Session Topics

- Problem/Need
- Theory of Change
- Evidence Base
- Performance Measures
- Data Collection & Instruments
- Examples
- MCSC-Specific Performance Measures (Note)
THEORY OF CHANGE:

MAIN ELEMENTS

Community Problem/Need

Specific Intervention

Intended Outcome
COMMUNITY PROBLEM/NEED

• The negative condition that exists
• The extent/severity of the problem
• Must be supported by statistics that are:
  – *From a reputable source*
  – *Current (up-to-date)*
  – *Local*
COMMUNITY PROBLEM/NEED

• Data describing the community problem/need should address:
  – Scope
    • What is the severity of the need for those affected? (number of those affected)
  – Significance
    • Why should we care? (general impact on the community)
  – Causes
    • Why does the need exist? (historical data)
THEORY OF CHANGE: MAIN ELEMENTS

- Community Problem/Need
- Specific Intervention
- Intended Outcome
THEORY OF CHANGE

• Programs must submit a Theory of Change
• Demonstrates a well-specified conceptual framework
• Identifies key components of the proposed project
• Logic model=visual representation of the theory of change
SPECIFIC INTERVENTION

- Specific set of activities in which Members/volunteers will engage
- Most effective strategy to bring about change
- Supported by evidence
  - *What have others tried?*
  - *Were previous interventions by others successful?*
SPECIFIC INTERVENTION

• Specific Intervention Elements
  – Design
    • Who does what with whom?
  – Dosage
    • Frequency-How often?
    • Intensity-How much?
    • Duration-How long?
**INTENDED OUTCOME**

- The change your program wants to make
- Desired results
- Outputs/outcomes
Patient has pneumonia.

Provide Antibiotics

Patient gets better.

Statistics documenting the need. Chest x-ray.

Previous trials inform our intervention. If patient doesn’t get better, we can reevaluate our intervention.

THEORY OF CHANGE

Community Problem/Need

Specific Intervention

Intended Outcome

Statistics documenting the need

Evidence that guides choice of intervention and supports cause-effect relationship
TESTING YOUR THEORY OF CHANGE

• Is it plausible?
• Is it feasible?
• Is it meaningful?
EVIDENCE

• Includes studies/evaluations conducted
• Verifies that the proposed intervention(s) will be effective for the proposed community need

*All National Service programs should develop and implement evidence-based interventions.*
WHAT CAN WE LEARN FROM EVIDENCE?

• **New Programs**
  – Which intervention should we use?
  – What dosage should we implement to achieve the intended outcome?

• **Existing Programs**
  – Should we continue using the current intervention?
  – Should we modify the current intervention?
  – Should we select a new intervention?
SOURCES OF EVIDENCE

• **Internal**
  – Past Performance Data
  – Internal Impact Evaluation

• **External**
  – Research Studies
  – Impact Evaluation of Similar Programs
PAST PERFORMANCE DATA

• Ask the questions:
  – Did a change occur?
  – Did we achieve the intended outcome?

• Notes
  – DOES NOT show causality
  – Does show the intended result was achieved
  – Stronger if aggregated from multiple years
INTERNAL IMPACT EVALUATION

• Ask the questions:
  – Is change documented?
  – Is it clear that change resulted from our intervention?

• Notes
  – Should focus on actual impact, not processes
    • Process evaluations focus on program implementation and benefits to sites, not on an assessment of outcomes (benefit to beneficiaries).
RESEARCH STUDIES & EVALUATIONS

• **Research Studies**
  – Focuses on increasing knowledge or understanding of a group, problem, or issue

• **Evaluations of Similar Programs**
  – Focuses on the successes and outcomes produced by comparison groups or programs.
ASSESSING EVIDENCE

• Criteria
  – Is it relevant?
  – Is it compelling?
  – Is it up-to-date (current)?
  – Is it objective?
SOURCES OF STRONG EVIDENCE

