

ENHANCING MANAGERS' EVALUATION CAPACITY: A CASE STUDY FROM ONTARIO PUBLIC HEALTH

Nancy L. Porteous
Barbara J. Sheldrick
Region of Ottawa-Carleton
Ottawa, Ontario

Paula J. Stewart
Community Health Consultant
Ottawa, Ontario

Abstract: Enhancing capacity is an important facet of empowerment evaluation. This article describes an initiative designed to help public health managers in Ontario improve their knowledge and skills in program evaluation. The initiative involved the development of a self-directed learning resource called the Program Evaluation Tool Kit and an accompanying workshop. The development of the Program Evaluation Tool Kit embraced five principles: taking stock of what was needed, building on shared values, valuing different perspectives, integrating planning and evaluation into routine program management, and maximizing adult learning.

Résumé: L'accroissement de la capacité est un aspect important de l'évaluation de l'habilitation. Cet article décrit une initiative conçue pour aider les gestionnaires de la santé publique en Ontario à approfondir leurs connaissances et à améliorer leurs aptitudes en évaluation des programmes. L'initiative comprend l'élaboration d'une ressource d'auto-apprentissage intitulée Program Evaluation Tool Kit et un atelier connexe. Cette trousse d'évaluation des programmes a été élaborée en tenant compte de cinq principes : déterminer les besoins, avancer à partir des valeurs en commun, accorder une valeur aux diverses perspectives, intégrer la planification et l'évaluation, dans la gestion régulière des programmes, et maximiser l'apprentissage des adultes.

■ Evaluation is an essential part of good program management. Therefore, some knowledge and skills in the evaluation process are required competencies for program managers. Building

the capacity of managers and staff is an important facet of empowerment approaches to evaluation (Fetterman, 1994a, 1994b, 1995, 1996, 1997).

This article presents a case study of an evaluation capacity-building initiative in the Ontario public health system. The initiative involved the development of a self-directed learning resource called the Program Evaluation Tool Kit and an accompanying workshop. The Tool Kit is a five-step guide to planning and conducting relatively small-scale evaluations, with an emphasis on process evaluation. The Tool Kit is designed to improve managers' knowledge and skills in the evaluation process to help them incorporate more evaluation activity into the day-to-day management of their programs, whether they and their staff or a professional evaluator carries out the evaluation work. Although the resource is tailored specifically to public health, the evaluation process it presents is generic and can be applied in any program area.

The article is organized into sections around five themes which emerge from the empowerment evaluation literature: taking stock of what is needed, building on shared values, valuing different perspectives, integrating planning and evaluation into routine program management, and maximizing adult learning (Fetterman, 1994a, 1994b, 1995, 1996, 1997; Linney & Wandersman, 1996; Patton, 1997; Scriven, 1997; Stevenson, Mitchell, & Florin, 1996). In essence, the first three sections address the *planning* phase of the initiative which involved assessing the needs of the target group, drafting guiding principles for evaluation, and involving different stakeholders in the development of the resource to ensure that it adequately responds to the diverse needs of the target group. The fourth section describes the actual *product*, and provides an example of how the program logic model is used to illustrate the importance of integrated program planning and evaluation. The fifth section discusses the *process* by which the product, in other words a self-directed learning resource and accompanying workshop, was designed and delivered with the adult learner in mind. The final section outlines some of the required next steps in enhancing the evaluation capacity of Ontario public health managers.

TAKING STOCK OF WHAT IS NEEDED

The importance of evaluation to sound program management has been recognized for years by public health practitioners and funders

in Ontario. Despite this recognition, however, evaluation has not been well integrated into the program management cycle. In 1994, the Public Health Branch of the Ministry of Health assigned the task of studying program evaluation in Ontario health units to a Program Evaluation Work Group. The work group surveyed health units about potential driving forces, restraining forces, goals, and options for action. The work group recommended a variety of activities aimed at providing program evaluation support and direction to health units to help improve program management. Two related recommendations were put forward: one addressing the need for the development of guiding principles and the second focusing on the need for a common educational resource (Brown, 1996). Development of Guiding Principles for Program Evaluation in Ontario Health Units commenced in late 1996 as the first step of a two-stage initiative which responded to the work group's recommendations. The second stage involved the development of the Program Evaluation Tool Kit and delivery of regional program evaluation workshops, which were completed in 1997.

