualitative data, it's helpful to prioritize the method(s) that will pose the least disruption to your program's day-to-day operations. Similarly, when it comes to analyzing your data, the simple approach is sometimes the best approach.

Using Your Evaluation (Module Five). In the last module, we covered strategies for sharing the results of your evaluation with both an internal audience and an external audience. Whether you are using your evaluation data to document progress, drive action, or support sustainability efforts, how you package and communicate the information can be just as important as the information itself. Appropriate data visualization elements such as charts, graphs, and concept maps can help you tell the story of your data in a clear and effective way.



Tool and Resource List

This toolkit contains a series of tools and resources to further support your learning and exploration of the concepts that are covered. Here is a list of all the resources by module and topic area:

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| <p>INTRO</p> <p>MODULE 1</p> <p>MODULE 2</p> <p>MODULE 3</p> <p>MODULE 4</p> <p>MODULE 5</p> <p>CONCLUSION</p> <p>RESOURCES</p> <ul style="list-style-type: none"> • Resource Links • Voices from the Field Participants • Glossary of Terms | <p>New and emerging harm reduction research projects</p> | <p>Harm Reduction Journal</p> <p>NIH Harm Reduction Network</p> |
| | <p>Meaningfully involving people who use drugs</p> | <p>AIDS United - Meaningful involvement of people who use drugs factsheet</p> |

MODULE 2

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| | <p>Building your program evaluation capacity</p> | <p>Building a Strategic Learning and Evaluation System for Your Organization by FSG</p> <p>Working Better Together: Building Nonprofit Collaborative Capacity by GEO Funders</p> <p>Organizational Capacity Assessment Tool by AmeriCorps</p> |
| | <p>Evaluation Bias</p> | <p>Bias in Program Evaluation Tip Sheet by Youth Development Executive of King County</p> <p>How Cognitive Biases Affect Monitoring, Evaluation and Learning by ODI</p> <p>What is Response Bias and How Can You Avoid It by Qualtrics</p> <p>Selection Bias by Qualtrics</p> |
| | <p>Racial equity resources</p> | <p>The Racial Equity Impact Assessment Toolkit by Race Forward</p> <p>The Six Typical Phases of Racial Equity Work by drworks</p> <p>Continuum of Becoming an Anti-Racist, Multicultural Institution by Crossroads Ministry</p> <p>The Work Is Not The Workshop: Talking and Doing, Visibility and Accountability in the White Anti-Racist Community by Catherine Jones</p> |
| | <p>Gender equity resources</p> | <p>Transgender Rights Toolkit by Lambda Legal</p> <p>DEI Toolkit: Gender and Gender Identity by AAUW (American Association of University Women)</p> |

MODULE 3

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| | <p>Engaging community in the evaluation process</p> | <p>Evaluation and Community Engagement by Nexus Community Partners</p> <p>Engaging Community in Evaluation by The Tamarack Institute. [YouTube clip]</p> |
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| Collaborating with internal and external evaluators | Internal vs. External Evaluators by New York Health Foundation Working with Internal and External Evaluators by CDC Selecting and Working with an External Evaluator by Health Care Georgia Foundation How to Hire an Evaluator by HHS |
| Developing program evaluation questions | Evaluation Question Checklist for Program Evaluation by Western Michigan University, Evaluation Center Developing Evaluation Questions by Pell Institute |
| How to develop indicators | What Are Indicators by CDC Indicators for Evaluation by My Peer Toolkit Using Indicators: How to Make Indicators Work for You by CDC |
| Exploring data collection methods | Best Data Collection Methods to Optimize Your Program Evaluation by CDC |
| Developing an evaluation plan | Project Evaluation Plan Template by Rural Health Innovations Evaluation Plan Template by CDC |

