

Grantee Experiences with our Evaluation Process

The Health Foundation of Greater Cincinnati places a lot of emphasis on evaluation, both of the projects we fund and of ourselves. Evaluation allows grantees to assess the effectiveness of their projects in achieving their objectives. In turn, the Health Foundation uses evaluation to check our progress in meeting our mission of improving the health of the people of the Greater Cincinnati region.

As part of an ongoing effort to improve our work, the Health Foundation conducts surveys of grantees and potential grantees. In 2005, we participated in a Grantee Perception Survey conducted by the Center for Effective Philanthropy. Recently, we conducted a follow-up survey to find out more about our grantees' experiences with our evaluation process. Specifically, we wanted to find ways to make the evaluation process as easy and useful as possible.

For this survey on our evaluation process, we used a qualitative approach, which means we asked people open-ended questions and recorded their responses word for word. We then looked for common themes across responses. We interviewed 29 people employed by 25 organizations that have received a grant from the Health Foundation. Respondents had worked for their current employers for between 6 months and 15 years and worked on between 1 and 8 Health Foundation-funded grant projects. For more about how we selected the respondents and the study methods, please see Appendix A on page 12.

General Experiences with the Evaluation Process

The majority of respondents described their experiences with the Health Foundation evaluation process as positive. One respondent said, "They were so helpful all through the process from submitting the letter of intent through the final evaluation report ... They are willing ... they are so invested in your success ... they are flexible ... their standards are high but they create an atmosphere where ... never once did I feel they were judgmental. They want to make this a useful process and project and they want us to do better."

Three of the seven respondents who described difficult experiences cited their lack of experience with evaluation as the root of the problem. At the same time, these three also reported they got a great deal of support from Health Foundation staff to successfully complete the evaluation process. One respondent stated, "I think it was more related to that I had never done an evaluation ... But each of the three years I was involved it got easier and easier. I used my [Program Officer]. I went to the workshop. I consulted with the evaluation people. I remember that as being very helpful."

Other difficult experiences were related to:

- ♦ conflicting advice and information from different Health Foundation staff,
- ♦ changes the Health Foundation made to the evaluation process,
- ♦ the extensiveness of the Health Foundation's evaluation process compared to evaluation required by other funders, and
- ♦ negotiating between data that were idealistic and realistic to collect.

I wrote our evaluation plan...but with lots of help from the Health Foundation. Phone calls, e-mails, meetings...all were important...they always helped me with anything I needed.

Experiences while Writing the Evaluation Plan

In all cases, the respondent or a coworker of the respondent wrote the evaluation plan. Many sought help from one or more Health Foundation staff, including the Director of Evaluation, the Evaluation Associate, or a Program Officer. The most commonly cited need for this help was to get clarification about the evaluation process and writing the plan. One respondent said, “They were really helpful in clarifying and occasionally simplifying ... I would say they helped us simplify what seemed like a very complex process.”

Health Foundation staff available to help grantees write their evaluation plans	Respondents who got help from staff while writing their plan
Director of Eval.	16
Eval. Associate	12
Program Officer	11

Some respondents sought help from more than one Health Foundation staff member.

All respondents believed that they received all the help they needed to write their evaluation plan. One respondent stated, “I wrote our evaluation plan...but with lots of help from the Health Foundation. Phone calls, e-mails, meetings...all were important...they always helped me with anything I needed.”

Experiences with Evaluation Resources

The Health Foundation makes a number of evaluation resources available during the evaluation process. Almost all respondents stated that they found the Health Foundation’s evaluation resources to be useful and

helpful as they worked through the evaluation process.

Evaluation resources	Respondents who used the resource during the evaluation process
Workshops	26
Evaluation staff	
Director of Eval.	21
Eval. Associate	16
Director, Health Data Improvement	7
Online resources	14
Program Officer	11
Printed materials	29

Some respondents used more than one resource

Workshops

Most respondents attended an evaluation workshop presented by the Health Foundation. All of these respondents found the workshop to be helpful and useful. One respondent described the value of the workshop in this way: “I think the most valuable resource was the workshop that I attended. I remember learning about the logic model and other parts of the evaluation process and afterward, it all made so much more sense.”

