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Signature Ellen Curtis Cowles

Date December 4, 1979

HOMEMAKER SERVICES PROGRAM EVALUATION:

A CASE STUDY

by

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ABSTRACT

In this paper, the program evaluation process is examined through a case study approach. Chapter I discusses the techniques of program evaluation and general research-related problems associated with it. Chapters II and III concentrate on the evaluation of the homemaker services program. Chapter IV deals with specific methodological and organizational problems encountered in the project.

The program evaluation used in the study was done during the summer of 1978 for the Montana Department of Social and Rehabilitation Services (SRS) in Helena, Montana. The program that was evaluated is the homemaker services program for the elderly offered by WestMont Home Health Care, Inc., an agency under contract to SRS to provide this service.

The aim of the evaluation was to determine the program's impacts on its clients, and if the program was achieving its objectives. Two questionnaires were used. One was filled out by homemaker services staff and dealt with the services provided to clients and with the program's objectives. The other questionnaire required face-to-face interviews with the clients. It was designed to gauge client perceptions about the program and the impacts that it had on their lives. While the results of the evaluation were not clear-cut, there seemed to be some evidence that the program was having a positive impact on its clients and was fulfilling some of its objectives. In response to the research-related problems encountered, a number of recommendations are suggested to improve evaluative research in SRS. These recommendations include increased resource allocation for such efforts; the creation of an agency information system; and the adoption of better planning mechanisms prior to evaluation.

As a case study, this paper attempts to study the program evaluation process in a real world context. The author hopes that this format can provide not only insights into some of the pitfalls and problems associated with program evaluation but also can give the reader possible solutions for dealing with such problems more effectively.

CHAPTER I

A DISCUSSION OF PROGRAM EVALUATION

Introduction

The purpose of this paper is to examine the program evaluation process through a case study approach. The case study involves a program evaluation of the homemaker services program conducted by the author during the summer months of 1978. Not only will the research design be discussed, but administrative, political and resource considerations related to program evaluation will be covered as well.

Chapter I will provide a basic discussion of program evaluation. Reasons for using it, general classifications of research design, and problems associated with program evaluation will be covered. Many of the concerns presented within this broad discussion will appear again in the context of the case study.

Chapter II will discuss the program that was evaluated, the homemaker services program, and outline the research design. A modified version of E. S. Quade's "framework for policy analysis" will be used to provide

a logical structure for the presentation of the evaluation project.

Chapter III will present the findings of the homemaker services evaluation. The policy analysis framework that was begun in Chapter II will be continued in this chapter with the completion of the program evaluation cycle.

Chapter IV will complete the discussion of the case study. The issue of utilization which is raised in Chapter I will be addressed again, this time in relation to the homemaker services project. Finally, recommendations will be made of ways that future evaluation at the Department of Social and Rehabilitation Services could be improved. Many of these recommendations could have implications for projects done at other state agencies as well.

Definition of Evaluation

For the purposes of this paper, program evaluation is defined as a systematic examination of a program or activity in order to determine the impact it has on a certain segment of the population and/or the population

as a whole.[1] The focus of the process is the attempt to measure impact, i.e., to measure the effects that can be attributed to the program, in contrast with what would have occurred without the program. Five basic components can generally be identified within all evaluation efforts. These are: (1) the identification of the objectives of the program; (2) the operationalism of these objectives through measurable criteria ("measures of effectiveness"); (3) the identification of populations on which the program impacts;[2] (4) the measurement of the impacts; and (5) interpretation.

Although this definition seems rather straightforward and sequential, the task set for the evaluator is a difficult one, demanding refinement of the evaluation effort within the administrative and political constraints of its setting. It is important not to lose track of the environment in which evaluation occurs. To produce an ultimately useable product the evaluator should begin by

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[1]Harry Hatry, Richard Winnie, and Donald Fisk, Practical Program Evaluation for State and Local Government Officials (Washington, D.C.: The Urban Institute, 1973), p. 8.

[2]Ibid., p. 1.

clarifying the questions that are to be answered and by defining the program in terms that fit the policymaker's intentions.[3] These considerations provide some initial parameters for the structure of the evaluation and indicate the type of data needed as well as the level of detail necessary to be useful to the decision maker.