BUILDING ON SHARED VALUES

The Guiding Principles for Program Evaluation in Ontario Health Units provide a framework for strengthening the evaluation of public health programs and represent the shared values upon which the Program Evaluation Tool Kit is based. A program is defined broadly, referring to any set of activities, supported by a group of resources, designed for particular groups and aimed at achieving specific outcomes. This encompasses projects, initiatives, pilots, services, as well as campaigns. Program evaluation is defined as the systematic gathering, analysis, and reporting of data about a program to assist in decision making. This definition emphasizes three key points. First, evaluation is a systematic, step-by-step process. Second, questions about any aspect of a program can be answered, depending on the stage of the program's development. Third, evaluation serves specific program management decision-making needs.

Although guiding principles for evaluation are not uncommon, existing guidelines do not necessarily resonate with public health workers (Porteous, Sheldrick & Stewart, 1997). Some guidelines are written for evaluators (American Evaluation Association, 1994; Australasian Evaluation Society, 1998; Canadian Evaluation Society, 1996). Although engaged in evaluation activities, most program managers and staff do not identify themselves as "evaluators"; the

language of the guidelines (for example, “evaluators should”) does not speak to them. Other guidelines are geared to a specific program area and, for that reason, are not perceived to be relevant to public health (Joint Committee on Standards for Educational Evaluation, 1994).

The Guiding Principles for Evaluation in Ontario Health Units outline when, how, and why evaluations should be conducted and who should be involved, stressing:

- integration of program planning and evaluation;
- the necessity for a clear description of the program;
- the importance of tying the purpose of the evaluation to specific decision-making needs;
- the need to ask specific evaluation questions;
- ethical conduct;
- use of systematic methods;
- clear and accurate reporting;
- timely and widespread dissemination;
- a multidisciplinary team approach;
- stakeholder involvement; and
- utilization of evaluation findings.

The Principles are intended to be congruent with the basic philosophies of public health. They recognize that public health programming takes a holistic and long-term approach to the health of the population, respects the diverse needs of individuals and communities, and often involves collaboration with other agencies and community groups.

VALUING DIFFERENT PERSPECTIVES

Public health units in Ontario are diverse. The 42 health units across the province, which are staffed by public health workers from a mix of discipline backgrounds, provide programs to meet the distinct needs of their particular communities. Although mandated by the province to deliver a core set of programs, each health unit faces unique political and fiscal realities.

It was imperative to reflect this diversity in the development of the Tool Kit. The project team who developed the Tool Kit benefited tremendously from the direction and assistance provided by the original work group, a provincial advisory group, others who provided

feedback, participants in the pilot tests, and workshop coordinators. Valuing the different perspectives of the many individuals and groups involved helped ensure the Tool Kit was: appealing to different types of public health practitioners such as nurses, nutritionists, inspectors, and physicians; appropriate and relevant for the evaluation of a vast range of health promotion and health protection programs; and feasible in all health unit settings, despite differences in the level of support for evaluation and the extent of evaluation resources and expertise available.

The project team was composed of three individuals with diverse backgrounds and experience.

Paula Stewart is a physician trained in community medicine and epidemiology who served as a health unit associate medical officer for 10 years. Her senior management perspective, solid grounding in research methods and approaches to evaluation, as well as her understanding of public health and the current pressures on the system were invaluable. Workshop materials developed several years ago by Paula and Bruce Baskerville laid the groundwork for the development of the Tool Kit. Paula was also a member of the original provincial Program Evaluation Work Group.

Barbara Sheldrick is a baccalaureate-prepared nurse with a Master's degree in adult education. Barb's experience as a manager in a variety of program areas over the past 10 years was crucial to the success of the project. Her insight into the day-to-day pressures of planning, implementing and evaluating public health programs and her training and experience in adult education provided an important reality check on content, tone, and format. The involvement of a program manager also lent credibility to the project and helped secure the buy-in of other managers and staff.

