The Montgomery County Department of Health and Human Services (MCDHHS) Asian American Health Initiative (AAHI), in partnership with the African American Health Program (AAHP), Latino Health Initiative (LHI), and Community Action Agency (CAA) hosted a free workshop entitled “Basics of Program Evaluation” as part of the Empowering Community Health Organizations (ECHO) Project 2016. This workshop is the final in a three-part series about health data. Launched in 2011, ECHO is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations.

“Basics of Program Evaluation” invited community leaders to learn more about the value of program evaluation, how to develop an evaluation plan, and the tools available to conduct evaluations. It aimed to increase the confidence of workshop attendees in their ability to perform a program evaluation. Workshop attendees practiced what they learned by participating in a small group activity, in which they developed evaluation plans for fictional programs.

The workshop was led by Dr. Olivia Carter-Pokras, Professor of Epidemiology at the University of Maryland School of Public Health. Prior to Dr. Carter-Pokras’ presentation, a short video was shown which featured different community organizations in Montgomery County discussing their experience with program evaluation. The workshop concluded with a brief question and answer session. The workshop was attended by 80 individuals who represented over 35 organizations from the community.

In addition to the workshop, AAHI celebrated their 10th anniversary during the evening. AAHI Program Manager, Perry Chan, took attendees on a journey through the history of AAHI and Uma Ahluwalia, Director of the Montgomery County Department of Health and Human Services, provided a few remarks to commemorate the occasion. Additionally, the AAHI Steering Committee received a proclamation from the Montgomery County Executive, Ike Leggett, recognizing their dedication, service, and achievements over the past ten years.

This document presents a summary of the discussion shared throughout the workshop. Text marked with an asterisk are post-workshop notes. Please note the information may be subject to change. Published on 06/08/2016.
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INTRODUCTION

Workshop Objectives
- Understand the value of program evaluation.
- Be more confident in one’s ability to conduct a program evaluation.
- Be more knowledgeable about the steps in conducting a program evaluation.

Findings from Pre-Workshop Needs Assessment
Attendees were asked about their experience with program evaluation when they registered for the Workshop. Results are as follows:
- Most workshop attendees have experience with program evaluation. Examples of program evaluation includes the use of general surveys or satisfaction surveys to evaluate different types of programs such as health outreach or general health programs.
- Sixty-nine percent of attendees are not working with a program evaluator, while 11% are not conducting any program evaluations.
- Top 3 questions participants wanted to know about program evaluations:
  1. How to develop an evaluation plan?
  2. What methods are best suited for specific evaluation aims?
  3. How to measure program impact?
- Sixty percent of attendees do not have prior training on program evaluation.

What is Program Evaluation?
- Program evaluation is a systemic collection of information about the activities, characteristics, and outcomes of programs. It can help us make judgements on whether a program is working or not or what changes we need to make towards the program.
Such information can help us make informed decisions in program development and improve program effectiveness.

**Benefits of Program Evaluation**
- Learning from your mistakes is an important benefit. We recognize that we do not have all the answers and we are addressing some tough issues, such as chronic disease, social determinants of health, etc.
- You can use statistical evidence from the program evaluation to identify determinants of success and justify funding for the future.
- Even when program evaluations do not yield “favorable” results, these results are just as valuable because it is also important to know if your program is not working.
- *Refer to slides for more on “Benefits of Program Evaluation”.*

**Basics of Program Evaluation**

**CDC Framework for Program Evaluation**
- The Centers for Disease Control and Prevention (CDC) has developed a framework for program evaluation.
- There are six steps which guide the evaluation process:
  - Engage stakeholders
  - Describe the program
  - Focus the evaluation design
  - Gather credible evidence
  - Justify conclusions
  - Use and share lessons learned
- When creating a program evaluation there are four standards that should be considered:
  - Utility – Will the evaluation provide relevant information?
  - Feasibility – Often evaluations do not work because they gather too much data or make the methods too complex to be useful. You only need enough to guide you to the next steps.
  - Propriety – If you are collecting individual identifiers, you will have to go through Institutional Review Boards (IRBs) and think about human ethics concerns.
  - Accuracy – Evaluations should be valid and repeatable.

**Planning the Evaluation**
- Planning of the program evaluation should be incorporated into the initial phase of program planning.
- Consider using a logic model, also known as a conceptual framework or map, to organize the inputs, investments, and activities of a program along with the outputs and outcomes of a program.
- Evaluations do not need to be costly. A simple, low-cost evaluation can still deliver valuable results. Typically, 8% to 12% of a program budget is a reasonable amount to allocate to program evaluation.

**Assembling an Evaluation Team**
- Ideally, you should always work in a team when conducting an evaluation.
Those included in the team should have group facilitating skills, understand the program’s history and purpose, and have practical operation in the field to know what is feasible.

Evaluation team members should include decision makers, users of the program, and others who guide the program’s direction.

Utilize people who can support with methodology such as social and behavioral health scientists.

**NEED HELP WITH EVALUATION?**

**Finding an Evaluator**

- Local universities serve as a resource for evaluation help. In the Washington, DC metropolitan area, there are a number of universities: University of Maryland (UMD) College Park, UMD Baltimore, UMD Shady Grove, American University, Johns Hopkins University, Georgetown University, George Washington University.
- Other resources where you can find an evaluator include private for-profit evaluation firms, non-profit organizations, independent contractors, and the American Evaluation Association (AEA). The American Evaluation Association allows users to search by state to find evaluators.
- Ask questions to assess the qualification and skills of an evaluator.
- Sources with additional questions to assess program evaluator qualifications and skills include:
  - American Evaluation Association’s Guiding Principles for Evaluators
  - Program Evaluation Standards of the Joint Committee on Standards for Educational Evaluations
- Refer to slides for more information on assessing evaluators.

**TYPES OF PROGRAM EVALUATION**

**Which Type Should We Use?**

- To determine which type of evaluation is most appropriate depends upon the stage your program is in.
- Refer to slides for more information on determining which type of evaluation to use.

**Formative Evaluation**

- This type of evaluation is used when planning a program or during program implementation.
- Examples of formative evaluation include needs assessment and process evaluation.
  - Needs assessments are conducted to find out who needs the program, how great the need is, and what can be done to best meet the need.
  - Process evaluation is conducted to determine what and how much of the program was accomplished to ensure program fidelity.

**Summative Evaluation**

- This type of evaluation is used in established programs to measure a program’s effectiveness.
- Examples of summative evaluation include outcome evaluation and impact evaluation.
  - Outcome evaluation measures the effect and change that results from the program, and to what extent the program achieved its outcome in the target
population. This includes both short-term and medium-term pathways of change.
  o Impact evaluation looks at community-level change and the impact your program has on the broader community, not just those who participated. You may need to use secondary data for comparison to see how your community compares to local and regional trends.

**STEPS IN PROGRAM EVALUATION**

**Engage Stakeholders**
- Conduct a needs assessment to engage those involved in and impacted by the program to better understand their needs. This includes the program operators, those served or effected by the program, and the primary users of the evaluation.

