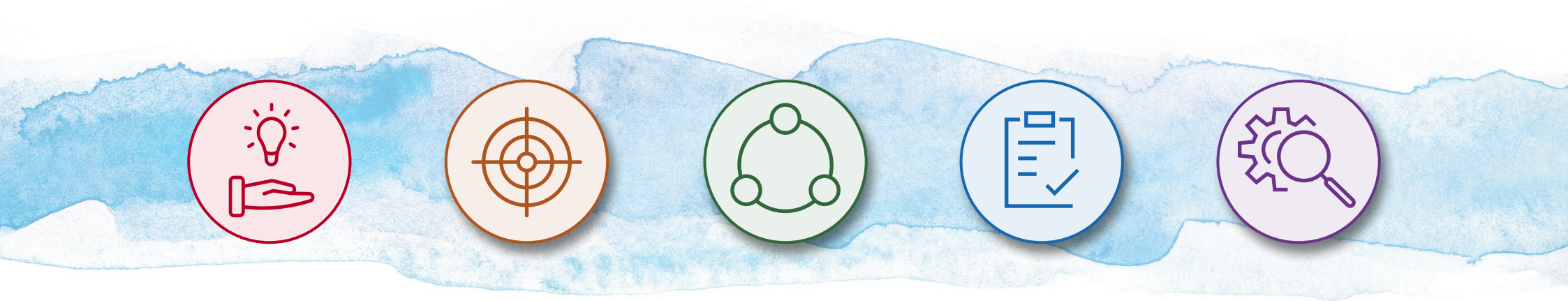
Government of **Western Australia**
Department of **Health**

Evaluation Framework and Implementation Guide

3rd Edition



A guide to inform planning and reporting for health promotion programs and policies

Important disclaimer

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Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Note on terminology

Within WA, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of WA. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community. The terms Aboriginal and Torres Strait Islander and Indigenous are retained in this document where they are included as part of an already-existing formal title or direct quote from a cited reference.

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Contents

Introduction

Research and evaluation are essential steps in planning, implementing and assessing robust, evidence-based health promotion programs. Both are critical in ensuring communities benefit from programs and policies. Research and evaluation provide an excellent resource for identifying what is being achieved through the implementation of a program. Alternatively, when programs don't achieve the intended effects, research and evaluation help us to understand what went wrong and how they can be improved.

This Evaluation Framework Implementation Guide (EFIG) outlines the step-by-step process, including tools, templates and examples, for conducting research and evaluation in the context of health promotion policies and programs.

It is important to note that the research and evaluation requirements for different policies and programs will vary widely according to their purpose, size and complexity. While each step of the EFIG is relevant to all policies and programs, the nature and focus of research and evaluation will depend on the program.

What do we mean by research and evaluation?

Research is the detailed study of a subject, in order to discover new information or reach a new understanding.[3]

In health promotion, research is useful for collecting evidence on the most effective ways to tackle problems, specifically, the barriers and enablers to implementing a successful solution. Evidence on what works and what doesn't helps inform the development and quality improvement of health promotion programs, policies and practices. Research also helps identify priorities for investment in health promotion and where investment and activity is most efficiently applied to achieve the best health outcomes for the greatest number of people.

Evaluation assesses the quality and effectiveness of a program by measuring it against its aims, objectives, and intended outputs, outcomes and impacts.

Evaluating the extent to which a program has achieved its intended aims and objectives, guides decisions about whether it should be continued, and how the program could be improved.

Taken together, research and evaluation ensure that health promotion programs are fit for purpose and evolve with changing circumstances to remain relevant and effective. Importantly, they also ensure that government resources are wisely invested. Finally, research and evaluation guide directions for the future development and implementation of health promotion programs.

The evaluation framework

The evaluation framework provides an overview of the step-by-step process for conducting research and evaluation in health promotion (Figure 1). The framework was informed by various models of health promotion planning and evaluation,[4-9] existing research and evaluation frameworks,[1,10-12] and implementation theory.[13, 14]

The Framework identifies 5 key phases to guide the research and evaluation process – (1) Program planning, (2) Research and evaluation planning, (3) Implementation, (4) Review, and (5) Quality improvement. Together, these phases ensure that the program and research and evaluation methods are feasible, implementation is conducted according to plan, findings are transparently and objectively translated into actionable recommendations to optimise the program's performance, and stakeholders are accountable for the program's quality improvement.

Strong partnerships and communication between stakeholders are fundamental to research and evaluation. Stakeholders should be engaged throughout the research and evaluation process, especially at the beginning to agree on the design and expected impacts and outcomes, and at the end to ensure they feel empowered and supported to implement recommendations arising from evaluation findings. However, it is important to protect the research and evaluation process from conflicts of interest. Hence, stakeholder engagement should be conducted with the right balance of expertise and independence to ensure that the evaluation remains objective.

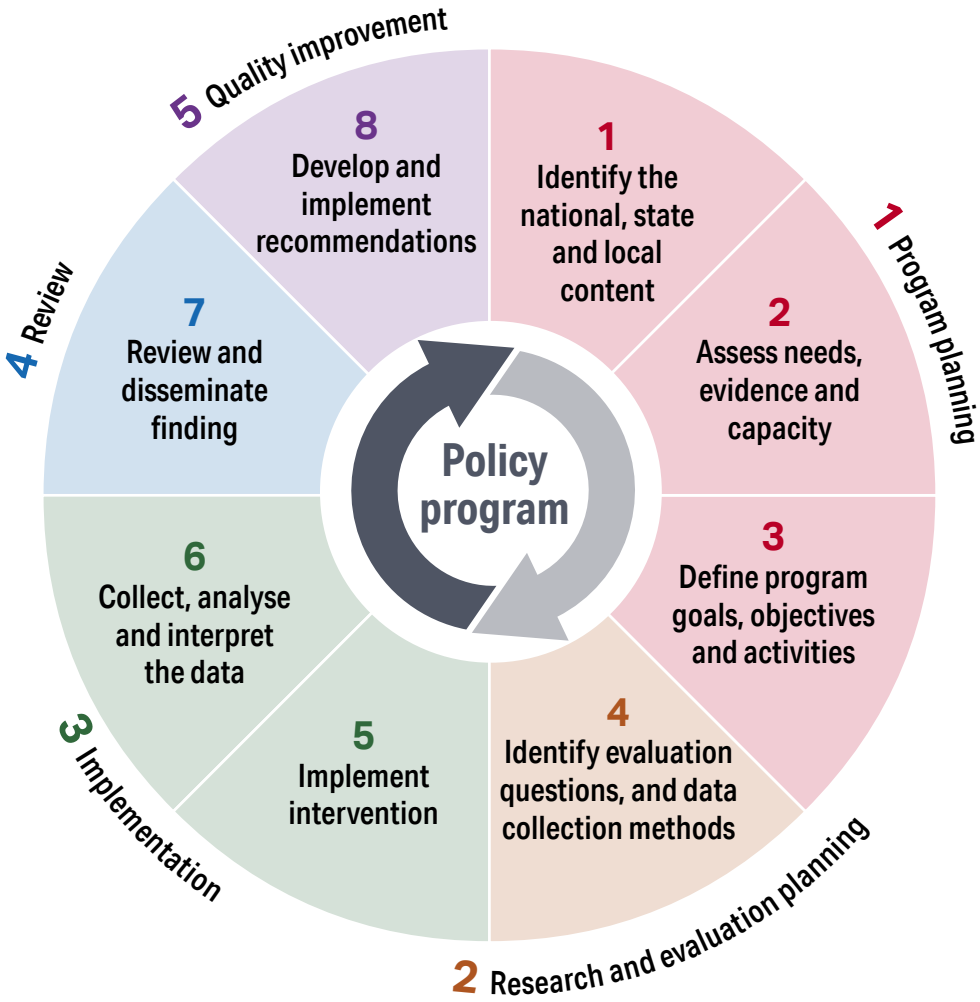

Figure 1. Overview of the evaluation framework

Context	Needs	Evidence	Implement	Review	Action
See diagram on right	Program planning	Research and evaluation planning	Program and evaluation implementation	Review	Quality improvement
The problem	Aim(s)	Outcome measurement		Outcome evaluation	
Contributing factors	Objectives	Impact measurement		Impact evaluation	
Response	Activities	Outputs		Process evaluation	

Note: EFIG has adopted the terms 'impacts' and 'outcomes' when referring to the intended short and long-term effects of a program. Other evaluation texts and resources may use alternative terminology.

