



# HEALTH IMPACT EVALUATION FRAMEWORK:

MEASURING THE PROCESS  
AND OUTCOMES OF HEALTH  
AND WELLNESS PROGRAMS



NATIONAL RECREATION  
AND PARK ASSOCIATION



**Cover image:** Children learn how to play flag football at Meadowbrook Park in Columbia, Maryland.

Photo courtesy of Cara Marshall.

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# Acknowledgements

The National Recreation and Park Association (NRPA) would like to thank the following organizations and individuals for contributing, providing feedback and developing this toolkit.

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NRPA also would like to thank the park and recreation professionals and healthcare professionals who contributed their time and expertise in the formative research stage of product development.

Thank you to Kim Mabon, Jennifer Nguyen and Vitisia Paynich for making this resource possible. In addition, thank you to the many park and recreation agencies that contributed the images featured throughout this report.

This resource was made possible by the support from the Walmart Foundation. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the Walmart Foundation.

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Youth build fruit kabobs as part of the West Allis Farmers Market Mini Marketers program.

PHOTO COURTESY OF JENNA PUFFER, WEST ALLIS-WEST MILWAUKEE RECREATION AND COMMUNITY SERVICES DEPARTMENT

# Introduction

PHOTO COURTESY OF JENNA PUFFER, WEST ALLIS-WEST MILWAUKEE RECREATION AND COMMUNITY SERVICES DEPARTMENT



Flowers are sold through the West Allis (Wisconsin) Farmers Market Mini Marketers program.

At the National Recreation and Park Association (NRPA), we believe parks and recreation is vital to community health and well-being. Access to these spaces, programs and services remains essential to community vitality and is a key factor in advancing health equity, improving individual and community-level health outcomes and enhancing quality of life. Park and recreation professionals are uniquely positioned to create, in partnership with community members and key collaborators, the people-centered Community Wellness Hubs needed to address public health threats and harness the full potential of community to ensure all people can thrive.

NRPA strives for a future where all people have access to the benefits of quality parks and recreation, and we see parks and recreation as a pathway to advance health equity. It is critical for park and recreation professionals to create more equitable access to high-quality spaces, programs and services, where all people can experience the benefits that parks and recreation uniquely provides. This vision demands a dedicated commitment to intentionally advancing health equity within all operations, planning and programming by applying a health equity lens.

The purpose of the *Health Impact Evaluation Framework: Measuring the Process and Outcomes of Health and Wellness Programs* is to help local park and recreation agencies better measure the impact of their health and wellness programs and initiatives, by connecting agencies to a multitude of existing evaluation tools, data sources, data analysis, data collection tools and other resources. The framework will help agencies better evaluate the impacts of park and recreation health interventions and communicate them more effectively to local-elected officials, members of the public and philanthropic supporters.



San Francisco Parks and Recreation staff and children play with bubbles at an adaptive learning program at Eureka Valley Recreation Center.



PHOTO COURTESY OF SAN FRANCISCO RECREATION AND PARKS

## Section 1: Importance of Evaluating Community-Based Health and Wellness Programs

**Purpose:** In this section, you will learn the reason why evaluation is a vital part of community-based programming and the importance of having an evaluation plan.

### Learning Objectives

Whether you are expanding the scope of your community-based health and wellness programming or refining ongoing programming, evaluation is an important component for documenting progress, outcomes and lessons learned. While evaluation as a practice follows the same basic steps no matter the topic, there are important considerations when evaluating a health program. To describe the topics covered in this framework, we will first start with three grounding concepts:

- Define health and wellness.
- Understand the importance of program evaluation.
- Learn the six stages of program evaluation.

## Part A. What Is Health and Wellness?

Health and Wellness is one of NRPA's Three Pillars. We define Health and Wellness as “the optimal state of physical, mental and social well-being for individuals and communities.” Contrary to historical definitions and perceptions of health, health and wellness encompasses more than simply being free of disease. Wellness is grounded in equitable access to resources and social supports, and involves the dynamic pursuit of activities, choices and lifestyles that lead to a state of holistic health. Our strategic efforts are focused on leveraging parks and recreation as a catalyst for advancing community health and well-being. We believe that health is multi-dimensional and to address existing and emerging public health challenges we must advance holistic, community-driven solutions with equity at the center. Having equity as a foundation of addressing public health challenges ensures all people — regardless of race, class, ability or identity — have a fair and just opportunity to achieve positive health outcomes.

### How to Navigate the *Health Impact Evaluation Framework*

Throughout this document, additional resources and practical tips are highlighted in call-out boxes. The purpose of these navigation tools is to meet you where you are in your evaluation process. We envision this framework as a resource for both the experienced and the novice evaluator and, therefore, have provided information from foundational concepts to specific analytic strategies. Use the following icons to identify tools throughout the document:



Definitions



Resources –  
Further  
Reading



Tools – Guides  
and Toolkits



Case Study



Take Action



Caution

**Remember that evaluation does not have to be an intimidating endeavor and is not a solo project.** Use the information in this framework to identify areas for improvement. This framework outlines the elements of evaluation to introduce the process and the language involved, but if at any point one of the steps is beyond your expertise or capacity, several avenues of assistance and advice are available. Throughout this process, you can rely on partners with specific expertise to help with the evaluation. For example, you may reach out to a local university to work with a professor or graduate student who can help with statistics, or a freelancer in a particular area, such as survey development or qualitative research. Also, since most park and recreation agencies are housed within local government, pursue collaboration with cross-departmental local government staff who possess beneficial expertise that can contribute to your evaluation.

## Definitions

**Health and Wellness:** The optimal state of physical, mental, and social well-being for individuals and communities. Contrary to historical definitions and perceptions of health, health and wellness encompasses more than simply being free of disease. Wellness is grounded in equitable access to resources and social supports, and involves the dynamic pursuit of activities, choices and lifestyles that lead to a state of holistic health.

**Health equity:** Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty and discrimination, and addressing lack of access to healthy food and safe environments, including parks and recreation, healthcare, good jobs with fair pay, and quality education and housing.

**Community health programs:** Health education and health promotion activities to address health problems and to promote overall well-being in a community, whether the community is an entire city, a school, neighborhood or workplace.<sup>1</sup>

Health and wellness programming for parks and recreation can cover a range of topics, including nutrition, physical activity, mental health and many others. As trusted gathering places, park and recreation agencies are in a unique position to be able to reach a wide audience through programming, services, education and other health promotion activities because of their close connection with the community.



### Case Study: Community Wellness Hub Program

Community: Ozark, Alabama

Ozark is a rural city in Alabama with a population of 14,368, according to the 2020 Census. Food insecurity is one of the primary challenges in this city, where children and their families do not have enough to eat. The park and recreation department for the city initiated a Community Wellness Hub model that addresses this challenge among community members by increasing access to healthy foods through food pantries, community gardens and seasonal farmers markets. Additionally, as community members are exposed to the hub model, they also are introduced to the services and resources provided by community partners, such as supporting application to federally funded programs (i.e., Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] and Supplemental Nutrition Assistance Program [SNAP]), parenting classes for expectant mothers, receiving school supplies for children, workforce development classes and mental health support (i.e., managing emotions and stress, supporting people experiencing adversity, such as those experiencing domestic violence).

## Part B. Importance of Evaluation

Program evaluation provides managers, staff and the community an opportunity to better understand the current state of their program, to examine how well it's functioning, and to identify opportunities for improvement. Evaluation is an ongoing practice because of the multiple factors that interplay in a health program. Thus, collecting information and gaining perspective is essential to improving program processes and outcomes from the development phase, through implementation, and all the way until the completion of the program. Because of this project lifespan, defining the desired program outcomes at the beginning of the planning process is necessary to determine the effectiveness of the short-, medium- and long-term results. Program evaluations can be used in the following contexts:

- Reporting impact to funders, elected officials or the public
- Identifying lessons learned to improve future efforts
- Disseminating success stories to gain support and partnerships
- Determining the feasibility of replicating the program, or key program components, in other settings



### Resources – Further Reading

[Rural Health Community Toolkit – Evaluating a Program<sup>2</sup>](#)



In Elba, Alabama, youth are shown how to incorporate healthy foods in recipes during a Elba Parks and Recreation Department event.

PHOTO COURTESY OF ELBA PARKS AND RECREATION



Professionals network at the 2021 NRPA Annual Conference in Nashville, Tennessee.



PHOTO COURTESY OF CAUGHT IN THE MOMENT PHOTOGRAPHY

## Part C. CDC Framework for Program Evaluation

This framework is aligned with the Centers for Disease Control and Prevention (CDC) *Framework for Program Evaluation in Public Health*<sup>3</sup> (see **Exhibit 1**). As the nation’s leading public health agency, CDC developed a framework that provides a practical way of understanding evaluation strategies that can be adapted to each program’s context. The six steps of program evaluation as outlined are:

1. Engage stakeholders
2. Describe the program
3. Focus evaluation design
4. Gather credible evidence
5. Justify conclusions
6. Ensure use and share lessons



**Exhibit 1.** Centers for Disease Control and Prevention (CDC) *Framework for Program Evaluation in Public Health*<sup>3</sup>

The sections in this document are guided by the six elements of the CDC framework and include additional information that is relevant to park and recreation professionals implementing and evaluating community health and wellness programming. In the following section, we will introduce each of the main steps to program evaluation.

### 1. Engage Stakeholders

Engaging stakeholders is a necessary element of evaluation because their perspectives drive components of the program’s objectives, operations and outcomes. Examples of stakeholders can include agency staff of all levels, community members and partners — such as health departments, universities, local government, nonprofits and many more. It is critical to ensure

## Definitions

**Stakeholders:** Persons or organizations having an investment in what will be learned from an evaluation and what will be done with the knowledge.<sup>3</sup>

**Evaluation:** A systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement.<sup>4</sup>

that stakeholders include a diverse set of perspectives and experiences, including historically disenfranchised populations and those most impacted by health inequities. Stakeholders should be engaged early in the process to increase acceptance and participation in the program and to provide valuable feedback in the planning process.

See Section 2: Program Design



### Resources – Further Reading

[CDC Preferred Terms for Stakeholders](#)<sup>5</sup>

## 2. Describe the Program

The program description is a detailed explanation that reveals the goals and objectives of the program and includes the program’s capacity to effect change, its stage of development, and how it fits into the larger organization and community. The factors essential in a program description should be clearly defined, so readers can understand the purpose and value of the program in the community.

See Section 2: Program Design

## 3. Focus Evaluation Design

One size does not fit all. Tailor the evaluation to what will aid your population the best. A thorough evaluation plan should be designed to assess the concerns of the stakeholders, while considering how to utilize time and resources efficiently. A focused evaluation design starts with simple, straightforward evaluation questions and evidence-based data collection strategies.

See Section 3: Designing an Evaluation Plan

## 4. Gather Credible Evidence

Credible information, from a variety of sources and diverse perspectives, will support the strength of your evaluation outcomes. Information collected for the evaluation should be from credible sources that are involved in or have participated in the program, such as participants or clients, programmatic staff, and partner implementation staff. A variety of sources will help to ensure the evidence is as representative of the population as possible. The sources of evidence can come from a variety of resources, including systematic observations (e.g., number of people in a program event), persons (e.g., program participants), and documents (e.g., database records).

See Section 4: Quantitative and Qualitative Data Collection and Analysis

## 5. Justify Conclusions

Utilize both qualitative and quantitative data to improve credibility and validity of findings.

