Health Outreach Partners
HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

PROGRAM PLANNING & EVALUATION

OUTREACH REFERENCE MANUAL

ACKNOWLEDGEMENTS

This chapter draws largely from the Second Edition of Health Outreach Partner's Outreach Reference Manual. Health Outreach Partners would like to extend its appreciation to the staff and partners that contributed to the development of that edition.

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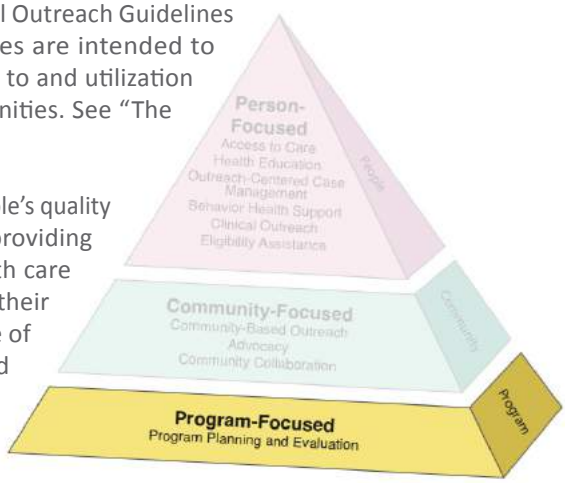
INTRODUCTION

The Outreach Reference Manual uses Health Outreach Partners' National Outreach Guidelines as a key framework. The ten guidelines and accompanying strategies are intended to provide direction on using outreach most effectively to increase access to and utilization of comprehensive primary health care services in underserved communities. See "The National Outreach Guidelines" in the Appendix to learn more.



Health Outreach Partners defines outreach as the process of improving people's quality of life by facilitating access to quality health care and social services, providing health education, bringing linguistically and culturally responsive health care directly to the community, helping people to become equal partners in their health care, and increasing the community's awareness of the presence of underserved populations. This chapter focuses on the Program-Focused Guideline: Program Planning and Evaluation. The guideline states, "the outreach program will consistently participate in outreach planning, document its activities, and measure the outcomes of services provided." This chapter includes tools and frameworks for outreach program planning and evaluation.

Program planning and evaluation supports outreach programs by:

- **Building consensus:** Creating consensus among the outreach program staff ensures that those involved are motivated to complete the objectives identified on the program plan.
- **Communicating goals:** Establishing goals at the planning stage clearly communicates the driving force of the program.
- **Allocating scarce resources:** Careful planning enables your program to appropriately allocate funds and ensure that budgeted funds last the entire year.
- **Setting the pace:** Planning makes it easier to balance workloads and allows staff members to know what projects are coming.
- **Establishing accountability:** Planning provides the opportunity to clearly delegate responsibilities and holds staff accountable to these responsibilities.
- **Understanding whether or not goals were accomplished:** Evaluation helps your program understand whether or not the outreach program goals and objectives were met.
- **Ensuring the use of effective strategies:** Evaluation can support your program in identifying and using strategies that are effective and developing a better understanding of how to serve your priority population.

Outreach programs play an integral part in each stage of the program planning process from gathering resources to using your evaluation findings effectively. To accomplish this, this chapter will walk you through how to develop three key resources for outreach program planning: a logic model, an outreach program plan, and an evaluation plan. The following table outlines each type of resource.

	Logic Model	Program Work Plan	Evaluation Plan
What is it?	A logic model is the theory behind why your program will work. It describes the main elements of a program and how they will improve the health of your priority population.	A work plan outlines how you are going to complete your work by describing exactly what your program hopes to accomplish and the specific steps to do so.	An evaluation plan helps your program collect data and show if what you are doing is working. It also describes how you will monitor and evaluate your program.
Why is it important?	External Communication	Internal Communication	Internal Communication and Processes
When do you need one?	A logic model is usually created for new programs for the lifecycle of the program or when there are major changes in the program.	Work plans are usually created or updated for both new and existing programs at the beginning of every program cycle, typically one year.	Evaluation plans should be created and updated in conjunction with work plans and include sections of the work plan such as the indicators and data sources.

Finally, it is important to recognize that program planning is not a linear process and many recommendations included in this chapter do not have to be carried out step-by-step. Some planning may happen simultaneously with other planning processes or on an as-needed basis. Generally, planning happens when it makes the most sense for and in the unique context of your health center or program.

HOW CAN HOP ASSIST YOU FURTHER?

If you would like further assistance with planning, please visit www.outreach-partners.org and click on "contact us." Specifically, HOP can help you:

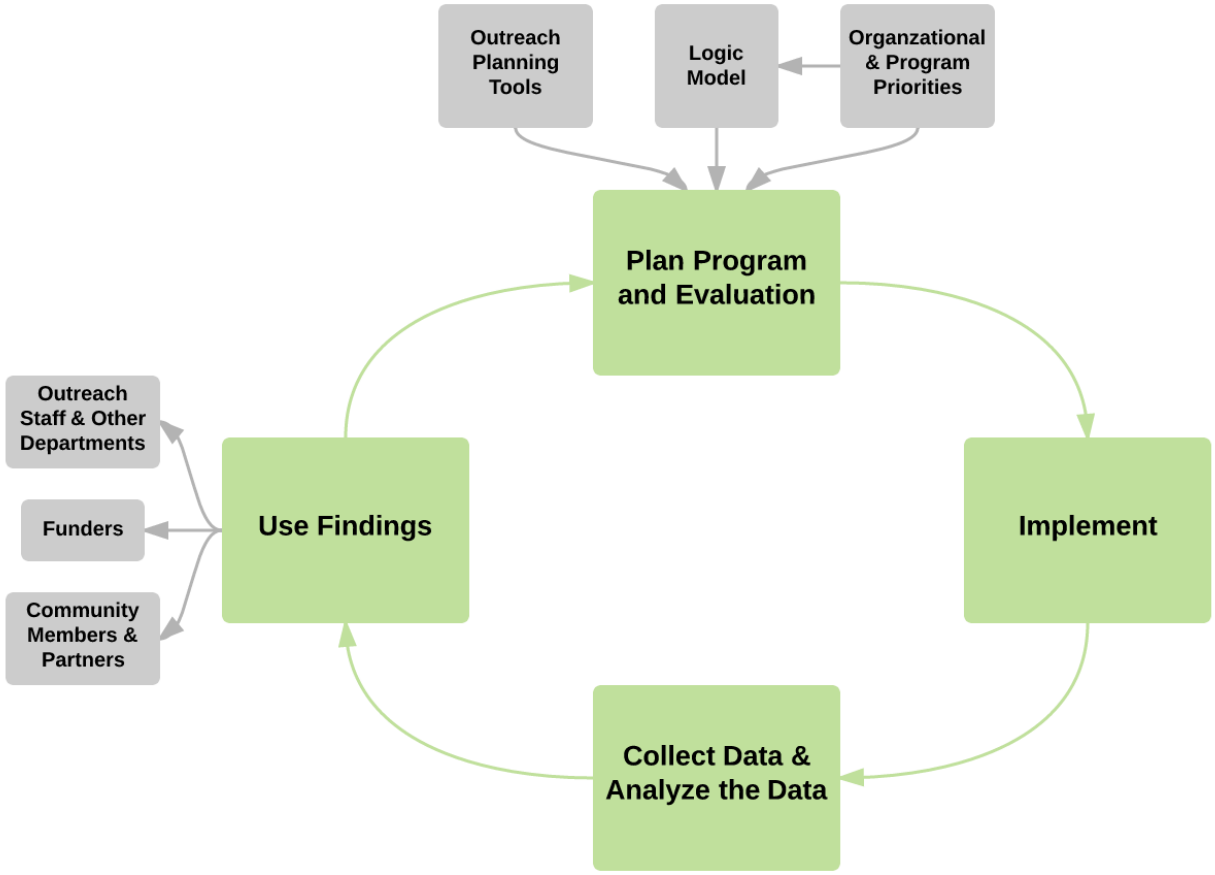
- Prepare for program planning
- Create a logic model to support program planning
- Develop goals and objectives
- Focus activities to meet your broader health center goals
- Create an evaluation plan based on your program plan
- Use your evaluation findings

HOP Tip: "HOP Tips" are a key feature of the Outreach Reference Manual. They are indicated by a light bulb and are brief implementation tips that point out additional resources or provide suggestions.