1. Program planning

Overview

Program planning should be informed by national, state and local policies and practice, population needs, evidence from prior research and evaluation of programs, and the available capacity and resources to support implementation. These factors help inform program aim(s), objectives and activities, and research and evaluation conducted in light of tHe program.

In planning a program, the aim is to complete a logic model in order to:

1. capture the context in which the program will be implemented
2. identify the components and activities of the program
3. outline what it is hoped will be achieved through its implementation.

What is a 'logic model'?

A logic model demonstrates how a program is intended to work, by showing a sequence of expected consequences as a result of its implementation. The logic model describes how the components of a program might influence, or cause health promotion outcomes. Careful consideration of how planned work (inputs, activities and outputs) contributes to intended results (impacts and outcomes) is required.

When developing a logic model, a 'back-casting' approach is recommended. This approach involves identifying your outcomes and impacts, then working backwards to identify the steps needed to achieve them. Back-casting, as opposed to forecasting, enables you to think about what is required to achieve future aim(s) and objectives, rather than focusing on what is currently happening and attempting to predict the future.

Template

For this section you will need the Program Planning Logic Model (see page 9).

How do I complete the 'logic model'?

Step 1: Identify the national, state and local context

1. Step 1 involves demonstrating how the planned program links with national, state and local priorities, strategies and targets. It involves recognising the broader picture and significance of the health issue being targeted, and the program's importance and contribution to reducing the burden of chronic disease and injury. The *WA Health Promotion Strategic Framework 2022–2026* is a good place to start.

1.1 At the top of the Logic Model, list the program's name, agencies involved, time period in which the program will run.

1.2 Under Context, provide a statement to justify the program, by identifying national, state and local plans/policies/strategies that relate to the health issue and target group.

Hint

It is recommended that around 5 per cent of the total budget for a program is allocated to its evaluation. For more information on scale and budget, visit: Program Evaluation Guide (Government of Western Australia, Department of Treasury)

Step 2: Assess needs, evidence and capacity

2. Step 2 is about outlining the justification and backing for the program. Identifying the needs of the target population is important in designing the program's aim(s) and objectives, which in-turn will inform the type of activities employed by the program. Available evidence and capacity for the implementation of the program will also influence the types of activities chosen.

There are many different types of evidence that can be drawn on when deciding what approach to take when designing a health promotion program (for example, quantitative, qualitative, theory-informed, practice-based, and empirical). If there is minimal evidence or significant gaps in what is known, then formative assessment (such as a needs assessment or a pilot study) may form an initial component of the proposed program.

2.1 Briefly explain the need for the program under Context. The explanation may include, for example, prevalence of a particular health issue or its contribution to health and/or financial costs.

2.2 Briefly summarise the evidence of what works, in a way that helps justify the program activities, under Context.

2.3 Under Context, briefly describe the capacity needed to support the implementation of the program, including the current human, financial, organisational and community resources available or required to implement the proposed activities. Funding sources should also be listed.

Hint

There are many methods for assessing the strength and quality of evidence for health programs. Generally, systematic reviews and meta-analyses of randomised controlled trials (RCTs) are considered the most reliable source of evidence, followed by individual RCTs, systematic reviews of cohort studies, individual cohort studies, observational studies, case-control studies, then case studies and expert opinions.

For more information on assessing strength and quality of evidence, visit: Guidelines for Guidelines Handbook: Assessing certainty of evidence (National Health and Medical Research Council).

Step 3: Define program aim(s), objectives and activities

3. Step 3 involves describing the aim(s) that the program ultimately hopes to bring about, the objectives that need to be completed in order to achieve the aim, and the activities that need to be undertaken as part of the program. These aim(s), objectives and activities form the basis of outcome, impact and process evaluation, respectively.

Outcomes are the overarching, measurable changes that the program will bring about in the long run and are based on the program's aim(s). For example, the program may seek to improve adherence to dietary or physical activity guidelines, reduce rates of injury, or increase fruit or vegetable intake, and physical activity. In most cases, other initiatives will be working towards the same outcomes and there will be a range of factors beyond the program that influence progress.

Impacts are short to medium term changes that result directly from the program's activities and are based on the program's objectives. These impacts will be observable or quantifiable within the target groups exposed to the activities. For example, the program may seek to improve awareness or knowledge on a specific topic, such as awareness of the effects of smoking on health, or knowledge of the health risks associated with overweight and obesity.

It is important to ensure that aim(s) and objectives are measurable, so they can be evaluated. Some outcomes can be directly observed, such as changes in behaviour. However, some outcomes cannot be directly observed, so we must find ways to measure them or choose alternative measures. For example, increases in intentions to change behaviour cannot be directly observed, but it is possible to observe increases in scores on a survey designed to assess intentions to change behaviour. Since your aim(s) and objectives will be subject to measurement as part of your evaluation, use the 'SMART' approach (specific, measurable, achievable, relevant and time-bound) when defining your outcomes and impacts.[15]

Specific	Make sure the objectives simply and clearly identify what you want to achieve through the program and with whom.
Measurable	Aims and objectives need to be tangible and written in a way that allows them to be easily assessed as having been met or not.
Achievable	Objectives should be achievable within the resources and time available for the program. If they aren't possible, it will make the program look like it's not working.
Relevant	Ensure objectives relate to the activities and align with the aims.
Time-specific	Set a timeframe for their achievement.

3.1 Under Program aim(s), state what aim the proposed program ultimately intends to achieve for its target population and describe these outcome(s).

3.2 Under Program objectives, list the objectives to be achieved in order to bring about the impact(s).

3.3 Under Program activities, list the activities that are needed to effectively deliver the program and contribute to the achievement of the objectives. Provide details about each activity including how much, to whom and over what time the activities will be implemented.

Hint

If you are a service provider for the Department of Health, refer to your service agreement to help you complete the logic model. 'Service-level / grant outcomes' are the 'short-term outcomes' and 'community outcomes' are the 'long-term outcomes'. Activities and outputs are typically listed under 'Key Services'.

Program Planning Logic Model

Program	
Agencies involved	**Task 1.1**
Time period	

Each column should clearly inform or be informed by adjacent columns

Planned work		**Intended results**	
Context	**Program activities**	**Program objectives**	**Program aim(s)**
What legislation, policies or strategies are relevant to the program?	What will the program deliver and who is the target audience?	What are the anticipated short to medium term impacts of the program? (objectives, service level outcomes)	What are the anticipated long term outcomes of the program? (aim(s), community outcomes)
Task 1.2			
Why is this program needed? (Identify the problem and the target audience)		**Task 3.3**	**Task 3.2** **Task 3.1**
Task 2.1			
What works, according to the evidence?			
Task 2.2			
What resources (inputs) are available?			
Task 2.3			
Formative evaluation	**Process evaluation**	**Impact (short-term) evaluation**	**Outcome (long-term) evaluation**

2. Research and evaluation planning

Overview

Forward planning is essential to ensure timely collection of high-quality evaluation data. Data collection should occur before, during and after the program, not just at the end. Therefore, it is important to know what data are required to conduct the evaluation, as well as who is involved and when it will occur. Research and evaluation planning assists with this process by outlining program outcomes, impacts and activities as well as providing information on indicators, data collection, data sources and who is responsible for what. Research and evaluation planning should occur alongside the program planning.

