A Guidebook to Strategy Evaluation:

Evaluating Your City's Approach

to Community Safety and

Youth Violence Prevention

Acknowledgements

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Executive Summary

All too often city leaders are not aware of how well their youth violence prevention strategies are working because no systematic effort has been made to evaluate them. As a remedy, this Guidebook was developed to provide city leaders with a set of tools they can use to gain the knowledge they need to more effectively develop and enact their violence prevention and community safety strategies. It is unique in that it is exclusively focused on strategy, rather than program evaluation. Its anticipated audience is city leaders including: mayors, city managers, police chiefs, public health officials, and school administrators. It is intended to be versatile and useful regardless of whether a city is in the beginning stages of its strategy or has one well underway. Thus, it can be used as a primer for those new to evaluation work or as a review for those more familiar with the process.

As is well known, effective strategy implementation leads to improved outcomes by advancing approaches that are well coordinated, responsive to local needs and concerns, and built on best practices, as well as existing strengths. We also know that the *process* of strategy development builds a shared community-wide understanding and commitment that enables participants to establish effective working relationships. The overarching goal of strategy evaluation is to determine the effectiveness of city-wide collaborations to implement strategies. Specifically, strategy evaluation focuses on how well the different sectors are working separately and together with others, and whether or not intended objectives are being met. Indicators to measure progress most often include changes in risk and protective factors, community involvement and youth engagement and, most importantly, decreases in violent crimes and death.

While this Guidebook was designed to be read from beginning to end, each section covers a specific topic and can therefore be read without reference to the rest of the text. It contains ten sections explaining the necessary steps for evaluating a violence prevention strategy. **Sections 1-4** describe the steps that need to occur prior to and during the design of an evaluation plan. **Sections 5-8** focus on how to design an evaluation and the activities involved in carrying one out. It also includes a **Resources** section with information on specific topics relevant to the subject of strategy evaluation. A **Glossary** is included at the end of this document and covers commonly used evaluation terms, most of which are derived from program evaluation but applicable to strategy evaluation. To best illustrate evaluation concepts and methods, a hypothetical case example of a city-wide strategy for a fictional community is used throughout this text. Follow the progress of *Metropolis* as key city leaders create and implement their three-year strategy evaluation plan.

This Guidebook can be used in conjunction with the *UNITY RoadMap*, a resource that delineates various strategies and programs proven to help cities be more effective in preventing violence and sustaining safe communities. The *RoadMap* will soon be available on Prevention Institute's website (www.preventioninstitute.org). It must be remembered that evaluation is a collaborative effort. While you and your department may not have expertise in all of the areas discussed, we encourage you to utilize and develop working relationships with those who may.

Introduction

Cities are invested in keeping their residents safe and dedicate a significant portion of their Public Safety Budgets to support such efforts. Despite this commitment, however, most cities do not know if they are getting their money's worth, in large part because they lack a strategic community-wide evaluation plan that engages all stakeholders. This document aims to assist leaders to assess the effectiveness of their city's safety plans, monitor progress, and change or alter programs and strategies to increase their effectiveness.
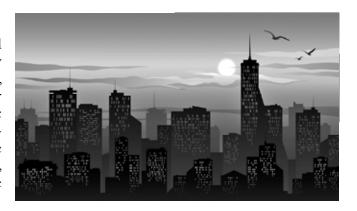
There are many varied reasons your city will want to evaluate its violence prevention strategy: [1,2]

- To determine if the strategy is working as intended.
- To determine if the strategy is meeting stated goals and objectives.
- To measure the cost of efforts in relationship to benefits.
- To monitor progress in strategy implementation and make improvements where needed.
- To inform the community about the successes and challenges in implementation.
- To fulfill funding or other supporting agency requirements.

Definition of Evaluation: Evaluation, usually done for a specific purpose, is the process of asking questions related to a particular topic you are concerned with and collecting and analyzing information to answer those questions.[1] Evaluation is an iterative process and thus provides continuous feedback: Baseline data informs the development of the City Strategic Plan and its evaluation components. The evaluation outcomes and results in turn inform the revision of the plan and its implementation.

Types of Evaluation: There are two main types of evaluation that are often conducted simultaneously.

Process evaluation, or monitoring, is conducted to assess whether a strategy is being implemented as planned and whether it is reaching its intended population.[3] Specifically, process evaluation is a sort of quality assurance that focuses on the implementation itself and, as such, is a critical component in improving the practices that operationalize strategies.

Outcome evaluation, or impact evaluation, is conducted to learn whether you achieved the intended outcomes of your strategy. For example, was there a change in the risk and protective factors you intended to address? Outcome evaluation can tell you if the strategy was effective.[3] Coupled with process evaluation, outcome evaluation also focuses on determining whether or not the strategy intervention was responsible for any observed outcomes. For instance, was there a change in the risk and/or protective factors you intended to address and, if yes, was it the strategy that brought about them about?

Lessons learned in strategy evaluation

While strategy evaluation presents unique challenges, it can provide crucial information needed to maximize benefit for the funds spent. The following example will illustrate this point: In the early 1990's The California Wellness Foundation dedicated $60 million dollars over 10 years to the implementation and evaluation of the Violence Prevention Initiative (VPI). The VPI had four components focusing on community action programs, policy advocacy, research, and leadership development.[4]

Several challenges were documented in evaluating the VPI strategies. First, there were difficulties in finding appropriate indicators to measure outcomes for the community action programs. The evaluators found that the definition of 'community' varied greatly among groups. For example, it was defined as a geographic area for some and a particular ethnic group for others. Secondly, the constituents carrying out the strategic activities were concerned that the evaluators were rating the quality of the work using criteria that failed to capture the progress being made. Thirdly, there were significant data limita-

tions because the evaluators only focused on long-term youth violence risk indicators and did not include proximal measures for progress, such as increases in protective factors.[4]

Important lessons were learned from the VPI evaluation. Youth violence prevention requires long-term commitment and evaluation measurements need to be designed as such. For example, there needs to be indicators to measure changes in intermediate risk factors and protective factors, community involvement, and youth engagement, in addition to the longer-term outcome measures of youth violence. Also, it is important to find a methodology to measure and acknowledge the role of the strategy in changing policy. Evaluation needs to be systematically incorporated into the design of the strategy; otherwise, it is very difficult to conduct a retroactive evaluation, as learned from VPI. Those being evaluated should be involved in the planning of the evaluation so that they understand the importance and criteria of the evaluation. Moreover, the evaluators need to be credible in the eyes of those being evaluated. Finally, an evaluation should be comprehensive, culturally appropriate, and include qualitative methods, in addition to quantitative methods.[4]

The lessons learned from the VPI brought about changes in the approach to evaluating youth violence prevention strategies, and importantly, taught that it is *essential to evaluate an overall strategy to violence prevention*, rather than simply evaluating individual programs. By focusing solely on program evaluation, many successes may go unnoticed. Strategy evaluation is necessary because complex factors (social and environmental risk factors, political factors, etc.) are involved in preventing youth violence in a community. Since youth violence is influenced by the communities in which it occurs, it is critical that the strategies developed and the evaluation focus at the community or city level. Thus, while program evaluation is important and certainly encouraged, the focus is on strategy evaluation.

What is an appropriate level of evaluation for your strategy?

The level of evaluation appropriate for your strategy depends on how well established your approach is. For well-established evidence-based strategies that have been proven to work, it may be most important to evaluate how well the strategy is carried out and fiscally managed. For new strategies, it is important to have a thorough and detailed evaluation that measures adequate progress toward your goals and outcomes.[5]

A strategy known to be effective should be replicable in different settings and among diverse populations. For example, in Colorado, a community level strategy was developed to combat methamphetamine production, distribution, and use. This strategy proved to be effective and now serves as the *Colorado Blueprint*, a framework that guides community response to other issues in the state.[6]

If a well-established and evidenced-based strategy is used as a model for your city's strategy, it must be carried out as closely as possible to the model strategy. All of the components of the model strategy must be understood and replicated with great attention to accuracy; otherwise the strategy may not be effective.[7] Operation Ceasefire, a violence prevention strategy resulting from the Boston Gun Project, was implemented and evaluated in the mid-1990's. This strategy was shown to be successful and dramatically reduced youth homicides in Boston. Later, the Operation Ceasefire model was adopted and implemented in several other cities in the US, none as successful as Boston. Investigation revealed that in these cities, key components of the model essential to the effectiveness of the strategy were missing. Specifically, these cities' strategies did not have prevention activities or networks of community members (e.g., ministers, youth) involved in improving trust and accountability for law enforcement.[8]

Metropolis: A Case Example in Strategy Evaluation

To best illustrate concepts and methods useful for evaluating a city-wide community safety and violence prevention strategy, a case example will be used. A hypothetical city-wide strategy for a fictional community, Metropolis, will be cited throughout this guide.

Metropolis, a medium sized, urban ethnically diverse community in California, recently developed and implemented a city-wide community safety and youth violence prevention strategy. The goal is to decrease youth violence and increase neighborhood safety at the community level through youth development, poverty reduction, and social development activities.

Metropolis has dedicated a considerable amount of resources, both human and financial, in carrying out the activities planned as part of the strategy. Key stakeholders joined to form the Metropolis Violence Prevention Taskforce and have been meeting on a regular basis and sharing the responsibilities for carrying out the adopted strategy.

The city has incorporated an evaluation plan to determine if the strategy is working as intended and is achieving its objectives. Given all the levels of commitment and dedication to the strategy, it is important to know that it is effective and using limited resources efficiently. We will follow the progress of Metropolis as key city leaders create and implement their three-year strategy evaluation.

Who are the stakeholders for your strategy or program?

Stakeholders are people and organizations interested in assuring that a critical problem is addressed effectively and that both short- and long-term goals and objectives are achieved. Stakeholders can include city government and policy makers, funding agencies, community members, constituents, and employees. This designation should include both those who are expected to benefit from the program, and those involved in carrying out the program.[3]

Three Main Stakeholders and Initial Questions to Ask

Stakeholder	What do they want to know?	What do they intend to do with the information?
City government	Is the strategy reaching the intended audience? Is it effective?	Determine if adjustments to the strategy need to be made.
Funding Agency	Is the program cost-effective?	Obtain more funding. Develop appropriate budgets. Allocate resources fairly.
Community Members	Is the strategy resulting in positive change in the community? Is the strategy making the community feel safer?	Determine whether or not the expected changes are occurring. Address challenges in reaching objectives.

Adapted from UWI, 1996.[1]

Case Example: Youth Violence Prevention Strategy Stakeholders in Metropolis

In Metropolis many different people came to the table to address the problem of youth violence in their community. These people and organizations either had a strong interest in decreasing youth violence or an interest in community development related to youth violence prevention. Designing the strategy was no easy task, as it required input from all of the diverse stakeholders. Moreover, these stakeholders demanded evidence of the effectiveness of the youth violence prevention strategy and that the city's resources are used wisely.

