

# Elements to Enhance the Successful Start and Completion of Program and Policy Evaluations: The Injury & Violence Prevention (IVP) Program & Policy Evaluation Institute

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**Background:** Public health practitioners, including injury and violence prevention (IVP) professionals, are responsible for implementing evaluations, but often lack formal evaluation training. Impacts of many practitioner-focused evaluation trainings—particularly their ability to help participants successfully start and complete evaluations—are unknown.

**Objectives:** We assessed the impact of the Injury and Violence Prevention (IVP) Program & Policy Evaluation Institute (“Evaluation Institute”), a team-based, multidisciplinary, and practitioner-focused evaluation training designed to teach state IVP practitioners and their cross-sector partners how to evaluate program and policy interventions.

**Design:** Semi-structured interviews were conducted with members of 13 evaluation teams across eight states at least one year after training participation (24 participants in total). Document reviews were conducted to triangulate, supplement, and contextualize reported improvements to policies, programs, and practices.

**Intervention:** Teams of practitioners applied for and participated in the Evaluation Institute, a five-month evaluation training initiative that included a set of online training modules, an in-person workshop, and technical support from evaluation consultants.

**Main Outcome Measure(s):** The successful start and/or completion of a program or policy evaluation focused on an IVP intervention.

**Results:** Of the 13 teams studied, a total of 12 teams (92%) reported starting or completing an evaluation. Four teams (31%) reported fully completing their evaluations; eight teams (61%) reported partially completing their evaluations. Teams identified common facilitators and barriers that impacted their ability to start and complete their evaluations. Nearly half of the 13 teams (46%)—whether or not they completed their evaluation—reported at least one common improvement made to a program, policy, or practice as a result of engaging in an evaluative process.

**Conclusion:** Practitioner-focused evaluation trainings are essential to build critical evaluation skills among public health professionals and their multidisciplinary partners. The process of evaluating an intervention—even if the evaluation is not completed—has substantial value and can drive improvements to public health interventions. The Evaluation Institute can serve as a model for training public health practitioners and their partners to successfully plan, start, complete, and utilize evaluations to improve programs and policies.

**Keywords:** *Evaluation; injury; multidisciplinary partnerships; practitioner-focused evaluation training; professional development; program and policy evaluation; public health; technical assistance; violence*

## Introduction

Evaluation—the systematic investigation of the merit, worth, or significance of an intervention, strategy, or approach—is critical to public health practice and is one of the *10 Essential Public Health Services* (Centers for Disease Control and Prevention, 2020; Milstein & Wetterhall, 1999; Scriven, 2007). It has been well-established that public health interventions must be rigorously evaluated to ensure they are effectively achieving intended health and quality-of-life outcomes (Campbell et al., 2000). Robust evaluations of program and policy interventions are necessary to improve public health practice and are critical to identify, examine, and disseminate efficacious and cost-efficient interventions (Denford et al., 2017). However, the impact of these interventions must be constantly evaluated to better understand and enhance their effectiveness. Without evaluation, “we are left with the unsatisfactory circumstance of either wasting resources on ineffective programs or, perhaps worse, continuing public health practices that do more harm than good” (Vaughan, 2004, p. 360).

Over the last two decades, there has been an increased emphasis on implementing evidence-informed public health interventions to ensure that public and private funds are invested judiciously. Public health injury and violence prevention (IVP) professionals—particularly those working in state health department settings, in other government agencies, and within non-profit organizations—have been increasingly required to lead evaluations of program and policy interventions. Many practitioners working in state health department IVP settings, in particular, have had to take on evaluator roles due to budget limitations and time constraints that restrict their ability to hire professional external evaluators. Moreover, government and foundation grants that fund public health program and policy interventions may include evaluation requirements without explicitly including resources for evaluation or may restrict the allocation of grant resources for evaluation activities (Gibbs, Hawkins, Clinton-Sherrod, & Noonan, 2009; Napp, Gibbs, Jolly, Westover, & Uhl, 2002). Even when grant funds are

unrestricted, funding constraints often leave grant managers with few resources to support rigorous evaluations of public health interventions. Furthermore, decision-makers—including funders and health department leaders—often require evaluation results in relatively short timeframes in an effort to justify the allocation of resources that support interventions. Unfortunately, however, many practitioners lack formal or professional training in evaluation, do not feel qualified to perform evaluations, and have limited proficiency in specific evaluation skill areas (Denford, Lakshman, Callaghan, & Abraham, 2018; Gebbie, Rosenstock, & Hernandez, 2003; Kelly, LaRose, & Scharff, 2013; Mayberry et al., 2008).

