CHAPTER 7:
EVALUATING YOUR OUTREACH PROGRAM

Photo courtesy of the Mixteco-Indígena Organizing Project

In this chapter you will find…

- **Planning Your Evaluation**
- **Collecting and Analyzing Evaluation Data**
- **Using Your Evaluation Findings**

INTRODUCTION

Evaluation is a step-by-step process that can be carried out in any health outreach program. Successfully evaluating program activities and services allows you to measure your success at meeting goals, identify areas for improvement, and strengthen grant applications. This chapter walks you through how to easily incorporate evaluation tools into your everyday activities.

This chapter is divided into three sections:
1) Planning Your Evaluation
2) Collecting and Analyzing Evaluation Data
3) Using Your Evaluation Findings

Though evaluation can be a very complex process, this chapter simplifies it by focusing on measuring program activities (or outputs) and changes in farmworker knowledge (or short-term outcomes).

Why Evaluate Your Outreach Program?

- Accountability: Evaluation can assist us in maintaining accountability to funders, staff, clients, and the community.
- Program Improvement: Evaluation helps us to improve existing programs.
- Knowledge: Evaluation helps us to plan future programs.
- Social Justice: Evaluation can tell us if vulnerable populations are receiving appropriate and effective services.

How FHSI Can Assist You Further

This chapter is designed to provide you the basics on how to evaluate your farmworker health outreach program. If you would like further assistance with evaluation, please visit www.farmworkerhealth.org and click on "contact us."

Specifically, FHSI can help you:

- Refine your current data collection methods
- Learn how to analyze your findings
- Identify realistic evaluation goals
- Provide you and your staff with training on "Outcome Evaluation"

PLANNING YOUR EVALUATION

The first step to successfully conduct outcome evaluation is to engage your organization and the farmworker community in the evaluation process. Both parties have a stake in the success of your outreach program and both will offer important perspectives. Start by hosting a kick-off meeting where everyone can share their goals and objectives. Involve them in every step along the way and they will be a great resource to you!

Definition of Evaluation: The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming. *(Patton, Utilization Focused Evaluation, 1997)*

Next, define and organize your outreach program evaluation on paper. Planning your program evaluation allows you to organize program resources, program activities, program reach, and desired outcomes. One of the most common tools for planning your program evaluation is to use a logic model.

Using a Logic Model

A logic model describes the main elements of an intervention or program and how they work together to address a health condition in your target population.

The logic model can be used to outline both the intended results AND the actual results of your program. Fill out the blank logic model on page 7-8 before and after your intervention to see if your program met its intended results.

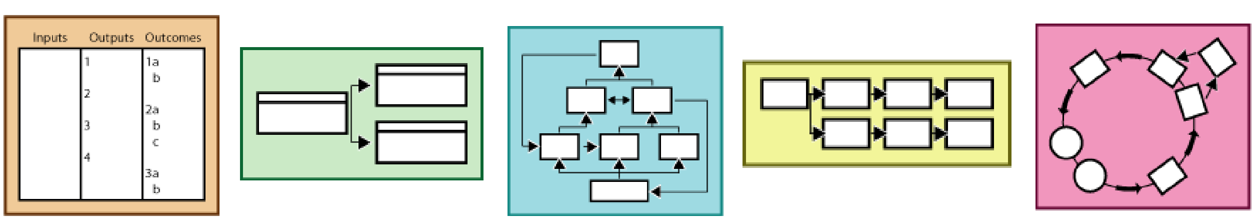
NOTE:
Logic models can be structured in a variety of ways. This chapter focuses on just one example of a logic model. To get a broader perspective and choose a model that works best for you, visit the following websites to see other logic model examples:

W. K. Kellogg Foundation http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

United Way http://national.unitedway.org/Outcomes/Resources/MPO/model.cfm

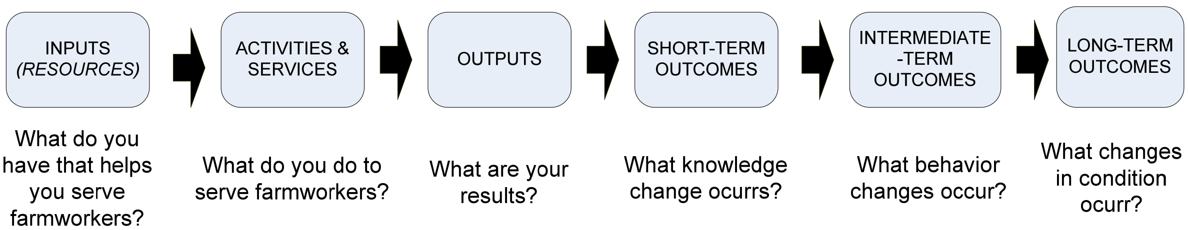
Center for Disease Control and Prevention http://www.cdc.gov/eval/resources.htm#logic%20model

