

# Monitoring and evaluation

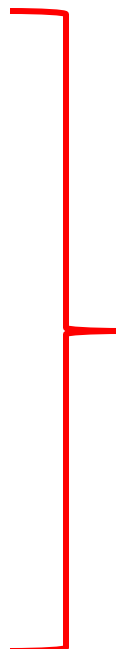
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# Social inclusion: regional surveillance indicators

- 67 WMPHO indicators -cover various aspects of social inclusion
- 8 categories of indicator:
  - Employment (12)
  - Income (8)
  - Education and Training (8)
  - Health (8)
  - Housing and land use (12)
  - Crime (6)
  - Accessibility of Services (7)
  - Social cohesion (4)



**Many from 2001  
Census of  
Population –  
updated at 2011  
Census**



# PA specific 'exclusion'

## Groups often excluded:

- Women and girls
- People from areas of deprivation
- People on low incomes
- Older People
- People from some Black and Ethnic Minority groups
- People with disabilities
- People with specific health conditions e.g., mental health conditions

# Why evaluate

*‘Evidence-informed practice is about searching not for the ‘right’ answer, but for the best currently available answer for the task in hand.’*

*‘Program evaluation differs from basic research in that its primary aim is not to add to a body of knowledge but to learn how to improve a programme..’*

..... **FUNDING**

Cabinet Office Social Exclusion Task Force (2008) Think Research. London: SETF  
CDC (2002) *Physical Activity Evaluation Handbook*. Atlanta, GA: DHHS CDC

# Why evaluate

*‘The UK has international strengths in epidemiological research but it has not traditionally been as strong in intervention research. The 2004 Wanless report on public health commented that ‘the major constraint to further progress on the implementation of public health interventions is the weakness of the evidence base regarding their effectiveness and cost-effectiveness across the majority of risk factors’,.....’*

Opportunity for better monitoring of interventions that happen in practice anyway

Milne R, Law C. (2009) *Journal of Public Health* 31:589-592.