While efforts to provide students with evaluation training in academic settings have been well-documented (Davies & MacKay, 2014; Fierro & Christie, 2011; Hobson, Coryn, Fierro, & Sherwood-Laughlin, 2019; LaVelle, 2020; LaVelle & Donaldson, 2010; Trevisan, 2004), opportunities for working professionals to receive intensive evaluation training are far more limited (Denford et al., 2018). Although some evaluation trainings have been developed to support professionals that are implementing public health interventions (Adams & Dickinson, 2010), there continues to be a dearth of evaluation training for these practitioners, including IVP professionals. Furthermore, the impacts of many practitioner-focused public health evaluation trainings—particularly their ability to help participants successfully start and complete evaluations—are unknown. Findings from these trainings are missing from the peer-reviewed literature, as they may be primarily shared through summative reports to funders or are published within the grey literature. These evaluation trainings may also lack sufficient follow-up with program participants post-training to ascertain any direct outcomes or impacts these trainings may have had on helping participants start or complete evaluations in real-world settings.

To address these existing knowledge gaps, the goal of our study was to assess an evaluation training initiative known as the Injury and Violence Prevention (IVP) Program & Policy Evaluation Institute (referred to as the “Evaluation Institute”) and to identify: (1) the extent to which the Evaluation Institute

supported participants' successful start and completion of evaluations; (2) common supports and challenges that participants encountered related to evaluation implementation and completion; (3) specific training elements of the Evaluation Institute that helped bolster supports and/or minimize challenges; and (4) common policy, program, or practice improvements that occurred as a result of implemented evaluations.

### ***The Injury & Violence Prevention (IVP) Program & Policy Evaluation Institute***

Program and policy interventions have long been considered fundamental elements of a public health approach to preventing injuries and violence (Centers for Disease Control and Prevention, 2020; Safe States Alliance, 2013; World Health Organization, 2020). The Evaluation Institute was designed as an annual, five-month, multidisciplinary evaluation training for working professionals that was implemented from 2014–2016. The structure and content of the Evaluation Institute were informed by a variety of evaluation frameworks, capacity building efforts, and adult learning principles (Adams & Dickinson, 2010; Bryan, Kreuter, & Brownson, 2008; Centers for Disease Control and Prevention, 2013, 2014; Kelly et al., 2013; Milstein & Wetterhall, 1999; Pell Institute for the Study of Opportunity in Higher Education, the Institute for Higher Education Policy, & Pathways to College Network; Thompson & McClintock, 2000). The Evaluation Institute was designed to build the evaluation skills of practitioners, enhance the evidence base for IVP programs and policies, and strengthen the capacity of state public health IVP programs and their partner agencies to evaluate IVP interventions.

Multidisciplinary teams of up to five members were eligible to apply for and participate in the Evaluation Institute. Individual teams focused on evaluating a specific IVP program or policy intervention. Each team had to be led by a staff member from the state health department IVP program, but teams could be comprised of members from any discipline, sector, or organization, provided they were directly involved in the

implementation of the program or policy being evaluated. States were allowed to have up to two teams participate in the Evaluation Institute during a single year, provided that one team focused on evaluating a program and the other on evaluating a policy.

Technical assistance, coaching, and support from evaluation consultants were provided to teams throughout their Evaluation Institute experience. At the beginning of the Evaluation Institute, team members were required to view a 107-minute, module-based online self-study training that introduced them to public health evaluation concepts. After viewing the self-study training, teams were encouraged to discuss the modules with the evaluation consultants who were providing them with technical support. Evaluation consultants also met with teams virtually (via teleconference) to draft their logic models, intervention descriptions, and evaluation purposes. All teams were ultimately convened at a two-day in-person workshop. The workshop provided teams with dedicated time to collaboratively develop an evaluation plan for their program or policy intervention. At the workshop, an evaluation plan template was provided to teams to help them structure and organize their evaluation plans. Following the workshop, teams were given a bank of eight hours that they could use to have consultants review their evaluation plans and discuss strategies for implementing evaluation activities. At the conclusion of the Evaluation Institute experience, teams were required to submit a final evaluation plan.

