

## Planning and Evaluation: A Brief Guide

To ensure Right Direction has a successful impact on your company, you will want to tailor your implementation plan to suit your company and maximize the health and wellness resources available to your employees. Customizing the plan for your organization also sets the path for determine how you will measure success. This document provides essential information to conduct an evaluation and determine whether the initiative is on course, achieving important milestones, and accomplishing valued results.



Not only will evaluation answer questions important from the perspective of your company and vendor stakeholders, it can also provide information helpful to the national Right Direction initiative, which is interested in how the materials were used and to what effect(s). Technical assistance for evaluation is available; contact Marcas Miles at 330-305-6565.

## Planning Your Evaluation of Right Direction

No two companies are exactly alike. This brief guide will help you think through important considerations to ensure that your evaluation design achieves the best fit for your organization. Next, it provides a framework and sample template you can use to create your evaluation plan.

As you complete these steps, connect with key internal and external stakeholders and enlist their ideas and feedback. This will ensure that you are capitalizing on a diversity of perspectives, and will also be helpful to achieving engagement and buy-in to the initiative. Relevant stakeholders may include specific corporate leaders, departments such as wellness or HR, employee representatives and external partners such as EAP and other healthcare vendors.

### 1. Questions To Ask Initially:

#### Defining the Reasons for Implementing

- What is the setting or context in which Right Direction will be used?
- Is depression a concern within your company? What is the nature of those concerns? For example, do you suspect that some employees do not recognize symptoms?
- Which individual, structural and cultural barriers to addressing depression exist in your company? For example, is depression stigmatized?
- What, if anything, has your company done in the past to address prevailing concerns and/or barriers?
- Other than addressing specific concerns and barriers, are there other ways in which Right Direction could be helpful? For example, contributing to a general culture of health and well-being or activating healthy behaviors.

**Make a list of the concerns and specific barriers you identified as well as any other issues your company would like to target for change. These will become your project objectives.**

## Defining the Levels of Change

Change conceivably could occur at the level of individuals and/or on the organization level, such as in a department, work location or overall in the company.

- How can Right Direction potentially help to address any of the concerns, barriers and other issues?
- Which characteristics of individuals and groups do you think Right Direction may change or influence? For example, employee knowledge or depression and participation in depression screening. Or, supervisor awareness of depression symptoms.
- Which characteristics of the organization or environment do you think Right Direction may change or influence? For example, reducing absences and reducing inappropriate utilization of medical care resources due to undiagnosed depression.

**List specific changes that Right Direction might achieve and/or ways in the initiative could influence individuals, groups and/or the environment.**

### Getting Specific

Reflecting on your answers, which population or subgroups of the population are the intended recipients of Right Direction?

- Who are the intended recipients of Right Direction? Are there groups you specifically want to target?
- How many persons overall and in each key subgroup are potentially eligible to receive Right Direction information and resources?

**What do you want to happen as a result of Right Direction? The results you are seeking may be limited to ensuring that the process of providing Right Direction went smoothly and reached your target audiences (e.g., disseminating educational messaging). Or you may be seeking results that are potential impacts or outcomes of experiencing Right Direction (e.g., completing depression screening).**

If your Right Direction campaign works as intended, what would be different from now?

- What changes and/or outcomes would you expect to find in your target populations and overall in the organization?
- When would these expected outcomes become observable?
- For how long would these outcomes be maintained?
- What changes and/or outcomes will be meaningful to your company and its key stakeholders?

**In order of priorities, list the near-term and longer-term impacts that are realistic to expect and meaningful.**

## 2. Create the Evaluation Plan.

Based on the answers provided in the first step, create an evaluation plan. A template has been provided to assist you in organizing the information (see page 6).

### Completing the Template

**Engage Stakeholders.** Identify the persons or groups who have an interest in the outcome of the initiative and its evaluation. Consult with each to obtain their input on each of the following topics, including formulating aims, identifying milestones, defining metrics, developing a realistic and useful data collection and analysis strategy, and guidelines for interpreting and reporting back results. Stakeholders play an important role in planning the evaluation, and their perspectives are critical to obtain during its implementation and after, when results are translated into decisions and actions that will impact the future of the initiative.

**Objectives.** Write specific objectives you wish to achieve. Objectives capture changes from the current situation and should reflect some or all of the concerns, barriers and issues identified earlier. Each objective should be measurable. Objectives may refer to things you want to accomplish relatively quickly as Right Direction is implemented or longer-term objectives. Each template should focus on a specific aim.

**Operational Milestones.** Identify milestones, which are specific, concrete steps or procedures a person or organization intends to take in order to “produce” the intended change or difference. Milestones should be measurable. Each aim can have one or more milestones. For example, if an aim is to increase depression screenings, milestones may include linking the Right Direction website to your company intranet or health portal, creating awareness of the website and screening, etc. An essential milestone for any evaluation is ongoing monitoring of participation and/or engagement of the intended recipients.

**Target Population.** For each milestone, determine what the target population is for the specific activity. For example, if the milestone is to provide a link to the Right Direction website on your company intranet, the specific target population would be employees (and dependents, if they also have access to materials on the intranet or health portal).