Uses for Program Evaluation

During a time of increased concern in society over the management and growth of the public sector, program evaluation is one of several techniques (such as cost-benefit analysis, performance auditing, cost effectiveness analysis) that have become popular as ways of examining the effectiveness and/or efficiency of public sector programs. Presumably, these techniques will provide more objective evidence concerning programs/activities as opposed to relying solely on intuitive judgment, impressions or testimonials. Program evaluation is seen as useful in situations when decisions to be made will have

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[3]Joseph S. Wholey, "Evaluability Assessment," in Research Methods, ed. Leonard Rutman (Beverly Hills, CA.: Sage Publications, 1977), p. 41.

far-reaching effects and will be expensive; when objective evidence can help reduce confusion in debate about issues or alternatives; or when impacts associated with a program are difficult to observe, are complex, and require clarification.[4]

Legitimately, program evaluation provides a methodology for examining the impact of a program on target populations. While an imperfect instrument, it does offer ways to isolate and measure elements of social programs that are often diverse and complex in scope.

As with many policy analysis techniques, evaluation can also be used to serve less than legitimate ends. Some inappropriate uses include:[5]

(1) punishment. An example would be the use of an evaluation report as an excuse to redistribute funds and authority when an administrator is dissatisfied with the work of a program manager.

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[4]Carol H. Weiss, Evaluation Research (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1972), p. 2.

[5]Leonard Rutman, "Planning an Evaluation Study," in Evaluation Research Methods ed. Leonard Rutman (Beverly Hills, CA: Sage Publications, 1977), p. 26; Weiss, Research, p. 11; Jack L. Franklin and Jean H. Thrasher, An Introduction to Program Evaluation (New York: John Wiley and Sons, 1976), p. 94.

(2) publicity. An evaluation report can be released to the public or given to elected officials in an effort to create favorable publicity for a program at budget (or other) times.

(3) postponement of a decision. Rather than appoint a committee and wait for the report, a policy maker can initiate an evaluation instead. This is an effective tactic in that an evaluation offers the added advantage of producing "objective evidence." This has a much more legitimate, much less self-serving, ring to it.

(4) fulfillment of grant requirements. While this can be a perfectly legitimate application, the evaluation process can also become little more than ritual with any substantive information largely ignored by the decision maker.

One additional caveat needs to be raised concerning program evaluation. Because it is seen as a method for introducing more objective evidence into the decision-making process, some supporters have touted it as a means of reducing "log rolling," "self-serving manipulations," and "politicking" in general. While this may hold some validity, Carol Weiss, in her book Evaluation Research,

warns against expecting too much from program evaluation. Evaluation research can never "make" decisions for decision makers, or replace politics within the public sector. As she states:

> Within every organization, decisions are reached through negotiation and accomodation, through politics. This is the system we have for attaching value to facts. Different actors bring different values and priorities to the decision-making process. Evaluative facts have an impact on collective decisions only to the extent that program effectiveness is perceived as valuable. And program effectiveness--inevitably and justifiably--competes for influence on decisions with considerations of acceptability, feasibility, and ideology.[6]

In short, program evaluation can at best provide data to help reduce uncertainties that different decisions might involve. However, it should be viewed as only one input of many within the political system, not as a replacement for that system.

Research Designs

Although a variety of activities use the nomenclature of program evaluation, most accepted methodologies incorporate some kind of research design. A research

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[6]Weiss, Research, p. 4.

design can be thought of as a process which applies scientific procedures to gather evidence of a reliable and valid nature about some specific activity.[7] In evaluation, its purpose is to determine to what extent the activity has produced particular effects or outcomes.

Generally, three classifications of research design are recognized. They are: pre-experimental designs, quasi-experimental designs, and true experimental designs. True experimental designs are the most sophisticated and offer the most protection against problems related to questions about the validity and reliability of accumulated evidence. The other two classifications provide lesser degrees of protection. When discussing potential weaknesses of research designs, it is useful to be familiar with threats related to the problem of internal validity. Before covering the three classifications in greater detail, the major threats to internal validity will be listed and defined.

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[7]Rutman, "Planning a Study," p. 16.

The Issue of Internal Validity

In the book Experimental and Quasi-Experimental Designs in Research, Donald Campbell and Julian Stanley recognize eight factors which pose threats to the internal validity of research designs.[8] Internal validity relates to the ability to infer that an impact is a result of the program. If these factors are not controlled for, it is difficult to link the impact to the program rather than to some confounding, unknown influence. These threats are:

(1) history, events which occur concurrently to the program that could cause or alter the outcomes and/or impacts associated with the program.