**Describe the Program**
- Figure out what is the problem that you want to address and know the program goals, mission, and objectives.
- At this step of program evaluation, you can create your logic model.
  o Logic models organize inputs, outputs, and outcomes.
  o Examples of inputs include staff, grants, partners, and time.
  o Examples of outputs include planning and carrying out projects for the target population.
  o Examples of outcomes include improved skills, demonstration of skills, and change in participant attitudes and beliefs.
- If you are in the planning stage of your program, use a right to left logic model.
  o This begins with determining your desired outcome.
  o Then consider what short-term outcomes will lead to that long-term, desired outcome.
  o Next, consider what activities will lead to those short-term outcomes.
  o Lastly, consider what inputs are needed for those activities and how you will achieve that outcome.
- If you are in the implementation or maintenance stage of your program, use a left to right logic model.
  o This begins with looking at the program inputs such as funding, staff, etc.
  o Then consider what activities you are conducting.
  o Next, think about your short-term outcomes.
  o Lastly, determine your long-term outcomes.
- Outputs include activities, such as training or teaching, as well as who we reach, or participation. This is where satisfaction surveys fit in. Satisfaction with a program does not necessarily mean that the program has an impact.
- Outcomes exist along a continuum from short-term to medium-term to long-term outcomes. Work backwards from the desired long-term outcome and determine what medium-term and short-term outcomes will lead to the long-term outcome.
- **Refer to slides for examples of and more information on logic models.**

**Focus Evaluation Design**
- What is the purpose of evaluation? Who is going to use the evaluation and how will they use the evaluation results? What do other stakeholders need from the evaluation?
Gather Credible Evidence

- Develop indicators and determine what measures you are going to use.
- Identify data collection methods for quantitative data, such as numbers, and qualitative data, such as stories.
- Consider the quality of the data versus the quantity of data. It may be better to collect less information and be able to use it than to collect a lot of data but never use it.
- Data collection methods
  - There are two main types of data collection: primary data collection (collecting new data) and secondary data collection (utilizing already existing, collected data).
  - Even if you conduct primary data collection, consider also using secondary data. Primary data can inform you about your program outcomes. However, to measure impact, you will likely need to use secondary data sources.
  - Refer to slides for more information on data collection methods.
- Sources of questions
  - If you want to make comparisons to the larger population, it is recommended that you use existing questions to allow for standardization of measures.
  - There are several national surveys that can be utilized such as the National Health Interview Survey and the guide to US DHHS surveys and data systems.
  - There are also state level surveys that be utilized. For example, the Behavioral Risk Factor Surveillance System conducts telephone based surveys, including cell phones, and covers all 50 states, the District of Columbia, and three U.S. territories.
  - There are also question banks which can serve as a resource. Experts from the Phenx Toolkit identified the best way to ask questions about education, housing, income, and racism, among others.
  - Check to make sure the questions are written at the appropriate reading level and in the languages of the target population.
  - Test the questions in your target population, such as conducting focus groups, to make sure the questions are understood the way you intended.
  - Ideally, questions should be repeatable, showing that they are reliable, accurate, and valid. They should also be relevant to your target population.
- Sources of secondary data available in Maryland
  - Vital Statistics and Reports – Summary of birth and death data and biostatistics data available in various years.
  - About Surveys and Reports – This includes the Behavioral Risk Factor Surveillance System, Maryland Youth Tobacco and Risk Behavior Survey, Pregnancy Risk Assessment Monitoring System, and Maryland Cancer Survey, among others.
  - Maryland DHMH Cancer-Related Surveillance Data and Reports – Maryland is close to having a comprehensive cancer center, which has vastly improved the quality of state-level cancer data in the last few years.
  - Maryland Health Equity Data – Reports are compiled by the Maryland Department of Health and Mental Hygiene, particularly by the Maryland Office of Minority Health and Health Disparities, focusing on particular subgroups in the population.
- Healthy People 2020 – It provides national goals and objectives on disease prevention and health promotion that have national indicators you may want to track.

**Justify Conclusions**
- Summarize your data that you collected, interpret the findings, and make judgements.

**Ensure Use and Share Lessons Learned**
- Ensure that you use the data and share the lessons you learned so that you can improve your program.

**EXISTING TOOLS**

**Partnership Self-Assessment Tool**
- If you are working with a university or other organization, do not just evaluate the program but evaluate the partnership as well.
- The Center for the Advance of Collaborative Strategies in Health has put together a partnership self-assessment tool.
- Refer to slides for more information on partnership assessment.

**Other Evaluation Resources**
- Refer to handouts for more resources.
For the small group exercise, each table was provided a fictional program for which they needed to develop an evaluation. Each program addressed a public health problem and focused on a specific target population. The public health topics which the fictional programs addressed were asthma, diabetes, hepatitis B, and poverty. Descriptions of the programs can be found in the Handouts section. Facilitators were assigned to each table to guide the conversation and support the small groups in developing the evaluation. Each table had the opportunity to share their evaluation plans with the rest of the workshop and Dr. Carter-Pokras provided additional feedback at the end of the exercise.

Below are the thoughts shared from each table. Dr. Carter-Pokras’ remarks during the discussion session are italicized.

**Asthma among Hispanic Americans in Montgomery County, MD**

<table>
<thead>
<tr>
<th>Program Component</th>
<th>What do you need to evaluate?</th>
<th>How will you evaluate it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>To educate Hispanic Americans in Montgomery County about asthma through direct community outreach</td>
<td>To see if people are understanding the knowledge we provide them on the causes, symptoms, resources of asthma <em>(short-term outcome)</em></td>
<td>Surveys from the parents and focus groups</td>
</tr>
<tr>
<td></td>
<td>What the population already knows about asthma, such as where does it come from, symptoms, etc...</td>
<td>Needs assessments</td>
</tr>
<tr>
<td></td>
<td>Ask participants what they are and are not doing for their disease <em>(medium-term outcome)</em></td>
<td><em>Before and after assessment of knowledge</em></td>
</tr>
</tbody>
</table>

**Diabetes among African Americans in Montgomery County, MD**

<table>
<thead>
<tr>
<th>Program Component</th>
<th>What do you need to evaluate?</th>
<th>How will you evaluate it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>To educate African Americans in Montgomery County about diabetes through direct community outreach</td>
<td>Knowledge gained</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Behavior change – it may be challenging to evaluate whether their behavior did change</td>
<td>Pre and post test</td>
</tr>
<tr>
<td></td>
<td><em>It is good to find out about their intention to change and</em></td>
<td>Asking them about future doctor appointments and their desire to do so.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asking them to demonstrate the use of insulin, which insulin to use and at what time</td>
</tr>
</tbody>
</table>
where they are in the stages of behavioral change

- Seeing if patients are able to use insulin correctly because it is important to evaluate if patients are managing their disease

### Hepatitis B among Asian Americans in Montgomery County, MD

<table>
<thead>
<tr>
<th>Program Component</th>
<th>What do you need to evaluate?</th>
<th>How will you evaluate it?</th>
</tr>
</thead>
</table>
| To educate Asian Americans in Montgomery County about hepatitis B though direct community outreach | - Number of people educated and number of outreach events  
- The languages, age group, and immigration status of target populations  
- Level of hepatitis B awareness among Asian American communities *(short-term outcome looking at knowledge and awareness)* | - Getting information to describe your population using needs assessment  
- Distributing pre and post workshop questionnaire or survey to see how much participants have learned *(medium-term outcome assessing behavioral change)* |
| To screen the target population for the hepatitis B virus and vaccinate any residents who may be at risk of developing hepatitis B | - Number of people screened for hepatitis B | - Use survey to assess and track who has been vaccinated and who needs to be vaccinated |

### Poverty among low-income residents in Montgomery County, MD

<table>
<thead>
<tr>
<th>Program Component</th>
<th>What do you need to evaluate?</th>
<th>How will you evaluate it?</th>
</tr>
</thead>
</table>
| To assist residents with completing applications for public housing | - Literacy and language needs  
- Clients’ technology access  
- Level of staff or volunteer assistance needed to help clients complete their applications  
- Eligibility criteria of clients, such as income and legal status, which is required in the applications | - Screening tools to determine eligibility  
- Checklist for documents preparation  
- Creating a run chart where the number of applications submitted and accepted will be tracked over time for comparison  
- Conducting follow-up interviews to with agencies |
<table>
<thead>
<tr>
<th>To work with landlords and tenants in public housing units to ensure tenant complaints are resolved</th>
<th></th>
<th>find out if the clients' applications were accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Identify what are the issues between landlords and tenants</td>
<td>▪ Needs assessment</td>
<td>▪ Focus groups with tenants and landlords</td>
</tr>
</tbody>
</table>
Our program’s senior population has trouble filling out surveys. What methods do you recommend to collect data on our diverse senior population?