One respondent was not able to attend the workshop until three months after starting the evaluation and said, “I was struggling...I kept having to redo things and it seemed like I just didn’t understand. Then I went to the workshop and I really wish I could have attended it much sooner. Things began to fall into place. I actually got it...I figured out what I was supposed to be doing.”

Of the respondents who did not attend a workshop, one was new to the position and planned to attend, another

was from an agency that had evaluation experts on staff, and the third attended an evaluation workshop sponsored by someone other than the Health Foundation. Six other respondents attended both a Health Foundation evaluation workshop and an evaluation workshop sponsored by someone other than the Health Foundation.

Help from Evaluation Staff

Respondents sought help from Health Foundation staff about the evaluation process, including developing or implementing a plan and setting up databases to collect data. Respondents described one-on-one help from evaluation staff as “helpful,” “useful,” “clarifying,” and “simplifying.”

One respondent stated, “When I met with [the Director of Evaluation] it was amazing...I felt like she had read our [proposal], understood our project, understood what we were trying to do. She was well prepared and she even followed up the meeting with several e-mails with more information and answers to questions. She was not intimidating at all. It was easy to talk with her, conversational and she was so helpful.”

Help from Program Officers

While all respondents reported working with their Health Foundation Program Officers during their grant period, only about a third worked with their Program Officers on the evaluation process. In general, respondents described working with their Program Officers as being a very positive experience, using words like “helpful,” “wonderful,” “caring,” “collaborative,” “flexible,” and “always willing to answer questions as well as provide resources.”

The only concern expressed by respondents was receiving conflicting directions and information regarding evaluation. As one respondent stated, “The one thing was when my Program Officer told me to do it one way, then I met with the [Health Foundation] evaluation people and they wanted something different, much more specific...and I had to redo it all, a lot of work...but they were flexible and let me resubmit my evaluation.”

Online Resources

Just under half of respondents used the Health Foundation’s online resources to some degree.” They have a whole library of stuff so if you get on-line... you can look at old grants...that have been approved so you can see ...what kind of outcomes they used.” Of the respondents who did not use the Health Foundation’s online resources most said they were not aware the Health Foundation had resources on our web site.

Printed Materials

All respondents stated that printed materials were readily available. Respondents rated the packets received at the evaluation workshops to be most useful. “When you go to the [workshop], they give you a whole packet...that explained the differences between outcome, process, and other types of [evaluation] and what really needs to be included in each section.”

Several respondents spoke about other available printed materials. “They have a whole library of ... medical research and other papers that you can use. You

The one thing was when my Program Officer told me to do it one way, then I met with the [Health Foundation] evaluation people and they wanted something different, much more specific...and I had to redo it all, a lot of work... but they were flexible and let me resubmit my evaluation.

just have to ask and they will help you find what you need.”

[The logic model is] kind of like the executive summary of the evaluation plan in a way...If you can't summarize it on a single piece of paper, then there's a problem.

Printed evaluation materials available	Respondents who found the materials valuable
Evaluation packet	23
Library resources	5
E-mails	5
Books and journal articles	2

Some respondents found more than one printed material valuable.

Most Useful Health Foundation Resource

When asked which Health Foundation resource was most useful, almost half of respondents cited one-on-one help from Health Foundation staff. “The thing I found most useful was the ability to talk one-on-one...this helped me really to clarify what I was doing and to solidify my project from start to finish.”

The next most useful resources were the evaluation workshop, the printed evaluation packet, and the logic model. As one respondent said, “The evaluation workshop was great. Every grantee should go, especially new grantees. But the packet they give you...I wouldn't have been able to do things on my own without reading that.”

Experiences with the Logic Model

A logic model is a systematic and visual method of presenting the relationships among the resources available to operate a program, the program's planned activities, and the program's expected changes or results. Health Foundation grantees use a simplified logic model as the basis of their evaluation plan.