By providing multidisciplinary teams with conceptual knowledge in evaluation, hands-on experiences with evaluation planning, ongoing technical assistance and support, and resources to enhance their evaluative learning and skill-building, it was anticipated that the Evaluation Institute would ultimately achieve seven outcomes (see Table 1). This qualitative study investigates elements of two of the Evaluation Institute's three intermediate outcomes: (1) increasing the number of IVP program and policy evaluations implemented and completed nationwide; and (2) increasing participants' use of evaluation findings to improve policies, programs, and practices.

**Table 1**  
**Anticipated Outcomes of the Evaluation Institute: Short-Term, Intermediate, and Long-Term**

Outcomes	Description of Anticipated Outcomes
<b>Short-Term Outcomes</b> <i>(Within six months of completing the Evaluation Institute)</i>	Increase in participants' evaluation-related knowledge, skills, and abilities Increase in evaluation-related collaboration and networking among participants within and across states
<b>Intermediate Outcomes</b> <i>(1-3 years after completing the Evaluation Institute)</i>	Increase in the number of IVP program and policy evaluations implemented and completed nationwide Increase in participants' dissemination of evaluation findings to partners and stakeholders Increase in participants' use of evaluation findings to improve policies, programs, and practices
<b>Long-Term Outcomes</b> <i>(3+ years after completing the Evaluation Institute)</i>	Improved IVP policies, programs, and practices resulting from the application of evaluation findings Increase in the internal evaluation capacity of organizations where participants are employed

## Methods

### Participants

During the three-year implementation period (2014–2016), a total of 105 practitioners comprising 24 teams from 18 states participated in the Evaluation Institute. However, only teams that participated in the first two cohorts of the initiative (2014–2015)—a total of fifteen teams from 10 states—were eligible for inclusion in the study, as these teams were at least one year post-participation at the time of data collection. Ultimately, participants from 13 teams across eight states (24 individuals total) agreed to participate in the study. Five teams (38%) planned to evaluate a policy; all other teams focused on program evaluations (61%,  $n = 8$ ). Three states (Kentucky, Utah, and Washington) had more than one team participate in the 2014 or 2015 Evaluation Institutes; each of these teams is represented in our analysis. The complete study protocol was reviewed and approved by the Sterling Institutional Review Board (IRB), and informed consent was obtained from all participants.

Table 2 summarizes key characteristics of the Evaluation Institute teams included in the study. Participants had varying levels of professional experience and came from an array of different organizations, including state and local health departments, state departments of transportation, state poison control centers, state departments of education, local school systems, non-profit organizations, hospitals, and university systems. As a result, teams had members that worked across a variety of disciplines, including public health, law enforcement, emergency medical services, highway safety, traffic engineering, education, nursing, and pharmaceuticals. Teams' evaluation plans focused on programs and policies that were associated with multiple injury and violence-related topics, which included (but were not limited to): sexual violence, opioid overdose, motor vehicle injury, and suicide.

**Table 2**  
**Characteristics of Evaluation Institute Teams Studied, 2014-2015: Types of Interventions Evaluated, IVP Topics, Evaluation Purposes, Number of Team Members, & Number of Organizations Represented**