In planning an evaluation, the aim is to identify the evaluation questions and the methods for measuring the extent to which a program has delivered on its planned activities and achieved its aim(s) and objectives.

Step 4: Identify evaluation questions and data collection methods

4. Step 4 involves completing an Evaluation Proposal in order to establish a set of outcome (long-term), impact (short-term), and process indicators (interim), that align to the program aim(s), objectives and activities, identify what type of data is needed, and how it may be sourced or collected for each indicator, specify any additional evaluation questions that may need answering and indicate how the results of the evaluation and the lessons learnt will be disseminated.

The purpose of constructing an Evaluation Proposal is to provide a short, simple snapshot of the proposed approach to evaluation, summarising the evaluation activities that will occur before, during and after planned activities. The Evaluation Proposal should link with the Program Planning Logic Model.

Template

For this section you will need the Evaluation Proposal (see page 12).

Note that in most cases, the Evaluation Proposal template will be a summary of a much more comprehensive and detailed Evaluation Plan.

The level and type of evaluation proposed will depend upon program complexity, duration and maturity.

The Evaluation Proposal will ultimately, through consultation and with the agreement of relevant stakeholders, become the final Evaluation Plan. Finalising the Evaluation Plan should involve organising the external evaluation expertise, if required, conducting formative research to refine strategies and measurement tools, and reviewing the proposed activities to ensure they are feasible and within budget.

Hint

The type of data collected will depend on the program's purpose and design, the evaluation questions you want to answer and the indicators you have selected. Often, evaluation relies heavily on quantitative data because we feel it provides a simpler, clearer answer to our question. However, qualitative methods will often provide additional useful data, particularly when evaluating new programs or those with smaller sample sizes.

Using qualitative data has several benefits:

- **Enriching** – identifying issues or obtaining information not measurable using quantitative methods.
- **Examining** – generating hypotheses from qualitative data, which can be tested using quantitative methods.
- **Explaining** – understanding unanticipated results from quantitative data.
- **Triangulation** – verifying or rejecting results from quantitative data.

4.1 At the top of the Evaluation Proposal, list the program's name, agencies involved, time period in which the program will run, the overall budget and the planned evaluation budget and plans for disseminating results (Planned evaluation outputs).

4.2 Transfer the program aim(s), objectives, and activities from the Program Planning Logic Model template to the Aim(s) column in the Evaluation Proposal.

4.3 Specify the outcome, impact and process indicator(s) for each aim, objective and activity that will provide a measure of progress or success in the indicators column.

4.4 For each indicator, describe the source of the data under the Data source column.

4.5 Enter the dates when the data will be collected and reported under Data collection dates and Reporting dates.

4.6 State who will take primary responsibility under Responsibility.

4.7 List any additional questions you wish to answer with the evaluation not already addressed by the existing set of indicators.

Hint

Indicators need room to move, so be mindful of 'ceiling effects' and 'floor effects' when selecting indicators and choosing your method of measurement. 'Ceiling effects' and 'floor effects' occur when the majority of responses in a survey tend to be too similar, clustering at either the top or bottom end of a scale, making it difficult to measure changes over time or differentiate between the respondents and what may be influencing their answers.

For example, if we're looking to show whether a program impacts on junk food consumption, using the question 'Do you eat junk food?' with 'yes' and 'no' response options would be inappropriate and would likely result in nearly 100 per cent of respondents answering 'yes', which won't help us understand whether the program has had an impact.

A more appropriate and sensitive question would be 'How many times per week on average, do you have meals or snacks such as burgers, pizza, chicken or chops from fast food outlets?'. Respondents' answers are more likely to be spread out, allowing us to see changes in frequency of consumption before and after the program, and to differentiate between respondents who may be consuming more or less.

Examples of additional evaluation questions

Beyond assessing whether aim(s) and objectives have been met and activities implemented, there may be additional questions you wish to answer as part of an evaluation. Below are some examples. The additional questions in an evaluation will be influenced by program complexity and what resources are available.

- What factors impacted on program implementation?
- What were the key barriers to achieving program objectives?
- How could the program be improved?
- What percentage of the target population did the program reach?
- Were members of the target group satisfied with the program?
- Have demographic factors had an impact on program effectiveness?
- Have levels of partnership and collaboration increased?
- Are the results consistent with the evidence base?
- What unanticipated outcomes or impacts arose from the program?
- Is the cost of the program justified by the benefits?
- Is the program sustainable?
- Should the program be continued or developed further?

Evaluation Proposal

Program					
Agencies involved					
Time period			**Program budget**		
Planned evaluation outputs			**Evaluation budget**		
Aim(s)	**Outcome indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Objective(s)	**Impact indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Activities	**Process indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Additional evaluation questions					
1.					
2.					
3.					

Task 3.1

Task 4.2

Task 4.3

Task 4.4

Task 4.5

Task 4.6

Task 4.7

3. Implementation

Overview

Data collection will occur alongside the implementation of the program. Impact evaluation data will answer questions about the effectiveness of the activities, while process data should help indicate why activities are successful or not. Outcome evaluation data will indicate progress towards the program's aim(s).

Common data collection challenges include participant unwillingness to provide data, low literacy among participants, barriers relating to age, and living in regional or remote areas. Early recognition of potential issues and devising appropriate strategies and data collection tools to overcome these issues during the planning phases will help to reduce these barriers.

The aim of this phase is to implement the program and conduct the evaluation according to the documented plan.

Step 5: Implement the program

5. Step 5 involves implementing the program according to the Program Planning Logic Model.

Step 6: Collect, analyse and interpret the data

6. Step 6 involves conducting research and evaluation according to the evaluation plan. The data collected must be accurate and representative. Pilot testing may be needed to test whether proposed data collection, storage and analysis methods are feasible.

Resource

If you are a service provider for the Chronic Disease Prevention Directorate, you are contractually obliged to provide us with the data collected as part of your evaluation. You can request a copy of the data supply guidelines from your contract manager, which provides tips and tricks for cleaning and formatting data. The data supply guidelines also include a data set coversheet template.

It is important to clearly document data collection, treatment and analysis processes, including difficulties that arise, how the data was prepared for analysis and why the analysis methods were chosen. For example, response rates, the rate and nature of participant dropout and confusion over survey questions will provide context for the results and indicate data quality.

Appropriate data analysis and interpretation enables accurate assessment of the program's effectiveness, strengths and limitations, and helps develop meaningful recommendations. It is recommended that someone who is not part of the implementation team be responsible for analysis, to maintain objectivity and reduce bias. However, an understanding of the program and discussion with the implementation team is needed to develop recommendations from the results.

6. Collect, analyse and interpret the data

6.1 Collect data alongside implementation as documented in the Evaluation Proposal.

6.2 Record process notes regarding any difficulties encountered during data collection that may influence the quality of the data.

6.3 Analyse data as intended in the Evaluation Proposal.

6.4 Record process notes regarding how data is treated and analysed (and why) that may impact on its validity and interpretation.

4. Review

Template

For this section you will need the Reporting Summary (see page 15).

Overview

During the review phase, the evaluation results are reviewed to identify barriers and enablers to the program's implementation and effectiveness. This information informs recommendations for quality improvement. The findings and recommendations should be shared with stakeholders who are involved in the commissioning and delivery of the program for discussion about the implications for future program development and sustainable delivery.

Where possible and appropriate, findings should be provided to community stakeholders, policy makers and the wider health promotion profession. This may take a variety of forms including reports, briefings, seminars, conference presentations, newsletters or peer-reviewed journal publications. This dissemination can contribute to the health promotion evidence base and promote greater understanding of evidence-based practice. Findings will also inform the first step of the process when proposing 'innovations' to the original program.

