

Welcome to the 2020 Suicide Prevention Coalition Academy Webinar Series:

Today's Webinar Topic: *Next Steps to Evaluating Community Suicide Prevention Programs*

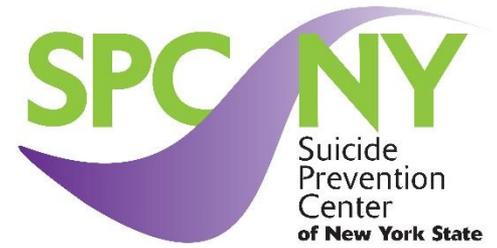
We will get started shortly

Before We Get Started:

- All attendees have been placed in *Listen In* mode
- If you have Questions/Feedback please submit them in the Q&A box
- The webinar is being recorded and will be posted to our website:
<https://www.preventsuicideny.org/communities/>



Office of
Mental Health



Intro to Program Evaluation for Suicide Prevention

Brianna Maher, MPH, *Suicide Prevention Center of NY*

Gabrielle Ferrara, *Suicide Prevention Center of NY*

Outline

- 1) Why is Evaluation Important?
- 2) Evaluation Hierarchy
- 3) Process vs Outcome Evaluation
- 4) Evaluation Questions
- 5) Measurement Tools and Data Collection
 - 1) Surveys and focus groups
- 6) Frameworks for Evaluation
- 7) Tips for evaluating media/ awareness campaigns

Why should you have an evaluation plan?

- Often required for funding
 - If we can't provide "numbers," funding will go elsewhere
 - To justify the need for further funding and support
- "Research seeks to prove, evaluation seeks to improve"
- Evaluation planning should begin during program development for accuracy and a realistic timeline
- Helps identify best possible ways to gather needed information
- Determine what needs to be changed in order to reach goals

Evaluation Hierarchy

In an ideal world...

Assessment of Program Cost & Efficiency

Is the cost of the program reasonable?

Assessment of Program Outcome/Impact

Is the program achieving intended results?

Assessment of Program Process and Impleme

Is the program being implemented well and correctly?

Assessment of Program Design & Theory

What type of program is needed?

Assessment of Need for Program

What is the nature and scope of the program?

Process Evaluation

vs

Outcome/Effectiveness Evaluation

- Is the program being implemented as intended?
 - Begins at time of implementation
 - Did you have the right ingredients (inputs)
 - Did they produce expected outputs?
 - *Theory Failure*
 - Program was implemented well, but still didn't work
 - *Implementation Failure*
 - Process didn't happen as planned
 - Activities didn't produce expected outputs
- Is the program achieving its goals?
 - Begins after target has been exposed to program
 - Measuring effectiveness
 - How and by how much is the program impacting target population?
 - Were observed changes actually made by the program?
 - Costs: *Do the outcomes justify the costs (monetary & nonmonetary)?*

Forming Evaluation Questions

Reasonable (realistic)

Appropriate (relevant)

Answerable (measurable)

- Your measures should answer your evaluation questions

Questions: Process Evaluation

- Are those receiving services the intended targets?
- Are program functions being performed adequately?
- Are participants satisfied with the services they receive?
- Was an educational program delivered consistently to all audiences?
- Did target population actually receive and understand the material?

Questions: Outcome/Efficiency Evaluation

- Is the program achieving the expected outcomes (from logic model)?
- Did the intervention group have improved skills/knowledge/behaviors when compared to comparison group?
- When compared to a similar county without the program, did suicide attempts decrease?
- Is the cost of the program reasonable in relation to the magnitude of its benefits?
- Could alternative approaches be used that would yield similar benefits at lower costs?

Using S.M.A.R.T. Goals and Objectives

Specific, **M**easurable, **A**ction-Oriented, **R**ealistic, **T**ime-Bound

- Can be used to develop “**indicators**” for evaluation
 - Indicators help measure activities (process indicators) and outcomes (outcome indicators)
- Indicators should be clear and specific
- For example,
 - Activity: Providers receive and utilize the assessment toolkit
 - Indicator: 100 providers will be given toolkit. At least 50% of the providers who receive toolkit will report using it.