We asked respondents whether the logic model helped them to focus on the problem they wanted to solve. Overwhelmingly, respondents viewed the logic model as very useful. One respondent stated, “It's kind of like the executive summary of the evaluation plan in a way...If you can't summarize it on a single piece of paper, then there's a problem.”

Another respondent described using the logic model when speaking about their project with staff and stakeholders. “It gives me a little more clout with folks who are invested in the outcomes. I used it as a tool with other staff as a way to get everybody on the same page, to maintain consistency, focus, to maintain the connection.”

Less than one-third of respondents had difficulty with the logic model the first time they used it. However, even despite this difficulty, these respondents also rated the logic model as very useful. There were some negative comments about the logic model. One respondent disliked the rigidity of the model but still viewed the model as useful. Another described the logic model as a “necessary evil.”

The majority of respondents said that their agency has used their Health Foundation logic model for proposals to other funders. One respondent said, “It's helped me to develop other grants and the evaluation plans for other grants.”

A few respondents stated that the logic model used by other funders was formatted a little differently and caused some confusion. One respondent summed it up this way: “That's the downfall of multiple entities...They don't all talk the language the same or use the same format.”

Experiences with Using the Evaluation Plan

Overall, respondents described the evaluation plans associated with their grants as useful. Over half the respondents used their evaluation plan to stay on track or focused on their projects. As one respondent said, “It helped improve our fidelity to the program by looking at outcomes on a monthly basis...it kept us on track.”

Another respondent stated, “It’s like a roadmap of what we needed to accomplish and we had to keep focused on that roadmap.” Several respondents spoke about the importance of the evaluation plan for creating useful and measurable goals and objectives. One respondent stated that the evaluation plan was “more of a tool for the Health Foundation to use to see if respondents were meeting the objectives of their grant.”

How Respondents Used their Evaluation Plan

Most respondents used their evaluation plans for purposes other than for the Health Foundation. The most common use was seeking funding from other sources, followed by sharing findings with staff or stakeholders.

Uses for evaluation plan	Respondents who used their plan in this way
Getting funding from other sources	16
Sharing with their staff	6
Sharing with stakeholders	5
Using in a presentation	4
Using as a change agent	2

Some respondents used their evaluation plan in more than one way.

Other Learnings from the Evaluation Plan

We asked respondents if they learned anything else from their evaluation plans. The majority said that they didn’t have “other learnings” from their evaluation plans, but some learned things they didn’t expect from the evaluation plans. Most of these unexpected lessons had to do with setting realistic and achievable goals, which respondents described as a difficult process. One respondent summed it up by saying: “I think we set the bar a little high for ourselves when I was writing the [proposal]. We didn’t shoot for extraordinarily high numbers, but we didn’t quite get there...so looking at that at the end, it kind of shocked me because I had thought our goals might be a little too low.”

Some respondents expressed surprise at their ability to actually create achievable goals: “You know, it kind of translates to our work and we apply it and the numbers were just about perfect, and that surprised me, gave me a sense of relief, gave me a sense [that] I really do know our work.”

Respondents also described how the evaluation plan fostered changes in their programs: “We made changes in the program itself. [The evaluation process] caused us to change the way we engage families. And now we have other agencies asking us how we did it...we are consultants in a sense.” Lastly, respondents found unexpected benefits through implementing their evaluation plan: “We found we had an unexpected secondary gain, an unexpected saving of \$16,000 in medical care in the first 3 months.”

[The evaluation plan] helped improve our fidelity to the program by looking at outcomes on a monthly basis...it kept us on track.

It has certainly raised the level of skill and focus on evaluation across our management team...they see the value directly...we are able to take data back to our funders and policy makers in terms of measurable outcomes, what we've been able to accomplish and the value of our programs.

Sharing the Results of the Evaluation Plan with Others

Most respondents shared the results of their evaluation plan, including with other staff in the organization or stakeholders, such as advisory boards or supporters. As one respondent said, "It's a real motivator for staff...to go back and tell them this is what we did well, this is what we still need to work on, these are the areas we should be really proud of...it keeps them fresh and keeps them going."