The University of Wisconsin Extension http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html



There are 8 basic pieces of a logic model:

1) Problem Statement
2) Inputs (Resources)
3) Program Activities and Services
4) Outputs
5) Short-Term Outcomes
6) Intermediate-Term Outcomes
7) Long-Term Outcomes
8) Documentation



1) Problem Statement

The Problem Statement poses the issue your program wishes is to address. A good problem statement defines the problem by the behaviors and conditions that affect it, and not necessarily specific solutions or placing blame on anyone or anything.

Example of a problem statement:

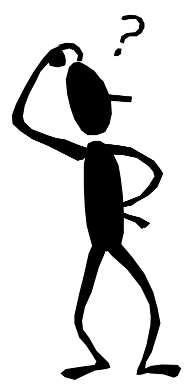
HIV rates have been rising among single, male farmworkers in our community. These men have multiple sexual partners and do not know how to use condoms. Additionally, they lack skills for negotiating condom use. Many lack knowledge about local HIV prevention and treatment services. Most have not been tested for HIV.

2) Inputs

Your inputs are the resources that enable you to implement program activities and serve clients.

Examples of inputs are:

- Number of outreach staff
- Financial resources
- Inventory of outreach supplies for the year
- Health education materials
- Computers for outreach data entry and analysis
- Clinical data
- Technical assistance providers



3) Activities and Services

Program activities are what your program does to address the problem statement.

Examples of program activities are:

- Conducting health education
- Organizing health fairs

- Case management
- Transportation
- Basic first aid
- Health screenings
- Coordinating a community coalition

4) Outputs
Outputs measure the quality and quantity of program activities, as well as who your program reaches. Most programs record their outputs through documenting activities, referrals, vouchers, patients, and any other information that tracks service delivery and client numbers. Because you can use outputs to measure the effectiveness of your program, it is important to ensure your outputs are quantifiable (i.e. that they can be counted).

You can document the effectiveness of your program by tracking the change in outputs over a period of time. For example, let's say your program provided health education to 100 farmworkers in a year. If the following year your program provided health education to 150 farmworkers, then you can say your program increased the reach of its health education activities by 50%.

Photo courtesy of Clinicas de Salud del Pueblo, Inc.

Examples of outputs are:
- Number of outreach encounters that will be conducted
- Number of health education sessions that will be delivered
- Number of farmworkers who will receive health education
- Percentage of farmworkers who were very satisfied with the health education session
- Number of blood pressure screenings provided
- Number of referrals to clinic or other providers
- Number of case management encounters
- Percentage of cases successfully handled through community referrals
- Number of health fair attendees
- Number of farmworker clients using transportation service
- Number of farmworkers who completed applications for Medicaid services
- Number of farmworkers receiving basic first aid

Note: You can also categorize outputs by gender, ethnicity, age group, illness, time period, or migrant status.

5) Short-Term Outcomes
Short-term outcomes are the immediate effects of your program's activities; these effects can be measured as soon as a program activity is complete (e.g. health fair, health education session, case management). Short-term outcomes can be changes in beliefs, knowledge about a topic, attitudes, skills, opinions, motivations, or future plans. These are generally very easy to track and measure because they can be evaluated so soon after the intervention.

Examples of short-term outcomes are:
- Farmworker knowledge of a topic after a *charla,* or health education session, will increase
- Farmworker attitudes or perceptions of a health risk will change
- Intentions to make lifestyle changes, such as improving diet and increasing exercise, will be greater
- Farmworker skills will increase, such as knowledge about how to correctly put on a condom

6) Intermediate-Term Outcomes
Intermediate-term outcomes are primarily changes in behavior made by farmworkers. The actions taken in the intermediate-term are the follow-through from the changes in knowledge, beliefs, and future plans seen in the short-term. A farmworker may learn three reasons why he/she should not smoke (short-term outcome) during a group health education session, but it may take 11 months before he/she quits (intermediate-term outcome). Because intermediate-term outcomes often occur over a longer period of time, they are more difficult to prove with a migratory population.