1. INTEGRATED OUTREACH PROGRAM PLANNING PROCESS

The Integrated Outreach Program Planning Process outlines how outreach programs can fully integrate their efforts with the health center goals and operations. This integrated effort ultimately aims to effectively provide and support quality health care and outreach services to underserved communities.

INTEGRATED OUTREACH PROGRAM PLANNING PROCESS



As illustrated, this process consists of four core areas:

1. **Program Planning and Evaluation Planning:** The first step of planning is to look at your outreach planning tools, logic model, and program priorities. Program priorities include relevant health center plans and executive priorities; needs assessment findings and recommendations; and resources such as funding, budget, and collaborations. Use this information to plan your outreach program activities and how you will evaluate those activities.

2. **Implementation:** Implementation includes carrying out the outreach program activities as outlined in the program plan and evaluation plan.

3. **Data Collection and Analysis:** Collect and analyze your data based on your evaluation plan.

4. **Using Your Findings:** Use your evaluation findings by sharing them with funders, staff, community members, and community partners. Most importantly, your evaluation findings feed right back into program planning and evaluation planning through adjustments during the year or planning for a new iteration of the program.

PARTICIPATORY PLANNING

Successful and integrated outreach program design requires that you engage your health center leadership and outreach staff, your priority population[1], key partners, and others in the community in the planning process. These parties have a stake in the success of your outreach program and will offer important perspectives. They will also be invaluable resources as you implement your program.

A fully integrated outreach program not only has outreach staff participating in health center strategic decision-making, but also has the full support of health center leadership. HOP's Dimensions of Integration include the degree of integration of outreach program staff and priorities with health center leadership. See "The Dimensions of Integration" in the Appendix to learn more about organizational integration.

DIMENSION OF INTEGRATION	NOT INTEGRATED	MODERATELY INTEGRATED	FULLY INTEGRATED
LEADERSHIP The degree of integration of outreach program staff and priorities with health center leadership.	Health center leadership does not advocate for outreach program.	Outreach program may be endorsed by leadership but outreach staff may not participate in decision-making.	Outreach staff participate in health center strategic decision-making. Health center leadership fully supports the outreach program.

Including leadership in program planning meetings can support this dimension of integration and can create an environment where the outreach program planning processes are aligned with the health center's strategic decision-making and are fully supported by leadership.

Throughout this chapter, you will find recommendations for when to conduct planning meetings and who should attend based on the purpose of the meeting. In addition, "Conducting Planning and Evaluation Meetings" on page 33 provides more information on how to host an effective meeting.

1 In this chapter, the term 'priority population' is used to refer to the group(s) your outreach program seeks to serve. Priority populations are often underserved and face social, economic, and cultural barriers to accessing health and social services. They may include, but are not limited to, low-income populations, the uninsured, immigrants, those with limited English proficiency (LEP), agricultural workers and dependents, individuals and families experiencing homelessness, the lesbian, gay, bisexual, transgender and queer (LGBTQ) community, those living in public housing, Asian and Pacific Islanders (API), veterans, seniors, children in schools, and people with disabilities.

2. PREPARING TO DEVELOP YOUR PROGRAM

Before you begin planning your program, it is important to consider what other resources, information, and tools will support your plan. For example, reviewing relevent plans and executive priorities will ensure that your program is integrated with and useful to your health center. It can be helpful to share these materials with the outreach team so that they understand the organizational and environmental context in which they are planning.

REVIEW RELEVANT PLANS AND EXECUTIVE PRIORITIES

Most health centers have a business plan, a strategic plan, and a health care plan. These plans outline the priorities and needs of the health center. Having a clear understanding of these plans and the role of outreach in the broader health center supports the aligment of goals and objectives between the outreach program and the priorities of the health center. In particular, if there are organizational objectives pertaining to outreach, identify what they are and use them to guide your outreach planning.

Health Care Plan

A health center's health care plan outlines focus areas and corresponding clinical performance measures. Consider what the outreach program can do to support the health center in improving on its performance measures and, if possible, how outreach can help carry out some of the planned actions listed in the health care plan. For example, some outreach workers support their health centers by providing preventative health screenings and chronic disease management.

Business Plan

The business plan outlines a health center's operational and financial goals and objectives. Before developing your program plan, learn about your health center's financial performance measures and consider the potential financial benefits of outreach. Incorporating revenue-generating activities into your outreach planning will garner support for the program, as well as align the outreach program with the health center's financial goals. For example, the outreach program can recruit and enroll new patients in health insurance and convert existing uninsured eligible patients, thereby increasing reimbursable clinic visits.

Strategic Plan

The strategic plan is an organizational document that outlines the direction in which your health center is heading. Each health center's strategic plan is unique. As you are developing a plan, make sure every outreach activity directly supports one or more objectives indicated in the strategic plan.

HOP Tip: Outreach programs are critical in connecting underserved populations to services and improving health outcomes. But outreach programs can also have a positive impact on your health center's bottom line. HOP's Outreach Business Value calculators help health centers understand the financial value of their outreach efforts by looking at the potential return on investment in the program. To learn more about determining the financial value of outreach, visit HOP's website at www.outreach-partners.org to learn more about HOP's Outreach Business Value Model and Toolkit.

ALIGNMENT OF GOALS

A fully integrated outreach program has goals and objectives that flow directly from the overall clinical or business goals and objectives of the health center. See "The Dimensions of Integration" in the Appendix to learn more about organizational integration.

DIMENSION OF INTEGRATION	NOT INTEGRATED	MODERATELY INTEGRATED	FULLY INTEGRATED
ALIGNMENT OF GOALS The degree of alignment between the goals of the health center and the outreach program.	Little or no alignment with the clinic plan, business plan and/or strategic plan of the health center.	Outreach program goals may align with health center goals but are not well operationalized.	Outreach program goals and objectives flow directly from the overall clinical or business goals and objectives of the health center.

IDENTIFY PARAMETERS AND RESOURCES

Identifying the parameters and available resources for your outreach program will ensure that your program plan is relevant and realistic. These may include timeframe, priority population, service area, funder commitments, available staff and supplies, budget, and collaborators.

Every health center is accountable to funders. Be sure to look at grant proposals to find out which activities you must complete over the next year and include them in the outreach plan as your base activities. Additionally, learning what resources are available will help determine what other activities you can undertake over the next year. Make sure you can answer the following questions before developing your outreach plan.

- What are the deliverables to your funders?
- What is your annual budget?
- Do you need to do additional fundraising?
- How many staff do you have?
- Do you have room in your budget to hire additional staff?
- What material resources are currently available?
- Do you need to purchase additional supplies?
- What other community resources can your program utilize to help fulfill its objectives?
- Who is your priority population?
- Where will you concentrate your efforts?
- What types of activities will be most beneficial to your priority population?
- What activities will meet your funding deliverables?

REVIEW NEEDS ASSESSMENT FINDINGS AND EVALUATION RESULTS

Outreach planning is an excellent time to incorporate needs assessment and evaluation findings back into your program. Summarize the data and results, share them with your outreach team and community partners, and use the results to decide how to adjust or improve your program.

HOP Tip: To learn more about conducting needs assessments, check out HOP's Community Health Needs Assessment Toolkit on HOP's website www.outreach-partners.org.

3. USING A LOGIC MODEL

Planning requires that you take stock of your program resources, outline activities, and define the scope and desired outcomes of your program. Start by hosting a kick-off meeting. The purpose of this meeting is to help create a shared vision for the outreach program. Invite key individuals at your health center who have an interest or responsibility in the outreach program. Relevant individuals could include health center leadership, providers, management from other departments, and outreach staff. See "Conducting Planning and Evaluation Meetings" on page 33 for more on how to host a meeting.

A logic model is one of the most common tools to gain a clear vision for planning and evaluating a program.

WHAT IS A LOGIC MODEL?

