

Annual Evaluation Report

Example Content

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Annual Evaluation Report

Example Content

Annual Evaluation reports prepared by First 5 county commissions should describe how commissions monitor and evaluate programs identified in their strategic plans. The report should present findings, conclusions, and recommendations from one or more evaluations, including recommendations for how evaluation results can be used to guide program improvements and decision-making.

First 5 California provides the following example content to support county commissions in preparing an annual evaluation report. The first three sections (Overview, Research and Evaluation, and Graphs) describe the type of information that should be included in an Annual Evaluation report. The last section provides an example of a sample program evaluation.

Overview

In preparing the overview (a concise summary of the previous year), you may want to include:

- Demographic information about the county population as a reference point
 - Population of children ages 0 to 5
 - County-wide trends and indicators of family and child well-being (e.g., median income, unemployment rate, enrollment rates for WIC, CalFresh Program, health insurance coverage, etc.)
- Demographic information about the clients served (age, race/ethnicity, community of residence, etc.)
- Total number of clients served (children, parent/caregiver, educators, child care providers)
- Number or percent of clients served in each program
- Key findings for each program (e.g., a 42 percent reduction in the number of disruptive behavior after the implementation of the program)

Programs and Evaluation

Detailed information should be provided for **each** program or strategy.

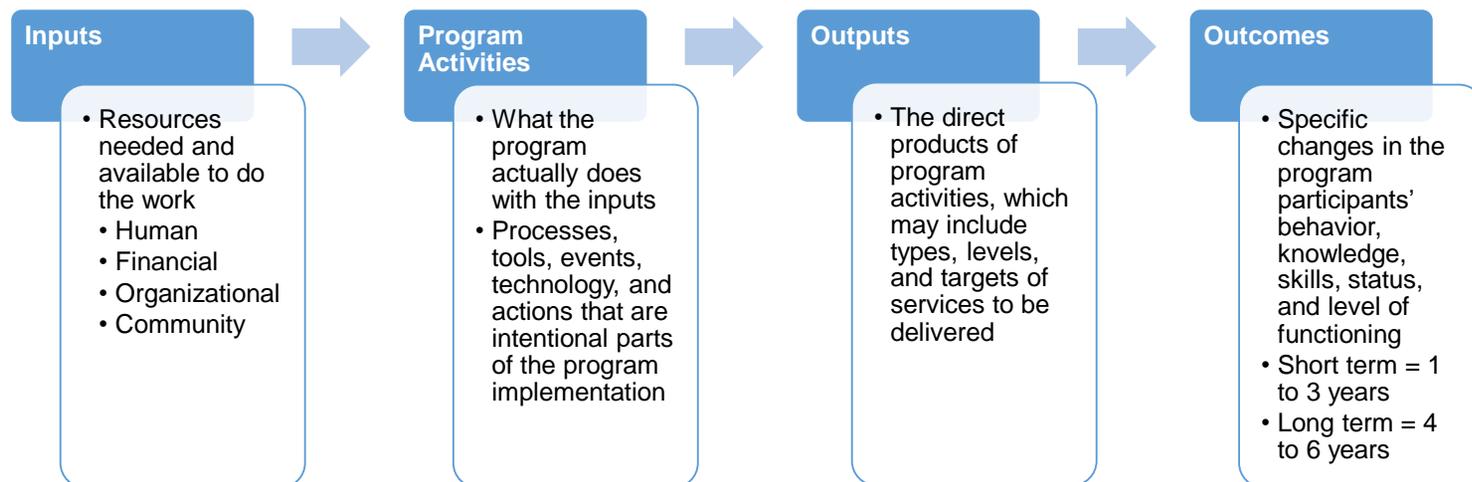
Description of the Program

You should include the following in the description of the program:

- Narrative in the form of a logic model or written text (a sample logic model template with descriptions of each component is included on page 5)
- Program objective
- Inputs
- Program activities
- Outputs
- Expected outcomes

Example of a Basic Logic Model

Program objective: To provide an overview of the various components of a logic model



Source: W. K. Kellogg Foundation. (2004). Logic Model Development Guide. Retrieved September 7, 2016. <http://www.smartgivers.org/uploads/logicmodelguidepdf.pdf>

Note: The above example is a basic logic model. More complex models may include additional components, levels, strengths, etc. Additional information on logic models is available on the First 5 California website under [Evaluation Toolkit](#).

