



**Program Evaluation Proposal:  
PADRES Contra El Cáncer (Parents  
Against Cancer)**

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## **Executive Summary**

### **Program Evaluation Proposal: PADRES Contra El Cáncer (Parents Against Cancer)**

#### **Program Overview**

Through culturally relevant and linguistically-appropriate programs, PADRES unique programs, activities, and services benefit childhood cancer patients from all ethnic and economic backgrounds. The programs, activities, and services assist families in overcoming emotional, financial, educational, and social barriers. The unique program model provides support during all stages of the cancer treatment, including survivorship, for the patient and all family members.

#### **Purpose of Evaluation**

The purpose of this evaluation is to further explore the program components and its impact in order to preserve and enhance these program activities. The stakeholders will not only be able to use these findings to improve their services, and will also be able to use the information gathered to make decisions about modifications, which will lead to more innovative program activities and approaches. An emphasis will be placed on the assessment of activities and the change experienced by participants in the social, emotional, and economic areas.

#### **Evaluation Approach**

The evaluation approach will be based on a decision-oriented model, more specifically Stufflebeam's CIPP model. From the four evaluation components that form the acronym of this model (context, input, process, and product) I will focus on product evaluation. This approach will focus on the program activities, and the assessment of their effectiveness, strengths, and areas of need. This will be a summative evaluation, and as an external evaluator, ways to enhance the program will be explored. The three main evaluation questions are: (1) To what extent have program activities made a difference in the social development of the children and families that participate?; (2) To what extent have program activities made a difference in the emotional development of the children and families that participate?; (3) To what extent have program activities made a difference in the economic condition of the children and families that participate?

#### **Data Collection Methods and Plan**

Quantitative and qualitative data will be collected to further assess the impact of the PADRES program. Several stakeholders (program participants and their family members, case managers, and therapists) will be asked to participate in surveys, interviews, and focus groups. 50% of all 1200 participants in the last 2 years (N = 600) will be asked to participate in a survey, 20% (N = 120) will be asked to participate in a family interview, and 30% (N = 180) will be asked to participate in focus groups. In addition, all case managers (N = 5) and therapists (N = 6) will be invited for individual interviews. Their confidentiality and longevity in the program will be two strong components of data collection.

#### **Evaluation Standards Addressed in Proposal**

In order to enhance the quality of the proposed evaluation, several standards will be addressed throughout the proposed design. An example of a utility standard that will be applied throughout the evaluation is U2 (attention to stakeholders), as stakeholders feedback is a central part to assess the products (activities and events) of the PADRES program. Accuracy standards are also an important component of this evaluation. An example of an accuracy standard applied in this evaluation is A1 (justified conclusions and decisions). The evaluation will end with a summary of justified recommendations based on the analysis of the information obtained. These recommendations will be based on the statistically significant results, qualitative support, and limitations of assessment.

### **Introduction: Program Evaluation Proposal (PADRES Contra El Cáncer)**

As a doctoral student in the Art Education program with an arts administration emphasis, I'm interested in non-profit management and sustainability. More specifically, I have experience in several research studies, identifying educational and social challenges faced by children from different economic and cultural backgrounds. I'm interested in developing alternative integrated art programs that address these challenges, and in the assessment of programs that potentially can enhance the quality of life, and social support for young people and families affected by cancer. These experiences have armed me with adequate qualifications to evaluate the PADRES contra el cáncer program. The following is a program evaluation proposal which aims to focus on product evaluation, and will comprise a broad range of stakeholders' feedback including participants, managers, and program staff, to explore the strengths of the program activities, and to identify areas of need.

### **Program Description**

PADRES contra el cáncer (parents against cancer) is a program that offers culturally-relevant educational and emotional support services for Latino families and children (and young adults) diagnosed with cancer. At the time of its establishment in 1985, PADRES provided support to eight families in Los Angeles. Today the organization continues to be primarily located in Los Angeles, and has assisted more than 49,800 childhood cancer patients and families, and this number continues to increase as PADRES establishes partnerships with hospitals in California, Florida, New York, and Nevada.

### **Mission**

Padres contra el cáncer (PADRES) is an organization committed to improving the quality of life for Latino children with cancer and their families. PADRES began its mission more than

26 years ago to support the needs of the Latino community who have a higher risk of medical problems due to a series of complex factors, including language barriers, socio-economic challenges, and limited access to community resources. Through culturally relevant and linguistically-appropriate programs, PADRES bridges these gaps to promote a comprehensive understanding of childhood cancer and other blood disorders, as well as effective methods for treatment. The unique programs, activities and services of PADRES benefit childhood cancer patients from all ethnic and economic backgrounds, serving families from initial diagnosis to survivorship.

### **Program's Expected Goals and Outcomes**

In 2004 PADRES launched a new program model, addressing four overall goals that would serve as a baseline for current and prospective programs, activities, and services. The program goals strive to ensure that: (1) Latino children, their siblings, parents, and other primary care givers have the support they require to better understand and cope with the challenges of childhood cancer; (2) Latino families are empowered to play an active leadership role in their children's medical treatment; (3) Cancer treatment centers and medical professionals serving Latino children and families provide culturally and linguistically appropriate services and care; (4) The model of PADRES for providing effective, culturally, and linguistically appropriate services is utilized by medical institutions, healthcare professionals, and other disease organizations serving Latino families.