Members of the Metropolis Violence Prevention Taskforce

Stakeholder(s	Role(s)	Interest(s)/Agenda(s)
Mayor	- Set the city-wide agenda for youth violence prevention. - Accountability for success.	Economic development, better public transportation, reduced youth violence, serving the constituents.
Police Department: Police Chief, Police Officers	- Law Enforcement. - Protect Metropolis Residents. - Fight Crime. - Provide Data.	Increasing safety of Metropolis residents.
School System: School Superintendents, Teachers	- Educate youth. - Work with Police Department. - Inform the design and implementation of city-wide strategy.	Teaching, preparing students for standardized exams, having safe schools, providing youth development activities.
Health Department: Public Health Officers, Health Professionals/ Workers	- Disease and injury prevention. - Health Promotion. - Measure health status of Metropolis. - Assurance of the public's health.	Reducing injuries, disabilities and death.
Religious Leaders: Ministers, Imams, Rabbis, Priests	- Help community to overcome distrust of police. - Inform strategy design and implementation. - Work with the community to raise awareness about the strategy. - Partnership with police.	Ending discrimination, fair policing, and youth development.
Youth Task Force (consisting of a body of youth)	- Inform strategy design and implementation. - Provide expertise on the current status of youth violence. - Assure acceptability of strategy among youth.	Representation of youth, youth involvement in decision making, safer communities, development opportunities.
Local Business Owners	- Partnership with Police. - Apprentice/ Internship programs for youth. - Jobs.	Business growth, safer communities, skilled workers.
Funding Agency	- Provide funding and funding requirements.	Cost-effective youth violence prevention, evidence of effectiveness.
Constituents	- Advocate for their interests. - Improve the community. - Inform design of the strategy.	Safe community, economic development opportunities, policy change.
Policy Makers	- Change policy based on constituents' interests. - Advocate for constituents. - Accountable to constituents.	Serving the constituents.
University Based Researchers	- Provide expertise in research, data collection, analyses and evaluation techniques.	Translating research into practice.

A Guidebook to Strategy Evaluation:

Does a framework for evaluation exist?

In 1999, the Center for Disease Control and Prevention published a document for evaluation, Framework for Program Evaluation in Public Health. It includes six steps and four sets of standards for conducting good evaluations of public health strategies or programs. These steps and standards are integrated throughout the Guidebook. A pictorial version of the framework is below; with arrows that signify the iterative process of evaluation. Data informs plan development; implementation and ongoing process evaluation inform plan revisions.

Evaluation Framework

Steps of Evaluation

Step 1: Determine who your key stakeholders are and get their involvement in the evaluation process.

Step 2: Describe the strategy you want to evaluate.

Step 3: Design your evaluation plan and develop an action plan to carry it out.

Step 4: Obtain the data you need to answer your evaluation questions.

Step 5: Analyze your data and report your findings.

Standards

Utility: Who needs the evaluation results? Will the evaluation provide relevant information in a timely manner for them?

Feasibility: Are the planned evaluation activities realistic given the time, resources, and expertise at hand?

Propriety: Does the evaluation protect the rights of individuals and protect the welfare of those involved? Does it engage those most directly affected by the program, such as participants or the surrounding community?

Accuracy: Will the evaluation produce findings that are valid and reliable, given the needs of those who will use the results?

Reproduced from CDC, 2005.[9]

Needs and Asset Assessment

What is a needs and asset assessment?

Before you can dive into evaluation, you must document the needs and assets available within the geographic location of your choice. Simply put, an assessment is a survey of what exists in the community. It is also critical to know the levels and rates of youth violence at baseline in the city or community of interest, so that you can evaluate what has changed as a result of your strategies. The assessment records the nature and magnitude of youth violence and related risk and protective indicators. It includes research about current strategies and activities that are intended to address youth violence.[3] In addition, rather than focusing only on deficits, if community assets can be identified along with abilities and capacities these can be leveraged to support prevention activities.

Doing a need and asset assessment

With stakeholders at the table, begin by brainstorming answers to the questions below. You might need outside research, such as existing data sets or collecting your own data. Once you have completed your brainstorming and assessment, keep editing and refining your findings. It is helpful to map the needs and assets for the geographic region of interest. For more information on mapping, see *Section 6: Data for Evaluation*. While there are many directions that an assessment can take, below are helpful guidelines.

What are the steps in a need assessment?[10]

Document and clarify the problem

1. Start with what you know

   Who is most affected?
   What type of violence occurs?
   Where does it occur?

2. Decide what information is missing

3. Gather information about the problem

   You might start with inference, speculation and myths, which are important to gauge public opinion. However, you want to concentrate on collecting facts and data.

   Sources: surveys, interviews, internet, data sets. Refer to *Section 7: Collecting Your Own Data for Evaluation*

4. Define the problem using a comprehensive definition (sometimes thought of as a problem statement).

   Think of it in terms of needs, rather than solutions
   Think of it as a problem everyone has- do not place blame

Analyzing the problem

1. *What* is the problem?

2. *Why* does the problem exist?

3. *Who* is causing the problem and who is affected by it?

4. *When* did the problem first occur, or when did it become significant?

5. *How much*, or to what extent, is the problem occurring?

What are the steps to an Asset, Capacities and Abilities Assessment?

There are 3 levels of building blocks that make up a community asset map that are based on resources available to community members. For each block, a list should be generated detailing the specific resources. Start with the Primary Building Block (described below), as people are most familiar with these components.

Primary Building Blocks
Assets and Capacity Located inside the neighborhood and largely under neighborhood control

Individual Assets	Organizational Assets
Skills, talents and experience of residents	Associations of business
Individual businesses	Citizens' associations
Home-based enterprises	Cultural organizations
Personal income	Communications organizations
Gifts of labeled people ("elderly" and "mentally ill" have something to contribute)	Religious organizations

Secondary Building Blocks
Assets located within community but largely controlled by outsiders

Private and Nonprofit Orgs	Public Institutions and Services	Physical Resources
Higher education institutions	Public schools	Vacant land
Hospitals	Police	Commercial and industrial structures
Social service agencies	Libraries	Housing
	Fire departments	Energy and waste resources
	Parks	

Tertiary Building Blocks
Originating outside the neighborhood and controlled by outsiders

Welfare expenditures
Public capital information expenditures
Public information

Adapted from McKnight, et al 2004[11]

What are data collection methods for an assessment?

Assessments are usually a combination of quantitative (numerical) or qualitative (nonnumeric) data, as well as primary (original) data collection and secondary (existing) data collection. Qualitative data collection is especially useful for conducting an assessment because it answers "why questions." Because these questions are open ended, you can potentially collect rich information that you may not have obtained through quantitative data collection alone. Data collection methods used for a needs and asset assessment are similar to methods used for strategy evaluation. *Section 6: Data for Evaluation* will go into further detail.

Case Example: Needs and Asset Assessment

Before setting the goals and objectives for their city-wide youth violence prevention strategy, members of the Metropolis Violence Prevention Taskforce conducted a needs and asset assessment. In this process they obtained data on youth development at specified points in time that would be useful for planning an appropriate strategy. The acquired data will also be used as the baseline for comparison with outcomes of the strategy.

In this assessment, the Taskforce gathered information about the population most at risk for being affected by violence, identified the neighborhoods with the greatest amount of crime and most limited resources, and the time of day violence was most likely to occur. The Taskforce also collected information on existing violence prevention and youth development programs for youth such as recreation, sports, and social support.

Specifically, the Taskforce got crime, homicide, assault, and robbery data from the Police Department. With this data they learned that youth ages 12 to 24 were most at risk for being victims or perpetrators of violence. The Taskforce used GIS to map some of these data by zip code. This clearly showed that some areas were more affected by violence and crime than other areas. The Taskforce also used Youth Risk Behavior Surveillance Survey (YRBSS) for data on how safe youth felt at school, whether they felt threatened at school, youth participation in team sports, and weapon carrying behavior of youth (YRBSS is available at: www.cdc.gov/HealthyYouth/yrbs). Key informant interviews and focus groups were conducted to learn more about needs and assets in the community.

Through data collection, Metropolis identified a number of community needs:[12]
– Need to increase opportunities for youth.
– Need to increase youth participation in afterschool activities.
– Need to assist students to achieve academically by assuring that students are safe in school and on their way to and from school.
– Need to increase collaboration and communication between and among police/justice agencies, schools, social service, public health, faith-based programs, community-based programs, and youth.
– Need for professional training for youth development staff.

Metropolis also determined there were several assets:
– Business associations expressed interest in offering apprenticeship programs.
– Religious groups are already working on violence prevention activities and may serve as good partners in a youth violence prevention strategy.
– Police department expressed interest in working with schools to improve school safety.

Clarifying Your City's Approach to Change

What does your city want to accomplish? What do you plan to change?

Does your city want to decrease overall violence rates? Or, does your city want to increase the perception of safety in neighborhoods? In developing the strategy you may have initially identified key issues to address. Were these the same issues found to be the biggest problem in your needs assessment? Even though the issues identified in your strategy and in your needs assessment may be different, they are often related.

In setting priorities for the future, remember that some things will be more difficult to change than others. High priority components of the strategy should target issues that are more easily changeable and important. For example, increasing the number of activities available for youth, increasing the number of street lights, and keeping parks and staff open later in the evening may be easier to change than other components of the strategy. Lower priority components of the strategy should include issues that are changeable but less important.[13] However, short term successes as you work towards the long term problems are key. For cities to stay engaged, it is necessary to have successes, and demonstrate the effectiveness through evaluation.

What are proximal and distal outcomes?

In clarifying your approach, it is important to consider the chain of events you want to occur as a result of your city's strategy. There are two main types of outcomes, proximal and distal. In order for the distal outcomes to occur, the proximal ones need to happen first.

Proximal outcomes, or short-term outcomes, are the changes we see immediately following the implementation of strategies. In violence prevention, it is often difficult to see immediate results, such as a significant decrease in crime. Thus, it is important to have proximal outcomes measuring risk and protective factors to ensure your city is making progress towards the distal outcomes. While the length of time can vary, proximal outcomes are usually accomplished in up to three years.

Distal outcomes, or long-term outcomes, are the events or actions that occur three or more years after the implementation of the strategy.

How do you develop an impact model and a logic model?

Impact and logic models are useful for visualizing how you can utilize your resources and carry out steps necessary for implementing your strategy. The models can provide a good overview of how you will reach your desired outcomes. It is like a recipe for carrying out your strategy and assists in developing evaluation questions. The models are similar, but the information is displayed differently and a logic model usually has more details. An impact model often contains only proximal and distal outcomes, while there are five main components of a logic model. In a logic model, the *inputs* are resources such as funding, personnel, and materials. *Activities* are actions that need to take place in the implementation of your strategy. *Outputs* are products that result from your program and are often quantifiable. *Proximal outcomes* are the events immediately following the implementation of your strategy. *Distal outcomes* are what you ultimately aim to change through your strategy.