Evaluation Plan and Findings

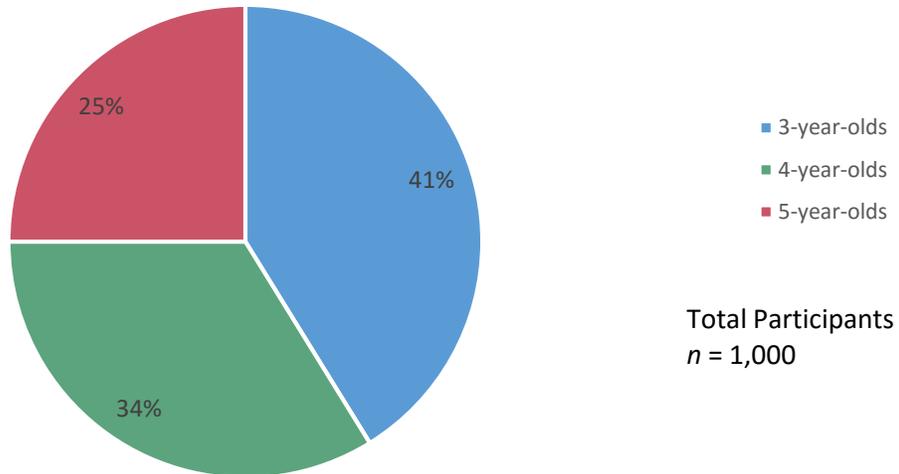
- Research question(s)/desired outcome(s)
 - This can be addressed either through a research question (e.g., Does a smaller teacher-student ratio result in fewer problem behaviors?) or a desired outcome statement (e.g., A smaller teacher-student ratio will result in fewer problem behaviors.)
- Evaluation measures/data sources
 - The measure(s) used to determine whether the desired outcome was achieved
 - This may include surveys, developmental assessments (e.g., DRDP), health measures, etc.
- Findings
 - Analysis method/how data were analyzed
 - The specific quantitative data (e.g., number of months breastfed) or qualitative information (e.g., parent written feedback – “This information has helped me become a better parent.”)
 - This may include responses on a survey, changes in scores between pre- and post-program implementation, etc.
- Conclusions
 - Was the program effective at achieving the stated outcome(s)?
- Description of how the findings were used to improve the quality of existing programs and future funding considerations
 - If the desired outcomes are achieved, what will you do?
 - Maintain or expand the program
 - If the desired outcomes were not achieved, what will you do?
 - Terminate or make changes to the program

Examples of Graphs

- Graphs can be a useful tool providing information that can be quickly interpreted
- Graphs should not be too complex or “busy”
- Provide a brief narrative for each graph, when needed
 - Example 1: Pie Graph
 - A pie graph is used for representing proportions
 - Helpful to include a note on the total number represented by the proportions
 - Example 2: Bar Graph
 - A bar graph (vertical or horizontal) - is used for proportions or data within categories (e.g., pretest and posttest scores)
 - Easy to read, additional information not found in the graph is provided in a narrative
 - Example 3: Line Graph
 - A line graph is used when there are multiple data points (usually a minimum of 3) for the same measure (e.g., changes in scores on the DRDP over time)
 - More complex
 - Narrative provides additional information not found in the graph to explain the changes observed in the graph
- For additional information on these or other types of graphs, go to First 5 California’s website under Evaluation, [Evaluation Toolkit](#).

Example 1: Pie Graph

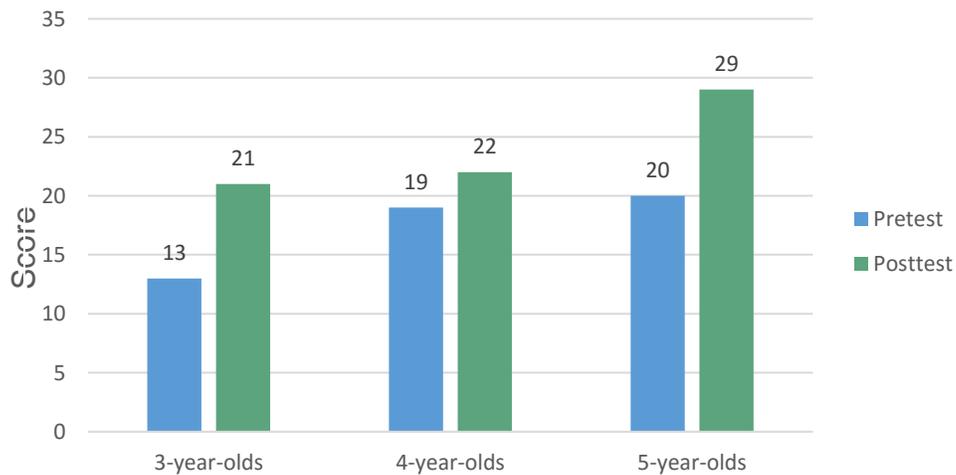
Distribution of Dental Screenings by Age



Sample narrative: Among 1,000 program participants, 3-year-olds comprised the largest proportion (41%). Only 25% of participants were 5-year-olds.