Respondents also used the results of their evaluation plans when seeking funding from other sources, and some used the results when talking about their programs, including during local, state, and national presentations or in brochures and printed materials about their organization.

Only four respondents stated said they had not shared the results of their evaluation plan yet, but three of those said they would do so in the future. One respondent stated, "We're still new...but in the future...I can certainly see the value of sharing our information."

Audiences for the evaluation plan	Respondents who said they shared their plan with the audience
Staff	13
Stakeholders	13
Other funders	11
Presentations	10
Other agencies	5
Publications or brochures	3
Public relations department	1
Proposal writer	1
Did not share plan	4

Some respondents shared their plan with more than one audience.

Influence on Future Evaluation

Most respondents said that the Health Foundation's evaluation process would influence how they did other evaluations in the future. One respondent said, "I think it will. I think the Health Foundation is a bit ahead of the curve in terms of evaluation. They are a frontrunner in terms of having grantees do evaluation in a manner that requires critical thinking."

Another respondent said, "It has certainly raised the level of skill and focus on evaluation across our management team...they see the value directly...we are able to take data back to our funders and policy makers in terms of measurable outcomes, what we've been able to accomplish and the value of our programs."

Some respondents thought the logic model would have the most influence over future evaluation work. One respondent said, "The logic model...has become a very valuable tool for our agency. We've already used it for other projects and proposals." Another stated, "[The logic model] has helped us have a bit of the big picture, a better picture of the effectiveness of our program."

Respondents also thought that what they learned from their experiences with the Health Foundation would influence future evaluation work. As one respondent said, "What I learned...I'm so much better now...it reinforced the usefulness of structuring your work, your outcomes and processes. It has helped me refine the whole evaluation thing...you know, my ability to do evaluation and now I do it better."

Some respondents were ambivalent about the influence of the Health Foundation's process on their future evaluation work, saying that it would

and it wouldn't have an influence at the same time. "Yes [it has an influence] because it's what they wanted and it made sense, but no because I find their process awkward. I didn't especially like their process, but I learned it because it was their money and I needed to show [evaluation] the way they wanted it."

Finally, some respondents stated that the Health Foundation's evaluation process would not influence future evaluation work. As one respondent said, "No, because to tell you the truth most funding agencies don't ask for as much detail...and I will tailor my evaluations toward what the funders want to see." Another respondent echoed that thought: "No, not really because it's easier just to adapt to whatever it is that the funders want to see. Different funders want different ways of presenting evaluations and results."

Annoying Aspects of the Evaluation Plan

Half the respondents stated that the evaluation process was not annoying in any way. Of the respondents who found it annoying, the most common problem was receiving mixed messages from various Health Foundation staff members. One respondent was told by the Health Foundation Program Officer to write program objectives in one format, and then was told by evaluation staff to write them differently before finally being told to write them in the original format specified by the Program Officer. "It's a communication thing. Different people looking at it from different points of view and you make the changes back and forth. That's annoying."

Another respondent echoed this: "I changed my way of doing indicators,

then got feedback...to switch it back the other way again. I was ready to pull my hair out. It was pretty frustrating."

Another annoyance was that some respondents felt Health Foundation evaluation staff wanted too much detail. A third annoyance was tracking unrealistic amounts of information or information not reflective of the project's goals. "Sometimes it's hard for [the Health Foundation] to see what we see. We struggled trying to get them to understand what we wanted to measure, which from our perspective was fairly simple." However, these respondents also said that with discussion and negotiation, they reached a consensus with Health Foundation staff on an evaluation plan that satisfied both organizations.

Annoyances in the evaluation process	Respondents who cited the annoyance
None	15
Perceived mixed messages	7
Too much detail and depth	4
Amount of information tracked	3

How the Evaluation Process Could Be Easier

When asked how the Health Foundation could make our evaluation process easier, the majority of respondents said that the process was not difficult. Respondents praised the resources the Health Foundation provides, especially the one-on-one help, evaluation workshops, and the logic model.