Designing Your Evaluation

- Use multiple methods: both quantitative & qualitative
 - Observation
 - Interviews or focus groups
 - Knowledge test
- Comparisons are needed – to justify conclusions
 - Comparison group: those not “exposed” to program
 - Individual or system level or geographical
 - Similar to the group receiving program
 - Baseline, Pre & Post, or Time-Series
 - Minimize bias (over- or under-estimates of program impact)

Measurement Tools and Data Collection Strategies

- Surveys, Questionnaires, Tests
- Analysis of health care claims and records
- Observation
- Internal program records
- Staff input
- Focus groups or interviews
- Peer/Expert Reviews
- Reviewing Public Data: WONDER, WISQARS, Dashboard, etc.

Surveys: Why use them?

- Often used by researchers who wish to explain trends or features of large groups
- Way to quickly gather general details about a population of interest to help prepare a more in-depth study
- Generalizable
- Cost-effective
- Versatile

Developing Effective Questions

- Brainstorm and consult literature
- Survey questions are relevant to respondent
 - Respondents have knowledge and experience with whatever events, behaviors, or feelings you are asking them to report
- Avoid confusing questions
 - Do not pose more than one question in the form of a single question
 - Do not use double negatives
- Pretesting on target population to get feedback before administering survey

Designing a Survey

- Organize questions by themes to help survey stay clear and straightforward
- Be brief, to the point, and as clear as possible
- Should be attractive
 - Avoid cramming too much onto one page
 - Leave space between items
 - Make sure all instructions are clear
 - Font should be readable

Focus Groups: Why Use Them?

- Provides direct interaction with and observation of the participants
- Able to record and understand the feelings, attitudes and beliefs that influence the responses of participants
- Information can be gathered more quickly and less costly compared to other methods
- When NOT to use them:
 - Within a research setting with large power differentials

Components of a Focus Group

- Participants
 - 8-12 participants but varies depending on research context
 - Ensure participants have a personal or professional investment in the topic by establishing participant criteria
- Focus Groups
 - Multiple focus groups
 - Four to five are recommended if sole form of data collection
 - Length
 - Between one hour to one and a half depending on the topic
 - Anything more can be exhausting for both participants and facilitators
- Questions
 - Prepare discussion guide
 - Open-ended and conversational in nature
 - Sequence is important and should not be lengthy
 - Use probes to help initiate conversations

Evaluation Frameworks



Rainbow Framework

www.betterevaluation.org

[Compact Version of Framework](#)



Evaluation Frameworks



RE-AIM Model

Potential Threats to Validity

1. Selection

- Target population or sample may have pre-existing characteristics that affect outcomes
- i.e. People who volunteered to take a gatekeeper training may already have some interest and knowledge

2. Attrition

- Outcome changes due to participants dropping out, changes the pre and post test characteristics
- i.e. 100 people took the pre-test, but only people with access to email took the post-test

3. Maturation

- Outcome changes due to processes (often unrelated and natural) occur among the respondents as a result of passage of time
- i.e. Awareness campaign for college students found college seniors were more likely to be aware of the advertised resources. Was this a result of being at the college longer than other groups?

Potential Threats to Validity cont.

4. History

- Outcome changes due to unintended events that occur between pre-test and post-test
- i.e. During the months of September and October, there was an increase in suicide screenings. This may have been a result of Suicide Prevention Awareness Month, and not a result of our screening program

5. Instrumentation

- Outcome changes due to changes of the instrument itself or how it was delivered; differences between the pre- and post-test questions; or differences in the time and location that the tests were distributed
- i.e. The second PSA had 3x as many viewers, but the first one was shown on a Tuesday afternoon and the second was shown on a Saturday

Potential Threats to Validity cont.

