Evaluation Planning Guidelines for Grant Applicants

The Office of Minority Health
U.S. Department of Health and Human Services
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Introduction

The Government Performance and Results Modernization Act of 2010 (GPRA Modernization Act) requires that Federal programs provide information about program goals, performance relative to program goals, and results regarding program effectiveness and cost efficiency in the spending of Federal funds. In order to support the ability of the Office of Minority Health (OMH), U.S. Department of Health and Human Services (HHS) to comply with the GPRA Modernization Act and to demonstrate "returns on the investment" for its grant programs, all grantees must be able to produce documented results that demonstrate whether and how the strategies, practices, and interventions funded contribute to improvements in the health of racial and ethnic minorities, reductions in health disparities that place a greater burden of preventable disease or disability and premature death on such populations, and/or improvements in systems approaches for addressing these problems. To this end, OMH requires the inclusion of evaluation plans in all new grant applications and the implementation of such plans by grant awardees so that the results of OMH-funded grant efforts can be better identified.

The steps outlined in this document are intended to provide guidance to OMH grant applicants on the development of an evaluation plan and the key components for identifying how proposed projects and activities will be evaluated to determine if intended results have been achieved (see **Appendix 1** for a brief glossary of terms). Following these steps will help promote more systematic and consistent processes for grantee evaluations of efforts that are linked to OMH's overall approach to its mission. This approach is presented in the document entitled *A Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities* (the *Framework*), developed by OMH (and available online at: http://www.minorityhealth.hhs.gov/templates/content.aspx?lvl=1&lvlid=44&id=8842).

The Strategic Framework

In January 2008, OMH released a strategic framework for guiding and organizing the systematic planning, implementation, and evaluation of efforts to improve racial and ethnic minority health, reduce racial and ethnic health disparities, and affect systems approaches to such problems. Through a review and synthesis of current science and knowledge, the *Framework* provides the rationale for:

- Examining the long-term problems that OMH is trying to address;
- Focusing on the major factors known to contribute to or cause the long-term problems;
- Identifying promising, best, and/or evidence-based strategies and practices known to impact the causal or contributing factors;

- Presenting the kinds of outcomes and impacts that might be expected from the strategies and practices, and focusing attention on how such outcomes and impacts are being or should be measured; and
- Assessing the extent to which the long-term objectives and goals toward which OMH's and other efforts contribute are being achieved.

In this way, the *Framework* can help OMH, its grantees, and other partners strengthen planning and evaluation efforts in line with established objectives and goals; promote strategies and practices that are more evidence-based and that use available resources effectively and efficiently; and assess whether funded efforts are really making a difference and producing meaningful results. Achieving results that improve the health of racial and ethnic minorities, reduce racial and ethnic health disparities, and promote systems approaches toward these ends supports the overarching goals of *Healthy People*, the set of disease prevention and health promotion objectives for the Nation developed each decade. In *Healthy People 2020* (*HP2020*), the four overarching goals are to:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieve health equity, eliminate disparities, and improve the health of all groups;
- Create social and physical environments and promote good health for all; and
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

(For additional information, see http://www.healthypeople.gov/).

Evaluation Planning Steps

Guided by the *Framework*, the seven steps below present a systematic process for identifying the problem (or problems) to be addressed and the key contributing or causal factors; matching proposed project strategies, practices, and interventions to this problem (or problems) and factors; identifying related outcomes and impacts for the proposed efforts; selecting performance measures to assess the outcomes and impacts; and implementing evaluation and data analysis methodologies that provide the highest level of rigor possible. OMH grant applicants/awardees and others engaged in minority health-/health disparities-related programmatic efforts should address each of these steps in their evaluation plans.

Step 1: Identify and define the problem and factors contributing or causing the problem that will be addressed by the proposed project and interventions

- Identify the problem. Grant applicants should specify the particular problem(s) that they are proposing to address (e.g., diabetes, heart disease and stroke, HIV/AIDS, motor vehicle accidents, methamphetamine abuse, lack of access to health care, lack of infrastructure, language barriers).
- Review and use available data about the problem. As much as possible, review and use data to support knowledge and understanding about the particular health condition(s), racial/ethnic minority or other target population(s), health disparities problem(s), and/or systems issue(s) to be addressed. In some cases, the problem that the proposed strategy, practice, or intervention may be aiming to address is a gap or weakness in data to inform program and policy decision-making (e.g., lack of data on health care access and utilization by members of a particular Tribal community to ensure adequate and appropriate diagnosis and treatment of chronic health conditions). The point here is to provide objective evidence of the nature and extent of the problem. Some examples of potential data sources that may be useful in describing racial/ethnic minority health or systems problems, and factors contributing to such problems, are provided in **Appendix 2**.
- Focus on priority issues. Using available data, describe the importance of the particular problems to be addressed and why the problems are priority issues for the State, region, Tribal area, or community within which the proposed funded effort will take place. The extent to which addressing the particular priority issues will contribute to the objectives and goals of the grant program, the *National Partnership for Action to End Racial and Ethnic Health Disparities* (NPA), and *HP2020* should also be described. (For reference, see the items below).
    - The program-specific objectives are listed in the grant program announcements and guidelines.
    - The goals of the *NPA* are provided at **Appendix 3** as well as at http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11#goal.
    - All *HP2020* objectives are identified by focus or topic area at **Appendix 4** as well as on the *Healthy People* website (see http://www.healthypeople.gov/2020/topicsobjectives2020/.) Grant applicants are strongly encouraged to take special note of those *Healthy People* objectives and sub-objectives that are related to health and systems issues that disproportionately impact racial/ethnic minority group(s).
- Identify contributing or causal factors to be addressed. To the extent known by available data, identify the factors contributing or causing the long-term problems that are being addressed in the proposed project or activities. For e.g., factors contributing or causing diabetes may include, but are not limited to: lack of awareness and knowledge about the connections between diet, exercise, obesity, and diabetes; lack of healthy food choices in local grocery markets and restaurants, or lack of safe venues in the neighborhood to engage in physical activity, sports, and recreation; or the lack of language assistance services in

health care settings to minimize systems barriers to access and utilization for limited-English-proficient individuals at risk for diabetes.