State Team	Year of Participation	Type of Intervention Evaluated	IVP Topic	Evaluation Purpose	# of Team Members and Organizations Represented
Connecticut	2015	Program	Sexual violence	To evaluate the effectiveness of a statewide sexual violence prevention training initiative and media campaign entitled, "Where Do You Stand?"	5 members 2 organizations
Maryland	2015	Policy	Motor vehicle injury	To assess knowledge and enforcement practices associated with Maryland's child passenger safety law among state, county, and city-level law enforcement personnel	5 members 4 organizations
Kentucky	2014	Policy	Prescription drug and opioid overdose	To evaluate the effectiveness and consistency of Kentucky's controlled substance prescribing guidelines by clinical profession	5 members 2 organizations
Kentucky	2014	Program	Safety accreditation	To evaluate the efficacy of the Safe Communities coalition model	4 members 3 organizations
New Hampshire	2014	Program	Motor vehicle injury	To evaluate the effectiveness of New Hampshire's teen driver program	5 members 4 organizations
Pennsylvania	2014	Program	Older adult falls	To evaluate efforts to disseminate the CDC Stopping Elderly Accidents, Deaths, & Injuries (STEADI) toolkit to clinicians statewide	4 members 1 organization
Utah	2014	Policy	Prescription drug and opioid overdose	To evaluate the impact of state statute, H.B. 119 (Opiate Overdose Emergency Treatment), on the reduction of opioid overdose deaths in Utah	4 members 4 organizations
Utah	2014	Program	Suicide	To evaluate the effectiveness of the HOPE4UTAH Youth Suicide Prevention Program	4 members 4 organizations

State Team	Year of Participation	Type of Intervention Evaluated	IVP Topic	Evaluation Purpose	# of Team Members and Organizations Represented
Utah	2015	Policy	Bullying; Substance abuse; Suicide	To evaluate the ability of school districts and the State Board of Education to implement state statute, H.B. 298 (Parent Seminar on Youth Protection)	5 members 4 organizations
Utah	2015	Program	Motor vehicle injury	To evaluate the impact of the Parent Night Program on parents' driving-related knowledge, attitudes, and behaviors	5 members 4 organizations
Washington	2014	Policy	Drowning	To evaluate the impact of revisions to Washington's Boating Under the Influence (BUI) law on the number of BUI cases generated and the effectiveness of statute enforcement	4 members 3 organizations
Washington	2014	Program	Suicide	To evaluate the functioning and effectiveness of the Benton/Franklin County Youth Suicide Prevention Program Community Coalition	4 members 2 organizations
Wisconsin	2015	Program	Injury surveillance	To evaluate the quality and utility of data from Wisconsin's Child Death Review Case Reporting System	4 members 3 organizations

### Evaluation Design and Methodology

A mixed-method study design involving a pre-test/post-test and qualitative follow-up was used to assess the short and intermediate outcomes associated with the Evaluation Institute across two program years. Pre-test and post-test survey data were used to measure changes in participants' evaluation knowledge and skills (short-term outcomes) immediately following the training, and these results are reported elsewhere.

Semi-structured interviews were conducted with representatives of 13 teams (24 individuals). A 14-question interview protocol was used to guide discussions about teams' Evaluation Institute experiences and ascertain the extent to which the Evaluation Institute influenced their ability to start, complete, and/or use findings from their

program and policy evaluations. The interviews also revealed insights into how the Evaluation Institute contributed to other evaluations that were implemented by team members beyond the formal Evaluation Institute experience.

If a team confirmed that they had started or completed their evaluation, a copy of the team's report—either an interim or final evaluation report, or a subsequent progress or impact report (e.g., an annual or semi-annual report developed for a funder or for a set of stakeholders)—was requested. If a report was available, a detailed document review was conducted to determine if any changes to policies, programs, or practices were documented within the report. Findings from these document reviews were used to triangulate, supplement, and contextualize data obtained from participant interviews.

## Data Collection and Analysis

Between September and November 2016, phone interviews were conducted with 24 individuals from 13 teams that participated in the Evaluation Institute in 2014 and 2015. Interviews ranged from 30 to 90 minutes and were recorded and transcribed with consent from interviewees.

Interviews began by confirming if teams had started, were currently implementing, or had completed their program and policy evaluations. Interviews also addressed a range of other constructs, including: supports and challenges related to evaluation planning and implementation; changes to programs, policies, and practices that were informed or catalyzed by evaluation findings; and perceptions of the Evaluation Institute and its impact on their personal and organizational evaluation practices.

All interview data were summarized by three coders using open and inductive data coding and analysis procedures. Themes, ideas, and concepts derived from the qualitative data were inductively organized into categories to create summary statements reflecting interviewees' responses regarding specific constructs.

