Evaluation Guide

For Subgrantees of the Innovations and National Network Programs

April 2024

For questions, please contact Aging@JewishFederations.org

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1. Introduction

Welcome and congratulations on your grant award! Over the next few years, you will work together with Center staff to provide meaningful person-centered, trauma-informed (PCTI) support to older adults with a history of trauma and their family caregivers. To design effective projects, it is essential to evaluate their impact. Thus, it is required that each grant-funded project is evaluated.

While there are many ways to conduct project evaluations, this guide is specifically designed to help you evaluate your grant-funded project(s). This guide will help you design a strong project, select indicators, develop data collection tools, and report findings. This guide will also help you integrate principles of the PCTI approach into evaluation planning and implementation. No prior knowledge of evaluation is needed to successfully complete this guide.

Completion of this guide is not a requirement of your grant; it is a place for you to take notes and collaborate with colleagues. However, you are strongly encouraged to review exercise 1, 2, 3, 4, and 5. During the first two check-in calls, Center staff will ask the questions included in these exercises. To make the most of these check-in calls and to get project evaluations set up quickly, please come prepared to discuss your answers. During the first check-in call, exercises 1 and 2 will be reviewed. During the second check-in call, exercises 3, 4, and 5 will be reviewed.



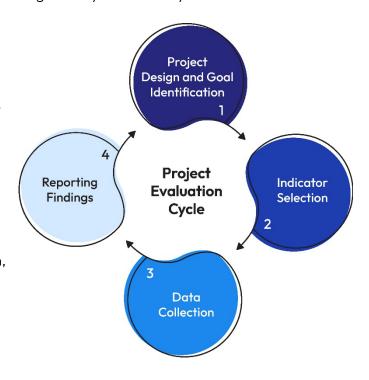
2. Background

Evaluation is a key pillar of the Center's work as it enables the Center, its subgrantees, and funders to demonstrate the impact of grant-funded projects. Each project funded through the Center and implemented by its subgrantees is evaluated. Through evaluations, the Center and its subgrantees can form an evidence base for PCTI programming, sharing best practices and replicating successful care models throughout the aging services sector.

The Center's evaluations are a combination of process and outcome evaluations. Outcome evaluations seek to understand the results of the project on participants. This type of evaluation is important for determining if the project is successful in achieving its goals. (e.g., does a Café Europa project impact participants' sense of social connection, community engagement, and mental health?). Process evaluations review the methods by which the project is conducted to determine what is working, what could be improved, and how to best replicate results. (e.g., what is the best date, time, and place to host a Café Europa project?). Understanding the results of a project is just as important as understanding the way in which they are achieved.

Center evaluations follow a four-phase lifecycle: (1) project design and goal identification, (2) indicator selection, (3) data collection, and (4) reporting findings. These phases are shown to the right and described below. This guide is set up according to these four phases.

Project Design and Goal
Identification. This phase includes
discussion of overall project design,
identifying project activities, and
setting project goals. During this
phase, all staff align around a
shared vision of what will be
achieved.



 Indicator Selection. This phase includes discussion of project performance measures, or data points that will enable evaluators to determine whether the project goals and activities have been successfully accomplished.



- **3. Data Collection**. This phase includes the development and implementation of data collection tools, ensuring data collection is PCTI.
- 4. Reporting Findings. This phase includes analysis of collected data, sharing key insights, and making recommendations for project improvements. During the next evaluation cycle, findings can inform project design and goal identification.

Project evaluations work best when all relevant stakeholders engage and provide feedback throughout the evaluation cycle. Project stakeholders are individuals that are interested or impacted by evaluation results. They may be project staff, directors, board members, or direct service recipients.

Exercise 1 - Identifying Evaluation Stakeholders

1.	Who at your organization will be working with the Center on project evaluation?
2.	If your project participants have questions about evaluation, who should they go to?
3.	Who are some key stakeholders of your project evaluation? What information are they interested in? How would you like to involve them in the evaluation?



3. Project Design & Goal Identification

The first step in developing a project evaluation is to identify its goals. Typically, evaluators do so by using a tool called a logic model. This tool provides a high-level view of a project by summarizing five components - the problem, activities, immediate goals, short-term goals, and long-term goals. In other words, the logic model serves as a project blueprint by outlining what project planners want to achieve and how they intend to get there.