Examples of intermediate-term outcomes are:
- Number of farmworkers visiting a clinic as a result of outreach efforts will increase
- Farmworkers report an increase in applying skills they have learned in health education sessions
- Farmworkers increase health maintenance practices, such as using a blood sugar test kit to monitor diabetes
- Increased follow up on health appointments
- Percentage of blood pressure screenings that resulted in a visit to the clinic
- Percentage of health fair attendees in target population who received a HIV test

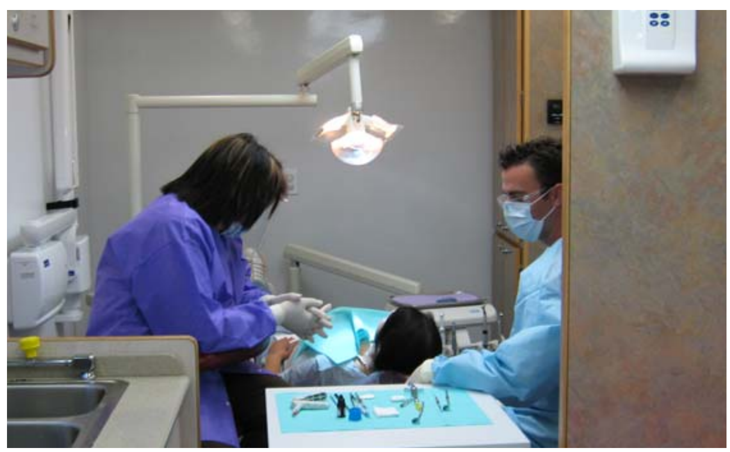


Photo courtesy of Community Health Centers of Lubbock

7) Long-Term Outcomes
Long-term outcomes or impacts are changes in conditions, including those in health, access to services, and socioeconomic status. They are the results of continued, positive, intermediate-term outcomes. Because farmworkers tend to lead transient lifestyles, long-term outcomes are very difficult to prove or directly attribute to the efforts of just one program. Often, programs infer long-term outcomes when they can prove short- or intermediate-term outcomes. For

instance, you may be able to infer that lower incidences of lung cancer are due to increased smoking cessation classes, which in turn lead to more farmworkers quitting smoking.

Even though long-term outcomes are very difficult to prove, it doesn't mean that you shouldn't be thinking in this direction. Similar to your program goal, your long-term outcomes should always be the intent of your program.

Examples of long-term outcomes are:

- Decreased health disparities, such as lower incidences of obesity or HIV/STIs
- Increased successful maintenance of blood pressure and diabetes
- Increased access to health services
- Increase in patients following-up with care and medication regimens
- Increase in ability to afford services due to a sliding scale and improved billing practices.

8) Documentation

The documentation section of the logic model helps you understand where and how you will track or monitor the outputs and outcomes of your program.

Examples of documentation are:

- Outreach encounter forms
- Case management forms
- Clinical forms
- Health education pre-/post- tests
- Health education encounter forms
- Patient registration forms
- Questionnaires or feedback forms
- Telephone surveys
- Focus group results

Plan Your Evaluation– A Logic Model Template

Use this tool to help visualize how to get evaluation results from your everyday activities & services.

Problem Statement		What problem will your program address? (e.g., Increase in # of new HIV/STI cases)	
Your Planned Work	**Inputs** ⇩	What resources will be needed to implement the program? (e.g., staff, materials, curricula, cars, mobile units, money)	
	Activities & Services ⇩	What activities or services will you provide to solve your problem statement? (e.g., health education sessions, health fairs, referrals, materials distribution)	
	Outputs ⇩	What objectives will you accomplish? (e.g., 15 HIV health ed sessions conducted, 100 farmworkers reached through health fair, 500 encounters provided)	**⇦Documentation** How will you track your accomplishments? (e.g. forms, spreadsheets)
Intended Results	**Short-Term Outcomes** ⇩	What knowledge or attitude change will result from your outputs? (e.g., 25% increase in HIV/STI knowledge, 75% of reached farmworkers will know how to put on a condom)	**⇦Documentation** How will you track the immediate changes you see? (e.g. forms, spreadsheet, pre-test/post-tests)
	Intermediate-Term Outcomes ⇩	What behavior changes will result from your outputs? (e.g., 25% increase in HIV/STI tests, 30% decrease in missed appointments, 20% increase in condom use)	**⇦Documentation** How will you track the intermediate changes you see? (e.g. spreadsheet, return visits, clinic data, focus group)
	Long-Term Outcomes	What long-term impact will result from your outputs? (e.g., decrease in # of new HIV/STI cases, increase in access to HIV/STI medical care and resources)	