It is important to recognize that the national average reading level is at the 8th grade level, thus when designing surveys, it is vital that they are in the appropriate reading level, not just for immigrants but also for other populations as well. In addition to paper surveys, have an interviewer ask these survey questions in a focus-group setting. Determine how to make the surveys more accessible to your population. Consider also using in-depth interviews to gather information on how useful the program is. You can also talk to care-givers or others who interact with the seniors regularly to see what their main issues are.

Students in a Master of Public Health program at local colleges and universities are looking for internships, thesis topics, practicums, etc. I think it would be a good idea for many of them to take on a program evaluation project. Please tell me your thoughts on this.

There are many accredited schools of public health in this area: University of Maryland (UMD), UMD Baltimore School of Medicine, George Washington University, Johns Hopkins University, and many others. All master of public health students must complete an internship and a project or thesis. There are many opportunities to receive assistance on program evaluation. However, it is important to keep in mind that these graduate students have limited availability. Once they graduate they may move on which creates continuity issues for the program. Students may also make the evaluation more complicated than necessary. As a reminder, you do not need a lot of data but only enough to help inform and guide you and your program.

Let’s suppose that I am a legislator and I have $10 million, and I want to improve the life-expectancy of low-income people in east Baltimore. What gives me the most bang for my buck? Does a program evaluation lend itself to determining what increases the life-expectancy of people in east Baltimore?

This brings up a great concern where a lot of programs have not been adequately evaluated. For example, some programs still recommend the use of slip-covers over mattresses as an asthma management intervention. However, no funding and research has been able to support this recommendation. We are doing a lot out there but some programs may not have been evaluated. This is yet another reason that program evaluation is so important because we want you to contribute in letting us know what are the best approaches in tackling these issues.

I have a small nonprofit with very limited funding and cannot afford an external evaluator at this point in time. What do you recommend for people in similar situations to do to help prepare for evaluating a program?

We argue that you cannot afford to not evaluate your program. Without evaluation, you are not using the money you have most efficiently. We mentioned earlier that there are existing programs and schools that you can get assistance from and graduate students at local universities are looking for internships, projects and thesis topics. Remember that the most
important thing is to have some information to guide you going forward and it does not have to be overly elaborate.

**Do you think it is a good idea to do an organizational-level evaluation in parallel to a program evaluation?**
Yes. I had mentioned the partnership self-assessment to see the areas that may not have been working well in terms of the collaborations required for your particular organization. Going through the process of developing an evaluation plan is helpful in strengthening the program. It allows you to determine what resources you have, what you need going forward, what activities you are doing, and the outcomes of those activities. This will help people in the organization remember their mission and goals. It can help you document the needs and potential impact in your program and justify the request of future funding.

**How can we engage people in taking surveys?**
Nonresponse is a common problem. The declining response rate is a major issue even for national surveys. You can try reducing respondent burden by altering the length of survey and have the adequate language and literacy level of the population you are targeting. You can also capture responses by going to your target population, such as going to barbershops, laundromats, and churches, where the community members you are trying to ask are more likely to be found. In addition, you can offer incentives, such as meals, raffles, gift certificates, or even education. Sometimes you can partner with organizations that are willing to donate the incentives.
WORKSHOP FEEDBACK

The response rate from the workshop evaluations was 65%. Percentages may not add to 100 due to rounding and skipped questions.

1. Please rate this workshop:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Value of topic</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>b. Quality of presentation content</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>52%</td>
<td>46%</td>
</tr>
<tr>
<td>c. Quality of small group activity</td>
<td>0%</td>
<td>4%</td>
<td>11%</td>
<td>65%</td>
<td>20%</td>
</tr>
<tr>
<td>d. Quality of speaker</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>35%</td>
<td>61%</td>
</tr>
<tr>
<td>e. Usefulness of handouts</td>
<td>0%</td>
<td>0%</td>
<td>9%</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>f. Length of workshop</td>
<td>0%</td>
<td>0%</td>
<td>17%</td>
<td>57%</td>
<td>24%</td>
</tr>
<tr>
<td>g. Time for questions and answers</td>
<td>0%</td>
<td>2%</td>
<td>7%</td>
<td>52%</td>
<td>35%</td>
</tr>
<tr>
<td>h. Overall rating of workshop</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>63%</td>
<td>30%</td>
</tr>
</tbody>
</table>

2. Please rate the following:

<table>
<thead>
<tr>
<th>After attending this workshop:</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Undecided</th>
<th>Somewhat Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I received the information I wanted to learn about program evaluation</td>
<td>0%</td>
<td>4%</td>
<td>7%</td>
<td>35%</td>
<td>54%</td>
</tr>
<tr>
<td>b. I am more knowledgeable about program evaluation</td>
<td>2%</td>
<td>9%</td>
<td>7%</td>
<td>35%</td>
<td>48%</td>
</tr>
<tr>
<td>c. I understand the value of conducting program evaluations</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>17%</td>
<td>80%</td>
</tr>
<tr>
<td>d. I feel confident in my ability to develop an evaluation for a given program</td>
<td>2%</td>
<td>4%</td>
<td>9%</td>
<td>54%</td>
<td>30%</td>
</tr>
<tr>
<td>e. I plan to use the information I learned today about program evaluation</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>37%</td>
<td>63%</td>
</tr>
</tbody>
</table>
The following workshop registrants provided permission to publish their name, organization and email.

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Fax: 301-421-5975
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Email: http://www.onehealthylife.org/contact.html

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Website: www.AAHinfo.org
Email: info@aahiinfo.org

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8630 Fenton Street, 10th Floor
Silver Spring, MD 20910
Telephone: 240-777-3221
Fax: 240-777-3501
Website: www.LHIinfo.org
Email: lhi.website@montgomerycountymd.gov

Montgomery County Community Action Agency
Montgomery County, Maryland
Department of Health and Human Services
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Wheaton, MD 20902
Telephone: 240-777-1697
Fax: 240-777-3295
Website: communityactionpartnership.com
Handouts from the “Basics of Program Evaluation” ECHO Workshop

Please note the information provided in this section may be subject to change. Please contact the respective organizations to ensure the most current information. The following documents were compiled on 06/01/2016.
BASICS OF PROGRAM EVALUATION

Empowering Community Health Organizations (ECHO) Workshop #11
Wednesday, May 18, 2016

Speaker:
Dr. Olivia Carter-Pokras
Professor
Department of Epidemiology and Biostatistics
University of Maryland School of Public Health
Phone: (301) 405-8037
Email: opokras@umd.edu
Workshop objectives

- Understand the value of program evaluation
- Be more confident in their ability to conduct a program evaluation
- Be more knowledgeable about the steps in conducting a program evaluation

What did you tell us?

- **What kinds of evaluation are your program already conducting?** Surveys (either general surveys or satisfaction surveys) are popular tools/methods used in evaluation. Participants are evaluating different types of programs - the main ones being health outreach or general health programs.
- **Are you working with a program evaluator?** 69% are not working with a program evaluator; 11% are not conducting any program evaluations.
- **What questions do you have about program evaluations?**
  - 1) how to develop an evaluation plan,
  - 2) what methods are best suited for specific evaluation aims
  - 3) how to measure program impact
- **Have you taken any trainings on program evaluation?** 60% do not have prior training on program evaluation.
Program evaluation

The **systematic collection of information** about...

the **activities**, **characteristics**, and **outcomes** of programs to...

- **make judgments** about the program
- **improve** program **effectiveness**
- **inform** decisions about future program **development**

Answers these questions...

- Is your program making a difference to the people in the program?
- If your program making a difference in the community?