(2) maturation, changes that occur to the recipients of the program naturally as a function of the passage of time, such as growing older, growing taller, becoming interested in the opposite sex.

(3) testing, the effect on test scores of taking the test a second time.

(4) instrumentation, changes in the obtained measurements

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[8]Donald Campbell and Julian Stanley, Experimental and Quasi-Experimental Designs for Research (Chicago: Rand McNally and Co., 1963), p. 8.

due to a change in the instrument or changes in project personnel which could cause variation in how the measurements are taken.

(5) statistical regression (regression artifacts), pseudo-shifts which can occur when participants or treatment units have been selected on the basis of extreme scores. Future scores will tend not to be as extreme, creating the appearance of change due to the program.

(6) selection, biases that are present when differing methods or criteria are used to select members of comparison groups.

(7) experimental mortality, change in measurement that can occur when a comparison group experiences a differential loss of participants in relation to other comparison groups.

(8) selection-maturation interaction, selection biases that result in differential rates of maturation or autonomous change. A "combination" of numbers 2 and 6.

These eight threats do not present equivalent problems for all research designs. In some designs, a factor can be controlled by the structure of the design, while for other designs that same factor cannot be controlled and presents a definite weakness. These

threats, then, provide possible legitimate alternative explanations for why certain kinds of results are obtained by the researcher.

Pre-Experimental Designs

Designs found under this classification are the weakest in terms of eliminating the factors that threaten internal validity. With these designs, it becomes much more difficult to rule out rival explanations of the observed impacts or to present a strong case that any change can be linked to the program. Two pre-experimental designs are discussed below.

The One-Shot Case Study. In this design, observation of participants is made only after they have been exposed to the program. One of the primary flaws associated with this design is a lack of information about the condition of the participant before the program. Thus, considerable room for differing interpretations concerning observed changes is ever present. The internal validity threats of history, maturation, selection and mortality are particularly troublesome.

One suggested method to bolster the plausibility of the findings using this design is to attempt to retrospectively reconstruct a participant's situation before exposure to the program. Such efforts are rarely successful enough to close all of the gaps, however. Another suggested method to bolster plausibility involves subdividing participants into categories depending on the length of time they have been associated with the program.[9] The rationale for this is that it may be possible to show that increased exposure has produced greater impacts. This type of approach is subject to a self-selective sampling bias and thus presents problems. Those individuals most susceptible to the effect of the program or most favorable toward the service are most likely to maintain their participation.

The One-Group Pretest-Posttest Design. This type of design involves measurement of participants before they are exposed to a program and then identical measurement after they begin receiving program services. The underlying assumption is that observed change is probably due

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[9]Edward A. Suchman, Evaluative Research (New York: Russell Sage Foundation, 1967), p. 93.

to the effect of the program.

As with the case study design, this design exhibits many weaknesses. Internal validity threats include history, maturation, testing, instrumentation and the interaction of selection and maturation.

Quasi-Experimental Designs

Although these do not meet the requirements (primarily the random selection of participants) demanded of true experimental designs, quasi-experimental designs offer a definite improvement over the pre-experimental designs. They are often a more practical approach to program evaluation than experimental designs because a large degree of control over the experimental setting is not required. While, generally speaking, not all weaknesses can be eliminated from these designs, the evaluator can sometimes use his/her knowledge of the program and its milieu to control for the most relevant outside effects.[10] Several examples of quasi-experimental designs are discussed below.

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[10]Weiss, Research, p. 67.

Time Series Design. This design involves the measurement of criteria at set time intervals before the program begins and a continuation of these measurements after program implementation. The measurement shows if a significant change occurs after the program begins. If so, it is assumed that the change may be due to the influence of the program.

The primary threat to internal validity that this design does not control for is history. It is a useful design when there appears to be stable conditions over time and/or an underlying trend concerning the measurement criteria.[11]

Nonequivalent Control Group Design. This design utilizes the concept of "comparison" groups, i.e., available individuals or groups that are used as controls but are not randomly assigned. The primary issue is to locate participants for the comparison group that are as similar to the experimental group as possible. In some situations, attempts may be made to "match" members of comparison groups, i.e., to choose pairs of participants

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[11]Hatry, Practical, p. 54.

who are equivalent on certain predetermined variables. However, this approach is often unsatisfactory as all important variables can seldom be taken into account. While avoiding the complexity of the matching procedure, attempts can still be made to find similar groups for research purposes. In this kind of design, the nonequivalence issue must always be acknowledged.