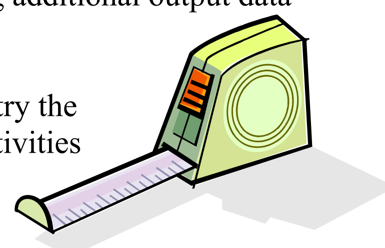
COLLECTING AND ANALYZING EVALUATION DATA

This section is divided into two parts: 1) How to Measure Outputs and 2) How to Measure Change in Outcomes. The first section highlights strategies for improving the way you track outreach activities and services, while the second deals specifically with documenting health change in farmworkers. As mentioned before, this chapter will focus on program outputs and short-term outcomes, as intermediate- and long-term outcomes are more difficult to prove in mobile, changing populations. If you would like to learn more about measuring intermediate- and long-term outcomes, contact FHSI for more information or for a targeted consultation.

You can collect evaluation information via a variety of methods, such as surveys, interviews, and focus groups. For a full description of these data collection methods, see *Chapter 5: Conducting a Farmworker Needs Assessment.*

How to Measure Outputs

Measuring the change in activities or outputs is one way to demonstrate the productivity of your program. Chances are you already collect this data. Oftentimes obtaining additional output data can be as simple as adding a new question to current data collection tools.



Since effective and efficient data collection can sometimes be a struggle, try the following strategies to streamline the data you gather on your program activities and services.

Track ALL of the Services You Provide
You may already be tracking the services you provide on encounter forms; however, a few revisions to your encounter form may make it easier for your staff to document services and more likely to capture everything they accomplished with the client.

Strategy:

- Add check boxes to your encounter forms for every activity you want to track. This will make it simple for staff to indicate all of the services they provide in a single encounter. Tally all of the services your department provided at the end of each month to illustrate productivity.
- Identify activities outreach staff may be doing in the field, but are not documenting. These may include translation, transportation, advocacy, appointment scheduling, or assisting with completing social service forms. If this information isn't captured on your encounter forms, consider adding it or making daily logs for outreach staff.
- Document referrals and include them on your encounter forms, or make a referral log that tracks the different types of referrals you provide. This can be used to illustrate how often you utilize your community resources and collaborators. Follow up with farmworkers or other social service providers to determine if farmworkers are using these resources.
- Document the amount of time spent on each activity on your encounter form. This will help you monitor and demonstrate the depth of each encounter and not just the

quantity of services provided. This technique will also show you where your staff spends most of their energy, which could help you prioritize or restructure certain activities.

Learn How Many Farmworkers Used Clinical Services Because of Outreach
This may be the most important data your outreach program can collect. By measuring this effectively, you can prove how critical outreach is to the wellbeing of farmworkers.

Strategy:

- Include a question on your encounter form that asks if they have been to your health center in the past. This technique will allow you to track the number of farmworkers served by both the outreach department and the clinic. This will also help you better understand the complimentary overlap between outreach and clinical reach.
- Include a question on your clinical sign-in sheets that asks if they have spoken with someone from your health center at their residence or work. This will enable you to document how many farmworkers came to the clinic because of your outreach efforts.
- Distribute outreach voucher cards that can be turned in for an incentive at your clinic. These cards could include information on which camp they come from, which outreach worker they met with, etc. Keep track of how many cards you give out and how many were returned to determine the percentage of farmworkers that visit the clinic.

Document the Effectiveness of Transportation and Translation
Many organizations provide these enabling services to farmworkers that help improve access to health care and social services. However, few organizations track and document the outcomes of these services. Try the following simple strategies and see if your enabling services can be improved.