Resource

If you are a service provider for the Chronic Disease Prevention Directorate, you can request a copy of the reporting guidelines from your contract manager, which provide guidance on the structure and content of your evaluation reports. The reporting guidelines also include a checklist.

Step 7: Review and disseminate findings

7. Step 7 involves sharing the evaluation findings. Understanding how these results came about can make a valuable contribution to future program development.

7.1 At the top of the Reporting Summary, list the program's name, agencies involved, time period in which the program ran, and evaluation outputs produced.

7.2 Transfer the policy or program aim(s), objectives and activities from the Evaluation Plan to the Reporting Summary into the What did you evaluate? column.

7.3 Transfer the outcome, impact, and process indicators from the Evaluation Plan to the Reporting Summary into the How was it measured? column.

7.4 Briefly describe the results of the outcome, impact and process evaluation in the appropriate row in the What did you find? column.

7.5 Briefly describe the implications of the results in the What are the implications? column.

7.6 Briefly describe adaptations made to the Evaluation Plan as well as any implementation challenges that arose throughout the evaluation process in the What were the challenges? column.

7.7 As an overall summary, describe the key findings of the evaluation in terms of program effectiveness, achievements and recommendations in the Key findings row.

Reporting summary

Program				
Agencies involved				
Time period				
Evaluation outputs				
Key findings				
1.				
2.				
3.				
What did you evaluate?	**How was it measured?**	**What did you find?**	**What are the implications?**	**What were the challenges?**
Program aim(s)				
Program objectives				
Program activities				

Task 7.1

Task 7.7

Task 7.2 Task 7.3 Task 7.4 Task 7.5 Task 7.6

5. Quality improvement

Template

For this section you will need the Evaluation Action Plan (see page 17).

The Evaluation Action Plan captures the evaluation findings and the recommended actions to be taken by stakeholders to address the findings and contribute to the quality improvement of the policy or program. This not only contributes to the 'innovation' of the program for the future but also its sustainability. Regardless of the results of an evaluation, understanding why these results came about can make a valuable contribution to future policy or program development. All research and evaluation findings, regardless of whether they are perceived as 'positive' or 'negative', should be discussed openly with stakeholders.

Transparency allows for robust discussion of what is working well, and where there are opportunities for improvement. These discussions will inform the translation of findings into meaningful and actionable recommendations to achieve improvement in the policy or program. Recommendations should also be developed using the 'SMART' approach (specific, measurable, achievable, realistic and time-specific). It is important to identify, agree on and manage expectations as they relate to the implementation and intended outcomes of the recommended actions.

It is important to anticipate and document potential barriers to the implementation and intended outcomes of the recommended actions. This information can inform future policy or program implementation by enabling the investigation and reduction of these barriers, prior to continued implementation. Assigning responsibility for these actions also promotes accountability for the policy or program's overall quality improvement.

Step 8: Develop and implement recommendations

8. Step 8 involves translating the findings from the evaluation into opportunities for improvement, or strengthening of policy or program components, in the form of actionable recommendations, to improve the efficiency or the effectiveness of the policy or program.

8.1 At the top of the Evaluation Action Plan, list the program's name, agencies involved, time period in which the program ran, the overall budget and the evaluation budget and evaluation outputs produced.

8.2 Transfer the findings from the Reporting Summary into the What did you find? column.

8.3 Briefly describe the recommended action to address each finding and the expected outcome, in the Recommended action and expected outcome column.

8.4 State who will take primary responsibility for the implementation of each recommended action in the Responsibility column.

8.5 In the Timeframe for completion column, specify the timeframe in which the recommended action will be implemented.

8.6 Briefly describe any anticipated barriers to implementation of recommended actions in the Barriers to implementation column.

Evaluation Action Plan

Program	
Agencies involved	
Time period	
Evaluation outputs	

Task 8.1

What did you find?	Recommendation action and expected outcome	Responsibility	Timeframe for completion	Barriers to implementation

Task 8.2 Task 8.3 Task 8.4 Task 8.5 Task 8.6

Example 1 – Kindy Eats Program – Program Planning Logic Model

Program	Kindy Eats Program (KEP)
Agencies involved	Healthy Kids WA, Department of Health WA
Time period	1 July 2022 – 30 June 2027

Planned work		**Intended results**	
Context	**Program activities**	**Program objectives**	**Program aim(s)**
What legislation, policies or strategies are relevant to the program? • The WA HPSF 2022–2026 supports programs that aim to prevent and reverse childhood obesity. • The National Obesity Prevention Strategy supports healthy eating initiatives in early childhood education and care settings. **Why is this program needed? (Identify the problem and the target audience)** Overweight and obesity is a leading cause of disease, disability and premature death. In 2020, one in 4 (25.4 per cent) of WA children were overweight or obese.	**What will the program deliver and who is the target audience?** The Kindy Eats Program supports staff in education and care settings to implement a healthy eating policy for children in their care. The program will: • provide professional development and training opportunities to staff to implement the Kindy Eats Program. • develop and distribute tools and resources to support staff in the implementation of the healthy eating policy. • undertake promotional activities to encourage uptake of the Kindy Eats Program in early childhood education and care settings.	**What are the anticipated short to medium term impacts of the program? (objectives, service level outcomes)** Increased (by 50 per year) number of early childhood education and care centres implementing KEP policies and menus that support healthy eating. Increased percentage of staff who report a positive attitude towards promoting healthy eating to children in their care, after participating in training. Increased percentage of staff who report feeling confident to promote healthy eating to children in their workplace.	**What are the anticipated long term outcomes of the program? (aim(s), community outcomes)** Increased percentage of children attending the participating centres who are currently consuming the Australian Dietary Guidelines' (ADGs) recommended daily serves of fruit and vegetables.

Planned work		Intended results	
Context	**Program activities**	**Program objectives**	**Program aim(s)**
What works, according to the evidence? • early intervention • modelling healthy behaviours by parents/carers • healthy eating policies in early childhood education and care settings are important • healthy eating policies should be supported by adequate staff training. **What resources (inputs) are available?** • staff FTE: 2 • overall program budget of $500,000 per year • evaluation budget of $25,000 per year • existing partnerships and professional networks between stakeholders.			
Formative evaluation	**Process evaluation**	**Impact evaluation**	**Outcome evaluation**

Example: Kindy Eats Program – Evaluation Proposal

Program	Kindy Eats Program				
Agencies involved	Healthy Kids WA, Department of Health WA				
Time period	1 July 2022 – 30 June 2025			**Program budget**	$500,000 per year
Planned evaluation outputs	6-monthly activity reports, annual final evaluation reports, journal articles, conference presentations			**Evaluation budget**	$25,000 per year
Aim(s)	**Outcome indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Increased percentage of children attending the participating centres who are currently consuming the ADG's recommended daily serves of fruit and vegetables	Percentage of children at participating centres who consumed at least two serves of fruit per day	Parent survey	Baseline (pre-training for centre staff) and post-training annual follow-ups	30 September 2023, 2024, 2025	Healthy Kids WA
	Percentage of children at participating centres who consumed at least five serves of vegetables per day	Parent survey	Baseline (pre-training for centre staff) and post-training annual follow-ups	30 September 2023, 2024, 2025	Healthy Kids WA
Objective(s)	**Impact indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Increase the number (by 50 per year) of early childhood education and care settings implementing KEP policies and menus	Number of WA child care centres implementing KEP policies and menus	KEP training database	Ongoing from July 2022 to June 2025	30 March and September 2023, 2024, 2025	Healthy Kids WA
Increase percentage of staff who report a positive attitude towards promoting healthy eating to children in their care	Percentage of staff who report feeling that it is 'important' or 'very important' that healthy eating be promoted to children in their care	Pre and post-KEP training survey	Collected at KEP training	30 March and September 2023, 2024, 2025	Healthy Kids WA

