

IV. Monitor and Evaluate the Intervention



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Monitoring and Evaluation



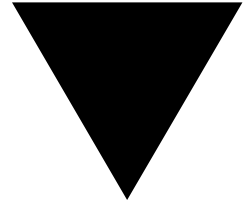
Use this outline to design your evaluation plan. The tools in the remainder of this chapter will help you plan and conduct an evaluation.

Evaluation Plan

Community Objectives:	Within five years, adults reporting a sedentary lifestyle will be reduced to 45 percent. Within five years, obesity among adults in the community will be reduced to 30 percent.
Behavior Addressed:	Eating habits and sedentary lifestyle.
Intervention Description:	The Obesity Reduction Project will include both individual and environmental interventions related to decreasing both obesity and sedentary lifestyle in this community. The individual component of the program will include nutrition classes and counseling and an exercise program. The environmental component will include media presentations, creating healthy environments in worksites and schools, and working with insurance providers to give incentives to people who maintain a healthy weight.
Structure Evaluation:	Does the program have adequate staffing? Were community members included in designing the program through focus groups or interviews?
Process Evaluation:	<ul style="list-style-type: none"> — Number (and percentage) of health care providers in the community that received the in service on identification and referral of obese clients will be documented on program records. — Internal record audit of time expenditures to see that screening was performed the correct number of times and at the correct intervals. — Classes attended and individual counseling received will be documented on the medical record or intervention record. — Media coverage will be documented on media record. — Assistance to worksites and schools will be documented on intervention records.
Outcome/Impact Evaluation:	<ul style="list-style-type: none"> — Clients will demonstrate skill in choosing a lowfat meal plan. — Three-day food diaries kept by clients twice each month will be evaluated by nutritionist for percentage of calories from fat being 30 percent or less. — Client weight will be monitored weekly until goal weight is achieved and then monthly for a year.
Behavior:	Change in percentage of people in community classified as obese or as leading a sedentary lifestyle. Determined by BRFSS state data.

Program Records

Program Records



The ultimate purpose of monitoring and evaluation is to help decide whether to change, eliminate, continue, or expand an intervention or a series of interventions. Whether you are monitoring or evaluating, the tools in this chapter are useful. Each objective in the nutrition plan should be monitored and evaluated. Pages 59-65 in *Moving to the Future: Developing Community-Based Nutrition Services* discuss monitoring and evaluation in more detail.

Use the records on the following pages to document the progress and/or success of your intervention(s). These forms can be used as is or adapted to your specific needs. Some of the information collected may not be a measurement of your objectives, but can provide valuable information for the next intervention.

Records to Help Measure Structure and Process Objectives

Intervention Record

This form can be used to document an activity, event, or program. When completed, you will have information on intervention channel, materials used, coalition members and pre- and post-measures of the intervention.

Media Record

This form can be used to document media coverage relevant to your program in local or national media. This is helpful in identifying the reach of educational efforts, assessing trends, and planning for the further promotion of an intervention.

Meeting Record

This record documents formation of coalitions, workgroups, committees, etc. It can also serve as documentation of group education efforts.

Revenue Record

You can record actual cash revenue on this form. There is also space to record budget figures

In-Kind Contributions Record

This form serves two purposes. It documents community support through donated services and materials, and it documents total costs of an intervention.

Expense Record

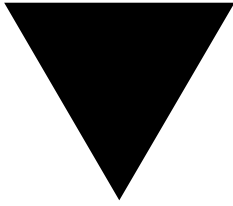
Use this form to record actual costs of the intervention. It follows the format of the budget to allow comparison of actual costs to budgeted expenses.

Records to Help Measure Outcome and Impact Objectives

Community Opinion Survey

If the intervention was intended to change attitudes or to inform the community, the community opinion survey will help measure your progress. This survey is in the "Community Assessment" chapter pages 9-14. You can either use the entire survey or modify as appropriate for evaluation.

**Program
Records**



Program Records (cont'd)

Health Status Record

If your objective was to improve health status, then collecting data as you did in the assessment phase will provide you with the data you need to measure progress. It is unlikely that you will see a change in health status in one, two, or even five years as a result of a nutrition intervention. You may, however, be measuring a change in health status that results from an intervention that lasts 10-15 years. The health status program records in this chapter are a modified version of the data collection forms on pages 25 and 26 in the “Community Assessment” chapter.

Nutrition Status Record

These forms help measure progress on improving nutrition status. The ‘Nutrition Status’ program records in this chapter are a modified version of the data collection forms on pages 33 through 41 in the “Community Assessment” chapter. On these forms, you will list the nutrition-related health factors that are relevant to your intervention.