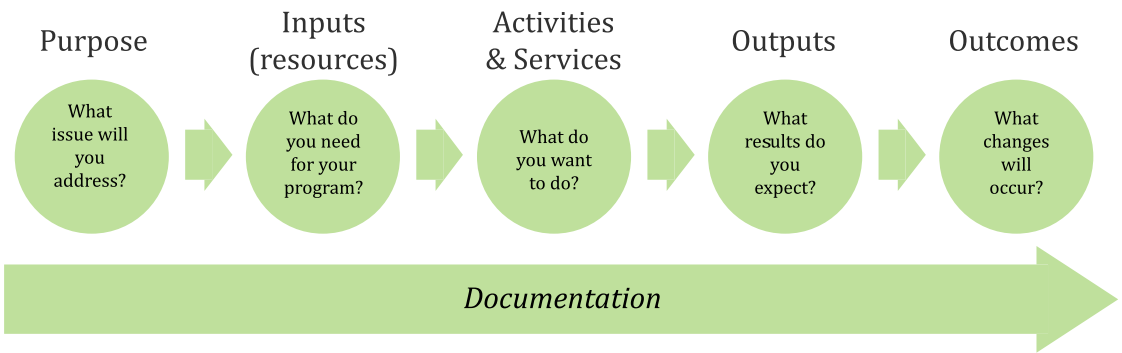
A logic model describes the main elements of a program and how they work together to improve the health and well-being of your priority population. A logic model illustrates the "big picture"—how planning, implementing, and evaluating your program fit together. It is your theory or your logic of why your program will "work." A logic model is different than a work plan. A logic model provides the overall framework for how the program will work, while the work plan describes in more detail what needs to happen, by when, and who will be doing what. The logic model also spells out the expected outcomes of a program and can include how progress toward the outcomes will be documented. This will be particularly useful in planning for evaluation of the program. Many of the elements in the logic model are used and further fleshed out in the program work plan and in the evaluation plan, which will be explained in subsequent sections of this chapter.

A logic model should be only one page long and serve as an "at-a-glance" document to communicate about the program. It is an excellent resource to share with funders or community partners.

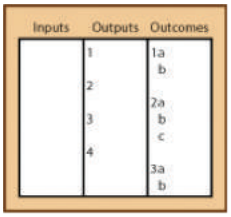
Typically a logic model is created for new or existing programs and covers the lifecycle of the program. However, you may wish to revise an old logic model to reflect major changes in the program, community context, or expected outcomes.

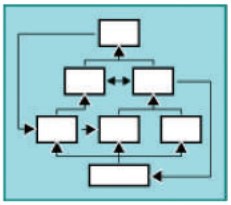
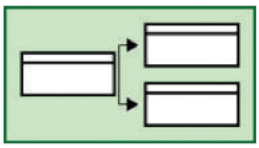
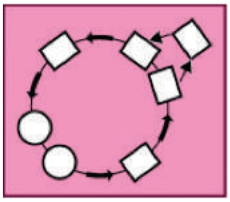
There are 6 basic parts of a logic model:

1. Purpose Statement
2. Inputs (Resources)
3. Program Activities and Services
4. Outputs
5. Outcomes (Short-Term, Medium-Term, and Long-Term)
6. Documentation



LOGIC MODEL STRUCTURE



This chapter focuses on just one example of a logic model, but your logic model can be structured in many different ways. To get a broader perspective and choose a model that works best for you, visit the following websites to see other logic model examples:

The Logic Model for Program Planning and Evaluation, University of Idaho[1]
Developing and Using a Logic Model, Center for Disease Control[2]
Using Logic Models to Bring Together Planning, Evaluation & Action, W.K. Kellogg Foundation[3]

1) PURPOSE STATEMENT

The purpose statement poses the issue your program will address. A good purpose statement defines the issue that your priority population faces by identifying external conditions, gaps, certain behaviors, and unmet needs that affect them. At the same time, it should also take care to recognize problems as structural issues, rather than a weakness or fault of community members.

Example of a purpose statement:
People experiencing homelessness are extremely vulnerable to poor health. Due to lack of access to care, they often delay care until symptoms have reached severe stages and a visit to the emergency department (ED) or inpatient care is needed. Instability and vulnerability to social and environmental hazards are key barriers to good health outcomes and continuity of care. Additionally, use of the ED is costly, especially for primary care or treatment of conditions that could easily be prevented.

2) INPUTS

Your inputs are the resources that enable you to implement program activities and serve patients and community members.

Example inputs:
- Number of outreach staff
- Grant funding
- Inventory of outreach supplies for the year
- Health education materials
- Clinical data
- Mobile health units
- Laptops or tablets to use during outreach
- Computers and software for data entry and analysis
- Technical assistance providers

1 http://www.cals.uidaho.edu/edcomm/pdf/CIS/CIS1097.pdf
2 http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/logic_model.pdf
3 https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide

3) ACTIVITIES AND SERVICES

Program activities are what your program does or will do to achieve the purpose.

Example program activities:

- Health education
- Health fairs
- Case management
- Street outreach
- Transportation
- Basic first aid
- Health screenings
- Participation in a community coalition

4) OUTPUTS

Outputs measure the quantity of program activities, as well as whom your program reaches. Most programs record their outputs through documenting activities, referrals, vouchers, patients, and any other information that tracks service delivery and numbers. It is important to ensure your outputs can be counted.

Example outputs:

- Number of outreach encounters conducted
- Number of health education sessions delivered
- Number of individuals who receive health education
- Percentage of individuals "very satisfied" with the health education session
- Number of blood pressure screenings provided
- Number of referrals to health center or other providers
- Number of case management encounters
- Percentage of successful cases via community referrals
- Number of health fair attendees
- Number of patients using transportation services
- Number of individuals who complete applications for Medicaid

5) OUTCOMES

Outcomes are simply the effects of your program and are often categorized into three types based on how soon after the activity you expect to see the results. These include: short-term, medium-term, and long-term outcomes.

Short-Term Outcomes

Short-term outcomes are the immediate effects of your program's activities. These effects can be measured as soon as a program activity is complete. Short-term outcomes can be changes in beliefs, knowledge, attitudes, skills, opinions, motivations, or future plans. These are generally very easy to track and measure because they can be evaluated soon after the activity.

Example short-term outcomes:

- Increase in knowledge of a topic after a health education session
- Change in attitudes or perceptions of a health risk
- Greater intention to make lifestyle changes, such as improving diet and increasing exercise
- Skills will increase, such as knowledge about how to correctly put on a condom
- Confidence will increase, such as confidence in using a blood pressure cuff at home

Medium-Term Outcomes

Medium-term outcomes are primarily changes in behavior, practice, and action. These actions are most often shown as follow-through from the changes of the short-term outcomes. For example, an individual may learn three reasons to not smoke (short-term outcome) during a group health education session, but it may take 11 months before the person quits smoking (medium-term outcome). Because medium-term outcomes often occur over a longer period of time, they are more difficult to demonstrate, especially with mobile populations.

Example medium-term outcomes:

- Increase in the number of people from the priority population visiting a health center as a result of outreach efforts
- Increase in applying skills learned in health education sessions
- Increase in health maintenance practices, such as using a blood sugar test kit to monitor diabetes
- Increase in follow-up health appointments
- Percentage of blood pressure screenings that resulted in a visit to the clinic
- Percentage of health fair attendees in priority population who received an HIV test

Long-Term Outcomes

Long-term outcomes are the impact that your efforts have on making changes in health, social, environmental, and economic conditions. They are the results of continued, positive, medium-term outcomes. Long-term outcomes can be measured by looking at health status, access to services, and socioeconomic status. Yet, long-term outcomes are often difficult to prove or directly connect to the efforts of just one program. Often, programs project long-term outcomes when they can demonstrate the achievement of short-term or medium-term outcomes. Even though long-term outcomes are difficult to prove, it is still important to keep them as a focus.[4] Your long-term outcomes should always be the intent of your program.

Example long-term outcomes:

- Decreased health disparities
- Decreased incidence of a health condition
- Increased access to health services
- Increased successful maintenance of blood pressure and diabetes
- Increase in patients following-up with care
- Increase in ability to afford services due to a sliding scale, improved billing practices, or enrollment in health insurance.

6) DOCUMENTATION

The documentation section of the logic model helps you understand where and how you will track or monitor the outputs and outcomes of your program.

Example documentation:

- Outreach encounter forms
- Case management forms
- Health education pre-tests/post- tests
- Patient registration forms
- Outreach logs
- Feedback forms
- In-person surveys
- Focus group results
- EHR systems

4 A literature review may reveal that other programs have had your desired impact. If you implement your program similarly, you may make the projection that yours will have a similar impact.

LOGIC MODEL WORKSHEET

Use this tool to help visualize how your program will work and the expected results.