Strategy:

- If you provide transportation and translation services, add a question to the clinical/transportation intake forms that asks how they would access your organization's services if transportation and translation services were not available. Would they get a ride from a family member? Would they not come at all? Would they bring a family member to interpret? Documenting the complex barriers farmworkers face will allow you to continually demonstrate how critical these services are.
- Facilitate a focus group among farmworkers to discuss what prevents them from accessing services. Ask direct questions about the usability and quality of these services. Use this qualitative information to cite reasons for how to improve these crucial services.
- Document how many farmworkers who request transportation services follow through and use transportation services. This will also help you understand the effectiveness of this enabling service. If you feel that more farmworkers should be using enabling services, host a focus group to discuss why they aren't using them.

Track Group Health Education Activities
Even though group health education cannot be collected via individual encounter forms, you can still track these vital prevention services. Group health education may be your broadest reaching outreach activity, so remember to document it!

Strategy:
- Create a health education session tracking form. This can be very simple and easy to fill out in less than one minute. Be sure to capture the number of farmworkers present, gender, age group, and health topic. You can also include your pre-/post test information on the same form (see page 7-15 for an example). Compile information monthly to see results.
- Summarize health education data in an area where the entire staff can view it, such as a wall poster board or dry erase board on a wall. This will enable everyone in your program to see the results of your program activities.

Track Client Satisfaction
Many organizations use feedback forms to gather client satisfaction data, but many farmworkers don't fill them out. Strategies listed below sidestep the cultural and linguistic barriers to tracking client satisfaction.

Strategy:
- Hold focus groups or key informant interviews with farmworkers that specifically ask about the quality of services your organization provides.
- Use pictures or orally ask about client satisfaction using a rating scale (i.e., 1-10)
- Measure wait times for services or interpretation.

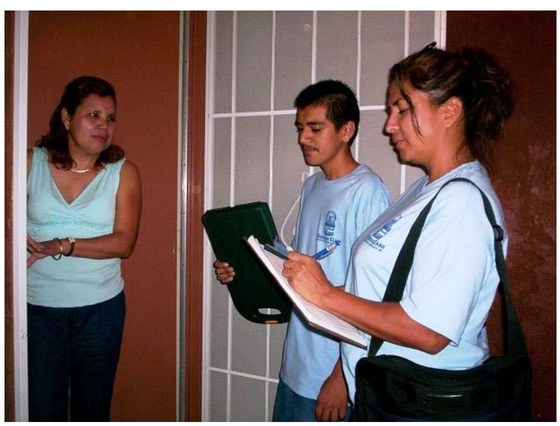
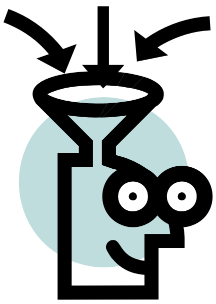


Photo courtesy of Clinicas de Salud del Pueblo, Inc.

How to Measure Change in Outcomes

Outcomes represent a change in beliefs, behaviors, knowledge, or conditions. In order to evaluate outcomes though, you must be able to measure change. This means the data collection tools you choose must yield results that can be compared across time, or ask direct questions about change or anticipated change.

How can you see change in your farmworker population if that population changes each year? When working with the limitations of this population, your best bet is to choose data collection methods that allow you to measure change over a short period of time. If your population is seasonal, however, you may be better suited to track intermediate- or long-term change.



Types of Change You Can Measure:
Knowledge Learned: Most effectively accomplished via pre/post tests, this type of change will help you understand how much farmworkers have learned during a particular intervention. This method is particularly useful for health education sessions.

Future Plans for Change: Future plans for change document an individual's intentions of behavior change, often based on immediate changes in knowledge or beliefs. Documenting an individual's intent to change behavior can be a productive way to measure program outcomes. Thinking about change or intending to change is the first step towards altering one's behavior. This method is useful for health education or case management activities with migrant farmworkers or farmworkers that will be around for a short time.

Self-reported Change: The self-reported change approach relies on the individual to manage their condition and report on progress. This process requires the individual to have a long-term commitment to behavior change; this individual should also be present for a longer period of time. The self-reported change incorporates a more individually-tailored approach which takes the patient's beliefs and cultural values into consideration. This type of patient collaboration is becoming widely accepted as the key to successful chronic illness management, as it can be administered either by having the patient complete the forms or by having a staff member meet individually with the patient. This method is useful for case management activities with seasonal farmworkers, migrant farmworkers that will be around for a longer period of time, or at the end of an intensive health education/promotion program (e.g., 10-week obesity prevention program).