Step 2: Specify "best" or "evidence-based" strategies and practices being used in proposed project interventions in relation to the problem and factor(s) to be addressed

- Specify proposed project activities to be conducted or implemented. Based on the priority health or systems issues–and factors causing or contributing to these issues–identified above, specify the project activities and/or interventions that will be conducted to influence or impact the factors and, ultimately, to resolve the issue(s).
- Draw from existing science or knowledge about "what works". As much as possible, proposed activities and/or interventions should build upon existing science and knowledge about "promising," "best," or "evidence-based" practices (or "what works"). The questions that grant applicants should answer are: What is the basis for believing that the project and proposed interventions are likely to be effective in addressing the priority problem(s) and contributing/causal factors identified? What evidence exists from expert consensus panels, peer-reviewed scientific journals, findings from research or evaluation studies to suggest that the proposed strategy or practice has promise or may/will yield a meaningful result? For example, the recommendations of the U.S. Preventive Services Task Force, at http://www.ahrq.gov/clinic/uspstfix.htm#Recommendations, and those of the Task Force on Community Preventive Services, at http://www.thecommunityguide.org, are drawn from existing scientific evidence of effective clinical and community-based prevention practice. Other sources of "evidence-based" programs and "best" practices include, but are not limited to: the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence-Based Programs and Practices, a database of interventions for the prevention and treatment of mental and substance use disorders, at http://nrepp.samhsa.gov, and the "Community Toolbox" at the University of Kansas on community health and development practices, at http://ctb.ku.edu.
- Organize proposed project activities and interventions. Organize selected project activities and interventions to facilitate a clear link between the activities, the contributing/causal factors and priority problems being addressed by the activities. This will help in addressing subsequent steps.

Step 3: Identify Outcomes, Impacts, and Performance Measures for the Proposed Interventions

Specify expected outcomes or impacts for project activities and interventions (i.e., the results). As grant applicants consider and plan their proposed activities and interventions, they need to identify the *outcomes and/or impacts* (i.e., the results) that might be expected to take place following implementation of their projects and such activities and interventions. The outcomes/impacts identified will guide the design and selection of methods for evaluating the effectiveness of project activities and interventions.

Once expected outcomes/impacts are identified, it is then necessary to determine how "success" in achieving these outcomes and impacts will be measured. The questions to consider include: how project managers or staff will know if their intended outcomes or impacts have been achieved; what will be counted; and what will be the 'indicators' or measures of the change or progress that occurred as a result of project efforts. In evaluation, typical measures reflect inputs, outputs, processes, outcomes, and impacts (see definitions below).

- Input Measure: a measure of what an agency or manager has available (e.g., funding, staff, facilities or equipment, supplies, etc.) to carry out the program or intervention to produce an output or outcome
- Output Measure: a measure of a product, service, or result of a particular intervention (e.g., number of people vaccinated with the influenza vaccine, number of personnel trained; number of phone calls processed by the OMH Resource Center); this type of measure provides information about the activity or intervention, not the success in achieving the objectives and goals of the program/project
- Process Measure: a measure of the procedures, tasks, or processes involved in *implementing* program or project interventions and activities to produce an output or outcome (e.g., availability of trained medical interpreters at the time of a doctor's visit by a patient with limited-English-proficiency)
- Outcome Measure: a measure of an event, occurrence, condition, or result of a program or project that indicates achievement of objectives and goal(s); this type of measure is used to measure the success of a program, project, or system (e.g., the percentage of people who do not get influenza); typically, an outcome measure reflects short- and intermediate-term results (as compared to impact measures)
- Impact Measure: a measure of the direct or indirect long-term effects or consequences of the outcomes (in terms of overall effectiveness or efficiency), resulting from achieving program or project objectives and goals (e.g., reduction in the rate of diabetes in the general population)

The type(s) of measures identified will inform the evaluation plan and data collection procedures in support of evaluation.

In order to ensure that performance results from OMH-funded projects are linked and contribute to program-wide, OMH-wide, and *Healthy People* objectives and goals, all OMH grantees must include performance measures that are clearly linked to the set of measures or indicators used by OMH for its own performance monitoring and reporting purposes. This set of measures is provided at **Appendix 5**. **All grantees are required to use performance measures that are clearly linked to the first 7 performance measures as well as at least 2 of the next 3 core measures identified in the Appendix**. Grantees are also strongly encouraged to select additional measures or indicators from the list towards the expected outputs, processes, and outcomes of their project efforts contribute. Depending upon the nature of the funded activities and other desired results, OMH grant applicants may develop and include additional measures.

Step 4: Tie Outcomes/Impacts and Measures to Long-Term Objectives and Goals

Effectively addressing racial and ethnic minority health problems and systems approaches to such problems supports the previously referenced goals of the NPA and *HP2020*. The results of OMH-funded projects and activities must also contribute not only to relevant grant program-specific and OMH-wide objectives and priorities, but also to the long-term objectives and goals of the NPA and *HP2020*. Consistent with information provided in Step 1, grant applicants should identify and describe how the outcomes, impacts, and performance measures for their proposed efforts will contribute to relevant program, OMH, NPA, and *HP2020* objectives and long-term goals.

Step 5: Develop a Logic Model for the Proposed Project and Activities

A logic model is simply a tool, often used by program planners and evaluators, to help identify planned activities for the program, and how such activities relate to the problem being addressed and the anticipated results. Logic models can be very useful in organizing the thinking and clarifying the "logic" behind what is being done and how programs should work. The University of Wisconsin-Extension web site at http://www1.uwex.edu/ces/lmcourse is an excellent resource for more information on logic models. Other logic model planning resources and guidance are also available at:

- http://www.uidaho.edu/extension/LogicModel.pdf
- http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx
- http://www.cdc.gov/eval/resources/index.htm#logicmodels

In order to ensure a rational approach to OMH-funded grant efforts that will clearly link grant activities to broader program- and OMH-wide objectives and goals, each grant applicant is expected to develop and submit a logic model for the proposed project and activities. Such a logic model should be able to guide subsequent plans for collecting data on and evaluating the project and activities to determine whether expected outcomes and impacts have, in fact, been achieved. Examples of a logic model template, a logic model worksheet, and a completed logic model template for broad-based diabetes activities are provided for this purpose (see **Appendices 6, 7, 8, and 9**). In addition, see **Appendix 10** for actual examples of logic models from selected OMH grantees.