See Section 4: Quantitative and Qualitative Data Collection and Analysis

## 6. Ensure Use and Share Findings

Data on its own is not always enough. Share the findings with staff at all levels to inform the organization about what the program is doing well, to note areas for improvement, and to gather perspectives about the interpretation of the results that may not have been considered. Results also should be shared with the community. Educating the public about your organization should be ongoing and can generate participation and encourage feedback.

See Section 5: Using Evaluation Outcomes for Quality Improvement and Advocacy



Community members are served samples of a healthy meal at a community center.

PHOTO COURTESY OF THE TOWN OF VIVIAN, LOUISIANA



PHOTO COURTESY OF THE VALLEY-WIDE RECREATION AND PARK DISTRICT

## Section 2: Program Design

**Purpose:** Early steps in the program design phase, such as engaging stakeholders and conducting a community needs assessment, are also important steps for framing an evaluation approach. Before you can develop your evaluation plan, you first need to develop and describe your program. Having a clear and defined program will set you up for a successful evaluation.

### Learning Objectives

Designing an evaluation to measure the health impact of your program starts during the program design phase and includes setting up processes that will provide short-term feedback to track interim progress toward longer-term goals.

This section will focus on the tools that you can use in program design and management to prepare for a successful evaluation. These include:

- Stakeholder Engagement
- Community Needs Assessments
- Community Asset Mapping
- Mission Statement and Program Goals
- SMART Objectives
- Logic Models

The information in this section is geared toward the development of evaluation plans for new programs (prospective evaluations). However, many of the same principles can be applied to evaluating programs that already have ended (retrospective evaluations).

Retrospective evaluations primarily rely on secondary data, or data that already have been collected, that are reanalyzed to determine possible outcomes and impacts of a program that are no longer operating. There are limitations to conducting retrospective evaluations but with the appropriate data, they can be a useful approach to determining program effectiveness.

## Definitions

**Prospective evaluations:** Prospective studies ask a question and look forward. The studies are designed before any information is collected.

**Retrospective evaluations:** Retrospective studies look backwards and examine factors in relation to an outcome that is established at the start of the study. These studies use information that is usually collected for reasons other than research, such as administrative data and medical records.<sup>6</sup>

**Evaluation Advisory Team:** Also known as an evaluation advisory group or evaluation consulting group, this team is typically made up of a variety of individuals both internal and external to your project, including intended participants, evaluation experts and intended beneficiaries. Their role is to provide advice on an individual evaluation to improve the quality and utility of the work.<sup>7</sup>



## Part A. Engage Stakeholders in Program Design

A strong evaluation is driven by clear evaluation questions and reliable data. One way to support the collection of high-quality data is to foster community buy-in during the program design phase. While you may not be able to address the needs of all stakeholders, engaging with them early will support open communication throughout program implementation and program evaluation.

### Defining and Identifying Stakeholders

Stakeholders are individuals and organizations that have an interest in or are affected by your program, evaluation and/or its results (see Table 1). Stakeholders, such as community members and partners, may have different interests and different available resources. Collaboration is important for designing an evaluation that considers all beneficiaries of the work. While identifying and building relationships with stakeholders is an important first step in the evaluation design process, stakeholder involvement should span the entire life cycle of the project.

**Table 1. Stakeholder Types**

Types of Stakeholders	Definition	Examples
Implementers	Those directly involved in the operations of the program	<ul style="list-style-type: none"> <li>• Program director, manager or coordinator</li> <li>• Staff (educators – nutrition, gardening, cooking; counselors; administrative staff; case managers)</li> <li>• Volunteers</li> <li>• Consultants</li> </ul>
Decision-makers	Those in a position to do or decide something about the program	<ul style="list-style-type: none"> <li>• Program director</li> <li>• Park and recreation director</li> <li>• Program manager</li> <li>• Community members with shared decision-making structures in place</li> </ul>
Participants	Those being served or affected by the program	<ul style="list-style-type: none"> <li>• Community members, especially historically disenfranchised populations</li> <li>• Youth participants</li> <li>• Older adult participants</li> </ul>
Partners	Those who actively support and/or have invested in your program or in the population your program serves	<ul style="list-style-type: none"> <li>• Funders (federal, state, local)</li> <li>• Coalition partners</li> <li>• Community-based organizations representative of the target population</li> <li>• Faith-based community</li> <li>• State and local health departments</li> <li>• Local health system (clinics, hospitals)</li> <li>• Libraries</li> <li>• Health and medical professional organizations</li> <li>• Advocacy groups</li> <li>• Government officials and elected representatives</li> <li>• Representatives of the school system</li> </ul>

Adapted from [Step 1 of the CDC report Practical Use of Program Evaluation among Sexually Transmitted Disease \(STD\) Programs](#).<sup>8</sup>

### Bringing Diverse Voices to the Table

Stakeholder engagement is key to bringing diverse voices to the table. While your program staff may have a narrow scope of expertise and experiences, stakeholders, such as community members, participants and coalition partners, can offer new perspectives. Assembling a group of diverse stakeholders, especially people who may not have worked together before, may present challenges in communication and defined roles (see Table 2). Table 2 provides some key questions and con-

siderations for you to think about when engaging a diverse group of stakeholders. The following steps may help manage stakeholder engagement more effectively by establishing an environment of respect and inclusivity:

- Assess cultural self-awareness ([NRPA's Elevating Health Equity Framework](#))<sup>9</sup>
- Use inclusive language in written and verbal communication ([NRPA Equity Language Guide](#))<sup>10</sup>
- Engage stakeholders who reflect the diversity of the community
- Lay ground rules for participation to establish equality
- Teach basic evaluation skills along the way
- Create a diverse advisory team to help with planning, implementing and interpreting findings from the evaluation
- Build trust through honesty, transparency and accountability

**Table 2. Assessing Stakeholder Engagement**

Questions to Assess Engagement Level of Stakeholders	Examples of Factors to Consider
<ul style="list-style-type: none"> <li>• Does the stakeholder group fully represent the diversity of the program's participants and others affected by the program?</li> </ul>	<ul style="list-style-type: none"> <li>• Race, ethnicity, ability, language, culture, age group, social class, biological sex, sexual orientation and gender identity, geography</li> </ul>
<ul style="list-style-type: none"> <li>• Are meaningful roles planned for stakeholders throughout the evaluation?</li> </ul>	<ul style="list-style-type: none"> <li>• Contributing to program design</li> <li>• Providing evaluation data</li> <li>• Reviewing dissemination products</li> </ul>
<ul style="list-style-type: none"> <li>• Have I paid attention to the distribution of power among stakeholders? To other distinctions related to status and social class? Are stakeholders being compensated for their time and contributions?</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership positions and staff positions</li> <li>• Availability to meet in person and/or online</li> <li>• Establishment of shared decision-making structures</li> </ul>
<ul style="list-style-type: none"> <li>• Has the stakeholder group developed a process to work together with established ground rules?</li> </ul>	<ul style="list-style-type: none"> <li>• Channels for providing feedback on evaluation materials</li> <li>• Channels for discussing opposing views</li> </ul>
<ul style="list-style-type: none"> <li>• Have I included multiple voices in planning, implementing, interpreting and decision making?</li> </ul>	<ul style="list-style-type: none"> <li>• Process for incorporating feedback in a meaningful way</li> </ul>
<ul style="list-style-type: none"> <li>• Have I assembled an evaluation advisory team whose collective experience is appropriate to the context?</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals with varied lived experiences</li> <li>• Representatives from organizations that are impacted by your program</li> </ul>
<ul style="list-style-type: none"> <li>• Have I identified and inventoried the skills and traits of the members of the evaluation advisory team, so that I can tailor my approach based on these resources or augment them if necessary?</li> </ul>	<ul style="list-style-type: none"> <li>• Use community asset mapping to identify all skills, connections and interests that individuals may contribute</li> </ul>

Adapted from the [CDC report Practical Strategies for Culturally Competent Evaluation](#).<sup>11</sup>



**Resources – Further Reading**  
[Culturally Responsive Evaluation](#)<sup>12</sup>

## Definitions

**Cultural competence:** A stance taken toward culture, not a discrete status or simple mastery of particular knowledge and skills. A culturally competent evaluator is prepared to engage with diverse segments of communities to include cultural and contextual dimensions important to the evaluation. Culturally competent evaluators respect the cultures represented in the evaluation.<sup>13</sup>

**Community Asset:** A person, physical structure or space, community service or business that can be leveraged by your program or organization to improve the quality of community life.<sup>14</sup>

**Community Health Needs Assessment:** A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.<sup>15</sup>

## Part B. Community Health Assessments

Before designing a program, it is essential to understand community context. Community health needs assessments and community asset mapping are activities to conduct during the program design phase or the evaluation design phase, depending on timing and resource capacity (see Table 3). The goal of a community health assessment is to develop strategies to address specific health needs identified by stakeholders in the community.

Community needs assessments can be used as an exploratory method to identify opportunities and gaps to design a new program, or they can be used to confirm ideas and assumptions about community needs and interests. Community needs assessments typically are conducted during the program design phase to inform program development. The needs-based approach helps to identify areas of concern for the target population, including gaps in services and barriers to accessing services. In the context of program evaluation, this information can be used to focus your evaluation questions. See Section 3 – Part A for more about Focusing the Evaluation Design.

Another tool to inform program design is community asset mapping. Asset mapping is an interactive group activity that involves identifying and categorizing resources in the community and among stakeholders, or, in some cases, mapping them geographically. This activity uses a strengths-based approach, which focuses on highlighting people, organizations and spaces that currently exist in the community and contribute to community well-being.



PHOTO COURTESY OF SAN FRANCISCO RECREATION AND PARKS

**Table 3. Community Assessment Activities**

Community Needs Assessment	Community Asset Mapping
<p>Community needs assessments involve the collection of primary data through surveys or secondary data through local public datasets. A needs assessment can follow three main steps:</p> <ol style="list-style-type: none"> <li>1. Clarify your assessment goals – Pose questions such as:               <ul style="list-style-type: none"> <li>→ What does health and wellness look like in our community? What do community members want it to look like?</li> <li>→ What are barriers to access?</li> <li>→ What are facilitators to success?</li> </ul> </li> <li>2. Create the assessment – Methods for conducting the assessment may include:               <ul style="list-style-type: none"> <li>→ Stakeholder meetings</li> <li>→ Community focus groups</li> <li>→ Surveys</li> <li>→ Interviews with community leaders</li> <li>→ Population health and other health-related data</li> </ul> </li> <li>3. Administer the assessment</li> </ol>	<p>Asset mapping is a systematic process of identifying and cataloging individuals, services, organizational resources and physical spaces in the community. This activity can be a component of your needs assessment or a standalone activity. Benefits of asset mapping include fostering community buy-in and emphasizing strengths and assets among stakeholders. Examples of categories of potential assets are:</p> <ul style="list-style-type: none"> <li>• Individuals (e.g., skills, experiences, individual businesses)</li> <li>• Organizations (e.g., local businesses, cultural organizations, faith-based organizations)</li> <li>• Private and nonprofit organizations (e.g., higher education, hospitals and social services agencies)</li> <li>• Public Institutions (e.g., public schools, libraries, police and fire departments)</li> <li>• Physical Resources (e.g., parks, community meeting spaces, housing and commercial structures)</li> </ul>



### Tools – Guides and Toolkits

- [NRPA's Community Needs Assessment Guide](#)<sup>16</sup>
- [Asset Mapping Toolkit](#)<sup>17</sup>
- [Community Assets Brainstorm Activity](#)<sup>18</sup>





### Case Study: Community Needs Assessment

Community: Asheville, North Carolina

Asheville Parks and Recreation developed a community needs assessment survey through a collaborative process with a diverse group of stakeholders. The stakeholder group helped to identify five key demographics that would provide the most well-rounded look at food insecurity in the community. In addition, the park and recreation department hired an evaluation consultant to conduct the needs assessment survey to ensure high quality and timely results. The results of the survey were insightful for program planning and were disseminated to partners in the community. Based on the results of the survey, the park and recreation department identified community garden access and education as a major priority. To address community needs, staff established two new gardens and created a seed library at their community center. The success of this effort was in identifying the need for resources and support to use the garden beds to increase engagement.