**Produces results that are used to make a difference**
Healthy Eating Gets No Boost After Corner Store Interventions

“...a corner store intervention could play a more effective role only if it’s teamed with a much larger, multi-pronged effort.

“It is always disappointing when an intervention that makes intuitive sense does not have the desired effects,” Ortega said. “But the evaluation results are useful for policy and program planning because we want to be able to allocate public health dollars as effectively and efficiently as possible.”

SOURCE: http://drexel.edu/now/archive/2016/May/Ortega_Corner_Store_EastLA/
Standards for program evaluation

- **Utility**
  - Who needs the evaluation results?
  - Will the evaluation provide relevant information in a timely manner?

- **Feasibility**
  - Are the evaluation activities realistic?

- **Propriety**
  - Does the evaluation protect the rights of individuals
  - Does the evaluation engage those directly affected by the program?

- **Accuracy**
  - Will the evaluation produce findings that are valid and reliable?
Planning the evaluation

- Consider evaluation activities **when planning the program**, NOT after the program has been developed and/or implemented
- Build the evaluation into the program
- Ensures you are asking the right questions and collecting the correct data

How do you develop an evaluation plan?

- Clarify program objectives and goals
- Develop evaluation questions
- Develop evaluation methods
- Set up a timeline for evaluation activities

Common concern: Cost

- Depends on questions being asked and level of certainty desired for the answers.
- A simple, low-cost evaluation can deliver valuable results.
- 8-12% of program budget is reasonable; add on a control/comparison group and cost can rise to 13-17%; using a randomized experimental design with longitudinal follow-up can cost 18% or more.

SOURCE: http://www.cdc.gov/eval/index.htm
Sample Evaluation Questions

- Who participates?
- How many hours?
- Why do participants enter and leave your programs?
- Are they satisfied?
- What services are given?
- Does it meet local needs?
- How has behavior changed?
- Is it beneficial?


Example of simple evaluation of training workshop

- Assess whether objectives were met:
  - I am able to identify strategies for patients to participate in health professional education
- Solicit feedback on the content and process:
  - Who was not here who should be included in this process going forward?
  - The most important message that I took away from this session was:
  - The one thing that could improve this session is:
  - What future questions or topics should be addressed:
  - Additional comments:
A strong evaluation team can include a mix:

- Those who are diplomatic and have diverse networks.
- People persons who understand the program’s history, purpose and practical operation in the field.
- People with group facilitation skills.
- Decision makers and others who guide program direction.
- Scientists, particularly social and behavioral scientists.
- Trusted people who have no particular stake in the evaluation.
- Advocates, creative thinkers and members of the power structure.
- Partners and community members.


Need help with evaluation?

- Finding an evaluator: University faculty, private for-profit evaluation firms, non-profit organizations, and independent contractors, American Evaluation Association (AEA), www.eval.org
- What are the qualifications and skills of the evaluator?
- Does the evaluator have demonstrated capacity to do the work?
- What do other people say?
- What is their approach to evaluation?
- Do they have adequate resources?
- Are they familiar with the standards and guidelines of the field?
  - Program Evaluation Standards of the Joint Committee on Standards for Educational Evaluations www.wmich.edu/evalctr/jc/

Types of evaluation

Before or during program implementation

■ Formative Evaluation
  - Needs Assessment
  - Process Evaluation

Measures program effectiveness

■ Summative Evaluation
  - Outcome Evaluation
  - Impact Evaluation

Types of evaluation: Formative evaluation

■ Needs Assessment
  - Determines:
    ■ who needs the program
    ■ how great the need is
    ■ what can be done to best meet the need

■ Process Evaluation
  - Measures outputs of the program (i.e. what and how much was accomplished)
  - Ensures program fidelity
Types of evaluation: Summative evaluation

- **Outcome Evaluation**
  - Measures effect and change that results from your program
  - Investigates to what extent the program achieved its outcome in the target population
  - Outcomes are short-term and medium-term changes in program participants

- **Impact Evaluation**
  - Measures community-level change
  - Impact is long-term change and are net effects

Which evaluation to use depends upon the stage that your program is in

<table>
<thead>
<tr>
<th>Program Stage</th>
<th>Evaluation Type</th>
<th>Question Asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Program Begins</td>
<td>Needs Assessment</td>
<td>To what extent is the need being met? What can be done to address this need?</td>
</tr>
<tr>
<td>New Program</td>
<td>Process / Implementation Evaluation</td>
<td>Is the program operating as planned?</td>
</tr>
<tr>
<td>Established Program</td>
<td>Outcome Evaluation</td>
<td>Is the program achieving its objectives?</td>
</tr>
<tr>
<td>Mature Program</td>
<td>Impact Evaluation</td>
<td>What predicted and unpredicted impacts has the program had?</td>
</tr>
</tbody>
</table>

Summative evaluations build upon earlier stages

Steps in program evaluation

- Engage the stakeholders
  - Those involved in the program’s operations
  - Those served or affected by the program
  - The primary users of the evaluation

- Describe the program
  - What is the public health problem you aim to address?
  - Know the mission, goals, and objectives
  - Create a logic model

Youth and community service

\[\text{INPUTS} \quad \text{OUTPUTS} \quad \text{OUTCOMES}\]

- Staff
- Grant
- Partners
- Time

Youth identify project to work on
Plan project
Carry out the project
Evaluate how they did

Youth ages 12-16

Youth improve skills in planning, decision making, problem solving
Youth learn about their community
Youth gain confidence in doing community work
Youth demonstrate leadership skills
Youth successfully complete projects
Youth are connected with and feel valued by their community
Youth engage in additional community activities

Adults
If planning… consider **Right-to-Left Logic Model (Reverse Logic)**

<table>
<thead>
<tr>
<th>What is the desired long term outcome?</th>
<th>Number of self-reported “healthy days” will increase.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the desired intermediate outcome?</td>
<td>Employees will increase physical activity.</td>
</tr>
<tr>
<td>What is the desired short term outcome?</td>
<td>Environmental changes will be implemented and promoted.</td>
</tr>
<tr>
<td>What activities are needed to achieve these outcomes?</td>
<td>Environmental changes (such as improving stairwells and adding walking trails) will be developed and tested.</td>
</tr>
<tr>
<td>What inputs are needed to achieve these outcomes?</td>
<td>Formative research will be conducted.</td>
</tr>
</tbody>
</table>

If implementation/maintenance… consider **Left-to-Right Logic Model**

<table>
<thead>
<tr>
<th>What are the existing inputs?</th>
<th>Funding, staff, resources to outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the existing activities?</td>
<td>Website Workability Program</td>
</tr>
<tr>
<td>What is the desired short term outcome?</td>
<td>Employees will walk to meetings more often.</td>
</tr>
<tr>
<td>What are the desired intermediate outcomes?</td>
<td>Employees’ level of physical activity will increase.</td>
</tr>
<tr>
<td>What are the desired long term outcomes?</td>
<td>Employees will report more “Healthy Days.”</td>
</tr>
</tbody>
</table>
### Outputs

**What we do**
- Train, teach
- Deliver services
- Develop products and resources
- Network with others
- Build partnerships
- Assess
- Facilitate
- Work with the media
- ...