Step 6: Obtain Appropriate Evaluation Expertise and Determine Evaluation Types and Methods

- Involve individuals who know about evaluation, the community, and the project. Grant applicants should include individuals on their project teams with expertise to identify and select the evaluation methods and design needed to determine whether expected results have been achieved. Good evaluators will also be able to help with:
  - The development of the logic models themselves;
  - Identification and selection of evaluation methods and design;
  - Data collection methods appropriate for the evaluation;
  - Design of data collection procedures and forms; and
  - Analysis and reporting of the results.

  Some grant applicants may wish to enlist external evaluators for this purpose. Local colleges and universities with faculty, staff, and graduate students who are engaged in academic research are often good sources for such expertise. However, it is critical for such individuals and/or other members of the project team to also have knowledge and experience with the populations and health issues being addressed. In addition to trained evaluators or researchers, involvement of project participants and practitioners will help ensure that the evaluation is informed by those who have first-hand knowledge about the project and its participants as well as a stake in the project and its outcome. If interviews or surveys will be conducted, persons who understand the culture and who speak the language of the target population may also need to be included. The purpose of the evaluation expertise is to help grantees, the project team as a whole, and, ultimately, OMH, produce meaningful results of the project(s) and program(s) being funded.
- Identify evaluation types and methods. Different types of evaluation and methods are available for assessing the effectiveness of parts and/or all of the proposed project or program. There are benefits and drawbacks to each type of evaluation and method. Working with individuals who have the needed expertise, grant applicants should identify the proposed evaluation type and methods for determining the effectiveness of the strategies, interventions, and activities to be funded. A list of the types of evaluations generally used is provided in **Appendix 11**.

Step 7: Develop Data Collection Plan, Protocols, and Forms Needed to Implement the Evaluation

- Develop Data Collection Plan. Once the evaluation design, methods, and measures for assessing program or project results (outcomes and impacts) are clear, the kinds of data to be collected and analyzed–and a plan for such collection and analysis–can be determined. A data collection plan specifies in precise, clear, and unambiguous terms the data that must be collected, the frequency of collection, the instruments for collection, the sources of the data, the location of the data, and who will be responsible for collecting the data. This plan should assist in organizing and coordinating the data collection process. The kind of data to be collected may differ considerably from activity to activity, and the data source(s) selected will depend on the kinds of measures selected and the relative feasibility of obtaining the needed data. Data can be obtained from a variety of sources (such as, state agencies, hospitals, community health centers, program or project staff, etc.), and through a variety of means, including surveys or instruments administered to patients, trainees, health care providers, and other populations targeted or participating in planning and implementation of project activities. In the diabetes example, one of the measures is the "number/percent of individuals with increased awareness and knowledge," for which an appropriate source of this information may be the participants themselves who received an educational or training intervention. (See **Appendices 12 and 13** for a sample data collection plan template and examples of actual data collection plans from selected OMH grantees, respectively).

  Grant awardees will be expected to implement their evaluation and data collection plans at the beginning of their projects in order to capture and document activities and actions contributing to relevant project outcomes/impacts.

- Develop Data Collection Procedures and Forms. Standard forms, questionnaires, other instruments, and databases–as well as standard procedures for using such tools, and staff training on these procedures–will facilitate the systematic data collection needed to effectively implement the data collection plan and conduct the requisite evaluation of program or project activities. These tools may include, but are not limited to:
  - *Activity records or tracking forms.* These forms document the activities conducted and provide the basis for assessing connections between the program or project and its outcomes/impacts. The recording and tracking of basic process data is often necessary in order to evaluate all activities.
  - *Outcome/impact data collection procedures and forms.* Based on the selected outcomes/impacts and performance measures to be used, forms need to be developed and a database (e.g., Microsoft ACCESS) established for recording and storing performance- or results-oriented data. Relevant forms may include, for example, surveys or questionnaires used to assess knowledge and attitudes before and after a program/project intervention, or forms that record changes in organizational linkages or services provided as a result of a community coalition.

Appendix 14 includes some examples of data collection forms for recording processes and outcomes of a few sample activities. In the diabetes example, the types of data that might be collected include: educational sessions conducted, number of people trained, evidence of change in awareness or knowledge, records of strategic planning documents and other products produced by community-based task forces, etc.

Conclusion

Upon award, additional steps will be needed by grantees to implement the evaluation plan, including training program/project staff to follow data collection protocols, enter data, analyze data, prepare reports, submit data and disseminate reports to OMH and others, as appropriate. Grantees need not include information about these steps in the evaluation plan at this time. However, by following the steps outlined above, OMH grant applicants and other users will be guided through a careful evaluation planning process designed to increase the ability of OMH-funded activities to produce meaningful results in return for the public's investment in OMH's grant programs and other efforts. The ultimate goal is to improve the health and well-being of racial and ethnic minorities in the U.S.; reduce and, ultimately, eliminate the disparate burden of preventable disease, disability and premature death on such populations; and facilitate systems approaches to addressing these problems.

Appendix 1:

Glossary of Terms

Glossary of Terms

For reference, the following is a brief glossary of terms.

Best Practices: Program models or activities for which effectiveness in achieving specified goals or objectives has been demonstrated or suggested through a number of evaluations

Cost-Benefit Analysis: A process of measuring the expected cost of an effort or action against the expected benefit in order to evaluate the desirability of the effort

Cost-Effectiveness Analysis: A comparison of the relative costs and benefits of two or more approaches to a problem

Evaluability Assessment: A systematic process used to determine the feasibility of a program evaluation. It also helps determine whether conducting a program evaluation will provide useful information that will help improve the management of a program and its overall performance.

Evidence-based: Based on scientific evidence or the best possible knowledge that is available

Experimental Design: A method of research in which individuals in the target population are randomly assigned to an experimental group receiving the intervention (project activities) or a control group that does not receive the intervention, and data are collected from both groups throughout the project. The overwhelming benefit of experimental designs is the ability to attribute the cause of the observed changes in the experimental group to the intervention rather than to something else. Because of random assignment to the two groups, the two groups are assumed to be equal in all relevant characteristics except the presence of the intervention. This "randomized controlled trial" produces stronger evidence, but it can be expensive and potentially difficult to implement in a community setting.

