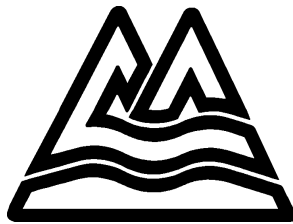


# **Concept Paper on Evaluating Long Term Benchmarks**

Evaluation in Multnomah County Analysis  
Multnomah County, Oregon



Department of Support Services

**APRIL 1998**

*[www.co.multnomah.or.us/budget/erw/](http://www.co.multnomah.or.us/budget/erw/)*

**Multnomah County Program Evaluation Unit**  
**Concept Paper on Evaluating Long Term Benchmarks**

April 14, 1998

**A. What's the state-of –the-art for evaluating coalition, consortium and community initiatives?**

**Two Examples**

1. SPONSOR: Health Improvement Initiative, California Wellness Foundation

QUESTIONS: How is implementation going, what can be done better? What do local and state data say about the quality of life? What assistance, evaluation and otherwise, do program staff need?

PRODUCTS: Process report; impact report; increased stakeholder and staff ability in planning and evaluation; technical assistance to grantees.

METHODS: Key informant interviews; reviewing program implementation reports; site visits; participant observations; reviewing relevant government data.

COST: \$1,149,808 (5 years); initiative budget is \$20M

TIMELINE: evaluation is for the length of the project, 1996-2000

2. SPONSOR: Community Health Promotion Grant Program, Henry J. Kaiser Family Foundation

QUESTIONS: How is implementation? Did project “activate the community?”

PRODUCT: Process report; outcome report.

METHODS: Community surveys; key informant surveys; project reports; site visits; cross-sectional cohort surveys attitudes, knowledge, and behaviors related to wellness.

COST: \$1,000,000+; project budget is \$25M

TIMELINE: evaluation is for the length of the project, 1993-2000

Community building & comprehensive community initiatives (CBI/CCI) evaluations:

- Check about **process** (the program's implementation); **results** (number of youths who finished the program); **intermediate outcomes** (youths have a better awareness about smoking illnesses); and **long term initiative goals** (the percentage of youths who don't smoke).
- Mix **qualitative and quantitative tools**, many of which are built into the implementation of the initiative. There is an emphasis on using existing data collected for other purposes. Qualitative data are usually from participant self-reports or key informant interviews. Quantitative data is usually from community and government indicators.
- Document the quality of interactions between the initiative stakeholders. The **relationships among stakeholders** in a new initiative are also viewed as an indication of its success or failure.
- Use evaluators **through the program cycle**. Evaluators design sensible data collection methods that allow self-assessment. Evaluators also

work with stakeholders to surface and clarify the program theory to ensure a commonality of vision and linkages. These kinds of activities provide decision-makers with current information for better program implementation. Evaluators are collaborators who help build the program in contrast to the traditional role whereby evaluators would wait until an initiative is ready to be evaluated before coming onboard.

## **B. What can the County do to evaluate its Benchmarks?**

1. Literature review on the topic of CCI/CBI evaluation to find more indicators for our benchmarks.
2. Report on the quality of Key Results Measures selected for a range of programs.
3. Evaluation, maintenance, improvement, and promotion of PITs and database.
4. Assist new programs to build in sound data collection measures so that the link with Benchmarks is easier to track.
5. Explore County and related databases to find existing data that can weave into a more complete picture of the Benchmarks. Explore also any gaps where we need indicators and are not currently collecting the data.
6. Report on how specific programs link to each Benchmark. A clearer definition of linkages.
7. Develop a comprehensive outline of local, state and federal programs that directly impact with Benchmarks.
8. Theory of change document outlining the programs, early outcomes, intermediate outcomes and the three Benchmarks.
9. Research the validity of baselines and estimates of programs most connected to Benchmarks.
10. Survey/interview a cross section of residents to obtain a baseline on resident attitudes, knowledge and awareness about Benchmarks. Find out also resident on which programs they think connect most closely to the Benchmarks.