Some respondents said that seeing more examples of completed evaluation plans would make the process easier.

Yes [it has an influence] because it's what they wanted and it made sense, but no because I find their process awkward. I didn't especially like their process, but I learned it because it was their money and I needed to show [evaluation] the way they wanted it.

[The evaluation plan] is already useful. I don't see it as [the Health Foundation's] responsibility to make it useful. I think it's up to the grantees to make it useful.

These respondents also reported being new to the evaluation process. One stated, "As a person who had never done an evaluation before, it would have been helpful to have more examples." This is corroborated by the respondents who mentioned that people new to evaluation would need extra help with the process.

Ways to make the evaluation process easier	Respondents who suggested this way
Process is not difficult	19
Show more examples	5
More clarity on expectations	3
More time to gather additional information	2
Early evaluation consultations	1
Oral review of evaluation	1
Provide data or evaluation software	1

Some respondents had more than one suggestion on how to make the process easier.

How the Evaluation Plan Could Be More Useful

Most respondents believed the evaluation plan is already very useful and could not think of any way the plan could be made more useful. One respondent stated, "[The evaluation plan] is already useful. I don't see it as [the Health Foundation's] responsibility to make it useful. I think it's up to the grantees to make it useful."

The most common suggestion was for the Health Foundation to give feedback on the final evaluation report that grantees submit. Another suggestion was for additional discussion regarding project design. As one respondent stated, "They do a good job sharing

evaluation plans and with training. I think it would be more useful to talk about project design as another step in the process."

Ways to make the evaluation process more useful	Respondents who suggested this way
Process is already very useful	15
More feedback on final report	5
More discussion about project design	3
More examples from grants that have been awarded	2
Standard evaluation for all funders	2
Consultation with evaluation expert earlier in the process	1
Separate evaluations for year 1 and subsequent years of multi-year grants	1

Some respondents had more than one suggestion on how to make the process more useful.

Additional Evaluation Resources

The majority of respondents said the Health Foundation provided all the resources they needed for the evaluation process. As one respondent said, "The process was easy. The resources are there. You just [have] to use them." The most common resource requested was for a list of resources the Health Foundation offers. One respondent said, "Making it clear what resources are available. That would be really helpful. But also some guidance...for example when to call the Program Officer, and when to call someone in the evaluation department."

Some respondents also asked for additional online resources, such as interactive training and more examples: “If they could provide more web-based teaching, more interactive kinds of trainings so that you could sit in your office for an hour or so, get up to speed... That would be helpful.”

Another respondent recommended continuing education that builds on the basic evaluation workshops: “I would really like the opportunity to continue my evaluation education and to increase my skills... more seminars, more on-line training... that would be good.”

A few respondents suggested that the Health Foundation work with other grantmakers in the region to develop a shared evaluation process so that grantees could develop expertise with the single process. And although respondents praised the assistance they received with setting up data spreadsheets, one respondent requested that the Health Foundation provide statistical software and training on that software to grantees that do not have it.

Was the End Result Worth the Effort?

Some respondents described the Health Foundation’s evaluation process as annoying, confusing, and difficult. But did respondents find the process worthwhile?

Three respondents said that the end result was and was not worth the effort at the same time. As one respondent said, “I sometimes wonder about all the hoops we put our clients through to meet the evaluation and whether it was in the best interest of the clients. We had to ask them enormous amounts of questions. And on top of

that the evaluation process added a huge amount of administrative time. Sometimes it felt like we spent all of our time managing the process instead of the program that was meant to serve our clients. So I think it was burdensome to our staff and our clients.”

Another respondent stated that the efforts to achieve the outcomes were worthwhile, but “not the effort to put together an evaluation plan. Our outcomes were very appropriate and necessary to ensure that we were completing our mission.”

Overall, the majority of respondents (27) described the end result as definitely or absolutely worth the efforts. In the words of one respondent: “Absolutely ... well for one thing, we were able to work with the courts to help some of our clients avoid legal stuff. For another, we were—I should say still are—working on improved housing. And looking at these pieces... how they affected clients’ lives was so very helpful.”