Purpose Statement		What is the purpose of your program? *(e.g.: People experiencing homelessness are extremely vulnerable to poor health. Due to lack of access to care, they often delay care until symptoms have reached severe stages and a visit to the emergency department (ED) or inpatient care is needed. Instability and vulnerability to social and environmental hazards are key barriers to good health outcomes and continuity of care. Additionally, use of the ED is costly, especially for primary care or treatment of conditions that could easily be prevented.)*	
Your Planned Work	**Inputs** ⇩	What resources will be needed to implement the program? (e.g., staff, supplies, mobile units, partnerships, money)	
	Activities & Services ⇩	What activities or services will you provide to address your purpose statement? (e.g., street outreach, case management, referrals)	
	Outputs ⇩	How will you measure the quantity of your activities? (e.g., # individuals experiencing homeless reached via street outreach; # individuals assessed for housing assistance, mental health, substance abuse, or other needs; # new partnerships established with community housing agencies)	⇦ **Documentation** How will you track your accomplishments? (e.g., EHR, spreadsheets)
Intended Results	**Short-Term Outcomes** ⇩	What will immediately result from your outputs? (e.g., improved referral system to new partners, patients engage with additional services as a result of referrals, patients without primary care now have a medical home, care coordinated with a primary care provider)	⇦ **Documentation** How will you track the immediate changes you see? (e.g., Referral system documented, referral follow up, EHR)
	Medium-Term Outcomes ⇩	What medium-term changes will result from your outputs? (e.g., decrease in # of ED visits and # of days of inpatient care for patients experiencing homelessness)	⇦ **Documentation** How will you track the intermediate changes you see? (e.g., ED data)
	Long-Term Outcomes	What long-term impact will result from your outputs? (e.g., improvement of health and housing for patients you reach)	

4. CREATING A PROGRAM WORK PLAN

A work plan is a document that outlines exactly what your program hopes to accomplish and the steps to do so. It takes into consideration the organizational and environmental context in which the outreach program will operate. In addition, the work plan promotes individual ownership over program activities by carving out responsibilities for each person. It indicates what evaluation data needs to be collected to demonstrate what work was done and how well it was accomplished.

Work plans can be created for both new and existing outreach programs. They outline outreach activities for each cycle of the outreach program, typically one year. After all of the activities have been completed and/or the timeframe for a work plan comes to an end, outreach programs should engage in another planning process to create a new work plan for the following cycle.

USE OUTREACH PLANNING TOOLS

There are many tools to help you plan. When used, these tools can help you narrow down key information for your planning process. The following are three tools that help you answer the questions "when should I do outreach?" and "where should I do outreach?"

Year-at-a-Glance Calendar

It can be helpful to have a visual of all of the outreach activities you plan to carry out for the year. This not only helps you ensure that the outreach program is present at all relevant and important events throughout the year, but can also help you focus your planning by identifying busy and slow periods. See page 14 for a template with instructions.

For example, a farmworker outreach program has a season that often peaks from June to August. The calendar may include the following during the slower month of March and busier month of June:

March	June
■ Offer seasonal positions and hire staff ■ Start checking early-arrival camps for farmworkers ■ Conduct outreach with new staff ■ Draft work plan for farmworker festival	■ Visit camps ■ Conduct 90-day performance reviews with outreach staff ■ Survey staff about new interpreter protocols ■ Clean outreach vans

Where to Do Outreach Brainstorm

Outreach workers often have a wealth of knowledge about their communities and priority populations. Take advantage of this and have an open brainstorm with your outreach staff about where to do outreach. Some examples might include: schools, parks, sporting events, churches, senior centers, community centers, and markets. Once you have a good list of where to do outreach, work together to narrow it down and prioritize the list.

HOP Tip: Take advantage of a planning meeting with your outreach staff to work through all of the planning tools and activities. HOP has creative ideas for how to facilitate activities based on the size of your outreach program and can provide facilitated planning services. Contact us for more information.

YEAR-AT-A-GLANCE CALENDAR

YEAR _____

January	February	March	April
May	**June**	**July**	**August**
September	**October**	**November**	**December**

Guidelines: Map out your year by including: 1) Key dates and times in your community (i.e. important community events, unique periods for your priority population, holidays or significant cultural days); 2) Key program activities that you plan on conducting; and 3) Other activities or events that may impact your program (i.e. health insurance open enrollment, health center closings, etc.).

Community Mapping

Community maps are useful tools for understanding the distribution of places where your priority populations congregate. Such sites might include: housing, workplaces, businesses, and public service agencies, such as the local food pantry. Sites may also consist of key community assets such as parks, youth groups, mothers' groups, faith-based organizations, and cultural centers. Mapping locations where your priority population lives, works, and spends time allows you to target your outreach activities. The following are steps to community mapping.

1. Assess the needs of your outreach program and decide what characteristics to map
   - Community assets
   - Housing sites
   - Public education offices or schools
   - Health and social service agencies
   - Locations where outreach is conducted

2. Locate information for your community map
   - Search for existing resources in your office
   - Contact community partners
   - Contact leaders in your community
   - Tour your community
   - Conduct a community mapping session with community members

3. Plot key locations on a wall map or using GoogleMaps/GoogleEarth
   - Locate a map (physical or internet)
   - Highlight sites where your priority population congregates
   - Highlight community assets
   - Highlight outreach program activities

CONDUCT A PLANNING MEETING

To supplement your arsenal of information, conduct a planning meeting to gain the thoughts and opinions of key individuals at your health center who have an interest in outreach or responsibility to carry out outreach. Consider including outreach staff and volunteers. This meeting should focus on planning outreach activities by looking at your logic model, strategic plans and planning resources, brainstorming strategies and activities, and reviewing evaluation and needs assessment data. See "Conducting a Planning and Evaluation Meeting" on page 33 for more information.

Checklist of Materials for the Planning Meeting:

Relevant Plans
- Health Care Plan
- Business Plan
- Strategic Plan
- Logic Model

Outreach Planning Tools
- Year-at-a-Glance Calendar
- Where to Do Outreach
- Community Mapping

Information/Data
- Parameters and Resources
- Needs Assessment Results
- Evaluation Findings

WRITE THE WORK PLAN

After a successful outreach planning meeting, it is time to write the outreach work plan. In general, outreach program plans should include specific objectives, but allow the activities to remain somewhat broad. By doing so, your plan becomes more succint and easier to understand. Consider outlining specific steps for each outreach activity in individual project plans, individual staff work plans, or timelines for specific projects, rather than the outreach work plan. These additional tools can help define in detail what is necessary for implementation, while keeping the general outreach work plan simple.

Work plans come in many different forms. The way you set up your outreach work plan will depend on your organizational structure and the type of funding you receive. In addition, the outreach work plan should ideally fold into broader organizational plans, and you may want to build and structure your outreach work plan similarly.

There are eight sections of the work plan: goals, objectives, activities, timelines, responsibilities, expected outcomes, indicators, and data sources.

Goals

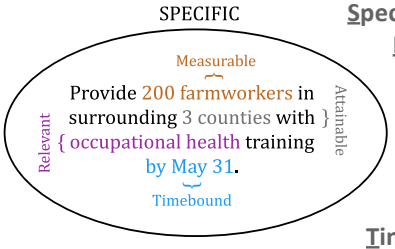
Goals are broad statements of intent that provide focus or vision for planning your overall program. Many times, goals are influenced by a mission statement, health center management, or board of directors.

Example goals:

- "Improve the health and well-being of people experiencing homelessness in our community."
- "Ensure access to comprehensive, high quality, affordable health care across our 3-county service area."
- "Increase access to health services among migrant and seasonal farmworkers."

Objectives

Objectives are concrete statements that break down your overarching goals into manageable chunks. They provide parameters for designing your activities. Each objective should directly support your overall goal and be SMART (Specific, Measurable, Attainable, Relevant, and Time-bound).



Specific: What services are you going to provide and for whom?
Measurable: Can you measure what you are going to do?
Attainable: Can you actually do what you set out to do within your environment and with the resources you have in the time frame planned?
Relevant: Does what you are setting out to do make sense for your health center and for the populations you are trying to reach? Is it relevant to your goal?
Time bound: By what date will we accomplish this objective?

Example objectives:

- "Increase provider visits through outreach and onsite services to serve at least 3,100 people experiencing homelessness by May 31."
- "Provide ongoing education about the top three chronic diseases to at least 50 current patients across the health center's service area by July 1."
- "By August 31, provide a 1.5 hour training to 25 staff members at partner organizations regarding application assistance services and how their clients can access them."