Once the experimental and control groups are defined, measures are taken for both groups before program initiation and again after program implementation. Results of the measures are then compared. Problems relating to selection, and the interaction of selection with other factors such as maturation, are the major threats associated with this design. In addition, there is the possibility of problems with statistical regression, depending on the procedures used during selection.

True Experimental Design

This is the classic research design. It involves the use of experimental and control groups, the former receiving the program while the latter does not. These groups consist of units (i.e., people, cities, states--

whatever the basic component of observation is) chosen randomly from the target population. Measures are taken of the relevant criteria from both groups before the program starts and again after it has been put into effect. The results are computed and differences evaluated. Although the classic design involves the use of a pre-test, it should be pointed out that in a truly experimental design this is not a necessary requirement. Post-test measures are sufficient to indicate whether or not the program has had a significant effect. Moreover, the use of the pre-test involves assumptions that are often ignored or overlooked.[12]

It is not necessary that the control group receive no program. For example, variations of a program can be

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[12]In the book Methodology in Social Research, it is pointed out that the use of a pre-test in the experimental design will typically result in effects of unknown strength being brought to bear on the experimental group but not on the control group. This, in turn, means that the assumption of absolute equivalency between these two groups is not entirely accurate. Among the non-equivalent effects that the pre-test brings about are such things as the interactive effects between the pre-test and the experiment itself; between the experiment and unknown random factors; and between the pre-test, experiment and unknown factors in combination. For further elaboration see Hubert Blalock and Ann B. Blalock, Methodology in Social Research (New York: McGraw-Hill Co., 1968), p. 355-358.

examined across groups to determine which approach seems to offer the greatest impact. Another possibility is for the experimental group to receive a fully developed experimental program while the control group receives a watered-down version, or some kind of standard treatment.

Evaluation Problems: Causes of Low Utilization

Although subjective evidence seems to indicate that program evaluation is being used more frequently and that it is receiving more attention within public administration curricula, there is little substantive evidence that suggests its use has led to more effective social programs and/or policies. A number of causes have been proposed to explain the low utilization rate of evaluation.[13] Most of these explanations fall within one of three general categories: (1) problems related to the nature of the evaluation process within the organization; (2) problems related to evaluation and the needs of those who would (or should) use it as a basis for choice; and

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[13]For example, see Weiss, Research, p. 3-4; Joseph S. Wholey, Federal Evaluation Policy (Washington, D.C.: The Urban Institute, 1973), p. 50; Pamela Horst et al., "Program Management and the Federal Evaluator," PAR 4 (July/August 1974): 300-302.

(3) problems related to methodological breakdowns.

Evaluation Process Within the Organization

Program evaluation represents a potential for change. Information gathered about the present effectiveness of a program can possibly lead to recommendations for program (i.e., organizational) modification. At the same time, most organizations tend to resist efforts toward change. Employees develop vested interests in their jobs and the health of the organization. Procedures become routinized, and continued stability may become a goal of the organization. Thus, a "natural" barrier of inertia and/or resistance is present concerning evaluation efforts.

Moreover, evaluation efforts often contain critical assessments. For the individual or organization, this potential "threat" can be a negative, inhibiting factor undermining their willingness to work with the evaluator. When possible, formal cooperation may be withheld from an evaluation until assurances are received that it is not a threat or until limitations are placed upon its scope. At the least, individual actors can withhold informal cooperation and hinder the efforts of the evaluator to come to grips with the operation of the program.

The Needs of the User

One of the more consistently stated causes for the lack of utilization is that the evaluation is not structured around the needs of the decision maker.[14] In this kind of a situation, the decision maker may accuse the researcher/evaluator with producing something that is unuseable. At the same time, the evaluator counters that the decision maker does not understand the nature of empirical research. The end result may be an evaluation that is ignored, not because of a lack of methodological soundness or sophistication, but because the questions addressed were not pertinent to the user of the evaluation.