Another stated, “It permitted us to train our entire staff on the motivational intervention system which has become the core product of our clinical process. The evaluation allowed us to keep moving and make sure all of our staff got the training.”

Just over one-third of respondents felt the end result was worth the effort because the grantees used the data from the Health Foundation evaluation to get money from other funders. “So the [evaluation] resulted in a lot more grants supporting our project because we were able to demonstrate just how useful our work was. We had hard data showing what we were accomplishing.”

I sometimes wonder about all the hoops we put our clients through to meet the evaluation and whether it was in the best interest of the clients... Sometimes it felt like we spent all of our time managing the process instead of the program that was meant to serve our clients. So I think it was burdensome to our staff and our clients.

Just the fact that you are coming back and asking these questions shows that [the Health Foundation cares] about the job they are doing in the community. Not only do they want us to succeed, they want to do a better job themselves.

Final Comments

For the last question, we asked respondents to share any other information they wanted to share.

Overall, the comments were positive:

- + “This is a partnership. They want to see you succeed.”
- + “They will give you the tools and all the help you need.”
- + “Any time we needed or asked for assistance, they were there for us.”
- + “It’s been very beneficial for our agency. It’s been a learning experience.”
- + “Of all our funders, the Health Foundation is the most collaborative and I really appreciate that.”

Some respondents stressed the importance of inviting new grantees especially to contact Health Foundation staff when they have questions or need help: “My advice for new grantees is just give somebody a call, send an e-mail, or make an appointment. Don’t waste your time. Put your heads together and in a few

minutes you’ve got your answer and you can move on and get things done.” Other evaluation-related comments included tailoring the evaluation plan to the size of the grant, having the Health Foundation work more with grantees on strategies for achieving sustainability, and being able to compare progress and achievements with other programs in the region and across the country.

Finally, respondents appreciate the philosophy of the Health Foundation. One respondent said, “They are willing to do whatever they can to make us as successful as possible ... It’s not just the money, which is nice, but it’s also the information and the resources. They are a caring foundation.” Another respondent said, “Just the fact that you are coming back and asking these questions shows that they care about the job they are doing in the community. Not only do they want us to succeed, they want to do a better job themselves.”

What the Health Foundation Is Going to Do to Improve our Evaluation Process

Health Foundation staff have reviewed the results of this qualitative study and have discussed ways we can improve our evaluation process.

To help address challenges faced by grantees, the Health Foundation is planning a number of changes to the evaluation process. We plan to:

- ✦ Increase consistency by having Evaluation staff and Program Officers review the evaluation plan together prior to providing feedback to grantees.
 - ✦ Encourage prospective grantees to attend the “Demystifying Evaluation” workshop early in their proposal writing cycle.
 - ✦ Encourage newly appointed project directors who have not already attended the “Demystifying Evaluation” workshop to attend as soon as possible.
 - ✦ Develop an “Outcomes Data Check Sheet” that will assess grantees’ abilities and resources to collect outcome data in sufficient quantity, quality, consistency, and accessibility and determine what consultations are needed.
 - ✦ Review a draft copy of grantees’ “Outcome Evaluation Summary” six months after the grantee receives the first check for the project. We ask for this review so that grantees and Foundation staff can determine early in the project if further consultation is necessary. (Note: updated versions of this summary are also due with annual and final grant reports.)
- ✦ Provide more feedback on annual and final reports that grantees submit to the Health Foundation.
 - ✦ Develop a hands-on workshop tentatively titled “Making Evaluation Work for You” that will show participants how to use their evaluation plans, including how to set up an Excel database, monitor data quality, analyze data, and discuss and share results.
 - ✦ Post on our web site examples of a letter of intent, proposal, written evaluation plan, and annual and final reports for one grant project from each of the focus areas.
 - ✦ Distribute the booklet “Working with The Health Foundation of Greater Cincinnati: A Guide for Non-Profit Organizations Seeking Funding” at all RFP workshops, evaluation classes, and contract signings. This booklet discusses the grant process, highlights the resources the Health Foundation offers to grantees and nonprofits, and offers advice on who grantees should call if they have questions during their grant. This booklet is also available on our web site at www.healthfoundation.org/publications.
 - ✦ Explore using new technologies, such as web-based tutorials and online workshops, to expand the evaluation resources we currently offer.