Objective(s)	Impact indicator(s)	Data source	Data collection dates	Reporting dates	Responsibility
Increase percentage of staff who report feeling confident to implement the KEP in their workplace	Percentage of staff who report feeling 'confident' or 'very confident' to implement the KEP in their workplace	Pre and post-KEP training survey	Collected at KEP training	30 March and September 2023, 2024, 2025	Healthy Kids WA
Activities	**Process indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Through training, support child care centre staff to implement the KEP.	Number of centres with staff participating in training	KEP training database	Ongoing from July 2022 to June 2025	30 March and September 2023, 2024 and 2025	Healthy Kids WA
	Percentage of staff participating in the training who reported feeling 'satisfied' or 'very satisfied' with the KEP training	Post-KEP training survey	Collected at KEP training	30 March and September 2023, 2024 and 2025	Healthy Kids WA
Develop and distribute resources to centre staff and parents.	Percentage of staff participating in the training and parents who reported feeling 'satisfied' or 'very satisfied' with the KEP resources	Post-KEP training survey and parent survey	Ongoing from July 2022 to June 2025	30 March and September 2023, 2024 and 2025	Healthy Kids WA
Contribute to promotional events focusing on child health in WA.	Number of promotional events hosted/ attended during the reporting period	KEP events inventory	Ongoing from July 2022 to June 2025	30 March and September 2023, 2024 and 2025	Healthy Kids WA
Additional evaluation questions					
1. What factors impacted on program implementation?					
2. What were the key barriers to realising program objectives?					
3. What unanticipated outcomes or impacts arose from the program?					

Example – Kindy Eats Program – Reporting summary

Program	Kindy Eats Program (KEP)
Agencies involved	Healthy Kids WA, Department of Health WA
Evaluation outputs	6-monthly activity reports, annual final evaluation reports, journal articles, conference presentations

Key findings

1. The program led to moderate increases in fruit and vegetable consumption
2. The program brought about substantial improvements in child care centre staff attitudes and confidence with promoting healthy eating to children
3. Barriers included high staff turn-over within child care centres and low response rates on the parent survey

What did you evaluate?	How was it measured?	What did you find?	What are the implications?	What were the challenges?
Program aim(s)				
Increased percentage of children attending the participating centres who are currently consuming the ADG's recommended daily serves of fruit and vegetables	Percentage of children at participating centres who consumed at least 2 serves of fruit per day	Moderate increases in percentage of children with adequate daily fruit consumption	KEP is effective way to improve fruit and vegetable consumption in child education and care settings	Low response rates on the parent survey impacted statistical power
	Percentage of children at participating centres who consumed at least 5 serves of vegetables per day	Moderate increases in percentage of children with adequate daily vegetable consumption		
Program objectives				
Increase the number (by 50 per year) of early childhood education and care settings implementing KEP policies and menus	Number of WA child care centres implementing KEP policies and menus	Excellent uptake of KEP policies and menus	Methods utilised to make and maintain contact with centres were effective	

Program objectives				
Increase percentage) of staff who report a positive attitude towards promoting healthy eating to children in their care	Percentage of staff who report feeling that it is 'important' or 'very important' that healthy eating be promoted to children in their care	Large increase in the percentage of staff reporting a positive attitude	KEP is an effective way to improve staff attitudes towards promoting healthy eating to children	High staff turn-over within participating child care centres.
Increase percentage of staff who report feeling confident to implement the KEP in their workplace	Percentage of staff who report feeling 'confident' or 'very confident' to implement the KEP in their workplace	Large increase in the percentage of staff who feel confident	KEP is an effective way to improve staff confidence with promoting healthy eating to children	
Program activities				
Through training, support child care centre staff to implement the KEP	Number of centres with staff participating in training	179 centres participating in total	Uptake and interest exceeded expectations	
	Percentage of staff participating in the training who reported feeling 'satisfied' or 'very satisfied' with the KEP training	Satisfaction with KEP training was high	Minor changes to KEP training required	Many staff were unable to attend face-to-face training
Develop and distribute resources to centre staff and parents	Percentage of staff participating in the training and parents who reported feeling 'satisfied' or 'very satisfied' with the KEP resources	Satisfaction with KEP resources was high	Minor changes to KEP resources required	High costs associated with creating hard-copy resources
Contribute to promotional events focussing on child health in WA	Number of promotional events hosted/attended during the reporting period	21 events hosted 78 events attended	Promotional events help generate interest in KEP	

Example: Kindy Eats Program – Evaluation Action Plan

Program	Kindy Eats Program (KEP)			
Agencies involved	Healthy Kids WA, Department of Health WA			
What did you find?	**Recommendation action and expected outcome**	**Responsibility**	**Timeframe for completion**	**Barriers to implementation**
The program led to moderate increases in fruit and vegetable consumption.	**1.** Investigate options for additional or alternative questions to include in the staff and parent surveys to identify potential reasons for inadequate fruit and/or vegetable consumption. Use this information to further develop resources and training materials to address barriers and enablers to adequate fruit and vegetable consumption at the centres and in the home.	Healthy Kids WA	30 September 2023	• Increased cost of including additional survey questions. • A longer survey may increase survey fatigue in respondents and lead to high drop-out and non-response rates. • Potential additional software requirements for analysing qualitative data.
The program brought about substantial improvements in child care centre staff attitudes and confidence with promoting healthy eating to children.	**2.** Leverage the positive attitudes and confidence of staff from participating centres to promote the program to other centres. For example, recruit enthusiastic staff from participating centres to champion the KEP in promotional activities.	Healthy Kids WA	30 September 2023	• Additional KEP staff time and resources required to recruit champions from participating centres. • Staff from participating centres may be unwilling or unable to take part in promotional activities without incentive or reimbursement.

What did you find?	Recommendation action and expected outcome	Responsibility	Timeframe for completion	Barriers to implementation
Barriers included high staff turn-over within child care centres and low response rates on the parent survey.	**3.** Compile KEP resources into an electronic package for new centre staff to assist with onboarding and upskilling on the KEP. Ensure awareness of the resources package for new staff among centre management.	Healthy Kids WA	30 September 2023	Management in centres with high staff turnover may not prioritise promotion of the KEP and/or distribution of KEP resources during the onboarding process.
	4. send follow-up reminders to parents to encourage them to complete the surveys. Include messages in the follow-up reminders which communicate the importance of the survey to the program's improvement and better nutrition for their child.			Additional KEP staff time and resources required to coordinate follow-up reminders for parent surveys.

Example: Comprehensive Tobacco Control Program – Program Planning Logic Model

Program	Comprehensive Tobacco Control Program (CTCP)
Agencies involved	Healthier Lives WA, Department of Health WA
Time period	1 July 2022 – 30 June 2025

Planned work		**Intended results**	
Context	**Program activities**	**Program objectives**	**Program aim(s)**
What legislation, policies or strategies are relevant to the program? • WA HPSF 2022–2026 supports programs that reduce tobacco smoking in WA adults. • The National Tobacco Strategy 2012–2018 supports programs that reduce the rate of tobacco smoking in Australia. • The WHO Framework Convention on Tobacco Control supports tobacco control measures that reduce the prevalence of tobacco use and exposure.	**What will the program deliver?** 1. undertake promotional activities to encourage uptake of the Kindy Eats Program in early childhood education and care settings. 2. Generate community/ organisational interest in tobacco control measures. 3. Run professional development (PD) events to increase knowledge in health professionals throughout the state. 4. Produce/distribute resources to public that support/promote quitting smoking. 5. Run seminars for relevant agencies to raise awareness of harms of second-hand smoking. 6. Provide training on cessation support, treatment services and access pathways for community and health professionals.	**What are the anticipated short to medium term impacts of the program? (objectives, service level outcomes)** 1. Increased (by 50 per year) number of early childhood education and care centres implementing KEP policies and menus that support healthy eating. 2. Increased percentage of staff who report a positive attitude towards promoting healthy eating to children in their care, after participating in training. 3. Increased percentage of staff who report feeling confident to promote healthy eating to children in their workplace.	**What are the anticipated long term outcomes of the program? (aim(s), community outcomes)** 1. Reduced prevalence of tobacco smoking in WA adults exposed to the program.