All programming implemented or funded by the Center fits into the logic model below.

Problem

(The problem being solved)

Older adults and family caregivers experience sub-optimal health and wellbeing because of the limited use of a person-centered, trauma-informed (PCTI) approach in the aging service sector.

Activities

(The intervention that addresses the problem)

The Center aims to address the problem through, (1) direct service projects providing PCTI care to older adults and family caregivers, (2) training and education projects building capacity of professionals and volunteers to use the PCTI approach, and (3) partnership projects building a professional network around the PCTI approach.

Immediate Goals

(The immediate results of activities)

As a result of the projects, participants will attend activities and be satisfied with their engagement.

Short-Term Goals

(The results of achieving the immediate goals)

As a result of participation, (1) older adults and family caregivers will have improved physical, mental, spiritual, social, and/or financial health, better caregiving experiences, and/or improved access to resources, (2) professionals and volunteers will have increased understanding, capacity, and/or intention to use the PCTI approach, and (3) professional networks will be strengthened and expanded.

Long-Term Goals

(The results of achieving the short-term goals, and the solution to the problem) As a result of achieving short-term goals, (1) older adults and family caregivers will have maintained or improved overall health and wellbeing, (2) professionals and volunteers will apply the PCTI approach throughout their work and see the benefits of the PCTI approach among service recipients, and (3) the aging services sector will support the implementation of the PCTI approach in all settings.



Regardless of the specific project, all subgrantees of the Innovations and National Network Programs will address some component of the problem and long-term goals identified in the Center logic model. All subgrantees will help older adults and family caregivers maintain or improve their overall health and wellbeing, and/or help aging service professionals and volunteers integrate the PCTI approach in their work so that service recipients can benefit. Also, all subgrantees will have the same immediate goals. All subgrantee projects should attract participants and leave participants satisfied with their engagement.

However, each subgrantee will achieve these goals in a different way as each subgrantee is implementing an innovative and unique PCTI project or projects. Thus, every subgrantee will contribute to one of the following short-term goals with each of their projects.

- Improved Physical Health. Older adults and family caregivers adopt positive physical
 health behaviors, experience maintenance or improvement in physical health conditions,
 and greater use of preventative care.
- 2. Improved Mental Health. Older adults and family caregivers adopt positive mental health behaviors, experience maintenance or improvement in mental health conditions, and are satisfied with life.
- Improved Spiritual Health. Older adults and family caregivers are able to find satisfaction in life through self-acceptance, purpose, meaning, hope, resilience, confidence, belonging, self-efficacy, religion, and culture.
- 4. Improved Social Health. Older adults and family caregivers experience improved connection to social networks, increased interest in socialization, and reduced feelings of isolation and loneliness.
- Improved Financial Health. Older adults and family caregivers experience improved financial literacy and decision-making, reduced financial stress, and increased financial stability.
- **6. Improved Access to Resources**. Older adults and family caregivers experience improved knowledge of, access to, and utilization of resources.
- 7. Improved Family Caregiving Experience. Family caregivers of older adults have improved ability to perform caregiving tasks, increased connection to family caregiver supports, and reduced caregiving stress.
- 8. Improved PCTI Approach. Aging service professionals and volunteers have increased understanding of the PCTI approach, capacity to implement the PCTI approach, confidence in implementing the PCTI approach, and/or intention to use the PCTI approach.



Exercise 2 - Identifying Project Goals

From the list on the previous page, what short-term goal best fits each of your projects? If a project falls into more than one goal category, pick the category that best fits your project.

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Project 1				
Project Name:				
Short-Term Goal:				
Project 2				
Project Name:				
Short-Term Goal:				
Project 3				
Project Name:				
Short-Term Goal:				
Project 4				
Project Name:				
Short-Term Goal:				
Project 5				
Project Name:				
Short-Term Goal:				



4. Indicator Selection

Indicators are measures of the project progress and are directly connected with the project's immediate, short-term, and long-term goals. Project indicators can include a variety of measurable results such as the number of program participants, rate of participant satisfaction, degree of participant learning, change in participant behavior, and more. Indicators must be selected specifically for your unique project goals to be relevant and applicable.

