

# Evaluation Toolkit



**CLACKAMAS**  
COUNTY

# **HEAL Mini-Grant Program**

## **Clackamas County Public Health Division Evaluation Toolkit**

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### **Abstract:**

This toolkit was created for the Clackamas County Public Health Department for use by prospective participants in the HEAL mini-grant program, as well as HEAL grant administrators. This toolkit is intended to enable community members applying for HEAL grants to incorporate evaluation into their program design, and demonstrate to the grant administrators how they will report outcomes should their project receive funding. It will be available to all prospective grantees. Included are a number of different evaluation tools that may be applicable to the wide variety of projects represented within the HEAL grant program.

# Contents

Welcome to the Healthy Eating Active Living (HEAL) Grant Program! .....	3
Section 1: Understanding Evaluation .....	4
What is Evaluation? .....	4
Why do we do evaluation? What are the benefits? .....	5
How to Use This Toolkit .....	5
How to Tell Your Evaluation Story .....	6
Section 2: Evaluation Tools .....	8
HEAL Grantee Standard Recording + Documentation Sheet.....	9
Surveys .....	10
Program Feedback (One Time Survey) .....	11
Program Feedback (Pre-Survey) .....	14
Program Feedback (Post Survey).....	16
Photo Documentation Tool .....	18
Site Visit Observation Tools .....	22
<i>Healthy Eating</i> Project Checklist.....	23
Active Lifestyles Project Checklist .....	24
Qualitative Observation Guide .....	25



## **Welcome to the Healthy Eating Active Living (HEAL) Grant Program!**

This grant opportunity will provide successful applicants with funding to initiate community projects focused on the first goal of the County's Community Health Improvement Plan (CHIP) to develop systems, resources, approaches, and policies to minimize health risks, prevent chronic disease and support healthy lifestyles.

If you become a HEAL grant awardee, you are part of a growing effort among individuals and organizations working to address a top priority of Clackamas County: *to reduce chronic disease through healthy eating and active living.*

In order to demonstrate the important role that HEAL grant programs play in reaching this goal, it is vital to evaluate our progress. We have created this toolkit as a way to easily document and record your programs updates and achievements, in order to create a comprehensive impact report of what we were able to collectively accomplish as a community.

We recognize your commitment to helping Clackamas County become the healthiest county in Oregon and appreciate your help with utilizing this toolkit as a way to account for your efforts.

In good health,  
*Kirsten Ingersoll, CCPHD*

# Section 1: Understanding Evaluation

## What is Evaluation?

**Evaluation** is about using information that you collect to make a judgement about how successful your project has been in making the difference you intended to the people that you set out to support.

In order to evaluate your project, you will institute a system for **monitoring or tracking** your progress, which involves keeping track of what you are doing and what you are achieving. To do this you will gather relevant information, facts and figures, and feedback from key people involved in your project.

There are two types of information to think about collecting – **quantitative and qualitative** - and you will need to collect both types for your report. Quantitative information includes numbers, counting how many people participated or measuring materials. Qualitative information includes words, such as written and spoken feedback.



# Why do we do evaluation? What are the benefits?

Tracking and evaluating your project helps you to:

- Measure how well you are doing against your plans and make any adjustments to keep you on track with your plan.
- Learn from your experience of the project and that of your young people, volunteers, parents, and the wider community.
- Account for resources that were used during the project.
- Understand how to be more effective and efficient.
- Help with planning future events and activities.
- Create evidence and documentation that can support future funding from other sources.
- Demonstrate to yourself, your project, and your volunteers the difference that your project makes to making Clackamas County a healthier place to live.

## How to Use This Toolkit

This toolkit includes a mix of information about evaluation and how to do it, some tried and tested evaluation ideas and tools that you can choose from, and guidance to help you create and conduct an evaluation plan for your project.

As you put together your grant application, we hope that you will utilize this toolkit to create an evaluation plan for your proposed project. Having an evaluation plan will make your application more competitive.

In addition to using this resource, we recommend that you visit the Clackamas County Public Health website at <http://www.clackamas.us/publichealth/heal.html> which has more resources, contact information and examples of past HEAL Grant Projects to help you with your own evaluation and reporting process.

# How to Tell Your Evaluation Story

Use the following prompts to help develop your project's story, which is a perfect way to summarize your project with the challenges and achievements you experienced. Try to answer each prompt in 1-3 sentences.

