

414LIFE Program Evaluation Plan

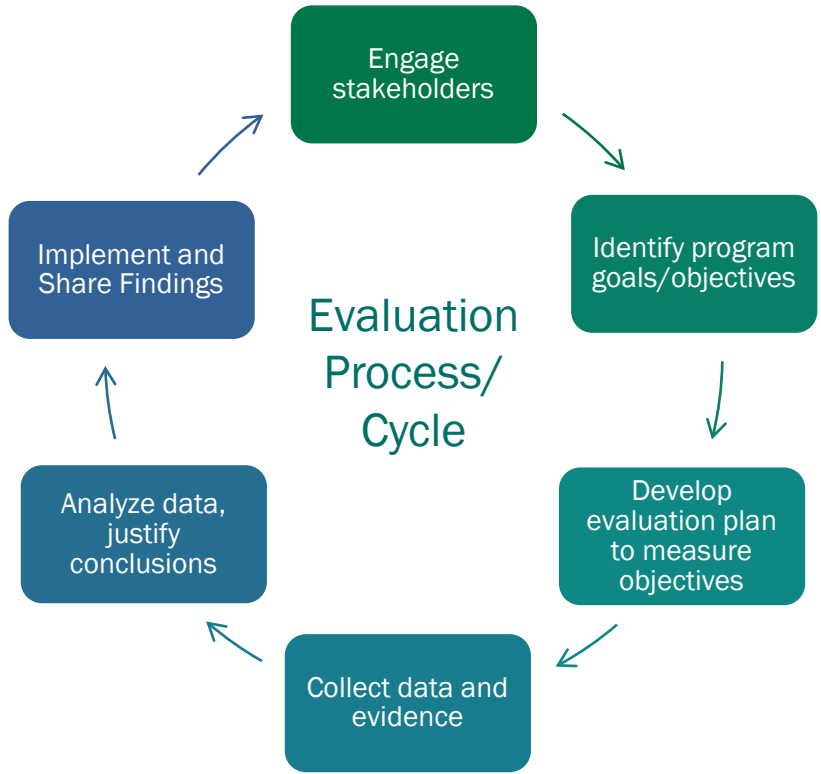
For 2019-2021 with Draft Plan for 2022-2025

Constance Kostelac, PhD, MS
Assistant Professor
Director, Division of Data Surveillance and Informatics
Comprehensive Injury Center
Medical College of Wisconsin

Carissa Tomas, PhD
Assistant Professor
Data Scientist
Comprehensive Injury Center
Medical College of Wisconsin



Evaluation Overview



Purpose and types of evaluation

Process	<i>How was the program implemented and was it implemented as intended?</i> <i>Is the program adhering to standards and evidence-based practices?</i>
Outcome	<i>Is the program effective in meeting the stated goals/objectives?</i> <i>Is the program having the intended outcomes for the target area or population?</i>
Impact	<i>Is the program meeting its long-term goals?</i>

Adapted from: [Centers for Disease Control and Prevention \(CDC\), Framework for program evaluation in public health, MMWR 1999;48](#)
[CDC STD Program Management and Evaluation Tools: Types of Evaluation](#)



Evaluation Components

Logic Model

Program inputs, activities, outputs, outcomes

Visual to demonstrate the relationship between the various project components

Evaluation ?'s

Questions that guide the evaluation

What the evaluation is designed to address

Indicators

Measures to address evaluation questions

Indicators can be used to measure inputs, process (activities, outputs) and outcomes