Appendix A: Study Methods

This qualitative study involved in-depth interviews with employees of organizations that have received funding from The Health Foundation of Greater Cincinnati. Qualitative research focuses on human experiences, letting the interviewees use their own language. We determined the sample size of this study by the guiding principle of data saturation. Data saturation happens when interviewers receive no new information and the information becomes redundant (Polit & Beck, 2006). In this study, we reached data saturation after 20 interviews. We completed five additional interviews to confirm the data saturation.

The Health Foundation developed an interview guide (see Appendix B) based on prior research as well as suggestions from Health Foundation staff. We compiled a list of funded organizations that have had experience with our evaluation process. We called people on the list and asked if they would participate in tape-recorded, detailed, in-depth interviews. To be included, participants had to work for an organization that has received funding from the Health Foundation. We excluded anyone with a physical or cognitive impairment that limited their ability to recall experiences or limited their ability to describe experiences. All participants could speak English and all completed the audiotaped interview. In all, we interviewed 29 people (“respondents”) from 25 organizations during 25 interviews.

Linda LaCharity, Ph.D., conducted this study. At the beginning of each interview, she explained the purpose of the study, the procedures, and the time commitment to respondents. She also asked them to read and

sign an informed consent document. She interviewed respondents in quiet, private areas at their places of employment.

Within an hour of each interview, Dr. LaCharity recorded insights, perceptions, ideas, and questions. She also recorded any insights into the data that came up at other times. A professional transcriptionist transcribed all interviews verbatim.

Concurrent with data collection, Dr. LaCharity analyzed the data by listening to audiotapes as well as reading and re-reading the interview transcripts. She organized the transcripts using the NVIVO™ computer program. After coding the interviews, she searched for common themes and extracted those significant to the study. She also compared different pieces of data relating to each theme or concept to refine the emerging ideas.

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Appendix B: Interview Guide

Opening Statement

As part of an ongoing effort to improve its work, The Health Foundation of Greater Cincinnati conducts surveys and other work to discover applicants and grantees experiences with the Foundation. As a follow-up to the 2005 Grantee Perception Survey, the Foundation is seeking more in depth information from a group of about 30 grantees to learn more about the grantees' experiences with the evaluation process. When I refer to the evaluation process, I'm including creating the evaluation plan, carrying out the plan, writing the reports, and sharing the findings. The goal of this work is to discover ways to make the evaluation process as easy and useful as possible. We value your perspectives and experiences. Please speak freely and understand that anything you tell me will not affect your relationship with The Health Foundation of Greater Cincinnati.

You are being asked to participate in an audiotaped, in-depth interview regarding your evaluation experiences. We estimate that the interview will take between 30 and 60 minutes of your time. If you choose to participate, your name will not appear on any tapes or transcriptions of our interview. Your interview and all forms will be assigned and referred to by a code number. You have the right to not answer any questions that makes you feel uncomfortable. Please let me answer any questions or concerns you may have.

Questions

- I. Grand Tour Question: Tell about your experiences with the evaluation process as a grantee with The Health Foundation of Greater Cincinnati.
 1. Did you make use of the evaluation resources available through the Health Foundation?
 - A. What resources did you use? How were these resources useful?
 1. Evaluation classes?
 2. Consultations? (e.g. PO (Program Officer), Jennifer Zimmerman or Ann McCracken/evaluation associate, Shiloh Turner/database)
 3. On-line materials?
 4. Written materials?
 5. Attending seminars with experts on evaluation?
 - B. Were these resources useful to you? How so?
 - C. Does working on the evaluation process with the PO help? How?
 2. Who wrote your evaluation plan?
 - A. Was it a person inside your agency or a consultant?
 - B. Did that person consult with the PO? How so?
 - C. Did that person consult with Jennifer Zimmerman or Ann McCracken? How so? To what degree?
 - D. Did that person make use of evaluation resources available through the Health Foundation?
 3. Did the logic model help you to focus on the problem you wanted to solve? How so?
 4. Was the evaluation process useful for you? Is the evaluation working for you and your agency? How so?