## **In the beginning...**

*What needs were you trying to address? What did you hope the community would get out of the project?*

## **Along the way...**

*How did you attract people to help with the project? What activity/activities did you do? What were some "headline" achievements?*

## **In the end...**

*What difference did you make? What did people get out of it? What were your successes and challenges?*

## **And the take away is...**

*What can be learned from your experience? Would you do anything differently? What happens next with your project?*



## Some final notes...

- **Keep it simple** – report on what you did, and especially the difference that your project made to increase healthy eating and/or active living.
- Collect evidence and results from your project as you go. For example, keep all of your receipts and takes lots of pictures – ***don't wait until the project has finished to start evaluating!***
- **Look back to your original application plan** – this will help you identify what you have achieved.
- **Be honest** – there may be some things that did not work out as you planned, but there might also be some unexpected achievements.
- **Talk to people who are impacted by your project** – what did they like, appreciate, and gain from being involved?
- **Get permission** – make sure that your project participants are happy for you to use any pictures or comments, and try to make them anonymous.





## Section 2: Evaluation Tools

# HEAL Grantee Standard Recording + Documentation Sheet

Project Title: \_\_\_\_\_

Amount of funds awarded: \_\_\_\_\_

## Principal Applicant Information

Organization Name: \_\_\_\_\_

## Project Manager Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Project Outcomes

Total # of volunteer hours: \_\_\_\_\_ x \$22.75/hr\* = \$ \_\_\_\_\_

Total # of specialized skill\*\* volunteer hours: \_\_\_\_\_ x [hourly rate] = \$ \_\_\_\_\_

Total value of donated materials (non-perishable): = \$ \_\_\_\_\_

Total value of donated materials (perishable): = \$ \_\_\_\_\_

Total # of people directly impacted by project efforts: \_\_\_\_\_

Number of hours/days project product gets used per week: \_\_\_\_\_

# Surveys

## *Choosing your Survey*

Surveys are a relatively easy and inexpensive method of collecting data to evaluate your program. They are often used to assess the impact of programs, generalize results to a larger population, and determine program progress. These can be administered by grantee staff or volunteers at a predetermined time. Ideally, you will distribute these to everyone who uses your program. Depending on your project, this may not be possible. If your project is an event that happens over a specific time-frame, then we recommend attempting to survey as many participants as possible. If your project is something like a community garden or walkway, then we recommend choosing various times to survey users. For example, try not to survey people at the same time of day each time.

If you choose to evaluate your project utilizing a survey, then we have provided you with two survey template options. Option 1) is a standalone survey. This survey will allow you gather data from users of your project in a single sitting. This is the most convenient method for your users. However, it does not measure change or progress. Option 2) is a Pre-Survey and supplemental Follow-up survey. This option will allow you show change in the surveyed users. It will measure the benefit or impact of your project. The follow-up survey should be delivered to the users 3 months after the original survey was completed. You may want to email it as an attachment, or mail it as a physical document. Either way, politely request that the user fills it out and returns it as soon as possible. You also may need to send gentle reminders. Please note that some questions in the template might not pertain to your project. You can remove these questions.

You can also use one of many online Survey platforms, such as [www.surveymonkey.com](http://www.surveymonkey.com) to build your survey. We recommend using our template questions to build your online survey. The benefit of such a method is that they offer simplicity in survey distribution, data collection, and analysis. The drawback is that a subscription can be costly and there is a slight learning curve to using the technology. Online survey services require that you have an email address to distribute the surveys to. If you do not already collect, want to collect, or cannot collect customer or user emails then this may not be your best option.

You will be asked to report back the results of your surveys. Collecting, interpreting, and reporting back on these simple surveys can be done using a simple tool like Microsoft excel. This part can be time consuming and is easiest if someone at your organization has experience. However, if this is not the case then here are a few resources to aid you:

<https://learningstore.uwex.edu/Assets/pdfs/G3658-14.pdf>

<http://agsci.psu.edu/it/how-to/using-excel-to-summarize-surveys-multiple-topics-topic-by-topic>

[http://www.internet4classrooms.com/excel\\_survey.htm](http://www.internet4classrooms.com/excel_survey.htm)

# Program Feedback (One Time Survey)

*Thank you for taking the time to complete this survey. Your feedback is valuable for us to continue improving our community. It will only take a couple of minutes to fill out. Please fill in your demographic information. Then read the questions below and answer them to the best of your ability. Please return this survey to the distributor.*