In part, this problem may occur as a communication breakdown between the user and evaluator. Part of the problem, also, may rest with an evaluator's unwillingness to accept political realities present in a program

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[14]See Franklin and Thrasher, Introduction, p. 111; Horst, PAR, p. 301.

setting. Most experts would agree that

> (E)valuation is--or should be--focused on making recommendations for the improvement of program effectiveness as indicated by valid reliable information and in light of the existing political matrix within which the program operates.[15]

Another problem related to user needs is the evaluation that fails to meet a time frame and/or to provide a degree of precision required by the decision maker. Such problems may, again, point back to a lack of sensitivity to the needs of the user. However, this situation can also occur when insufficient resources are budgeted for an evaluation project, or when the decision maker fails to specify properly his needs.

Methodological Failure

Methodological failure refers to problems with the methods chosen to measure the impact of a program. Weaknesses can occur at a number of points during an evaluation project. For example, at a fundamental level, not all programs are "evaluable." Nonetheless, program evaluation may be planned for such a program with the project

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[15]See Franklin and Thrasher, Introduction, p. 98.

addressing unanswerable questions and producing useless evidence. On a different level, more than one evaluation of the same program may be initiated, each using a different research design. This eliminates the ability to compare evaluation results and fails to provide for an accumulating body of program data. Another obvious example of methodological failure is the use of an inappropriate research design given the circumstances of the program. Thus, for example, a naive researcher studying the impacts of an institution for the mentally ill might attempt to apply a questionnaire to persons mentally incompetent to provide accurate, reliable responses.

Summary

Chapter I has attempted to present a broad discussion of program evaluation. Some of the topics covered were uses of program evaluation, types of research designs, and reasons for low utilization of evaluation reports. While these topics will not be specifically addressed again, some of the issues covered will be observed in the context of the evaluation project. Chapter II begins the examination of the project.

CHAPTER II

FORMULATION AND SEARCH

Introduction

Chapter II begins the examination of the program evaluation under study.[1] A modified version of E. S. Quade's "framework for policy analysis" will be used as a structure for the chapter.[2] This analytic model defines the program evaluation cycle as a series of processes which are iterative in nature. Within each process certain definite steps are accomplished which shape and/or clarify future activity. Although the model follows a certain sequence, the iterative nature of the cycle should be emphasized. Information garnered at any point may impact on assumptions made previously, causing modifications in the program evaluation to be made.

Within the chapter, each process will be treated as a main heading, while specific activities will be used

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[1] It needs to be emphasized that the opinions and conclusions expressed concerning the evaluation project are those of the author.

[2] E. S. Quade, Analysis for Public Decisions (New York: American Elsevier Press, 1975), p. 45-66.

as subheadings. Only part of the model will be covered in this chapter; Chapter III, which deals with the findings and their interpretation, will conclude the cycle.

Analytic Model

Figure 1 is a representation of the analytic model. In the model, three processes shape the program evaluation cycle. These are the processes of formulation, search, and interpretation. Formulation implies an attempt to define the issues or problems, to uncover the context in which the problem exists, to clarify the objectives, and to get a feel for the relationships that exist between these factors. Once this has been done, an initial research design can be constructed. The search phase is concerned with the implementation of the research design. Through it, the data is gathered and compiled for analysis. Finally, the process of interpretation involves examining the data, analyzing possible relationships and reaching conclusions.