Quantitative or qualitative

Targets

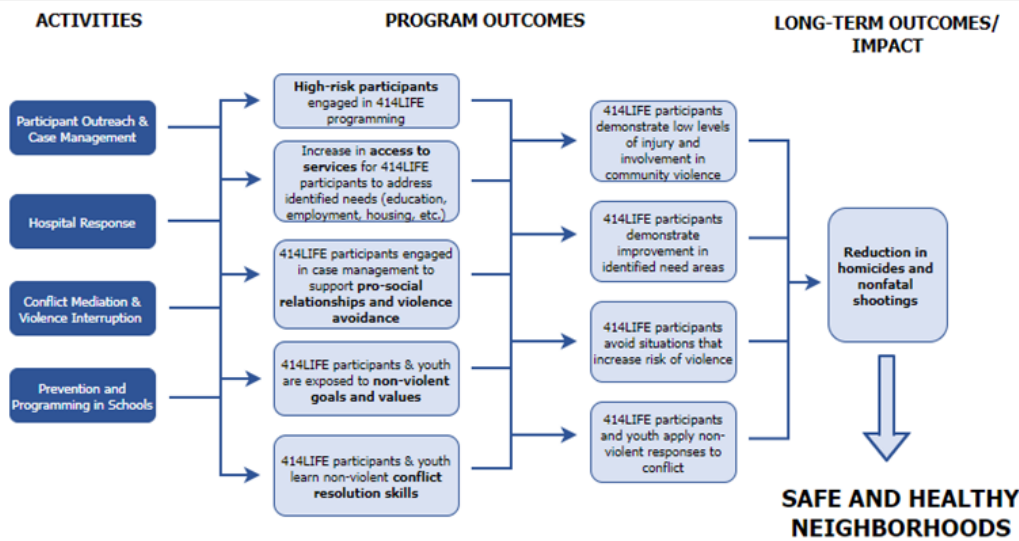
Specific value or level for an indicator

Preferable to have a baseline to establish a target

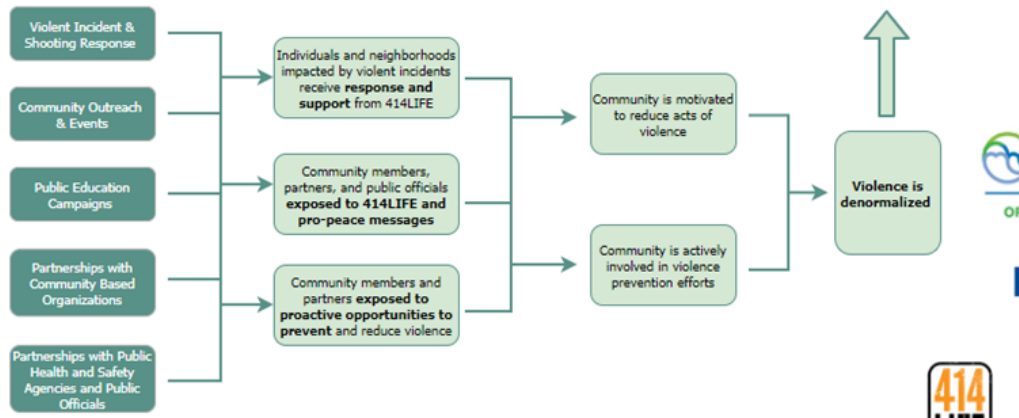
Targets may need to adjust after a baseline is set

Overall 414LIFE Program Logic Model

INDIVIDUAL BEHAVIOR CHANGE



COMMUNITY NORM CHANGE



Adapted from: Butts, J., Roman, C., Botswick, L., and Porter, J. (2015). *Cure Violence: A Public Health Model to Reduce Gun Violence*. Annual Review of Public Health 36: 39-53. Downloaded from pubhealth.annualreviews.org.

Plan Overview

- Annual evaluation
 - Both process and outcome measures as appropriate
 - Adjustments to targets and measures as baseline data is established and based on what is learned or modified from each evaluation period
- Separate focus for community- and hospital-based parts of the program
- Carried out by the Division of Data Surveillance and Informatics (DDSI)
 - Separate from program operations
 - Hiring evaluator and data team members to support evaluation work

Evaluation Questions and Primary Input and Output Indicators

How was the 414LIFE program implemented in Milwaukee?

What was the reach of the program, including by geographic area and target population?