## Demographics:

1. Gender:        ☐ Female    ☐ Male
2. Date of Birth: / /
3. Race: ('X' those with which you identify):  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
☐ More than one race  
☐ Unknown or choose not to report
4. Ethnicity:  
☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
☐ Unknown or choose not to report

Occupation: \_\_\_\_\_

Do you live in Clackamas County? ☐ Yes    ☐ No

Experience					
Please rate your experience with the [name of HEAL grant project].					
	Not Satisfied	Slightly Satisfied	Satisfied	Very Satisfied	Extremely Satisfied
Staff Interaction if any	1	2	3	4	5
Accessibility of this project	1	2	3	4	5
Overall experience	1	2	3	4	5

	<b>Highly Unlikely</b>	<b>Unlikely</b>	<b>Neutral</b>	<b>Likely</b>	<b>Very Likely</b>
<b>Likelihood of recommending this [HEAL grant project] to a friend or acquaintance</b>	1	2	3	4	5
<b>Likelihood of returning or reusing this [Heal grant project name/</b>	1	2	3	4	5

Health & Wellness Please indicate your level of agreement with the below statements					
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>I consider myself physically active.</b>	1	2	3	4	5
<b>Use of [name of HEAL grant project] is likely to increase my physical activity.</b>	1	2	3	4	5
<b>Use of [name of HEAL grant project] will increase my access to fresh food (nutritious food).</b>	1	2	3	4	5
<b>Use of [name of HEAL grant project] is likely to give me a healthier lifestyle.</b>	1	2	3	4	5
<b>Use of [ HEAL grant project] will increase access to other community attractions.</b>	1	2	3	4	5

**9. What have you enjoyed most about your experience with [name of HEAL grant project]?**

**10. How can [name of HEAL grant project] improve your experience?**



# Program Feedback (Pre-Survey)

*Thank you for taking the time to complete this survey. Your feedback is valuable for us to continue improving our community. It will only take a couple of minutes to fill out. Please fill in your demographic information. Then read the questions below and answer them to the best of your ability. Please return this survey to the distributor.*

Please fill in your unique personal code utilizing the format below:

First Letter of your Mother's First name		First Letter of your Mother's Maiden name	
First Digit of your Social Security		Last Digit of your Social Security number	

*I would recommend this [HEAL grant project] to a friend or acquaintance. Yes \_\_\_\_\_ No \_\_\_\_\_*

*I anticipate utilizing this [HEAL grant project] more than once in the next 3 months. Yes \_\_\_\_\_ No \_\_\_\_\_*

## Demographics:

Gender:      \_\_\_ Female      \_\_\_ Male

Year of Birth: \_\_\_\_\_

Race: ('X' those with which you identify):

Ethnicity:

\_\_\_ American Indian or Alaska Native

\_\_\_ Hispanic or Latino

\_\_\_ Asian

\_\_\_ Not Hispanic or Latino

\_\_\_ Black or African American

\_\_\_ Unknown or choose not to

\_\_\_ Native Hawaiian or Other Pacific Islander

report

\_\_\_ White

\_\_\_ More than one race

\_\_\_ Unknown or choose not to report

Occupation:

*Do you live in Clackamas County?*

\_\_\_\_\_

\_\_\_ Yes      \_\_\_ No

<b>Health &amp; Wellness</b> Please indicate your level of agreement with the below statements					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I consider myself physically active.	1	2	3	4	5
Use of [name of HEAL grant project] is likely to increase my physical activity.	1	2	3	4	5
Use of [name of HEAL grant project] will increase my access to fresh food (nutritious food).	1	2	3	4	5
Use of [name of HEAL grant project] is likely to give me a healthier lifestyle.	1	2	3	4	5
Use of [name of HEAL grant project] will increase accessibility to other community attractions.	1	2	3	4	5

*What have you enjoyed most about your experience with [name of HEAL grant project]?*

*How can [name of HEAL grant project] improve your experience?*

# Program Feedback (Post Survey)

Please fill in your unique personal code utilizing the format below:

First Letter of your Mother's First name		First Letter of your Mother's Maiden name	
First Digit of your Social Security		Last Digit of your Social Security number	

Date: \_\_\_\_\_

I have recommended this [HEAL grant project] to at least one friend or acquaintance. Yes / No

I have utilized this [HEAL grant project] more than once. Yes / No

If "Yes", approximately how many times have you utilized this [HEAL grant project] within the past 3 months? Less than 10 \_\_\_\_ or More than 10 \_\_\_\_