# ‘Designing-in’ evaluation

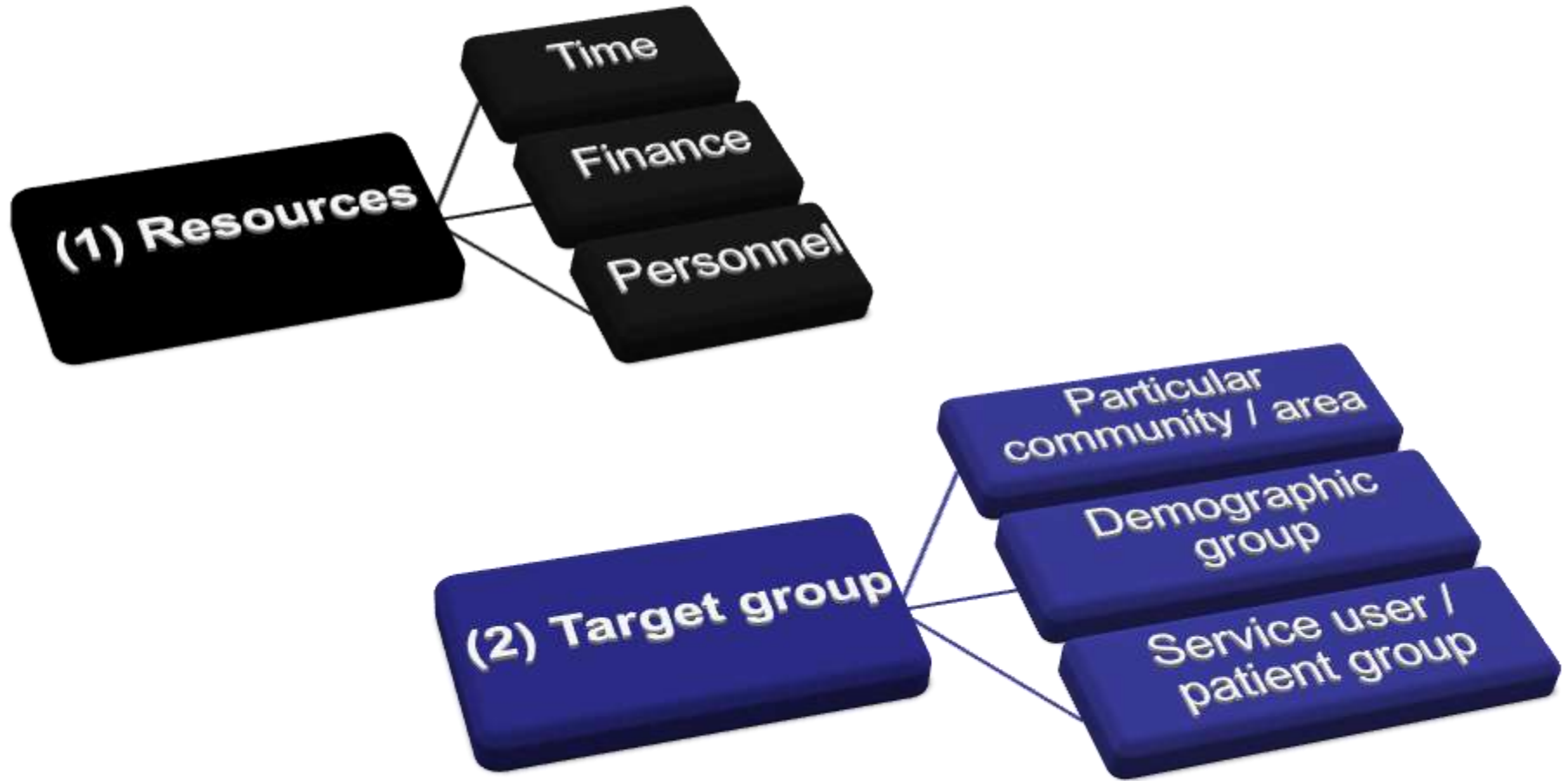
- Processes for evaluation must be in place from the outset

*‘Program planning and evaluation planning should go hand in hand, directed by input from identified stakeholders. A program description includes a definition of the problem that your program will address as well as program activities, resources, expected effects, and context’*