MODULE 4

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| Survey development | Collecting Evaluation Data: Surveys by University of Wisconsin Program Evaluation Tip Sheet – Constructing Survey Questions by CDC Data Collection Overview: Surveys and Questionnaires by CDC Checklist to Evaluate the Quality of Survey Questions by CDC |
| Conducting individual interviews | Using Qualitative Interviews in Evaluations: Improving Interview Data by Westat Data Collection Overview: Interviews by CDC |
| Collecting data through observation | Collecting Evaluation Data – Direct Observation by University of Wisconsin |
| Conducting a document review | Data Collection Method: Document Review by CDC |
| Conducting focus groups | Data Collection Overview: Focus Groups by CDC Using Focus Groups in Program Development and Evaluation by University of Kentucky |
| Inferential analysis | Understanding statistical inference by Dr. Nic’s Math and Stats Descriptive vs. Inferential Statistics: Key Differences and Measurement Techniques by Simplilearn |
| Analyzing quantitative data | Analyze Quantitative Data by Evaluation Toolkit Quick Guide to Analyzing Quantitative (Numeric) Assessment Data by Washington State University |



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| Analyzing qualitative data | A Guide to Qualitative Analysis by Royal Geographical Society. Analyze Qualitative data by the Evaluation Toolkit |
| Securing Evaluation Data | Data Security by Digital Defense Fund Beginner's Guide to the Basics of Data Encryption by Infosec Types of Encryption to Protect Your Data by Insights for Professionals |

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| Developing an evaluation report | Developing Final Reports by Better Evaluation How to Write an Evaluation Report by EvalCommunity |
| Data visualization methods | Data Visualization Catalogue Data Visualization Checklist by Berekley The Typical Data Visualization Process by Evergreen Data Slidedocs, Slide Handouts and One Pagers by Evergreen Data Examples of How to Visualize Your Data by Data to Viz |
| Developing a communication strategy | Creating a Communications Action Plan by Viasport Communications Planning by Mindtools How to Develop a Success Story by CDC |

Voices from the Field Participants

Alfred Forbes (He/Him)

Harm Reduction Provider & Founder of Forbes Consulting



Alfred Forbes earned his BA in Philosophy from Dartmouth College and completed his MBA at the University of Phoenix. Mr. Forbes has worked in the health field since 1990 serving as an HIV Buddy, member of the Community Planning Group, Community Health Educator, and Ryan White Case Manager. He is also a certified Life Coach, and Universal Life Church Minister. In 2000, Al joined the Gay Men of African Descent (GMAD) CDC Gay Men of Color Northeast Capacity Building Assistance Program, providing technical assistance addressing the HIV needs of agencies serving African American/Black MSM/SGLM in the Northeast. In 2003, he started Forbes Consulting and has provided organizational development and capacity-building assistance to departments of health, community and faith-based organizations, social justice organizations, and businesses in over 30 states in North America, Africa, and Brazil. As a subject matter expert Mr. Forbes has presented at national, state, and regional conferences and authored or co-authored HIV curricula on HIV Testing -for non-medical testers, Black MSM/SGLM and Transgender Women, and Cultural Competency. He currently chairs the Community Advisory Board for Project WISH, the Clinical Studies Division of Infectious Diseases at the University of Illinois at Chicago, is a member of the Hoosier Harm Reduction Coalition, the National Black Harm Reduction Network, state and national Ending the HIV Epidemic and HCV initiatives, and serves as a consultant for Health Resources and Services Administration's HIV/AIDS Bureau (HAB).

Danny Clawson (They/Them)

Executive Director at Virginia Harm Reduction Coalition



Danny has over a decade of experience in public health program design and implementation. During the Peace Corps, they established health programming in 50 rural elementary schools. They received their MPH from Emory University in 2017 and worked for 3 years on medicaid expansion and HIV decriminalization. Having lost a family member to HIV, they are deeply committed to stopping the spread of HIV and providing quality services to oppressed communities.

