

## Reference Guide: Program Evaluation or Research?

### Definition of Program Evaluation

Program Evaluation is a systematic collection of information about activities, characteristics and outcomes of program products or services to analyze and make judgments overall about an organization, organizational unit, or program. Such efforts are designed to improve program effectiveness, and/or inform decisions about future programs, products or services development.

#### Steps Common to Program Evaluation Include:

- (1) engage stakeholders;
- (2) describe the program;
- (3) focus the evaluation design;
- (4) gather credible evidence\*\*;
- (5) draw conclusions; and (share findings and lessons learned).

<https://www.cdc.gov/eval/guide/cdcevalmanual.pdf>. Activities are usually directed by personnel with authority over the program or organization. Recommendations for programmatic changes may/may not be implemented due to logistic, budget or market reasons.

### Definition of Human Subjects Research

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute generalizable knowledge. Research includes collection of data through intervention or interaction with living individuals or identifiable private information about them. Such efforts are designed to benefit society in the future from knowledge gains. 45CFR46.102(e)

### General Characteristics

| <u>Program Evaluation</u>   | <u>Human Subjects Research</u>   |
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| INTENT of the activity is to evaluate and improve established programs (i.e., usual practices) within or the organizational unit overall. It may also inform decisions about future programs or services. | INTENT of the activity is to generate knowledge—by generating hypotheses, testing them, and answering research questions—to develop new paradigms, untested methods, or establish standards where none are accepted. |
| DESIGN includes usual administrative oversight to ensure all participants continue to receive standard care, services, products or instruction, as applicable, during conduct of PE activities.           | DESIGN may include group comparisons, randomization, control groups, placebo. Some participants may receive non-standard or experimental tests, products or services.  |
| SETTING of the undertaken activities is within the organization or a unit of it.  | SETTING of the activities may be within or beyond the organization.  |
| PARTICIPANTS and their data are not used as a representative sample of a broader population outside of the organization.  | PARTICIPANTS and their data are selected as a representative sample of a broader population outside of the organization.   |
| RISKS of harm to participants are not anticipated.  | RISKS of harm to participants are possible.  |
| INFORMED CONSENT is usually not required as no activity plans to provide less than standard/best practices and data collected is about the org and not participants.                                      | INFORMED CONSENT may be required as research participation is voluntary and may involve non-standard care, products, services or instruction.  |

**Examples**

**Program Evaluation**

**Human Subjects Research**

**In the Classroom:**

Seeking to improve the quality and relevance of Medical Humanities degree, Dept. Chair organizes a committee to assess quality of course offerings, student satisfaction and graduates' application of the degree. Committee designs plan, collects internal stats about courses offered, sends program satisfaction survey to students and graduates, and analyzes data collected. Committee recommends adding advanced courses in applied ethics and close reading, as well as, offer diverse practicum opportunities.

In addition to seeking to improve quality/relevance of the Program, the committee seeks to identify whether upsetting experiences with health care serve a catalyst to pursue Medical Humanities, over a Humanities Degree. The committee distributes a questionnaire to persons who solicited degree info 2014-2016. Tool designed to learn how Med Humanities fits with life goals and explore what experiences led to current life goals. Anticipate findings applicable to population beyond Program.

**In the Clinic:**

Seeking to evaluate the quality of their program and to meet the evolving needs of the community, the ID Dept. at Hospital X convenes a committee consisting of Administrators, Medical Specialists, and Community Clinic Directors. Historic data on community demographics, service utilization, time to triage & treatment, use of multiple services, diseases treated, coordination of services, etc., are reviewed. Infectious disease service deserts are identified requiring need for better/more diagnostic equipment and specialty services, as well, more resources to educate community on infectious diseases and when/where to seek help for troubling symptoms.

ID Hospital Director proposes to work with a specialists from each of the clinics in the catchment area to conduct a retrospective chart review to collect data about the types and incidence of confirmed infectious diseases in the prior 12-month period, time to diagnosis and methods of diagnosis, treatments ordered, and time to resolution or referral to the hospital infectious disease department. Data will be analyzed to determine source and reason for delays to hospital referral. Study also proposes to collect information about patient age, address, payer source and primary language to develop hypotheses about reasons for patient delays in seeking treatment.

**In the Community:**

The Community Meals on Wheels Program wishes to evaluate the quality/effectiveness of its program and determine whether to expand services to meet evolving needs of its senior citizens. A committee of county officials, community members and program staff convene and review historic data on services, costs, fleet hours, and results of prior senior satisfaction with services surveys. They design/conduct a needs assessment and conduct community meetings w/area seniors about service use. Need for additional bi-lingual nutritionists and social workers, as well as, the construction of an additional community center were identified/proposed to County freeholders.

Recent published studies conducted in other states reveal differences in the number and type of back-up plans seniors had in place, if at all, in the event of unanticipated prolonged Meals on Wheels service interruption. During this period of program evaluation, the Nutritionist proposes to recruit seniors attending the community meetings to complete surveys soliciting information about their back-up plans when unanticipated service interruption in meal service occurs. The Nutritionist will analyze the data and compare it against the published studies to determine what differences exist in prevalence and types of back-up plans seniors have.