6. Diffusion of Treatments

- Program effect is flawed due to changes in outcome among the comparison group, due to contact between the experimental group and the comparison group
- i.e. Social media campaign: targeted county is Chemung with Tioga being used as a comparison county; Travel between counties may have exposed Tioga residents to the campaign

7. Testing*

- Outcome changes due to practice gained from pre-test; occurs when pre- and post-test were delivered within a short period of time
- i.e. Training pre-test given one hour before training and post-test given upon conclusion of training; results from training evaluation are invalid due to practice/learning gained from pre-test

8. Selection/Sample

- Effectiveness of program is not generalizable or representative due to characteristics of participants involved
- i.e. Social media campaign in urban county shows that veterans who engage in screening were more likely to seek out services; results are not generalizable to all veterans or non-urban counties

Things to keep in mind...

- What do stakeholders want from the evaluation?
- Are external factors influencing program outcomes?
- Outputs or Activities are not Outcomes
 - They are steps taken to produce outcomes
- Evaluation should account for 10-15% of your program budget
 - Can be used for evaluation consultant and/or to provide survey incentives
- When designing your evaluation, consider potential threats to validity and plan for addressing them

Evaluating Educational/ Awareness Campaigns



Office of
Mental Health

Campaigns: General Considerations

- Identify target population and/or location
 - Broadly implemented campaigns are difficult to evaluate
- Frequency and doses of information
 - Set benchmarks and scheduled goals
- Pre and Post tests
 - Survey or interview a sample of population
 - Measure awareness, perception, and engagement of topic
- Utilize multiple platforms: social media (Facebook, Instagram, Twitter, etc.), cinema commercials, radio, billboards, buses, print, online ads, etc.
- Be specific about what you hope to achieve (S.M.A.R.T. goals and objectives)

Case Example

Campaign to reduce stigma about suicide and mental health and increase acceptability of help seeking among veterans in Jefferson County, NY.

Outputs:

- 3 short videos
- 10 social media posts
 - Promoted or sponsored posts to specific geo-location
- 5 print posters/ads
- 2 radio ads
- Annual event

Case Example: Eval Questions

Process:

- Are those receiving services the intended targets?
 - Were veterans in Jefferson County exposed to campaign messaging?
- Was an educational program delivered consistently to all audiences?
 - Was the message delivered consistently between the social media video and the radio ad?

Outcome/Impact:

- When compared to similar county, did stigma among veterans decrease?
- Among those familiar with the campaign, were they more likely to discuss suicide/mental health with someone displaying warning signs?
- Among those familiar with the campaign, were they familiar with local and national resources?

Tracking and Measuring

- Social media
 - # of followers, likes, retweets/shares
 - Qualitative data: comments or messages from community
 - Platform metrics: ability to track how many people saw the post, watched a video, etc.
- Surveys, interviews, or focus groups
 - Pre and post test or comparison group
 - to measure attitudes, perception, knowledge/awareness, and actions
- Website Analytics
 - i.e. changes in activity/traffic to VA mental health site
- Service Utilization
 - Changes in # of calls/texts to hotline
 - Changes in # of visits/new intake to local mental health care

Example of Results from “It’s Up to Us” ad campaign

18 months after the launch of the ad campaign,

- 88% of County of San Diego residents were aware of at least one message or ad pertaining to the campaign
- Among those familiar with the campaign ads, 43% had discussed them with someone else at least once; and 70% agreed that the ads or messages helped them recognize symptoms of mental health problems
- 57% indicated that they would be able to recognize the warning signs of suicide in other people (compared with 47% among those who had not seen any ads).
- San Diego residents were significantly more likely to: treat others who have a mental illness with respect, know how to get help, recognize symptoms of mental health challenges and warning signs of suicide, learn more about mental health and talk about it with others