Barbie Zabielski, MPH (She/Her)

Deputy Director at Virginia Harm Reduction Coalition



Prior to her current role of Deputy Director of Virginia Harm Reduction Coalition (VHRC), Barbie served as VHRC Program Planning and Evaluation Manager and spent 3 years providing sexual and reproductive health services to incarcerated women as project manager of a health department program she designed. She received her MPH from George Washington University in 2017 and is currently completing a DrPH program at Loma Linda University. Barbie has research experience related to sexual and reproductive health (SRH) and incarcerated women and expertise in SRH, substance use disorder treatment, and hepatitis C treatment. She is committed to improving sexual and reproductive health among underserved women and sexual and gender minorities and providing harm reduction services to people who use drugs.

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Laura Nagle (She/Her)
Risk Reduction Specialist/Health Educator



Laura provides HIV/HCV testing with the Harm Reduction/Syringe Services Program in a mostly rural Appalachian community, and is passionate about finding ways to better meet the needs of participants and the community.

Sam Armbruster, MPH (They/Them)
Education and Data Manager at Choice Health



Sam Armbruster is currently the Education and Data Manager at Choice Health Network Harm Reduction in Knoxville, TN. They have a MPH degree with a concentration in Behavioral, Social, and Community Health from Indiana University and a BA degree in Gender Studies from New College of Florida. Sam is invested in increasing access to harm reduction services and promoting health equity for queer and trans people; those living in rural communities; and people who use drugs.

Glossary of Terms

MODULE 1

- **Program evaluation:** the systemic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of a program
- **Program monitoring:** the process of collecting and assessing information on program activity to ensure that the program is accomplishing what is intended
- **Program research:** use of program data to investigate observed phenomenon to establish global facts or reach new conclusions
- **Meaningful involvement of people who use drugs:** the act of granting decision-making power to people who actively use drugs in ways that inform the design, implementation, and analysis or reporting of a program evaluation effort
- **Emotional hesitation:** reluctance to engage in a program evaluation effort because of a previous negative experience
- **Ideological resistance:** reluctance to engage in a program evaluation effort because of moral opposition

MODULE 2

- **Evaluation capacity:** a program's ability to successfully support the activities of an evaluation process
- **Culture:** the customs, values, and beliefs that inform how we behave and understand the world around us
- **Social justice:** the pursuit of equal rights and equitable opportunity for all
- **Inclusion:** the action or state of being granted equal access to opportunities to contribute to a program evaluation effort
- **Evaluation approach:** the distinct ways to think about, design and conduct an evaluation effort
- **Participatory evaluation:** an evaluation approach that emphasizes the involvement of the individuals who are directly impacted by the results of the evaluation
- **Conventional evaluation:** the traditional way we have been taught evaluations should be carried out
- **Process evaluation:** focuses on whether your harm reduction program activities have been implemented in the way they were intended and resulted in the intended outputs
- **Outcome evaluation:** measures the extent your program has influenced changes in behaviors, practices, or knowledge during the program period
- **Impact evaluation:** assesses why or how a program has been able to influence sustained changes (impact) over time; it can also be used to determine which services help the program to accomplish its goals most effectively
- **Summative evaluation:** provides an overall synopsis of the effectiveness of the program; typically, this type of evaluation helps determine whether a program should be continued, expanded, or ended

MODULE 3

- **Evaluation team:** a group of individuals who are tasked with contributing input that influences the design, implementation, and/or communication of a program evaluation effort
- **Role clarity:** establishing how the lead evaluator, evaluation team and harm reduction program team will work together to support the evaluation to minimize ambiguity, build trust, and enhance efficiencies
- **Program Goal:** the specific outcome (or impact) that your program is working to accomplish
- **Logic models:** a visual depiction of all the activities, outcomes and outputs that contribute to the program's ability to solve a program or achieve a goal