As all projects share the same immediate goals, they also share the same immediate goal indicators which include:

- Number of project participants
- Number of project participants that are satisfied with participation
- Number of project participants that would recommend participation to others

Depending on the types of project activities, projects will have **long-term goal indicators** of direct service projects or training projects.

Direct Service Project Long-Term Goals

- Number of direct service project participants with improved wellbeing
- Number of direct service project participants with improved overall health

Training Project Long-Term Goals

- Number of training project participants who practice PCTI care
- Number of training project participants who have capacity to use the PCTI approach
- Number of training project participants who see improvements to client outcomes

Since each subgrantee project has different intermediate goals, subgrantees must select those **short-term goal indicators** that best fit their project(s). These indicators can be selected from the list found in the appendix of this guide.



Exercise 3 – Selecting Project Indicators

Please refer to the list of indicators in the appendix of this guide and select between 1 and 5 indicators that best fit the short-term goals of your project(s). For example, if a short-term goal of a yoga project is to improve physical health, indicators from the appendix that may be relevant could be the number of participants with improved or maintained physical fitness, and/or the number of participants with confidence in their ability to maintain or improve their physical health. If none of the indicators in the appendix accurately reflect the goals of the project, please draft indicator suggestions to share with the Center team.

Project 1 Project Name: Short-Term Goal (from Exercise 2): Indicators: 1. 2. 3. 4. 5.

Project 2

Project Name:

Short-Term Goal (from Exercise 2):

Indicators:

- 1.
- 2.
- 3.
- 4.
- 5.



Project 3

Project Name:	
Short-Term Goal (from Exerc	ise 2):
Indicators:	
1.	
2.	
3.	
4.	
5.	
Project 4	
Project Name:	
Short-Term Goal (from Exerc	ise 2):
Indicators:	
1.	
2.	
3.	
4.	
5.	
Project 5	
Project Name:	
Short-Term Goal (from Exerc	ise 2):
Indicators:	
1.	
2.	
3.	
4.	
5.	



5. Data Collection

The primary method of data collection for subgrantees of the Innovations and National Network Program are surveys. Surveys are questionnaires administered by mail, in-person, virtually, or by phone that ask qualitative and/or quantitative questions. Based on check-in calls and the short-term goals and indicators selected, the Center will create a unique survey for each grant-funded project. If a subgrantee has one project, they will have one survey. If a subgrantee has five projects, they will have five surveys.

The development of these surveys is a collaborative process to ensure that the survey questions and format are suitable to the subgrantee and project participants. Each survey will have several standard instructions and questions, and subgrantees will be able to add a few new questions. The survey will include the subgrantee's logo, project name, and a subgrantee point-of-contact should participants have questions.

Each survey will be available in an interactive weblink as well as printable PDF. The printable PDF may be useful for participants who prefer to complete the evaluation on paper. If a participant fills out a paper survey, the subgrantee must enter the participant's responses via weblink in a timely manner. Surveys administered through the weblink will automatically be submitted to the Center. The Center does not accept paper survey submissions.

Project participants should complete the survey once, at the end of their project participation. For example, if a participant is attending a six-week long activity, they should complete the survey at the end of the six weeks or whenever they conclude their participation. If a participant is attending a one-time event, they should complete the survey at the end of the event. The timing of survey administration will be determined in collaboration with the Center.

In addition to surveys, subgrantees may collect data through other tools including interviews, focus groups, project records, and staff observations. This can include, for example, anecdotal stories of client outcomes, attendance records, and verbal feedback about the project. These data collection tools often support the data collected through surveys by adding more information to help interpret and contextualize survey data. If considering other tools keep in mind the tool's accuracy, relevance, cost, utility, and flexibility.

If a subgrantee would like to develop one of these additional data collection tools, the Center can support by providing review and advice. These tools and their associated data are due to the Center at the end of the grant period, through the Final Report. For more information about this report please see the next section of this guide.



Exercise 4 – Designing Data Collection Tools

To design a survey perfectly suited to the needs of subgrantees and participants, consider the following:

1.	What questions would you like to add to the survey?
2.	How, where, and when will the survey be administered?
3.	Who will be collecting the data? Who will be submitting data to the Center?
4.	Who are the survey respondents? What kind of support or accommodation do they need to complete the survey?
5.	Will you be using tools other than surveys to collect data? If so, what are they?