## Part C. Describe the Program

Program descriptions set the frame for subsequent decisions related to the evaluation. Without a clear, focused description of the program, you will be unable to develop a cohesive evaluation plan. Evaluation components, including evaluation questions, expected outcomes, and identified metrics and data sources, are anchored by a program’s mission, goals and objectives. Program descriptions, such as the mission and goals, will be used throughout your program, in order to promote the program, engage partners and recruit participants (see Table 4).

**Table 4. Factors to Include in a Program Description**

Factors	Definition	Example – “Community Garden”
<b>Need</b>	Reason behind the intervention/program	<ul style="list-style-type: none"> <li>• Lack of access to fresh healthy foods in the community</li> <li>• Lack of nutrition knowledge among community members</li> </ul>
<b>Expected effects</b>	Projected outcomes	<ul style="list-style-type: none"> <li>• Increased access to fresh produce</li> <li>• Increased knowledge of gardening and nutrition</li> </ul>
<b>Resources</b>	Staff, equipment, venues or other factors essential to implement the program	<ul style="list-style-type: none"> <li>• Program manager</li> <li>• Garden educator</li> <li>• Community partners and community members</li> <li>• Garden beds, soil, fertilizer, garden tools</li> <li>• Designated outdoor space that is safe and accessible</li> </ul>
<b>Stage of development</b>	Current phase of the program in the timeline (i.e., developmental, implementation, completion)	<ul style="list-style-type: none"> <li>• Design phase includes identifying resources, planning a timeline, coordinating with partners and community members, etc.</li> <li>• Implementation phase includes providing program services, meeting with staff and partners regularly, evaluating progress, etc.</li> <li>• Completion phase includes evaluating program outcomes, planning follow-up activities, debriefing with staff and partners, etc.</li> </ul>
<b>Context</b>	Background information about the community, its health status and other factors	<ul style="list-style-type: none"> <li>• Conduct a community needs assessment</li> <li>• Develop a community asset map</li> </ul>
<b>Logic model (See Exhibit 2)</b>	Visual representation of the program description and timeline of events	<ul style="list-style-type: none"> <li>• Identify inputs, activities, outputs and outcomes</li> <li>• Share with partners and update if program changes</li> </ul>



Community members participate in a yoga class held by El Paso (Texas) Parks and Recreation.

### Define Your Program

A program mission is one to two sentences that describes what the program is, what it does and for whom it is intended. It may contain the words “mission” or “purpose” in the statement. One exercise for developing a program mission statement follows a simple format:

The \_\_\_\_\_ [program name] \_\_\_\_\_ provides/includes \_\_\_\_\_ [primary purpose] \_\_\_\_\_ to \_\_\_\_\_ [target audience] \_\_\_\_\_ through \_\_\_\_\_ [primary activities] \_\_\_\_\_.

**Example: The program provides intergenerational learning to youth and older adults through monthly art classes hosted at the community center.**

Program goals are more specific than the mission but are overarching expectations. Typically, programs establish between two and five goals. If you find yourself developing more than five goals, you should ask yourself if some of the goals work better as objectives (see below). Goals provide more details than the mission; for example, secondary or tertiary populations of interest, sequential activities or activities specific to subpopulations. Goals also can differentiate activities by implementation level, such as individual, socio-cultural, environmental or community. Lastly, goals typically include a modifying verb, such as increase, decrease or improve, to demonstrate change over time. Goal phrases can follow this simple format:

\_\_\_\_\_ [Modifier verb] \_\_\_\_\_ the \_\_\_\_\_ [target outcome] \_\_\_\_\_ among \_\_\_\_\_ [target audience] \_\_\_\_\_.

**Example: Increase the social-emotional skills of cooperation and communication among youth and older adult participants.**



## Tools – Guides and Toolkits

### – Intergenerational Practice Evaluation<sup>19</sup>

Lastly, you should develop program objectives, which are concrete descriptions of expected changes and their degree. A common acronym used to describe effective objectives is SMART. CDC describes SMART objective characteristics as:

- **Specific:** Identify the population, setting and specific actions that will result
- **Measurable:** Quantify an activity or its results
- **Achievable:** Ensure actions are feasible and within the program’s control/influence
- **Relevant:** Outline a clear relationship between the objective and overall goals of the program and organization
- **Time-Bound:** Set a specified and reasonable timeframe for the objective to be completed

The template in Table 5 can be used to develop a SMART objective related to a goal.

**Table 5. Example of Template for Writing SMART Objectives** (See Appendix I for blank copy)

<b>Goal:</b> Increase awareness across the community of the dangers of tobacco.	
<b>Objective in plain language:</b> Our agency will develop a campaign to educate the community about the dangers of tobacco use, including vaping and e-cigarettes sharing social media posts and hosting events.	
Key Component	Objective
Specific – What are we going to do for whom?	Develop and share 12 social media posts and host six community conversations
Measurable – Is it quantifiable and can we measure it?	How many social media posts and community conversations documented by posts, reach and engagement, and community feedback will be collected via surveys during community conversations?
Achievable – Can we get it done in the proposed timeframe with the available resources and support?	Ensure we have the time to develop materials, plan, promote and implement, and navigate any unexpected challenges
Relevant – Will this objective have an effect on the desired goal or strategy?	Ensure the proposed actions align with the organization’s goals and priorities.
Time-Bound – When will this objective be accomplished?	July 1, 2022-June 30, 2023
<b>Revised SMART Objective:</b> Our agency will develop a campaign to educate the community about the dangers of tobacco use, including vaping and e-cigarettes, sharing at least 12 social media posts and hosting at least six community conversations from July 1, 2022 to June 30, 2023.	

For more information, see “[Writing SMART Objectives](#)” by CDC.<sup>20</sup>

## Develop a Logic Model

As defined by CDC, “a logic model is a graphic depiction (roadmap) that presents the shared relationships among the resources, activities, outputs and outcomes/impacts for your program.”<sup>4</sup> Logic models are a helpful tool during the program design phase because they help define the relationship between program activities in an “if-then” relationship. The resources and activities that make up the program represent the “what” and the outputs, outcomes and impacts represent the “so what.” An evaluation seeks to answer the “so what” of the program.

The visual representation of logic models may differ and can range from a simple five-column table to a multi-level diagram with color-coding and directional arrows (see Exhibit 2). The level of detail of a logic model also depends on whether you are depicting one program activity or an overarching program model.



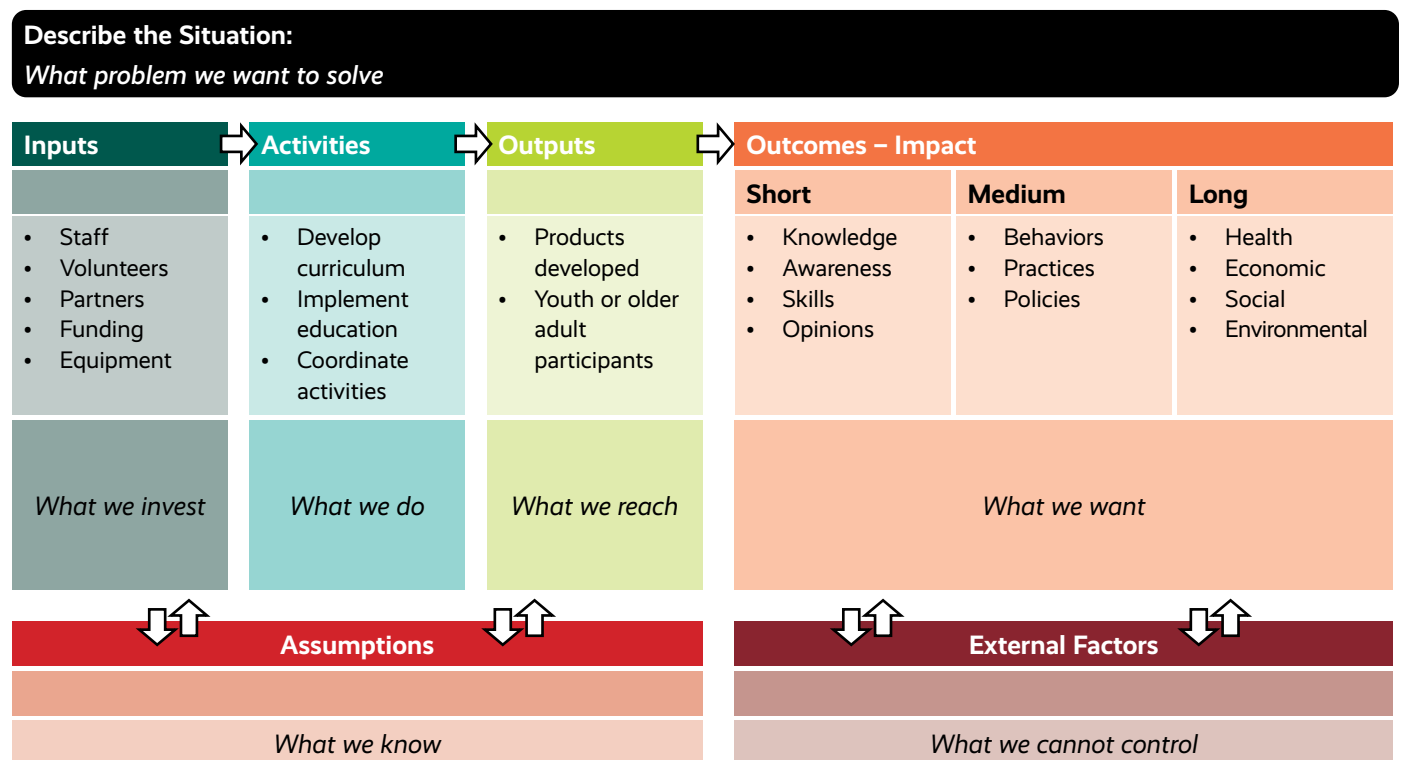
A logic model consists of six main categories:

- **Inputs:** The resources needed to implement the activities
- **Activities:** What the program and its staff do with those resources
- **Outputs:** Tangible products, capacities or deliverables that result from the activities (e.g., a nutrition education program developed for caregivers)
- **Outcomes:** Short-term and medium-term changes that occur in other people or conditions because of the activities and outputs (e.g., increase in knowledge of how to shop for and prepare nutritious food)
- **Impacts:** The most long-term outcomes (e.g., increased consumption of nutritious food and improved physical health)
- **Moderators:** Assumptions and external factors that are out of control of the program but may help or hinder achievement of the outcomes