Community-Based

and location of mediations

and location of hours spent canvassing

of participants entering the program for case management

of participants with identified needs and goals by type

of and location of violent incidents

of workshops and students attending in schools

Both

Funding and # of staff by type

Staff trained and content/delivery of trainings

Barriers and facilitators to implementation

Hospital-Based

of referrals and referral source

Location of injury for program participants

Level of engagement for participant and family/loved ones

Average # hours per case

of participants issues or needs by type

Involvement in TQOL or with Community-Based team

Note: Indicators that are underlined are planned starting in Phase I. All other indicators are planned for later phases of the evaluation. List is not all inclusive.

Evaluation Questions and Primary Indicators for Community-Based Program Outcomes

Did the mediation/interruption activities demonstrate successful outcomes to potentially violent or retaliatory situations?

- % of mediations resolved or conditionally resolved after initial or follow-up contact

Did the program reach high-risk individuals as intended and assist in addressing their goals and needs?

- % of participants assessed as high-risk; Change in risk level prior to discharge
- % of participant goals completed by type

Did program participants avoid situations involving violence after program participation?

- % of participants recorded as being victims of gun violence
- % of participants arrested/charged for involvement in violence
- % of participants indicating they avoided situations or applied non-violent responses to conflict

Did community members in the target areas demonstrate an understanding a commitment to violence prevention after program implementation?

- % of community members demonstrating a motivation to reduce acts of violence
- % of community members indicating they are actively involved in violence prevention

Did the target areas demonstrate a reduction in homicides and nonfatal shootings after program implementation?

- Target areas demonstrated a more significant reduction in homicides and nonfatal shootings than matched comparison areas

Evaluation Questions and Primary Indicators for Hospital-Based Program Outcomes

Did the program reach high-risk individuals as intended and assist in addressing their goals and needs?

- # of participants meeting program eligibility criteria
- # of resources or referrals provided to participants to address identified issues or needs by type
- % of identified needs where resources or referrals were offered to participants
- % of identified needs resolved by type
- % of participants who indicated they had improvements in SDoH
- % of participants with identified needs referred to substance use or mental health resources

Did program participants demonstrate significantly lower levels of reinjury and involvement in violence after program participation?

- % of participants reinjured due to gun violence after program participation
- % of participants arrested or charged for violent offenses after start of program participation

Evaluation Plan Phases and Timeline

Community

Phase I

- Initial feasibility & implementation
- Process evaluation
- Program period: Jan 2019-Jul 2021
- Target date: Dec 2022

Phase II

- Process and initial outcomes
- Program period: Aug 2021-Jul 2022 with min 1 year follow-up
- Target date: Dec 2023

Phase III-IV

- Process and outcomes
- Program period: Aug 2022-Jul 2023/2024 with 1-2+ year follow-up
- Target date: Dec 2024/Dec 2025

Hospital

Phase I

- Process and initial outcomes
- Program period: May 2019-Apr 2021 with min 1 year follow-up
- Target date: Nov 2022

Phase II

- Process and outcomes
- Program period: May 2021-Apr 2022 with 1-2 year follow-up
- Target date: Nov 2023

Phase III-IV

- Process and outcomes
- Program period: May 2022-Apr 2023/2024 with 1-3+ year follow-up
- Target date: Nov 2024/Dec 2025

Important Considerations

- Phase I Evaluation for Community-Based Program:
 - Focus on process and program outputs for feasibility phase
 - Understand implementation, reach with target population, geographic distribution of outreach, mediations
- Phase I Evaluation for Hospital Program:
 - Focus on process, program outputs, and initial outcomes for program
- Evaluation will expand in later phases:
 - Transition to new Cure Violence database in August 2021
 - Reflect program expansion in 2022
 - Reflect program changes (e.g. focus in 2022 on Old North Milwaukee and Walker's Point)
 - Indicators and targets may be adjusted each year as the evaluation work progresses

Dissemination Plan

The following items are currently planned for dissemination of the evaluation reports:

- Written evaluation report
- Executive summary and/or infographic of key findings
- Presentation of results to key stakeholder groups
- Presentation of results to Milwaukee Common Council

Evaluation findings will be available and accessible to the community and a variety of audiences