Case Example: Impact Model for Metropolis' Youth Violence Prevention Strategy

The diagram below is the impact model for Metropolis' strategy to promote positive youth development. Soon after implementation, youth will participate in internships, apprenticeships and afterschool programs, and youth development staff will receive training. These proximal outcomes will lead to a reduction in youth risk factors and an increase in protective factors. This will ultimately lead to a decrease in youth violence and an increase in positive behaviors.

| Strategy | Proximal Outcomes (short-term) | → | Distal Outcomes (short-term) |

Proximal Outcomes (short-term)

Distal Outcomes (short-term)

Increase in youth participation in internships and apprenticeships

Promote positive child and youth development

Increase in youth participation in structured after-school activities

On-going staff training on positive youth development design and management

Increase in youth protective and resiliency factors

Decrease in youth risk factors

Increase in positive behaviors

Decrease in youth violence

Adapted from Rossi et al., 2004.[3]

Case Example: Logic Model for Metropolis' Youth Violence Prevention Strategy
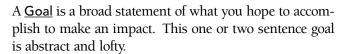
Below is the logic model that the Metropolis Violence Prevention Task Force developed. The Task Force decided to use some of the outputs to measure their progress in carrying out the strategy and the outcomes to measure the impact of the strategy. This proved useful in explaining to stakeholders how their strategy would work. This logic model is very simple, but your logic model can be as detailed as needed.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	
			PROXIMAL (short-term)	DISTAL (long-term)
- Funding - Staff - Time - Partners - Youth - Violence Prevention Task Force - Data - Community members - City agencies - Local businesses - Schools	- Coordinate city partners - Communicate with local media - Build Youth Task Force - Train staff - Organize after-school programs - Organize apprenticeship programs	- Partnerships - Press releases - Youth development strategy blueprint - Knowledge sharing - Bi-annual catalog of youth development programs - City report on State of the City	- Regular meetings of city partners - Media coverage - Regular Youth Task Force meetings - Decrease in risk factors - Increase in protective factors - Afterschool program participation - Apprenticeship program participation - Increase in community engagement	- Decrease in threats of violence at schools - Decrease in youth carrying weapons at school - Decrease in assaults against youth - Decrease in homicides and suicides among youth

Setting Goals and Measurable Objectives

What are goals and objectives?

Creating goals and objectives helps focus your strategy and provides guidelines for measurement in evaluation. While you typically write goals and objectives in the strategic planning phase, they can be developed and revised in any step of the process. Your objectives will ultimately be translated to evaluation questions and used to assess the success of your strategy (see *Section 5: Evaluating Your City's Strategy* for more information).

A <u>Goal</u> is a broad statement of what you hope to accomplish to make an impact. This one or two sentence goal is abstract and lofty.

<u>Objectives</u> operationalize the goal and make it measurable. Objectives are a clearly phrased measurable result that is expected to be achieved within a stated time frame. It answers the questions of who, where, how much, and by when. These objectives must be *Specific (S), Measurable/Observable (M), Achievable/Appropriate (A), Relevant/Realistic (R), and Time Based (T)* (*see How do you create goals and objectives?* in this section for more information).

While you can write a vision and mission for your strategy, it should not be confused with goals and objectives. A vision is an ideal image of what your community would look like if your strategy succeeds. A mission statement is more concrete and describes what the strategy aims to achieve and how changes will be made.14

What are different categories of objectives?

Two types of objectives

Process- describes the groundwork needed to achieve your outcome objectives. It describes what you are doing and how you will do it.

Outcome- describes changes in attitude, knowledge, behavior and long-term implications.

Outcome classifications

Outcome objectives can be classified into loose groups to help you structure your purpose. The following are not mutually exclusive or exhaustive:

- Changes in *individual behaviors.*
- Changes in *family behaviors.*
- Changes in *community behaviors.*
- Changes in *health status.*
- Changes in *knowledge* or *education.*
- Changes in the connections between *social capital*, social networks and support.
- Changes or implementation of in *policy, law, regulations, procedures* etc. Policy and laws can be on many different levels: school district, business, city, county, state, or federal.

<u>Time oriented objectives</u> (applicable both for process and outcome objectives):

Proximal – outcomes or events directly seen or more immediate (up to three years in the future).

Distal – outcomes or events farther out, more distant (three or more years in the future).

How do you create goals and objectives?[15]

1) Define or reaffirm your vision and mission statements.

2) Determine the changes to be made.

   Research what experts and literature in the field say about changing the conditions that contribute to the problem.

   Ask local experts (e.g., leaders from your agency and partner agencies, people who can contribute to changing the problem, people who experience the problem daily).

3) Gather baseline data on the issues.

   This informs you of the magnitude of the problem in your local region.

   Use existing data sets (See *Section 6: Data for Evaluation*).

   Collect your own data (See *Section 7: Collecting Your Own Data for Evaluation*).

4) Decide what is realistic to accomplish.

5) Write the objectives using the SMART format (see example below). There are multiple versions to this mnemonic device and some words are used interchangeably.

   • *Specific*

   Who, what change, how much, where, and when.

   Each objective should have one purpose and one end result.

   • *Measurable/Observable*

   There must be a visible tangible outcome to measure the objective.

   • *Achievable/Appropriate*

   Consideration of the population and culture.

   • *Relevant/Realistic*

   Can you realistically achieve these results given the resources you have (e.g., staff, budget, etc.)?

   Relevant to the mission of your organization or community.

   • *Time Based*

   By when will you achieve these results?

6) Review your objectives and edit as needed

   Are they SMART? Is the list complete?

What is an example of SMART objectives?

Objective	Increase percentage of youth in Metropolis attending afterschool activities from 60% to 85% by 2013.						
Breakdown	**Verb**	**Metric**	**Population**	**Object**	**Baseline Measurement**	**Goal Measure**	**Timeframe**
	Increase	Percent	Youth in Metropolis	Attend afterschool activities	60%	85%	By 2013

Adapted from the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention, Division of Tuberculosis Elimination.[16]

Case Example: Metropolis Goals and Objectives

Metropolis' Violence Prevention Task Force created their objectives based on data from the need and asset assessment and what they hope to achieve through the strategy.

<u>Goal</u>:

Decrease neighborhood violence and increase neighborhood safety at the community level through poverty reduction, social development, and youth development activities.

<u>Objectives:</u>

Process:

By 2012, the Violence Prevention Task Force will have met once a month for a period of two years.

Process and Outcome (Proximal):

By March 2010, 150 staff working in youth development will have received 50 hours of training each on youth development program design and management.

Outcome (Proximal):

Increase the percentage of youth in Metropolis attending afterschool activities from 60% to 85% by 2013.

Outcome (Distal):

By 2013, youth arrests for assaults per year will decrease by 10% from a baseline measurement of 560 arrests per year.

By 2013, youth arrests for rapes per year will have decreased 10% from a baseline measurement of 190 arrests per year.

By 2013, youth hospitalizations due to attempted suicide will decrease by 10% from a baseline measurement of 200 hospitalizations per year.

By 2013, the number of completed youth suicides will decrease by 10% from a baseline measurement of 14 completed suicides per year.

By 2013, the percentage of students threatened with violence at school will decrease from a baseline of 13% to 9%.

Evaluating Your City's Strategy

What is an evaluation plan?

The evaluation plan must be developed at the same time as that the strategy. It is critical that the plan specifies the strategy objectives, evaluation questions, indicators (or variables) for each objective, unit(s) of analysis, and the comparison group. The evaluation plan should also delineate who is responsible for each component and a timeline for data collection and analysis. A good plan gives you constant feedback on how well the strategy is being implemented and any successes or failures encountered.

When developing the plan, it is important to determine who will conduct the evaluation. Will an evaluation specialist be hired? Or, will the city designate an evaluation team that is familiar with the strategy? If an evaluation team is used, who will be the evaluation coordinator? There are pros and cons to these options and the decision depends on the individual circumstances. Also consider who will be responsible for gathering and analyzing the data.

Gathering data is another essential component. This will include collecting your own data (primary data) and/or gathering existing data (secondary data). This is explained more thoroughly in *Section 6: Data for Evaluation*. The evaluation plan should also include a schedule for data collection.

How do you translate objectives to evaluation questions?

The process and outcome objectives originally created for the strategy now serve as the basis for the evaluation questions. These questions ask how effectively the plan was implemented and if the proposed change moved in the expected direction. The results from the questions are analyzed to determine if the objectives were met. Your questions should be answerable and relevant to the strategy. A good evaluation question addresses important issues and concerns for the stakeholders. When designing the questions, consider how the answers will be used and if the data are regarded as credible.[3]

Below are some examples of evaluation questions:[1,3]

Strategy context

How does the strategy fit the needs of the community?

Who else is working on this issue?

Are key sectors, agencies, or individuals missing from the collaborative?

Strategy implementation

Is the strategy being implemented as intended?

Are there adequate resources to implement the strategy as intended?

Who is involved in carrying out the strategy?

Is the strategy affecting the target population?

Outcome

Are the objectives for the strategy being met?

Is the intended target audience benefiting from the strategy?

What are unintended outcomes of the strategy?

What are the successes in carrying out the strategy?

Is the issue the strategy addresses improving?

What indicators should I use?

Indicators are measurable data used to answer your evaluation questions. Indicators should be used when writing goals and objectives and refined when writing evaluation questions. Violence prevention and safety promotion strategies are often implemented at the neighborhood level. Several types of indicators can be useful for defining your neighborhood and evaluating a neighborhood level strategy. Examples of indicators are shown below.

> Sociodemographic: demographics, income level, educational level, and employment rates of the population.

> Economic activities: number of worksites and employee population.

> Community infrastructure/ social capital: public transportation services, schools, parks, libraries, community-based organizations and hospitals.

> School data: truancy rates, school drop out rates, and academic achievement rates.

> Health data: births, deaths, hospitalizations for assault, hospitalizations for sexual assault, hospitalizations for suicide, suicide victims and homicide victims.

> Crime activities (and gang activities if relevant): violent crimes, domestic violence, hate crimes, and other crimes.

> Policing/ police beats: number of officers, coverage of new geographic areas, and number of arrests.

> Land use and development patterns: new business districts, residential districts, tax incentives, pedestrian friendly streets, green spaces, owner occupied housing, renter occupied housing, public transit stops, and street lighting.

Adapted from Advancement Project Los Angeles, 2007.[17]

There are many different sources of data that can be used to find measurable indicators for an evaluation. This is discussed in further detail in *Section 6: Data for Evaluation*.

How do I use risk and protective factors in evaluations?