Cost-Effectiveness Record

This form is included to help determine the cost-effectiveness of your intervention(s). Cost-effectiveness analysis impacts the decision-making process, creates awareness of nutrition interventions, ensures the survival of nutrition programs, and promotes accountability.

Intervention Record

Reproduce this form for each intervention.

Program
Records

Intervention
Record

Goal: _____

Objective: _____

Intervention Name and Brief Description: _____

Start Date: _____ End Date: _____

Target Group: _____

Community: _____

of Target Group Reached: _____ # of Other Community Members Reached: _____

Intervention Setting/Venue:

- media supermarkets/farmer's markets physicians' offices
- worksites restaurants/food service health care facilities
- religious organizations food assistance programs child care facilities
- schools/universities community organizations/events other (specify)

Materials used: _____

Who did you partner with? _____

Program
Records

Intervention
Record

Intervention Record (cont'd)

Is the intervention individual-based ____ or environment-based ____?

(Use the descriptions of these categories of interventions on page 70 of the "Implementation" chapter.)

Individual-based:

____ Increase awareness

What was the level of awareness before the intervention? _____

What is the level of awareness after the intervention? _____

How did you measure awareness? _____

____ Enhance knowledge

What was the level of knowledge before the intervention? _____

What is the level of knowledge after the intervention? _____

How did you measure knowledge? _____

____ Enhance motivation

What was the level of motivation before the intervention? _____

What is the level of motivation after the intervention? _____

How did you measure motivation? _____

Intervention Record (cont'd)

___ Develop skills
 What was the skill level before the intervention? _____

 What is the skill level after the intervention? _____

 How did you measure changes in skill level? _____

Environment-based:

___ Develop social networks that encourage healthy lifestyles
 What were the unhealthy lifestyles in social networks before the intervention?

 What are the healthy lifestyles adopted by these social networks after the intervention?

 How did you measure healthy lifestyles? _____

___ Change physical environment to promote healthy behaviors
 What was unhealthy about the physical environment before the intervention?

 How has the physical environment changed? _____

 How did you measure changes in the physical environment? _____

___ Influence policies that encourage healthy habits
 What policies prevented/encouraged unhealthy habits before the intervention?

 What policies are in place to encourage healthy habits after the intervention?

 How did you measure policy changes? _____



Meeting Record

This sheet can be used to record coalition or committee meetings, or it can serve as documentation for group nutrition education classes.

Goal: _____

Objective: _____

Name of Group: _____

Number of Members: _____

(A list of coalition members and their affiliation is recorded on the 'Intervention Record.')

**Program
Records**



**Meeting
Record**

Adapted from the
*Minnesota Community
Health Promotion Kit,*
1991.

Date	Number Attending	Comments (agenda items, discussion topics, decisions)



Revenue Record (Cash)

Goal: _____

Objective: _____

Intervention: _____

<u>Revenue/Income Sources</u>	Budget	Actual Revenue
A. Government (city, town, county, state, federal)		
1. Grants		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
2. Contracts		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
B. Foundation Grants		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
C. Business and Corporations		
1. Contributions		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
2. Grants		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
D. Earned Income		
1. Sales of "x" product or service	\$ _____	\$ _____
2. Miscellaneous program-related income	\$ _____	\$ _____
E. Other Income		
1. Contribution/Memberships	\$ _____	\$ _____
2. Special Events	\$ _____	\$ _____
3. Direct Mail	\$ _____	\$ _____
Total Income	\$ _____	

In-Kind Contributions Record

Program
Records

In-Kind
Contributions

Goal: _____

Objective: _____

Intervention: _____

In-Kind Contribution

Personnel Value

**Names of
Contributing
Organizations**

**Value of
Contribution**

A. Staff Title _____

\$ _____ x 12 months x 100% =

(Note: 100% denotes full-time employment)

\$ _____

B. Staff Title _____

\$ _____ x 12 months x 100% =

\$ _____

C. Staff Title _____

\$ _____ x 12 months x 100% =

\$ _____

D. Fringe Benefits (Employee Benefits)

(Note: Fringe Benefits can either be computed by itemizing all fringe benefits, or by computing a fixed percentage of the total payroll of an organization or of a project.)