6. Reporting

Once data is collected, it is analyzed to understand project impact and potential for replication. Data submitted through project surveys will be analyzed by the Center annually, and data collected through other tools will be analyzed by the Center at the end of the grant.

The Center's analysis will be shared with each subgrantee as well as funders and the public. Analysis will be shared in aggregate, meaning that the names of subgrantees or participants will never be displayed in direct connection to their individual responses. Rather, analysis will reflect aggregate trends across subgrantees, cohorts, or projects with similar goals.

While the data will be analyzed by the Center on an annual basis, the data will be available to each subgrantee on a quarterly basis through reporting dashboards. These dashboards will summarize all participant survey submissions to date. Subgrantees interested in receiving raw data exports of participant survey submissions should contact the Center for more information.

Information from quarterly dashboards or the Center's annual analysis can be used by a subgrantee to fine-tune project activities, demonstrate impact, and share lessons learned. A subgrantee may share this information with anyone they choose including project participants, colleagues, funders, and executive leadership.

In addition to participant survey data, subgrantees are required to submit three types of evaluation reports to the Center. These reports enable the Center to provide subgrantees with support, monitor progress, and analyze project impact. Timely submission of these reports is essential as this information is used to update funders on grant progress.

- 1. **Project Participant Report.** Completed on a quarterly basis, this report collects information about the number of participants served through grant-funded projects.
- Evaluation Update Report. Completed twice during the grant period, this report
 collects information about the progress of project evaluations and enables the
 Center to provide additional evaluation support, if needed.
- 3. Final Report. Completed at the end of the grant, this report collects information about the evaluation strategy, data collection tools, lessons learned, and challenges of each subgrantee's grant.

Please refer to the Policies and Forms Library for a calendar of report due dates, reports links, and a preview of report questions.



7. PCTI Evaluations

To create projects that are PCTI, it is essential to create PCTI evaluations. A PCTI evaluation is one in which the role of trauma is realized, recognized, and accommodated by actively resisting the re-traumatization of participants, individually and as a whole. PCTI evaluation actively prioritizes PCTI principles above other evaluation considerations and accommodates for individual preferences when conducting program design, indicator selection, data collection, and reporting.

All components of the project evaluation must be infused with considerations of the six PCTI principles – safety; trustworthiness & transparency; peer support; collaboration & mutuality; empowerment, voice, & choice; and cultural, historical, & gender issues. Additionally, the strengths and preferences of each participant and/or groups of participants must be accommodated and prioritized. Evaluations are not only a tool for organizations to assess performance, but also tools for participant empowerment.

Some ideas of how to infuse PCTI principles into project evaluation are included below.

Safety

- Use survey language that is not triggering.
- Assure participants of the anonymity or confidentiality of their responses.
- Administer surveys in a welcoming, calm, and safe environment.
- Create short surveys to not overburden participants.

Trustworthiness & Transparency

- Provide clear and complete survey instructions.
- Explain how, where, and when data will be used.
- Share finding with participants.
- Make staff available to answer questions.

Peer Support

- Allow participants to provide feedback with their peers in focus groups.
- Encourage participants to help one another with survey completion.
- Enable participants to discuss evaluation findings with their peers.



Collaboration & Mutuality

- Involve participants in goal identification and survey design.
- Ask participants for feedback on the project evaluation.
- Show participants how and where feedback is used to improve projects.
- Thank participants for their feedback.

Empowerment, Voice, & Choice

- Ensure participation is optional and that participants provide informed consent.
- Invite all participants to give feedback by making evaluations accessible.
- Offer options of how and where participants can give feedback.
- Have staff present during evaluations to assist those who need help.

Cultural, Historical, & Gender Issues

- Acknowledge a participant's history with evaluation.
- Translate the evaluation into a participant's preferred language.
- Use format and language that is not stereotypical and is culturally sensitive.
- Ask questions in a way the eliminates biases.

Exercise 5 – Creating a PCTI Evaluation

Consider the evaluation process from the vantage point of participants, and think about their background, strengths, and needs. What considerations should be made to ensure the project evaluation is PCTI?