• University or research organizations
• Known professionals/field experts
• Similar programs
• Meta-studies
<table>
<thead>
<tr>
<th>Low</th>
<th>Pre-Preliminary</th>
<th>Preliminary Evidence</th>
<th>Moderate Evidence</th>
<th>Strong Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Evidence</td>
<td>• No qualitative or quantitative data to date</td>
<td>• Little evidence of causality</td>
<td>• A Program contributes to observed outcomes</td>
<td>• Shows causality</td>
</tr>
<tr>
<td></td>
<td>• Evidence from program staff, participants, or beneficiaries</td>
<td>• At least one non-experimental study of program or similar program; OR</td>
<td>• Supports causality</td>
<td>• Detailed information over cursory descriptions of multiple studies</td>
</tr>
<tr>
<td></td>
<td>• Used for program improvement, reporting, or tracking</td>
<td>• A study that shows improvement over time; OR</td>
<td>• One or more quasi-experimental study conducted on program; OR</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• A process evaluation</td>
<td>• Two or more non-experimental studies; OR</td>
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<tr>
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<td></td>
<td></td>
<td>• One experimental study of another relevant program</td>
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<tr>
<td>No evidence provided</td>
<td>• Feedback from program participants following the receipt of the intervention</td>
<td>• Outcome studies that track program beneficiaries and measure responses at end of the program</td>
<td>• Results from studies/impact evaluations</td>
<td>• One or more well-designed and well-implemented experimental studies conducted on the program with positive findings</td>
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<tr>
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<td></td>
<td>• Pre-post test research</td>
<td>• Comparison groups; quasi-experimental design</td>
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WHAT IS PERFORMANCE MEASUREMENT?

The ongoing, systematic process of tracking program outputs and outcomes.
• OUTPUTS

– Amount of service provided
– Ask the questions:
  • How much service did you perform?
  • What products did you develop?
– Examples include:
  • People served
  • Programs developed
  • Volunteers recruited
OUTCOMES

- Reflects the changes or benefits that occur
- Ask the questions:
  - *What difference did your service make for beneficiaries?*
  - *How did the new system/product enhance the capacity of the organization to serve the community?*
- Examples include:
  - *Changes in behavior*
  - *Improvement of conditions*
<table>
<thead>
<tr>
<th>TYPES OF OUTCOMES</th>
<th>ATTITUDE/ BELIEF</th>
<th>KNOWLEDGE/ SKILL</th>
<th>BEHAVIOR</th>
<th>CONDITION</th>
</tr>
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<tbody>
<tr>
<td>Involves a change in…</td>
<td>Thought, feeling</td>
<td>Understanding, ability</td>
<td>Action</td>
<td>Situation, circumstance</td>
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</table>

Outcome (change) resulting from intervention:

- Increased desire to adapt healthy nutrition habits
- Improved healthy eating/cooking skills on a budget
- Improved healthy eating habits/food intake
- Improved supply of healthy food in the household
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*Outcome (change) resulting from intervention…*

- Increased desire to adapt healthy nutrition habits
- Improved healthy-eating cooking skills on a budget
- Improved healthy eating habits/food intake
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WHY MEASURE PERFORMANCE?

• Accountability
  – *Allows stakeholders to see that the program is achieving results.*

• Reliability
  – *Allows the program to determine if the intended change actually occurred.*

• Program Improvement
  – *Allows the program to spot/correct problems, strengthen interventions, and determine where to allocate limited resources.*
PERFORMANCE MEASUREMENT USE IN PROGRAM MANAGEMENT

• Strategy and planning
  – Clarify what you hope to achieve
  – Decide on needs from partners (develop Memoranda of Understanding-*required*)

• Site recruitment and selection
  – Define expectations for partner sites
  – Assess which sites are most conducive for implementing interventions
PERFORMANCE MEASUREMENT USE IN PROGRAM MANAGEMENT

• Program implementation
  – *Ensure mutual understanding of objectives w/ involved parties*
  – *Ensure efficient & accurate data collection*
  – *Identify & address training needs*
  – *Continuous program improvement*

• Data usage
  – *Feeds into progress reports*
  – *Supports marketing/promotion strategies*
CNCS NATIONAL PERFORMANCE MEASURES (NPMs)

• Agency-Wide Priority Measures
  – Produces aggregate data from CNCS Programs

• Complementary Program Measures
  – Focus on interventions of particular significance for specific CNCS Programs

Note:
All programs should strive to use National Performance Measures
Overview of Performance Measurement

CNCS PRIORITY FOCUS AREAS (NPMs)