- A. Have you found other uses for your evaluation besides the Health Foundation? What were/are those uses?
 - B. Did the evaluation result in any other learnings that you were able to use in your agency?
 - C. Were the outcomes worth the efforts?
 - D. Have you shared any part of your evaluation with others? How so?
 - E. Has going through this process influenced how you have done or how you will do evaluation in the future? Please describe?
5. Were there things about the evaluation that annoyed you? If yes please comment further?
 6. Can the Health Foundation's evaluation process be made easier for you and your agency? How so?
 7. Can the Health Foundation's evaluation process be made more useful to you and your agency? How so?
 8. What additional resources for evaluation would be helpful to you?
 9. How many times have you received funding from funders other than the Health Foundation? Who were the funders?
- II. Closing Question: Is there anything else that you would like to tell me about your experiences with the evaluation process?

Probes Examples:

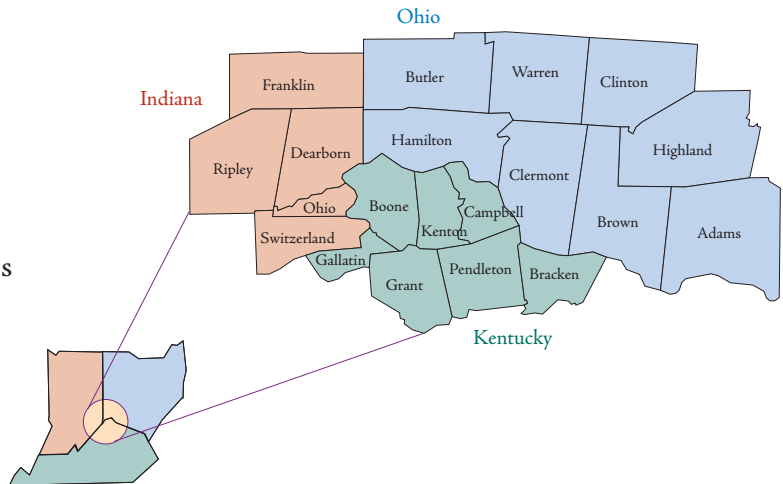
- + Can you tell me more about that?
- + Can you describe that for me?
- + What did you think about that?
- + Can we go back and talk more about ...?
- + How did you feel about that?

About The Health Foundation of Greater Cincinnati

Since 1997, The Health Foundation of Greater Cincinnati has invested over \$76 million to address health needs in the 20-county region surrounding Cincinnati. The majority of our work falls within our four focus areas:

- ✦ Community Primary Care
- ✦ School-Aged Children's Healthcare
- ✦ Substance Use Disorders
- ✦ Severe Mental Illness

The Health Foundation encourages evaluation of our funded programs and of ourselves. We support grantees through the evaluation process in a variety of ways. Our staff help grantees every step of the way, from when they are writing their proposal for funding to after the money is awarded to the end of the funding period and beyond. Our Health Data Improvement Program assists nonprofit organizations with collecting, storing, and analyzing data for their evaluations. Our Communications staff help nonprofits spread the word about their programs and the effect they are having on the health of the Greater Cincinnati region.



For more information about the Health Foundation, our grantmaking interests, and our other publications, please contact us at 513-458-6600, toll-free at 888-310-4904, or visit our web site at www.healthfoundation.org.

Our **mission** is to improve the health of the people of the Cincinnati region.

Our **vision** is to be one of the healthiest regions in the country.

Our **values** are:

- » Innovation. We are a catalyst in creating innovative solutions to promote enduring change.
- » Caring. We are committed to serving vulnerable and underserved populations.
- » Education. We believe in the power of education to transform communities.
- » Stewardship. We operate in an accountable, ethical, and transparent manner.

The
Health
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