Key Activities

Key activities are actions needed to fulfill objectives. Activities should directly support objectives.

Example activities:
- "Host a health fair in order to market health center services and increase health screenings."
- "Identify new HIV/STI resources to strengthen health education efforts"
- "Hire one new outreach staff member to reach more public housing residents"

Responsibility

The responsibility section defines the specific person who will carry out each activity. This section strengthens accountability among staff. Specify the department, position title, or staff names.

Timeline

The timeline helps you plan the start and finish of every activity. Another option is to include the due date for each activity. Set firm deadlines so that your activities continue to progress. If some of your activities are completed throughout the year on an as-needed basis, you can also write "as needed" or "on-going."

Expected Outcomes

Expected outcomes are the effects, or what you think will happen, as a result of carrying out an objective. There are different types of outcomes: short-term, medium-term, and long-term outcomes. See pages 10 and 11 for a description of each.

Example outcomes:
- "Farmworkers will know how to protect themselves from occupational health hazards and access care when appropriate."
- "The number of individuals experiencing homelessness that access and receive health care services will increase."
- "The number of uninsured patients within the health center will decrease."
- "Outreach staff will be able to conduct health screenings and provide referrals for follow-up care."

Indicators & Data Sources

The indicators represent the information you will use to measure the progress towards meeting the objectives. Indicators are often stated in numbers, frequencies, and percentages. The data source is where you will find the information for your indicator. This is often an evaluation tool, tracker, or database.

Example indicators:
- # of outreach events completed
- # of low-income immigrants receiving health information from the fair
- # of individuals educated about HIV/STIs
- % change in knowledge
- # of families enrolled in health insurance
- # of staff trained to provide health screening

Example data sources:
- Health Education Pre-Post Test
- Sign-in Sheet
- Satisfaction Surveys
- Outreach Encounter Form
- Electronic Health Record

Progress

This section can be used to periodically update your staff and management team on the progress of your program and helps ensure that your outreach plan is an active planning document.

WORK PLAN TEMPLATE

The following is an example of one section of a work plan. The work plan template on page 19 also includes a space for the Health Care Plan Goal and the Health Care Plan Objective for you to indicate any alignment of your outreach objective with these organizational documents.

Goal: Improve the health and well-being of people experiencing homelessness in our community.					
Objective: Provide health screenings to 1,000 people experiencing homelessness through outreach by April 23.					
Key Activities	**Timeline**	**Responsibility**	**Expected Outcomes**	**Indicators & Data Source**	**Progress**
Identify and host 3 health fairs targeting the population	1. 12/15 2. 2/15 3. 3/15	Outreach Manager	Short-term: People experiencing homelessness receive basic health screenings. Medium-term: Increase in the number of people experiencing homelessness visiting the health center as a result of outreach efforts Long-term: Improved access to care for people experiencing homelessness.	Indicators: # of encounters completed # attending health fair # of screenings completed # of referrals to services # of events identified # of community partners engaged Data Sources: Encounter forms, patient tracker, EHR, MOUs	First fair complete – reached 235
Provide screenings at each shelter at least once per month	Monthly until 4/23	Outreach Staff			
Identify and complete 3 additional outreach/screening opportunities through community collaboration	3/15	Outreach Manager and Staff			

OUTREACH WORK PLAN TEMPLATE

Goal 1:

Objective 1:					**HC Plan Goal:**	**HC Plan Objective:**
No:	**Key Activities**	**Timeline**	**Responsible**	**Expected Outcomes**	**Indicators and Data Source(s)**	**Progress Notes**
				Short-term:	Indicators:	
				Medium-term:	Data Source(s):	
				Long-term:		

Health Outreach Partners

Objective 2:					HC Plan Goal:	HC Plan Objective:
No:	**Key Activities**	**Timeline**	**Responsible**	**Expected Outcomes**	**Indicators and Data Source(s)**	**Progress Notes**
				Short-term:	Indicators:	
				Medium-term:	Data Source(s):	
				Long-term:		

Health Outreach Partners

KEEP THE PLAN ACTIVE

A lot of work and coordination goes into creating an outreach work plan. It is important for you to put your plan into action and make it a working document for the entire staff. One of the biggest challenges with program plans is continuing to use and update them. The work plan should become a living document for the outreach program. The following are some strategies to help you accomplish this.

Share the Work Plan with Other Departments and Provide Regular Updates

Part of keeping the work plan active is having staff invest in it. Do not just make copies of your plan and distribute it; consider ways to promote it and connect it back to why you do your work. This can be accomplished in a variety of ways:

- Talk about key upcoming activities during all-staff meetings and ask for participation from other departments
- Present your plans and highlights in your health center newsletter
- Attend other department meetings and give outreach plan updates
- Organize a brown bag lunch and invite all staff to discuss the outreach program in an informal setting

Create Individual Work Plans that Reflect the Outreach Plan

Just as your outreach plan should reflect the greater goals and objectives of your health center, individual staff work plans should contribute to the objectives outlined in the outreach program plan. Ensuring that individual work plans line up with the outreach program plan helps staff understand how their work links back to the ultimate goals of the outreach program and can create accountability and build motivation. Individual work plans can follow a similar format as a program work plan, including goals, objectives, steps for accomplishing the objectives, timeline, and progress notes. Outreach managers can use the program plan to meet regularly with staff to monitor progress and offer suggestions and support for accomplishing their responsibilities.

Use the Outreach Plan as a Basis for Staff Meetings

A great way to ensure that staff do not forget their commitments is to organize staff meetings around the program plan. At a minimum, review every objective and have staff report on their progress on a quarterly basis. By the end of the meeting, everyone will have a clear understanding of whether the program is achieving the objectives or if adjustments are required to ensure that objectives are met.

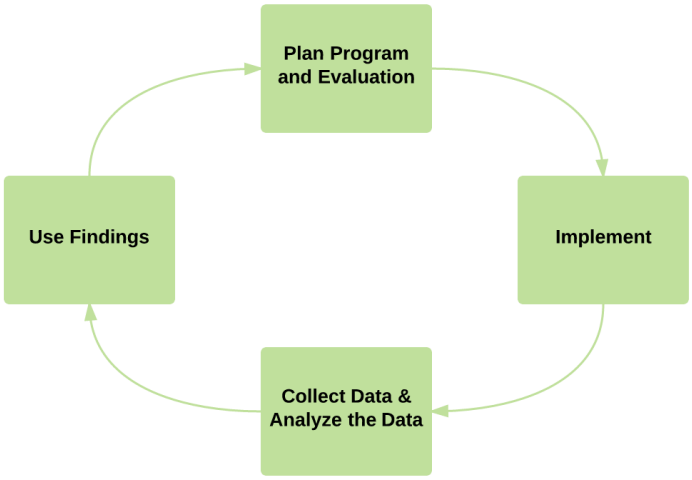
5. OUTREACH PROGRAM EVALUATION

Evaluation is a systematic process to determine the merit, worth, value, or significance of a program. It helps us know if goals were accomplished and if strategies are working. Evaluation is about learning from our experiences in order to improve. The following are questions that program evaluation can answer:

- Were we successful in accomplishing what we set out to accomplish?
- How do we know we were successful?
- To what extent did the program achieve its goals?
- How can we improve our services?
- Should we continue these strategies and services?
- Are the results of the program worth what it costs?

Definition of Evaluation: The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.[1]

Evaluation is a cyclical process of planning, collecting data, analyzing data, and using what you learn to inform future strategies. Evaluation also helps us to make "mid-course" corrections when something is not working and be accountable to funders and the community. Finally, evaluation gives programs a better understanding of how to best serve their priority population and evidence to build future projects.



It is important to have a logic model and work plan in place in order to effectively evaluate your program. To understand if you were successful, you have to clearly define what exactly you are trying to accomplish. A logic model sets the overall intention for the program. This is how you will define success. Work plans require that you identify from the start what you will measure (your indicators) and where you will get the data for measurement (data sources).

1 Patton, M. (1997) Utilization Focused Evaluation. Sage Publications, Inc.

PLAN YOUR EVALUATION

Just as it is important to have a plan for your program, it is important to have a plan for how you will evaluate the work you do. Planning your evaluation involves identifying the services you are providing and identifying the data you will collect, when you will collect it, how you will collect it, and who is responsible. Planning evaluation includes clearly delineating and streamlining evaluation processes, tools, and indicators. The individuals carrying out evaluation vary at each health center. The following are possible candidates for an evaluation planning meeting: quality assurance staff, information systems staff, health center management, and relevant outreach staff.