1. State Unemployment Insurance

_____ % x \$ _____ (total payroll) =

\$ _____

2. Worker's Compensation () =

\$ _____

3. FICA/Social Security () =

\$ _____

4. Health Insurance () =

\$ _____

5. Life Insurance () =

\$ _____

6. Pension () =

\$ _____

7. Staff Training () =

\$ _____

Or Fixed Percentage () =

Or \$ _____

E. Outside Contracted Services

1. Bookkeeper

\$ _____/day x _____ days/year =

\$ _____

2. Consultant

\$ _____/day x _____ days/year =

\$ _____

Total In-Kind Personnel Contributions

\$ _____



In-Kind Contributions Record

In-Kind Contributions

Non-Personnel Value

	Names of Contributing Organizations	Value of Contribution
A. Office space rental \$ ____ x 12 months =	_____	\$ _____
B. Utilities (gas, electricity, etc.) \$ ____ x 12 months =	_____	\$ _____
C. Telephone (monthly service, including long distance charges and Internet access) \$ ____ x 12 months =	_____	\$ _____
D. Printing (including newsletters, brochures, annual reports, program publications, etc.) \$ ____ x 12 months =	_____	\$ _____
E. Duplication \$ ____ x 12 months =	_____	\$ _____
F. Equipment (including rental, leasing and purchasing of computers, duplicating machines, etc.) \$ ____ x 12 months =	_____	\$ _____
G. Office Supplies \$ ____ x 12 months =	_____	\$ _____
H. Postage \$ ____ x 12 months =	_____	\$ _____
I. Travel (including ____ trips to attend conferences of _____, etc.) \$ ____ x 12 months =	_____	\$ _____
J. Office and liability insurance	_____	\$ _____
K. Membership and professional dues	_____	\$ _____
L. Other	_____	\$ _____
Total In-Kind Non-Personnel Contributions	_____	\$ _____
Total In-Kind Contributions (Personnel & Non-Personnel)	_____	\$ _____

Expense Record

Program
Records

Expense
Record

Goal: _____

Objective: _____

Intervention: _____

<u>Expenses</u>	Budget	Actual Expense
-----------------	---------------	---------------------------

Personnel Costs

A. Staff Title _____
 \$ _____ x 12 months x 100% = \$ _____ \$ _____
 (Note: 100% denotes full-time employment)

B. Staff Title _____
 \$ _____ x 12 months x 100% = \$ _____ \$ _____

C. Staff Title _____
 \$ _____ x 12 months x 100% = \$ _____ \$ _____

D. Fringe Benefits (Employee Benefits)
 (Note: Fringe Benefits can either be computed by itemizing all fringe benefits, or by computing a fixed percentage of the total payroll of an organization or of a project.)

1. State Unemployment Insurance
 _____ % x \$ _____ (total payroll) = \$ _____ \$ _____
 2. Worker's Compensation () = \$ _____ \$ _____
 3. FICA/Social Security () = \$ _____ \$ _____
 4. Health Insurance () = \$ _____ \$ _____
 5. Life Insurance () = \$ _____ \$ _____
 6. Pension () = \$ _____ \$ _____
 7. Staff Training () = \$ _____ \$ _____
- Or** Fixed Percentage () = **Or** \$ _____ \$ _____

E. Outside Contracted Services

1. Bookkeeper
 \$ _____/day x _____ days/year = \$ _____ \$ _____

2. Consultant
 \$ _____/day x _____ days/year = \$ _____ \$ _____

Total Personnel Costs \$ _____ \$ _____



Expense Record (cont'd)

<u>Expenses</u>	Budget	Actual Expense
Non-Personnel Costs		
A. Office space rental \$ ____ x 12 months =	\$ _____	\$ _____
B. Utilities (gas, electricity, etc.) \$ ____ x 12 months =	\$ _____	\$ _____
C. Telephone (monthly service, including long distance charges and Internet access) \$ ____ x 12 months =	\$ _____	\$ _____
D. Printing (including newsletters, brochures, annual reports, program publications, etc.) \$ ____ x 12 months =	\$ _____	\$ _____
E. Duplication \$ ____ x 12 months =	\$ _____	\$ _____
F. Equipment (including rental, leasing and purchasing of computers, duplicating machines, etc.) \$ ____ x 12 months =	\$ _____	\$ _____
G. Office Supplies \$ ____ x 12 months =	\$ _____	\$ _____
H. Postage \$ ____ x 12 months =	\$ _____	\$ _____
I. Travel (including ____ trips to attend conferences of _____, etc.) \$ ____ x 12 months =	\$ _____	\$ _____
J. Office and liability insurance	\$ _____	\$ _____
K. Membership and professional dues	\$ _____	\$ _____
L. Other	\$ _____	\$ _____
Total Non-Personnel Costs	\$ _____	\$ _____
Total Direct Costs	\$ _____	\$ _____
Indirect Costs (if applicable)	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____

Health Status Record

Goal: _____

Objective: _____

Intervention: _____

Source and Date of Data: _____

You can collect all of the data requested or only the data relevant to your objective. Collecting all of the data now will lead you quickly into assessment and through the process again. The baseline data is from your assessment.