**Who we reach**
- Participants
- Clients
- Customers
- Agencies
- Decision makers
- Policy makers

**Participation**
- Satisfaction

### Outcomes

**What results for individuals, families, communities...**

<table>
<thead>
<tr>
<th>SHORT</th>
<th>MEDIUM</th>
<th>LONG-TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td>Action</td>
<td>Conditions</td>
</tr>
<tr>
<td>Changes in</td>
<td>Changes in</td>
<td>Changes in</td>
</tr>
<tr>
<td>- Awareness</td>
<td>- Behavior</td>
<td>- Conditions</td>
</tr>
<tr>
<td>- Knowledge</td>
<td>- Decision-making</td>
<td>- Social (well-being)</td>
</tr>
<tr>
<td>- Attitudes</td>
<td>- Policies</td>
<td>Health</td>
</tr>
<tr>
<td>- Skills</td>
<td>- Social action</td>
<td>Economic</td>
</tr>
<tr>
<td>- Opinion</td>
<td></td>
<td>Civic</td>
</tr>
<tr>
<td>- Aspirations</td>
<td></td>
<td>Environmental</td>
</tr>
<tr>
<td>- Motivation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Behavioral intent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Chain of Outcomes**
Steps in program evaluation

- Focus the evaluation design
  - What is the purpose of the evaluation?
  - Who will use the evaluation results?
  - How will they use the evaluation results?
  - What do other stakeholders need from the evaluation?

- Gather credible evidence
  - Develop indicators
  - Select data collection methods and sources
  - Consider quality versus quantity of data

Data collection methods

- Primary data collection
  - Surveys, personal interviews, telephone interviews, instruments completed by respondents
    - Clients, funders, community leaders, key members of the community, partner agency staff, program administrators, etc...
  - Group discussions or focus groups
  - Observation
    - Meetings, events, service encounters, etc...
  - Document review
    - Medical records, diaries, logs, meeting minutes, press releases, web pages, etc...

- Secondary data sources
  - National (e.g., Census)
  - State (e.g., BRFSS)
Sources of questions

- If want to make comparison to larger population, suggest use existing questions
  - National surveys
    - National Health Interview Survey
  - State surveys (e.g., Behavioral Risk Factor Surveillance System)
  - Question banks (e.g., https://www.phenxtoolkit.org/)
- Check to make sure are written to the appropriate reading level, and in the target languages
- Ideally, questions should be repeatable (reliable) and accurate (valid)
- Test in your target population to make sure is understood the way you intended
About Surveys and Reports

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is an ongoing telephone survey designed to estimate the behaviors, conditions and experiences of typical Maryland adults that may have public health consequences. These data are typically extensive and are available for years 1995 through the present.

Maryland Youth Tobacco and Risk Behavior Survey (YRBS)

YRBS is an on-site survey of students in Maryland middle and high schools, focusing on tobacco-use prevalence and other health-related behaviors among Maryland youth. The survey started in 2000 and is conducted every two years.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is an ongoing mailing survey to obtain information concerning maternal behaviors and experiences that may be associated with adverse pregnancy outcomes. Data are collected by surveying women who have recently delivered live-born infants. Information is available for years 2000 through 2007.

Maryland Cancer Survey (MCS)

MCS is a telephone survey collecting information on knowledge of cancer and cancer screening, health risk behaviors, preventive health practices, and health care access primarily related to cancer from
Steps in program evaluation

- Justify conclusions
  - Tabulate and analyze evaluation data
  - Assess data with respect to the program standards
  - Interpret findings and make judgments

- Ensure use and share lessons learned
  - The purpose of program evaluation is to improve programs

Partnership self-assessment tool

- Synergy (e.g., how well are these partners able to include the views and priorities of the people affected by the partnership’s work?)
- Leadership (e.g., rate the total effectiveness of your partnership’s leadership in...Combining the perspectives, resources, and skills of partners)
- Efficiency (e.g., how well your partnership uses the partners’ time)
- Administration and management (e.g., rate effectiveness of your partnership in carrying out each of the following activities...coordinating communication among partners)
- Non-financial resources & Financial and other capital resources (e.g., to what extent does your partnership have what it needs to work effectively),
- Decision making (e.g., How comfortable are you with the way decisions are made )
- Benefits and Drawbacks of participation (e.g., indicate whether or not you have or have not experienced the drawback as a result of participating in this partnership)
- Comparing benefits and drawbacks (e.g., how have the benefits of participating in this partnership compared to the drawbacks)
- Satisfaction with participation (e.g., How satisfied are you with your role in the partnership?)

SOURCE: Center for the Advance of Collaborative Strategies in Health
SMALL GROUP ACTIVITY
**ASTHMA**

- **Target Population:** Hispanic Americans in Montgomery County, Maryland

- **Program Description:** This program has three components:
  1. To educate Hispanic Americans in Montgomery County about asthma through direct community outreach
  2. To improve parents’ ability to care for children with asthma through completion of a sixteen hour asthma management course for parents
  3. To improve management of asthma among children through completion of a four hour asthma management program for children between the ages of 8 and 14

---

**DIABETES**

- **Target Population:** African Americans in Montgomery County, Maryland

- **Program Description:** This program has three components:
  1. To educate African Americans in Montgomery County about diabetes through direct community outreach
  2. To screen for diabetes using the A1C test
  3. To improve management of diabetes of those already diagnosed through completion of a four week diabetes management class
HEPATITIS B

- **Target Population:** Asian Americans in Montgomery County, Maryland

- **Program Description:** This program has three components:
  1. To educate Asian Americans in Montgomery County about hepatitis B through direct community outreach
  2. To screen the target population for the hepatitis B virus and vaccinate any residents who may be at risk of developing hepatitis B
  3. To connect individuals who have the hepatitis B virus with treatment

POVERTY

- **Target Population:** Low income residents in Montgomery County, Maryland

- **Program Description:** This program has aims to tackle poverty by improving access to affordable housing for low-income Montgomery County residents. This program has three components:
  - To assist residents with completing applications for public housing
  - To support clients with the naturalization process to increase housing options
  - To work with landlords and tenants in public housing units to ensure tenant complaints are resolved
Small Group Activity

Directions: Using the knowledge you gained from the ECHO workshop presentation, develop an evaluation plan for the different components of the fictional program provided below under “Program Description.” Use the chart on the back of this sheet to help you organize your evaluation activities.

Target Population: Hispanic Americans in Montgomery County, Maryland

Public Health Problem: Asthma

- Asthma is a chronic lung disease that inflames and narrows airways, making it difficult for someone to breathe. Symptoms include tightness in the chest, shortness of breath, coughing, and wheezing.  

- Children and people living in poverty are most likely to have asthma and most likely to suffer from severe asthma attacks, hospitalizations, or even death.

- Nearly 3 million Hispanic Americans have asthma.

- Hispanic Americans are 60% more likely to visit the hospital for asthma compared to non-Hispanic whites.

- Hispanic children are 40% more likely to die from asthma compared to non-Hispanic whites.

Program Description:

This program has three components:

1. To educate Hispanic Americans in Montgomery County about asthma through direct community outreach

2. To improve parents’ ability to care for children with asthma through completion of a sixteen hour asthma management course for parents

3. To improve management of asthma among children through completion of a four hour asthma management program for children between the ages of 8 and 14

---

1 Source: [http://www.nhlbi.nih.gov/health/health-topics/topics/asthma](http://www.nhlbi.nih.gov/health/health-topics/topics/asthma)


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Montgomery County Department of Health and Human Services
Empowering Community Health Organizations (ECHO) Project 2016
Workshop #11: Basics of Program Evaluation
Wednesday, May 18, 2016; 5:30 PM-8:30 PM; Silver Spring Civic Building, Great Hall

Small Group Activity

Directions: Using the knowledge you gained from the ECHO workshop presentation, develop an evaluation plan for the different components of the fictional program provided below under “Program Description.” Use the chart on the back of this sheet to help you organize your evaluation activities.