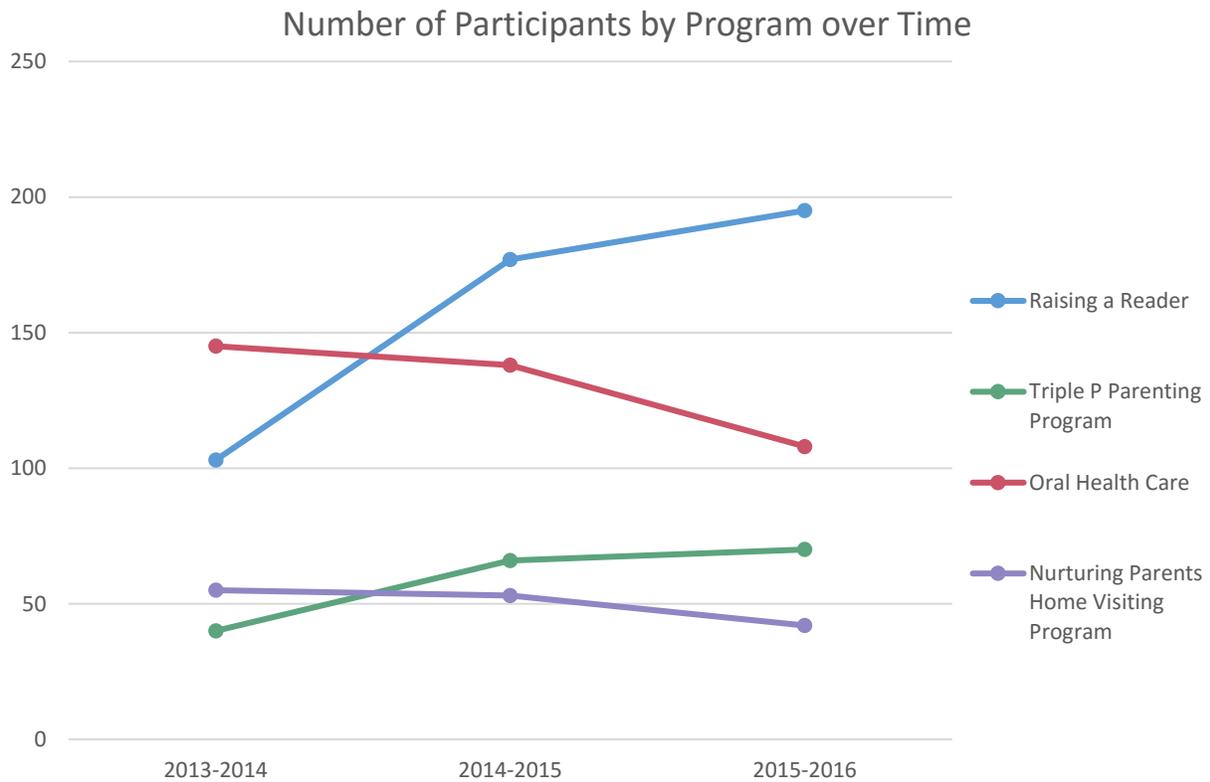
Example 2: Bar Graph

Pretest and Posttest Scores by Age



Sample narrative: The largest gains were observed in 3- and 5-year-old children. The increase in scores for the 4-year-olds were small, although this may be due to the pretest scores being higher than would be expected.

Example 3: Line Graph



Sample narrative:

- There has been a substantial increase in the number of children participating in the Raising a Reader program over the past three years, as a result of expanding the program to additional sites.
- An increase also was observed in the number of parents participating in Triple P. This may be a result of expanding the program to include courses in Spanish.
- There has been a decrease in the number of children receiving oral health care. This decrease is likely the result of fewer dentists volunteering their time and services.
- There also was a slight decrease in the number of families that participated in the home visiting program.

