Assignment 1

# Objective

You will think critically about a multilevel evaluation.

# Preparation

Read *Evaluation Framework for HIV Prevention and Care Activities in the Enhanced Comprehensive HIV Prevention Planning Project, 2010-2013*, assigned in this week’s readings.

# Assignment

Answer these questions based on your current knowledge of evaluation and understanding of the article.

1. Most program evaluations assess a single intervention or program. Briefly explain how this evaluation was different.

* This program evaluated the collective impact of care provided across the 12 highest effected metropolitan areas, rather than a controlled study. They tasked city health departments to design interventions based on their local situations and utilizing aggregate funding from federal, state, local, and private sources. This resulted in 12 unique program models.

1. What were some of the overall Enhanced Comprehensive HIV Prevention Planning (ECHPP) evaluation goals?
   * The overall goals were to assess the 12 sites to understand if ECHPP-program related activities had any effect on client outcomes, such as access to services, and whether these outcomes indicated long-term changes in the local community. Another goal was to understand if this novel method could increase future collaboration and standardization of services.
2. In the “Development of the evaluation framework” section, one of the components was an analysis of local environmental and contextual factors. Why would this be important to include in the evaluation?
   * The target population for treatment may face various political, cultural, financial, geographical, or policy-related barriers to access this care (examples below). Because each location is made up of a unique combination of those factors, it is important to take an intersectional approach to surface different barriers and develop focused interventions.
   * Examples: Psycho-social barriers; culture of ‘shame’ around AIDS; difficulty getting time off work or away from childcare responsibilities to travel & receive treatment; may not own a car or public transport may be inaccessible or time-consuming; political rhetoric engenders dangerous beliefs in people who might do them harm (i.e. hate crimes against LGBTQ+ people); might be under-age and afraid to tell parents; might be elderly and unconcerned with HIV; financial costs (of transportation, substitute childcare, or using ‘sick days’); no available health-care providers who are knowledgeable about treating non-binary people; care is not available in their primary language; they may be undocumented and afraid to receive government services; etc.
   * A lot of states also criminalize or previously criminalized HIV and related activities which would prevent proper treatment.
3. What is process data? What is an example of process data collected for this evaluation?
   * Through routine progress reports, progress data captures the planning, implementation, success, and challenges within the context of the total funds allocated for HIV programs. For example data was collected on condom distributions, and further sorted by target populations when possible. Reviewing data through a project is useful to determine is the program is working as intended and is appropriate for the population.
4. What is outcome data? What is an example of outcome data collected for this evaluation?
   * Outcome data is collected between intervals or at the end of a program to measure success against the final goals and to determine future policy and funding decisions. The program decided to take the percentage of participants who engaged in a prevention activity (free condoms, risk-reduction, STD screening) as one measure of success.
5. What is impact data? What is an example of impact data collected for this evaluation?
   * Impact data measures the effectiveness in meeting the programs objectives based on how individuals are responding. Some of the impact data collected measured incidence of new HIV diagnoses, positive diagnoses with medical care, and estimate infected but unreported.
6. Is this evaluation primarily quantitative, qualitative or a mixture of both? Briefly explain your response.
   * The program primarily evaluates success based on quantitative responses. The responses for many questions can be classified into discrete categories (i.e. positive or not, engaged in risk-reduction or not) that can be further computed. I didn’t see any questions regarding the quality of care, or patient evaluations of health-providers and their programs.
7. What is an example of quantitative (i.e., numerical) data collected for this evaluation?
   * The infection rate for HIV is an important quantitative indicator. However, since this study spans multiple years, it’s also important to consider what methods were used to collect the data. Did multiple clinics close or open during the time period? How do we know if and increase/decrease is related to the actual rate and not just more/less people coming to the clinic? For some of the measures, it’s also unclear to me how return individuals are counted. For example, if one person returns for condoms 5x and takes different amounts each time, how is that differentiated between five different people taking 1 condom each? Or one person participating in an alcohol-risk program more than once?
8. Briefly describe what the initial analyses indicate.
   * Initial results indicate that the cities increased funding for prevention activities designated by the NHAS goals. Testing in target risk populations increased, diagnoses increased in several areas, and condom distribution increased. However, measurement around receiving and continuing care varied. There is also a lag in the evaluation timeline and certain outcomes may only be seen in the long-run.
9. One big difference between research and evaluation is that evaluation is stakeholder-focused. According to the Center for Disease Control (CDC), “Stakeholders are individuals and organizations that have an interest in or are affected by your evaluation and/or its results.” Who are some potential stakeholders for this evaluation?
   * Any individual affected by HIV/AIDS, in a relationship with someone who has HIV/AIDS, or has care responsibilities for that person is the primary stakeholder. Secondary stakeholders would be state and local health clinics, and finally the federal government (CDC). However, this is an affective hierarchy, and others may organize stakeholders based on their financial investment.