Nancy Porteous is an evaluation specialist with a background in sociology and social research methods. Although relatively new to public health, she has over seven years of evaluation experience in a wide range of program areas. She has acted as an in-house evaluation consultant to public health staff over the past several years, having to translate evaluation theory into practice on a daily basis.

A provincial advisory group guided the project team. Members came from all regions in the province, some from large health units in large urban centers. Others came from smaller health units serving

a predominantly rural population. Some members worked in health units with dedicated program planning and evaluation positions and/or strong links with academic health science centres. Others had extremely limited access to evaluation expertise. Members of the advisory group assumed different roles in their health unit and came from different discipline backgrounds and training. The advisory group included program managers from nursing, recreation, and nutrition backgrounds, a medical officer of health (the top official in Ontario health units), epidemiologists, and evaluation specialists from psychology and education backgrounds. For continuity, two members of the original Program Evaluation Work Group (in addition to Paula) were invited to be a part of the advisory group (plus the representative from the government department that funded the initiative).

Once developed by the project team and vetted by the advisory group, consultation drafts of the Guiding Principles were sent to all Medical Officers of Health as well as the Association of Local Official Health Agencies, the directors of teaching health unit programs, discipline-specific associations,¹ topic-specific networks,² partner agencies,³ and the Ontario Public Health Association. Valuable feedback guided revisions to the content and structure of the principles.

Once the Guiding Principles were finalized, and drafts of the Tool Kit were developed, two rounds of pilot testing were conducted with staff from four health units. A focus group was conducted following the first round of workshops to allow participants time to reflect on the learning experience, share feedback, and offer suggestions. Diversity was the key consideration in selecting the pilot test sites. A variety of factors were considered, such as whether there was an evaluation specialist on staff, the size of the health unit, and the profile of the community the health unit served.

Staff at other health units played a key role in coordinating regional workshops. They promoted the event, arranged for facilities and refreshments, handled registration and helped on the day of the workshop. Their appreciation of regional issues ensured the workshops were held at the right time, in the right place.

Not only did the development of the Tool Kit benefit from valuing multiple perspectives, but acceptance and adoption of the Tool Kit resulted from the credibility lent to the initiative by the inclusion of different stakeholder groups.

INTEGRATING PLANNING AND EVALUATION INTO ROUTINE PROGRAM MANAGEMENT

The importance of evaluation to the day-to-day management of a program is reflected in the subtitle of the Tool Kit — a blueprint for public health *management* — and the primary target audience — program *managers* or, in other words, the staff responsible for program planning and evaluation (although actual job titles may vary, for example, coordinators, project/program/team leaders, etc.).

The ultimate aim of the Tool Kit is to help managers make better decisions about their programs — decisions about ways to improve programs and decisions about the best use of program resources. Because managers are faced with different types of decisions during different stages in a program's development, the Tool Kit stresses the importance of matching the type of evaluation to a program's developmental stage. The plan, however, for both process and outcome evaluation should be incorporated into the overall program plan, prior to the actual launch of the program. The Tool Kit does not espouse any particular methodological perspective. Both qualitative and quantitative methodologies are recognized as valid approaches to collecting data; the stage of the program, the manager's decision-making needs, and the specific evaluation questions determine the evaluation methods.

The Tool Kit distills the evaluation process to five steps. The focus is on the evaluation process, not specific indicators or data collection instruments, as are other educational resources for non-evaluators, for example Prevention Plus III (Linney & Wandersman, 1991). Although tailored specifically to health protection and promotion programs, the approach is generic and can be applied in any program area. The five-step approach reinforces the importance of integrating planning and evaluation and emphasizes the ongoing, cyclical nature of evaluation.