## Results

### Evaluation Completion

Of the 13 teams that participated in the study, a total of 12 teams (92%) reported starting or completing an evaluation. Four teams (31%)—two program teams and two policy teams—reported fully completing their evaluations. Eight teams (61%)—six program teams and two policy teams—reported partially completing their evaluations. One team (8%), which planned a policy evaluation, reported that they had not started implementing their evaluation. The teams have been blinded to minimize risks to the study participants and to protect their confidentiality to the extent possible.

### Supports and Challenges Related to Evaluation Implementation and Completion

Tables 3 and 4 depict the types, frequency, and commonality of supports and challenges that impacted the ability of teams to implement and complete their evaluations. Tables 3 and 4 list teams that reported “common” supports and challenges, respectively (i.e., supports and challenges shared by two or more teams). Teams may have reported other supports and challenges; however, these were unique to their teams and were not considered “common.”

**Supports.** Teams cited six common supports that positively influenced their ability to implement and complete their evaluations (see Table 3). The most common supports were: policymaker or institutional support, such as legislative requirements, leadership buy-in, in-kind resources, and funding (46%); dedicated time for evaluation (46%); and cross-sector, multidisciplinary partnerships (38%). Most teams that fully completed their evaluations reported having three or more common supports in place; nearly all teams that partially completed their evaluations reported at least one common support. The team that reported not starting their evaluation did not report any supports.

**Table 3**  
**Common Supports Related to Evaluation Implementation and Completion: Evaluation Institute Teams, 2014-2015**

Evaluation Teams	Common Supports						Total Common Supports by Team
	Cross-sector, multidisciplinary partnerships	Dedicated time for evaluation	Organization and task delegation (e.g., regular meetings, assigned due dates and tasks, etc.)	Partners' knowledge, skills, and abilities	Policymaker or institutional support	Timely interest in the intervention	
<b>Teams that reported <u>FULLY</u> completing their evaluation</b>							
Team A (Program)	✓	✓	✓		✓	✓	5
Team B (Policy)	✓	✓	✓				3
Team C (Policy)	✓	✓			✓	✓	4
Team D (Program)					✓		1
<hr style="border-top: 1px dashed black;"/>							
<b>Teams that reported <u>PARTIALLY</u> completing their evaluation</b>							
Team E (Policy)*				✓			1
Team F (Program)*		✓					1
Team G (Program)							0
Team H (Policy)*	✓				✓	✓	3
Team I (Program)					✓		1
Team J (Program)		✓		✓			2
Team K (Program)*		✓					1
Team L (Program)	✓				✓		2
<hr style="border-top: 1px dashed black;"/>							
<b>Teams that reported <u>NOT</u> starting their evaluation</b>							
Team M (Policy)							0
<hr style="border-top: 1px dashed black;"/>							
<b>Total Common Supports by Type</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>3</b>	

*Note.* \*Teams that created an evaluation plan with an anticipated implementation period beyond one year.

**Challenges.** In addition to six common supports, teams also identified eight common challenges, which adversely impacted their ability to implement and complete their evaluations (see Table 4). The most common challenges reported were insufficient partner or institutional support (61%), lack of staff or partner time (54%), and inadequate access to

data (54%). While every team reported at least two or more common challenges, teams that did not start or complete their evaluations specifically reported a lack of staff or partner expertise and/or staff turnover as challenges that hindered their evaluations. Teams that completed their evaluations did not report these specific challenges.



**Table 4**  
**Common Challenges Related to Evaluation Implementation and Completion: Evaluation Institute Teams, 2014-2015**