The process of developing a logic model can read like a roadmap. As you gather more information about your program, your expected outcomes will come into focus. Knowing where you are headed will inform what measures are needed to evaluate the effectiveness of your program. The five-step process described below describes the journey from identifying information to sharing the logic model with partners and prepares you for potential road blocks. The process of gathering the information is a critical step to understanding potential outcomes and must come before the actual development of the logic model. The five steps are:

1. Gather information available on the program
2. Extract information that describes Activities, Outputs and Outcomes
3. Organize the information in your logic model template
4. Add contextual information to the logic model
5. Circulate the final logic model to program staff and partners (revise and update, if needed)

## Exhibit 2. Example Logic Model



### Step 1: Gather information available on the program

- Program documents (applications, descriptions, strategic plans)
- Existing measures (reporting requirements, common performance measures)
- Information from partners (roles, responsibilities)

### Step 2: Extract information that describes Activities, Outputs and Outcomes

- Make a list of program activities: What does the program do? What do the staff do?
- Make a list of expected outputs from the known inputs and activities: What products are developed? Who participates in the activities?
- Make a list of expected outcomes (short, medium and long term): What results do you expect to see from the program activities? What will change after the program is implemented? Who will experience the change and to what degree? How will the individual change? How will the community change? How will the population change?
- Review the lists of activities, expected outputs and expected outcomes with staff and partners before placing into the logic model template to ensure that there is/are:
  - No redundancy in the lists
  - No missing activities, outputs or outcomes
  - No overlap between what is considered an activity, output and outcome

### Step 3: Organize the information in your logic model template

- Decide whether and how activities should be ordered
- Align activities with outcomes using logical relationships
- Separate outcomes into short, medium and long term, in sequential order



#### Outputs vs. Outcomes

Program outputs and outcomes are related, but it is important to understand the difference. During the brainstorming phase of developing the logic model, it is common to interchange the two before you fully understand the relationship between inputs, activities, outputs and outcomes. **Outputs** are direct products of program activities; for example, number of educational sessions taught, number of participants reached, or number of meals distributed. Outputs are process measures because they provide ongoing feedback on what the program is doing. **Outcomes** describe changes over time, such as increases in knowledge and modified behavior.

**Example:** There is an intergenerational program that combines youth and older adults in an arts and crafts activity. The purpose of the program is to improve social and emotional skills among the participants. Outputs for this program include the number of arts and crafts sessions, number of older adults who participated and number of youth who participated. While the number of participants is a useful metric, it does not tell us how the participants benefited from the program. In order to assess the outcomes of the program, we would need to conduct an assessment of the participants (e.g., pre- and/or post-survey, interviews) to measure change in self-esteem and change in beliefs about the other generation.



### Prepare for an Iterative Process

This is a dynamic process that requires you and your workgroup to move “pieces” of the logic model around. Use a tool that will allow you to align, erase, expand and shrink sections of the logic model. You can do this manually on a dry erase board or with sticky notes, or you can do this digitally using Word, PowerPoint or a shared interactive screen. See the “Tools – Guides and Toolkits” below for logic model examples/templates.

#### Step 4: Add contextual information to the logic model

- **Inputs:** Categories of things, such as staff, equipment, data, funds, skills
  - Include these in a column to the left of activities
- **Moderators:** Categories of things, such as political, economic, social and technological factors
  - Include these in a horizontal box (row) at the bottom of the logic model to indicate the impact on multiple aspects of the program
- **Roadmap arrows:** Use lines and arrows to depict the logic of the program as a roadmap
  - Depict the relationship of one or more inputs to activities, and/or one or more activities to another activity
  - Depict the relationship of one or more activities to an outcome
  - Depict the relationship of one or more short-term outcomes to a longer-term outcome



### Association vs. Causation

The relationships depicted in the logic model are simplified versions of actual causation. In other words, the logic model is used for planning and design purposes and should not be relied upon for analysis purposes. The benefit of using a logic model is that it is a high-level visual depiction of the main elements of your program. Understanding the associations between the inputs, activities, outputs and outcomes helps you to frame expectations. While the logic model graphic may note assumptions and external factors, it does not explain how those factors affect actual program outcomes, which may vary based on population factors (e.g., race, ethnicity, geography) and unexpected circumstances (e.g., coronavirus [COVID-19]).

#### Step 5: Circulate the final logic model to program staff and partners

- Share the logic model to communicate your program plan effectively
- Revise the logic model based on feedback for clarity
- Update the logic model as input, activities and moderators change and affect program outcomes — all logic models are living documents

Using the resources above and the tools linked in this section, you and your partners will be able to develop a logic model that will serve as your program roadmap throughout program implementation. The logic model also will be a key source for developing your evaluation questions and evaluation measures. You will learn more about designing the evaluation in Section 3 and selecting evaluation measures in Section 4.



#### Tools – Guides and Toolkits

- [Logic Model Templates and Examples](#)<sup>21</sup>
- [PESTLE \(Political, Economic, Social, Technological, Legal, Environmental\) Chart](#)<sup>22</sup>



Older adults gather for a healthy meal in Colorado Springs, Colorado.

PHOTO COURTESY OF PARKS, RECREATION AND CULTURAL SERVICES DEPARTMENT (COLORADO SPRINGS)



Members of the Bristol, Connecticut, community engage with the City of Bristol's Diversity Council at the 2021 Community Conversations event.



PHOTO COURTESY OF ERICA BENOIT

## Section 3: Designing an Evaluation Plan

**Purpose:** This section covers the process of designing an evaluation plan. Many of the key concepts build on the concepts discussed in the previous section regarding defining and designing your program. If you do not already have a logic model for your program, we suggest reviewing the section about logic models before continuing to the evaluation design.

### Learning Objectives

Evaluation design is a broad topic that encompasses a variety of needs, resources and uses. For the purpose of this framework, we will focus on evaluation design methods for community-based health programs. By the end of this section, you will learn:

- Types of evaluation frameworks and how to select the appropriate one for your program
- How to develop evaluation questions and identify data sources
- The importance of assessing resources and capacity for conducting the evaluation

## Part A. Focus Evaluation Design

You are now ready to develop your evaluation design. At this stage, the logic model will be your roadmap to determining the purpose of your evaluation, evaluation questions, evaluation measures, potential data sources and available resources.

During the evaluation design, you also will determine the scope of your evaluation. Potential frameworks that may be applicable to your program evaluation include:

**Process evaluation** determines whether the program is being implemented as intended and monitors how the activities are being executed. This type of evaluation should be administered throughout the operation of the program because it can provide early warning signs of any challenges that may occur during the implementation of the program and allow programs to be adapted when needed. The following information will be addressed through this type of evaluation:

- The extent to which the program is being implemented as designed
- The extent to which the program is achieving the intended outcomes
- Whether the program is accessible and acceptable to its target population

Example questions of this type of evaluation include:

- What are the barriers to the implementation of the program activity?
- What are the facilitators of the implementation of the program activity?
- What activity/activities were conducted and where?
- What are participant suggestions for implementation improvement?

**Outcome evaluation** measures the effectiveness of the program in its target population through the assessment of progress toward stated outcomes and achievement of objectives. To adequately design an outcome evaluation, it is essential to review the components of the program (see Section 2). This type of evaluation typically is conducted after completion of a program activity. Outcome evaluation informs the program of how effective it is in meeting its goals and objectives. The following are examples of questions for this type of evaluation:

- How do participants describe their experience with the program/activity?
- What did the participant learn from attending the program?
- By how much did the program improve access to services as intended?
- By how much did the program increase health behaviors among participants as intended?

### Developing Evaluation Questions

Once you have determined the scope, or parameters, of your evaluation, the next step is to develop evaluation questions. You may wish to evaluate an entire program, like a Community Wellness Hub, or a specific activity within the program, such as physical activity. When developing evaluation questions, use your logic model as a reference and consider the following factors:

- **Utility:** Develop evaluation questions that will serve the needs of the intended users.
- **Feasibility:** Develop evaluation questions that can be realistically addressed with your scope, capacity and resources.
- **Accuracy:** Develop evaluation questions that are grounded in evidence-based practices and will convey technically adequate information.

These factors will help ensure that your evaluation is focused on information that you need to know rather than what you would like to know. Because your evaluation also should benefit key partners who are contributing to the program, they

should be included in the question development process. Stakeholder buy-in to the goals of the evaluation is an important step for collecting high-quality and reliable data. Other audiences to consider in this collaboration are funders and organizational leadership.

## Identifying Measures and Data Sources

The next step is to operationalize how to assess each evaluation question. Use a table to organize the evaluation questions, indicators that you will use to assess the question and potential data sources of those indicators (see Table 6). Data sources may be primary, meaning directly collected by you through surveys, observations or interviews; or secondary, meaning documents and other datasets that were created for another purpose and/or by another person but can be used to answer your evaluation questions. If pursuing primary data sources for your evaluation questions, be sure to reference existing local data about the topic (if it exists) and review existing research about ways to best measure your topics of interest. Section 4 will provide greater detail about the two major types of data collection (quantitative and qualitative), including how to identify existing data collection tools to adapt to your program needs.

**Table 6. Examples of Evaluation Questions, Indicators and Data Sources**

Evaluation Question	Examples of Indicators	Examples of Primary Data Sources	Examples of Secondary Data Sources
<b>What resources were used?</b>	Staff	Staff interviews	Existing program documents
	Physical spaces	Photographs or observations	Existing program documents, community asset map
	Financial or in-kind donations	Stakeholder interviews or surveys	Budget documents
	Individual or organizational partners	Stakeholder interviews or surveys	Existing program documents
<b>How does the program center equity?</b>	Characteristics of target population	Demographic data from participant surveys, stakeholder interviews	Community needs assessment, local public data (e.g., community demographic data)
	Adaptations to program materials	Program manager interview, stakeholder interviews	Existing program documents
	Changes to program practices/policies to center equity	Agency/Program leadership interviews	Existing agency/program documents, budget documents
<b>What barriers exist?</b>	Transportation: <ul style="list-style-type: none"> <li>Modes of transportation</li> <li>Distance traveled</li> </ul>	Participant interviews or surveys, stakeholder interviews or surveys	Community asset map
	Access: <ul style="list-style-type: none"> <li>Awareness</li> <li>Cost</li> <li>Childcare</li> <li>Cultural relevance</li> </ul>	Participant interviews or surveys, stakeholder interviews or surveys	Existing program documents, community asset map

## Definitions

**Primary Data Sources:** Data produced directly by the subject of your evaluation and provide first-hand accounts of experiences with the program. Primary data is collected specifically for the purpose of the evaluation.

**Secondary Data Sources:** Data not produced by the evaluation subject but can be synthesized or summarized from primary sources. Secondary data can be collected for a different purpose but used to answer your evaluation questions.