• Disaster Services
• Economic Opportunity
• Education
• Environmental Stewardship
• Healthy Futures
• Veterans & Military Families
BENEFITS OF USING NATIONAL PERFORMANCE MEASURES

- Creates focused efforts on national priorities
- Provides agency-wide data to promote national service
- Ensures that CNCS can aggregate data and report results with confidence
EXAMPLE:
NATIONAL PERFORMANCE MEASURE
(HEALTHY FUTURES)

• OUTPUT
  – Number of homebound/older adults and individuals with disabilities receiving food, transportation, or other services that allow them to live independently \((H8)\)

• OUTCOME
  – Number of homebound/older adults and individuals with disabilities who reported having increased social ties/perceived social support \((H9)\)
EXAMPLE:
NATIONAL PERFORMANCE MEASURE
(ECONOMIC OPPORTUNITY)

• OUTPUT
  – Number of economically disadvantaged individuals receiving job placement services (O3)

• OUTCOME
  – Number of economically disadvantaged individuals placed in jobs (O10)
FOUNDATION OF HIGH QUALITY PERFORMANCE MEASURES

1. Aligned Theory of Change
2. High Quality Outcome(s)
3. Aligned Output(s) and Outcome(s)
THE “A”-WORD = ALIGNMENT!!

Alignment means there is a logical flow from one element to the next; each element is in proper relation to one another.
1) If the community need, as documented by data, exists and 
2) If specific interventions were implemented, 
3) Then the intended outcome will occur
CHARACTERISTICS OF HIGH QUALITY OUTCOMES

• Outcomes should be:
  – Meaningful
  – Ambitious yet realistic
The intervention produces the output.
The output leads to the outcome.
The output and outcome measure the same intervention and beneficiaries.
IS IT ALIGNED?

INTERVENTION:
AmeriCorps Members teach financial literacy - understanding credit scores, completing loan applications - to economically disadvantaged adults

OUTPUT:
Economically disadvantaged individuals receiving financial literacy services

OUTCOME:
Participants increase deposits to savings account

1. Does the INTERVENTION and OUTPUT align? Why or why not?

2. Does the OUTPUT and OUTCOME align? Why or why not?
IS IT ALIGNED?

**INTERVENTION:**
AmeriCorps Members teach financial literacy—understanding credit scores, completing loan applications— to economically disadvantaged adults

**OUTPUT:**
Economically disadvantaged individuals receiving financial literacy services

**OUTCOME:**
Participants increase deposits to savings account

1. Does the INTERVENTION and OUTPUT align? Why or why not? **YES; it is logical to assume that beneficiaries received financial literacy services.**

2. Does the OUTPUT and OUTCOME align? Why or why not? **NO; the intervention was related to credit and is not a cause of activity related to savings.**
IS IT ALIGNED?

**INTERVENTION:**
AmeriCorps Members teach nutrition, healthy cooking, and healthy food shopping in a community center health education project

**OUTPUT:**
Number of clients participating in health education programs

**OUTCOME:**
Participating families increase healthy food intake

1. Does the INTERVENTION and OUTPUT align? Why or why not?

2. Does the OUTPUT and OUTCOME align? Why or why not?
INTERVENTION: AmeriCorps Members teach nutrition, healthy cooking, and healthy food shopping in a community center health education project

OUTPUT: Number of clients participating in health education programs

OUTCOME: Participating families increase healthy food intake

1. Does the INTERVENTION and OUTPUT align? Why or why not? **YES; it is logical to assume that clients are engaged in health education programming.**

2. Does the OUTPUT and OUTCOME align? Why or why not? **YES; the participation in the program may be linked to the change in behavior of beneficiaries.**
DATA COLLECTION AND INSTRUMENT