Evaluation Teams	Common Challenges							Total Common Challenges by Team
	Inadequate access to data	Inadequate public awareness of the intervention	Insufficient funding	Insufficient partner or institutional support	Intervention is not a priority (or existence of competing priorities)	Lack of staff or partner expertise	Lack of staff or partner time	
Teams that reported <u>FULLY</u> completing their evaluation								
Team A (Program)			✓		✓		✓	3
Team B (Policy)	✓			✓	✓		✓	4
Team C (Policy)				✓	✓			2
Team D (Program)	✓	✓						2
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Teams that reported <u>PARTIALLY</u> completing their evaluation								
Team E (Policy)*	✓				✓		✓	3
Team F (Program)*				✓		✓	✓	3
Team G (Program)			✓	✓	✓		✓	4
Team H (Policy)*	✓	✓	✓	✓		✓		5
Team I (Program)	✓		✓			✓	✓	5
Team J (Program)			✓	✓		✓	✓	5
Team K (Program)*	✓			✓				2
Team L (Program)	✓			✓		✓	✓	4
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Teams that reported <u>NOI</u> starting their evaluation								
Team M (Policy)			✓				✓	2
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Total Common Challenges by Type	7	2	6	8	5	4	7	5

Note. \*Teams that created an evaluation plan with an anticipated implementation period beyond one year.

**Table 5**  
**Common Policy, Program, & Practice Improvements Resulting from Evaluation Implementation and Completion: Evaluation Institute Teams, 2014-2015**

Evaluation Teams	Common Policy, Program, or Practice Improvements					Total Common Improvements by Team
	Increased funding to improve or expand interventions	Upgraded digital systems to increase data access	Improved local-level training	New staff hired or existing staff positions upgraded	Changes in intervention outcomes	
Teams that reported <u>FULLY</u> completing their evaluation						
Team A (Program)		✓	✓	✓	✓	4
Team B (Policy)	✓		✓			2
Team D (Program)				✓		1
-----						
Teams that reported <u>PARTIALLY</u> completing their evaluation						
Team F (Program)*		✓	✓			2
Team I (Program)	✓				✓	2
Team K (Program)*	✓					1
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Total Common Improvements by Type	3	2	3	2	2	

*Note.* \*Teams that created an evaluation plan with an anticipated implementation period beyond one year.

### **Policy, Program, & Practice Improvements Resulting from Evaluation Processes**

Several teams that partially or fully completed their evaluations cited five common improvements that were made to policies, programs, or practices as a result of conducting their evaluations. Table 5 lists teams that made “common” improvements (i.e., improvements shared by two or more teams). Teams that are not listed in the table did not necessarily lack improvements; any improvements they made were simply unique to their team and were thus not considered “common.”

Nearly half of all teams included in the study (46%,  $n = 6$ ) reported at least one common improvement, which included procuring increased funding to improve or expand interventions, upgrading systems to increase access to data, providing local-level training opportunities, and hiring new staff or upgrading existing staff positions.

While teams generally reported process evaluation findings that led to policy, program, or practice improvements, two program teams were able to report specific changes in short-term, intermediate, or long-term intervention outcomes within two years of participating in the Evaluation Institute.

## Discussion

By assessing the outcomes and impacts of the *Injury & Violence Prevention (IVP) Program and Policy Evaluation Institute*, our study provides insights into how an evaluation training created for practitioners can help them to successfully plan, implement, and complete program and policy evaluations, as well as use findings to make improvements to public health interventions. Evaluation teams reported a host of common challenges, including insufficient partner or institutional support, lack of staff or partner time, and inadequate access to data. However, despite these challenges, 92% of teams included in the study ( $n = 12$ ) were able to partially or fully complete their evaluations within two years of participating in the Evaluation Institute. As a result, many teams were able to use their evaluation findings to make a variety of improvements to programs, policies, and practices related to injury and violence prevention.

Of the 13 teams studied, four teams (31%) fully completed their evaluations. Although most teams reported only partially completing their evaluations (61%,  $n=8$ ), the Evaluation Institute experience and the evaluation process in which they engaged ultimately substantiated the value of their interventions:

We are still not done with this evaluation; we are working on it...Going through this training gave us the self-confidence that we can make a difference. We were among the first teams to get training on policy evaluation, specifically in this area of injury. This is really important, because there wasn't much [policy evaluation training] at the time.

Six of the teams included in the study (46%) that started or completed their evaluations reported common improvements that were made to policies, programs, or practices as a result of initiating an evaluation process. These intervention improvements would likely not have occurred in the absence of the Evaluation Institute experience.