Planned work		Intended results	
Context	**Program activities**	**Program objectives**	**Program aim(s)**
Why is this program needed? (Identify the problem and the target audience) • One in ten (9 per cent) of WA adults are current smokers. • In 2015, tobacco use was the leading cause of ill health, disability and death in WA. • In 2015–16, tobacco use cost Australia $19.2 billion in social costs. **What works, according to the evidence?** • A sustained, population-wide, multi-level approach that includes mass media campaigns, access to cessation services, targeted interventions for at-risk groups, community interventions, and tobacco regulation. **What resources (inputs) are available?** • staff FTE: 5 • overall budget of $1,500,000/year • evaluation budget of $75,000/year • existing partnerships between parties.			
Formative evaluation	**Process evaluation**	**Impact evaluation**	**Outcome evaluation**

Example: Comprehensive Tobacco Control Program – Evaluation Proposal

Program	Comprehensive Tobacco Control Program (CTCP)				
Agencies involved	Healthier Lives WA (HLWA) , Department of Health WA				
Time period	1 July 2022 – 30 June 2025			**Program budget**	$1,500,000
Planned evaluation outputs	6-monthly activity reports, annual final evaluation reports, journal articles, conference presentations			**Evaluation budget**	$75,000
Aim(s)	**Outcome indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Reduce prevalence of tobacco smoking in WA adults exposed to the program	Percentage of adults who report smoking daily	CTCP survey	Pre and post-campaign, July 2022 to June 2025	30 September 2022, 2023, 2024, 2025	HLWA
Objective(s)	**Impact indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Increase motivation to quit among smokers exposed to the program	Percentage of surveyed smokers who are 'motivated' or 'highly motivated' to quit	CTCP survey	Prior to and following campaign waves, ongoing from July 2022 to June 2025	30 September 2022, 2023, 2024, 2025	HLWA
Increase awareness of the harms of smoking and exposure to second hand smoke in adults exposed to the program	Mean number of smoking-related health problems recalled by surveyed adults	CTCP survey		30 September 2022, 2023, 2024, 2025	HLWA
Increase quit attempts in WA smokers exposed to the program	Mean number and duration of self-reported quit attempts	CTCP survey		30 September 2022, 2023, 2024, 2025	HLWA

Activities	Process indicator(s)	Data source	Data collection dates	Reporting dates	Responsibility
Run statewide mass media campaigns targeting WA adults on harms of smoking	Percentage of surveyed adults able to recall content from campaign	CTCP survey	Post-campaign survey	30 March and September 2022, 2023, 2024, 2025	HLWA
Generate community/ organisational interest in tobacco control measures	Percentage of surveyed adults who recall hearing/seeing quit smoking messages in the past month	CTCP survey	Ongoing from July 2022 to June 2025	30 March and September 2022, 2023, 2024, 2025	HLWA
Run PD events to increase knowledge in health professionals throughout the state	Number of attendees at PD events per quarter	CTCP survey	Ongoing from July 2022 to June 2025	30 March and September 2022, 2023, 2024, 2025	HLWA
	Percentage of attendees reporting improved knowledge following PD events				
Produce/distribute resources to public that support/promote quitting smoking	Number of resources distributed per quarter	CTCP survey	Ongoing from July 2022 to June 2025	30 March and September 2022, 2023, 2024, 2025	HLWA
Run seminars for relevant agencies to raise awareness of harms of second-hand smoking	Total seminar attendees per quarter	CTCP survey	Ongoing from July 2022 to June 2025	30 March and September 2022, 2023, 2024, 2025	HLWA
	Percentage of attendees reporting improved awareness following PD events				

Activities	Process indicator(s)	Data source	Data collection dates	Reporting dates	Responsibility
Provide training on cessation support, treatment services and access pathways for community and health professionals	Percentage of attendees reporting 'very good' awareness following training	CTCP survey	Ongoing from July 2022 to June 2025	30 March and September 2022, 2023, 2024, 2025	HLWA
	Number of health services referring clients to Quitline				
	Number of health professionals and others attending training				
Additional evaluation questions					
1. Have demographic factors impacted on program reach?					
2. Have demographic factors impacted on changes in attempts to quit smoking?					
3. Have partnerships with key stakeholders been strengthened over the course of the program?					

Example: Comprehensive Tobacco Control Program – Reporting Summary

Program	Comprehensive Tobacco Control Program
Agencies involved	Healthier Lives WA, Department of Health WA
Evaluation outputs	6-monthly activity reports, annual final evaluation reports, journal articles, conference presentations

Key findings

1. The overall prevalence of tobacco smoking decreased amongst WA adults exposed to the program.
2. The program led to increases in motivation to quit, awareness of the harms of smoking and number of quitting attempts in WA smokers exposed to the campaign.
3. The effect of the program on motivation to quit varied by living location and household income.

What did you evaluate?	How was it measured?	What did you find?	What are the implications?	What were the challenges?
Program aim(s)				
Reduce prevalence of tobacco smoking in WA adults exposed to the program	Percentage of adults who report smoking daily	Small additional decline in smoking for adults exposed to program	The program further reduced daily smoking in WA adults	
Program objectives				
Increase motivation to quit among smokers exposed to the program	Percentage of surveyed smokers 'highly motivated' to quit	Large increase in motivation for those exposed to campaign	The program was effective at increasing motivation to quit	Effectiveness varied by living location and income
Increase awareness of the harms of smoking and exposure to second hand smoke in adults exposed to the program	Mean number of smoking-related health problems recalled by surveyed adults	Moderate increase in knowledge of harms of smoking	The program was effective at increasing awareness of the harms of smoking	

Program objectives				
Increase attempts to quit smoking in WA smokers exposed to the program	Mean number and duration of self-reported quit attempts	Small increases in the number and length of attempts to quit	The program was effective at increasing quit attempts	
Program activities				
Run statewide mass media campaigns targeting WA adults on harms of smoking	Percentage of surveyed adults able to recall content from campaign	60 per cent of adults were able to recall content from TV campaign.	Reach for the target audience was excellent	Reach varied by living location
Generate community/ organisational interest in tobacco control measures	Percentage of surveyed adults who recall hearing/seeing quit smoking messages in the past month	Recall of tobacco control messages increased sharply during campaign waves	Community interest in tobacco control measures was high	
Run PD events to increase knowledge in health professionals throughout the state	Number of attendees at PD events per quarter	1407 health professionals in total across 78 PD events	PD events were successfully delivered	
	Percentage of attendees reporting improved knowledge following PD	88 per cent of attendees reported improved knowledge	PD events were effective at improving knowledge	Data is self-reported, risk of bias
Produce / distribute resources to public that support/ promote quitting smoking.	Number of resources distributed per quarter	1429 resources disseminated	'Quit Kits' were widely disseminated	
Run seminars for relevant agencies to raise awareness of harms of second-hand smoke	Total seminar attendees per quarter	322 attendees across 40 seminars	Seminars were effective for raising awareness in key public health agencies	
	Percentage of attendees reporting improved awareness following PD	79 per cent reported improved awareness following PD events		Data is self-reported, risk of bias

Program activities				
Provide training on cessation support, treatment services and access pathways for community and health professionals	Percentage of attendees reporting 'very good' awareness after training	Increase in number of people reporting 'good' or 'very good' awareness	Training sessions were a time-effective method for raising awareness amongst staff in key public health agencies and the community	Regional/remote health professionals are more difficult to reach.
	Number of health services referring clients to Quitline	Increase in number of health services referring clients to Quitline		
	Number of health professionals and others attending training	996 people attended training in total across 38 training sessions		