Evaluation Plan Alignment

A fully integrated outreach program has a clear evaluation plan, and outreach is optimized through on-going evaluation activities. See "The Dimensions of Outreach Program Integration" in the Appendix to learn more about organizational integration.

DIMENSION OF INTEGRATION	NOT INTEGRATED	MODERATELY INTEGRATED	FULLY INTEGRATED
EVALUATION The degree to which the outreach program's contributions to the health center is optimized via measurment and evaluation	Outreach program is minimally measured or evaluated.	Outreach program may collect some measures of success but lack an evaluation plan and/or be limited by inconsistent data collection.	Outreach program has a clear evaluation plan and outreach is optimized through ongoing evaluation activities.

Effective outreach evaluation is aligned not only with the logic model and work plan, but also with the overall health center's evaluation measures. Health centers have performance measures that look at clinical and financial performance. Your health center may also have additional ways it measures its performance. An integrated outreach program is not separate from the overall health center. It is an integral part of a health center that meets the multiple and complex health needs of underserved populations in a community. When planning your evaluation or your outreach, think about how evaluating your outreach program is connected to the overall health center's evaluation measures.

HOP Tip: Designate a point person who is responsible for overseeing evaluation activities. This person is responsible for managing the evaluation plan, keeping tools and databases up-to-date, tracking evaluation data, and updating staff on the evaluation process. Depending on your resources, you may integrate evaluation responsibilities into the role of an existing outreach staff member, such as the coordinator or director.

Using an Evaluation Plan

An evaluation plan is a written document that describes how you will monitor and evaluate your program. The purpose is to help clarify and streamline the evaluation process.

How is the evaluation plan different from the work plan? The evaluation plan shares some of the same information as the work plan, and the two should align. For example, both should include the same indicators and data sources or data collection tools for the outreach program. The evaluation plan provides staff with more clarity around evaluation processes than the work plan. For example, it lays out exactly when data will be collected, how it will be collected, and who is responsible for collecting it. It supports staff by providing clear expectations for their role in evaluation and documents processes so that new staff can easily reference the evaluation processes.

The elements of an evaluation plan include: the type of activity; when evaluation data about the activity will be collected; the specific data you will collect (indicators); the tool that will be used to collect the data (data source); the process for collecting, saving, and analyzing data; and who is responsible.

SAMPLE OUTREACH EVALUATION PLAN TEMPLATE

Activity	Data Collection Time Point	Indicators	Data Source	Process	Responsible
Health Education					
Transportation					
Case Management					
Enrollment Assistance					
Clinical Outreach					

Health Outreach Partners

Sample Evaluation Plan

Activity	Data Collection Time Point	Indicators	Data Source or Tool	Process	Responsible
Health fairs	Immediately following each health fair	# health fairs # contacts at health fair # referrals # screenings	Outreach Tracker	Enter information re: outreach event in the tracker	Stephanie

Staff will have to be oriented to the evaluation plan and regular follow-up evaluation trainings may be necessary to ensure data is being correctly captured, saved, and processed. Check in with staff about what is and is not working about evaluation processes. The evaluation plan should be a revised and updated as needed. When reporting requirements or evaluation measures change, update the plan with any new tools or processes.

COLLECT AND ANALYZE EVALUATION DATA

In your logic model and evaluation plan, you already defined the outputs, outcomes, and indicators you plan to track and how you will collect your data. Ideally, you would set up data tracking systems before you implement your program so that you can start collecting and entering your data as you carry out your outreach activities. This section highlights some important considerations for collecting and analyzing evaluation data, including training staff that will be collecting data, making adjustments to your data collection methods, and measuring and analyzing your outputs and outcomes. See pages 10 and 11 in "Using a Logic Model" and page 17 in "Creating a Work Plan" for more on outputs, outcomes, indicators, and data sources.

Train Staff on How to Collect Data

Once you have the evaluation plan in place, the next step is to prepare your team to collect the data. When working with data, it is important to strive for consistency in collecting, entering, or analyzing the data. This consistency can be achieved by taking the time to train staff, creating opportunities for "trial runs," and testing staff on their abilities before they are asked to perform their tasks. Taking the steps to make sure that staff are adequately prepared to carry out each task will ensure that your findings are accurate and not corrupted due to staff error.

HOP Tip: It is important to collect data using methods that are appropriate to the population and feasible given staff time, resources, and skills. Use or adapt pre-existing data collection tools whenever possible. For example, if you already use encounter forms, update them regularly to make sure the correct data is being collected. You may be missing a question or maybe you are collecting data that you no longer need.

Make Adjustments to Evaluation Methods

Once you start collecting your data, you may find some of the methods you used to evaluate your outcomes were not as effective as you hoped. Adjusting your evaluation methods is one key step you may need to take, and it does not have to take much time.

There are several ways to get feedback and understand the usability of your data collection tools. One way is to survey the staff that collect evaluation data. Include questions about their understanding of the tools and attitude toward them. Another way is to have a candid discussion with the team to get their feedback. Based on the problems your staff identify, you can use the table below to find helpful solutions to rectify data collection issues.

COMMON PROBLEMS AND SOLUTIONS FOR EVALUATION TOOLS

Problem	Possible Solutions
"I don't know what information I'm supposed to put in this section."	■ Questions on data collection forms should be simple. Try piloting the forms with 10 people before instituting an organization-wide change. ■ Provide additional training to staff. ■ Consider a different format for collecting the information. Check boxes are usually easier than fill-in-the-blank forms to collect and analyze data. ■ Seek alternative ways of gathering data. A form may not always capture the data you want. Consider other methods, such as focus groups or interviews.
"This information is not useful. I don't know why we collect this."	■ Make sure that your outreach program has a good use for all the information it collects. ■ Ensure that staff understand the reasoning behind why certain data is being collected and show how the data collected is used. Share monthly reports that show all of the work they have been accomplishing. ■ Emphasize providing services, not just collecting data.
"I think this form is confusing and overwhelming."	■ Check if you are trying to collect too much information on a single form. Consider creating a separate form if the information collected seems disjointed. ■ Create a more engaging form with more blank space. Provide clear transitions between sections. Eliminate unnecessary wording.
"People felt hesitant or uncomfortable answering a question."	■ Find a new way to ask a question that can be answered anonymously. This may help with people who are not comfortable with a face-to-face conversation. ■ Try to understand from where the discomfort stems. Make changes to your methods to either eliminate the discomfort or the need to collect this data. ■ Eliminate the question or find a way to rephrase it.
"It's 'too much' to enter the same data in different systems."	■ Determine if you can streamline this process. Consider merging the data entry systems by adding outreach-related questions to the overall data collection system.
"We're too busy to do data entry every day."	■ Simplify forms and data entry systems to make them easier for staff to complete. ■ Link staff productivity to the number of completed forms. Consider an incentive to keep staff motivated. ■ Set hard deadlines to submit completed forms. Determine a clear protocol for filling out forms and entering timely and consistent data.

Tracking Services and Measuring Outputs

You can show the value and productivity of your program by tracking your outputs. Obtaining additional output data can be as simple as adding a new question to current data collection tools. However, collecting effective and efficient data can sometimes require more work. The following strategies can help you streamline the data you gather on your program activities and services.

Track all the services you provide
Create a tracking form that is simple and easy to fill out. See the sample outreach tracking form on page 29. Be sure to capture the number of individuals reached, health topic, and any demographic information, if available. Compile this information monthly. Summarize data in an area where the entire staff can view it, such as a poster board or dry erase board displayed on a wall. This will enable everyone in your program to see the results of your program activities.

Learn how many people use clinical services because of outreach
This may be the most important data your outreach program can collect. By measuring this effectively, you can prove how critical outreach is to overcoming barriers to care. There are two strategies for collecting this data. 1) Distribute outreach voucher cards that can be turned in for an incentive at the health center to keep track of how many patients access the health center as a result of outreach. 2) Ask all new health center patients how they heard about the health center during the registration process and include that information in the patient record. With this information, you can analyze how many patients were reached through outreach.