Resources

- Kasunic, Mark (2005) Designing an Effective Survey. Carnegie Mellon. https://resources.sei.cmu.edu/asset_files/Handbook/2005_002_001_14435.pdf
- Ochieng NT, Wilson K, Derrick CJ, Mukherjee N (2017) The Use of Focus Group Discussion Methodology: Insights from Two Decades of Application in Conservation. *Methods Ecol Evol.* 2018;9:20–32. <https://besjournals.onlinelibrary.wiley.com/doi/pdf/10.1111/2041-210X.12860>
- Renée E. Stalmeijer, Nancy McNaughton & Walther N. K. A. Van Mook (2014) Using focus groups in medical education research: AMEE Guide No. 91, *Medical Teacher*, 36:11, 923939, DOI: [10.3109/0142159X.2014.917165](https://doi.org/10.3109/0142159X.2014.917165)
- U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2011.
- Guide for using Facebook: https://didihirsch.org/wp-content/uploads/A_Guide_for_Using_Facebook_for_Suicide_Prevention.pdf
- Social Media Policy Guidelines: <https://www.samhsa.gov/childrens-awareness-day/resources/sample-social-media-policy>
- Livingston, J.D., Tugwell, A., Korf-Uzan,.(2013). Evaluation of a campaign to improve awareness and attitudes of young people towards mental health issues. *Soc Psychiatry Psychiatr Epidemiol*48: 965. doi:10.1007/s00127-012-0617-3. Retrieved from: <http://link.springer.com/article/10.1007%2Fs00127-012-0617-3>
- California Statewide Awareness of Suicide Report- <https://emmresourcecenter.org/system/files/2017-04/Baseline%20Study%20Full%20Report.pdf>

Questions and/or Comments?

Thank you!

Brianna Maher, MPH

Public Health Implementation Specialist

Brianna.Maher@omh.ny.gov

518-408-6006

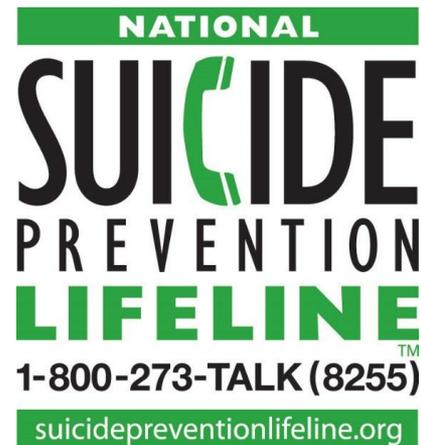
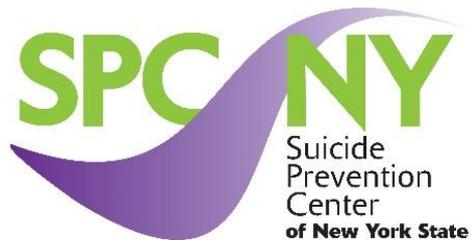
Gabrielle Ferrara

Graduate Intern

Gabrielle.Ferrara@omh.ny.gov

518-402-9488

www.preventsuicideny.org





Thank You For Attending Today's Webinar:

- The webinar will be posted to our website: <https://www.preventsuicideny.org/communities/>
- Our next webinar is scheduled for **April 16th**- An invite will be sent out in March

If you are Interested in:

- Facilitating a future presentation
- Learning more about your local Suicide Prevention Coalition
 - Receiving Info re: the SPC-NY Conference
 - Receiving Suicide Prevention Resources

Then please contact: Garra.Lloyd-Lester@omh.ny.gov

- We would love to get your Feedback! Please complete the Post Webinar Evaluation

A POTENTIAL HIERARCHY OF EFFECTS

Source: Excerpted and Adapted from Bennett and Rockwell, 1995.
Targeting Outcomes of Programs

PARTICIPATION

Number of people reached; characteristics of the people, frequency and intensity of contact.

REACTIONS

Degree of interest; the feelings toward the program; acceptance of activities, and of educational methods.

LEARNING

Knowledge, opinions, skills, and aspirations as end results

ACTIONS

Patterns of behavior adopted by target audiences

SYSTEM AND ENVIRONMENT CHANGE

Changes in social, economic, or environmental conditions as result of recommendations, actions, policies and practices implemented

HEALTH OUTCOMES

Health indicators as end results