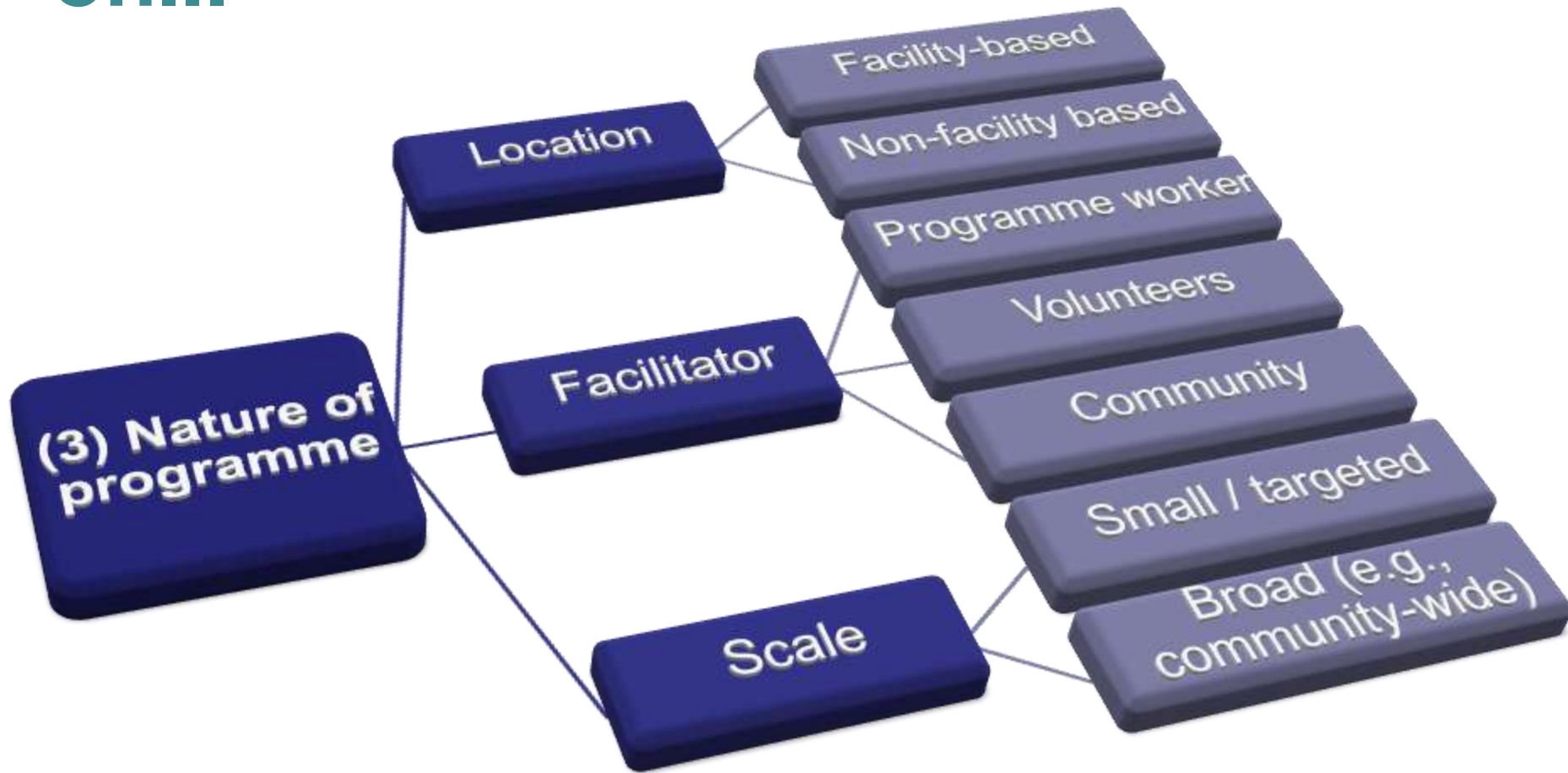
- Example of exercise referral in UK

**CDC (2002) *Physical Activity Evaluation Handbook.***

# Evaluation likely to depend on...



# Evaluation likely to depend on...



# Rigour vs. pragmatism

- Often, a combination of data collection methods can form part of overall evaluation  
... BUT Don't try to measure everything!
- Can use CDC steps to determine what you CAN achieve with the available resources

# CDC: 6 steps to evaluating PA programmes

Physical  
Activity  
Evaluation  
Handbook



DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Centers for Disease Control  
and Prevention