Age	Identify the leading 5 causes of mortality		Collect/Calculate YPLL for each cause of mortality*		Identify the 5 most prevalent diseases		Identify the 5 leading causes of hospitalization	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
< 5 years	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.
5-17 years	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.
18-24 years	1.	1.	1.	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.	5.	5.	5.



Health Status Record (cont'd)

Age	Identify the leading 5 causes of mortality		Collect/Calculate YPLL for each cause of mortality*		Identify the 5 most prevalent diseases		Identify the 5 leading causes of hospitalization	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
25-44 years	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
45-64 years	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
65 plus	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

*See the health data table on page 24 of the "Community Assessment" chapter to calculate YPLL.

Nutrition Status Record

Preconceptional Women and Preconceptional Adolescents (ages 13-45 years)

Goal: _____

Objective: _____

Date and Source of Current Data: _____

Program
Records

**Nutrition
Status**

Nutrition-Related Health Concerns	Baseline		Current	
	No.	%	No.	%

**Program
Records**



A more thorough discussion of cost-effectiveness with the step-by-step process of collecting cost-effectiveness data is found in "The Practitioner's Guide to Cost-Effectiveness Analysis of Nutrition Interventions," written by Patricia L. Splett. To order this publication, contact the National Center for Education in Maternal and Child Health at 703-524-7802.

Cost-Effectiveness Record

In addition to determining whether or not an intervention achieved the objective, the cost-effectiveness of that intervention is essential information. In cost-effectiveness you compare the costs and outcomes of two or more alternative methods of intervention. This information helps in making efficient decisions. The data collected on your intervention may not be compared to something now, but it is essential in contributing to the body of knowledge on cost-effectiveness. Or, you could compare two interventions your agency uses to improve nutritional status, such as individual counseling compared to group education, or stocking only "healthy" foods in vending machines versus teaching healthy snacking classes.

You can determine cost-effectiveness on individual-based interventions and environment-based interventions. For example, you could determine the cost of working with the local school board to develop a policy that requires school fundraising campaigns to sell non-food items or "healthy" food items. The outcome you measure could be the frequency of high-fat foods consumed by students, which would be compared to a school district that doesn't have such a policy. Your cost-effectiveness data might include cost/student reached and cost/student with reduced high-fat foods consumption.

Reproduce this record for each intervention.

Goal: _____

Objective: _____

Intervention: _____

Evaluation results (effectiveness): _____

Total length of intervention: _____

Amount of time for one "encounter;" (e.g., one 30-minute session, 1-week promotion, two 45-minute sessions, 1-hour class, etc.):

Total costs (include expenses and in-kind contributions): _____

Calculate cost effectiveness:

Cost/evaluation result: _____

Cost/encounter: _____

Comparison of interventions: _____

Adapted from The Practitioner's Guide to Cost-Effectiveness Analysis of Nutrition Interventions, 1996.

Program Report

Now that you have gone through the effort of evaluating the intervention, document it in a report. When you have completed this program report form, share it with coalition members, colleagues, and supervisors. The report will also be valuable when you repeat the assessment process.

- Make two (2) copies of this form for each objective. One set will be used in monitoring and the other set will be used in evaluation.

Date: _____ **Are you** **Monitoring?** **Evaluating?**

Goal: _____

Objective: _____

Baseline measure (from assessment): _____
(Refer to the "Writing Objectives" worksheet in Chapter II.)

Current measure: _____

Are you on target (monitoring) or have you achieved the objective (evaluation)?

___Yes What were your successes and what data do you have to document this?

How does this success help achieve the objective?

What tips would you give someone else?

___No Is the intervention (or series of interventions) inappropriate or incomplete?

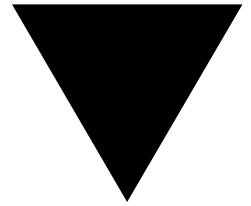
How can the intervention be changed to achieve the objective?

Is the objective: appropriate unrealistic not applicable?

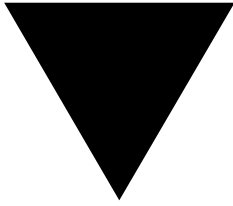
Were there any unexpected problems/ barriers to achieving the objective?

What is the next step for achieving the goal?

**Program
Report**



**Evaluation
Report**



This outline is identical to the Sample Evaluation Plan on page 104. However, in this report, you will describe progress that has been made toward meeting your objectives.

Summary Evaluation Report

Intervention: _____

Community objective: _____

Behavior addressed: _____

Intervention description: _____

Intervention objectives: _____

Process or structure evaluation: _____

Outcome or impact evaluation: _____

Behavior: _____