### **Operations and Activities**

The programs, activities, and services assist families in overcoming emotional, financial, educational, and social barriers that interfere with strict adherence to the recommended treatment regimen. The unique program model provides support during all stages of treatment, including

survivorship, for the patient and all family members. The programs make available resources in the following critical areas: childhood cancer education, general health/well-being education, economic resources, emotional support services, quality of life activities/special events, and family case management.

### **Logic Model**

As stated in their mission, PADRES offers services that assist families in overcoming emotional, financial, and social barriers. The program theory concludes that if participants receive these services, changes in social, emotional, and economic areas can be improved. Furthermore, if enough participants experience a change in the targeted areas, then the program may have a broader impact not just on the participating families but on the community as a whole. Therefore, for this evaluation, a logic model illustrating the program theory as grounded by the mission and supported by the services offered will be used (see Appendix A).

In this logic model, the inputs, activities, outcomes, evaluation indicators and methods are aligned with the program's mission. The inputs listed include all the resources of the program, ranging from fiscal to staff and community partners. The Program activities and services are listed and grouped by type e.g. therapy, economic resources. The outputs for these activities are listed in terms of number of sessions and services, as well as number of participants served. A critical part of the logic model is the list of outcomes as these are exclusively based on the program's activity goals and mission. Outcomes are categorized by short-term and long-term. As part of this proposed evaluation, these outcomes are measured by specific targeted indicators of the expected change and impact. The final column in the logic model provides a brief overview of the methodology that will be used to measure these expected standards.

### **Purpose of the Proposed Evaluation**

The purpose of this evaluation is to further explore the program components and their impact, in order to preserve and enhance these program activities. This evaluation will focus on answering questions about the needs of the program. The stakeholders will not only be able to use these findings to improve their programs, but will also be able to use the information gathered to make decisions about modifications, and creations of more innovative program activities and approaches (i.e. art-based curricula).

### **Evaluation Approach and Context**

The evaluation approach will be based on a decision-oriented model, more specifically Stufflebeam's CIPP model. From the four evaluation components that form the acronym of this model (context, input, process, and product) I will focus on product evaluation. This approach and focus on product was chosen based on the program's mission which focuses on providing programs, activities, and services that assist families in overcoming emotional, financial, educational, and social barriers. This approach will be utilized in order to obtain information from several types of stakeholders, such as managers, staff, and participants, to better understand the impact of the program activities. The focus will be on the program outcomes and the effectiveness, strengths and areas of need. This will be a summative evaluation, and as an external evaluator the program activities will be explored and comparisons to programs alike will be made in order to offer suggestions that will further enhance the program.

### **Rationale**

PADRES was organized after two research studies funded by the American Cancer Society indicated that culturally-relevant educational and emotional support services for the Latino patient were lacking in the medical setting. Today, PADRES is the only organization of



its kind in the United States, and due to the magnitude and impact of the program activities and services, it is important to evaluate these for future sustainability and potential strengthening of the overall program. The collection of quantitative and qualitative data from participants and staff will allow for a thorough assessment of this program, the numerous activities and events offered, as well as assessment of the program effects to ensure their alignment with the program's mission and goals.

### **Stakeholder Checklist**

At PADRES the family profile is one of a generally underserved population. More than 70% of the participating families are first-generation Americans with a limited academic background, demonstrate limited fluency in English, lacks adequate medical insurance, and earn less than \$25,000 annually while on treatment. Patients range between newborn and 21 years of age at diagnosis. The services provided to these families are made possible by case managers, therapists, and volunteers.

The specific stakeholders are: founders, program managers, case managers, class instructors, other staff, participating children, participating families, funding agencies, community partners, and volunteers. A detailed checklist evaluating these stakeholders, who will also be part of the evaluation audience, is presented in this document as Appendix B. This evaluation audience checklist provides an overview of the specific stakeholders, and as indicated by a checkmark, the areas/ways in which these evaluation findings will serve the stakeholders.

### **Divergent Evaluation Questions Matrix: Selected Questions**

A set of divergent evaluation questions were developed based on the program's mission, and evaluation goal, and these were then rated based on their impact on the program (Appendix C). These ratings were numerical (1-5) to better indicate their impact on the program and

stakeholders. The questions used to rate the potential evaluation questions were: is the question of interest to key audiences?; does the question reduce present uncertainty?; does the question yield important information?; is the question of continuing (not fleeting) interest?; is this question critical to the study's scope and comprehensiveness; does the question have an impact on the course of the events?; is the question answerable in terms of financial and human resource?; is the question answerable in terms of time?; is the question answerable in terms of available methods and technology?

### **List of Evaluation Questions**

Based on these ratings, three main evaluation questions were selected, and as mentioned they are directly related to the program's mission and goals of the program's activities.

