Healthiest Maryland Businesses Introduction to 6-Step Evaluation Plan
February 8, 2010

Centers for Disease Control and Prevention. 1999. Framework for program evaluation in public health. *MMWR, 48*(No. RR-11)
Adapted from Maine CDC's Healthy Maine Works Initiative Evaluation Plan

Step*	Why It Is Important*	How It Was and Will be Done for Healthiest Maryland Businesses
1. Engage stakeholders	Stakeholders must be engaged in the evaluation to ensure that their perspectives are understood. When stakeholders are not engaged, an evaluation might not address important elements of a program's objectives, operations, and outcomes. Meeting with key stakeholders to plan the evaluation is essential for determining what kind of evaluation (process and/or outcome) is feasible and for identifying all available data sources. Stakeholders include: • Individuals and groups involved in program operations. • Individuals and groups served or affected by the program. • Primary users of the evaluation.	The evaluation process began with meetings with OCDP evaluators and the Wellness and Prevention Workgroup to explain the evaluation and expectations for Healthiest Maryland Businesses (December 2009-February 2010). Evaluators will meet with stakeholders as needed to develop an evaluation plan that is relevant to the initiative and meets the needs of stakeholders.
2. Describe the program (see descriptive text following the table)	Program descriptions convey the mission and objectives of the program being evaluated. One method used to describe a program—a logic model—depicts the series of actions and causes expected to lead to desired outcomes.	A program logic model was developed for Healthiest Maryland Businesses by key partners with technical assistance from OCDP evaluators to review and revise it for accuracy. The program logic model will outline the various steps for implementation and expected short-term, intermediate, and long-term outcomes.
3. Focus the evaluation a. Design—develop key evaluation questions	Developing key evaluation questions provides a framework for the evaluation's focus. Given time and resource constraints, prioritizing tasks that will be feasible to evaluate is important.	The process will be a collaboration between Healthiest Maryland Businesses and OCDP to determine a list of key evaluation questions. An initial set of questions will be drafted by OCDP and shared with Wellness and Prevention Workgroup for their review and feedback. Draft questions will be the primary evaluation indicators: • To what extent are small, medium, and large employers participating in the Healthiest Maryland Businesses (1 indicator for each business type) • What systemic and/or programmatic changes have occurred at worksites to promote improvements in the prevention and management of chronic disease as a result of Healthiest Maryland Businesses?

Step*	Why It Is Important*	How It Was and Will be Done for Healthiest Maryland Businesses
3. (cont.) b. Develop an evaluation plan	An evaluation plan helps organize the evaluation by outlining the key evaluation questions, indicators by which to assess the questions, data sources to use, responsibilities for data collection, and timeline for data collection.	An evaluation plan will be developed and serve as a guide throughout the evaluation. The evaluation will be based on the RE-AIM framework (Glasgow, 2002; Glasgow et al., 1999), and the plan will outline evaluation questions within each of these domains; e.g.,: • The RE-AIM domain (e.g., Adoption). • Evaluation questions (e.g., Are business professional organizations an efficient model for engaging senior leadership?). • Indicators • Data sources • Responsibility for data collection (e.g., OCDP). • Timeline (e.g., Sept/Oct 2010).
3. (cont.) c. Develop data collection instruments	Data collection instruments guide how data will be collected. They should be developed with and/or reviewed by the organization whose program is being evaluated to ensure feasibility. Types of instruments include surveys, interview guides, observation forms, and data tracking forms.	Possible data collection instruments for the evaluation: • HMIA from Partnership for Prevention • Web-based surveys with employers • Interviews with key staff • Telephone surveys with participating worksites
4. Gather credible evidence	Data collection, quantitative or qualitative, provides a means to describe and assess the program. The type of data collection conducted depends on the data sources available. Sources of evidence in an evaluation are the persons, documents, or observations that provide information for the inquiry.	The data collection instruments include the means to collect both quantitative and qualitative data.
5. Justify conclusions	The evaluation conclusions are justified when they are linked to the evidence gathered and judged against agreed-upon values or standards set by the stakeholders. Data analysis, quantitative or qualitative, provides a means to assess and provide answers to the key evaluation questions.	OCDP will analyze quantitative and qualitative data to determine changes in employer policies and practices (Will need to provide more information about specific data and how will be analyzed.)
6. Ensure use and share lessons learned	Lessons learned in the course of an evaluation do not automatically translate into appropriate action. Reporting findings provides a way to describe the program, disseminate evaluation results, and provide recommendations to key stakeholders about future implementation and evaluation.	The evaluation can be used by the Healthiest Maryland staff and Health Quality and Cost Council to guide future planning and implementation. Results can be shared with the policymakers, business professional organizations, and the general public.