Example: Comprehensive Tobacco Control Program – Evaluation Action Plan Options

Policy or program	Comprehensive Tobacco Control Program			
Agencies involved	Healthier Lives WA, Department of Health WA			
What did you find?	**Recommendation action and expected outcome**	**Responsibility**	**Timeframe for completion**	**Barriers to implementation**
The overall prevalence of tobacco smoking decreased amongst WA adults exposed to the program.	**1.** Increase the use of media (for example, media statements, radio interviews, newspaper columns, and online articles) to further promote community interest in issues relating to smoking and tobacco control measures.	HLWA	Ongoing from July 2022 to June 2025	Potential difficulties in sourcing opportunities to promote topical stories related to smoking and tobacco control in a cluttered media environment.
The program increased motivation to quit, awareness of the harms of smoking and number of quitting attempts in WA smokers exposed to the campaign. However, the effectiveness of the program on motivation to quit varied by living location and household income.	**2.** Implement improvements to the program to better target priority groups for which diminished program effectiveness is observed. (a) Collect data in future evaluation surveys on reasons for motivation to quit. Analyse responses by living location and household income brackets to identify commonly reported barriers to quitting for priority groups and determine implications for program delivery. (b) Use the findings to inform the strengthening of the program to better support priority groups overcome barriers to quitting.	HLWA	30 September 2023	• Increased cost of including additional survey questions. • A longer survey may increase survey fatigue in respondents and lead to high drop-out and non-response rates. • Potential additional software requirements for analysing large volumes of qualitative data.

What did you find?	Recommendation action and expected outcome	Responsibility	Timeframe for completion	Barriers to implementation
Training sessions were a time-effective method for raising awareness amongst staff in key public health agencies and the community. Regional/remote health professionals are more difficult to reach. Metropolitan health professionals are over-represented in the data.	**3.** Explore options for increase the reach of PD events among regional and remote health professionals. (a) Investigate options for offering virtual attendance for all PD events. (b) Conduct additional, targeted promotional activities to increase uptake of PD among regional and remote health professionals. (c) Partner with peak bodies in regional and remote health to enhance the reach of promotional activities in country WA.	HLWA	30 September 2023	• Potentially prohibitive costs of technology required to support virtual delivery of PD events. • Costs of upskilling staff in the use of new technology to deliver PD events virtually. • Capacity required to develop effective partnerships and generate partner buy-in to support promotional activities among partner networks.

Example: WA Falls Prevention Program – Program Planning Logic Model

Program	WA Falls Prevention Program (FPP)
Agencies involved	Healthy Older Adults WA, WA Department of Health
Time period	1 July 2022 – 30 June 2025

Planned work		**Intended results**	
Context	**Program activities**	**Program objectives**	**Program aim(s)**
What legislation, policies or strategies are relevant to the program? • The WA HPSF 2022–2026 supports programs that reduce the risk of falls in older adults. • Australian Commission on Safety and Quality in Healthcare identifies falls prevention in older people as a priority. **Why is this program needed? (Identify the problem and the target audience)** • In WA, injuries cause almost 1,000 deaths, 70,000 hospitalisations and 250,000 emergency department visits each year. • In WA, the leading cause of injury-related hospitalisations for all age groups was falls. In 2018, falls accounted for 42,384 emergency department admissions.	**What will the program deliver and who is the target group?** • Design, promote and deliver a series of community workshops on falls and falls prevention for older adults, carers and family members of older adults. • Develop and deliver a series of TV and online ads targeting WA adults on the dangers of falls and ways to prevent.	**What are the anticipated short to medium term impacts of the program? (objectives, service level outcomes)** • Increased knowledge of risk factors contributing to falls in the home among workshop participants. • Increased confidence to identify hazards in the home in workshop participants. • Increased skills to identify hazards in the home in workshop participants. • Increased awareness of factors leading to falls and ways to avoid falls in WA adults exposed to ads.	**What are the anticipated long term outcomes of the program? (aim(s), community outcomes)** • Reduced falls and fall-related injuries in workshop participants. • Self, family or carer-initiated changes in the home to reduce falls in WA adults by those exposed to ads.

Planned work		Intended results	
Context	**Program activities**	**Program objectives**	**Program aim(s)**
What works, according to the evidence? • Studies have shown that improving knowledge, awareness and skills for falls prevention is effective for reducing falls in older adults. • Family and carers have a significant role to play in falls prevention. **What resources (inputs) are available?** • staff FTE: 2 • overall budget of $500,000/year • evaluation budget of $25,000/year • existing partnerships between key agencies.			
Formative evaluation	**Process evaluation**	**Impact evaluation**	**Outcome evaluation**

Example: WA Falls Prevention Program – Evaluation Proposal

Program	WA Falls Prevention Program (FPP)				
Agencies involved	Healthy Older Adults WA, WA Department of Health				
Time period	1 July 2022 – 30 June 2025			**Program budget**	$500,000
Planned evaluation outputs	6-monthly activity reports, annual final evaluation reports, journal articles, conference presentations			**Evaluation budget**	$25,000
Aim(s)	**Outcome indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Reduce falls and fall-related injuries in older adult workshop participants	Number of self-reported falls in participating older adults	FPP Falls Diary	Diary provided 3 months prior to training, data collected at pre-training and 3 months post-training	30 September 2023, 2024, 2025	Healthy Older Adults WA
Prompt self-, family- or carer-initiated changes in the home to reduce falls in WA adults by those exposed to ads	Number and type of changes made within the home to prevent falls in adults	FPP Falls Prevention Survey	Prior to and following campaign	30 September 2023, 2024, 2025	Healthy Older Adults WA
Objective(s)	**Impact indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Increase knowledge of risk factors for falls in the home in workshop participants	Mean score on a risk knowledge quiz	Workshop survey	Pre-post training survey and 3-month follow up survey	30 March and September 2023, 2024, 2025	Healthy Older Adults WA
Increase confidence to identify hazards in the home in workshop participants	Percentage of participants who reported themselves to be 'confident' or 'very confident' in identifying risks in the home	Workshop survey	Pre-post training survey and 3-month follow up survey	30 March and September 2023, 2024, 2025	Healthy Older Adults WA

Objective(s)	Impact indicator(s)	Data source	Data collection dates	Reporting dates	Responsibility
Increase skills to identify hazards in the home in workshop participants	Mean number of hazards identified in risk perception test	Workshop Fall Risk Perception Test	Pre-post training survey and 3-month follow up survey	30 March and September 2023, 2024, 2025	Healthy Older Adults WA
Increase awareness of factors leading to falls and ways to avoid falls in WA adults exposed to ads	Mean number of contributing factors and methods to avoid falls identified	FPP Falls Prevention Survey	Prior to and following campaign waves	30 March and September 2023, 2024, 2025	Healthy Older Adults WA
Activities	**Process indicator(s)**	**Data source**	**Data collection dates**	**Reporting dates**	**Responsibility**
Design, promote and deliver a series of community workshops on falls and falls prevention for older adults, carers and family members of older adults	Percentage of participants 'satisfied' or 'highly satisfied' with workshop	Workshop survey	Post training survey	30 March and September 2023, 2024, 2025	Healthy Older Adults WA
	Number of people attending workshops	Enrolments database	Ongoing from July 2022 to June 2025	30 March and September 2023, 2024, 2025	Healthy Older Adults WA
Deliver and develop a series of TV and online ads targeting WA adults on the dangers of falls and ways to prevent	Percentage of WA adults surveyed able to recall content of one or more television or online ads	FPP Falls Prevention Survey	Prior to and following campaign waves	30 March and September 2023, 2024, 2025	Healthy Older Adults WA
Additional evaluation questions					
1. Have demographic factors impacted on program reach?					
2. Have demographic factors impacted on program effectiveness?					
3. Is the program sustainable?					