Evaluate Health Education and Prevention Efforts
Pre/post tests measure knowledge learned before and after an intervention. Post testing can occur at the conclusion of the intervention as long as the time period is consistent for all of the interventions and the post tests are conducted with the same people as the pre tests. Also, pre/post tests generally ask the same set of questions.

Pre/post tests can either ask questions about specific health knowledge or whether or not they learned anything. Below are two health education evaluation methods that can be conducted orally in just a couple minutes. In order to minimize paperwork, try including the evaluation component on your health education session tracking form (see example on page 7-15).

Ideally, pre/post tests are conducted individually (either written or oral). Because this tactic can be quite challenging with limited staffing resources working and with a low-literate population, the following pre/post tests can be done in a group setting. This evaluation method is easy enough for any organization to implement.

Pre/Post Test Activity #1– Step-Forward/Step-Back

Use this evaluation activity before and after a health education session to see whether or not the group thinks they learned anything. The first three questions of the pre/post test are exactly the same, enabling you to measure self-reported change. The last questions will help you understand future plans for change.

- Instruct the group to stand in a straight line facing you.
- Develop an oral pre/post test comprised of yes/no questions.
- Ask a question.
- Instruct the participants to step-forward if the answer is yes.
- Document the number of participants that step forward.
- Continue until test is finished.
- Note: You may also use this activity to measure the learning continuum, simply ask participants to take 1 step forward if they know a little, 2 steps forward is they know some, and 3 steps forward if they know a lot.

Pre-Test Example: HIV/AIDS Health Education

1) Do you know what HIV is?
2) Do you know how HIV is spread?
3) Do you know how to prevent HIV?
4) Have you taken steps to prevent HIV in the past?
5) Have you been tested for HIV?

Post-Test Example: HIV/AIDS Health Education

1) Do you know what HIV is?
2) Do you know how HIV is spread?
3) Do you know how to prevent HIV?
4) Will you take steps to prevent HIV in the future?
5) Will you get tested for HIV in the next month?

Record How Many Step Forward

	Pre-Test	Post-Test	# Difference	Total # Participant	% Change (divide difference by total participants)
Q#1					
Q#2					
Q#3					
Q#4					
Q#5					
Totals					

Pre/Post Test Activity #2 – Spin the Bottle

Use this evaluation activity before and after a health education session to see what the group learned. The first four questions of the pre/post test are exactly the same, enabling you to measure knowledge learned. The final question on the post test will help you understand future plans for change.

- Develop an oral pre/post test comprised of yes/no or other closed-ended questions.
- Instruct the group to sit in a circle.
- Spin the bottle and ask a question to the person to which the bottle is pointing.
- If the person answered correctly, give the group 2 points. If the person answered incorrectly or partially correctly, but someone else in the group can answer the questions, give the group 1 point. If the person answered incorrectly and nobody else knew the answer, give the group 0 points.

Pre-Test Example: HIV/AIDS Health Education

1) What is HIV?
2) What are two ways that HIV is spread?
3) What are two ways that you can prevent HIV?
4) When should you get tested for HIV?

Post-Test Example: HIV/AIDS Health Education

1) What is HIV?
2) What are two ways that HIV is spread?
3) What are two ways that you can prevent HIV?
4) When should you get tested for HIV?
5) How many of you will get tested for HIV in the next month?

Record Points

	Pre-Test	Post-Test
Question #1 (0, 1, or 2)		
Question #2 (0, 1, or 2)		
Question #3 (0, 1, or 2)		
Question #4 (0, 1, or 2)		
Question #5 (# of raised hands)		
Total Score		
Total Possible Points		
% Score (divide total score by total possible points)		
Change in % (post-test minus pre-test)		

Group Health Education Session Tracking Form

1) Health Topic (check all that apply):

☐ Nutrition/Weight Management
☐ Prenatal Care
☐ Dental Health
☐ Diabetes
☐ Hypertension
☐ HIV/AIDS and STIs
☐ Birth Control/Contraception
☐ Immunizations
☐ Tuberculosis
☐ Pesticides/Dermatitis
☐ Heat Stress
☐ Substance Abuse
☐ Domestic Violence
☐ Muscle/Joint Safety
☐ Eye Care
☐ Other:__________________