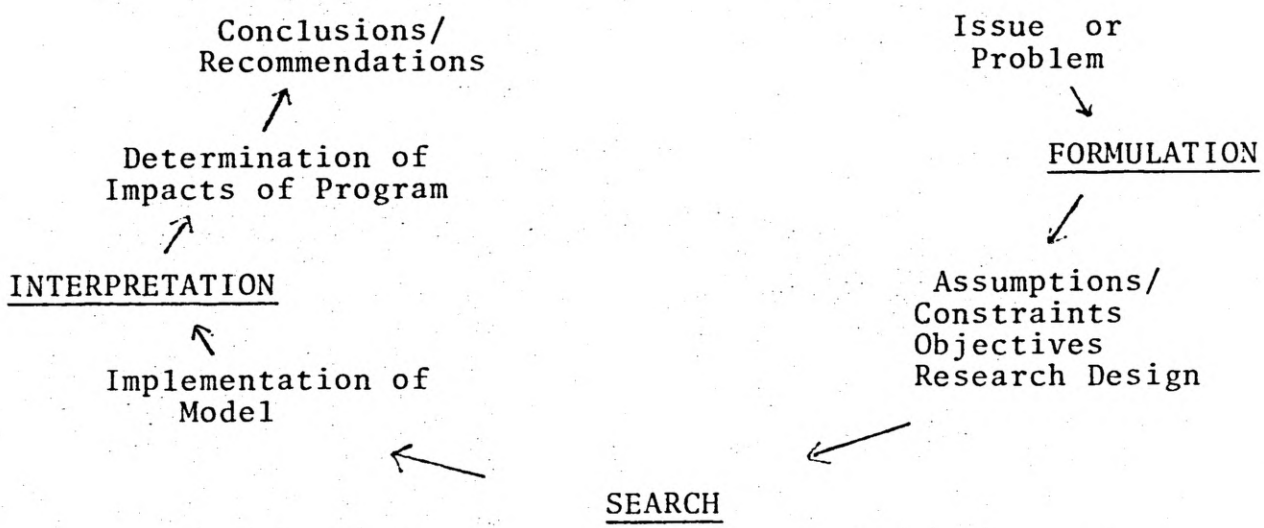


Figure 1. Analytic Model of Program Evaluation Cycle

Formulation

Issue or Problem

During the spring of 1978, the Planning and Evaluation Officer of the Department of Social and Rehabilitation Services (SRS) invited the author to be involved in a program evaluation over the summer of 1978. The stated purpose of the project was to examine the usefulness of an evaluation effort for certain social services under the aegis of SRS. Because the Officer felt that many of the social service programs were "unevaluable" the project was to be limited to the homemaker services and nutrition programs for the elderly. Subsequently, the evaluation of the homemaker services program became the responsibility of the author.

Two factors appear to have influenced SRS's move. The first has to do with current trends in Montana. The legislature appears to be adopting a more fiscally conservative posture. Many legislators declare the need to control or to reduce public spending. At the same time, the budget of SRS is sizeable, and many of the social service programs provided by the agency have been attacked as unnecessary or ineffective. Although the homemaker services and nutrition programs are not under attack,

experience with program evaluation could prove valuable in the future, especially if the legislature should begin to demand corroborating evidence on claims made about program effectiveness.

Secondly, most of the social service programs are supported by federal dollars. Many of the federal grants, such as Title XX which helps fund both programs, require that some sort of evaluation be done. In past years, these requirements have been interpreted loosely, and carefully worded assurances from the Planning and Evaluation Officer have sufficed. However, there is no guarantee that this relaxed atmosphere will continue. Some concrete evidence of an evaluation project could be valuable in the future.

Due to a lack of resources and the "exploratory" nature of this project, the program evaluation was limited to examining the program in Helena, Montana, offered by WestMont Home Health Care, Inc. Initially the project was to have involved a consultant from the Social Work Department, University of Montana, who was to be involved in the research design and who was to conduct the evaluation in the Kalispell region. Because of an inability to agree on the needs of the project with the consultant,

the Planning and Evaluation Officer assigned the author to work in Helena and the consultant to work in Kalispell. While the two evaluation projects were to be conducted in a cooperative atmosphere, no effort was made to produce similar research designs. In fact, the two projects were encouraged to develop along individual lines.

Assumptions/Constraints

To better understand the project, it is necessary to be familiar with the organizational context in which the program evaluation took place. A rather convoluted organizational structure existed; chains of command and lines of authority were somewhat blurred with several layers of "bureaucracy" present. Direct lines of authority between the Planning and Evaluation Officer and WestMont Home Health Care did not appear to exist. The Planning and Evaluation Officer is a member of the staff of the Director of SRS and has no line authority. Aside from her general planning duties, she is also Title XX Coordinator for the state of Montana and therefore interacts with many of the agency's programs.

Below the Director's Office, SRS is divided into various bureaus and divisions. The homemaker services

program falls under the Aging Services Bureau, the head of which reports to the SRS Director.

At the time of the evaluation, Aging Services staff viewed the Bureau as a "pass-through" agency, i.e., it was the Bureau's primary responsibility to distribute federal monies and to monitor regulation compliance. Active leadership, authority, or planning in the aging area was not seen as a large part of their role.