1. To what extent have program activities made a difference in the social development of the children and families that participate?
2. To what extent have program activities made a difference in the emotional development of the children and families that participate?
3. To what extent have program activities made a difference in the economic condition of the children and families that participate?

### **Evaluation Plan**

A detailed approach to the collection of data for these evaluation questions will be narrated in the upcoming data collection plan section of this document, but can also be seen in separate tables in Appendix D.

### **Data Collection Plan and Example of Instrumentation**

There will be three types of data collection procedures: surveys, interviews, and focus groups. These will have the intent of collecting quantitative and qualitative data that further

assesses the impact that PADRES has on the social, emotional, and economic development of all participants. Several stakeholders (program participants and their family members, case managers, and therapists) will be asked to participate in several evaluation activities, such as surveys, interviews, and focus groups, to accommodate for the number of participants in each group. Case managers (N = 5) and therapists (N = 6) will be interviewed individually as their sample size is small. Participants will be sampled through surveys (N = 600) and a portion of them (N = 300) will be invited to focus groups and interviews. A detailed breakdown of the distribution of participants will be narrated in the next sections, and can also be seen in Appendix E.

Due to the ongoing activities, there is a lot of variability in the sampling in terms of time in the program. Therefore, participants will be divided in two groups based on their timeframes of participation. More specifically, individuals who have participated for no more than six months will be in one group, and participants who have participated for more than six months will be in another group.

### **Methods and Instrumentation**

A pre-stamped postcard will be mailed in February to randomly selected participants. These will represent 50% of all those (N = 600) that have participated in the last two years. Those that respond will be mailed out a survey during February. Phone calls will be made to individuals that have not replied in order to verify their address, and to ask for their participation. In March, all remaining surveys will be emailed or mailed out, excluding those that declined to participate.

**Surveys.** From the total 1200 participants in the last 2 years, 50% (N = 600) of active and former participants in the last two years will be mailed a survey (made available in English and

Spanish), and upon return they will be mailed out a \$25 gift card. Some sample questions that will be incorporated in the survey are presented as Appendix F in this document.

**Interviews.** From those participants that return the pre-stamped survey, 20% (N = 120) of members will be asked to participate in a family interview. Each family member will be given a \$25 gift card, and the home interviews will last between 90 to 120 minutes. These interviews will be recorded for accurate analysis. In addition, all case managers (N = 5) and therapists (N = 6) will be invited for a one-hour interview.

**Focus groups.** From those who return the pre-stamped survey, 30% (N = 180) will be asked to participate in focus groups that will last for two-and-a-half hours. A total of 12 focus groups formed by 15 participants will be conducted. Transportation vouchers and a \$30 gift card will be provided for each participant. The focus groups will take place in a PADRES facility, and these will take place in groups based on participation longevity. This means that those who have participated for no more than six months will be invited to different focus groups than those participants who have participated for more than six months.

### **Application of Evaluation Standards**

In order to enhance the quality of the proposed evaluation, several standards will be addressed throughout the proposed design. The following sections elaborate on two of these standards.

#### **Utility Standard: U2 Attention to Stakeholders**

The utility of an evaluation is important and must meet the needs of the programs and stakeholders in order to increase the future likelihood of usage. Among the eight standards of utility, U2 (attention to stakeholders) will be applied throughout the evaluation as stakeholders feedback is a central part to assess the products (activities and events) of the PADRES program.

Through surveys, interviews, and focus groups, not just participants and families, but administrators as well will provide feedback, so that a full range of stakeholders are included. The change experienced by stakeholders as a result of program participation will be the main theme of this evaluation.

### **Accuracy Standard: A1 Justified Conclusions and Decisions**

Accuracy standards are also an important component of this evaluation. One of the eight accuracy standards applied is A1 (justified conclusions and decisions). The evaluation will end with a summary of justified recommendations based on the analysis of the information obtained. These recommendations will be based on the statistically significant results, qualitative support, and limitations of assessment. An emphasis will be placed on the assessment of activities and the change experienced by participants in the social, emotional, and economic areas.