Target Population: African Americans in Montgomery County, Maryland

Public Health Problem: Type 2 Diabetes
- Diabetes is a condition where the body does not properly convert food into glucose, which is then used as energy needed for daily life. The pancreas produces a hormone called insulin to help bodies utilize glucose. Diabetes causes bodies to either not make or use insulin well. This causes glucose to build up in the blood, resulting in higher than normal blood sugar.¹
- Diabetes can cause heart disease, blindness, kidney failure, and lower-extremity amputations. ¹
- Diabetes is the seventh leading cause of death in the United States.¹
- African Americans are twice as likely to be diagnosed with diabetes compared to non-Hispanic whites.²
- In 2013, African Americans were twice as likely as non-Hispanic Whites to die from diabetes. ²
- 13.2% of all African Americans aged 20 years or older have diabetes.³

Program Description:
This program has three component:
1. To educate African Americans in Montgomery County about diabetes through direct community outreach
2. To screen for diabetes using the A1C test
3. To improve management of diabetes of those already diagnosed through completion of a four week diabetes management class

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Small Group Activity

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Target Population: Asian Americans in Montgomery County, Maryland

Public Health Problem: Hepatitis B

- Hepatitis B is a liver infection caused by the hepatitis B virus (HBV) that is transmitted through blood, semen, or other bodily fluids usually through sexual contact, sharing needles, or from mother to child at birth.¹
- If left untreated, hepatitis B can lead to serious liver problems such as cirrhosis or liver cancer.¹
- Liver cancer due to hepatitis B is a leading cause of cancer death among Asian Americans.¹
- Hepatitis B affects 1 in 12 Asian Americans.¹
- Asian Americans represent less than 5% of the US population, but account for more than 50% of Americans living with chronic hepatitis B.¹
- According to the Center for Disease Control and Prevention, the following groups of people should get tested for hepatitis B:¹
  - Anyone born in Asia or the Pacific Islands.
  - Anyone born in the United States, who was not vaccinated at birth, and has at least one parent born in East or Southeast Asia or the Pacific Islands.

Program Description:
This program has three components:

1. To educate Asian Americans in Montgomery County about hepatitis B through direct community outreach
2. To screen the target population for the hepatitis B virus and vaccinate any residents who may be at risk of developing hepatitis B
3. To connect individuals who have the hepatitis B virus with treatment

¹ Source: http://www.cdc.gov/features/aapihepatitisb/
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Directions: Using the knowledge you gained from the ECHO workshop presentation, develop an evaluation plan for the different components of the fictional program provided below under “Program Description.” Use the chart on the back of this sheet to help you organize your evaluation activities.

Target Population: Low income residents in Montgomery County, Maryland

Public Health Problem: Poverty

- 7% of the County population lives below the Federal Poverty Line (FPL) and 18.7% lives below 200% of the FPL. ¹
- 52.3% of Montgomery County residents living in poverty speak a language other than English at home. ¹
- Of households with children under 18 living in poverty, 60.4% were female-headed households. ¹
- Factors that impact poverty include, but are not limited to, household wealth and financial access, food access, housing, child care, transportation and immigration status. ¹
- 82.4% of County households with incomes less than $35,000 spend more than 30% of their income on housing alone. ¹
- The cost of housing in the County increased by 62% since 2001 while wages only increased by 17%. ¹

Program Description:
This program has aims to tackle poverty by improving access to affordable housing for low-income Montgomery County residents. This program has three components:
1. To assist residents with completing applications for public housing
2. To support clients with the naturalization process to increase housing options
3. To work with landlords and tenants in public housing units to ensure tenant complaints are resolved

¹ Source: [http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/CAB%202015%20Faces%20of%20Poverty_April%202016%20Update(1).pdf](http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/CAB%202015%20Faces%20of%20Poverty_April%202016%20Update(1).pdf)
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<tr>
<th>Program Component</th>
<th>What do you need to evaluate?</th>
<th>How will you evaluate it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>To assist residents with completing applications for public housing</td>
<td></td>
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<tr>
<td>To support clients with the naturalization process to increase housing options</td>
<td></td>
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<tr>
<td>To work with landlords and tenants in public housing units to ensure tenant complaints are resolved</td>
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</tbody>
</table>
Program Evaluation Resources

Publications

*KU Work Group for Community Health and Development*
This toolkit provides guidance and examples on the development of an evaluation of a community program or initiative. The Community Tool Box offers free online resources and tools to help people collaborate with each other to build healthier communities. It is a service managed by the Work Group for Community Health and Development at the University of Kansas.

*U.S. Department of Health and Human Services Centers for Disease Control and Prevention*
This guide is a “how-to” manual to assist managers and staff in health programs on planning and implementing their evaluation activities. It is based on the Centers for Disease Control and Prevention’s Framework for Program Evaluation in Public Health.

*Office of Planning, Research and Evaluation (OPRE)*
The OPRE, part of the Administration for Children and Families, developed this guide to assist program managers in assessing their programs’ performances so that they can better manage limited resources to areas most in need and effective in their communities. The guide aims to explain what program evaluation is and how to conduct an evaluation and understand the results. The guide includes tips, samples, and worksheets along with a comprehensive list of evaluation resources.

*W. K. Kellogg Foundation*
This handbook outlines the utilities of evaluation as a program tool. Though it is written primarily for those directly responsible for projects funded by W.K. Kellogg Foundation, it provides a useful framework in general for thinking about evaluation throughout your program. The W.K. Kellogg Foundation is an independent private foundation that focuses on childhood development by providing grants to programs and organizations supporting the welfare of children.
Other Resources

American Evaluation Association
http://www.eval.org/
The American Evaluation Association is a professional association for evaluators and people with a professional interest in the field of evaluation. They sponsor journals, trainings and conferences focusing on different topic or aspect of evaluation. A lot of information is available to non-members on their site as well.

The Evaluation Exchange
Harvard Family Research Project, Harvard Graduate School of Education
http://hfrp.org/evaluation/the-evaluation-exchange
The Evaluation Exchange is a periodical published by the Harvard Family Research Project. It concentrates on performance measurement, outcomes and accountability, and new strategies emerging in the field of programs and policies evaluation. Articles cover topics related to children, families, and communities.

Outreach Evaluation Resource Center (OERC)
National Network of Libraries of Medicine
http://nnlm.gov/evaluation
The OERC offers tools and resources to assist the development of evaluation, targeting and measuring health information outreach success. The OERC also provides publications, webinars, and workshops on planning, evaluation, and data collection of health information outreach projects.
FACT SHEET

The African American Health Program (AAHP) was created in 1999 to address health care disparities which disproportionately affect African American in Montgomery County, MD. Today, AAHP is committed to eliminating health disparities and improving the number and quality of years of life for African Americans and people of African descent in the County.

AAHP aims to address the most critical health concerns currently facing its target population.

**CANCER** is the second leading cause of death in America, and African Americans are more likely to die of cancer than any other racial group. According to a 2013 report from the U.S. Cancer Statistics Working Group, the rate of new cancer cases in the U.S. is highest among Black men. The rate of deaths from cancer is also highest for Black men.

**CARDIOVASCULAR HEALTH** is important for everyone, but especially African Americans. According to the Centers for Disease Control and Prevention (CDC), nearly 1 in 3 deaths in the U.S. each year is caused by heart disease and stroke. Blacks are nearly twice as likely as whites to die from preventable heart disease and stroke. Factors that negatively influence cardiovascular health include high blood pressure, tobacco use, high cholesterol, obesity, lack of physical fitness, and congenital defects.

**DIABETES** continues to have a detrimental effect on the health and well-being of the African American population. According to the CDC, in 2010, the risk of diagnosed diabetes was 77% higher among non-Hispanic Blacks when compared to non-Hispanic white adults, and 18.7% of all non-Hispanic Blacks, aged 20 years or older, had diagnosed or undiagnosed diabetes.

**HIV/AIDS** disproportionately affects African Americans, according to the CDC. In 2010, African Americans accounted for an estimated 44% of all new HIV infections among adults and adolescents, despite representing only 12-14% of the U.S. population. This rate is 7.9 times higher than the rate for the white population, and higher than any other racial/ethnic group.