**Table 6. Examples of Evaluation Questions, Indicators and Data Sources (cont.)**

Evaluation Question	Examples of Indicators	Examples of Primary Data Sources	Examples of Secondary Data Sources
<b>What facilitators exist?</b>	Communication: <ul style="list-style-type: none"> <li>• Number of social media posts and interactions</li> <li>• Number of brochures/fliers distributed</li> </ul>	Participant interviews or surveys	Social media analytics, existing program documents, community asset map
	Partnerships <ul style="list-style-type: none"> <li>• Number of partners</li> <li>• Types and roles of partners</li> </ul>	Stakeholder interviews or surveys	Existing program documents, community asset map
<b>What was the reach?</b>	Number of people served	Observations/Counts by evaluator	Existing program documents (collected and compiled by somebody other than evaluator)
	Number of services or resources provided (e.g., classes, meals, referrals, etc.)	Observations/Counts by evaluator	Existing program documents (collected and compiled by somebody other than evaluator)
	Demographics of people served	Participant survey (primary), observations/counts by evaluator (secondary)	Existing program documents (collected and compiled by somebody other than evaluator)
<b>What were the impacts?</b>	Change in access to health and social services; change in knowledge, attitudes, behavior <ul style="list-style-type: none"> <li>• Nutrition knowledge</li> <li>• Consumption of fruits and vegetables</li> <li>• Minutes of physical activity</li> <li>• Perceptions of health and well-being</li> </ul>	Participant interviews or surveys, stakeholder interviews or surveys	Existing program documents, local public data
	Health outcomes <ul style="list-style-type: none"> <li>• Physical</li> <li>• Social</li> <li>• Emotional</li> <li>• Mental</li> </ul>	See Section 4, Part E	Existing agency/program documents, budget documents
	Participant satisfaction	Participant interview or survey	Existing program documents

## Part B. Assessing Resources and Capacity

At this point, you should have a clear vision for the scope of the evaluation, including the purpose of the evaluation, the goals of the evaluation, specific questions to be addressed and data sources to support the evaluation. Now is the time to do a “reality check” and assess the feasibility of the evaluation plan. You will need to assess the resources needed to complete the evaluation and the availability of those resources. Three categories of resources and capacity that you should consider are:

- **Staff capacity:** Does your current staff have evaluation experience? Do you have collaboration partners with evaluation experience?
- **Time and budget:** Do you have the financial resources for a dedicated evaluation lead? How much time do you have to prepare for conducting the evaluation?
- **Stakeholder buy-in:** Do your evaluation questions represent the values and perspectives of your stakeholders?



## Resources – Further Reading

- [What are IRBs?](#)<sup>23</sup>
- [Does Evaluation Require IRB Review?](#)<sup>24</sup>
- [Research vs. Quality Improvement and Program Evaluation](#)<sup>25</sup>

## Worksheet

Use the worksheet below to assess your resources and capacity. Please note that this worksheet has been filled in to provide an example, see Appendix II for a blank copy.

### Worksheet for Assessing Resources and Capacity – Example

This exercise will help you identify existing resources as well as gaps in your evaluation capacity. When completing this worksheet, think about your immediate team, your broader department and your external partners — each has a role to play. Identifying where your resources are will help you realistically determine the level of effort for training staff, engaging external partners or consultants and adapting to community needs.

#### Capacity of Existing Staff

What evaluation experience does your staff have?	Our staff has collected data often through surveys and community meeting focus groups, but we have limited understanding of how to analyze the data.
Where is additional evaluation support needed?	It would be helpful to have some assistance with analyzing the data.
Which staff have experience with survey development and implementation, interview design and implementation, qualitative analysis, and/or quantitative analysis?	Sue and Joe have experience with survey development and implementation and designing interviews and focus groups. None of us feel particularly confident with analysis.
Do any collaborating organizations have evaluation expertise that they can contribute? (e.g., local health departments, AmeriCorps Vista volunteers, academic institutions, community health workers)	We typically ask for a graduate student volunteer at our local university to help us run statistics for the data we have collected.

#### Time and Budget

When does program implementation begin?	Implementation begins in May.
When does program implementation conclude?	Implementation ends the following May.
Does your program budget have dedicated funds for evaluation?	No, but two staff members have 10 percent full-time equivalent (FTE) to work on the project.
Does your organizational budget have dedicated funds for evaluation?	No, but two staff members have 10 percent FTE to work on this project.

#### Stakeholder Buy-in

Whose values and perspectives are represented in the evaluation questions?	Program director, staff members, park board, community members.
How will I obtain multiple perspectives on how the evaluation will be implemented?	An evaluation advisory team, including staff, park leadership, park board members and community members, have been involved from the beginning of the planning stages and will be included in conversations throughout the project.



Children from Minnie and Lovie Ward Recreation Center in San Francisco sit in front of a summer art installation.



### Resources – Further Reading

- [Partnering with Tribal Nations on Research](#)<sup>26</sup>
- [Non-researchers Guide to Evidence-based Program Evaluation](#)<sup>27</sup>
- [Rural Health Community Toolkit – Evaluation Design](#)<sup>28</sup>



### Tools – Guides and Toolkits

- [Selecting an evaluator](#)<sup>29</sup>
- [Evaluator finder](#)<sup>30</sup>

## Part C. Develop a Work Plan

As with any successful project management plan, you should develop a work plan for your evaluation. The work plan serves as a management tool to ensure that you assign sufficient time to each step in the evaluation design, data collection and dissemination of results. The work plan should be time based and chronological. All major deliverables should be outlined, including interim deliverables and milestones — such as drafts, multiple points of input and review. The evaluation lead or point of contact should be responsible for monitoring the work plan. Many components of the plan will take place at the same time as program design and implementation. A designated lead who is different from the program manager is most desirable to make certain all steps are provided full attention throughout the program. You should share the work plan with your partners and collaborators to keep them aware of your plans and time constraints. In addition, any steps that require partner participation should be clearly marked and communicated to ensure all contributors are aware of their responsibilities.

## Definitions

**Institutional Review Board (IRB):** IRBs review research studies to ensure that they comply with applicable regulations, meet commonly accepted ethical standards, follow institutional policies, and adequately protect research participants.<sup>25</sup>

Evaluation studies typically do not require IRB review because the information collected is only used to make judgements about the program, improve effectiveness and inform decisions about future program development.





San Francisco Parks and Recreation staff show children how to mix colors at the Upper Noe Adventure Camp.

PHOTO COURTESY OF SAN FRANCISCO RECREATION AND PARKS

## Section 4: Quantitative and Qualitative Data Collection and Analysis

**Purpose:** In this section, you will learn about quantitative, qualitative and mixed methods data collection and analysis and how to communicate the results. Additionally, this section provides examples of metrics that measure health outcomes using NRPA's *Elevating Health Equity Through Parks and Recreation: A Framework for Action*.<sup>9</sup>

### Learning Objectives

- To understand how to collect data through quantitative, qualitative and mixed-methods approaches.
- To understand how to conduct basic analysis of quantitative and qualitative data.
- To understand how to properly interpret and communicate the results.
- To identify health metrics that include equity measures to use in evaluations.



### Caution

Advanced statistical analysis is beyond the scope of this document, but we provide this section to share simple ways to collect and analyze data for the purpose of evaluation with minimal statistical knowledge.

# Part A. Quantitative Data Collection and Analysis

Quantitative data is measurable; often used for comparisons; and involves counting of people, behaviors, conditions or other discrete events. Quantitative data is typically used to determine the what, who, when and where of health-related events and is expressed in numerical form. There are pros and cons to consider when selecting quantitative data elements (see Table 7).



## Tools – Guides

[Selecting Data Collection Methods<sup>31</sup>](#)

**Table 7. The Pros and Cons of Quantitative Data Collection**

Pros	Cons
<ul style="list-style-type: none"><li>• Compare data over time</li><li>• Leverage existing data sets</li><li>• Require little involvement from participants</li></ul>	<ul style="list-style-type: none"><li>• Large sample size needed to make statistically meaningful inferences</li><li>• May require a statistician to analyze, depending on data scope</li><li>• Unable to provide contextual details that qualitative data can bring</li></ul>



## Resources – Further Reading

[Questionnaires<sup>32</sup>](#)

[Secondary Data Sources<sup>33</sup>](#)



## Tools – Guides

[Evaluate the Quality of Questions<sup>34</sup>](#)

[Ordered Response Options<sup>35</sup>](#)

[Increasing Response Rates<sup>36</sup>](#)

[Using Incentives<sup>37</sup>](#)

## Collecting Quantitative Data

Quantitative data can be collected through the administration of surveys/questionnaires, interviews, formal observations/checklists, social media metrics and other secondary data sources (e.g., data from the U.S. Census Bureau or the Centers for Disease Control and Prevention). Quantitative data collected through surveys can vary in mode (i.e., paper, online, telephone, in person) and question types (i.e., multiple choice, check boxes, ordered responses).



### Case Study: Pre- and Post-Nutrition Education Class Survey

Community: Kerman, California

The City of Kerman Parks, Recreation, and Community Services Department in Kerman, California, offers weekly youth nutrition education classes for four-week periods. At the first session of the series, a health educator administers a pre-survey to understand the current knowledge and understanding of the youth in the class about healthy foods and nutrition. This allows them to customize nutrition education content through the baseline understanding gathered during the pre-survey. After the last session of the series, the health educator administers the post-survey to determine how effective the class was for increasing understanding and knowledge related to nutrition. This pre- and post-intervention survey is an example of quantitative data collection and demonstrates how these types of surveys can demonstrate the effectiveness of an intervention.

## Sampling Strategies for Quantitative Data Collection

An essential factor to consider during the sampling process of quantitative data collection is the target population. For evaluation, generally the target population should match the demographic characteristics of the community being served through the program. Particularly for program evaluations, it is essential to include the perspectives of individuals who may not be participating in the programs to learn how to reach them for future program activities, including groups that have been economically/socially marginalized due to their race/ethnicity, sex, gender identity, sexual orientation, religion, ability and age.

## Analyzing Quantitative Data

Quantitative data can be analyzed to explore the population of interest through descriptive or inferential statistics and can be used to track group- or individual-level change over time through longitudinal data collection.

**Descriptive statistics** summarize quantitative data by describing the collected information. This includes measures of frequency (count, percent), measures of central tendency (mean/average, median, mode), measures of dispersion or variation (range, variance, standard deviation), and measures of position (percentile ranks, quartile ranks). **Inferential statistics** uses collected data to make assumptions or infer the impact of interventions. This typically includes the use of cross-tabulations and contingency tables, correlations and many more complex, statistical methods beyond the scope of this framework.



### Resources – Further Reading

[Analyzing Quantitative Data for Evaluation](#)<sup>38</sup>

[Data Analysis Using Excel](#)<sup>39</sup>

PHOTO COURTESY OF CENTRAL ARKANSAS LIBRARY SYSTEM



The Central Arkansas Library System coordinates the Be Mighty program in Little Rock, Arkansas, that works to provide meals needed by youth in the community.



### Difference Between Causation and Correlation

Causation and correlation are not the same. **Causation** implies that there is a cause-and-effect relationship between two factors (or variables). **Correlation** implies that there is a relationship between two factors, but one does not necessarily cause the other. This difference is essential to recognize because it takes more than changes in frequencies and averages to determine statistically significant change, but often it is enough to show a possible trend.



### Resources – Further Reading

[Sampling Methods](#)<sup>40</sup>

Tools used to analyze data can vary depending on the expertise of the analyst and the complexity of the evaluation. Microsoft Excel is an example of a data analysis program that is widely available within many organizations. However, other statistical tools, such as SPSS, STATA, R, SAS and JMP, require more training and education to utilize and are typically more expensive.

## Definitions

**Sampling:** Retrieving a representative collection of individuals from a larger population (in this case, the community served), such that the evaluation can produce the most accurate generalizations about the larger population.