Step 1: Engage Stakeholders



Step 2: Describe or Plan the  
Program



Step 3: Focus the Evaluation



Step 4: Gather Credible  
Evidence



Step 5: Justify Conclusions

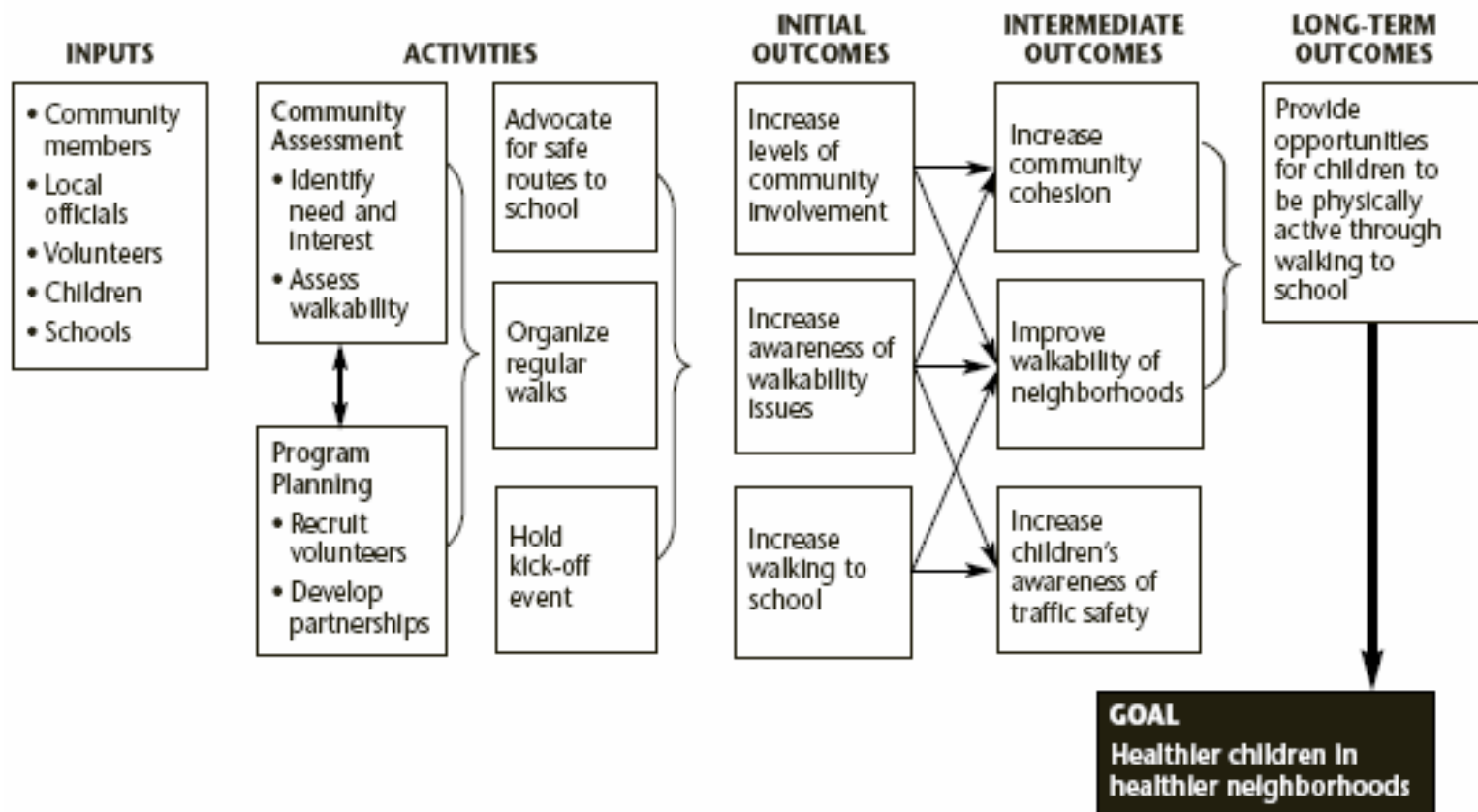


Step 6: Ensure Use and Share  
Lessons Learned

# Step 2: can use logic model

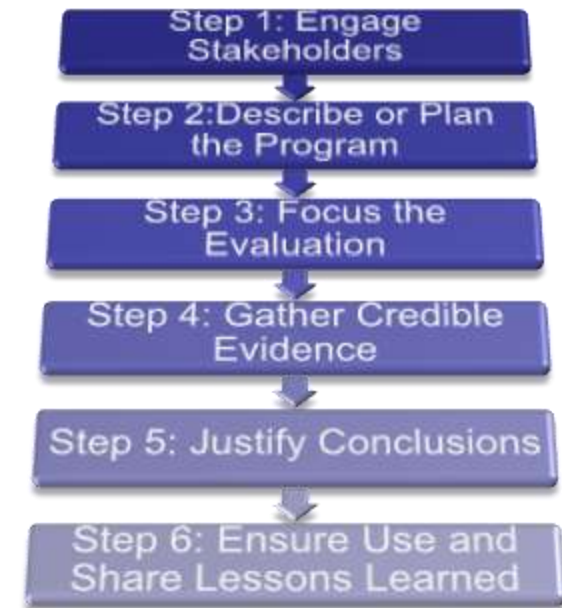
## KidsWalk-to-School Logic Model\*

**Statement of Problem:** Few opportunities exist for schoolchildren to be physically active throughout the day.



# Step 3: Focus the evaluation

- Guided by stakeholders ->
  - Primary purpose(s) and uses for the evaluation
  - Most appropriate questions to ask
- **Process** evaluation: documents all aspects of programme implementation so that adjustments can be made
- **Outcome** evaluation: measures programme effects on short, medium or long-term (as per kids logic model)



*E.g., Primary purpose to increase PA in older people from a deprived community*



# Step 4: Gather evidence

- Key indicators / data you need to collect
- How best to collect
- What constitutes success

<b>Evaluation Q / aim</b>	<b>Indicators</b>	<b>Data sources</b>	<b>Performance indicators</b>
1. Promote PA in older people from target community	Attendance at over 50s-specific programme	Programme facilitator records	15 people per week
	Participation in 30 min MVPA	Community survey (PAQ)	10% increase
	....	....	....



# Common evaluation designs for PA

## 1. Pre-test and post-test (one sample):

E.g., how many people use a walking trail before vs. after a campaign

## 2. Pre-test and post-test (two samples; quasi-experimental):

E.g., how many people walk before vs. after a campaign in a community, as well as in a similar community elsewhere.

## 3. Time-series design:

E.g., trail use before a campaign, then every other month for 1 year. Most feasible with one sample (the community of interest), but more accurate when it includes a comparison community.

## 4. Cross-sectional design:

E.g., how many people use an existing trail as part of a formative evaluation to determine whether a trail-use campaign is needed.

Should **not** be used for outcome evaluation as cannot determine cause.



## Step 5: Justify conclusions

- Analyse data
- Interpret results