**INFANT MORTALITY** occurs at a disproportionately high rate in the African American population – regardless of socioeconomic status. According to the CDC, the infant mortality rate for non-Hispanic black women in 2010 was 11.6 deaths per 1,000 live births, more than twice the rate for white women. Advanced maternal age, substance use, stress, cord/placental complications, and a history of premature births increase the incidence of infant mortality.

**ORAL HEALTH** plays a major role in overall well-being as well as several diseases that disproportionately affect the African American population. Diabetes increases the risk of gum disease and cavities while noticeable white spots in the mouth can be the first signs of AIDS.

Giving Every Person Every Opportunity for Health

African American Health Program
14015 New Hampshire Avenue
Silver Spring, MD 20904
p: 240-777-1833
www.onehealthylife.org

The African American Health Program is funded by the Montgomery County Department of Health and Human Services and administered by BETAH Associates, Inc.
OVERVIEW
In 1999, the Montgomery County Department of Health and Human Services created the African American Health Program (AAHP) to address health disparities disproportionately affecting African Americans in the County. Services provided include outreach, health education, support groups, and nurse case management. The program is staffed by registered nurses, health educators, and community outreach personnel. There are no financial or insurance requirements to receive AAHP services.

OUR VISION
African Americans and people of African descent will be as healthy and safe as the rest of the population.

OUR MISSION
Eliminate health disparities and improve the number of years and quality of life for African Americans and people of African descent in Montgomery County.

OUR STRATEGY
Bring together community partners and resources in a collaborative and effective manner to support AAHP goals.

OUR GOALS
- Raise awareness in the Montgomery County community about key health disparities.
- Integrate African American health concerns into existing services and programs.
- Monitor health status data for non-Hispanic Blacks in Montgomery County.
- Implement and evaluate strategies to achieve specific health objectives.

AAHP SERVICE HIGHLIGHTS

S.M.I.L.E. PROGRAM
*Every child has every chance.*

The goal of the S.M.I.L.E. (Start More Infants Living Equally healthy) program is to reduce the number of premature and low-birth-weight babies born to African American/Black women in the County. S.M.I.L.E. provides: assessment of high-risk pregnancies and parenting; case management and home visits by registered nurses; childbirth education classes; breastfeeding education; and counseling and referrals.

HIV TESTING AND COUNSELING
*Know Your Status. Gain Confidence. Take the Test.*

AAHP provides free and confidential HIV testing as well as counseling, referrals, and education. It also coordinates a support group for HIV-positive women.

DIABETES EDUCATION AND SELF-MANAGEMENT
*Take Control*

Diabetes classes, counseling, and dining clubs are offered to help patients prevent and manage diabetes. Classes are accredited by the American Association of Diabetes Educators. One-on-one counseling sessions are also available.

CANCER EDUCATION AND AWARENESS
*Early detection is critical! Know where you stand.*

AAHP provides cancer education and helps refer eligible County residents for free mammograms as well as colon and prostate cancer screenings.

ADDITIONAL SERVICES
- Blood Pressure Screening
- Oral Health Education
- When I Get Out (W.I.G.O.): Healthy and Safe Lifestyles (classes presented at the Montgomery County Correctional Facility to prepare participants for good health upon release)

FOR MORE INFORMATION:
Visit us online at www.onehealthylife.org
ABOUT AAHI:
A part of Montgomery County’s Department of Health and Human Services (MCDHHS), the Asian American Health Initiative (AAHI) was established in 2004 as the first health-focused agency for pan-Asian Americans in the County. Since its inception, AAHI has worked to eliminate health disparities that exist between Asian Americans and their non-Asian counterparts.

Mission:
AAHI’s mission is to identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available to all Asian Americans in Montgomery County.

DEMOGRAPHICS:
Asian Americans constitute 13.9% of Montgomery County’s population.

Population Trends in Montgomery County, Maryland

AAHI CONTACT:
1335 Piccard Drive
Rockville, MD 20850
Tel: 240-777-4517
Fax: 240-777-4564
Email: info@AAHIinfo.org
Website: www.AAHinfo.org

AAHI IN ACTION:
AAHI’s multilingual website
AAHI Patient Navigator assisting a client with medical interpretation
AAHI Health Promoter reviewing a community member’s bone density screening results
AAHI intern teaching breast-self exams at an outreach event
AAHI publication compiling personal narratives of Asian Americans in Montgomery County

Sources: 2006 American Community Survey (ACS); 2010 Census, 2000 Census, 1990 Census U.S. Census Bureau

*Please note that the percentages have been rounded

AAHI publication compiling personal narratives of Asian Americans in Montgomery County

Search: ‘Asian American Health Initiative’

Twitter @AAHI_Info

Together To Build A Healthy Community
COMMUNITY SUPPORT

Steering Committee
AAHI is supported by its Steering Committee which is composed of stakeholders representing various ethnic and professional groups in the community. They are responsible for advocating, advising, and assisting AAHI in achieving its mission.

Health Promoters Program
Similar to Community Health Workers, Health Promoters are a group of bilingual and bicultural volunteers who assist program staff in identifying community partners, developing cultural awareness, and providing language assistance during outreach events.

Patient Navigators Program
AAHI Patient Navigators assist limited English-speaking and low-income County residents in accessing County services through two main services offered in Chinese, Hindi, Vietnamese, Korean, and English: 1) Multilingual Health Information and Referral Telephone Line and 2) Trained Multilingual Medical Interpreters.

COMMUNITY PROGRAMS

Outreach and Health Education
Working with community-based and faith-based partners, AAHI provides the community with direct services such as preventative screenings and health education on diseases shown to disproportionately affect the Asian American community. On average, AAHI attends 40-50 events per year.

E.C.H.O.
Launched in 2011, the Empowering Community Health Organizations (E.C.H.O.) Project is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations. The workshops are held twice a year in the fall and the spring.

Hepatitis B Prevention
AAHI partners with community- and faith-based organizations to expand hepatitis B education, screening, vaccination, and treatment referral for Asian American communities.

HEALTH COMMUNICATION

Educational Materials
AAHI has created culturally and linguistically tailored health education materials for the Asian American community. These materials are available in English, Chinese, Korean, Vietnamese, and Hindi. You can download these materials for free on our website: www.AAHIinfo.org.

Website & Social Media
AAHI’s website and social media are platforms to disseminate educational materials and update the community with upcoming events and other important information.

AAHI in the News
AAHI develops educational articles on various health topics affecting Asian Americans. These articles are published in multiple media news sources in both English and Asian languages.

SPECIAL PROJECTS

Needs Assessments
Conducted in 2005 and 2008, the needs assessments examine the health status of the Asian American community in Montgomery County. It provides recommendations to guide AAHI.

Strategic Plan
Based on the needs assessments, scientific literature, and MCDHHS’ priorities, AAHI formulated a strategic plan to define and guide their goals and objectives between 2011 and 2015.

Conferences
In 2006 and 2009, AAHI hosted an Asian American Health Conference, convening public health professionals and practitioners from around the nation to offer an expert array of conceptual and substantive presentations related to Asian American health and to help facilitate the AAHI strategic planning process.
THE MONTGOMERY COUNTY COMMUNITY ACTION AGENCY provides direct services and administers partnerships that reduce poverty and promote low-income families' self-sufficiency. Community Action funding comes from federal and state grants and County government. Contracts monitored by Community Action receive funding from the federal Administration of Children & Families, Office of Head Start, HHS; the Maryland State Department of Education; and the Montgomery County Executive and County Council Community Grants programs.

Support for TESS & VITA services and contract monitoring is supported by the County’s Community Services Block Grant via the Maryland Department of Housing and Community Development. Funding is also provided by the Montgomery County Department of Health and Human Services, and Montgomery County Public Schools.

THE MONTGOMERY COUNTY COMMUNITY ACTION BOARD (CAB), the County’s federally designated antipoverty group, advises the County about poverty and the needs of low-income people. CAB provides oversight for the agency’s federal grants and of the agency’s services.