**Target population:** A group of individuals who share similar characteristics to the intended population of the program or activity.



## Data Visualization

Quantitative data can be visualized through tables and figures, such as bar charts, line charts, mapping and many more options. It is essential to consider how you label the axes and tables along with the colors used in the figures to help visualize the data collected. It is possible to create simple tables and figures in Microsoft Excel, and other software, such as [Tableau](#)<sup>41</sup> is available for more advanced users to create interactive data visualizations.



### Resources – Further Reading

[Using Graphs and Charts](#)<sup>42</sup>

[How Charts Lie](#)<sup>43</sup>

[Displaying Data Effectively](#)<sup>44</sup>

[Interactive Chart Chooser](#)<sup>45</sup>

## Part B. Qualitative Data Collection and Analysis

Qualitative data can include almost any non-numerical data. It includes visually or audibly observing people to make inferences on behavior and reasons behind their behavior.<sup>46</sup> Besides natural observations, qualitative data can be more formalized where participants share verbal anecdotes related to the purpose of the evaluation (e.g., program impact, challenges faced, supports needed, suggestions). There are pros and cons to consider when selecting qualitative data elements (see Table 8).

**Table 8. The Pros and Cons of Qualitative Data Collection**

Pros	Cons
<ul style="list-style-type: none"><li>• Powerful method of storytelling</li><li>• Yields data with greater depth for further analysis and reflection</li><li>• Provides context to findings from quantitative data</li><li>• More flexible data collection than quantitative data collection</li><li>• Informs the development of quantitative evaluation tools</li></ul>	<ul style="list-style-type: none"><li>• Typically requires use of trained interviewers/ moderators</li><li>• Can be time-intensive</li><li>• Participants may be less willing to participate, depending on the sensitivity of the topic of discussion</li><li>• Qualitative data analysis can be subjective and time-intensive, depending on the volume of the data being analyzed</li></ul>

## Collecting Qualitative Data

The primary methods of collecting qualitative data are through virtual/phone or in-person interviews and focus groups. Other options for collecting qualitative data are through direct observations, case studies, open-ended responses to surveys and social media comments.



### Tools and Resources

[Interviews](#)<sup>47</sup>

[Focus Groups](#)<sup>48</sup>

[Observation](#)<sup>49</sup>

[Evaluate the Quality of Questions](#)<sup>50</sup>



PHOTO COURTESY OF THE CENTRAL ARKANSAS LIBRARY SYSTEM

The Little Rock, Arkansas, Be Mighty campaign combats hunger by serving free meals to children at numerous community locations.



### **Take Action. Recommendations for Best Methods in Collecting Qualitative Data Through Interviews and Focus Groups**

- Develop interview and focus group guides that include key questions and probes for interviewers to adequately capture the purpose of each question.
- Record the conversation to ensure that you capture the conversation accurately and to decrease the chance of biases. However, you must receive consent from the participant(s) before recording.
- Take high-level notes while conducting the interview or focus group to help create categories during data analysis.
- Aim to have six to 10 participants in the focus groups and have a colleague assist with notetaking, if possible. This is to ensure the facilitator can focus solely on moderating the conversation and engage with participants who are less willing to share their input.



### **Case Study: Community Feedback Through Events**

Community: Klamath Falls, Oregon

Sometimes, park and recreation agencies are not the lead organization for a program but a partnering organization. One example of this type of partnership is from a faith-based organization that provides intervention services and lifestyle alternatives to at-risk youth and their families in Klamath Falls, Oregon. The organization implemented a nutrition hub, using a park as a service site. Collecting feedback from participants was an ongoing effort. Staff members from the organization would ask community members who participated how to best support them by asking questions like, “What kinds of challenges is your family facing?” The staff members also asked the community members for additional feedback and suggestions on how to improve services provided by the organization. Although an informal method, these types of engagement allow the community to have a voice in the development and implementation of potential interventions. Responses from these questions can provide insight to program developers and administrators on which areas of services are most needed from the community members and how to intentionally address them through their services.

## **Sampling Strategies for Qualitative Data Collection**

Factors to consider during the sampling strategy for qualitative data collection is the target population and the range of desired perspectives. The target population should match the demographic composition of the community being evaluated. To ensure an equitable framework, it is important to develop recruitment strategies that will reach individuals who may not be regularly participating in the program, especially those who are hard-to-reach, such as groups that have been economically/socially marginalized, under-resourced communities, and people who have been historically underserved.



### **Take Action. Designing a Sampling Strategy**

- Consider your target population.
- Collect a range of perspectives by age, race, ethnicity, sex, gender identity, religion, ability, socioeconomic status and geographic location/ZIP code.
- Be realistic with your participation goals.

## **Analyzing Qualitative Data**

Qualitative data is analyzed primarily using transcribed recordings, if available. Manually transcribing interviews is free, but typically is time-consuming depending on the length of the recording. Other options in transcribing are through paid

transcription software, such as Descript, Trint and others. Vendors and freelancers also can be hired to transcribe interviews but are typically the most expensive options.

Whether through the transcribed interviews or notes taken from the interview or focus group, analyzing qualitative data can be done through deductive or inductive analysis. After these analyses are complete, it is essential to review the qualitative data and track the instances of themes in participant responses, the frequencies of themes overall, and the sentiment of the participant when sharing (e.g., positive, negative or any other emotions).

### Deductive Analysis

Deductive analysis involves the use of pre-formed ideas of themes or “codes” that align with the overarching purpose of the evaluation. These themes are created before reading through the transcripts and are based on the expected outcomes that align with the questions.

### Inductive Analysis

Inductive analysis is an open exploration of developing ideas based on what was shared in the interview or focus group. These themes arise from reading through transcripts or listening to the recording. Once all the themes are identified, sub-themes may need to be merged based on what is most notable.



#### Resources – Further Reading

[Using Excel for Qualitative Data Analysis](#)<sup>51</sup>

[Using MS Office to do Qualitative Analysis](#)<sup>52</sup>

[Atlas.ti](#)<sup>53</sup>

[Dedoose](#)<sup>54</sup>

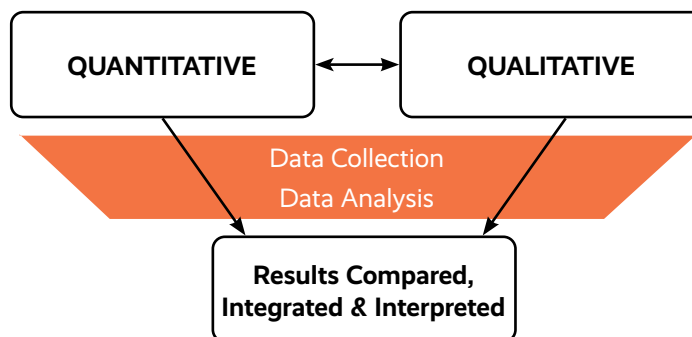
[Brief Guide to Using NVivo](#)<sup>55</sup>

[MaxQDA](#)<sup>56</sup>

## Part C. Mixed-Methods Methodology

The combination of qualitative and quantitative data collections, also known as mixed-methods methodology or triangulation, improves the credibility and validity of findings and is the preferred data collection method, if resources allow. Mixed-methods methodology is a design for collecting, analyzing and combining both quantitative and qualitative data in a single study or series of studies to conduct an evaluation (see Exhibit 3). Qualitative and quantitative data can be used to support and reinforce one another and is typically considered as the “holy grail” in evaluation research due to its ability to provide high validity and credibility, completeness and context, diverse views, and, sometimes, unexpected results.

### Exhibit 3. Mixed-Methods Triangulation Strategy



Graphic derived from the research paper, “A Student Retention Model: Empirical, Theoretical and Pragmatic Considerations.”<sup>57</sup>



In Montrose, Colorado, community members participate in a nutrition education class.



PHOTO COURTESY OF MONTROSE RECREATION DISTRICT



### Case Study: Mixed-Methods Approach Through Community Health Assessments

Community: Bloomington, Indiana

Bloomington is a suburban city in Indiana with an almost equal proportion of Black and white populations (46 percent versus 50 percent, respectively). The Bloomington Parks and Recreation Department manages the Banneker Community Center, which has a rich history in the Bloomington community, particularly for their African American community members, as Banneker was the first African American school in the city. Over the years, the center transformed as an avenue for community members to congregate for events, such as nutrition education, family dinners, physical activities and many others. To continue to improve this space and ensure it meets the needs of the community, staff at Banneker — in collaboration with partners at the Indiana University School of Public Health — created and implemented a Community Health Assessment. Questions in this assessment included both quantitative and qualitative questions, so that they can highlight the numerical significance of the community needs (i.e., percent of homes that are unable to access food) along with the story behind them (i.e., reasons behind the inability to access food, such as transportation). This assessment is ongoing as they maintain communication with their community members on their desire for the program and ensure their needs will be met through their plans for improvement.

## Part D. Data Communication

After learning about a variety of ways to collect and analyze data, it is important to consider how to interpret the results appropriately and effectively communicate them to key audiences.



### Resources – Further Reading

[Guide to Science Communication](#)<sup>58</sup>

[Qualitative Data Communication Tips](#)<sup>59</sup>

Appropriately interpreting the results involves describing your study sample and being transparent about biases, limitations and challenges. Describing your sample will be based on the descriptive data from the quantitative analysis, particularly the demographic characteristics of the sample, which will help the audience understand how to interpret and apply the results. Audiences mainly will be interested in findings that are applicable to specific communities intended to participate in the

program. Additionally, it is common and acceptable that most evaluations result in mainly correlational, not causal, findings, as most program evaluation activities will not include an experimental research design. Thus, when communicating about the results of the data, avoid using general statements or words like “**proof**” or “**cause**.” Instead, provide factual statements about the perceived program successes and challenges, which can allow for the development of lessons learned and next steps. Furthermore, you may use previous case studies or examples to help make inferences to the results of the study.

Key themes that emerge from qualitative data collection allow for an in-depth understanding of study findings. Including powerful quotes and anecdotes retrieved from qualitative data collection are likely to engage a wider range of audiences more than numerical results alone. Thus, it is essential to use a range of creative methods to share qualitative data, including visual outputs, such as pictures, clipart and other images that are unique and specific to the evaluation. This technique often results in a more personal and relatable presentation. Compelling and influential methods of communicating qualitative data results provide a storytelling opportunity behind quantitative data results, which is a reason behind why mixed-methods data collection is key to multifaceted results.

Common target audiences include the general population (i.e., public, community members), the media and other important stakeholders (i.e., government officials, funders, academics, policymakers). In preparation for communicating the results through written, visual or verbal methods, it is important to tailor the messaging to your audience. For example, it is important to use accessible language without technical jargon to the general population, while using more professional language may be beneficial to institutional audiences — such as, policymakers or government officials.

Effectively communicating data results assists audiences in recognizing the importance of not only the results, but also the program itself and potentially could influence them to support the program. Therefore, it is critical to consider the target audience and appropriately interpret the results in a truthful and effective manner.

## Part E. Health Metrics

This section introduces the seven dimensions of well-being (see Exhibit 4) included in NRPA’s Community Wellness Hub toolkit (learn more at [nrpa.org/CommunityWellnessHubs](http://nrpa.org/CommunityWellnessHubs)). This displays our vision of the interconnectedness and interdependence of various well-being domains that are essential to consider when creating and evaluating a Community Wellness Hub. Additionally, this section provides a description and examples of quantitative measures for each of the seven domains.