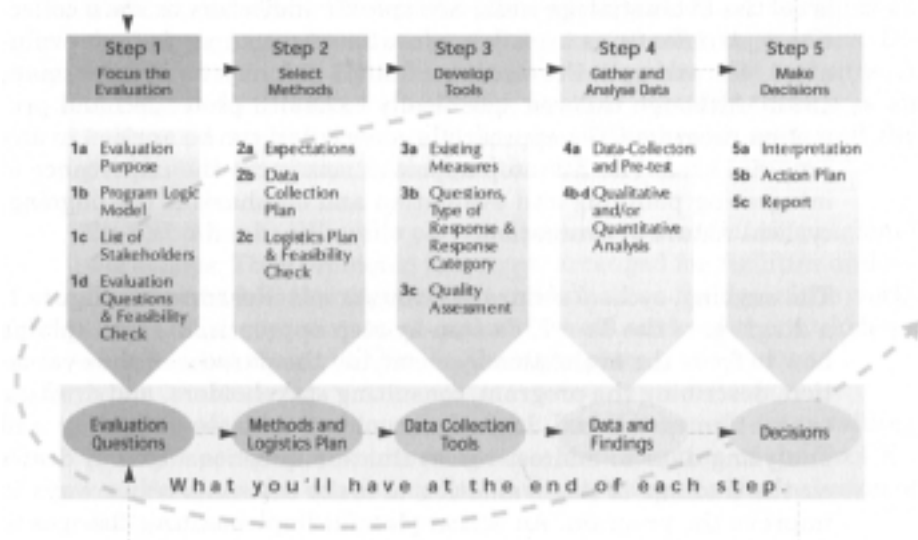
The ongoing, cyclical nature of evaluation is illustrated in Figure 1, a diagram of the Tool Kit's step-by-step approach. Step 1 explains how to focus the evaluation by clarifying the purpose of the evaluation, describing the program, consulting stakeholders, and drafting evaluation questions. Steps 2 through 4 address collecting and analyzing data to address the evaluation questions. Step 5 draws on the findings of the evaluation to make decisions about ways to improve the program. An action plan for implementing changes to

the program is a key activity in Step 5. As options for reshaping a program are explored, program teams must return to Step 1.

Worksheets are included in each step to help to guide the evaluation process. Information from one worksheet comes from another, reinforcing the notion that each step of the process must be completed before moving onto the next. In each step, sample worksheets are completed for the evaluation of a parenting program, which serves as an example throughout the Tool Kit. Completed worksheets are included in the body of each step and then are repeated in an appendix for easy reference. Blank worksheets are included in both hard copy and electronically (in Word and WordPerfect on a 3.5" diskette).

Program managers and staff are encouraged to complete the Step 1 worksheets before consulting with an evaluation specialist. This validates the program expertise of managers and staff and can enrich the consultation experience by helping to clarify the purpose of the evaluation, the information needs of different stakeholders, the description of the program and the evaluation questions. In addi-

Figure 1
The Tool Kit's Approach



tion to guiding the evaluation process, the worksheets also document the evaluation process, especially useful when a formal evaluation report is not required. Worksheets can be easily shared with colleagues from different health units working in similar program areas. It is hoped this will contribute to a growing archive of lessons learned across the public health system.

Figures 2 and 3 are examples of Tool Kit worksheets which guide the construction of a program logic model. The program logic model is an extremely useful tool for illustrating how planning and evaluation go hand in hand.

Traditionally, program logic models have been developed by evaluators, not program teams. As Montague (1997) argues, it is important to “bring the logic model to the manager” as a tool to help uncover assumptions behind the program by fleshing out program theory. There is no absolutely right or wrong depiction of a program, although some are clearly more theoretically sound than others. The workshop challenges managers and program staff to question the logic behind their programs and to substantiate a program’s underlying cause-and-effect relationships with evidence from the literature.

There is no right or wrong place to start putting together a logic model. Where to start often depends on one’s involvement and perspective on the program. Program staff often find it easiest to start with activities and target groups; managers generally prefer to begin by mapping out the desired outcomes of the program. Or, decisions about where to start may hinge on the developmental stage of

Figure 2
CAT Worksheet

Components	Activities	Target Groups
What are the main sets of activities?	What things are done? What services are delivered?	For whom are activities designed?