THE PROMISE OF COMMUNITY ACTION
Community Action changes people’s lives, embodies the spirit of hope, improves communities, and makes America a better place to live.

We care about the entire community, and we are dedicated to helping people help themselves and each other.
The Montgomery County Community Action Agency seeks to reduce poverty and improve the self-sufficiency of low-income residents.

Community Action manages $5 million in federal and state Head Start and Community Services Block Grant funding. We provide comprehensive early childhood services through Head Start, deliver social services at the Takoma-East Silver Spring Center (TESS), and increase asset development through the Volunteer Income Tax Assistance (VITA) partnership. Throughout the County, nonprofits with contracts monitored by Community Action staff—totaling $3 million—deliver emergency food, clothing, and social services; legal assistance; employment training; and education and facilitate community engagement among Montgomery County’s diverse low-income community members, including residents with Limited English Proficiency.

At A Glance

Last year, Community Action assisted low-income County residents directly by providing:
- 8,800 clients with social services at TESS
- 2,000 families with free tax help (VITA)
- 648 children and their families with comprehensive Head Start services

Highlights of Community Action’s contracts include:
- 78,180 weekend food sacks for children at 38 schools
- Pro bono legal assistance for 1,728 cases
- 12,001 residents provided access to social services and health care
- 1,401 residents received health information
- 224 adult new immigrants received employment counseling

FY2016 Partners

Emergency Services – Clothes
- C-4 Clothes Closet
- Interfaith Works Clothing Closet

Emergency Services – Utilities/Rent
- East Montgomery Emergency Assistance Network (EMEAN)
- Catholic Charities, Archdiocese of Washington

Emergency Services – Food
- Caribbean Help Center
- Catholic Charities, Archdiocese of Washington
- Crossroads Community Food Network
- Kids In Need Distribution
- Manna Food Center
- Mid-Atlantic Gleaning Network
- Women Who Care Ministries

Employment and Training/Support
- CASA de Maryland
- Korean Community Services Center of Greater Washington
- Spanish Catholic Center

Community Engagement and Outreach
- A Wider Circle
- Circle of Rights
- Community Health & Empowerment Through Education and Research (CHEER)
- IMPACT Silver Spring
- MoverMoms

Agency Development
- The Nonprofit Village Center

Economic Enhancement
- Community Action “VITA” Partnership (free tax help)

Social Services and Referrals
- Caribbean Help Center
- CASA de Maryland
- Catholic Charities, Archdiocese of Washington
- Community Ministries of Rockville
- Family Services, Inc.
- International Rescue Committee
- Korean Association of the State of Maryland Metropolitan Area
- Korean Community Services Center of Greater Washington
- Spanish Catholic Center
- World Organization for Resource Development & Education (WORDE)

Early Childhood Education, Youth Development and Academic Support
- Head Start – in partnership with DHHS, MCPS and Montgomery College
- Community Ministries of Rockville
- YMCA of Silver Spring

Legal Services
- Montgomery County Maryland Bar Foundation

Helping people.
Changing lives.
The influx of Latino people into Montgomery County over just the past two decades has helped transform this County into the most diverse one in Maryland. As the Latino population continues to grow, its contributions to the County’s economic, political, social and cultural landscape will continue to increase and accordingly, County services must reflect evolving demographics and related health trends.

The Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services was established in July 2000 with the support of the County Executive and County Council.

OUR MISSION
The mission of the LHI is to improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally and linguistically competent health wellness system that supports, values, and respects Latino families and communities.

OVERALL FUNCTIONS
- Enhance coordination between existing health programs and services targeting Latinos.
- Provide technical assistance to programs serving the Latino community.
- Develop and support models of programs and services to adequately reach Latinos.
- Advocate for policies and practices needed to effectively reach and serve Latinos.

WHO IS INVOLVED WITH THE LHI?
The LHI is comprised of staff members from the Department of Health and Human Services and a group of volunteer professionals and community leaders. These individuals work as a team to inform the Latino community about the LHI and to collect feedback from them regarding their health concerns. In addition, this group acts as the planning body for the LHI and advocates to improve the health of Latino communities.

FOR MORE INFORMATION ABOUT THE LHI
For more information about the Latino Health Initiative, please visit our website at www.lhiinfo.org.
BLUEPRINT FOR LATINO HEALTH

In 2000, soon after the LHI was established, the Latino Health Steering Committee engaged in a two year long intensive community participatory process to determine the major health priorities crucial to improving the health of Montgomery County Latinos. This effort culminated with the development of the Blueprint for Latino Health in Montgomery County Maryland.

Every five years, the Blueprint is updated in response to the changing social-political landscape and to the progress achieved in the prior five years. The document offers socio-demographic and health profiles of Montgomery County Latinos, and it also outlines seven action-oriented priority areas each accompanied by policy recommendations:

A. Improving Data Collection, Analysis and Reporting
B. Ensuring Access to and Quality of Health Care
C. Ensuring the Availability of Culturally and Linguistically Competent Health Services
D. Enhancing the Organizational Capacity of Latino Community-Based Organizations to Provide Health Services
E. Enhancing Community Participation in Decisions that Impact the Health of Latinos
F. Expanding Health Promotion and Disease Prevention Efforts Targeting Latino Communities
G. Increasing the Number of Latino Health Care Professionals Working in the County

PURPOSE OF THE BLUEPRINT FOR LATINO HEALTH

The Blueprint plays a pivotal role in guiding the LHI programs and activities and in informing, engaging and mobilizing policy and decision makers, stakeholders and community members. The Blueprint aims to help readers:

- Make strategic and programmatic decisions that will better correspond to the needs of low-income Latino people.
- Obtain funding and other support from government and private sources for programs that correspond to the needs of the Latino community.
- Support policy initiatives and budget requests from local and State governments that will further the health interests of the Latino community.
- Enhance collaborations with academic and non-profit organizations to increase resources, funding, and support for programmatic activities.

HOW CAN I GET A COPY OF THE BLUEPRINT?

Major Programs and Activities

Community Programs and Campaigns

“Ama tu Vida” Campaign
The “Ama tu Vida” campaign promotes health and wellness in the Latino community. The “Ama tu Vida” campaign invites the community to make a commitment to living a healthier life, and encourages them to adopt lifelong health promotion and disease prevention habits.

Asthma Management Program
This program is designed to increase the knowledge of Latino parents of children with asthma regarding the condition and its management, and increase awareness and utilization of pediatric clinical services. The desired outcome is Latino families who are empowered to appropriately self manage asthma in their children.

Health Promoters Program “Vías de la Salud”
The mission of the HPP is to improve the health and well being of the low-income Latino community in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.

Program for Licensure of Foreign-Trained Health Professionals
This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.
Special Projects

Emergency Preparedness Project
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally and linguistically appropriate educational interventions. The project uses the health promoter model as a strategy.

Workgroups

Latino Data Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup brings together stakeholders to collaboratively develop and implement an action plan that will enhance the current system for collecting, analyzing, and reporting health data on Latinos in Montgomery County.

Community Engagement Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County to increase community participation in decisions that impact the health of the Latino community by increasing the number and capacity of Latino service providers, community leaders and consumers who lead efforts to improve health.

The Latino Health Initiative’s list of programs and activities is available at www.lhiinfo.org.

The Latino Health Initiative’s website contains many resource materials that can be downloaded and used. Any material may be photocopied or adapted to meet local needs without permission from the LHI, provided that the parts copied are distributed free or at cost (not for profit) and that credit is given to the Latino Health Initiative of the Department of Health and Human Services, Montgomery County, Maryland. The LHI would appreciate receiving a copy of any material in which parts of LHI publications are used. Material(s) should be sent to LHI, 8630 Fenton St., 10th floor, Silver Spring, MD 20910.