- Judgements about programme

## Step 6: Ensure use and lessons learned

- Disseminate
- Implement changes based on outcomes



# PA specific 'exclusion'

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***.....what is common to most?***



# .... can be simple to capture

Target group	Indicators
Women and girls	<b>Basic socio-demographics</b> (age, gender, postcode, ethnicity etc)
People from areas of deprivation	
People on low incomes	
Older People	
People from some Black and Ethnic minority groups	
People with disabilities	<b>Basic health questionnaire</b>
People with specific health conditions	

# Methods of data collection

## 1. Attendance / participation

- Numbers engaged; Age; Gender; Postcode
- Compare with reference population (e.g., census data) -> determine if engaging with specific population groups



Example:

- *Electronic swipe card system for participants attending over-50s swimming sessions at LA leisure centre*
- *Outdoor Health questionnaire for all Walking for Health sessions (Natural England)*

**Outdoor Health Questionnaire**  
Walking the way to Health

ID Number:  Name of Scheme:

**A. Participant Details**

Full name:

House number/name and street:

City / County:  Postcode:

Tel no:  E-mail:

Please provide the name and telephone number of someone who can be contacted in an emergency:

**B. Health Screening**

For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people for whom it would be wise to have medical advice before starting.

1. Has your doctor ever told you have a heart condition? Yes  No

2. Do you feel pain in your chest when you do physical activity? Yes  No

3. Do you ever lose balance because of dizziness or ever lose consciousness? Yes  No

4. In the past month, have you had pain in your chest when you were NOT doing physical activity? Yes  No

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes  No

**Declaration**

I understand that if I have answered 'Yes' to one or more of the above questions, I should seek medical advice before attending a walking programme. I agree to fill the web pages if there is a change in my medical condition. I understand that the information will be shared with other web users and that I visit at my own risk.