Figure 3
SOLO Worksheet

What is the direction of change (↑ or ↓)?	What is the program intending to change?	Is it short-term or long-term?	Which components contribute to this outcome?
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a program. Starting with outcomes may be more appropriate for new programs, whereas beginning with activities might be easier for existing programs.

The worksheets reinforce the “start where it’s easiest” motto by breaking the process down into two distinct steps. The CAT worksheet focuses on the Components, Activities and Target groups of a program. The SOLO worksheet deals with the Short-term Outcomes and Long-term Outcomes. With this approach, program teams can brainstorm as a group or work individually to rough out the key elements of a program without worrying right away about the precise nature and sequence of linkages among the various elements of the program. Once there is agreement on the basic elements, program teams can begin sketching the logic model. “Post-it” notes and flip chart paper or a white board can help program teams make the leap from worksheets to a complete picture of the program. This technique allows program teams to easily see and discuss different versions of a logic model.

The logic model reflects the program team’s conceptualization of the program. It is fascinating to see, time and time again, the different versions of logic models that result when small groups of workshop participants are presented with the same written program description as a case study.

The flexibility of the logic model is a major part of this tool’s appeal. Logic models can be drawn at a very high level, say for the entire public health program of a health unit, or at a very micro-project level. Program staff desire to see how they fit into the bigger picture and how their work contributes to achieving the goals of the health unit as a whole.

MAXIMIZING ADULT LEARNING

Special consideration was given to the adult learner in the design of both the self-directed learning package and the accompanying workshop by applying knowledge about the characteristics of adult learners and the learning process.

Self-directed Learning Resource

The challenge was to develop a self-directed learning resource that would appeal to a variety of adult learners and build learner confi-

dence without the ongoing aid of a trainer or facilitator. This was accomplished by:

- recognizing concerns;
- being relevant;
- making the resource clear and easy to read;
- structuring modules in a consistent way;
- providing actual tools such as worksheets and checklists;
- keeping it simple; and
- sharing practical tips.

Since adults are typically overworked and tired, the first section of the Tool Kit acknowledges that managers work with real constraints. Concerns about the money, time, and expertise required to evaluate programs are acknowledged upfront. There is reassurance that evaluation doesn't have to be expensive, evaluation doesn't have to take forever, and you will be able to understand the evaluation process as presented in the Tool Kit.

Concerns about the relevance of learning resources are also acknowledged at the outset. The Tool Kit tries to engage learners by reassuring them of the relevance of the resource, in terms of both its purpose and content. Using such a resource is relevant to managers' daily work demands because it is designed to help them make better decisions about their programs. In terms of content, the relevance of examples used throughout the Tool Kit is highlighted. Since adult learners need to identify with real-life experience, the program examples used to illustrate the evaluation process are typical of many public health programs and are, in fact, actual programs.

The design, layout, style, and format of the Tool Kit reflect the need for clarity and ease of reading. Piskurich (1993) warns that "many self-directed learning packages fail the utility test not because they haven't been analyzed, objectivized, or even chunked properly, but simply because they are too daunting to read." Within each module, design features are attractive but minimal, and text and graphics are well spaced. Pages are laid out with ample white space to avoid overwhelming readers with densely packed text and graphics. Some text is shaded or placed in tables or boxes to facilitate "at-a-glance" reading. Text is written in plain language, with as little evaluation jargon as possible. The Tool Kit is written in an informal style, as it is intended to speak directly to the reader through the use of "you" rather than "one" or a plural equivalent. Each step of the five-step approach is numbered and printed on different-coloured paper for

easy reference. A colour-coded diagram (see Figure 1) illustrates the entire evaluation process. The Tool Kit is presented in a three-ring binder, so that future modules or workshop notes and handouts can easily be added.