Instructors and implementers of practitioner-focused evaluation trainings have limited influence over the challenges that training participants may face when

attempting to apply evaluation skills outside of the classroom. However, based on Evaluation Institute participants' experiences, we identified three supportive elements that – when provided or bolstered by evaluation training experiences – can enhance the ability of practitioners to plan, implement, and complete program and policy evaluations. These include: designating protected time for evaluation planning and implementation with team members; ensuring teams utilize cross-sector, multidisciplinary partnerships; and providing technical assistance throughout the evaluation training experience.

### 1. Protected Time for Evaluation Planning and Implementation

According to teams, the Evaluation Institute provided them with critical, protected time away from other work responsibilities, which allowed them to focus on collaboratively creating their evaluation plans and to strategize about implementing evaluation activities:

I think the Institute itself was helpful in setting a common groundwork amongst our whole team. We had a team with a significant variance in data and evaluation experience. Participating in the Evaluation Institute placed a significant emphasis on this portion of our work.

The benefit of this Institute, to me, is that first it puts a team together for two days and gives you time to discuss ideas. Here [in the office] you have your own work and meetings; you have things to do, so you cannot really devote more than an hour or two. We were there for two days to discuss a particular topic, which was great.

We didn't really know how to start with putting together an evaluation plan or even what one looks like. The ability to sit down all together for two days and start this project was good.

Given that team members were often geographically dispersed within and across states, the workshop was the only opportunity most teams had to convene and have protected time to work collaboratively on their evaluation plans:

The opportunity for all of us to get together and share our expertise and experiences at that workshop was extremely helpful in developing the evaluation plan. Because we're located in two different states, it presents challenges in terms of information sharing and overall workflow, so I felt overall that the workshop was a really useful opportunity for our team.

Providing teams with dedicated time to work face-to-face helped them to establish trust, delegate roles, and confirm vital lines of communication that were critical for teams to work effectively over time to implement their evaluations.

## 2. Cross-Sector, Multidisciplinary Partnerships

Teams described how the Evaluation Institute reinforced the importance and value of engaging a large variety of partners and stakeholders – a critical component of any evaluation process (Centers for Disease Control and Prevention, 2013; Chelimsky, 1987; Cousins & Leithwood, 1986; J. C. Greene, 1987; J. G. Greene, 1988). This includes internal partners within their organizations (who can foster institutional and agency-level support for evaluation, which can be political, fiscal, or in-kind), as well as external partners across the many sectors and disciplines that directly influence public health. The Evaluation Institute helped participants learn the value of developing an evaluation in collaboration with their implementation partners. Rather than having just one agency develop the evaluation plan, this collaborative approach ensured that there was buy-in for the evaluation across all organizations that had a stake in the success of the program or policy. During interviews, teams elaborated on the importance of having their partners and stakeholders attend the Evaluation Institute, which helped ensure they would be fully engaged in planning and implementing the evaluation:

In order for a policy or a program to be successful in a state or a community, you need to have more involvement from multiple stakeholders. I think the shift

toward collaborative efforts is really, really key, and I think it's a part of what made [the evaluation] successful.

I think the Evaluation Institute is great, especially for non-public health partners. I think it was incredibly insightful for them – and in some ways very insightful for us in public health – to figure out what their world looks like versus ours and do [an evaluation] that's realistic and useful, but still the best practice it can possibly be.

The Evaluation Institute also provided the credibility and leverage that teams needed to pull together an active, committed, and long-term partnership between many different agencies:

Attending the Institute, seeing the importance of evaluating, and really critically thinking about the policy – I think that helped our member from the State Office of Education with providing support and implementing it. I think it added some credibility to the evaluation.

[The Evaluation Institute] really opened up our partners' eyes to the world of public health evaluation and really how crucial evaluation is for public health...To have these three major agencies come together...that has never happened before. The opportunity to go to this Institute – they saw that as a very highly credible thing and they really were committed.

The Evaluation Institute also introduced practitioners who worked outside of state health departments—many of whom were not trained in public health—to the world of public health evaluation and provided them with their first experiences with planning a program or policy evaluation.