### **Reflections on Process**

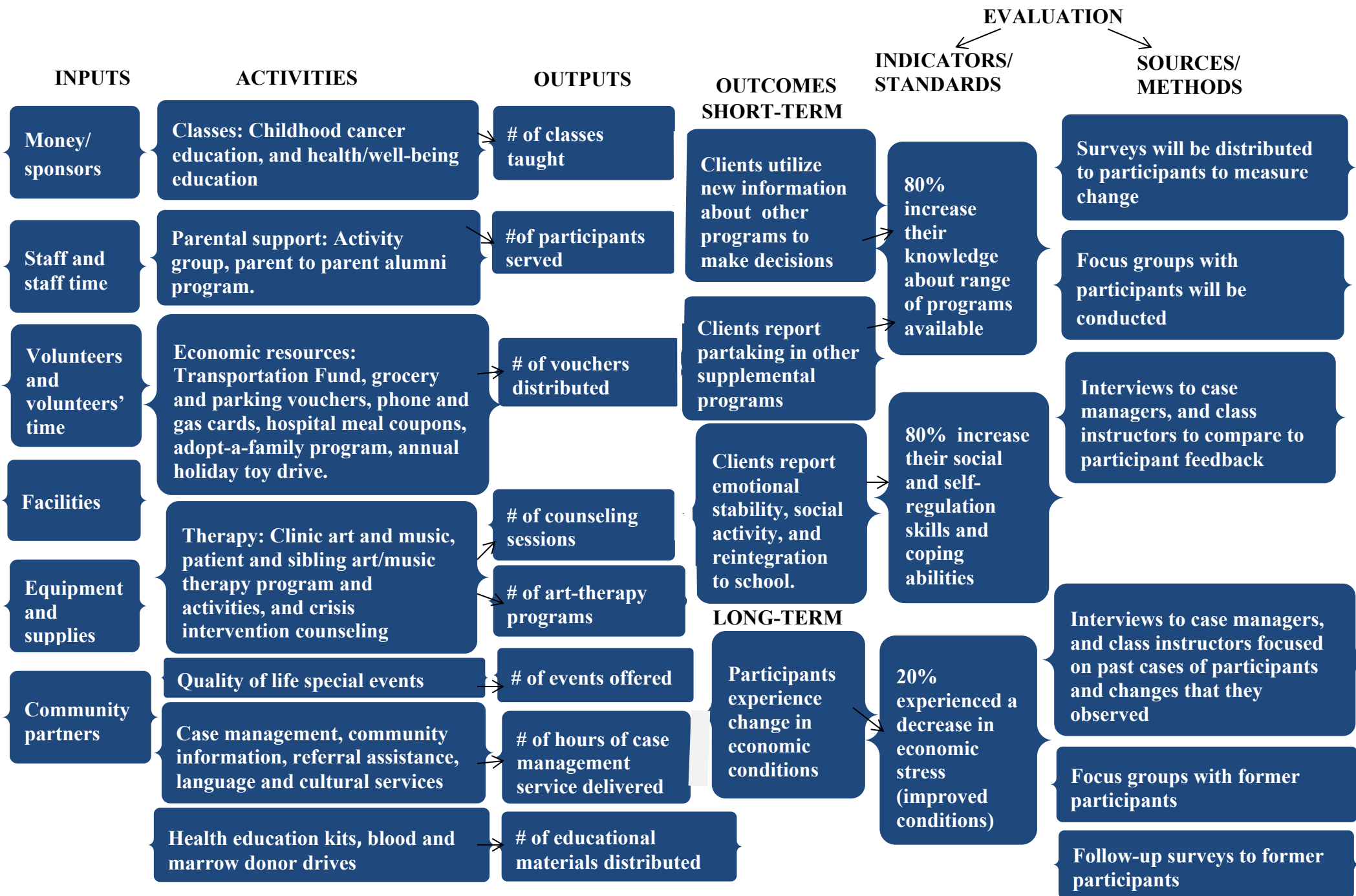
For me this project helped me expand my experiences, as it was very interesting and new to be involved in the planning process of an evaluation. I have experience in research, and in analyzing data collected from evaluations back when I worked for the Center for the Study of Evaluation & National Center for Research on Evaluation, Standards, and Student Testing (CRESST) at the University of California, Los Angeles (UCLA). However I was never involved in the actual planning of the evaluation, and I didn't really understand how to develop evaluation questions, and their relationship to the program and stakeholders; now I do.

I also learned a valuable lesson by focusing on a particular area of the CIPP model, as opposed to all four components: context, input, process, and product. I was disappointed at first when I was encouraged to select and focus on just one of these components. However, now I'm very thankful that I focused on only product evaluation, as this permitted me to narrow the scope

of the evaluation, allowing me at the same time to develop a significant amount of work. In the future, I hope to take evaluation classes that focus on decision-oriented approaches, as these types of evaluations are very useful to the types of programs that interest me.