All modules are structured in a similar way and contain common elements. For example, each step begins with either three or four intended learning outcomes. These learning outcomes illustrate what material will be covered and help break down the information into manageable portions. By providing intended learning outcomes, “anxiety or uncertainty about what it is that you really need to know is put to rest” (Piskurich, 1993). At the end of each step, important content is summarized in a “Key Points” section and learners are invited to test their knowledge retention with the “Quiz Yourself” section. Throughout the modules, suggestions for further reading are provided, and each module ends with a reference list. This helps validate the Tool Kit’s information and also provides the learners with direction if they wish to read and learn more about a specific topic.

As mentioned in the previous section, one of the main features of the resource is the worksheets which are presented in hard copy and on diskette. The worksheets are strategically placed and are designed to help the learner identify and record specific information in order to advance to the next step in the evaluation process. This feature is a crucial part of “chunking” or managing the amount and categorization of information. Once completed, the worksheets are effective recording tools and may satisfy the need to document the evaluation history of the program.

Practical tips are shared for keeping the evaluation process as simple as possible. Tips included the following: tie the evaluation questions to the developmental stage of the program; narrow the scope of the evaluation to the “need to know” questions rather than the “nice to know” questions; set realistic expectations; think first about using existing data and data collection tools (often, staff logs and attendance sheets are viewed only as operational tools rather than as potential sources of evaluative data); and use the Tool Kit worksheets to document the evaluation process and findings.

Although evaluators may criticize it for oversimplifying a sometimes complex process, practitioners continue to tout the Tool Kit’s simplicity as its most attractive and valued feature. Simplicity does not equate to lack of rigor. Appropriate designs for outcome evaluation

are discussed, and participants are alerted to the importance of adequate sample sizes and response rates.⁴

Workshop

A series of regional workshops was offered to introduce managers and program staff to the mechanics and features of the self-directed learning resource and to convince them to follow the suggested sequence and to use the tools provided. The workshops were also intended to put participants at ease by answering questions and to begin to improve their knowledge and skills in evaluation.

The regional workshops were not compulsory. Program managers interested in learning more and enhancing their skills volunteered to attend. Health unit senior managers and program staff involved in evaluating their programs were also encouraged to attend. Feedback from over 500 workshop participants has been resoundingly positive.

A variety of factors may help explain the success of the workshops. These include the use of:

- different formats to appeal to different learning styles;
- memory aids;
- examples;
- humour; and
- activities to encourage participation.

The Tool Kit workshop is designed to appeal to a variety of learning styles. Included is a mix of large-group discussions, small-group case-study exercises, and individual activities, in addition to lecture-style presentation. The workshop follows the flow of the Tool Kit binder, which each participant receives, and main points are highlighted in a multimedia presentation. Breaks are frequent and jujubes and jellybeans are in abundance to help ward off after-lunch drowsiness and mid-afternoon drifting. There is ample time for questions throughout the workshop, and participants are encouraged to share their own examples and anecdotes, which helps validate participants' own knowledge and experience. Each participant receives a certificate of achievement upon completion of the workshop.

Memory aids are used to help participants recall important aspects in the evaluation process, such as a singing feline for elements of

the logic model (CAT SOLO), and the SMART test (Specific, Measurable, Actionable, Relevant and Timely) for assessing the feasibility of evaluation questions and program expectations. Interestingly, the facilitators were tempted to underplay or remove the CAT SOLO mnemonic, fearing it would be deemed “too cutesy” or patronizing. Ironically, participants latched onto this catch-phrase with many participants referring to the evaluation workshops as the CAT SOLO workshops.

Like the program examples used in the self-directed learning resource, illustrative examples and anecdotes used in the workshops are drawn from different types of programs relevant to different types of public health practitioners. For instance, one large-group discussion revolves around a multi-strategy tobacco use prevention intervention. This program example was selected because it includes enforcement, health education, and advocacy components which are familiar to a variety of practitioners working in different program areas.

Humor is another key workshop ingredient. Cartoons and comic strips, silly sounds in the multimedia presentation, and friendly banter back and forth between co-facilitators help dispel the myth that evaluations (and evaluators!) are tediously boring. The only homework assignment during the day-and-a-half workshop is a joke contest. Participants are asked to answer questions such as “why did the evaluator cross the road?” and “how many program managers does it take to change a light bulb?” Some responses elicit roars of laughter. Not only does this “homework” lighten the atmosphere during the workshop, it motivates participants to think and talk about program evaluation outside the formal workshop agenda. It also allows participants to gently poke fun at evaluation and evaluators.