In violence prevention and safety promotion, risk and protective factors are useful indicators for evaluation. *Risk factors* are associated with increased violence among perpetrators and victims. However, risk factors are not necessarily the direct cause of violence. *Protective factors*, also referred to as resiliency factors,[18] provide individuals or the community a buffer from violence and threats to their safety.[19, 20, 21] Protective factors are associated with positive development despite adverse and unsafe circumstances.[18, 22]

Risk and protective indicators are chosen based on the level of the strategy you are evaluating. The chart below depicts different types of risk and protective factors at the individual, family, peer, and community levels. In evaluation, risk and protective factors are useful for measuring the progress towards reaching your city's goal. While reduction in violence is a long-term goal, you may be more likely to see changes in academic achievement or participation in social activities prior to seeing changes in violence. *Section 9: Resources* provides information on where to find existing tools to measure risk and protective factors.

Risk and Protective Factors at Different Levels[19, 23]

Levels	Risk Factors	Protective Factors
Individual	- Involvement with alcohol and/or drugs. - Emotional distress. - Exposure to violence. - Aggression. - History of victimization.	- Intolerance towards social deviance. - Academic achievement. - Religious involvement. - Attachment.
Family	- Low education and/or income. - Criminal activity. - Substance abuse. - Low level of family/ parent involvement.	- Connectedness with adults or family members. - Perceived high expectations regarding achievement.
Peer	- Low commitment to school. - Failure in school. - Association with delinquent peers. - Social rejection.	- Participation in social activities. - Dedicated to school.
Community	- Few economic opportunities. - Transient population. - Little community participation. - Overall low socioeconomic status.	- Connectedness. - Participation. - Community structure with established roles and responsibilities. - Resources. - Communication.

Case Example: Metropolis' Evaluation Plan

The Metropolis Violence Prevention Task Force developed an evaluation outlined in the chart below. The objectives for the strategy guided the development of the evaluation questions. The chart shows the indicators chosen, sources of information, person responsible, and specific data collected. The evaluation plan also includes the timeframes for data collection, types of data analysis conducted, and a timeline for reporting the results to stakeholders and the community.

Evaluation Questions (time frame)	Indicators	Source of Information (type of information)	Agency or Individual (s) Responsible	Data Collected	Data Analysis	Time Frame for Reporting
Is the Task Force effectively collaborating to carry out the strategy? (January 2010 – December 2013)	Sectors represented at Violence Prevention Task Force Meetings.	Meeting attendance rosters and minutes (primary, qualitative, and quantitative)	Mayor's Office	Names of agencies represented at each meeting. # of attendees # of meetings	Descriptive statistics.	Bi-annually (July and January)
Has youth development staff been trained? (January 2010 – March 2010)	Number of hours of training per staff member.	Staff training rosters (primary, quantitative)	Strategy Coordinator	# hours of training per staff member	Descriptive statistics.	April-May 2010
Is there increased youth engagement in youth development activities? (January 2010 – December 2013)	Attendance in afterschool programs.	Afterschool program rosters (primary, quantitative)	Organization running the afterschool programs (Vice Principals if applicable)	# of youth participating in afterschool programs	Descriptive statistics. Examine change in participation over time.	Annually (January)
Is there a decrease in assaults and rapes against youth? (January 2010 – December 2013)	Number of youth hospitalizations due to assaults and rapes. Number of youth arrested for assaults and rapes.	Hospital discharge data Police reports Juvenile justice Records Fatal and non-fatal injury data (secondary, quantitative)	Local hospitals Hospital association EPI Center Law enforcement Juvenile justice	# of youth hospitalizations for assaults and rapes. # of youth arrests for assault. # of youth arrests for attempted rape. # of youth arrests for completed rape. # of youth assaulted.	Compare incidence of each type of youth assault before and after the intervention.	Annually (January)
Is there a decrease in attempted and completed youth suicide? (January 2010 – December 2013)	Number of youth hospitalizations due to attempted suicide. Number of completed youth suicides.	Hospital discharge data Fatal and non-fatal injury data Vital records data (secondary, quantitative)	Local hospitals Hospital association EPI Center Coroner's office/ medical examiner Health department	# of youth hospitalizations for attempted suicide. # of attempted youth suicides. # of completed youth suicides.	Compare incidence of youth hospitalizations for attempted suicide before and after the intervention Compare incidence of attempted and completed youth suicides before and after the intervention.	Annually (January)
Is there increased safety in schools? (January 2010 – December 2013)	Proportion of students threatened with violence at school	YRBSS (secondary, quantitative)	National Center for Chronic Disease Prevention and Health Promotion	# of students threatened with violence at school # of students surveyed.	Compare proportion of threatened students before and after the intervention.	February 2014

What is my unit of analysis?

Is the unit of analysis the city? A neighborhood? Both are valid units. The units of analyses are based on the level of impact you want to achieve through your strategy. The decision is also informed in part by the units of relevant data available and collected. Smaller units (e.g., at the program level, at the individual level) can always be aggregated into a bigger unit or geographic area for analysis. For example, the aggregate number of youth in an area that has successfully migrated out of the juvenile justice system or out of gangs can be compared to the number in another geographic area. The risk and protective factors chart depicts different levels for units of analysis. Often, you need to have more than one unit of analysis. For example, even though the main unit of interest is the city or community, individual analysis may also be useful.

What is the purpose of a comparison group?

Rigorous evaluation includes a comparison group. The impact of the strategy is assessed by comparing outcomes of those receiving the strategy (intervention group) with outcomes of those not subject to the strategy (comparison or control group). If the two groups' outcomes differ in the expected way (e.g., youth arrests decrease in intervention neighborhood but not in comparison neighborhood), the evaluator can presume the difference was caused by the strategy. Only in a true randomized experimental design can you be certain that the observed outcomes are due to your strategy. Since using randomization in violence prevention strategy is nearly impossible, consider the role that outside influences have in complicating your outcomes.

To limit the influence of other factors, comparison group should be similar to the intervention group in critical ways (e.g., demographic composition like socioeconomic status or race/ethnicity). It is also important to ensure that relevant data for the two groups are available. If a control group is not possible, the intervention group's outcomes can be compared to state or national data. Or outcomes can be analyzed overtime (multiple times before implementation and once implemented).

Data for Evaluation

What is primary and secondary data?

Both primary and secondary data are used in setting objectives and in measuring if the objectives were met.

Overview of Primary and Secondary Data

	Primary	Secondary
Definition	Original data collect directly from individuals or groups.	Existing data about aspects relating to the strategy.
Strengths	Measure specific concepts (e.g., health attitudes, knowledge). Measure implementation of strategies or programs (e.g., interviews with program staff). Tailor to the target population (e.g., culturally appropriate).	Easy. Cheaper. Less resource and time intensive. Often tested for reliability and validity.
Limitations	Expensive. Resource and time intensive.	Information wanted may not exist Little or no control of quality (e.g., incompleteness, inaccuracy). Inconsistency if the definition of measurements or method of collection changes over time.
Examples	Self-administered surveys. Personal interviews. Observations. Focus Groups.	Vital statistics (e.g., mortality). National data sets (e.g., YRBSS). Medical records (e.g., hospitalization). Law enforcements (e.g., arrests).

Adapted from Grembowski, 2001.[2]

For more information about primary data collection, see *Section 7: Collecting Your Own Data for Evaluation.*

What is quantitative and qualitative data?

Quantitative and qualitative data complement one another and both are needed for a comprehensive strategy evaluation.

Overview of Quantitative and Qualitative Data

	Quantitative	Qualitative
Definition	Specific numeric data.	Open ended subjective narratives of personal experiences.
Strengths	Deductive reasoning. Sometimes more objective. Often already available.	Hypothesis and theme generating. Creativity and spontaneity. Sample size often not a concern. Identify unintended consequences of the strategy.
Limitations	Large sample size important to draw accurate conclusions.	More difficult and time consuming to analyze.
Examples	Number of aggravated assaults in a particular community over a certain period of time.	Community feedback. Observation. Interviews. Documents reviews. Focus groups.

Where can I find secondary data?

There are many sources of state and national data available for public use, see list below. The data can be on a local or aggregate level. County and city departments, such as the health department, police department and school districts, also collect local data.

State and National Sources of Data

California	
California Department of Finance	www.dof.ca.gov/Research/Research.ph
California Dept. of Public Health: Epidemiology and Prevention for Injury Control Center (EPICenter)	www.applications.dhs.ca.gov/epicdata/
California Health Interview Survey (CHIS)	www.chis.ucla.edu/
California Office of the Attorney General's Crime and Violence Prevention Center	www.safestate.org/index.cfm
California Office of the Attorney General	www.ag.ca.gov/
United States	
Bureau of Justice Statistics	www.ojp.usdoj.gov/bjs/
Centers for Disease Control – Behavioral Risk Factor Survey System (BRFSS)	www.cdc.gov/brfss/
Centers for Disease Control - Youth Risk Behavior Surveillance System (YRBSS)	www.cdc.gov/HealthyYouth/yrbs/data/index.htm
Centers for Disease Control, National Center for Health Statistics – National Health Interview Survey (NHIS)	www.cdc.gov/nchs/nhis.htm
Department of Justice	www.usdoj.gov/
National Center for Juvenile Justice Compendium of National Juvenile Justice Data Sets	www.ojjdp.ncjrs.org/ojstatbb/Compendium/
Office of Juvenile Justice and Delinquency Prevention	www.ojjdp.ncjrs.org/
United States Census Bureau	www.census.gov/

Metropolis Youth Violence Prevention Strategy Timeline

In addition to the evaluation plan, a timeline was also developed to guide the evaluation. The timeline below is for the first sixteen months of the strategy. Ideally, Metropolis would have a timeline of activities for the entire three year period. Time is allotted for preparing data collection tools, primary and secondary data collection, data analysis, and dissemination. Some evaluation activities, like data collection, continue throughout the year. The data will be analyzed and results reported three times during the year: following staff training, halfway through each year, and at the end of each year. This timeline is very simple. However, your timeline can be as detailed as needed. You can have separate timelines for each program in your strategy as well as one for the overall strategy.

Metropolis' Evaluation Timeline	2009		2010												2011	
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F
ACTIVITIES																
Youth Development Task Force Meetings			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
City Partner Violence Prevention Meetings			▓			▓			▓			▓			▓	
Training of Youth Development Staff			▓	▓												
Apprenticeship Programs			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
Afterschool Programs			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
Team Sports Programs			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
EVALUATION																
Develop Data Collection Tools	▓	▓														
Data Collection			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
YDTF Meeting Rosters			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
CPYVP Meeting Rosters			▓			▓			▓			▓			▓	
Pretest YD Staff			▓													
Posttest YD Staff					▓											
YD Staff Training Hours			▓	▓												
Employer Apprenticeship Surveys													▓			
Afterschool Program Rosters			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
Team Sports Rosters			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
Gather PD Data	▓	▓													▓	▓
Gather YRBSS Data	▓	▓													▓	▓
Gather Health Data	▓	▓													▓	▓
Gather GIS Data	▓	▓													▓	▓
Data analysis	▓	▓				▓			▓						▓	▓
Reporting/Dissemination of Results															▓	▓

What is GIS?