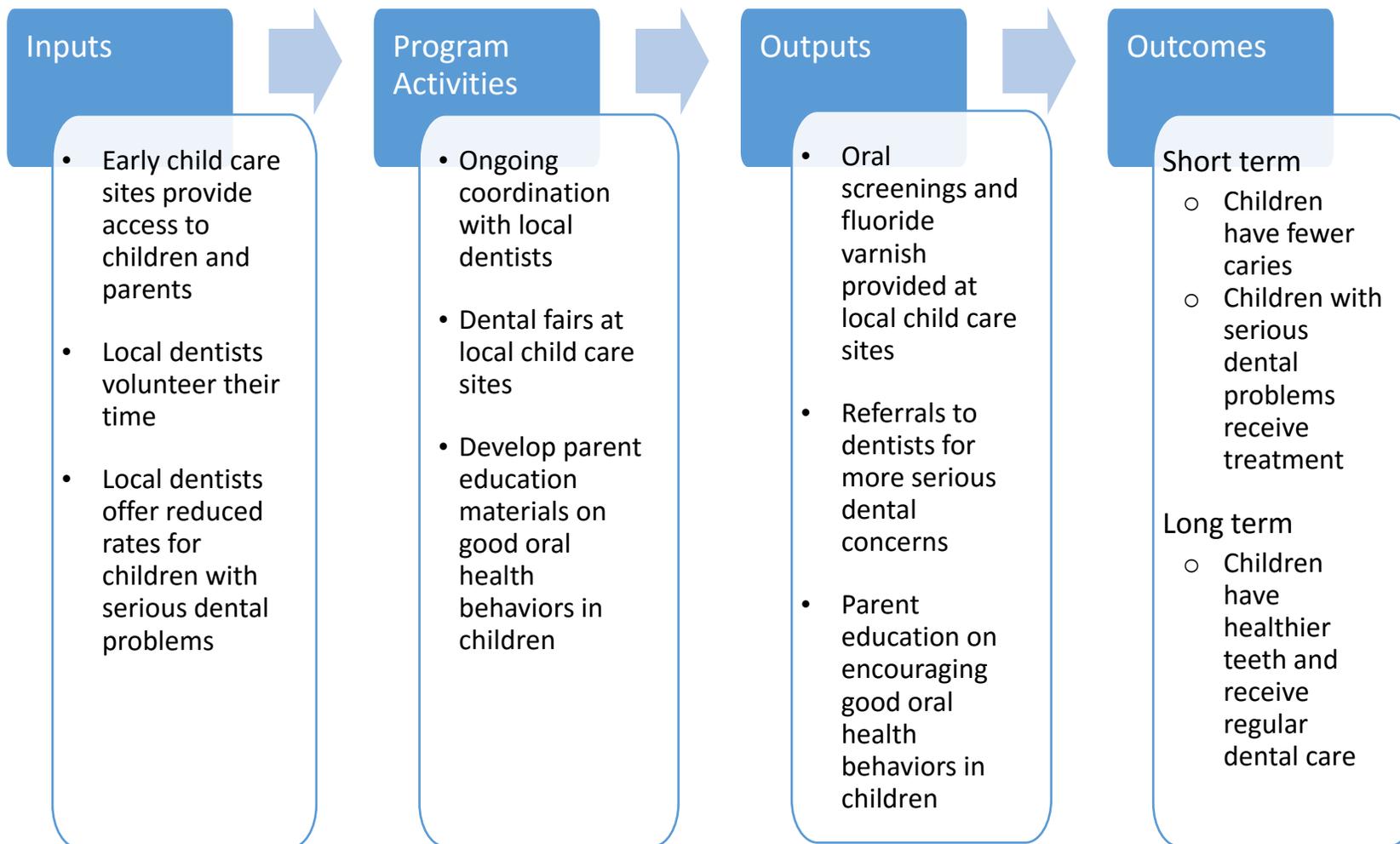
Sample Program Evaluation

Oral Health Care Program Description

Over the last ten years, Any County invested \$500,000 on oral health for children ages 0 to 5. The oral health program is a long-standing program designed to meet the needs of children within the county. Approximately 30 percent of children between the ages of 0 to 5 receive state-funded dental insurance. However, there are only two dentists in the county who participate in this program, both of which are located in Anytown. For rural residents, distance often precludes them from receiving regular dental services. This program allows children to receive dental screenings and fluoride treatments they may not otherwise receive. Children identified as needing additional dental services for caries or other urgent conditions received a referral. Oral health care information also is given to parents. Ten years of data demonstrates the short term and long term benefits of the program.

Logic Model for Oral Health Program

Program objective: To provide oral health care services to children 0 to 5 years of age and reduce the number of children with caries.



Evaluation Plan and Findings

Research questions:

- What percent of children between the ages of 3 and 5 years have caries?
- Has receipt of oral health care screenings and topical fluoride treatments, provided by the oral health care program, resulted in a long-term decrease in the occurrence of caries for children?