8. Appendix

Short-Term Goal: Improved Physical Health

Indicators of improved physical health:

- Number of participants with improved or maintained physical fitness
- Number of participants with improved health literacy
- Number of participants with improved or maintained health seeking behaviors
- Number of participants with improved or maintained nutrition
- Number of participants with improved or maintained cognitive function
- Number of participants with improved or maintained home safety
- Number of participants with reduced physical health stigma
- Number of participants with confidence in their ability to maintain or improve their physical health
- Number of participants with the motivation to maintain or improve their physical health

Short-Term Goal: Improved Mental Health

Indicators of improved mental health:

- Number of participants with maintained or improved mental health conditions
- Number of participants that learned coping skills
- Number of participants with intention to use coping skills
- Number of participants that practice coping skills
- Number of participants with the emotional support they need
- Number of participants with reduced mental health stigma
- Number of participants with confidence in their ability to maintain or improve their mental health
- Number of participants with the motivation to maintain or improve their mental health

Short-Term Goal: Improved Spiritual Health

Indicators of improved spiritual health:

- Number of participants with increased life satisfaction
- Number of participants with increased sense of meaning and purpose in life
- Number of participants with improved self-perception
- Number of participants with improved life outlook
- Number of participants with improved resilience, adaptability, or flexibility
- Number of participants with increased connection to their culture and/or faith



- Number of participants with increased ability to observe their religious or cultural traditions and practices
- Number of participants with increased meaning/purpose in their religious or cultural traditions and practices
- Number of participants connected to a religious or cultural community

Short-Term Goal: Improved Social Health

Indicators of improved social health:

- Number of participants who strengthened connection to family and/or friends
- Number of participants who strengthened connection to the community
- Number of participants who gained interest in social activity and/or connection
- Number of participants with increased feelings of social connection
- Number of participants with the social support they need
- Number of participants with decreased feelings of social isolation
- Number of participants with decreased feelings of loneliness

Short-Term Goal: Improved Financial Health

Indicators of improved financial health:

- Number of participants with improved financial literacy (personal financial management, budgeting, and investing)
- Number of participants with confidence in personal financial decisions
- Number of participants with reduced stress over personal finances
- Number of participants with improved ability to cover essential costs
- Number of participants with improved or maintained financial stability
- Number of participants with increased knowledge of financial assistance resources

Short-Term Goal: Improved Access to Resources

Indicators of improved access to resources:

- Number of participants with improved knowledge of resources available/eligible
- Number of participants with improved understanding of the benefit of resource use
- Number of participants who know how to use resources
- Number of participants with increased access to resources
- Number of participants with increased usage of resources
- Number of participants using resources with greater ease
- Number of participants with reduced stigma about resource utilization
- Number of participants sharing resources with others
- Number of participants who have someone who can help them access/use resources, if needed



- Number of participants with improved access to technology
- Number of participants using technology with greater ease
- Number of participants with increased technology usage

Short-Term Goal: Improved Family Caregiving Experience

Indicators of improved family caregiving experience:

- Number of participants with increased understanding of caregiving tasks
- Number of participants with increased confidence with caregiving tasks
- Number of participants with increased ability to perform caregiving tasks
- Number of participants with increased satisfaction with caregiving
- Number of participants with reduced burnout associated with caregiving
- Number of participants with reduced burden associated with caregiving
- Number of participants with reduced stress associated with caregiving
- Number of participants with increased connection to other family caregivers
- Number of participants with increased connection to family caregiving support services
- Number of participants with increased access to respite services
- Number of participants with increased use of respite services

Short-Term Goal: Improved PCTI Approach

Indicators of improved PCTI approach:

- Number of participants who gained awareness of the PCTI approach
- Number of participants who have an improved understanding of the PCTI approach
- Number of participants who have an improved understanding of how trauma impacts health, aging, family caregiving, and service provision
- Number of participants with a high degree of understanding of the PCTI care model
- Number of participants with a high degree of understanding of how trauma impacts health, aging, family caregiving, and service provision
- Number of participants that receive passing scores on understanding knowledge checks
- Number of participants that receive passing scores on decision-making knowledge checks
- Number of participants with capacity to provide PCTI care to older adult populations and family caregivers
- Number of participants who submit practice plans
- Number of participants who are confident in their ability to the use the PCTI approach
- Number of participants who increased their confidence in their ability to the use the PCTI approach
- Number of participants with intention to use learnings