Geographic Information Systems (GIS) are tools that display data spatially. Spatial data can detect patterns of violence as well as risk and protective factors within a city. Maps can provide information at the street address, zip code, census bloc, census tract, county, district, or state level. Some of the sources of data mentioned earlier already contain geocoded (or map coordinate) information.

Geographic data can be mapped using GIS software such as ArcView, Maptitude, MapInfo, or other appropriate software. With GIS software, spatial data files can be used to generate maps. There are often departments and people within the city who are already familiar with using this software. For example, the department of transportation, the police department, or emergency services may already be using GIS for their purposes. Also, there are web-based GIS programs that can be easily used without special training or expertise in GIS.

How can my city use GIS?

Maps generated by GIS can help to identify changes over time that may be related to your strategy. Maps can also be helpful in determining focus areas for your strategy or forming objectives and evaluation questions. Strategy outcomes can be mapped at multiple points in time for comparison. It is also possible to compare areas where the strategy was implemented with areas where the strategy was not implemented.

Can I use GIS if I do not have a GIS specialist available or GIS software?

There are some free web-based GIS programs to create basic maps online. Below are some user-friendly systems that are currently available to the public. GIS is a rapidly changing field so there may be new programs for your community not listed here.

National Center for Health Statistics, GIS and Public Health: The CDC has an online system that allows users to map injury mortality data at the national and state level. Users can make maps using homicide, suicide, and firearm data as well as other types of data.

www.cdc.gov/nchs/gis.htm

SMART: The Socioeconomic Mapping and Resource Topography System (SMART) is an online GIS technology developed by the Office of Juvenile Justice and Delinquency Prevention. Using this system, you can generate maps at the state, county, or census tract level. You can also examine risk factors and the presence or absence of community resources.

http://smart.gismapping.info/smart/default.aspx

US Census: The US Census has an online system called the TIGER Map Server which allows users to map census data within the United States. Demographic information such as age groups, income levels, population density and race/ethnicity can be mapped.

http://tiger.census.gov/cgi-bin/mapbrowse-tbl

Healthy City Project: The Healthy City Project, developed by the Healthy City Partnership in Los Angeles, is an online system that allows users to map demographic information, social services, and health statistics for neighborhoods within Los Angeles County.

www.healthycity.org/

We have GIS software and the expertise to make maps. Where can we get the data we need for mapping?

Most GIS software comes with spatial data files that have boundaries, roads, rivers, lakes, and other geographic features. Spatial data with boundaries can also be downloaded from the web. Data relevant to violence prevention that has geographic information such as addresses, census tract, census block and zip codes can be linked to a shapefile and then used to make maps of desired indicators.

Two types of data files: When using GIS software, the two main types of data files used are shapefiles and personal geodatabase files. A shapefile is a map file. They are often available for boundaries such as states, counties, districts, census tracts, census blocks, and zip codes. There are also shapefiles for roads, rivers, lakes, and other types of geographic features. Multiple shapefiles can be used together forming layers within a map. Shapefiles are the most commonly used spatial data and have a .shp file extension. They also have accompanying index files with .sbx, .sbn, shx, and .dbf extensions that are stored with the .shp file. Another type of spatial data file is a Microsoft Access personal geodatabase. This type of file can hold spatial data for multiple map layers and has a .mdb extension.[24]

US Census Bureau: TIGER files are spatial data files containing boundaries that can be downloaded from the US Census Bureau. The US Census Bureau also has downloadable census data such as demographic information, housing data, geographic, and economic data. The files containing useful data collected from the US Census are called Summary File 1 (SF1) or Summary File 3 (SF3). The SF1 files are from the short-form census data collection and SF3 files are from the long-form census data collection. These data files, and other files, can often be linked with spatial data files and mapped using GIS soft-

ware. Often times zip codes, census tract, or census bloc information are used to link social or demographic files to .shp files for mapping.[24]

Local agencies in your city: Police departments, departments of transportation, health departments, and other departments often have data that can be mapped by linking address information to spatial data files and then used to create GIS maps for evaluation.

Case Example: GIS

Metropolis used GIS mapping for both the needs assessment and for evaluating the effectiveness of the strategy. For the needs assessment, Metropolis prepared city maps of violent crime and homicide with street names, zip codes, and schools overlaid. Using the maps, the Task Force was able to identify areas with high levels of youth violence to target as part of the city-wide strategy.

GIS was also used in evaluating Metropolis' strategy. The maps of violent crime and homicide from the needs assessment were displayed with the corresponding maps prepared following implementation. The Task Force could see a small reduction in violent crime in the areas targeted, but other areas in the city needed attention as well.

A newspaper reporter for the Metropolis Gazette took an interest in the youth violence prevention strategy and evaluation. As a result, the reporter obtained the support of the newspaper and city agencies to create an interactive online mapping system online. This can be used by the public for mapping homicides and violent crimes in Metropolis, similar to the Los Angeles Times homicide blog (http://latimesblogs.latimes.com/homicidereport/).
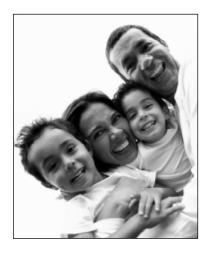

What is a data workgroup?

A data workgroup or a data collaborative meets regularly to share data among different city departments. Data analysts as well as owners of relevant data banks should be active members. The workgroup members should include experts in violence prevention, youth development, criminal justice, GIS, epidemiology, and other public health disciplines. In addition, it should include those responsible for community or school surveys.

The workgroup members have the responsibility to own, centralize, build, and manage the diverse data sets. Another important task is to standardized definitions of health and safety terms relevant to the strategy. This is important because agencies often have different definitions. For example, law enforcement often includes data pertaining only to criminal acts, which excludes suicide and accidental gun discharge. The health department or vital statistics department records all deaths by cause, regardless of criminal intent and therefore may report a higher number of total deaths. Another example is different definitions of a "gang member" and a "gang related crime." Does "gang related" include only incidents where gang interests were the precipitating cause? Or any criminal activity in which a gang member is involved?

The workgroup addresses issues of active and passive data surveillance and linkage of data sets. The workgroup should also develop a secured electronic data warehouse that can be accessed by multiple agencies. In the process of conducting the evaluation, you may find it difficult to obtain good quality and consistent data. The workgroup can determine gaps in data and identify new strategies for collection. Improving data quality may be an important strategy component and a task for the workgroup. The workgroup aids in the development and implementation of the evaluation plan, such as identifying pertinent indicators or data elements.

Collecting Your Own Data for Evaluation

What do I do when the information does not exist?

While using existing data often is easiest and cheapest, sometimes the information you want does not exist. Therefore, you will need to adapt, or create tools to collect the specific data of interest. Collecting your own data takes time, money and additional resources. Make sure you plan ahead and only collect information you will use.

The methodology and instrumentation will vary depending if you want qualitative or quantitative data. How you choose to measure your indicators dictates the type and quality of data you collect and your ability to make inferences about your strategy. Often it is most effective to use a variety of collection methods as described below. It is also important to determine if you will collect the data once or multiple times. A cross-sectional survey describes the strategy, activities, or behaviors at one point in time. A longitudinal survey collects data at two or more points in time.[2]

Using or adapting existing qualitative and quantitative measurements

Rather than creating new measurements from scratch, you can adapt or use existing ones. There are many tools that have been previously used to measure aspects of neighborhood and personal safety, violence prevention, and behaviors. The surveys have to be used exactly as is to retain their reliability and validity. *Reliability* of a measure is the extent it produces the same results when used repeatedly to measure the same thing.[3] For example, a highly reliable measurement is when the same person takes a survey (within a reasonable time interval), and scores the same on each question. *Validity* is the degree to which an indicator actually measures the outcome it is intended to measure. Reliability, a prerequisite for validity, is generally easier to measure. If these assessments are not a concern, then you can adapt surveys by changing the order or adding your own questions.

CDC created a helpful collection of surveys for the *Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools*. The Compendium contains more than 170 survey instruments used to assess peer, family and community influences of violence. Topics include conflict resolution strategies, social and emotional competencies, aggressive fantasies and prosocial behaviors. The target population ranges from five to 24 years old, depending on the specific instrument. To obtain a copy, visit: http://www.cdc.gov/ncipc/pub-res/measure.htm

What are methods of qualitative and quantitative data measurements?

Two main methods of data collection are self administered and interview administered. Self administered includes paper-and-pencil, mailed and Internet surveys; interview administered includes in-person and telephone interviews. Depending on how the questions are worded, they can be qualitative or quantitative data, or both. As shown on the following page, each mode has advantages and disadvantages and therefore it is helpful to use a combination.

Overview of Quantitative and Qualitative Data

Method	Advantages	Disadvantages
Self-administered (e.g., Paper-and-pencil, Internet, Mailed)	Cheaper. More anonymity. Less potential for socially acceptable responses. Easy to reach a larger population quickly and cheaply (Internet). Respondents are free to answer in their own time (Internet). Less selection bias.	Less control over quality of data. Poorer response rate. Delayed response attainment (especially for mailed). Dependent on respondent's reading level. Unable to ensure the person who fills out survey is the intended person. Sometimes hard to calculate how many people could have responded but did not. Difficult to reach certain target populations, (e.g., minimal reading ability and/or lack of Internet).
Interview administered (e.g., Telephone, In-person)	More control over interview quality. Greater response rate. Immediate response attainment. Ability to use visual materials. Less selection bias (in-person).	More expensive (especially in-person). Less anonymity. More potential for socially acceptable responses. Requires trained interviewers. More selection bias (e.g., people without telephones do not get included).

A note on survey design

Survey (written or Internet) is a frequently used method of data collection. The surveys should be simple, straight forward and for most purposes, one to two pages. It is essential to pilot test your survey with a similar population before conducting the final survey. However, designing an effective survey is complex and Universities teach semester long classes on the subject. To maximize results, work with someone who has the expertise and consult the references listed in Section 9: Resources.

A note on sampling

When surveying, it is nearly impossible to contact everyone in your target population, assuming you have a large number. Therefore, *sampling* is recommended. This is when you systemically select cases or individual in the target population. This makes your results more likely to be generalized to the larger population from which they were selected.[25] Sampling and ensuring the right sample size is complex, so work with an expert in the area.

Analyzing Data and Reporting Findings

What do I do with the data collected?

Once you have primary or secondary data, information can be gleaned from the findings and disseminated. It is important to include how the findings will be used in the overall evaluation plan. If you anticipate some data will not be fully utilized, rethink collecting it initially.[26] Early in the evaluation process, you should include a plan on how the data will be analyzed and applied.

How do you analyze the data collected?

Data analysis depends on if is qualitative or quantitative and often, there is a mixture of both. Depending on your skills and the purpose of the evaluation, data analysis can be basic or advanced. If you or your department are lacking strong statistical skills, you can partner with you city's data workgroup, or agencies, departments and universities that have the skills. For example, you can team up with your local Public Health Department.