Formative Evaluation: Typically conducted during the development (or formation) of a strategy, program, or product (including trained personnel) to assess (or 'test') their strengths and weaknesses before implementation. Such evaluations permit necessary revisions and improvements that enable planned efforts to be tailored to the target audience(s), as in the case of campaign strategies, products, or messages that are 'pre-tested' by a small group before they are implemented on a large scale. They can also be used for observing, monitoring, and providing feedback on student, staff, or trainee performance to improve skills. The basic purpose is to maximize the chance for program, project, or trainee success before full implementation of the activity starts. Unlike summative evaluations, formative evaluations are primarily prospective, shape program/project direction, and provide feedback towards improvement. Examples of formative evaluations are needs assessments, evaluability assessments, and process evaluations.

Goals: Broad statements (i.e., written in general terms) that convey a program's overall intent to change, reduce, or eliminate the problem described. Goals identify the program's intended short- and long-term results.

Impact Evaluation: A type of evaluation that focuses on the long-range results of the program or project, and changes or improvements as a result (for e.g., long-term maintenance of desired behavior, reduced absenteeism from work, reduced morbidity and mortality). Because such evaluations are the most comprehensive and focus on long-term results of the program and changes or improvements in health status, they are the most desirable. However, impact evaluations are rarely possible because they are frequently costly and involve extended commitment. Also, the results often cannot be directly related to the effects of a program, project, or activity because of other (external) influences on the target audience, which occur over time.

Impact Measure: A measure of the direct or indirect long-term effects or consequences of the outcomes (in terms of overall effectiveness or efficiency), resulting from achieving program or project objectives and goals (e.g., reduction in the rate of diabetes in the general population)

Input Measure: A measure of what an agency or manager has available (e.g., funding, staff, facilities or equipment, supplies, etc.) to carry out the program or activity to produce an output or outcome

Logic Model: A tool for planning, implementing, and evaluating programmatic efforts, by mapping out the theory or rationale that supports what is being done. Logic models typically tie together: *long-term problem(s)* to be addressed; *factors* that must be addressed that contribute to the problem(s); *strategies and practices*, and supporting resources, that can be mobilized to address the factors and the problems; and *measurable impacts and outcomes* that can be expected to result from implementing the strategies and practices – as these relate to the long-term problem(s).

Meta-Analysis: A technique for summarizing and reviewing research on a topic

Needs Assessment: A method of collecting information on the needs, wants, and expectations of a community or other group of people to gain a picture of the strengths and weaknesses of the community or group for program planning and resource allocation purposes

Non-experimental Design: A type of research method in which only one group receiving the intervention is being observed or studied without the use of a comparison group to control for outside factors. Thus, such designs generally involve less data collection and are easier to plan and carry out. They typically involve observing and/or collecting all relevant data–including data on key performance measures–on participants at selected points in time during the project. Examples of such design include, but are not limited to, case studies, structured interviews, surveys, pre-/post-tests, ethnographic studies, and document reviews (e.g., medical records, intake and discharge forms). Because non-experimental designs have only one group, they are infrequently used to evaluate whether particular interventions are effective in producing specified outcomes, because causality (i.e., whether outcomes are the result of the intervention) cannot be established. However, if conducted properly, this type of design can be just as informative as the two previously discussed designs.

Objectives: Are derived from the program goals and explain how the program goals will be accomplished. Objectives are well-defined, specific, quantifiable statements of the program's desired results and they should include the target level of accomplishment, thereby further defining goals and providing the means to measure program performance.

Outcome Evaluation: A type of evaluation used to obtain descriptive data on a program or project and to document (typically) short- and intermediate-term results. Task-focused results are those that describe the output of the activity (e.g., the number of public inquiries received as a result of a public service announcement). Shorter-term results describe the immediate effects of the project on the target audience (e.g., percent of the target audience showing increased awareness of the subject). Information from such evaluation can show results such as knowledge and attitude changes, short-term or intermediate behavior shifts, and policies initiated or other institutional changes.

Outcome Measure: A measure of an event, occurrence, condition, or result of a program or project that indicates achievement of objectives and goal(s); this type of measure is used to measure the success of a program, project, or system (e.g., the percentage of people who do not get influenza).

Output Measure: A measure of a product, service, or result of a particular activity (e.g., number of people vaccinated with the influenza vaccine, number of personnel trained; number of phone calls processed by the OMH Resource Center); this type of measure provides information about the activity, not the success in achieving the objectives and goals of the program/project.

Performance Data System (PDS): OMH's current web-based system for collecting and reporting standardized performance data across all OMH-funded programs and projects. The PDS is organized to reflect the logic depicted in the *Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities*, and, to the extent possible, includes not only output and process measures but also outcome measures on which OMH regularly reports for GPRA and performance planning and budgeting purposes.

Performance Measures/Performance Indicators: Particular values or characteristics used to measure program toward goals, and also used to find ways to improve progress, reduce risks, and/or improve cost-effectiveness. They represent the actual data/information that will be collected at the program or project level to measure the specific outcomes/impacts or results that a program is designed to achieve.

Process Evaluation: A type of evaluation that examines the tasks and procedures involved in implementing a program or activities, including the administrative and organizational aspects of, and delivery procedures involved in, the efforts. Such evaluations enable monitoring to ensure feedback during the course of the program or project.

Process Measure: A measure of the procedures, tasks, or processes involved in implementing program or project activities to produce an output or outcome (e.g., availability of trained medical interpreters at the time of a doctor's visit by a patient with limited English proficiency)

Program: A group of individual (grantee) projects, unified by a set of goals, health issues of focus, recommended types of activities, eligible grant recipients, etc.

Project: An individual project (grantee), usually within an overall program, addressing one or more specific target populations or communities, and health issues

Quasi-experimental Design: A research method in which data are collected and compared over the course of the project between an experimental group receiving the intervention (project activities) and a similar population (control or comparison group) not receiving the intervention. Such an approach can help assess whether the intervention was responsible for outcomes/impacts, even though it will not be as rigorous as a randomized controlled trial. A quasi-experimental design is usually more feasible than the experimental approach, and is ideal when randomization is not possible or is not appropriate.