HOP Tip: The Association of Asian Pacific Community Health Organizations (AAPCHO) created an Enabling Services Data Collection Protocol for health centers. This protocol allows health centers to track the enabling services it provides and analyze patient demographics, enabling services utilization, and the impact of enabling services on patient outcomes. For a guide on how to implement this protocol at your health center, go to the Enabling Services Data Collection Project webpage[1]. AAPCHO, HOP, and National Health Care for the Homeless Council (NHCHC) provide training and support to health centers in implementing this protocol.

1 http://www.aapcho.org/resources_db/enabling-services-data-collection-implementation-packet/

Document the effectiveness of transportation and interpretation services
Many organizations provide transportation and interpretation to improve access to health care and social services. If your health center provides transportation and interpretation services, you can add a question to the intake form that asks how they would access services if transportation and interpretation services were not available. Alternatively, if your health center lacks or provides limited transportation services, document each time a patient requests transportation but is not able to get these services. Documenting the complex barriers your patients face will allow you to continually demonstrate how critical these services are.

Track satisfaction and other feedback about your services
Many organizations use feedback forms to gather patient satisfaction data, but many people do not fill them out. Try overcoming possible cultural and linguistic barriers to tracking patient satisfaction by holding focus groups or interviews with members of your priority population to ask about the quality of services your organization provides.

Measuring Outcomes

Outcome evaluation means learning about the results of the work you do. In order to evaluate outcomes, you must be able to measure change. This means the data collection tools you choose must yield results that can be compared across time. The initial data you collected is your baseline data. Over time, you can compare your baseline data with the data you collect after your efforts are underway or completed.

When working with populations that may be difficult to follow up with, e.g., mobile populations, it is best to choose data collection methods that allow you to measure change over a short period of time. However, if you have access to your population over longer periods of time, you may be better able to track medium-term or long-term change.

The type of change you measure will depend on the type of services you provide and should be defined in your logic model and evaluation plan. The following are examples of outcomes:

- Changes in behavior via health education or case management
- Conversion of patients from uninsured to insured via outreach and enrollment activities
- Changes in quality of and access to care via enabling services

Over the longer term, these changes should ultimately have an impact on health status and disparities. Changes in health status and disparities are both more difficult to measure and to attribute to the work of your program. However, you may make the assumption that if you are achieving the outputs and the short-term and mid-term outcomes you were expecting, you are likely also achieving your expected long-term outcomes over time. One well-accepted way of approaching this is to look at studies of similar programs. If you are implementing a program similar to one that has been demonstrated in peer-reviewed literature to achieve the long-term outcomes you want, you have some evidence that your program is likely making similar impacts.

DO THE MATH: AN EXAMPLE

You can make comparisons between: 1) the average number of homeless patients who had their PPD tests read per 100 PPD tests administered the year before your outreach programs tuberculosis education campaign began and 2) the average number of homeless patients who had their PPDs read per 100 PPDs administered in the three months following the initiation of the campaign.

Imagine that in the months of June, July, and August you administered a total of **129** PPDs to homeless patients and **25** returned to have their PPDs read. Following the initiation of your tuberculosis education campaign in the following year, during the months of June, July, and August you administered **169** PPDs and **89** homeless patients returned to have their PPDs read.

In the first year, 25/129 homeless patients had their PPDs read. To calculate the percentage of homeless patients who had their PPDs read divide 25 by 129 and multiply the result by 100:

(25/129) x 100 = 19.4%.

That means that on average 19 out of every 100 homeless patients, or 19%, returned to have their PPDs read

In the second year, 89/169 homeless patients had their PPDs read. To calculate the percentage of homeless patients who had their PPDs read divide 89 by 169 and multiply the result by 100:

(89/169) x 100 = 52.6%.

That means that on average 53 out of 100 homeless patients returned to have their PPD's read, or 53%.

Your analysis shows that from year 1 to year 2, your program increased the rate of homeless patients returning to have PPDs read from 19% to 53%!

SAMPLE MONTHLY TRACKING PROCEDURES FOR OUTREACH

MONTHLY OUTREACH REPORT

- Complete a report every month for each site you worked.
- Send your monthly report to the outreach coordinator by the 5th of each month.
- Provide an Outreach Tracking Sheet for each activity listed.

OUTREACH TRACKING SHEET

1. Complete an Outreach Tracking Sheet for each of the following activities:
   - **Classes:** Health education group sessions or classes such as diabetes management, smoking cessation, pre-natal, or HIV prevention. Usually involves multiple sessions and is advertised to health center patients.
   - **Trainings:** Events in which you provided training, including: in-service, off site trainings, orientations or staff meetings, etc.
   - **Presentations:** Presentations you gave to two or more people in the community. Usually involves only one session.
   - **Fairs/Screenings:** Community events in which you set up a booth, including: fairs, open houses, farmer markets, parades, etc.
2. For classes, put all sessions on one form and list all class dates.
3. Additional documentation is required for each event. Documentation may include a sign up sheet, flyer, or agenda attached to the Outreach Tracking Sheet. If none is available, write a statement describing the event.
4. All information must be completed for the event to count.

SAMPLE OUTREACH TRACKING SHEET

Complete this form for each activity and attach documentation.

Event Name: _____

Event type (circle one): Class Training Presentation Fair/Screening

Date: _____ Location: _____

Topic(s): _____ # Reached: _____

Staff attended: _____

Strategies for Analyzing Your Data

Analyzing data means organizing and summarizing it in order to make sense of it. Data analysis can seem like a daunting task after all the work you have done to collect your data, especially if you have a lot of data from different sources. Data analysis, however, is often less about performing difficult calculations and more about organizing your data and knowing how to look at your results in meaningful ways.

Organizing your data makes it easier to understand and analyze. There are a number of ways to organize your data. Choose several methods that make sense for your particular data.

Create data groups
Put sections of your data into groups based on the type of data you are working with. For example, you may want to group your health outcomes and outputs data together.

Create demographic groups
Put sections of your data into groups based on the demographic information you have gathered. For example, you may want to put migrant farmworkers in one group and seasonal farmworkers in another and then look at all the data for each group. Or, you may want to group by gender, age, ethnicity, immigration status, etc. This will help you identify if your services produce different results for different groups.

Summarize your findings
Summarizing your data can make organizing and grouping your data much easier. For example, summarizing the positive and negative feedback you have received makes the information much easier to use than had you left it in a long narrative form. You may want to set up a chart with each of your objectives and expected outcomes and fill in all the data you have pertaining to them. You are then able to take that information and further organize it into a statement about how well you were able to reach those objectives and achieve those outcomes, with data to support it.

Create tables and graphs
Using a graph to represent your findings is a great way to easily "see" what is going on. For example, to compare attendance at health education sessions at several different locations, create a chart showing the attendance at different locations side by side. In the same way, if you are interested in seeing how attendance at each individual health education session has changed over time, in order to know how the time of year impacts attendance, create a bar graph with attendance and date in chronological order to illustrate how attendance has changed.

Take notes as you review your findings
Writing reflective notes about trends or things that stand out to you as you enter the data can be very helpful later when you are trying to look at all of your data together. Oftentimes a trend can emerge from the notes you have taken.

USE YOUR EVALUATION FINDINGS

Applying outcomes is the final link that makes the evaluation process cyclical. It creates a pattern where the evaluation of your work constantly informs what you do to improve the well-being of your priority population. Your evaluation findings should not only help you improve your program to be more responsive, but also provide useful information to community partners, community members, and staff. You can host a meeting to share evaluation findings in order to improve outreach activities or provide information about the priority population. Consider inviting the outreach team and/or any individual in the health center who carries out outreach activities.

Use Findings to Improve Your Activities and Services

The primary use of your evaluation findings is to improve the services you provide. Use results of data collection efforts to make improvements and updates to existing practices and activities. You can do this by incorporating evaluation results into the outreach program planning process. When preparing to develop a new work plan, summarize and review your previous year's evaluation data to incorporate lessons learned. See "Preparing to Develop Your Work Plan" on page 6 for more information on developing a work plan.

When reviewing your evaluation findings, consider the following questions and chart.

- On what activities do you spend most of your program budget?
- On what activities do staff spend most of their time?
- For these activities, what has been the impact?

MAXIMIZING YOUR IMPACT

More Impact, Fewer Resources *Note: Activities in this category maximize your impact.*	**More Impact, More Resources**
Less Impact, Fewer Resources	**Less Impact, More Resources**

IMPACT (y) →

RESOURCES (x)→

This chart looks at program resources or inputs on the x-axis and program outcomes or impact on the y-axis. You can map your program's activities to this chart to understand how resources and time might be reallocated to maximize your program's impact.