Table 9 presents the description of each health domain, examples of outcomes within each domain and existing validated measures that target the domain. These quantitative health metrics can be challenging to collect at a community level because they tend to need more resources for data collection (i.e., funding, staff). Using secondary public data sources and/or qualitative data are alternatives that provide additional details about the health of the community. Even then, however, data need to be interpreted with caution. Many national data sets are collected using nationally representative samples, which means that results often cannot be directly interpreted at the community level. Some sources, such as the [County Health Rankings](#),<sup>60</sup> try to overcome this challenge by modeling data to smaller geographic levels. While helpful, it is important to recognize that data are, in fact, modeled, and may not be an accurate representation of community-level health behaviors and outcomes.

Exhibit 4. NRPA’s Seven Dimensions of Well-Being




A ranger leads a tour of Sweetwater Wetlands Park located in the City of Gainesville, Florida.



PHOTO COURTESY OF ANGIE GOULD

**Table 9. Health Metrics Domain and Examples**

 <b>Cultural</b>	
<p>Communities provide culturally relevant spaces, programs and services. Community members, including staff, develop a sense of belonging, inclusion and appreciation. They embrace, celebrate and value the identities, traditions and experiences of others and practice cultural humility. This is a dynamic and lifelong process that focuses on self-reflection and personal critique, acknowledging one’s own biases. Measures are based on the social acceptance and available options relevant to an individual’s culture.</p>	
Example Metrics	Sources of Existing Metrics
<ul style="list-style-type: none"> <li>• Number of people who perceive discrimination</li> <li>• Overall racial equity in a community</li> <li>• Cultural competence and humility of staff</li> <li>• Cultural competence and humility of participants</li> <li>• Access to culturally relevant foods</li> <li>• Access to culturally relevant activities (i.e., cultural festivals, women-only pool time)</li> <li>• Report of community recognition of culturally relevant holidays/celebrations</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Racial Equity Index</a><sup>*61</sup></li> <li>• <a href="#">Perceived Discrimination Scale</a><sup>62</sup></li> </ul>
 <b>Economic</b>	
<p>Communities provide access to economic opportunities and economic stability, including fair and good paying jobs, workforce development opportunities and affordable housing. Community members are economically and financially secure, can contribute skills, talents and passions to the community, and have a pathway to economic opportunity. Measures are based on the financial and economic status of an individual and the community.</p>	
Example Metrics	Sources of Existing Metrics
<ul style="list-style-type: none"> <li>• Percent of people living below the poverty line</li> <li>• Number of insured, under-insured or uninsured people</li> <li>• Rate of full-time employment</li> <li>• Average wage</li> <li>• Access to housing assistance</li> <li>• Access to temporary financial or benefit assistance</li> <li>• Report of knowledge on how to apply for temporary financial or benefit assistance</li> <li>• Rates of food insecure household</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NORC Prosperity Index</a><sup>*63</sup></li> <li>• <a href="#">Opportunity Index</a><sup>*64</sup></li> <li>• <a href="#">Child Opportunity Index</a><sup>*65</sup></li> <li>• <a href="#">U.S. Census – Income &amp; Poverty</a><sup>*66</sup></li> <li>• <a href="#">National Equity Atlas</a><sup>*67</sup></li> <li>• <a href="#">NRPA – Economic Impact of Local Parks</a><sup>*68</sup></li> <li>• <a href="#">Bureau of Economic Analysis (BEA) – Outdoor Recreation Economy</a><sup>*69</sup></li> <li>• <a href="#">CDC Social Vulnerability Index</a><sup>*70</sup></li> </ul>

\*These sources are links to secondary, public data sources that may have limitations on how the data were collected. Please be sure to carefully examine the data collection methodology to ensure the available data represent the desired metric.



## Emotional

Communities understand, embrace and promote emotional and behavioral health, and provide spaces, programs and services that support emotional health. Community members can develop and explore feelings, values and attitudes, practice mindfulness and self-awareness, and manage emotions and behaviors. Measures based on the mental health of an individual and the availability and access the community provides for mental health.

Example Metrics	Sources of Existing Metrics
<ul style="list-style-type: none"> <li>Levels of life satisfaction among program participants</li> <li>Number of youth reporting anxiety</li> <li>Percent of participants reporting high levels of self-efficacy</li> <li>Percent of residents who feel connected to their community</li> <li>Number of program participants reporting a positive change in emotion/mood</li> <li>Adverse Childhood Experiences (ACEs) score</li> <li>Percent of youth engaging in risky behaviors</li> <li>Percent of youth considering or attempting suicide</li> <li>Percent of people with access to mental or behavioral health services</li> <li>Number of organizations or clinics that provide mental or behavioral health services</li> <li>Rate of youth indicating they are experiencing bullying</li> </ul>	<ul style="list-style-type: none"> <li>Anxiety<sup>71</sup></li> <li>Depression<sup>72</sup></li> <li>Center for Epidemiologic Studies Depression Scale (CESD-10)<sup>73</sup></li> <li>Behavioral Risk Factor Surveillance System<sup>74</sup></li> <li>Youth Risk Behavior Surveillance System<sup>75</sup></li> <li>Meaning and Purpose<sup>76</sup></li> <li>Positive Affect<sup>77</sup></li> <li>Self-Efficacy for Managing Chronic Conditions – Managing Emotions<sup>78</sup></li> <li>Global Mental Health<sup>79</sup></li> <li>Life Satisfaction<sup>80</sup></li> <li>Self-Efficacy<sup>81</sup></li> <li>Youth Self-Control<sup>82</sup></li> <li>Youth Community Connectedness<sup>83</sup></li> <li>County Health Rankings<sup>*60</sup></li> </ul>



## Environmental

Communities promote environmental justice and provide clean air, water and green spaces to ensure all people, especially Black, Indigenous, people of color and low-income communities, have access to and can connect with the outdoors in meaningful ways. They are resilient in the wake of climate change and are mitigating against future environmental threats. Community members are aware of how the natural and built environment impacts health, they spend time connecting with the outdoors and they take action to promote environmental justice. Measures are based on the composition and contextual constructs of the environment and its physical and social aspects.

Example Metrics	Sources of Existing Metrics
<ul style="list-style-type: none"> <li>Percent of people with access to safe, public areas for recreation (i.e., parks, bike paths, walking/hiking trails)</li> <li>Number of parks, trails or green spaces within a specific area</li> <li>Percent of people with access to/land for a community garden or food forest</li> <li>Percent of people with asthma or respiratory illnesses</li> <li>Average temperature during a specific month</li> <li>Rate of crime/violence (Note: This should not be used to generalize the safety of a community, see Limitation box)</li> <li>Proportion of individuals using public transportation</li> <li>Air-quality levels over the past week</li> <li>Access to community spaces with Americans with Disabilities Act (ADA) accessibility</li> </ul>	<ul style="list-style-type: none"> <li>The Trust for Public Land ParkServe<sup>84</sup></li> <li>NRPA Park Metrics<sup>85</sup></li> <li>National Oceanic and Atmospheric Administration (NOAA) Data Discovery Portal<sup>86</sup></li> <li>Environmental Protection Agency (EPA) Air Data<sup>87</sup></li> <li>Crime Data Explorer<sup>88</sup></li> <li>Community Crime Map<sup>89</sup></li> <li>CDC Social Vulnerability Index<sup>*70</sup></li> <li>County Health Rankings<sup>*60</sup></li> <li>Climate.Park.Change<sup>90</sup></li> <li>Inclusive Community Health Implementation Package (iCHIP)<sup>91</sup></li> <li>Youth Risk Behavior Surveillance System<sup>75</sup></li> <li>Climate Data Online<sup>92</sup></li> </ul>





### Limitation on Rate of Crime or Violence

Data on rate of crime or violence should not be used to generalize the “safety” of a community, due to systemic factors that may produce biases on these numbers (e.g., policing disparities). A suggestion to utilize language like “measure of systemic barriers” (i.e., policing disparities, lack of youth programming), may be a better alternative for this.



### Intellectual

Communities provide access to equitable and high-quality learning opportunities and education. Community members can enrich the mind through an openness to new ideas, experiences, questions and thoughts, and through learning new skills and seeking to understand different perspectives and lived experiences. Measures are based on the cognitive capacity and function of an individual and the community.

#### Example Metrics

- Amount of time spent reading every week
- Percent access to adult education programs (i.e., hobbies, General Educational Development [GED], etc.)
- Percent access to out-of-school time programming (i.e., science, technology, engineering, the arts and mathematics [STEAM], nutrition education, etc.)
- Number of people passing cognitive tests (reasoning, memory, recognition, attention, sorting)
- Percent access to education support programs (including virtual options)
- Rates of high school graduates
- Rates of truancy
- Proportion of fourth graders with reading and math skills at or above the proficient level

#### Sources of Existing Metrics

- [Cognitive Function](#)<sup>93</sup>
- [Cognitive Ability Tests](#)<sup>94</sup>
- [Youth Academic Performance](#)<sup>95</sup>



Asheville Parks and Recreation serves meals to community members during the coronavirus (COVID-19) pandemic.

PHOTO COURTESY OF ASHEVILLE PARKS AND RECREATION



## Physical

Communities provide environments, programs and services that promote opportunities for all people to be physically active, safe, have access to nutritious and affordable food and have access to quality healthcare. All community members can easily and safely access opportunities that support the development of healthy eating, physical activity, rest and self-care habits and behaviors that support healthy bodily functions. Measures are based on the physical health of an individual and access and availability of opportunities for positive physical health outcomes at the community level.

Example Metrics	Sources of Existing Metrics
<ul style="list-style-type: none"> <li>Percent of people engaged in at least 30 minutes of physical activity daily</li> <li>Percent of people with access to preventative/acute health services</li> <li>Number of people engaged in youth/adult sports</li> <li>Percent of people with access to fresh, healthy foods</li> <li>Number of people who reduced alcohol consumption</li> <li>Number of avenues to access fresh, healthy foods</li> <li>Consumption rates of fruits, vegetables and whole grains</li> <li>Percent of people who report lower levels of fatigue</li> <li>Number of people with a regular primary care provider</li> <li>Rate of adolescents who received preventative healthcare in the past year</li> </ul>	<ul style="list-style-type: none"> <li>CDC Health-Related Quality of Life Measures<sup>96</sup></li> <li>Fatigue<sup>97</sup></li> <li>Global Physical Health<sup>98</sup></li> <li>Self-Efficacy for Managing Daily Activities<sup>99</sup></li> <li>Alcohol Use<sup>100</sup></li> <li>Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire<sup>101</sup></li> <li>RAND Short-Form Survey (SF-36)<sup>102</sup></li> <li>Youth Physical Activity<sup>103</sup></li> <li>County Health Rankings<sup>*60</sup></li> <li>Community Health Improvement Plan (CHIP) and Community Health Assessment (CHA)<sup>104</sup></li> </ul>



## Social

Communities provide opportunities for socialization, connection and relationship building. Community members can develop and maintain healthy relationships and meaningful connections, positively interact with others and contribute to community. Measures are based on the social connectedness and experiences of an individual in society, as well as the opportunities available for these social aspects in the community.