Statistical Significance: When the analysis of data results in statistical significance, it means that the result is not likely to have occurred by chance. It confirms a relationship or difference between variables.

Summative Evaluation: A type of evaluation that looks at a combination of measures and conclusions for larger patterns and trends in performance, to assess, in summary, whether the program or project overall did what it was designed to do. Compared to formative evaluations, summative evaluations are primarily retrospective, document evidence, and show results and achievement. Examples of summative evaluations include outcome and impact evaluations, cost-effectiveness and cost-benefit analyses, and meta-analyses (which integrate outcomes from multiple studies to determine an overall judgment or summary conclusion about a particular research or evaluation question).

Appendix 2:

Examples of Types and Sources of Data to Guide Planning

Examples of Types and Sources of Data to Guide Planning

The following types and sources of data may be useful in describing racial and ethnic minority health or systems problems, and factors contributing to such problems:

Demographic data. These data can provide information on certain population characteristics within a State, Tribal area, or region, such as race, ethnicity, gender, age, geographic location, education, income, and primary language spoken at home (i.e., English versus another language). Demographic data can be obtained from the U.S. Census Bureau at http://www.census.gov/. *These data can help answer questions about the racial and ethnic minority populations in a particular State, region, or community.*

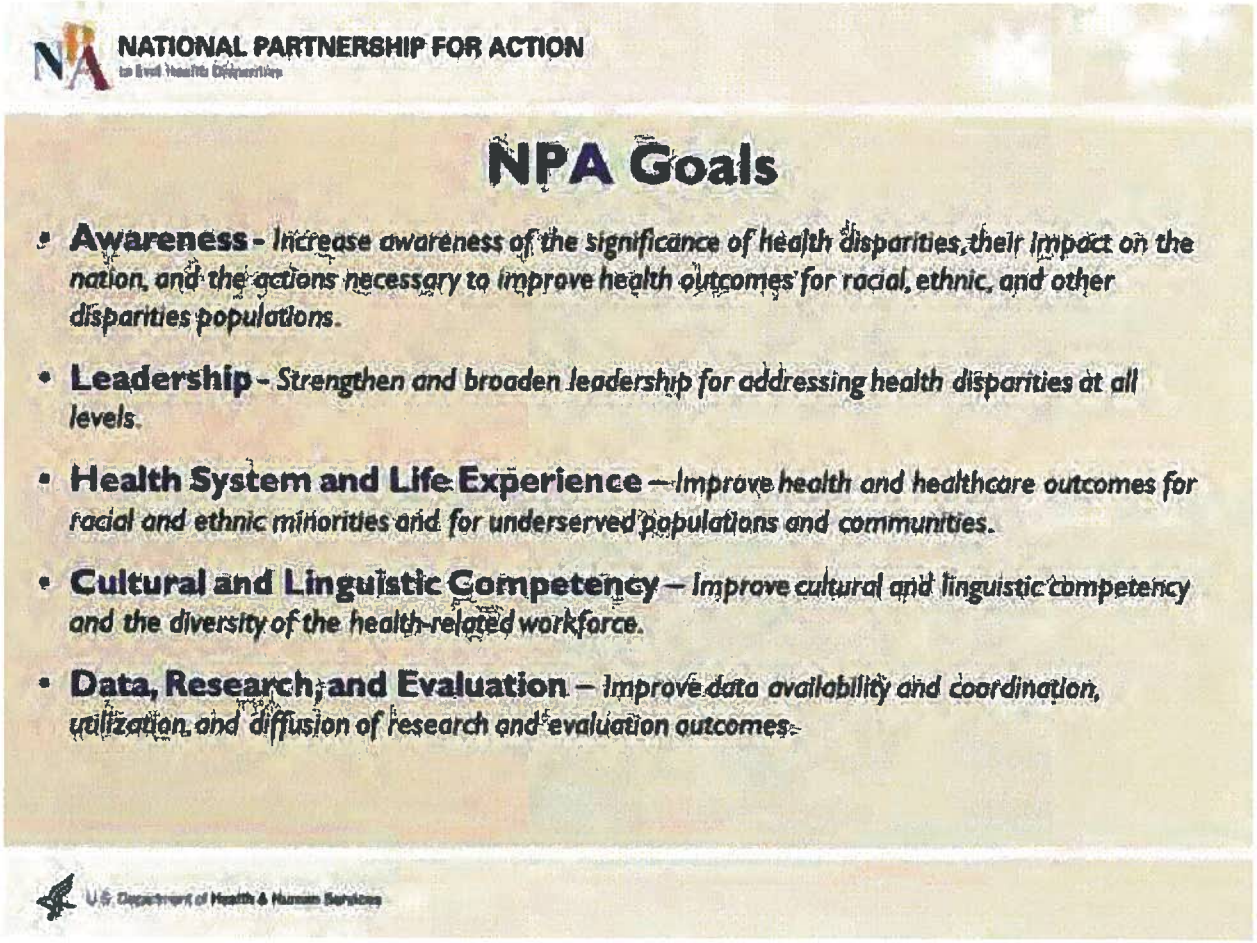
Population and community health data. Excellent Federal sources for national and, in some cases, State or local health data include the CDC "Wonder" system at http://wonder.cdc.gov/, the *Morbidity and Mortality Weekly Report* data at http://www.cdc.gov/mmwr/, and data from the National Center for Health Statistics at http://www.cdc.gov/nchs/. Racial and ethnic minority health data can be accessed from such sites as http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=2 or, by State, at Kaiser Family Foundation's http://www.statehealthfacts.org/, or from national minority health organizations. State health departments and State offices of minority health are also good sources for data about the populations in their jurisdictions. In addition, Inter-Tribal Council Epidemiology Centers are designed to provide access to health data for member Tribes. *These data can help answer questions about the key health problems and risk factors for the selected populations.*