## 3. Technical Assistance from Professional Evaluators

During interviews, teams noted that the quality and structure of the technical assistance that they received during the Evaluation Institute was one of its major strengths. Prior to the in-person workshop, the technical assistance provided by evaluation consultants helped teams to hone their evaluation purposes, approaches, and

designs. During the workshop, an evaluation plan template was shared with each team. The template, which was specifically created for the Evaluation Institute, provided teams with a tangible framework for organizing and focusing their evaluation plans. The template also encouraged teams to collaboratively explore how they could resolve potential issues related to specific evaluation activities, such as data collection and evaluation management:

I have a much better appreciation and understanding of what it takes to do a policy evaluation and to ask the right questions from the get-go. The template and the information from the Institute were very helpful in all of that. I feel better prepared if something comes up where it's needed. I can respond better than I could have before.

The most helpful pieces were the access to the trainers and the evaluation plan template. That template was very, very helpful.

After the workshop, follow-up calls and discussions with evaluation consultants provided teams with the momentum, accountability, and confidence they needed to finalize their evaluation plans and to start implementation activities over subsequent weeks and months beyond the Evaluation Institute training experience:

It was kind of nice to have the Institute to reassure me: I do know something. I can do this. I know where my limits are and when I need that support from other experts.

I love the Evaluation Institute. Not only because I thought we had a great project and a good team. I felt like we came up with something concrete at the end.

### **Limitations**

More research on practitioner-focused evaluation training initiatives is needed to better understand their overall value and impact. The design of this study was based on a sample of practitioners who responded to an invitation to participate in the Evaluation Institute, who were selected based on their

teams' readiness to evaluate a program or policy, and who were willing to be interviewed as part of a follow-up assessment. As such, these respondents reflect a highly-motivated group of participants, and their experiences may not be generalizable across all state public health IVP program staff and their partners. Likewise, further investigation into the training curricula, audiences, methods, frequency, and duration of trainings like the Evaluation Institute is needed to fully understand the unique value of these component parts. Finally, more research is needed to better understand the funding, staffing, and resources needed to successfully start and complete evaluations of public health IVP program and policy interventions. This research is particularly imperative given the societal importance of these interventions and the necessity of safeguarding investments in evaluation training and technical assistance initiatives.

### **Implications for Policy and Practice**

Public health interventions require a multidisciplinary approach to ensure their success. To that end, evaluations of these interventions require that all professionals involved in the implementation of these interventions—both within and outside of the public health sector—have sufficient training in evaluation practice. Fundamentally, the partners collaborating on evaluations require designated time to engage in these activities; however, this appropriation of time requires approvals and long-term commitments by institutional leaders across organizations. Furthermore, an additional prerequisite is the existence of evaluation trainings that are designed for practitioners, both within and outside of traditional public health settings. Practitioners are often responsible for implementing public health evaluations, but they commonly lack formal, academic evaluation training. As such, practitioner-focused trainings are essential to build critical evaluation skills among public health professionals and their multidisciplinary partners. At the heart of practitioner-focused evaluation trainings is the opportunity for partners to clarify the purpose, goals, and objectives of an intervention. This ensures that

all partners understand and agree on the intervention's intended short-, intermediate-, and long-term outcomes, as well as the theories of change that are necessary to attribute changes in these outcomes to the intervention.

Our study revealed that the *Injury & Violence Prevention (IVP) Program and Policy Evaluation Institute* ("Evaluation Institute")—a multidisciplinary, team-based approach infused with ongoing technical assistance and support—is a useful model and framework for training public health practitioners and their cross-sector partners how to plan, implement, complete, and utilize program and policy evaluations. This study further confirms the inherent value of the evaluation process, which provides singular opportunities for critical reflection and partner alignment that may frequently be overlooked. Our study of these teams revealed that the process of evaluating a program or policy intervention—even if the evaluation is not completed—substantiates intervention value and ultimately improves public health interventions. As such, sustained and robust investments in public health evaluation—particularly practitioner-focused evaluation trainings—should be prioritized by public and private funders, as they are critical to ensure that program and policy interventions are successfully achieving intended public health outcomes.

## Human Participant Compliance Statement

This study was approved and exempted from further review by the Sterling Institutional Review Board (IRB) on July 11, 2018 (IRB ID 6395).

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