Active participation is built into the workshop. Exercise bands and upbeat music are a novel twist for the stretch breaks (no pun intended), one of which included a “name that tune” contest (the tune, by the way, was the Logical Song by Supertramp (Davies, 1979) — a recognizable chorus that nicely followed the section on program logic models). Much coveted prizes are awarded for this contest and others throughout the workshop. Toys from the “Cool Tools” series tie in with the Tool Kit theme and participants spontaneously make the connection between the prizes and program evaluation — a screw driver or wrench for fine-tuning the program, a hammer for major program renovations or overhauls, a measuring tape for monitoring progress, and a saw for cutting program components. “Show me your tool” quickly became the unofficial workshop slogan!

PLANNING NEXT STEPS

The Tool Kit is by no means perfect. The extremely positive feedback from public health practitioners across the province, however, suggests that although the authors see room for improvement, the Tool Kit is a useful tool to help managers and program teams begin to enhance their capacity to evaluate their own programs. Over 400 public health workers have participated in the Tool Kit workshop and about 1200 Tool Kits had been distributed at the time of submission of this article (November 1998).

The authors believe the early success of the Tool Kit initiative can be attributed a number of factors: the careful assessment of what was needed to help managers and staff incorporate more evaluation into the planning and implementation of their programs, the shared values upon which the Tool Kit was based, the diversity of perspectives that contributed to the Tool Kit's development, the emphasis on the integration of planning and evaluation into routine program management, and the efforts to respect the needs of adult learners.

The development of the Tool Kit and the delivery of regional workshops are just the first step in enhancing the capacity of public health managers and staff to evaluate their own programs. There remains a need for additional training. Follow-up feedback from workshop participants and users of the stand-alone resource should be solicited to assess the Tool Kit's usefulness to help guide the continued development and expansion of the Program Evaluation Tool Kit. The original proposal for the initiative also contained plans to: translate the Tool Kit into French, create a self-directed multimedia learning package based on the Program Evaluation Tool Kit which would include specific indicators and data collection instruments for key program areas, and expand the Blueprint for Public Health Management series with the production of a Program Planning Tool Kit. *The Benchmarking Tool Kit: A Blueprint for Public Health Management* was developed and disseminated in Fall 1998 (Sales & Stewart, 1998).

There is work to be done on the facilitation front as well. To facilitate the internalization of evaluation as part of program management, linkages must be made between evaluation and other program improvement initiatives such as the learning organization, reflective practice, performance measurement and benchmarking, as well as the Ministry of Health's monitoring of mandatory program requirements and standards. Correspondence from the Ministry of Health, from the teaching health units involved in various quality-

improvement initiatives, and the Public Health & Epidemiology Report Ontario should reinforce the interrelatedness of these initiatives.

There is a need for continued advocacy for adequate access to technical assistance for managers and staff evaluating their own programs. Ideally, each health unit will have an evaluation specialist on staff for consultation, ongoing education, and support. Managers and staff must be given the time, resources, and support to continue to enhance their evaluation capacity. The expectations of funders and senior health unit managers for evaluative information should be consistent with the developmental stage of evaluation capacity in public health in Ontario.

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NOTES

1. Such as the Association of Public Health Epidemiologists in Ontario, Ontario Society of Nutrition Professionals in Public Health, Ontario Branch of the Canadian Institute of Public Health Inspectors, Health Promotion Ontario, Ontario Society of Public Health Dentists, and Association of Nursing Directors and Supervisors in Official Ontario Health Agencies.
2. Such as Alcohol Policy Network and Ontario Tobacco Strategy Steering Group.
3. Such as health information partnerships, system-linked research units, and academic health science faculty associated with health units through the Teaching Health Unit program.
4. Also introduced in the workshops is the notion of balancing the trade-offs in rigor and feasibility when faced with decisions about which evaluation methods should be employed.

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