In relation to services for the elderly in Helena, the major recipient of money from the Aging Services Bureau is Rocky Mountain Development Council, a kind of old-style community action organization. Rocky Mountain is an important organization for the elderly because it also functions as an area council on aging.

Aging Services contracts with Rocky Mountain to provide specific services. Some activities, such as Meals-On-Wheels, are provided directly by Rocky Mountain. Others, such as homemaker services, are contracted out by Rocky Mountain through grants to agencies like West-Mont Home Health Care. This is a somewhat simplified version of the organizational maze, but it serves to illustrate the ambiguous lines of authority that were

present and the number of "bases" that had to be touched, if at least peripherally.

Organization of WestMont. Although probably not unique in terms of social services organizations, the structure of WestMont does not fit the standard mold. A Catholic-sponsored agency, it is headed by a Sister who serves not only as the chief administrator but also as an active participant in outreach. As a home health agency, WestMont offers a variety of coordinated health services, such as home nursing and physical therapy, to the home-bound client. These activities and others are provided to many segments of the population, not just the elderly. Beginning as a small entity, WestMont has grown dramatically over the years. Observations by the author suggest that its growth was unplanned with staff rushing to keep up with increased activity.

Planning. Because the evaluation was originally to have taken place in the Kalispell area, little had been done to familiarize the Helena agencies with the project. Prior to the author's initial meeting with the consultant, Rocky Mountain personnel were interviewed, and WestMont personnel were contacted by phone, but this was an

attempt to gather general information about the program, not to lay the foundation for a program evaluation.

This lack of planning was to create future problems and delays for the evaluation. In one instance, after agreeing to be involved on an informal basis, WestMont withdrew cooperation until a meeting was held between the head of WestMont, her staff, and the Planning and Evaluation Officer and the author. While the stated purpose of the meeting was to give WestMont more complete information about the project, the actual purpose was to reassure WestMont that the evaluation would not be used against them.

As the summer progressed an equally serious problem became apparent. Due to vacancies, WestMont was short of personnel, and staff were having to double up in their work. More importantly, the coordinator of the homemaker services program was resigning in August, and a replacement was being trained over the summer. These circumstances often made it difficult to schedule meetings and/or meet deadlines. While WestMont personnel were always cordial and helpful when possible, it was obvious that involvement in an evaluation was a low priority for them. Moreover, it could be conjectured that the

personnel problem was used as a way of avoiding the evaluator and the demands that she placed on the agency. If WestMont had been included in the early planning process, possibly some of these problems could have been averted. If not, then perhaps efforts could have been made to evaluate a homemaker services program that was not in such a state of flux.

General constraints. Due to the exploratory nature of the evaluation, few resources were earmarked for its implementation. Aside from a stipend for the author, only normal support services available to staff (secretarial help, xeroxing, etc.) were provided. This created a major problem for the project, i.e., lack of money to hire and train interviewers for the survey section of the evaluation. Volunteers from the Retired Senior Volunteer Program (R.S.V.P.) were recruited through Rocky Mountain. Because of the limited amount of time these people were available, only one training session was held which lasted for approximately one and one-half hours, and no pre-test of the questionnaire was conducted. While sincere in their efforts, the overall performance of the R.S.V.P.'ers was erratic. The use of limited, "amateur" surveyors

was not satisfactory and weakened a research project that was designed at an elementary level.

This problem is a good example of the kind of quandary that can be faced in a real world evaluation process where few resources are available and substitutions for accepted procedures must be improvised. Some people knowledgeable in the field would argue that evaluation should not occur under these circumstances; others would counter that less-than-perfect attempts should be made if that is all that is feasible. This issue of resources will be addressed again in Chapter IV.

Constraints imposed by WestMont. As stated earlier, during the formulation stage of the project WestMont withdrew cooperation until certain assurances were given about the purposes of the evaluation. These assurances were given at a meeting with WestMont involving the Evaluation and Planning Officer and the author. In addition, WestMont requested and got a written description of the project (e.g., the assumptions being made, the kinds of surveys being planned, etc.). Once their apprehensions had been lessened, WestMont again agreed to participate. Throughout these "negotiations" the evaluation was always

presented in a non-threatening light, as an informational technique not as a tool to enhance administrative decision making.