Evaluation measures

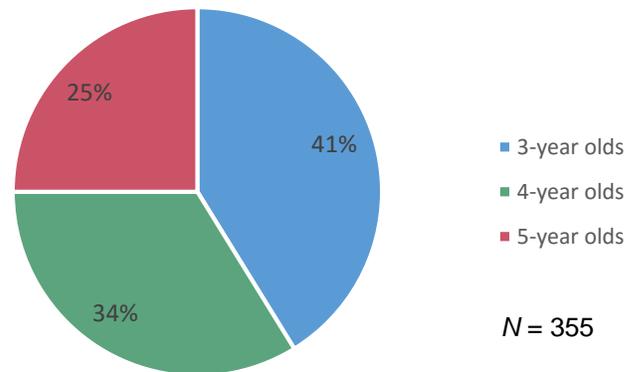
- The number of 3- to 5-year-old children who receive an oral health care screening
- The number of 3- to 5-year-old children who receive a topical fluoride treatment
- The percent of children with caries
- The percent of children with more advanced, urgent dental needs

2014—2015 Findings

Participation Rates:

- 11 community-based child care sites participated in the oral health care program
- 284 3- and 4-year-old children received oral health screenings
- 247 3- and 4-year old children received topical fluoride treatments
- 71 5-year-old children received oral health screenings
- 68 5-year-old children received topical fluoride treatments.
- Based on county child population:
 - 63 percent of the population of 3- and 4-year-old children received oral health screenings
 - 54 percent of the population of 3- and 4-year-old children received topical fluoride treatments

Distribution of Dental Screenings by Age

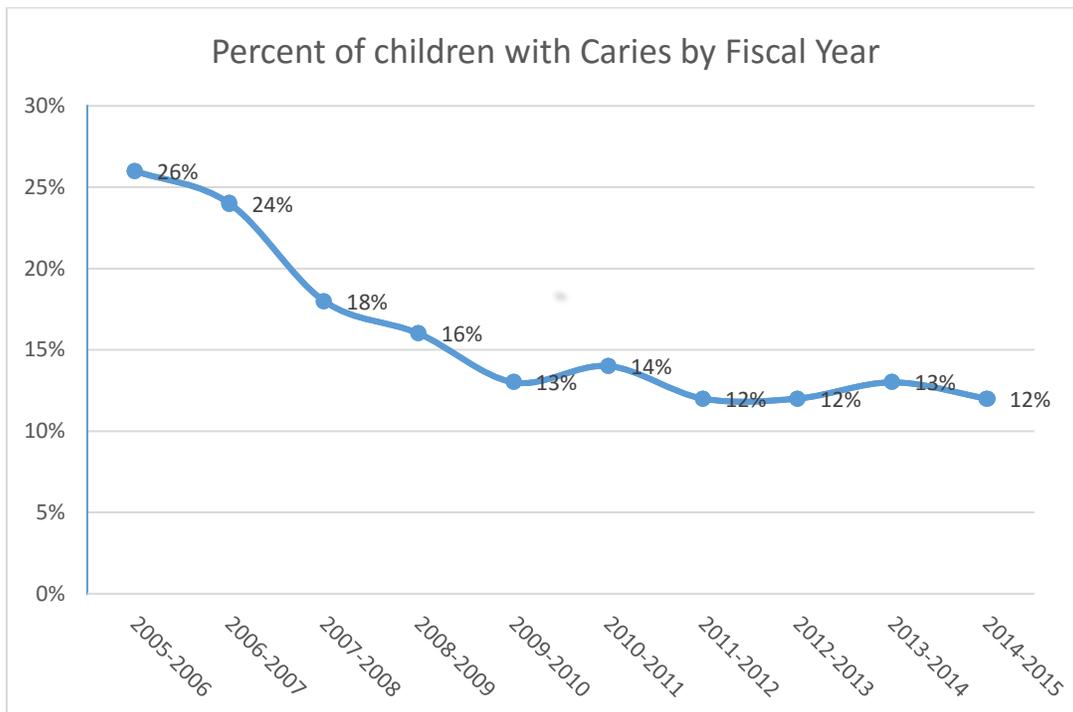


Status of Teeth:

- 12 percent of children had caries at intake
- Urgent dental need was identified in 2 percent of children
- Of children referred, 92 percent had received follow-up care within 6 months of the referral

Changes in Oral Health Care over Time:

- The percent of children with caries since implementation (2005 – 2006) has dropped
- Lower rates have persisted over time



Conclusions

The Oral Health Care Program continues to succeed at achieving both short-term and long-term goals. The percent of children with caries has remained stable over the past six years of the program after a decline of over 10 percent during the first four years of the program. Additionally, 92 percent of children who were referred for additional dental services followed through with the referral. In the next fiscal year, the program will be expanded to include all kindergarten classes within the county, providing dental screenings to almost 100 percent of 5-year-old children.