Given:  Date:

To make the case for funding for your walking schemes, please help us by answering the following question

6. Have you been diagnosed by your doctor or health professional with any of the five

7. Do you have a long-standing (ie. for more than 12 months and they do contribute) illness or



# 1. Attendance/ participation

Advantages	Disadvantages / issues
Potential ease of collection	More difficult if non-facility based and / or irregular times
Relative objectivity (i.e., you know they are there!)	Dependent on compliance with collection protocols
Ensure compliance / completion of data (presence of facilitator)	Regular participants - possible repeated completion
Embed mechanisms for routine collection (e.g., swipe cards)	If only numbers recorded - no impression of repeated attendance
Comparison with reference population	



## 2. Survey / questionnaire

- Postal survey to target area
- High street survey in target community
- Potential indicators :  
Socio-demographics (inc. postcode/geocoded, employment status, income category), Social capital, Social contacts, PA, programme participation



*E.g., Anonymised postal survey to target addresses (PAF) in target area*

*High Street survey of passersby in target area*



## 2. Survey / questionnaire

Advantages	Disadvantages / issues
Ease of distribution (postal)	Response rate
Collect more data (c.f. attendance monitoring surveys)	Response bias (esp. if targeting so called 'hard-to-reach' groups)
Validated questionnaires -> add credibility	Self-completion (no control over compliance -> incomplete data)
Can include open-ended Q -> qualitative data	Need numbers to detect change
Random targeted sample (Postcode Address File -> geocode and monitor change)	Potential participant burden
	Social desirability and recall bias

# 3. Focus groups / interviews

- Semi-structured led discussions
- Qualitative data
- Often recorded, transcribed,...
- To get further insight into experiences, impact, and perceptions of target group / participants
- Answer the 'why' and 'how' questions



*E.g., Focus groups at baseline and follow-up to monitor impact / success of boxing programme targeting young males from a deprived community*



# 3. Focus groups / interviews

Advantages	Disadvantages / issues
Great depth, insight and context (c.f. quantitative questionnaire data)	Participant burden (incentives) -> telephone interview?
Use at baseline -> inform programme design (soc. marketing)	Response bias (in recruitment)
Repeat at follow-up -> did programme meet expectations; impact; experiences	Skilled moderator (ideally)
Do not need large numbers (theme saturation not representation)	Time consuming (transcribe, analyse, if necessary)
Measure processes (diff stakeholders)	No impression of numbers reached, scale of impact

# Other methods of data collection

## 4. Observations (~objective)

- PA behaviour
- Use of open spaces / facilities

## 5. Diaries / logs

- PA behaviour (reduce recall bias/increase burden)

## 6. Existing or routinely gathered data

- Quarterly reports
- LA data
- Police data (access issues)
- Census (freely accessible, dated)
- NHS data (access issues)

# CASE STUDY

Promoting healthy living and reducing obesity in schools



# Workshop activity

- You are at **Step 4** of the CDC steps of your example project. You have:
  - Step 1:** Consulted with Stakeholders, decided the programme and evaluation aims
  - Step 2:** Set out a plan
  - Step 3:** Focussed your evaluation to several key aims/questions.
- Populate the table on sheet provided in relation to the questions identified in column 1 (through Step 3, '*Focusing the evaluation*')



## Group 1

12-month community programme promoting PA through use of a park within a deprived, urban community

## Group 2

Establish PA programme targeting older people (possibility of continued funding)

- > **Step 4:** Gather credible evidence (Columns 2-4)
- Indicators: what you want to affect  
(e.g. specific PA participation levels)
  - Data sources / data collection methods
  - Possible issues or challenges in data collection



## Useful resources:

<http://www.activelivingresearch.org/resource-search/toolsandmeasures>

[www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf](http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf)

[http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA\\_evaluation\\_quick\\_start.pdf](http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_evaluation_quick_start.pdf)