**APPENDIX A: LOGIC MODEL**

**LOGIC MODEL OF PROGRAM**





**APPENDIX B: EVALUATION AUDIENCE CHECKLIST**

<b>Evaluation Audience Checklist</b>					
<i>Entity To Be Evaluated: PADRES</i>	<i>(Check All Appropriate Boxes)</i>				
<i>Individuals, Groups, or Agencies Needing the Evaluation's Findings</i>	<i>To Make Policy</i>	<i>To Make Operational Decisions</i>	<i>To Provide Input to Evaluation</i>	<i>To React</i>	<i>For Interest Only</i>
Developer of the program, Enrique Garcia, CEO.	✓	✓	✓	✓	
Funder of the program: Independent celebrity donors and companies (e.g. Edward James Olmos, AT&T).				✓	
Person/agency who identified the local need: City of Hope, USC and UCLA.		✓	✓	✓	
Board that approves the delivery of the program at a local level: Advisory board (Luis Faura, President & COO, C & F Foods, Inc.; Lenny Sage Partner, Mercedes Benz of Valencia; Estela Mora Marianne Romano, Vice President, USTV Nickelodeon Communications).	✓	✓	✓		
Medical Advisory Committee.	✓	✓	✓		
Other providers of resources (facilities, supplies, in-kind contributions): Celebrity ambassadors, inters, and volunteers.			✓		
Top managers of the program: Executive officers (President Armando Azarloza, President of The Axis Agency; President Emeritus Neil Carrey, Esq. Attorney at Law, Baker Hostetler; VP Rita Cruz Gallegos, Founder and Principal Partner of Genesis Consultants, LLC; Secretary Mayola Delgado, Manager of Community Relations, Univision 34).	✓	✓	✓	✓	
Honorary Advisors: Xavier Becerra (U.S. House of Representatives); Lucille Roybal-Allard (U.S. House of Representatives); Adam Schiff (U.S. House of Representatives); Gilbert A. Cedillo (California Senate); Eric Garcetti (Los Angeles City Council).	✓	✓	✓	✓	
Program deliverers: Case managers, and therapists.		✓	✓		
Sponsors of the evaluation (foundation: City of Hope).			✓	✓	
Direct clients of the program: Children and families.	✓	✓	✓	✓	
Indirect beneficiaries of the program (friends of participants/families, and the community).				✓	✓
Potential independent funders (general public).				✓	
Local community members.					✓

**APPENDIX C: DIVERGENT EVALUATION QUESTIONS MATRIX**

### Divergent Evaluation Questions Matrix

Using yes and no and 1-5 ratings, the following questions are reviewed:

<b>Evaluation Question</b>	<b>Is it of interest to key audiences?</b>	<b>Does it reduce present uncertainty?</b>	<b>Does it yield important information?</b>	<b>Is it of continuing (not fleeting) interest?</b>	<b>Is it critical to the study's scope and comprehensiveness?</b>	<b>Does it have an impact on the course of the events?</b>	<b>Is it answerable in terms of financial and human resource?</b>	<b>Is it answerable in terms of time?</b>	<b>Is it answerable in terms of available methods and technology?</b>
To what extent have program activities made a difference in the social development of the children and families that participate?	Yes (5)	Yes (5)	Yes (5)	Yes (5)	Yes (5)	Yes (5)	No (2)	Yes (5)	No (2)
To what extent have program activities made a difference in the emotional development of the children and families that participate?	Yes (5)	Yes (5)	Yes (5)	Yes (5)	Yes (5)	Yes (5)	No (2)	Yes (5)	No (2)
To what extent have program activities made a difference in the economic condition of the children and families that participate?	Yes (5)	Yes (5)	Yes (5)	Yes (5)	Yes (5)	Yes (5)	No (2)	Yes (5)	No (2)
Did participants learn new information about resources and programs?	Yes (5)	Yes (4)	Yes (4)	Yes (5)	Yes (5)	Yes (5)	No (1)	Yes (5)	Yes (4)
Did participants learn coping skills?	Yes (5)	Yes (4)	Yes (4)	Yes (5)	Yes (5)	Yes (5)	No (1)	Yes (5)	Yes (4)
Are parents and children actually using these improved skills? Are they making decisions based on program content?	Yes (5)	Yes (4)	Yes (4)	Yes (5)	Yes (5)	Yes (5)	No (1)	Yes (5)	Yes (5)
Was the target audience reached? Who else was reached?	Yes (5)	Yes (4)	Yes (4)	Yes (5)	Yes (5)	Yes (5)	No (1)	Yes (4)	Yes (3)