Try the following strategies to improve your program based on your findings.

Strategies for using Evaluation Findings to Improve Activities and Services

- Share the evaluation results with staff, and ask for their ideas on how to improve the program.
- Share the evaluation results with other departments to identify new ways that the departments can work together to improve performance.
- Identify all of your areas of improvement. Then prioritize two or three you will concentrate on over the next year. This will make the job seem more feasible.
- Determine what additional training would help staff perform more effectively.
- Go back to your logic model and consider if your activities are having the outcomes you expected. If not, consider why that is and what you can change to have your desired outcomes.

Advocate for Your Outreach Program by Illustrating its Effectiveness

At times, outreach program staff say they are under-appreciated, misunderstood, and undervalued. Measuring outputs and outcomes can help show the productivity and effectiveness of the outreach program to other departments and outside organizations. Your program is doing hard work that benefits the lives of people in your community, and it is important to show it. You can be your own best advocate by increasing awareness of your outreach activities using the following strategies.

Strategies for Communicating Program Effectiveness

- Periodically post a summary of the evaluation findings on staff bulletin boards and newsletters.
- Email evaluation data to key staff members.
- Host a lunch presentation for other staff that describes evaluation efforts and outcomes. This may influence other departments to evaluate their programs as well.
- Share evaluation data with community partners.
- Share what is working well with others in the broader health center community. For example, consider presenting a poster or workshop at a conference.

Use Findings to Report to Funders and Leverage Additional Funding

A very common reason for evaluating your outreach program is for funding purposes. Funders request evaluation findings on progress reports and requests for funding renewals. For these, share your data both on your program's outputs as well as outcomes.

You can also use your evaluation data to share community needs and issues with funders. Include evaluation data in the needs statement of grant applications. Because it is hard to find local needs information on the most underserved populations, use your own data to further support your proposal.

6. CONDUCTING PLANNING AND EVALUATION MEETINGS

Conducting planning and evaluation meetings can help you incorporate the thoughts of and gain buy-in from individuals with a stake in the success of your outreach program. To make the most of limited time and resources, it is important that planning and evaluation meetings are well-planned with a clear structure and objectives. The following are strategies and recommendations to help you facilitate effective planning and evaluation meetings.

GENERATING IDEAS AND DECISION-MAKING PROCESSES

The purpose of many planning meetings is to generate ideas, identify priorities, and make decisions. Consider how you are going to do this when you plan for the meeting. An open brainstorm and/or free-flowing conversation may be helpful in creating a space for the group to start thinking about ideas. However, this type of unstructured approach takes time and may require several meetings. To utilize time more effectively, providing structure and parameters to brainstorming and decision-making processes can help the group stay on task and focus on the topic at hand. There are many ways to facilitate effective brainstorming and decision-making. Consider using the following strategies.

Guided Questions
Develop questions prior to the meeting to help guide conversations, brainstorms, and decision-making. During the meeting, make sure all participants have a copy of the questions or are able to see the questions clearly on a visual.

Small Group Work
Break participants into small groups to brainstorm or work on different topics. Creating subgroups enables increased participation. Always ensure that groups have a clear understanding of their task and reserve time to report back to the larger group.

Sticky-notes for Brainstorming
Write brainstorming topics on their own sheet of flipchart paper and post on the wall. Ask participants to brainstorm by writing one or more ideas for each topic on sticky notes and have them post the notes to the flipcharts. This strategy allows all participants to contribute at their own pace. Once everyone has posted their sticky notes, group the ideas into larger themes.

Stickers for Decision-Making
To get groups to vote on certain activities, priorities, or topics, write out the options on flip chart paper and hand out a limited number of small stickers to each member of the group. Ask them to "vote" by placing stickers next to their top choices on the flipchart. Once everyone has voted, count the number of stickers each item received.

Debrief
After small group work and activities, debrief with the whole group by discussing what worked well and what could be done differently. Debriefing provides a sense of closure and helps participants understand what to take away from an activity.

It is important to pick a process that works for your health center and staff. Regardless of what processes are ultimately used, inform participants of the process from the start to avoid any confusion.

CREATE A PLANNING MEETING AGENDA

Planning meetings can be structured different ways and contain various parts. However, it is important to always include a welcome and introduction, breaks and energizers, and a closing to wrap up the meeting and identify next steps. Consider your topic, resources and time, and audience when deciding how to structure your meeting. In addition, remember that you are not only planning your outreach program, but also have the opportunity for team-building, motivating, and improving internal processes at the same time. The following are basic parts of a meeting that can be included in your agenda.

Welcome & Introduction

The welcome and introduction will set the stage and tone for the planning meeting. Use this time to review the agenda, reach consensus about what will be accomplished during the meeting, and lay out the planning process from beginning to end. This is a great time to create ground rules and a parking lot. More details on ground rules and a parking lot are in the following section.

Review of Objectives

From the beginning, outline the meeting's objectives or what you hope to accomplish by the end of the meeting. This will allow participants to know what to expect and help them stay focused and motivated.

Ice-breaker and/or Team-Building

Team-building during a planning meeting encourages participants to work together and reach a common goal. Dedicate a few moments of your agenda to creating this environment.

Review Background Information Impacting the Meeting Topic

Before you begin brainstorming and strategizing, participants need to know everything that may impact the outreach program and their decision-making. For example, an outreach plan meeting may include a presentation on the logic model, relevant organizational plans and executive priorities, and a summary of needs assessment and evaluation findings.

Closing/Next Steps

Important to any meeting, next steps provide the group with a sense of closure. Be very transparent about how and when you will use the information gathered and what needs to happen next.

FACILITATE THE MEETING AND MANAGE GROUP DYNAMICS

The outreach program manager is ultimately responsible for the outreach program and is an ideal person to facilitate a planning meeting. An external facilitator could also guide your program through a planning process; this option can work especially well when either your program has a new outreach manager or is in the midst of a transitional period.

When facilitating a meeting, keep in mind that you are fostering creativity. Consider the following strategies to encourage equal participation in the group.

- **Stay on Task:** Keep to the agenda and stay on time. If participants know what you are expecting from them, they will feel more engaged and willing to participate.
- **Establish Ground Rules:** Ground rules help to establish a safe and respectful environment. At the beginning of the meeting, work with participants to develop ground rules. Ground rules should be posted somewhere visible for the remainder of the meeting. Some examples include: only one person speaks at a time, promptly return from breaks, stay positive, respect others' opinions, etc.
- **Provide Transitions:** Providing transitions between different topics or parts of the meeting helps participants understand how the content links together. Connect previous activities to the next one with statements, summaries, and by asking the group to identify the connections or progression.

HOP Tip: Contact HOP to learn more about being an effective facilitator and to access facilitator resources such as the North Carolina Community Health Center Association's Trainer Toolkit.

- **Address Difficult Situations:** It is impossible to predict how the dynamics of a group will unfold. Address difficult situations as they arise. You may have to table a certain topic for later if the group is at an impasse or if a certain individual is dominating or making the conversation difficult. Provide a reminder of the ground rules.

- **Start a Parking Lot:** Allow topics to be "parked" and addressed later. This tactic encourages the group to stay focused without neglecting issues that participants raise. Return to the "Parking Lot" at the end of the session and determine when the group will address parked items.

- **Include Breaks and Energize the Participants:** Incorporating breaks and/or energizers into the meeting agenda is important for the productivity of the group. They can keep everyone engaged and active. Breaks and energizers do not always need to be planned and should be provided based on the energy level of the group. Breaks and energizers could include: food, fresh air, activities, stretching or brief exercise, or changing seats.

SAMPLE OUTREACH PLANNING AGENDA

9:00 – 9:30 am	Welcome, Introduction, and Team-building Review agenda and meeting objectives Team-building exercise
9:30 – 10:00 am	Executive Priorities, Needs Assessment, and Progress Report Presentation of last year's goals and accomplishments, needs assessment and evaluation findings, and executive priorities for outreach
10:00 – 10:45 am	Setting the Direction for Outreach Outreach goal-setting Identifying outreach priorities
10:45 – 11:00 am	Break
11:00 – 11:30 am	Outreach Planning Brainstorm: where and when to do outreach Develop Year-at-a-Glance Calendar
11:30 – 12:30pm	Objective Setting What do we want to achieve?
12:30 – 1:00 pm	Wrap-up/Next Steps