Example: WA Falls Prevention Program – Reporting Summary

Program	WA Falls Prevention Program (FPP)
Agencies involved	Healthy Older Adults WA, WA Department of Health
Evaluation outputs	6-monthly activity reports, annual final evaluation reports, journal articles, conference presentations

Key findings

1. The program led to a reduction in both self-reported falls in workshop participants and increased determination to prevent falls in those exposed to advertisements.
2. The program led to large increases in confidence and skills with identifying hazards in the home and small increases in knowledge of risk factors contributing to falls.
3. Improvements to fall rates, confidence and skills achieved at the workshops were all maintained at 3-month follow-up.

What did you evaluate?	How was it measured?	What did you find?	What are the implications?	What were the challenges?
Program aim(s)				
Reduce falls and fall-related injuries in older adult workshop participants	Number of self-reported falls in participating older adults	Moderate reduction in self-reported falls	The program is an effective way to reduce falls in older adults	The rate of falls amongst older adults was low, resulting in low statistical power for analysis
Prompt self, family or carer-initiated changes in the home to reduce falls in WA adults by those exposed to ads	Number and type of changes made within the home to prevent falls in adults	Small increase in the number of changes made to prevent falls	The ads only prompted a small increase in self, family or carer-initiated changes in the home	
Program objectives				
Increase knowledge of risk factors contributing to falls in the home in workshop participants	Mean score on the 'Know the Risks' quiz	Small increase in knowledge of risk factors for falls in the home	Sections of the workshop may need to be revised (although see challenges)	Knowledge of risk factors was already high, so ceiling effects may have restricted increases

Program objectives				
Increase confidence to identify hazards in the home in workshop participants	Percentage of participants who reported themselves to be 'confident' or 'very confident' in identifying risks in the home	Large increase in confidence to identify hazards in the home	The program is very effective for increasing confidence with identifying hazards	
Increase skills to identify hazards in the home in workshop participants	Mean number of hazards identified in the 'Fall Risk Perception Test'	Large increase in ability to identify hazards	Program is effective for building skills with identifying hazards	
Increase awareness of factors leading to falls and ways to avoid falls in WA adults exposed to ads	Mean number of contributing factors and methods to avoid falls identified	Moderate increases in awareness of falls and ways to avoid falls	The ads were an effective way to increases awareness about falls and ways to avoid falls	
Program activities				
Design, promote and deliver a series of community workshops on falls and falls prevention for older adults, carers and family members of older adults	Percentage of participants 'satisfied' or 'highly satisfied' with workshop	Satisfaction with the workshop was high	Workshop content and delivery requires few changes	
	Number of people attending workshops	711 people attended across 41 workshops	Cost per person was high, more cost-effective ways of delivering workshops should be explored	
Deliver and develop a series of TV and online ads targeting WA adults on the dangers of falls and ways to prevent	Percentage of surveyed WA adults able to recall content of one or more television or online ads	40 per cent of adults were able to recall content from at least one TV or online ad	Reach for the target audience was high	

Example: WA Falls Prevention Program – Evaluation Action Plan

Policy or program	WA Falls Prevention Program (FPP)			
Agencies involved	Healthy Older Adults WA, WA Department of Health			
What did you find?	**Recommendation action and expected outcome**	**Responsibility**	**Timeframe for completion**	**Barriers to implementation**
The program led to a reduction in both self-reported falls in workshop participants and increased determination to prevent falls in those exposed to advertisements.	**1.** Investigate options for expanding workshop delivery to other settings and audiences to increase the reach and impact of the program for older adults (for example, as professional development for health professionals who are involved in caring for older adults).	Healthy Older Adults WA	Ongoing from July 2022 to June 2025	• Staff time and resources required to tailor workshop content and materials for other audiences. • Other audiences may be unable or unwilling to attend workshops without incentive (for example, health professionals may be incentivised through continuing professional development (CPD) points).
The program led to large increases in confidence and skills with identifying hazards in the home and small increases in knowledge of risk factors contributing to falls.	**2.** Implement changes to the workshop content based on the participant feedback collected through the pre- and post-workshop surveys and frequently asked questions noted in workshop facilitator's process notes to further increase knowledge.	Healthy Older Adults WA	30 September 2023, 2024, 2025	• Participants are highly satisfied with workshop content, and feedback which could be used to inform improvements is often limited.
Improvements to fall rates, confidence and skills achieved at the workshops were all maintained at 3-month follow-up. However, the cost of workshop delivery per person was high, more cost-effective ways of delivering workshops should be explored.	**3.** Investigate options for improving the cost-effectiveness of delivering workshops (for example, virtual delivery of workshops, offer electronic resources for distribution in place of hard-copy resources, use of tablets instead of paper-based surveys).	Healthy Older Adults WA	30 September 2023, 2024, 2025	• Potentially prohibitive costs of technology required to support the virtual delivery of workshops. • Costs of upskilling staff in the use of new technology to deliver workshops. • Initial upfront costs of purchasing tablets for use in workshops, in place of paper-based surveys. • Some workshop attendees are older adults and may still require or prefer paper-based surveys and/or hard copy resources.

Terms and definitions

Term	Definition
Empirical evidence	Evidence gathered by directly observing or measuring the effects of an experiment or intervention.
Evaluation	The systematic collection and analysis of information to enable judgements about a program's effectiveness, appropriateness and efficiency.[1]
Impacts	The results or accomplishments of the program achieved in the short to medium term. For example – awareness, knowledge, attitudes, and intentions. If you hold a service agreement with the Chronic Disease Prevention Directorate, your 'impacts' would be your 'service-level outcomes'.
Input	Resources (for example, employees or budget) expended on the policy or program.[1]
Outcomes	The ultimate, long-term changes, an initiative aims to bring about, including unintended or unanticipated consequences.1 For example – changes in behaviour, general health status, the likelihood of developing disease, severity of disease, life expectancy, and quality of life. If you hold a service agreement with the Chronic Disease Prevention Directorate, your 'outcomes' would be your 'community outcomes'.
Output	Reports, presentations or scientific publications produced for the purposes of disseminating research and/or evaluation findings.
Policy	A statement of principle that articulates, and aligns with, legislative, regulatory or organisational requirements.[2]
Practise-based evidence	Health promotion programs may be practise-based, if they are designed based on evidence collected from similar programs that have been implemented in the past, or the experiences and expertise of other health promotion practitioners, researchers and evaluators.
Program	A group of related activities (may be called an initiative, program, project, policy, strategy or service) undertaken by or for government that intends to have a specific outcome or impact (that is, government is choosing to do something to achieve a result).[1]
Qualitative	Methods involving attempts to describe, explain or otherwise contribute to the understanding of a phenomenon are considered qualitative. Qualitative methods include but are not limited to interviewing or conducting focus groups.
Quantitative	Methods involving the measurement or expression of a phenomenon are considered quantitative if they involve counting, calculating or reporting something in numerical form. Quantitative methods usually involve statistical analyses.
Research	Systematic investigation in the pursuit of new knowledge, concepts, methods or understanding as guided by theory, a field of enquiry or specific problem.
Theory-informed evidence	Health promotion programs may be theory-informed, if they are designed based on a health promotion theory. Health promotion theories describe different pathways for how behaviour change can occur. Examples of theories commonly used in health promotion include the Health Belief Model, Stages of Change Model (the Transtheoretical Model), Social Cognitive Theory, Theory Reasoned Action/Planned Behaviour and Nudge Theory.

Additional resources

Web addresses correct as of April 2023

Health Promotion and Program Planning

- Chronic Disease Prevention Directorate. *WA Health Promotion Strategic Framework 2022-2026*. Perth: Department of Health, WA; 2022.
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- Peersman, G., Guijt, I., and Pasanen, T. Evaluability Assessment for Impact Evaluation. A Methods Lab publication. London: Overseas Development Institute; 2015.
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Review and Dissemination

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