Systems data. This category refers to information on the kinds of broad systems characteristics that might promote or inhibit the ability to address racial and ethnic minority health problems in a State, another geographic area, or an organization (e.g., whether infrastructure and staff are available to address identified problems; whether strategic plans have been developed to guide progress toward goals and objectives; whether task forces or other coordinating bodies exist to identify and pool resources, expertise, and other talent; whether data/information and communication systems support needed functions; whether services provided are client-, patient-, or user-centered). These systems characteristics are not limited to health care or public health systems alone. Health systems-related information may be found through the Web sites of State health departments and other health-oriented task forces or organizations . For example, the American Public Health Association has a link on its website for information on selected State and local health departments (at http://www.apha.org/about/Public+Health+Links/LinksStateandLocalHealthDepartments.htm). There is also a directory of official state, county, and city government websites at http://www.statelocalgov.net/50states-health.php. In addition, the aforementioned Kaiser Family Foundation website (http://www.statehealthfacts.org/) includes individual state health profiles and a feature that enables comparisons between state and U.S.-wide demographic and health data. These data may help answer questions about key systems issues that make an impact on the health of selected populations.

Health care coverage, access, and utilization data. One Federal source for such data is the Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project Databases, at http://www.ahrq.gov/data/hcup/. This particular site includes State-level data, though such data vary in terms of what is reported. The Centers for Medicare & Medicaid Services is another Federal source of data, particularly on enrollees in Medicare, Medicaid, and the Children's Health Insurance Programs, at http://www.cms.hhs.gov/home/rsds.asp. State departments of public health may also have data on health insurance coverage within the State. In addition, the Commonwealth Fund at http://www.cmwf.org/ tracks trends in health coverage, access, and quality and provides data on State health policy and underserved populations. *These data can help answer questions about the nature and extent of health care access and usage for a selected population (or populations).*

Appendix 3:

National Partnership for Action to End Health Disparities Goals


NATIONAL PARTNERSHIP FOR ACTION
NPA Goals
• Awareness - Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and other disparities populations.
• Leadership - Strengthen and broaden leadership for addressing health disparities at all levels.
• Health System and Life Experience – Improve health and healthcare outcomes for racial and ethnic minorities and for underserved populations and communities.
• Cultural and Linguistic Competency – Improve cultural and linguistic competency and the diversity of the health-related workforce.
• Data, Research, and Evaluation – Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Appendix 4:

Healthy People 2020
Objective Topic Areas

Healthy People 2020 Topic Areas

There are a total of 42 topic areas for 2020. Twenty-nine were continued from *Healthy People 2010*, and 13 were added for 2020.

1. Access to Health Services
2. Adolescent Health*
3. Arthritis, Osteoporosis, and Chronic Back Conditions
4. Blood Disorders and Blood Safety*
5. Cancer
6. Chronic Kidney Disease
7. Dementias, Including Alzheimer's Disease*
8. Diabetes
9. Disability and Health
10. Early and Middle Childhood*
11. Educational and Community-Based Programs
12. Environmental Health
13. Family Planning
14. Food Safety
15. Genomics*
16. Global Health*
17. Healthcare-Associated Infections*
18. Health Communication and Health Information Technology
19. Health-Related Quality of Life & Well-Being*
20. Hearing and Other Sensory or Communication Disorders
21. Heart Disease and Stroke
22. HIV
23. Immunization and Infectious Diseases
24. Injury and Violence Prevention
25. Lesbian, Gay, Bisexual, and Transgender Health*
26. Maternal, Infant, and Child Health
27. Medical Product Safety
28. Mental Health and Mental Disorders
29. Nutrition and Weight Status
30. Occupational Safety and Health
31. Older Adults*
32. Oral Health
33. Physical Activity
34. Preparedness*
35. Public Health Infrastructure
36. Respiratory Diseases
37. Sexually Transmitted Diseases
38. Sleep Health*
39. Social Determinants of Health*
40. Substance Abuse
41. Tobacco Use
42. Vision

** New Topic Area for 2020*

Appendix 5:

OMH Performance Measures for Grantees

OMH Performance Measures/ Indicators for Grantees

Once grantees identify the outputs, processes, outcomes, and other results expected from the strategies, practices, or interventions to be conducted as part of their OMH-funded projects, they will then need to determine what measures to use as indicators of progress towards--and achievement of--such results. OMH recognizes that some desired results (such as long-term progress towards NPA and *HP2020* objectives and goals) will have fairly straightforward performance measures or indicators (e.g., the number of NPA or *HP2020* objectives towards which a grant-funded program or project contributes). Other intended outcomes (such as increased coordination and collaboration for greater effectiveness and efficiency) currently lack precise methods or means for measuring progress and, thus, may require greater flexibility and/or be tailored to specific grant activities (e.g., the number of formal written agreements established between organizational partners, or the number of links and cross-references among a network of organizations identified on web pages or in resource or referral guides).

It is critical, however, for OMH grantees to keep in mind that their OMH-funded projects must use performance measures or indicators that are linked and contribute to grant program-wide, OMH-wide, and NPA and *Healthy People* objectives and goals.

Grantees are required to identify performance measures or indicators clearly linked to the following OMH or HHS-wide performance measures.

- Number of measurable *Healthy People* objectives towards which OMH-funded project and programmatic efforts contribute (see *Healthy People* website at http://www.healthypeople.gov/)
- Number of OMH-funded projects, programs, and initiatives that contribute towards each of the goals of OMH's *National Partnership for Action to End Health Disparities*
- Number of grantee and partnering organizations with strategic plans and/or formal strategic planning processes to guide and monitor progress towards organizational goals and objectives, including those plans and planning processes specific to racial/ethnic minority health improvement and/or health disparities reduction
- Number of full-time equivalents (FTEs) on grant project staff supported with OMH funding
- Number of partnerships facilitated and/or established to enhance coordination and collaboration of efforts to address racial/ethnic minority health/health disparities problems
- Amount of funding, staffing, and other resources 'leveraged' through partnerships to more efficiently and effectively address racial/ethnic minority health/health disparities problems of mutual interest
    - At the grantee organization level
    - At the grant project level

- Number of individuals participating in OMH-funded project and programmatic strategies, practices, and interventions being implemented or conducted
  - Total participants
  - Participants by race, gender, and age

Grantees are required to identify performance measures or indicators clearly linked to at least two of the following OMH-wide performance measures.