**APPENDIX D: EVALUATION PLAN OF THREE EVALUATION QUESTIONS**

**Evaluation Plan: Question 1**

Evaluation Question	Information Required		Design	Information Source	Method for Collecting Information
To what extent have program activities made a difference in the social development of the children and families that participate?	Breakdown of number of children and families that participated in each type of program activity that was offered. Length of participation (all sessions completed, regular attendance, etc). Site in which the participants attended. Current school enrollment of children. Current enrollment of families in events or community activities.		Descriptive and case study elements.	Individuals that attended and completed the activities offered. Case managers and therapists.	Surveys, interviews, and focus groups.
Sampling		Information Collection Procedures	Schedule		Analysis Procedures
<ul style="list-style-type: none"> <li>• Surveys for all active and former participants in the last two years. Due to the ongoing activities, there is a lot of variability in the sampling in terms of time in the program. Therefore participants will be grouped based on their timeframes of participation. Participants who have participated for no more than six months, and participants who have participated for more than six months.</li> <li>• Of those who complete the surveys (50% of total N = 600), 20% (N = 120) will be contacted for home interviews, and 30% (N = 180) will be asked to participate in one of 12 focus groups (each of 15 participants). These groups will be separated into former participants and current participants.</li> <li>• Furthermore, individual interviews with case managers (N=5), and therapists (N=6) will be conducted.</li> </ul>		Surveys will be mailed to 50% (N = 600) of all active and former participants in the last two years. From those that participate 20% (N=120) will be asked to participate in a home interview (60-90 mins. long). A \$25 gift card will be given to each participant and family member that participates. Of the 600 survey participants, 30% (N=180) will be invited to participate in focus groups (2.5 hrs. long). Transportation vouchers and a \$30 gift card will be provided. In addition case managers (N=5) and therapists (N=6) will be individually interviewed for 1 hr. All interviews and focus groups will be recorded for accuracy.	<ul style="list-style-type: none"> <li>• A pre-stamped postcard will be mailed in February for participants to reply if they are interested in participating. Those that respond will be mailed out a survey during February. Phone calls will be made to those that do not reply to verify their address and to ask for their participation. In March all remaining surveys will be emailed or mailed out.</li> <li>• In May, 50% of those that return the self-stamped survey will be contacted for home interviews and focus groups. These home interviews and focus groups will take place during the same months for a period of six months.</li> </ul>		Quantitative data will be analyzed using SPSS focusing on descriptives and means for scales utilized in the surveys. The qualitative portion of the surveys will be entered and analyzed. The recorded tapes for the focus groups and interviews will be transcribed and prepared for data analysis. For the qualitative data, major themes will be summarized and both mixed methods will be integrated to determine the trends.
Reporting Procedures					
Interpretation Procedures	Audience(s)	Content	Format	Schedule	
Are children back in school? Are they in regular courses? Are they able to sustain friendships? Are families able to retain friendships with other adults? Are families participating in regular community events in comparison to the time prior to the illness? Did 80% report an increase in social skills?	Funding sources (private and government), program managers, case managers, potential participating children and families, community partners, and health care providers.	It will help make decisions by answering product related questions: What are the effective or valuable characteristics of the activities? Which activities are more useful to participants' social development? What modifications do the program activities need?	Several meetings with therapists and program managers will take place to discuss goals and interpretation, as well as application of results. Two meetings to discuss with case managers, community partners, and other staff about the feedback provided by participants will also take place. Technical reports will be provided to funding sources, case managers, community partners, and other staff.	First meetings with case managers, therapist, and community partners to discuss the evaluation plan will take place in January. Throughout the year, bi-monthly meetings will take place with program managers regarding the progress of the evaluation, starting in January. A second meeting will be conducted with case managers, community partners, and other staff about the feedback provided by participants in October. A technical report will be provided at the end of the year (December) with summarized results to funding sources and case managers, community partners, and other staff.	

**Evaluation Plan: Question 2**

Evaluation Question	Information Required	Design	Information Source	Method for Collecting Information
To what extent have program activities made a difference in the emotional development of the children and families that participate?	Breakdown of number of children and families that participated in each type of program activity that was offered, particularly the therapeutic services. Length of participation (all sessions completed, regular attendance, etc). Site in which the participants attended. Current enrollment in therapy as parts of PADRES as well as outside of PADRES.	Descriptive and case study elements.	Individuals that attended and completed the therapeutic activities offered. Therapists as well.	Surveys, interviews, and focus groups.
Sampling		Information Collection Procedures	Schedule	Analysis Procedures
<ul style="list-style-type: none"> <li>• Surveys for all active and former participants in the last two years. Due to the ongoing activities, there is a lot of variability in the sampling in terms of time in the program. Therefore participants will be grouped based on their timeframes of participation. Participants who have participated for no more than six months, and participants who have participated for more than six months.</li> <li>• Of those who complete the surveys (50% of total N = 600), 20% (N = 120) will be contacted for home interviews, and 30% (N = 180) will be asked to participate in one of 12 focus groups (each of 15 participants). These groups will be separated into former participants and current participants.</li> <li>• Furthermore, individual interviews with case managers (N=5), and therapists (N=6) will be conducted.</li> </ul>		Surveys will be mailed to 50% (N = 600) of all active and former participants in the last two years. From those that participate 20% (N=120) will be asked to participate in a home interview (60-90 mins. long). A \$25 gift card will be given to each participant and family member that participates. Of the 600 survey participants, 30% (N=180) will be invited to participate in focus groups (2.5 hrs. long). Transportation vouchers and a \$30 gift card will be provided. In addition therapists (N=6) will be individually interviewed for 1 hr. All interviews and focus groups will be recorded for accuracy.	<ul style="list-style-type: none"> <li>• A pre-stamped postcard will be mailed in February for participants to reply if they are interested in participating. Those that respond will be mailed out a survey during February. Phone calls will be made to those that do not reply to verify their address and to ask for their participation. In March all remaining surveys will be emailed or mailed out.</li> <li>• In May, 50% of those that return the self-stamped survey will be contacted for home interviews and focus groups. These home interviews and focus groups will take place during the same months for a period of six months.</li> </ul>	Quantitative data will be analyzed using SPSS focusing on descriptives and means for scales utilized in the surveys. The qualitative portion of the surveys will be entered and analyzed. The recorded tapes for the focus groups and interviews will be transcribed and prepared for data analysis. For the qualitative data, major themes will be summarized and both mixed methods will be integrated to determine the trends.
Reporting Procedures				
Interpretation Procedures	Audience(s)	Content	Format	Schedule
Are children back in school? Are they in regular courses? Are they able to sustain friendships? Are families able to retain friendships with other adults? Are families participating in regular community events in comparison to the time prior to the illness? Did 80% report an increase in self-regulation skills and coping abilities?	Funding sources (private and government), program managers, case managers, potential participating children and families, community partners, and health care providers.	It will help make decisions by answering product related questions: What are the effective or valuable characteristics of the therapeutic activities? Which therapeutic services are more useful to participants' emotional development and support? What modifications do the therapeutic activities need?	Several meetings with therapists and program managers will take place to discuss goals and interpretation, as well as application of results. Two meetings to discuss with case managers, community partners, and other staff about the feedback provided by participants will also take place. Technical reports will be provided to funding sources, case managers, community partners, and other staff.	First meetings with case managers, therapist, and community partners to discuss the evaluation plan will take place in January. Throughout the year, bi-monthly meetings will take place with program managers regarding the progress of the evaluation, starting in January. A second meeting will be conducted with case managers, community partners, and other staff about the feedback provided by participants in October. A technical report will be provided at the end of the year (December) with summarized results to funding sources and case managers, community partners, and other staff.