Example Metrics	Sources of Existing Metrics
<ul style="list-style-type: none"> <li>Number of people reporting adequate levels of social support</li> <li>Number of memberships in clubs/team activities</li> <li>Percent of youth reporting positive relationships with their parents/caregivers</li> <li>Proportion of persons with disabilities who report in/sufficient social and emotional support</li> <li>Level of social competency</li> <li>Report of presence of at least having one caring adult in a child/adolescent's life</li> <li>Percent of residents who feel connected to their community</li> <li>Report of having at least one individual to ask for assistance or advice</li> <li>Report on feeling of belonging or connectedness</li> </ul>	<ul style="list-style-type: none"> <li>BRFSS Questionnaire<sup>101</sup></li> <li>Self-Efficacy for Managing Social Interactions<sup>105</sup></li> <li>Companionship<sup>106</sup></li> <li>Emotional Support<sup>107</sup></li> <li>Informational Support (Advice)<sup>108</sup></li> <li>Instrumental Support<sup>109</sup></li> <li>Social Isolation<sup>110</sup></li> <li>Youth Prosocial Behavior<sup>111</sup></li> <li>Youth Social Competence<sup>112</sup></li> <li>Youth Help-Seeking<sup>113</sup></li> <li>Youth Peer Relationship Quality<sup>114</sup></li> <li>County Health Rankings<sup>*60</sup></li> <li>NORC Prosperity Index<sup>*63</sup></li> </ul>



Community members take part in outdoor activities at a Little Rock, Arkansas, library that also serves as Be Mighty meal distribution site.



PHOTO COURTESY OF CENTRAL ARKANSAS LIBRARY SYSTEM

## Section 5: Using Evaluation Outcomes for Quality Improvement and Advocacy

**Purpose:** Evaluation results can be used internally for quality improvement and externally to inform key stakeholders. In this final section, you will learn how to disseminate evaluation results to improve the program quality and to advocate the importance of the program to policymakers, potential funders and community members.

### Learning Objectives

Evaluation results can be used to support quality improvement, as well as advocacy. In this section, you will learn how to:

- Use evaluation results for quality improvement.
- Create a dissemination plan.
- Use evaluation results for advocacy efforts.

### Part A. Evaluation for Quality Improvement

Evaluation is important for informing project management, monitoring progress and reassessing a project. Based on the findings and lessons learned throughout the evaluation, improvement plans can be developed for the program. Evaluation for quality improvement is primarily an internal evaluation with the purpose of enhancing the current program and its staff, partners and overall capacity. Process evaluations and outcome evaluations are two types of evaluations that can be used for quality improvement (see Section 3, Part A).

### Definitions

**Dissemination:** The process of communicating either the procedures or the lessons learned from an evaluation to relevant audiences in a timely, unbiased and consistent fashion.<sup>115</sup>

One method for conducting quality improvement is called **Plan-Do-Check-Act (PDCA)**.<sup>116</sup> Similar to the Plan-Do-Study-Act model of healthcare quality improvement, PDCA can be implemented in fields outside of healthcare, including strategic planning, education and program evaluation (see Exhibit 5). The PDCA procedure includes:

- **Plan:** Identify an opportunity and plan a change.
- **Do:** Test the change and monitor the outcomes.
- **Check:** Review and analyze the results, and identify lessons learned.
- **Act:** Take action based on what you learned.

## Quality Improvement and Project Management

PDCA cycles should be ongoing to ensure continuous improvement. You can incorporate them into your project management approach. A clear project management approach supports alignment between a proper plan and the overarching strategic goals. It also ensures staff and partners have achievable and realistic expectations. Program evaluation and quality improvement provides a systematic approach to identifying gaps and overcoming challenges. Understanding those issues as they arise will allow for course adjustment, including identifying needs for more support and resources. Project management tools can be as simple as an Excel spreadsheet to an integrated management application. With more management and administrative work transitioning to digital modes, there are more options in the software space, including Google workspace, Microsoft 365 suite, Wrike project management software, Monday.com project management software and others.

### Exhibit 5. Example of the Plan-Do-Check-Act (PDCA) Cycle





## Part B. Dissemination

**Dissemination** is sharing the evaluation findings with key stakeholders, such as government officials policymakers, partners and community members. To effectively disseminate the results of the evaluation, it is important to create a dissemination plan that provides an overview of how the evaluation results will be shared with the relevant audience. While sharing the findings of the evaluation, it is important not only to discuss the positive outcomes, but also disclose the biases, limitations and challenges to allow the audiences to better understand the story of the program and draw fair conclusions.



### Resources – Further Reading

[CDC Framework for Program Evaluation<sup>4</sup>](#)

[Agency for Healthcare Research and Quality \(AHRQ\) Dissemination Guide<sup>117</sup>](#)

The dissemination plan should be a collaborative effort with the internal team and should address the purpose, the audience, the message to be shared, the methods, the timing, and the process for evaluating the success of the dissemination effort. A detailed overview of this plan can be found in Table 10. An essential aspect of a strategy for dissemination is to always keep equity in mind throughout the process. For example, consider how the mediums will be translated for audiences for whom English is not the primary language spoken. Furthermore, simplified data using accessible terms and graphical information may be better suited for the general audience compared to a more professional audience that would be able to understand technical jargon. These factors need to be considered for a successful dissemination effort. Asking community members and stakeholders their preferred method of receiving findings when conducting community assessments will create a more relevant report. Often, several versions of reports are necessary to effectively convey the results to various audiences.

**Table 10. Key Elements of a Dissemination Plan**

Element	Details
Purpose	The purpose of the dissemination plan may be to: <ul style="list-style-type: none"><li>• Raise awareness</li><li>• Inform</li><li>• Engage</li><li>• Promote</li></ul>
Audience	Consider who is the audience and their interest in the program. Examples of audiences are: <ul style="list-style-type: none"><li>• Community members</li><li>• Agency/Organization leadership</li><li>• Government officials</li><li>• Financial supporters/funders</li><li>• Partners</li></ul>
Message	Characteristics to consider while defining the key messages: <ul style="list-style-type: none"><li>• Clear</li><li>• Targeted</li><li>• Actionable</li><li>• Factually correct</li><li>• May be repeated (for reinforcement of message)</li></ul>

Element	Details
Methods	<p>Consider which method would reach the target audience and achieve dissemination purpose. For example:</p> <ul style="list-style-type: none"> <li>• Newsletters, one-pagers/infographics, social media posts, blogs, data visualizations and press releases can create awareness</li> <li>• Reports, journal articles and websites can transmit information</li> <li>• Conference presentations, public or internal presentations and websites can promote the project and its outcomes</li> </ul>
Timing	Determine when the dissemination of activities will be most relevant. For example, at the end of the program would be an important time to highlight the achievements to potentially receive more financial funding.
Dissemination Evaluation	Build an evaluation component into the dissemination activities to better understand if they have achieved the objective of the dissemination and to prepare for future dissemination activities.

The information in this table was adopted from the Agency for Healthcare Research and Quality report, *Quick-Start Guide to Dissemination for Practice-Based Research Networks*.<sup>117</sup>

## Part C. Evaluation for Advocacy

Evaluation insights can be powerful advocacy tools by highlighting disparities and the need for health equity. Some of the most effective strategies for advocacy are educating policymakers about a specific health topic and encouraging the creation of new programs to address real issues in your community. Evaluation data will give you the tools to do both. Advocacy can take place at a local level (town, city, county), a state level or a national level. You can use evaluation data to tailor a message to your target audience (see Table 11).



### Resources – Further Reading

[The National Association of County and City Health Officials \(NACCHO\) Advocacy Toolkit](#)<sup>118</sup>



Community members take part in outdoor activities at a Little Rock, Arkansas, library that also serves as Be Mighty meal distribution site.

PHOTO COURTESY OF AMANDA SCHWICHTENBERG

**Table 11. Examples of Advocacy Activities Using Evaluation Data**

Examples of Advocacy Activities
• Meeting with a local policymaker to educate your staff about the importance of summer and out-of-school time activity or meal programs during COVID-19
• Preparing materials that share success stories from your Community Wellness Hub
• Posting about program outcomes on your organization’s social media channels to celebrate the reach of your program, including the number of youth and seniors who participated in education programs and the number of meals served through federal nutrition programs
• Discussing the social/emotional impact of your mentoring program on youth during a city council meeting
• Writing an article in your local newspaper about your youth sports program and how it has positively impacted not only their physical health, but also their social and emotional well-being

### Building an Evidence Base

There should be a strong basis or evidence for advocacy to be effective. Minimal to no data often are not enough to make actionable change in a community.

- [NRPA’s Advancing Community Health and Well-Being Report<sup>119</sup>](#) is a tool for park and recreation professionals to use to support advocacy efforts. This report contains information on how park and recreation agencies address the constantly evolving health and wellness needs of their communities. For example, the 2021 report included how agencies were affected by the COVID-19 pandemic and how they adapted their programs to continue to meet the needs of their communities.
- [NRPA’s Park Champion Advocacy Toolkit<sup>120</sup>](#) equips park and recreation professionals to inform members of Congress about the importance of their agency in communities. Particularly, this toolkit provides a seven-step process on how to engage members of Congress from an introduction to the type of events to invite lawmakers to how to follow up with them after the event.

### Conclusion

The *Health Impact Evaluation Framework* can serve as a guide for navigating the evaluation design process for community health programs implemented by your agency or in partnership with another organization. The evaluation principles are based in public health methods and can be scaled to any size program or even a single activity. Park and recreation agencies are well-known in the community for providing vital public services, and that includes programming focused on improving food security, physical activity, and social and emotional health. Evaluation can help you identify, strengthen and promote the ways in which your agency contributes to improving the overall health and wellness of your community.



Produce gathered from the Banneker Community Center in Bloomington, Indiana.

PHOTO COURTESY OF CITY OF BLOOMINGTON PARKS AND RECREATION DEPARTMENT

# Appendix I: SMART Objectives Worksheet

Template for Writing SMART Objectives

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Goal:

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Objective in plain language:

Key Component	Objective
Specific – What are we going to do for whom?	
Measurable – Is it quantifiable and can we measure it?	
Achievable – Can we get it done in the proposed timeframe with the available resources and support?	
Relevant – Will this objective have an effect on the desired goal or strategy?	
Time-Bound – When will this objective be accomplished?	

Revised SMART Objective:

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For more information, see [“Writing SMART Objectives”](#) by CDC.<sup>20</sup>



# Appendix II: Worksheet for Assessing Resources and Capacity

## Worksheet for Assessing Resources and Capacity

This exercise will help you identify existing resources, as well as gaps in your evaluation capacity. When completing this worksheet, think about your immediate team, your broader department and your external partners — each have a role to play. Identifying where your resources are will help you realistically determine the level of effort for training staff, engaging external partners or consultants and adapting to community needs.

### Capacity of Existing Staff

What evaluation experience does your staff have?	
Where is additional evaluation support needed?	
Which staff have experience with survey development and implementation, interview design and implementation, qualitative analysis and/or quantitative analysis?	
Do any collaborating organizations have evaluation expertise that they can contribute? (e.g., local health departments, AmeriCorps VISTA volunteers, academic institutions, community health workers)	

### Time and Budget

When does program implementation begin?	
When does program implementation conclude?	
Does your program budget have dedicated funds for evaluation?	
Does your organizational budget have dedicated funds for evaluation?	

### Stakeholder Buy-in

Whose values and perspectives are represented in the evaluation questions?	
How will I obtain multiple perspectives on how the evaluation will be implemented?	

# Appendix III: References

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