- Number of OMH-funded strategies/practices or interventions addressing individual-level factors (e.g., individual awareness/knowledge, attitudes/perceptions, satisfaction, skills, behaviors)
- Number of OMH-funded strategies/practices or interventions addressing community- or environmental-level factors (e.g., air and water pollution, sanitation, crime and violence, safe parks and playgrounds, community awareness/knowledge, community norms and values, access to and availability of goods and services in the community (including health care), social capital and community support groups, policies supportive of community health and well-being)
- Number of OMH-funded strategies/practices or interventions addressing systems-level factors (e.g., infrastructure, resources, and capacity; leadership, commitment, and sustainability; coordination and collaboration; user-centered design such as culturally and linguistically appropriate services or enhanced workforce diversity; improved data collection, analysis, and use for planning and decision-making; research coordination and transdisciplinary research to address gaps and weaknesses in science and knowledge; dissemination and use of research and evaluation results)

Grantees are encouraged to identify performance measures or indicators that clearly link the expected outputs, processes, and outcomes of their project activities to the following OMH performance measures.

- Number of individuals who participated in OMH-supported one-on-one education, training, technical assistance, mentoring, counseling, consultation, or case management sessions conducted
  - For patients, clients, customers, their families, or other individuals
  - For health care providers, other service providers, or other professionals
- Number of individuals who participated in OMH-supported group education, training, TA, mentoring, counseling, consultation, or case-management sessions conducted
  - For patients, clients, customers, their families, or other individuals
  - For health care providers, other service providers, or other professionals

- Number of individuals who received OMH-funded language interpretation and/or other verbal language assistance in clinical and/or other service encounters
- Number of individuals who received OMH-funded printed/written instructional or educational materials, forms, and other documents translated into languages other than English
- Number of individuals who received OMH-funded, English-language instructional or educational documents or other print materials to address health needs for themselves, their families, or, in the case of service providers, their patients or clients
- Number of individuals who received OMH-funded community-based health screenings
- Number of individuals who received health referrals based on the results of OMH-funded community-based health screenings
- Number of individuals who sought and were provided with health care as a result of OMH-funded screenings and referrals
- Number of individuals who participated in OMH-funded conferences or other large-scale meetings (e.g., town hall meetings, community listening sessions)
- Number of individuals who participated in OMH-funded community-based health fairs, expositions, and other similar public events
- Number of unique visitors (not hits) to grantee organizational websites and OMH-funded project-specific web pages
- Number of unique visitors and total interactions using social media forums, applications, and outlets (e.g., blogs, message boards) in support or as a result of OMH-funded projects or programs
- Number of texts, manuscripts, or other articles about OMH-funded projects published in peer-reviewed journals or other venues
- Estimated audience reach (in thousands of individuals) by a particular broadcast (e.g., radio, television) or print (e.g., newspaper, magazine) media outlet (as documented by that outlet) for informational and educational interventions conducted as part of OMH-funded project and program efforts
- Number and percent of individuals with increased awareness and knowledge of racial/ethnic minority health problems and how to address such problems as a result of OMH-funded project participation
- Number and percent of individuals with positive changes in attitudes/ perceptions that will improve racial/ethnic minority health and reduce health disparities
- Number and percent of individuals with improved skills that will contribute to improved racial/ethnic minority health and reduced health disparities
- Number and percent of individuals with increased satisfaction as a result of strategies/practices and interventions provided
- Number and percent of limited-English proficient individuals who, as a result of OMH-funded strategies/practices or interventions, are offered improved language assistance through their usual source of health care

- Number and percent of racial/ethnic minority individuals seeking or obtaining clinical or hospital services who have improved communications with doctors and other staff and/or improved experiences of care as a result of OMH-funded activities
- Number and percent of doctors, nurses, and other clinical or hospital staff who have improved communications with -- and/or improved experiences providing care to -- racial/ethnic minority individuals seeking or obtaining health services as a result of OMH-funded activities
- Number and percent of persons with increased participation in OMH-supported "pipeline" programs that promote racial/ethnic diversity in the public health, health care, and/or research workforce
- Number and percent of persons who demonstrate positive changes in behaviors and/or lifestyles for greater health and well-being
- Number of public policies (e.g., laws, regulations, budget priorities, formal guidelines or standards of practice) developed, adopted, implemented, enforced, or changed with regard to racial and ethnic minority health and health disparities issues as a result of OMH-funded projects, programs, and initiatives
- Number of OMH-funded interventions and other programmatic efforts evaluated for effectiveness in achieving desired outcomes and subsequently identified as "best" or "evidence-based"