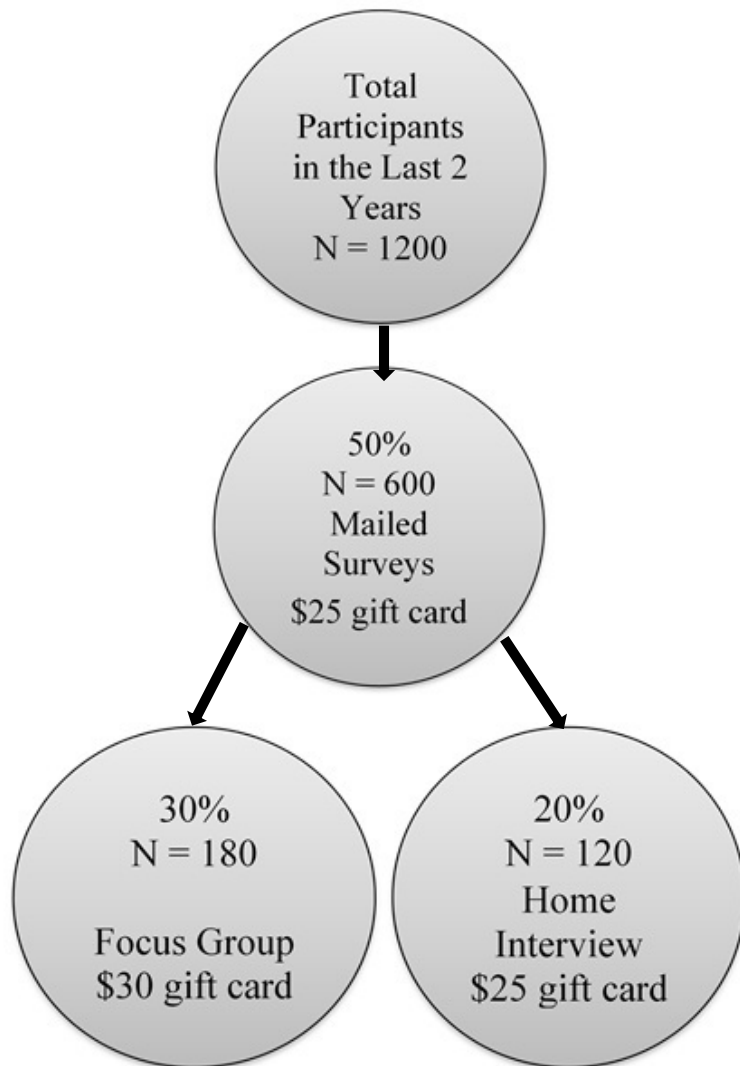
**Evaluation Plan: Question 3**

Evaluation Question	Information Required		Design	Information Source	Method for Collecting Information
To what extent have program activities made a difference in the economic condition of the children and families that participate?	Breakdown of number of children and families that participated in each type of economic relief opportunity (i.e. transportation vouchers). Number of times that these services were used by the participants.		Descriptive and case study elements.	Individuals that received the vouchers and economic services. Case managers as well.	Surveys, interviews, and focus groups.
Sampling		Information Collection Procedures	Schedule		Analysis Procedures
<ul style="list-style-type: none"> <li>• Surveys for all active and former participants in the last two years. Due to the ongoing activities, there is a lot of variability in the sampling in terms of time in the program. Therefore participants will be grouped based on their timeframes of participation. Participants who have participated for no more than six months, and participants who have participated for more than six months.</li> <li>• Of those who complete the surveys (50% of total N = 600), 20% (N = 120) will be contacted for home interviews, and 30% (N = 180) will be asked to participate in one of 12 focus groups (each of 15 participants). These groups will be separated into former participants and current participants.</li> <li>• Furthermore, individual interviews with case managers (N=5), and therapists (N=6) will be conducted.</li> </ul>		Surveys will be mailed to 50% (N = 600) of all active and former participants in the last two years. From those that participate 20% (N=120) will be asked to participate in a home interview (60-90 mins. long). A \$25 gift card will be given to each participant and family member that participates. Of the 600 survey participants, 30% (N=180) will be invited to participate in focus groups (2.5 hrs. long). Transportation vouchers and a \$30 gift card will be provided. In addition case managers (N=5) will be individually interviewed for 1 hr. All interviews and focus groups will be recorded for accuracy.	<ul style="list-style-type: none"> <li>• A pre-stamped postcard will be mailed in February for participants to reply if they are interested in participating. Those that respond will be mailed out a survey during February. Phone calls will be made to those that do not reply to verify their address and to ask for their participation. In March all remaining surveys will be emailed or mailed out.</li> <li>• In May, 50% of those that return the self-stamped survey will be contacted for home interviews and focus groups. These home interviews and focus groups will take place during the same months for a period of six months.</li> </ul>		Quantitative data will be analyzed using SPSS focusing on descriptives and means for scales utilized in the surveys. The qualitative portion of the surveys will be entered and analyzed. The recorded tapes for the focus groups and interviews will be transcribed and prepared for data analysis. For the qualitative data, major themes will be summarized and both mixed methods will be integrated to determine the trends.
Reporting Procedures					
Interpretation Procedures	Audience(s)	Content	Format	Schedule	
Are families able to attend activities do to the facilitation of transportation? Are families able to have enough food for a healthier living? Are families not attending activities due to the lack of economic resources? Economically has there been an improvement with economic sources after joining PADRES? Did 20% experience a decrease in economic stress (i.e. were conditions improved)?	Funding sources (private and government), program managers, case managers, potential participating children and families, community partners, and health care providers.	It will help make decisions by answering product related questions: What are the effective or valuable characteristics of the economic relief source? Which economic assistance is most helpful to participants? (i.e. transportation voucher, meal vouchers). What additional economic resources do participants' need?	