**Metrics.** For each aim and related milestone, identify a quantifiable indicator. This is a process of defining a metric and determining whether there is an available data source. Characteristics of a good metric include: it reflects the content of the concept (e.g., accessibility to screening) to be measured; it may be measured at the right time (as close to the event or experience as possible); it is measured at the appropriate level (person-level, department-level, etc.); and it comes from a source that is relatively free of bias or inaccuracy. The last is the hardest to achieve. However, it is important to recognize the potential for mis-measurement and try to minimize the possibility by critically thinking about each metric and, if there is a problem, coming up with the best alternative. Another important characteristic of a metric is that it should be practical to measure and fit within constraints of time, effort and budget.

Some types of metrics include: those measuring frequency (how often) or how much (intensity), evaluative (attitudes and opinions) vs. reports (events, episodes, occurrences), categorical (groupings such as male and female) vs. continuous (on a scale such as age in years). Metrics may be cross-sectional and reflect a point in time or longitudinal representing change over time. Change is usually measured for a pre-intervention period to a post-intervention period. Some metrics such as percentages or rates (e.g., participation rates)

require a numerator (number participating) and a denominator (number considered eligible or available to participate).

**Data Collection Strategy.** For each metric, determine when it will need to be measured, the frequency of measurement and how it will be measured (e.g., self-report survey or website records). Design a data collection schedule, including when and how often data will be obtained, acceptable limits for late data, and the persons responsible for its implementation.

**Data Analysis Approach.** Identify the statistical test, benchmark or performance standard that will be required to determine the degree to which each aim has been achieved. The analysis should be designed to address each aim, the properties of the metrics and the sample size. Statistical consulting is recommended throughout the planning and implementation of evaluation. However, the evaluators and stakeholders will be most able to be healthy skeptics or devils advocates and ensure that the analysis is adequately rigorous and sources of bias have been addressed.

Additionally, qualitative data including case studies may be helpful. A deciding factor is the relevance of such data to key stakeholders as well as its use in capturing events and experiences that are not easily measured.

**Interpretation and Reporting.** Statistical significance is often used to determine if there is a difference or an association. However, in some evaluations, statistics are not as important as whether or not some level was reached, which stakeholders regard as meaningful. To the degree possible, criteria for deciding a result is meaningful should be specified in advance of the evaluation. Stakeholders can provide guidance on how best to report back results. Reporting results in a user-friendly format is essential.

**Pilot Test.** If possible, a small-scale trial run of the evaluation should occur so you can be assured that it will work. This is also an opportunity to identify personnel and resource requirements for the evaluation and to debug the procedures.

For technical assistance, please contact: Marcas Miles at 330-305-6565.

## Sample Matrix

The following matrix is provided with sample information to assist you in the planning process. Complete one matrix for each objective.

**Objective:** Increase access to high quality information and resources pertaining to depression and its care.

Operational Milestone(s)	Target Population	Metrics	Data Collection Strategy: Data Source(s)	Data Collection Strategy: Timing of Measurement(s)	Data Analysis Approach	Interpretation Guideline/Criterion for Meaningful Impact
Assess use of existing depression resources on EAP website.	Hourly and Salaried Employees	EAP depression page visits in the past year	Obtain website hit information from EAP website manager and number of employee data from payroll.	Compute cumulative hits for their one-year period pre-implementation of the Right Direction Campaign	Number of hits to the EAP depression page/number of hits to other health pages (e.g., smoking cessation page). Number of hits on EAP depression page/the number of employees	Not Applicable
Compare change in use of Right Direction depression web pages to previously available depression web pages	same	Number of hits to new depression pages vs. number of hits to previous depression page. Number of hits to new depression page/number of hits to other health pages (e.g., smoking cessation page).	Obtain website hit information from website manager	Cumulatively for one-year post-Right Direction campaign implementation	Comparison of pre-implementation and post-implementation Hits to Depression Page. Comparison of ratios.	Increase depression page hits and hit ratios by 25%.
Assess quality of Right Direction resources	same	Ratings of satisfaction with resources; comparative	Online visitor survey	During page visit	Compute percentages by satisfaction ratings.	Percentage at the highest or two highest satisfaction levels exceeding 75% of visitors

		ratings to other materials				

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The following matrix is provided with sample information to assist you in the planning process. Complete one matrix for each objective.

**Objective: Increase depression screening.**

Operational Milestone	Target Population	Impact Metrics	Data Collection Strategy: Data Source(s)	Data Collection Strategy: Timing of Measurement(s)	Data Analysis Approach	Interpretation Guideline/Criterion for Meaningful Impact
Increase visits to depression screening website.	Employees in rural locations.	Percentage of employees in rural locations visting screener site.. Percentage of employees in urban locations visting screener site.	Obtain website hit information from website manager. Obtain urban/rural work location from HR.	Post-implementation data collection for campaign duration.	Compare rural to urban visit percentages.	Gap in rate of visits reduced by 50%. Increase in rate of visits among rural employees by 50%.
Increase number of completed depression screenings.	Employees in rural locations.	Percentage of employees in rural locations completing screener. Percentage of employees in urban locations completing screener. Percentage of rural employees screener prior to Right Direction implementation and Percentage after implementation.		Post-implementation data collection for campaign duration.  Pre-implementation data collection for the same period of time.	Compare rural to urban screener percentages.  Compare rural post-Right Direction to rural pre-Right Direction rates.	Gap in rate of visits reduced by 50%. Increase in rate of screenings among rural employees by 50%.  Statistically significant improvement in rural screening rates over baseline.