How do you analyze quantitative data?

Analyzing data adds meaning to numbers. For example, cities can examine if there has been a positive or negative change in the number of juvenile arrests from the previous year. Or, a city can compare the number of juvenile arrests with other cities that have similar characteristics. Data can be compared to the observed values at baseline and monthly average values can be analyzed to see changes overtime.[1] There are two general types of statistics: descriptive and analytical. A summary of both are below, however for more information consult *Section 9: Resources*.

Descriptive

Descriptive statistics are basic calculations and descriptions of data. The three fundamental calculations are the mean (average), mode (value most often repeated), and median (middle value of a data set). The standard deviation is the average distance between the data points and the mean, or the spread of the points from the mean.[25] A smaller standard deviation means the data points are centered closely to the mean. Creating graphs, charts and frequency tables help visually explain the data.

Analytical

Analytical statistics are more complex and usually involve someone with a statistical background. The outcomes provide more precise answers regarding the effectiveness of the strategy. For example, you can determine if there is a significant difference in outcomes as compared to before the strategy or to another population without the strategy. Statistical significance is the level of confidence that your analysis would produce the same results using another sample from the same population. Thus, chance alone does not explain the results; rather there is a difference between the populations with and without the strategy. Using specific statistical tests, you can measure the association between and among variables. Consult a specialist or your city's data workgroup for more assistance.

What software can I use?

Your department or other city departments probably already use a statistical package to assist in data analysis. Microsoft Excel, or an advanced calculator, is helpful for many of the simpler analyses. For more complex analyses, use an advanced statistical packages such as SPSS (Statistical Package for the Social Sciences) and SAS (Statistical Analysis Software). For more information, visit www.spss.com and www.sas.com. There are a number of other statistical packages as well.

How do you analyze qualitative data?

Qualitative data are more time consuming to analyze than quantitative data. The extent of your analysis depends on the amount of data you collected. Often the information gleaned are sorted into themes and described in a written report summarizing the outcomes. Qualitative data can also be coded, assigned a numerical value, and analyzed using a mix of quantitative and qualitative analysis. This is done through content analysis or systemically identifying themes.[25]

Case Example: Findings from the Evaluation

Throughout the three year strategy and evaluation process, Metropolis collected indicator data. Some of the objectives were met and others could be improved. The chart shown outlines the findings based on the selected indicators.

Indicators	Outcome
Attendance at monthly Violence Prevention Task Force Meetings.	Attendance was overall consistent, although some drops in attendance around the holidays were noticeable.
Representation of all sectors at the Violence Prevention Task Force Meetings	10% of the sectors in the city were involved superficially in the collaborative; 50% of the city sectors were involved to a large extent.
Number of hours of training per staff member.	85% of staff received 10 hours of training; 10% received 7 hours; 5% received 4 hours.
Attendance in afterschool programs	There was a statistically significant increase in attendance in afterschool programs.
Number of youth hospitalizations for assault.	There was a small but statistically significant decrease in the number of youth hospitalized for assault.
Number of youth hospitalizations for rape.	There was a small but statistically significant decrease in the number of youth hospitalized for rape.
Number of youth arrested for assault	There was no change in the number of youth arrested for assault.
Number of youth arrested for rape	There was a small increase in the number of youth arrested for rape, but not statistically significant.
Number of youth hospitalizations due to attempted suicide.	There was a moderate statistically significant decrease in the number of youth hospitalized for attempted suicide.
Number of completed youth suicides	There was a small decrease in the number of completed youth suicides, but not statistically significant.
Proportion of students threatened with violence at school.	There was a decrease, though not statistically significant, in students threatened with violence at school.

How do you report your findings?

Your findings and research are only valuable and useful if you share with your stakeholders and other key groups. While reporting your findings at the end of the evaluation is extremely important, you should also circulate interim or preliminary findings throughout the evaluation process.

Developing recommendations

The findings from the evaluation do not specify whether or how a strategy should be changed.[2] However, based on the results, the evaluators can make recommendations to improve the effectiveness and/or efficiency of the strategy. Recommendations take the findings from the evaluation and translate them into action statements that specify how to improve the strategy.[2]

Recommendations should be:[2]

- *Defensible* by directly connecting the recommendations to the evaluation findings.
- *Targeted* by clearly delineating who is responsible for every action item.
- *Specific* by containing one idea per recommendation and organized into tasks or actions.

- *Realistic* because recommendations are more likely to be implemented if they are feasible.
- *Simple* because recommendations are often easier to comprehend if articulated clearly.

Helpful guidelines for developing recommendations:[2]

- *Invest time* into developing the recommendations. While the evaluation findings are important, the stakeholders also want to see well written recommendations.
- Develop draft recommendations *early* in the evaluation process and revise them as you progress.
- Propose a *wide variety of recommendations* based on the diverse issues and findings from the evaluation.
- *Work closely with stakeholders* by soliciting input and sharing draft recommendations.
- *Describe expected benefits and costs* including resources needed and the process for implementation.
- Decide if the recommendation should be *incremental or fundamental* change. Completely restructuring the strategy is often complex and politically risky. A series of incremental changes may be more realistic.

Case Example: Recommendations

Based on the evaluation and continual conversations with stakeholders, the Task Force developed a series of recommendations.

Recommendations specific to the objectives:
- Continue to provide ongoing staff training on youth development.
- Explore possibility of using Internet-based staff training.
- Increase job skills training for youth entering the apprenticeship program.
- Expand and allocate resources for the apprenticeship program.
- Expand team sports to all neighborhoods and subsidize the registration fee.
- Increase funding for afterschool programs by building on existing programs and resources.

Recommendations for the overall strategy:
- Continue to work towards standardized data definitions, collection, and sharing.
- Collect data and research on emerging trends such as girls and violent behavior, the impact and exposure to violence on child and youth development.
- Pass policies in Metropolis that prioritize youth hiring and contracting practices.
- Focus on maximizing services to at risk youth and their families.
- Involve youth and communities in all phases of assessment, planning, implementation and evaluations.
- Continue to utilize existing community networks, councils, and collaboratives when possible.

Adapted from Advancement Project Los Angeles, 2007.[17]

The format on which you report your findings depends on your audience. A research report is more appropriate for academic or professional audiences. Community organizations might receive a visual presentation and a written summary. Using current Internet technology, multimedia items can be posted on blogs, and social networking sites. A one page executive summary should be created with background of the strategy, the evaluation findings and recommendations. Below is a description of different types of reports and their suggested audiences.

Reports for Different Audiences[27]

Type of Report	Description of Report	Audience
Technical reports	Detailed report on a single issue, such as a small study with one or two sample groups.	Funding agencies, program administrators, advisory committee.
Newsletters, opinion pieces in newspapers	Written with the target audience of the medium in mind. Some magazines and papers target specific populations. Focuses on two or three quick points	Program administrators, board members and trustees, program staff, political bodies, community groups, current clients, potential clients, program service providers, organizations interested in program content.
News release and/or press conference	Gathering with the media with the purpose of releasing specific information and findings.	Program administrators, the media, wide distribution of simplified information
Staff workshop	An interactive presentation for your group, coalition staff and volunteers.	Program administrators, program staff, program service providers.
Personal discussion	Sitting face-to-face to discuss evaluation findings with an individual or small group.	Funding agencies, program administrators, program staff, program service providers.
Public meeting	A gathering open to the public where more general evaluation findings are released in a clear and simple manner. Usually time is set aside for open discussion.	Community groups, current clients, the media.

Case Example: Conclusion

Throughout the three year period, the Metropolis Violence Prevention Task Force has been busy implementing and evaluating their strategy. Their ultimate goal is to decrease youth violence and increase neighborhood safety at the community level through youth development, poverty reduction, and social development activities.

The Task Force included stakeholders from diverse sectors of the city. They first conducted a needs and asset assessment to identify areas in the city where the strategy and evaluation should focus. The Task Force created a logic and impact model to present their strategy visually with proximal and distal outcomes. Based on their findings, the taskforce developed a series of objectives to measure their progress.

These objectives were then converted into evaluation questions. Using the questions, they identified indicators, sources of information, methods of data collection, and developed a timeline for their evaluation activities. As data were collected, they were analyzed and synthesized for reporting. Throughout the evaluation process, the Task Force continually developed recommendations, reported their findings, and made adjustments to the strategy. Overall, they found parts of the strategy effective and recommended expanding those aspects. As for components of the strategy found to be less effective, the Task Force recommended methods for improvements. For example, the strategy should also include policies in Metropolis that prioritize youth hiring and contracting practices. Since violence prevention is a long term goal, Metropolis will continue to implement their strategy and evaluate it periodically.

Resources*

Books on Evaluation

Grembowski E. *The Practice of Health Program Evaluation.* Thousand Oaks, CA; Sage Publications, Inc. 2001.

Hoyle RH, Harris MJ, Judd CM. *Research Methods in Social Relations.* Thomas Learning, Inc. 2002.

McKnight JL, Kretzmann JP. Mapping community capacity. In: Minkler M. ed. *Community Organizing and Community Building for Health.* 4th ed. New Brunswick, New Jersey: Rutgers University Press; 2002: 157-172.

Rossi PH, Lipsey MW, Freeman HE. *Evaluation: A Systematic Approach.* 7th ed. Thousand Oaks, CA: Sage Publications, Inc. 2004.

Books on Survey Design and Focus Groups

Aday L. and Cornelius LJ. *Designing and Conducting Health Surveys: A Comprehensive Guide.* 3rd ed. San Francisco, CA; Jossey-Bass. 2006.

Bourque LB and Fielder EP. *How to Conduct Self-Administered and Mail Surveys.* 2nd ed. Thousand Oaks, CA; Sage Publications, Inc. 2003.

Bourque LB and Fielder EP. *How to Conduct Telephone Surveys.* 2nd ed. Thousand Oaks, CA; Sage Publications, Inc. 2003.

Fink A. *How to Report on Surveys.* 2nd ed. Thousand Oaks, CA; Sage Publications, Inc. 2003.

Krueger RA. *Focus Groups: A Practical Guide for Applied Research.* 2nd ed. Thousand Oaks, CA; Sage Publications, Inc. 1994.

Evaluation Resources on the World Wide Web

Community Tool Box, http://ctb.ku.edu/en/
The Community Tool Box is a resource developed by a team, including the Community Health and Development Work Group, at University of Kansas. This website serves as a practical resource for communities carrying out community health and development programs. The Box provides information on skill development, problem solving, program planning and best practices regarding community health and development projects.