<b>Health &amp; Wellness</b>					
Please indicate your level of agreement with the below statements					
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
I consider myself physically active.	1	2	3	4	5
Use of [name of HEAL grant project] has increased my physical activity.	1	2	3	4	5
Use of [name of HEAL grant project] has increased my access to fresh food (nutritious food).	1	2	3	4	5
Use of [name of HEAL grant project] has provided me a healthier lifestyle.	1	2	3	4	5
I have accessed other community attractions because of my use of [name of HEAL grant project]	1	2	3	4	5

*Has the [name of HEAL grant] project addressed previous questions or concerns? Yes / No*

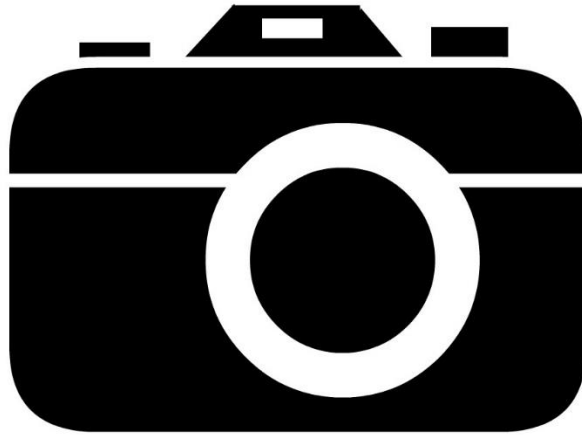
*If “Yes”, briefly tell us about how the question or concern was addressed:*

# Photo Documentation Tool

Photographs can be useful tools for evaluating a project. This method asks project managers, volunteers and/or other participants to take pictures of the project. Use the questions below to guide which pictures to take. Write about why each picture was chosen and how it answers the question. Some questions will be more straightforward and others will ask the photographer to take pictures that represent attitudes, beliefs and ideas. There is no right or wrong way to choose what to photograph. All pictures show a unique perspective about the project. Questions can be added to fit the needs of your project.

*The following is an example of one way pictures and descriptions can be formatted:*

## 1) What is the project and who participates?



Photographer name, role and age:

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Please describe the photograph and why you chose this picture:

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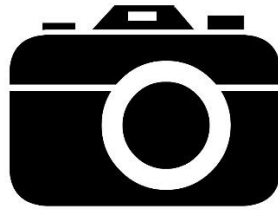
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*Other ideas for photo discussion questions:*

2) How does this project influence or impact the community?



Photographer name, role and age:

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Please describe the photograph and why you chose this picture:

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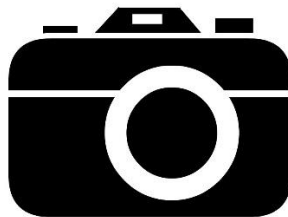
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3) Who will this project reach in the community?



Photographer name, role and age:

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Please describe the photograph and why you chose this picture:

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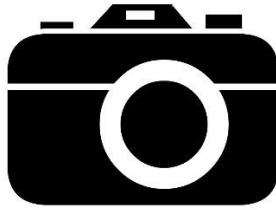
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4) What challenges have you faced during this project?



Photographer name, role and age:

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Please describe the photograph and why you chose this picture:

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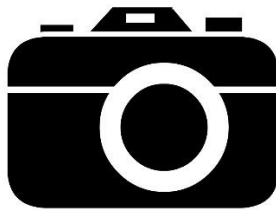
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5) What successes have you had during this project?



Photographer name, role and age:

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Please describe the photograph and why you chose this picture:

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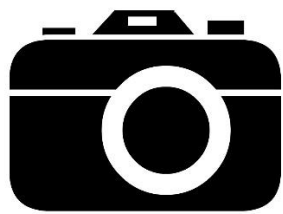
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6) How does this project improve the health of its participants and the greater community?



Photographer name, role and age:  
\_\_\_\_\_

Please describe the photograph and why you chose this picture:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Site Visit Observation Tools

# Healthy Eating Project Checklist

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**Instructions:** An observer should make use of their visual and auditory senses to better understand how the public interacts with HEAL grant projects. Because the program supports projects that address healthy eating and being active, there are two distinct observational tools, one for each health behavior category, so that evaluations can take on more depth and specificity. Many of the projects address both, in which case both observational tools would be used at the same site. Some of the questions will be repeated in this case. These tools can be used to gauge the public's comfort level engaging with the various projects.