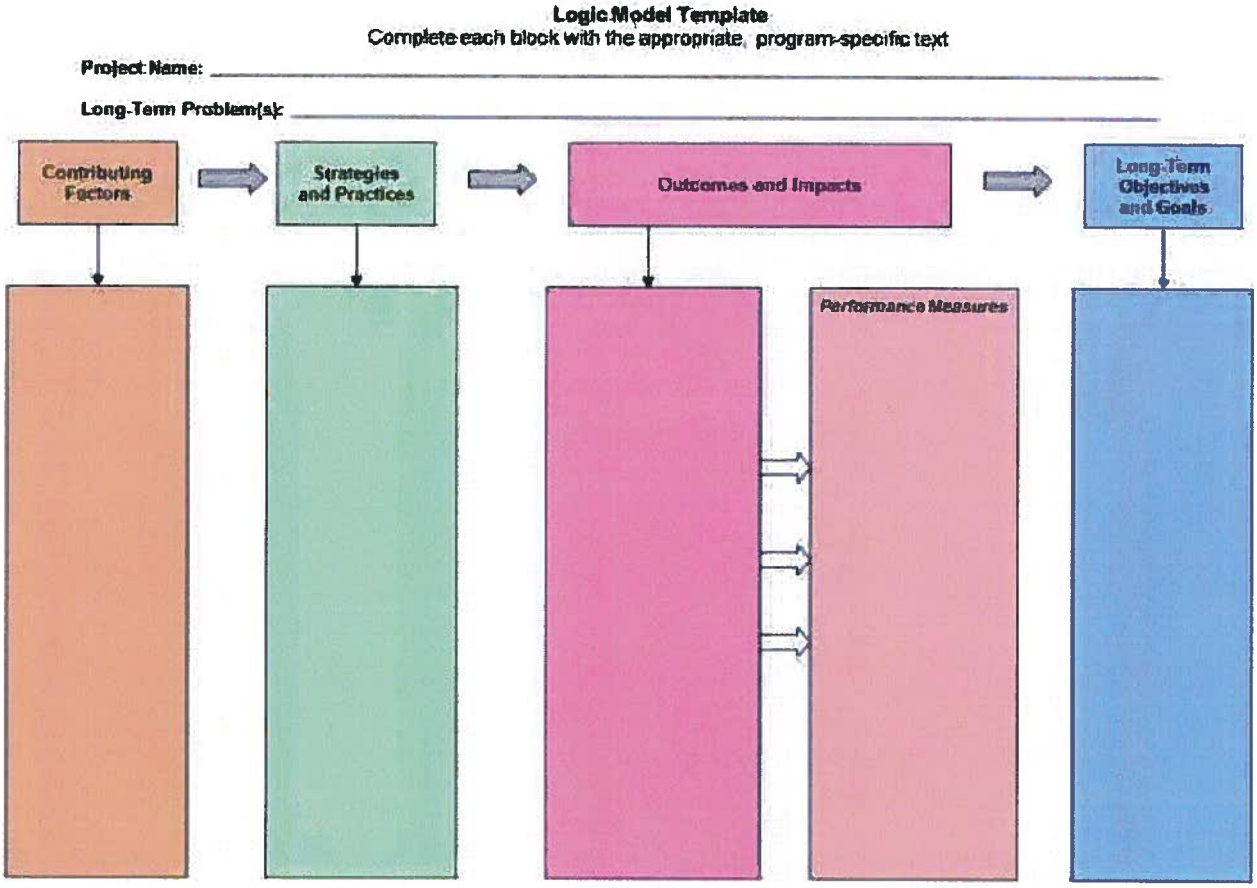
OMH grantees may develop and include additional measures depending upon the nature of the funded interventions/activities and desired results.

Appendix 6:

Logic Model Template

Logic Model Template

This template is based on the *Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities* developed by OMH. The template depicts four of the five steps in the *Framework*, aligned in a row from left to right, with each step identified in a logical progression necessary to effectively address the long-term racial/ethnic minority health problems identified.



Contributing factors are factors contributing to or causing long-term problems that are being addressed in the proposed project or activities. It is recommended that grantees identify the factors at the individual level, environmental-/community-level, and systems-level, as appropriate for their projects. Individual-level factors include knowledge, attitudes, skills, behaviors, and biological and genetic risks. Community- or environmental-level factors are related to the physical environment, the social environment, or economic barriers, with the social environment subdivided into community values, community assets, or community involvement. Systems-level factors include the kinds of systems that a community, State, tribal entity, region, or nation might have (or not have), and the approaches used (or not used) for identifying the problems or needs in their respective jurisdictions and for directing resources to address the problems or needs. They are organized into five major categories: components and resources; coordination and collaboration; leadership and commitment; user-centered design; and science and knowledge.

Strategies and practices are those specific intervention activities, including processes, tools, events, technology, and actions, that are an intentional part of the program implementation. They are used to bring about the intended program changes or results. Approaches that address individual-level factors include efforts to increase knowledge, promote attitudes, and improve skills that affect decisions about health-related behavior. Strategies for addressing community-or environmental-level factors extend beyond individuals and include efforts to promote a healthy physical or social environment and to address economic barriers. Systems-level strategies include efforts that seek to increase and strengthen system components and resources; promote coordination, collaboration, and partnerships; foster and ensure leadership and commitment; promote user-centered design to address racial/ethnic minority needs; and improve science and knowledge about successful strategies and practices.

Outcomes and impacts refer to specific changes occurring in individuals, groups, organizations, communities, or systems, and are often specified as short-, intermediate-, and long-term outcomes. Short-term outcomes are immediate effects of the program and usually include changes in program participants' knowledge and skills. Intermediate outcomes and long-term outcomes or impacts involve behavioral, normative, and system changes in the individuals, communities and systems. Individual-level outcomes and impacts include increased awareness and knowledge about health issues, increased skills for racial/ethnic minorities to adopt healthy lifestyle behaviors, increased patient adherence to prescribed treatment regimens, etc. Community- or environmental-level outcomes and impacts include decreased exposure to health risks in the community, increased health care access and appropriate utilization, increased health-conducive changes in community attitudes, values and norms, etc. Systems-level outcomes and impacts include increased formal partnerships and collaboration leading to coordination or leveraging of resources for greater efficiency and effectiveness of individual and collective efforts, increased strategic planning and implementation of plans, increased knowledge development and science base about successful strategies and practices for improving racial/ethnic minority health and reducing health disparities, etc.

Performance measures are specific and measurable indicators used for tracking and documenting the progress of the program towards achieving program objectives. There are different types of performance measures, including input measures, output measures, process measures, outcome measures, and impact measures (see Step 3 in the *Evaluation Planning Guidelines* for details). The grantee needs to align performance measures with OMH required and optional performance measures (see **Appendix 5** for details).

Long-term objectives and goals are the long-term results towards which program and project achievements contribute, including those of the NPA and *HP2020*. These objectives can be set, if desired, for the individual, community and/or systems level (s). See **Appendix 3** for the NPA goals and **Appendix 4** for the *HP2020* objective topic areas.

Appendix 7:

Logic Model Worksheet

Logic Model Worksheet

The logic model should lay out the logical relationship between the factors causing or contributing to the long-term problem or problems the program is attempting to address, the strategies and practices being employed, and the outcomes and impacts to be achieved that will contribute towards longer-term objectives and goals for OMH and the Nation as a whole. It is a description of what the program will do and how the program will work to improve racial/ethnic minority health and eliminate racial/ethnic minority health disparities.

Project Name: _____

Long-Term Problem(s) to be Addressed: _____

Long-Term Objectives and Goals to be Achieved: _____

Contributing Factors	Strategies and Practices	Outcomes and Impacts	Performance Measures for All Grantees	Optional Measures