

Discussion topic: Conducting Cross-Site Evaluation

SPEAKER 1: Introduces himself and gives background about his work. Outlines purpose of panel. Surveys audience to see how many are evaluators, how many are consumers of evaluations, and how many are related to the issue in some other way.

[Panel members introduce themselves.]

First questions deal with general approach.

SPEAKER 2: First it is necessary to establish when interventions provide for a common conceptual framework. It is not possible to compare apples to oranges, but one can describe a bowl of fruit. Need to look for common topics and constructs, and for similarities and differences. For cross-site issues, need to use contextually qualitative data and informant interviews to evaluate outcomes. Use case studies for theory of change and tease out contextual factors to get at changes that occur at different sites.

SPEAKER 3: Each community that we have looked at has had a different target population and goals. Be we try to operationalize principles and build an infrastructure to support this. We use systems of care and process outcome measures, along with administrative and case data, to see how systems change has influenced outcomes. It is not possible to make piecemeal changes in a system without looking at outcomes. Need to review stakeholders, services, conduct visits, do case management reviews, find out what agencies and partners are saying, and do interviews and focus groups. Also, need to be able to look at data over time.

SPEAKER 4: Grantees provided four indicators (domains) in their applications. They selected indicators that they thought their interventions would address. We developed a data dictionary for use in collecting data for the indicators, and we used federal definitions, so grantees were collecting data similar to that which they were already collecting for state and federal [reporting]. There were some exceptions, but mostly they were collecting according to the data dictionary, so there was standardization. The grantees were different, so there was not standardized way to collect the data.

Data was collected across 53 grantees, permitting aggregate analysis of programmatic strategy. We also confirmed the programmatic standards, e.g., what the grantees were doing as “case management,” so we knew what the terms meant operationally.

Two-thirds of the grantees have control and comparison groups, and many are reporting case-level data. The data is very clean. For example, when the data is reported, error messages result when data is entered that is out of range.

SPEAKER 5: I have been working on the [name of program] since 1993. We have done evaluations since then, with the various communities. We look at the system, service delivery, outcomes, and the service-cost level. Evaluation is cross-site evaluation, and grantees are required to participate in cross-site evaluation as well as local evaluation.

Originally it was thought that grantees would be able to access certain data to reduce the interview burden on families, but this was too complex and too many permissions were needed. Also, it was too

difficult to standardize. Local data was maintained in different formats, and as a result, reports had to have numerous footnotes.

We use a fidelity approach in the [name of program]. We map principles across serviced delivery and infrastructure and look at fidelity in different domains to get qualitative and quantitative data and see how much fidelity there is to the principles. Long interviews can be costly and time-consuming, so we decided to look at what is important: implementation and fidelity to principles—do children get better, and does it cost less? Getting comparative data is difficult across sites, because you have to know what you are comparing. Also, you may have fidelity to principles, but very different capacities of communities for many reasons: staff turnover, leadership and administrative turnover. Evaluators may change, too, and this affects how the evaluators relate to the program administrators. The interview approach is used and data is collected longitudinally.

Grantees need to be involved in evaluation and have control over their data. It is a collaborative process, even though the requirement is imposed. There has to be a community-level buy-in to the process. Study materials are needed, a family advisory committee should be involved, and relationships have to be built to provide good technical assistance (TA) and make evaluation work.

We have an interactive website for grantees. They have almost immediate access to their data, can generate their own reports and clean the data. They can use their reports with stakeholders. It is their data for their use. Their goal is sustainability and they need their data to achieve this goal.

Regarding services-cost data, we work with communities on how to get cross-data on an individual child level. Comprehensive cost data is very difficult for grantees. We try to improve the tools for those grantees who do not have access to this kind of data.

For specific issues related to services, we work with service providers directly and have done some studies on evidence based practices.

SPEAKER 1: On the issue of orange-to-orange evaluations, federal programs support a lot of local diversity, so there does tend to be a lot of diversity. Research grants are more likely to involve orange-to-orange comparison during evaluations. Otherwise, you really always have to look at local needs. Sometimes organizers like the [name or organization] can replicate a local program, and that can lead to more orange-to-orange comparison, but even then, differences occur.

SPEAKER 3: Regarding the apples-to-apples issue, programs are always built on sand. Evaluation has to look at how the sand is shifting. Staff changes or a catastrophic event, e.g., death of a child, produce changes. The end result is that you always need to look more deeply.