**Examples of projects that address healthy eating:** Establishing a volunteer farm stand, building raised beds for Head Start programs, installing a greenhouse at a community garden, establishing a model/training garden at a church, creating a student-led farm-to-school "Tasting Table" program at an elementary school, etc.

Observation checklist/short answers for a site visit to a project that falls into the healthy eating category:

Date and time: \_\_\_\_\_

1) Are there people at the project site? **Y / N**

1a) If so, how many? \_\_\_\_\_

2) Are they interacting with features of the project? **Y / N**

2a) If so, which features? \_\_\_\_\_

3) Is there any food visible? **Y / N**

3a) If so, what kinds (fruits, vegetables, meats, packaged)? \_\_\_\_\_

4) Are people eating at this site? **Y / N**

5) Are they eating food that appears to come from the site? **Y / N**

6) Are people transporting food? **Y / N**

6a) If so, can you tell where? \_\_\_\_\_

7) Is there a dominant emotion among the people at the site? **Y / N**

7a) If so, which emotion(s) do people appear to be feeling? \_\_\_\_\_

8) Do you observe anything unexpected? **Y / N**

8a) If so, what do you observe? \_\_\_\_\_

9) Does the project and its features appear to be impacting anyone negatively **Y / N**

9a) If so, how? \_\_\_\_\_

10) Do you observe any promotional tools being utilized by the project? **Y / N**

10a) If so, which tools and how are they displayed? \_\_\_\_\_

# Active Lifestyles Project Checklist

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**Examples of projects that address active lifestyles:** *Increasing youth access to summer recreation opportunities, constructing a natural playscape at an elementary school, replacing an ADA chairlift and handicap stairwell at a community pool, Camp HOPE high adventure experiences, etc.*

Observation checklist/short answers for a site visit to a project that falls into the active lifestyles category:

Date and time: \_\_\_\_\_

1) Are there people at the project site? **Y / N**

1a) If so, how many? \_\_\_\_\_

2) Are they interacting with features of the project? **Y / N**

2a) If so, which features? \_\_\_\_\_

3) How old do the participants appear to be (age range)? \_\_\_\_\_

4) Are the majority of people on the site engaged in movement or recently engaged in movement (e.g. not sitting for prolonged periods)? **Y / N**

5) Is it loud? **Y / N**

5a) Describe the noise level \_\_\_\_\_

6) Do you notice people engaged in **group** activity or **individual** activity? (circle majority)

7) Does anyone appear unable/unwilling to engage in the activity being promoted? **Y / N**

7a) If yes, elaborate \_\_\_\_\_

8) Do you observe anything unexpected? **Y / N**

8a) If so, what do you observe? \_\_\_\_\_

9) Does the project and its features appear to be impacting anyone negatively **Y / N**

9a) If so, how? \_\_\_\_\_

10) Do you observe any promotional tools being utilized by the project? **Y / N**

10a) If so, which tools and how are they displayed? \_\_\_\_\_

# Qualitative Observation Guide

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**Site Visit Observation Guide Tips:** Be mindful of *who*, *what*, *where*, *when* & *why* of this project: ***What*** service are they delivering, ***who*** is impacted, ***where*** is it happening and ***why*** are they doing what they're doing? Be sure to write down field notes during or soon after the site visit, so you are likely to remember all important details. You are welcome to record any interviews to assist in this process, but be sure to gain consent prior to recording.

- What is the name of the project you are observing?
- Who was your point of contact (project manager or other organizer) that you talked to for this observation?
- What is the role of the project manager or point of contact?
- Did the point of contact provide information about the project in a brochure/documents or was it mostly verbal?
- Describe the design, mission and/or goals of the project. Describe the funding sources and roles of volunteers, participants and other community stakeholders.
- Who are the target populations served by this project? Who benefits from this project?
- Describe the everyday operations of the project. What did you see when you were there? What kind of activities were participants and project leaders involved in? What stage of project development or implementation?
- How are the interactions and activities at today's site-visit contributing to the overall goals of the project?
- What kind of materials, resources and relationships are needed to sustain this project over time?
- According to the point of contact, are there any needs that are not being met? What are the causes of these barriers? (funding, lack of participants/volunteers/materials/support from CCHD)
- How did the HEAL grant contribute to this project?
- How does this project contribute to the health and wellbeing of its participants and the greater community? Did you observe certain health-related activities, attitudes or behaviors on your visit?



- NOTES:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.