Relevant Web Links:

- Chapter 36. Introduction to Evaluation, Available at: http://ctb.ku.edu/en/tablecontents/chapter_1036.htm
- Chapter 37. Some Operations in Evaluation Community Intervention, Available at: http://ctb.ku.edu/en/tablecontents/chapter_1038.htm
- Chapter 38. Some Methods for Evaluating Comprehensive Community Initiatives, Available at: http://ctb.ku.edu/en/tablecontents/chapter_1039.htm
- Chapter 39. Using Evaluation to Understand and Improve the Initiative, Available at: http://ctb.ku.edu/en/tablecontents/chapter_1047.htm

CDC Evaluation Working Group, www.cdc.gov/eval/index.htm
This CDC website features information and resources that summarizes and organizes basic elements related to program evaluation. In the late 1990's the CDC formed an Evaluation Working Group that developed a framework for program evaluation. This website includes the framework and guidance on how to apply the framework.

Relevant Document:

- U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. *Introduction to program evaluation for public health programs: A self-study guide.* Atlanta, GA: Centers for Disease Control and Prevention, 2005. Available at (PDF): www.cdc.gov/eval/evalguide.pdf

*As the Internet is constantly in flux, the URL addresses listed may no longer be functioning.

CDC National Center for Injury Prevention and Control, www.cdc.gov/ncipc/dvp/dvp.htm
The website contains links to information on youth violence, school violence, intimate partner violence as well as other forms of violence. There is also a list of resources on best practices for violence prevention.

Relevant Document:

• Dahlberg LL, Toal SB, Swahn M, Behrens CB. *Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools.* 2nd ed., Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2005. Available at (PDF): www.cdc.gov/ncipc/pub-res/measure.htm

University of Wisconsin-Extension, Program Development and Evaluation, www.uwex.edu/ces/pdande/index.html
This website provides guidance and resources for program evaluation. This website has information on evaluation publications, developing logic models, evaluation tools, and other aspects of evaluation. It also has links to on-line evaluation courses, evaluation booklets, and evaluation worksheets. Additionally, it contains information on professional development opportunities in evaluation and related areas.

Relevant documents:

• Taylor-Powell E. Questionnaire design: asking questions with a purpose. Program Development and Evaluation. Available at: http://learningstore.uwex.edu/Questionnaire-Design-Asking-Questions-with-a-Purpose-P1028C0.aspx
• Taylor-Powell E, Steele S, Douglah M. Planning a Program Evaluation. University of Wisconsin Cooperative Extension. February 1996. Available at: http://learningstore.uwex.edu/Planning-a-Program-Evaluation--P1033C0.aspx

Promising Violence Prevention Strategies

Advancement Project, Los Angeles: www.advanceproj.org/
In November 2005, the Los Angeles City Council released an RFQ for an outside consultant to develop a comprehensive citywide gang reduction strategy. The Advancement Project proposed, and the City accepted, a three phase Gang Activity Reduction Strategy Project to be carried out over a nine-month period, from March 29 to December 29, 2006. The final report was presented to the Ad Hoc Committee but was never presented to or accepted by the full city council.

Relevant documents:

• Executive Summary, Citywide Gang Activity Strategy,
Available at (PDF):: www.advanceproj.org/doc/p3_exec_summ.pdf
• Final Report, Citywide Gang Activity Reduction Strategy,
Available at (PDF): www.advanceproj.org/doc/p3_report.pdf

A Lifetime Commitment to Violence Prevention, The Alameda County Blueprint, www.preventioninstitute.org/alameda.html
The Alameda County Blueprint, adopted by the Alameda County Board of Supervisors in July 2005, is a comprehensive violence prevention plan designed to reduce all forms of violence affecting county communities and families. This Blueprint is a framework to identify the range of roles and partnerships in which all of stakeholders can engage in activities that will prevent violence in all its forms. The Blueprint initiative began in 2003 with support from public and private funders, cities, school districts, county agencies, law enforcement, faith based groups, businesses, and community based organizations.

Relevant documents:

• Overview, The Alameda County Blueprint, Available at (PDF):
www.preventioninstitute.org/pdf/AC_VP_Blueprint_7_06_05_Overview.pdf
• Final Report, The Alameda County Blueprint, Available at (PDF): www.preventioninstitute.org/pdf/AC_VP_Blueprint_7_1_05.pdf

The Baltimore City Gang Violence Reduction Plan, www.jhsph.edu/preventyouthviolence

The Baltimore Gang Violence Reduction Plan was developed by city stakeholders to address the problem of gang violence. In developing the Plan, stakeholders learned that adequate data were not available for a comprehensive assessment of the problem. As a result, data collection was included as a part of the Plan. The Plan takes into account the violence prevention approaches of public health and law enforcement and uses the Office of Juvenile Justice and Delinquency Prevention's Comprehensive Gang Model.

Relevant documents:

- Reduction Plan Final Report, Available at (PDF): http://www.jhsph.edu/preventyouthviolence/ images/FINALGANGSTRATEGY.pdf
- Reduction Plan Appendixes, Available at (PDF): http://www.jhsph.edu/preventyouthviolence/ images/GangStrategyRoster.pdf

The Boston Gun Project: Operation Ceasefire, www.hks.harvard.edu/criminaljustice/research/ bgp.htm
The Boston Gun Project addressed gun violence through a comprehensive approach that included changes in policing and a qualitative and quantitative assessment on youth violence. Government agencies and city partners formed the Boston Gun Project Working Group in response to high rates of violence in Boston during the late 1980s and early 1990s. In 1996 The Working Group implemented the Operation Ceasefire intervention that focused criminal justice attention to the small group of gang youth who were committing a majority of the crimes. Operation Ceasefire intervention in Boston was evaluated and found to be associated with a reduction in youth violence.

Relevant documents:

- Final Report, Reducing Gun Violence: The Boston Gun Project's Operation Ceasefire, Available at (PDF): www.ncjrs.gov/pdffiles1/nij/188741.pdf
- Policy Brief, Creating an Effective Foundation to Prevent Youth Violence: Lessons Learned from Boston in the 1990's, Available at (PDF): www.ksg. harvard.edu/rappaport/downloads/policybriefs/ brief_tenpoint.pdf

San Bernardino, Operation Phoenix, www.ci.san-bernardino.ca.us/depts/mayor/operation_phoenix/ operation_phoenix_homepage.asp
Operation Phoenix is a strategy led by the Mayor's Office aimed to fight crime and violence in San Bernardino, California. The vision for Operation Phoenix is "Suppression, Intervention, and Prevention. These are the pillars upon which we will re-build our city out of the ashes of crime and violence, and into a shining example of peace, prosperity, and renewal." For the prevention approach, some of the community development activities include a healthy babies initiative, childcare programs, vocational training, afterschool programs and a police-sponsored activities league. There has been some evaluation of this strategy as described in the power point presentation posted on the Operation Phoenix website.

Relevant document:

- 2007 Presentation to Mayor Available at (PDF): http://www.ci.san-bernardino.ca.us/civica/filebank/ blobdload.asp?BlobID=4409

Salinas, Safe Schools Healthy Students (SS/HS) http://www.monterey.k12.ca.us/~suhsvlsh/index. html
Salinas is currently collaborating with city partners (e.g., parks and recreation, teachers, parents, and others) in implementing a violence prevention strategy. This strategy aims to prevent violence and drug abuse and improve childhood through improved mental health, educational, law enforcement, and probation services among others. To evaluate this program, Salinas is measuring social, educational, and violence-related outcomes. The evaluation specifically aims to measure the extent to which collaborators in the partnership are working together. The evaluation is also assessing the contribution of the leadership council and its members. Additionally, the evaluation includes a plan to monitor the progress that Salinas is making towards reaching their long-term goals. Salinas plans to consolidate the data collected and disseminate the findings to key stakeholders.

UNITY (Urban Networks to Increase Thriving Youth through Violence Prevention) www.preventioninstitute.org/UNITY.html
UNITY is designed to strengthen urban youth violence prevention. By building national support and consensus, UNITY will develop sustainable public health approaches to preventing youth violence. UNITY will bring together young people, representatives of the nation's largest cities, and national violence prevention advocates and leaders, as part of a National Consortium to shape the U.S. strategy for urban youth violence prevention. UNITY will also provide tools, training, and technical assistance to help cities be more effective in preventing youth violence.

Based on the needs cities identified, UNITY is developing a framework called the *UNITY RoadMap*. It delineates the range of elements to help cities be more effective in preventing violence and sustaining these efforts. Input along the way from city representatives has helped shape and refine it. The *UNITY RoadMap* points cities in the direction of preventing violence before it occurs. It helps describe a city's starting point and can help map out solutions to effective and sustainable violence prevention.

Directories of Model Programs and Strategies

Helping America's Youth, http://guide.helpingamericasyouth.gov/programtool.cfm

Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide, www.dsgonline.com/mpg2.5/mpg_index.htm

National Registry of Evidence-based Programs and Practices (NREPP), www.nrepp.samhsa.gov/index.htm

What Works Clearinghouse, www.whatworks.ed.gov/

Additional Sources of Data for Evaluation

CDCs National Violent Death Reporting System, www.cdc.gov/ncipc/profiles/nvdrs/default.htm

The Federal Interagency Forum on Child and Family Statistics, www.childstats.gov/

Injury Prevention Online, http://injuryprevention.bmj.com/

New Knowledge Path Edition: Adolescent Violence Prevention, www.mchlibrary.info/KnowledgePaths/kp_adolvio.html.

URBAN Strategies, www.urbanstrategies.us/index.php

Violence Prevention Coalition of Greater Los Angeles Fact Sheets, www.vpcla.org

WISQARS- Web-based Injury Statistics Query and Reporting System, www.cdc.gov/ncipc/wisqars/

YRBSS-Youth Risk Behavior Surveillance System, www.cdc.gov/healthyyouth/yrbs/

Glossary

Activities: In a logic model, actions that need to take place in order to implement a strategy.

Asset assessment: The process of determining and documenting human, organizational, financial, and other resources available within the target community used to address the problem of interest.

Comparison group: A population or city that does not receive the strategy used to compare outcomes against the intervention group who receives the strategy. The comparison group should be as similar to the intervention group as possible (e.g., demographics, size). Also known as control group.

Data analysis: To draw conclusions and provide meaning to the data collected. The type of analysis used depends if it is qualitative and quantitative data.

Data workgroup/data collaborative: The group is made up of individuals in a variety of city departments that meet regularly to share data. They also create standardized definitions of health and safety terms. The workgroup members have the responsibility to own, centralize, build, link and manage the diverse data sets.

Distal outcomes: Events occurring that are farther in time from when the initial intervention was implemented, usually three or more years. Also known as long-term outcomes.

Evaluation: The systematic and iterative process of identifying important questions regarding the implementation or effectiveness of a strategy. The questions are answered through data collection and analyses.

Evaluation questions: Questions designed to measure how effective a strategy was implemented and if the proposed changes moved in the expected direction. These questions are derived from the strategy objectives.

GIS: Geographic Information Systems (GIS) are tools that allow people to examine data spatially and over time. Geographic data can determine the risk and burden of violence as well as community assets in particular areas of the city.