Several meetings with program managers will take place to discuss goals and interpretation, as well as application of results. Two meetings to discuss with case managers, community partners, and other staff about the feedback provided by participants will also take place. Technical reports will be provided to funding sources, case managers, community partners, and other staff.	First meetings with case managers, and community partners to discuss the evaluation plan will take place in January. Throughout the year, bi-monthly meetings will take place with program managers regarding the progress of the evaluation, starting in January. A second meeting will be conducted with case managers, community partners, and other staff about the feedback provided by participants in October. A technical report will be provided at the end of the year (December) with summarized results to funding sources and case managers, community partners, and other staff.	



**APPENDIX E: PARTICIPANT DISTRIBUTION**

**PARTICIPANT DISTRIBUTION**



**APPENDIX F: SAMPLE INSTRUMENT (SURVEY)**

## PROGRAM EVALUATION PROPOSAL

ID# \_\_\_\_\_

**Survey Instructions:** Please read each item and choose the answer that best describes you by bubbling in your choice, and when applicable writing the number of times it occurred.

**Services at PADRES:** Please fill in the number of times for each item, or bubble in if your response.

How often did you or your family attended the following PADRES events or services?	Fill in the actual # of times	Don't Know	N/A
1. Adopt-a-family program		<input type="radio"/>	<input type="radio"/>
2. Annual holiday toy drive		<input type="radio"/>	<input type="radio"/>
3. Classes on childhood cancer education		<input type="radio"/>	<input type="radio"/>
4. Classes on health/well-being education		<input type="radio"/>	<input type="radio"/>
5. Parental support and activity group		<input type="radio"/>	<input type="radio"/>
6. Parent to parent alumni program		<input type="radio"/>	<input type="radio"/>
7. Crisis intervention counseling		<input type="radio"/>	<input type="radio"/>
8. Clinic art and music activities		<input type="radio"/>	<input type="radio"/>
9. Patient and sibling art/music therapy program		<input type="radio"/>	<input type="radio"/>
10. Quality of life special events		<input type="radio"/>	<input type="radio"/>
11. Family case management		<input type="radio"/>	<input type="radio"/>
12. Health education kits		<input type="radio"/>	<input type="radio"/>
13. Blood and marrow donor drives		<input type="radio"/>	<input type="radio"/>
14. Community information and referral assistance		<input type="radio"/>	<input type="radio"/>
15. Language and cultural services		<input type="radio"/>	<input type="radio"/>

**Social events and activities outside of PADRES:** Please bubble in the appropriate response.

In the past 90 days, did you attend the following?	Yes	No	Don't Know	N/A
1. My child went back to regular school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child attended afterschool or community programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Attended events with friends and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Attended community events or activities (i.e. Easter egg hunt, fairs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Economic support offered by PADRES:** Please bubble your response, and fill in the number of times for each item

How often did you use the following assistance?	N/A	Don't Know	No	Yes	If ye, how many time
1. Transportation fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Grocery vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Phone cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Hospital meal coupons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Parking vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Gas cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Back to school drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	