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- **Inputs:** the staffing, resources, supplies, and time that goes into your harm reduction program
- **Activities:** what your program is doing to accomplish your program goals; the program's efforts
- **Outputs:** what is produced or happens because of the activities
- **Short-term outcomes:** the intended difference the program activities should make within the organization or the community at large in the short-term
- **Intermediate (medium) outcomes:** the intended difference the program activities should make within the organization or the community at large beyond the short-term time frame
- **Long-term outcomes (impact):** the intended difference the program should ultimately make within the organization or the community at large
- **Assumption:** what is understood to be true about the harm reduction program, program activities, and/or participants
- **External impacts:** the environmental factors that will likely influence program activities
- **Evaluation questions:** questions that reflect the purpose and priorities of a program evaluation and focus the evaluation effort
- **Survey questions:** questions that are focused on assessing a specific behavior, feeling, or perception
- **Indicators:** signs of progress that are used to determine if a program is meeting its objectives and goals
- **Qualitative data:** data that describes qualities or characteristics
- **Quantitative data:** data that is represented numerically
- **Close-ended questions:** questions that have predetermined answers for respondents to choose from
- **Open-ended questions:** questions that cannot be answered with a simple "yes" or "no" response
- **Resource availability:** the resources you have available to launch and carry out a program evaluation, which can be grouped into "people resources" and "project resources"
- **Evaluation plan:** A written document that outlines how a program will be evaluated and how the results of the evaluation will be used
- **Ethical framework:** a practical tool for exploring ethical dilemmas and identifying ethical courses of action

Mod 4

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- **Data sources:** entities that provide information that have been collected in a systematic way
- **Surveys:** written tools that are used to collect information from multiple respondents
- **Individual interviews:** conversational sessions conducted with program participants, either in person or virtually, to gain an in-depth understanding of their experiences and opinions
- **Observations:** written documentation (usually completed by staff) of program events and/or participant interactions
- **Document review:** the gathering of existing program documents, monitoring data and records
- **Focus groups:** conversational sessions conducted with a group of program participants, either in person or virtually, to gain an in-depth understanding of their experiences and opinions
- **Data reliability:** program data that can be trusted (i.e., accurate, unique, and complete) to effectively inform your evaluation in the ways that are needed
- **Data analysis:** the process of reviewing, summarizing, and comparing program data to draw useful conclusions about your program
- **Data validation:** consists of ensuring that all the data that has been collected for your program evaluation has been cleaned, is complete, and is labeled and stored properly
- **Data editing:** the process of ensuring your quantitative data is clear and understandable by reading through the data to identify unclear entries and using reason to decipher the meaning or fill in

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- **Internal audience:** typically consists of the individuals who make up the organization's staff and volunteers
- **External audience:** consists of the individuals who are not formally a part of the organization, but may be stakeholders who are directly involved in program impact (e.g., funders, program participants, partners, and the broader community or community groups)
- **Evaluation report:** documentation of the purpose, process, and results of your program evaluation effort so that it can be referenced and, if needed, shared with others
- **Communication strategy:** blueprints for developing and disseminating a message to an intended audience
- **Data visualization:** the act of translating evaluation data into a visual context to make it relatable and easier to understand

missing information, where appropriate

- **Data coding:** the process of grouping and assigning value to quantitative responses
- **Mean:** a numerical average
- **Median:** the midpoint of a data set when in chronological order
- **Mode:** the most common value that appears in a range of values
- **Percentage:** the ratio or number that represents a fraction of 100
- **Frequency:** the rate at which something occurs or is repeated
- **Range:** the largest number minus the smallest number in the data set
- **Descriptive statistics:** analyzing data in a way that helps to describe or summarize the relationships and patterns that are present
- **Inferential statistics:** conducting an advanced analysis of quantitative data to draw conclusions (or inferences) and make predictions about the larger population
- **Narrative analysis:** a qualitative analysis that focuses on analyzing respondents' experiences and motivations by looking closely at the individual stories that they share and interpreting meaning
- **Thematic analysis:** a qualitative analysis that focuses on using the patterns identified in step three to determine and compare common themes across the qualitative data sets to tell a larger, overarching story