Goal: A broad statement of what you hope to accomplish to make an impact. These one or two sentences are abstract and lofty.

Indicators: Specific and measurable data used to answer evaluation questions (e.g., risk and protective factors, health data, crime activities).

Inputs: In a logic model, resources necessary for implementing a strategy or program, such as funding, personnel, and materials.

Intervention group: A population or city that receives the strategy intervention. The outcomes are compared against a comparison group who does not receive the strategy.

Logic model: A diagram or chart that illustrates the plan for implementing and evaluating a strategy. The key components of a logic model are inputs, activities, outputs, proximal outcomes, and distal outcomes.

Need assessment: Conducting research and gathering data to document and clarify the problem of interest within the target community.

Objective: A clearly phrased measurable result that is expected to be achieved within a stated time frame. It answers the questions of who, where, how much, and by when. Objectives should be SMART, an acronym for a method used in refining strategy objectives: Specific (S), Measurable/Observable (M), Achievable/Appropriate (A), Relevant/Realistic (R), and Time Based (T).

Outcome evaluation: Evaluation of the impact or worth of your strategy to assess effectiveness in reaching the intended attitude, knowledge or behavior objectives. Also known as impact evaluation.

Outcome objective: Describes the expected measurable changes in attitude, knowledge, behavior and the long-term implications of the change(s). Objectives should be SMART, an acronym for a method used in refining strategy objectives.

Outputs: In a logic model, quantifiable products that result from the program.

Primary data: Data collection you conduct yourself (e.g., surveys, focus groups).

Process evaluation: Evaluation of your strategy to ensure all components have been implemented as planned, including reaching the appropriate audience. This is a necessary intermediary measurement, since the ultimate outcome of reducing violence is a long-term goal. Also known as monitoring.

Process objective: A clearly stated measurable result of the groundwork necessary for achieving one or more long-term outcomes. This describes what you are doing, how you are doing it, and how well it is being done. Objectives should be SMART, an acronym for a method used in refining strategy objectives.

Protective factor: An individual, family, or community characteristic that is associated with a decreased likelihood of violence occurring. Also known as resiliency factors.

Proximal outcomes: The changes seen immediately following the implementation of a strategy, usually up to three years in the future. In violence prevention these are often an increase in protective factors or decrease risk factors. Also known as short-term outcomes.

Qualitative data: Data that are non-numeric and subjective information based on personal experiences. Data are usually collect in an open-ended manner, such as focus groups or key informant interviews.

Quantitative data: Data which are numeric and measurable. Data are collected in a close-ended manner in surveys or through secondary sources like vital statistics.

Reliability: The ability of a measurement to consistently generate the equivalent results when using the same measurement continually.

Risk factor: An individual, family, or community characteristic that are associated with an increased likelihood of violence occurring.

Sampling: A systemic process to select cases from the target population in order to make inferences back to the target population.

Secondary data: Data that has already been collected (e.g., Youth Risk Behavior Surveillance System, US Census, birth rates, death rates).

Stakeholders: Individuals or groups that have a vested interest in the outcome of the evaluation (e.g., funders, city departments, community members).

Statistical significance: Level of confidence that a statistical test would produce the same results if conducted using another sample from the same population. For example, chance alone does not explain the results in the variation of homicides in a city before and after the implementation of the violence prevention strategy.

Strategy evaluation: Determines how effective the sectors in a city-wide collaboration are at working together and achieving their objectives. Indicators to measure the effectiveness of a violence prevention strategy include: changes in risk and protective factors, community involvement and youth engagement, and decreases in violent crimes and death.

Unit of analysis: The level of analysis of an evaluation that is reflected by the level of measurements used to assess change (e.g., individuals, schools, city departments).

Validity: The degree to which an indicator actually measures the outcome it is intended to measure.

Violence: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community. This either results in or has a high likelihood of resulting in injury, death, psychological harm, abnormal development or deprivation.

Violence prevention: Efforts, activities and initiatives aimed at creating environments that are not conducive to the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community. It is the promotion of healthy, safe and nurturing environments which create and promote thriving youth, families, and communities.

Violence prevention indicators: Measurable data or variables relevant to violence prevention used to answer evaluation questions (e.g., school data, health data, crime activities, risk and protective factors).

Violence prevention strategy: A specific strategy that a city adopts that leads to better outcomes in community safety. The strategy promotes approaches that are well coordinated, responsive to local needs and concerns, and builds on best practices and existing strengths. The process of strategy development builds a shared understanding and commitment and enables participants to establish working relationships.

Youth development: An approach to enhancing the strengths of youth rather than solely targeting negative behaviors.

Youth violence: Homicide, suicide, firearm violence, gang violence, teen relationship violence, and neglect and child abuse where youth are the perpetrator or the victim.

References

1. Taylor-Powell E, Steele S, Douglah M. Planning a Program Evaluation. Madison, WI: University of Wisconsin Cooperative Extension Publications; 1996. http://learningstore.uwex.edu/pdf/G3658-1. PDF. Accessibility verified May 1, 2008.

2. Grembowski E. *The Practice of Health Program Evaluation.* Thousand Oaks, CA: Sage Publications, Inc.; 2001.

3. Rossi PH, Lipsey MW, Freeman HE. *Evaluation: A Systematic Approach.* 7th ed. Thousand Oaks, CA: Sage Publications, Inc.; 2004.

4. Fern Tiger Associates. Reflections on The California Wellness Foundation's Violence Prevention Initiative. Woodland Hills, CA The California Wellness Foundation; May 2004. http://www.tcwf.org/ pdf_docs/reflections/may2004.pdf. Accessibility verified May 1, 2008.

5. Prevention Institute. A Lifetime Commitment to Violence Prevention: The Alameda County Blueprint. http://preventioninstitute.org/alameda.html. Accessibility verified May 1, 2008.

6. Colorado Department of Law. State of Colorado Methamphetamine Task Force Second Annual Report, January 2008. http://www.ago.state.co.us/ press_releases/AnnMethRpt2nd.pdf. Accessibility verified May 1, 2008.

7. Greenberg M. Research-based programs and issues of implementation. In: Bruner C, Greenberg M, Guy C, et. al. eds. *Funding What Works: Exploring the Role of Research on Effective Programs and Practices in Government Decision Making.* Des Moines, IA: National Center for Service Integration Clearinghouse and the Center for Schools and Communities; 2001. http://www.safeschools.info/documents/Funding.pdf. Accessibility verified May 1, 2008.

8. Braga AA, Winship C. Creating an Effective Foundation to Prevent Youth Violence: Lessons Learned from Boston in the 1990s. Rappaport Institute Policy Brief No. 5. 2005. http://www.ksg.harvard.edu/ rappaport/downloads/policybriefs/brief_tenpoint. pdf. Accessibility verified May 1, 2008.

9. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2005. http://www.cdc.gov/eval/evalguide.pdf. Accessibility verified May 1, 2008.

10. Nagy J. Defining and analyzing the problem. Community Tool Box. Part F, Chapter 17 Section 3. Lawrence, KS: University of Kansas; 2007. http://ctb. ku.edu/en/tablecontents/sub_section_main_1124. htm. Accessibility verified May 1, 2008.

11. McKnight JL, Kretzmann JP. *Mapping community capacity. In: Minkler M. ed. Community Organizing and Community Building for Health.* 4th ed. New Brunswick, New Jersey: Rutgers University Press; 2002: 157-172.

12. Baltimore City Criminal Justice Coordinating Council. The Baltimore City Gang Violence Reduction Plan. November, 2006. http://www.jhsph. edu/preventyouthviolence/images/ FINALGANG-STRATEGY.pdf. Accessibility verified May 22, 2008.

13. Green LW, Kreuter MW. *Health Program Planning: An Educational and Ecological Approach.* 4th ed. New York, NY: McGraw Hill; 2005.

14. Nagy J, Fawcett S. An overview of strategic planning or 'VMOSA' (vision, mission, objectives, strategies, and action plans). Part D, chapter 8 section 1. http://ctb.ku.edu/en/tablecontents/ sub_section_ main_1085.htm. Accessibility verified May 22, 2008.

15. Nagy J, Fawcett S. Creating objectives- introduction, who, why, when, who and how. Community Tool Box. Part D, Chapter 8 section 3. http://ctb. ku.edu/tools//section_1087.htm. Accessibility verified May 22, 2008.

16. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention, Division of Tuberculosis Elimination. A guide to developing a TB program evaluation plan. http://www.cdc.gov/TB/Program_Evaluation/Guide/AppB_Writing_Smart_Objectives.htm.

17. Advancement Project Los Angeles. A Call to Action: A Case for a Comprehensive Solution to LA's Gang Violence Epidemic, 2005. http://www.advanceproj.org/doc/p3_report.pdf. Accessibility verified May 22, 2008.

18. Constantine NA, Bernard B, Diaz M. Measuring protective factors and resilience traits in youth: the healthy kids resilience assessment. Paper presented at the Seventh Annual Meeting of the Society for Prevention Research in New Orleans, LA in June 1999. Revised September 20, 1999. School and Community Health Research Group. WestEd, Oakland, CA. http://crahd.phi.org/papers/HKRA-99.pdf. Accessibility verified May 22, 2008.

19. Center's for Disease Control Youth Violence. Fact sheet web site. http://www.cdc.gov/ncipc/factsheets/yvfacts.htm. Accessibility verified May 22, 2008.

20. National Youth Violence Prevention Resource Center. Risk and protective factors for youth violence fact sheet web site. http://www.safeyouth.org/scripts/facts/risk.asp. Accessibility verified May 22, 2008.

21. Department of Health and Human Services. Youth Violence: A Report of the Surgeon General. http://www.surgeongeneral.gov/library/youthviolence/default.htm. Accessibility verified May 22, 2008.

22. Prevention Institute. Shifting the Focus: An Interdisciplinary Approach to Advancing Violence Prevention. http://www.preventioninstitute.org/shift-strength.html. Accessibility verified May 22, 2008.

23. Doll LS, Bonzo SE, Mercy JA, Sleet DA, Haas EN, eds. *Handbook of Injury and Violence Prevention.* New York, NY: Springer; 2007.

24. Kurland KS, Gorr WL. GIS *Tutorial for Health*. Redlands, CA: ESRI Press; 2006.

25. Hoyle RH, Harris MJ, Judd CM. *Research Methods in Social Relations*. 7th ed. Thomas Learning, Inc.; 2002.

26. Taylor-Powell E. Questionnaire Design: Asking Questions With a Purpose. Madison, WI. University of Wisconsin Cooperative Extension Publications; May 1998. http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html. Accessibility verified May 22, 2008.

27. Hampton C. Communicating information to funders for support and accountability. Community Tool Box. Part J, Chapter 39 section 4. http://ctb.ku.edu/en/tablecontents/ sub_section_main_1376.htm. Accessibility verified May 22, 2008.