• Is informed by the intended outcome being measured

• Must be:
  – *Reliable*
  – *Valid*
  – *Unbiased*
## DATA COLLECTION METHODS

<table>
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<tr>
<th>Data Collection Method</th>
<th>Description</th>
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<tr>
<td>Survey</td>
<td>Written questionnaire completed by the respondent</td>
</tr>
<tr>
<td>Interview</td>
<td>Interviewer poses questions and records responses; face-to-face or via telephone</td>
</tr>
<tr>
<td>Observation</td>
<td>Observer records behavior or conditions using a checklist or other form</td>
</tr>
<tr>
<td>Standardized Test</td>
<td>Test to assess knowledge of academic subjects</td>
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<tr>
<td>Tracking Sheet</td>
<td>Used to document service delivery or to track outputs (hard copy/software)</td>
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<td>Focus Group</td>
<td>Facilitator leads small group through in-depth discussion of a topic/issue</td>
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<tr>
<td>Diaries/Journals</td>
<td>Respondent periodically records information about his/her activities or experiences</td>
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<tr>
<td>Secondary Data</td>
<td>Data gathered by other agencies that may be used to assess program performance</td>
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DATA COLLECTION INSTRUMENT: ISSUES

- Crowded layout
- Double-barreled questions
- Biased/leading questions
- Too abstract questions
- Questions that use unstructured responses inappropriately
- Response options that overlap or contain gaps
- Unbalanced scales
# LOGIC MODEL CHART

<table>
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<tr>
<th>Project Resources</th>
<th>Core Project Components</th>
<th>Evidence of Project Implementation and Participation</th>
<th>Evidence of Change</th>
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<td><strong>INPUTS</strong></td>
<td><strong>ACTIVITIES</strong></td>
<td><strong>OUTPUTS</strong></td>
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<tr>
<td>What we invest</td>
<td>What we do</td>
<td>Direct products from program activities</td>
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<td>(# and types of ACMs)</td>
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<td></td>
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<td><strong>OUTCOMES</strong></td>
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<td></td>
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<tr>
<td>Short-Term</td>
<td>Medium-Term</td>
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<td>Changes in knowledge, skills, attitudes, opinions</td>
<td>Changes in behavior or action that result from participants’ new knowledge</td>
<td>Meaningful changes, often in their condition or status in life</td>
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## Logic Model (Sample)

### Logic Model Chart (Sample)

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<tr>
<td>14 half-time AmeriCorps Members serving as Afterschool Program Nutrition Specialists</td>
<td>Nutrition education afterschool program focused on developing healthy eating habits and preparing healthy snacks/meals</td>
<td>210 children and youth will receive nutrition education</td>
<td>158 children and youth will learn to prepare healthy snacks and meals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>158 children and youth will increase in healthy eating habits</td>
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Short-Term | Medium-Term | Long-Term |
---|---|---|
Changes in knowledge, skills, attitudes, opinions | Changes in behavior or action that result from participants' new knowledge | Meaningful changes, often in their condition or status in life
PERFORMANCE MEASURE (SAMPLE)

• Strategy to Achieve Results
  – 14 AmeriCorps Members will be placed in afterschool programs within 7 school sites (30 students per school site engaged in the Eat Right! Afterschool Program) to provide nutrition education.
PERFORMANCE MEASURE (SAMPLE)

• Output
  – **Result:** Children and youth participants
  – **Indicator:** H6 – Children and youth receiving nutrition education with the purpose of reducing childhood obesity
  – **Target:** Children and youth participants in the Eat Right! Afterschool Program
  – **Target Value:** 210
  – **Instruments:** Sign-in sheets; intake forms
  – **PM Statement:** 210 children and youth will receive nutrition education with the purpose of reducing childhood obesity.
Performance Measure (Sample)

Performance Measure (SAMPLE)

• Outcome #1
  – **Result:** 75% of children and youth who participate in the Eat Right! Afterschool Program will increase in healthy eating habits
  – **Indicator:** Students with improved healthy eating habits
  – **Target:** Children and youth administered a pre and post survey to gauge healthy eating habits
  – **Target Value:** 158
  – **Instruments:** Eat Right! Survey
  – **PM Statement:** 75% or 158 children and youth who received nutrition education will improve their healthy eating habits
• The MCSC requires the following additional performance measures:
  – 100% of Members will receive CPR certification
  – 100% of Members will receive First Aid training
  – 100% of Members will receive Citizenship Training
  – 75% of Members will receive Disaster/Emergency Response Training
  – Programs will recruit 5 volunteers per MSY.

Note:
These MCSC-specific PMs are not included in the grant application.
Questions?
Online Resources

• CNCS Priorities & Performance Measures
  – www.nationalserviceresources.org/npm/home

• Google Scholar *(for evidence/data)*
  – www.scholar.google.com