2) Farmworkers Demographic:

a) Gender:

Male: ____________
Female:___________
Total:____________

b) Age Group:

Child:____________
Teen:____________
Adult:____________

3) Health Change Evaluation (Choose ONE):

Activity #1: Step Forward/Step Back - Record How Many Step Forward

	Pre-Test	Post-Test	# Difference	Total # Participant	% Change (divide difference by total participants)
Q#1					
Q#2					
Q#3					
Q#4					
Q#5					
Totals					

Activity #2: Spin the Bottle - Record Points

	Pre-Test	Post-Test
Question #1 (0, 1, or 2)		
Question #2 (0, 1, or 2)		
Question #3 (0, 1, or 2)		
Question #4 (0, 1, or 2)		
Question #5 (# of raised hands)		
Total Score		
Total Possible Points		
% Score (divide total score by total possible points)		
Change in % (post-test minus pre-test)		

Evaluate Case Management Efforts: Evaluating case management can be a very difficult change to measure because it sometimes requires following up with the farmworker or the provider periodically or until the case is closed. The best way to measure case management successes is to find out how many farmworkers followed up and received needed services and health maintenance. Although tricky, you can track your case management efforts by simply including a couple of questions to your already existing forms. Evaluate your efforts simply by counting the check marks.

Evaluate Case Management Strategy #1:
Try adding a section similar to the one below on your case management form to help you track your successes with case management.

Case Status
- ☐ *Closed Successfully (the farmworker sought care for their symptoms)*
- ☐ *Closed Unsuccessfully (the farmworker did not seek care for their symptoms)*
- ☐ *Unknown (you never saw the farmworker again or learned of their next steps)*

Track Results:

A	**B**	**C**	**D**	**E**	**F**
Week	# Closed Successfully	# Closed Unsuccessfully	Total Known Cases (B+C)	% Closed Successfully (B÷D)	% Closed Unsuccessfully (C÷D)
e.g.	35	15	50	70%	30%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

Evaluate Case Management Strategy #2:
You can also track future plans for change by adding a simple question to your encounter form that asks:

> *Do you plan on seeking care for your symptoms?*
> □ *Yes* □ *No*

Track Results:

A	**B**	**C**	**D**	**E**	**F**
Week	# Plan on seeking care	# Do not plan on seeking care	Total Responses (B+C)	% Plan on seeking care (B÷D)	% Do not plan on seeking care (C÷D)
e.g.	40	10	50	80%	20%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

Evaluate Health Knowledge on Encounter Forms:
The following strategy is particularly useful if your needs assessment turned up either a high incident rate of a specific illness/disease or a lack of knowledge on a specific health topic. Just ask a single question to your encounter form on how much they know about a topic, like:

How much do you know about HIV/AIDS?
☐ *A lot* ☐ *Some* ☐ *Not very much*

Track Results:

A	**B**	**C**	**D**	**E**	**F**
Week	# Reporting "A lot"	# Reporting "Some"	# Reporting "Not Much"	Total Response (B+C+D)	% of Encounters that know a lot about HIV/AIDS (B÷E)
e.g.	25	40	35	100	25%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

USING YOUR EVALUATION FINDINGS

Applying outcomes is the final link that makes the evaluation process cyclical. It creates a pattern where the evaluation of your work constantly informs what you do to improve the wellbeing of farmworkers.

Use Findings to Improve Your Activities and Services

The primary use of your evaluation findings is to improve the services you provide. Try the following strategies to improve your program based on your findings.

Strategies

- Identify all of your areas of improvement, then prioritize two you will concentrate on over the next year. This will make the job seem more feasible.
- Share the evaluation results with staff, ask for their ideas on how to improve the program.
- Share the evaluation results with other departments; identify new ways that the departments can work together to increase performance.
- Determine if outreach staff need additional training to help them perform more effectively. For outreach professional development ideas, see *Chapter 4: Motivating and Retaining Your Outreach Team*.
- Determine if your program needs more resources to supplement a particular activity. Consider reallocating some of your current budget, partnering with another community organization, or applying for additional funding.
- Don't forget to keep doing a great job on the activities proven most effective!

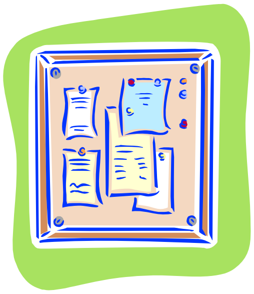
Use Findings to Apply for Funding

A very common reason for evaluating your outreach program is for funding purposes. Not only do funders want to know how you will evaluate the programs they're funding on initial proposals, but they also frequently request evaluation findings on progress reports and funding renewals.

Beyond using your findings in the evaluation section of a grant application, you can insert evaluation data in the needs statement. Because it's so hard to find local needs information on farmworkers, use your own to further support your proposal.

Use Findings to Illustrate the Effectiveness of Your Outreach Program

So often, outreach programs say they are under-appreciated. Measuring outputs and other evaluation data can help prove the productivity and effectiveness of the outreach program to other departments and outside organizations. Your program is doing hard work that benefits the lives of farmworkers; don't forget to show it! You can be your own best advocate. Try using evaluation data in the following strategies to increase awareness of the outreach program among other departments.



Strategies

- Periodically post a summary of the evaluation findings on staff bulletin boards and newsletters.
- Send evaluation data to key staff members via e-mail or mail.
- Host a lunch presentation for other staff that describes evaluation efforts and outcomes. This may influence other departments to evaluate their programs as well.
- Share evaluation data with community collaborators/coalitions.

Make Adjustments to Evaluation Methods

Ok, ok, ok... you just spent all this time developing and revising your data collection tools, collecting quality information, and analyzing the results, so why would you want to go back and revise your data collection methods? You may find some of the methods you used to evaluate your outcomes weren't as effective as you hoped. Adjusting your evaluation methods is one key step you may need to make—and it doesn't need to take much time.

Photo courtesy of Eastern Shore Rural Health System

When it's time to adjust to your data collection, have a candid discussion with the team to get feedback on the usability of your data collection tools. Based on the problems your staff identifies, you can use the table below to find helpful solutions to rectify data collection issues.

Problems:	Solutions:
"I don't know what I'm supposed to put in this section."	• Revise language to make the encounter form clearer. • Spend more time training staff on how to properly document their work. • Consider a different format for collecting the information. Check boxes are usually easier than fill-in-the-blank forms to collect and analyze data.
"This information is not useful; I don't know why we collect this."	• Make sure your outreach team has a good use for all of the information it collects. Limiting data collection can be very challenging; but remember, you still want your emphasis to be on providing services and not just collecting data. • Ensure that staff know the end use of the data collected. Share monthly reports that show off all of the work they've been accomplishing.

"I think this form is confusing and overwhelming."	• Check to see if you're trying to collect too much information on a single form. Consider creating a separate form if the information collected seems disjointed. • Create a more spacious and engaging form. Make entry points bigger and easier to see. Provide clear transitions between sections. Eliminate unnecessary wording.
"We didn't meet our objectives."	• Check to see if every staff member is documenting services consistently. • Modify your program objectives for the next year to be more realistic in scope.
"I don't understand this question."	• Questions on data collection forms should be as simple and unbiased as possible. Try piloting the forms with 10 people before instituting an organization-wide change. • Make sure staff accurately understand the intent of the question so they can accurately engage with clients. • Seek alternative ways of gathering data. A form may not always capture the kind of data you are looking for, so consider other data collection methods such as focus group discussions or key informant interviews.
"Our clients felt hesitant or uncomfortable answering a question."	• If many farmworkers are hesitant when answering a question, then eliminate it or find a way to rephrase it. • Find a new way to ask a question that doesn't require a farmworker to have a face-to-face conversation with an outreach worker. Awkward questions that cannot be answered anonymously may alienate farmworkers from using your services in the future. • Try to understand where the discomfort stems from and make the necessary changes to your data collection methods to either eliminate the discomfort or the need to collect this kind of data.
"It's cumbersome for us to have to enter the same data in different systems."	• If your staff perform double duty on data entry, determine if you can streamline this process. Consider merging the data entry systems by adding outreach-related questions to the overall data collection system.
"We're too busy to do data entry every day."	• Simplify forms and data entry systems to make them easier for staff to complete. • Link staff productivity to the number of consistently completed forms. Consider an end-of-the-year incentive to keep staff motivated to complete forms in a consistent fashion. • Set hard deadlines to submit completed forms. Determine a clear protocol for filling out forms and entering data in a timely and consistent fashion.