Although WestMont agreed to participate, certain constraints were placed on future activities. The Head of WestMont made it clear that the evaluation was seen as a possible disruptive influence in their clients' lives. The Sister explained that in some instances it had been difficult to get clients to accept needed services because of a perceived stigma of "welfare." In order to avoid damage to the client/provider relationship, WestMont requested the opportunity to critique any survey instruments that might be used. While their input would have been sought, the WestMont philosophy created restrictions for instrument format. This will be addressed in a later section of the chapter.

In addition, restrictions were placed on the clients who could be interviewed. Only those who were considered lucid or not potentially upset by "outsiders" were allowed to be interviewed. This drastically reduced the target population and exacerbated the problem of selection present with the case study approach.

Finally, WestMont insisted on approving the surveyors who would enter the homes. This was a fairly simple procedure for WestMont because several of their board members were involved with R.S.V.P., but it created additional delays and red tape for the project. As it turned out, all volunteers who were suggested by R.S.V.P. received a stamp of approval.

Objectives

In order to formulate objectives, it was necessary to learn about the program. This was done by talking with Aging Services personnel, Rocky Mountain staff, WestMont employees and by reading what literature was available about home health services.

The homemaker services program was established to provide aid within certain broad support and/or housekeeping categories to the elderly living at home. The duties of the homemaker generally are defined as the following:

(1) to provide emotional support to the client;

(2) to assist the client with food shopping, preparation, and eating;

(3) to perform light housekeeping, personal laundry, or bed changing;

(4) to provide education regarding management of the home;

(5) to offer respite care for the family (temporary relief for family members caring for ill elderly); and

(6) to provide special services, such as letter writing, to the client.[3]

A homemaker services program can be set up which offers any mix of the previous categories. In Montana, services are ordinarily concentrated in the areas of food shopping and meal preparation (#2), and light housekeeping, personal laundry and bed changing (#3).

Two goals were identified for the program. They are:

(1) to encourage/promote self-sufficiency in order to prevent inappropriate institutionalization; and

(2) to encourage/promote self-sufficiency in order to enhance personal dignity or feelings of self worth.

While these goals are broad and suggest a long-range perspective, it was thought that more specific, short-range

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[3]U.S., Department of Health, Education and Welfare, Administration on Aging, Office of Human Development Services, Program Development Handbook for State and Area Agencies on Homemaker and Home Health Services for the Elderly (1977), p. 89.

objectives could also be identified. In order to reach the broad goals, it would be necessary to achieve these more specific objectives. They are:

(1) to encourage/promote the ability of the elderly to maintain their home environment;

(2) to improve the ability of the elderly to maintain their home environment;

(3) to supplement the capacities of the elderly to maintain their environment;

(4) to enhance the personal dignity of those needing support services by helping them maintain their home environment;

(5) to enhance the personal dignity of the chronically or terminally ill by helping them maintain their home environment.

Research Design

A three-part research design was structured. It was felt that the research design was realistic in relation to the constraints, such as a limited time frame and problems associated with WestMont, that have previously been discussed.

Part A. Part A of the research design focused on survey research. It was comprised of two questionnaires aimed at getting a thorough picture of the services being offered the clients and of the clients' attitudes about the program and their perceived need for the services. One questionnaire was to be filled out in consultation by the director of the homemaker services and the homemaker aides familiar with the particular clients. This instrument was designed primarily to get descriptive information about the clients, information about program, and other, services provided each client, and background material about each individual. The other questionnaire was directed at the client and was conducted in an interview setting by the R.S.V.P. participants. Its focus was more attitudinal in nature, and it attempted to get at the clients' opinions of the homemaker services program and their perceived need for the program.

There was some information overlap on the questionnaires. In terms of specific knowledge questions, such as how long a client had been receiving the program, it was assumed that the provider's answer would be most accurate, but checking this against the client's response would provide a possible indication of client knowledge

reliability. The questions were also structured in an attempt to reflect whether or not the objectives were being met. Although the success of this was of primary importance, additional constraints were faced in relation to question construction. This will be addressed in the implementation section.

Part B. Part B consisted of a review of agency records for one fiscal year. In this manner, data would be gathered on all clientele who had received homemaker services during a 12-month period. The purpose of this was to obtain a reflection of the client population over time. Information on client age, sex and length of time served was to be gathered. In addition, data on why clients left the program were to be collected (e.g., death, improvement, family assumption of care). Not only would this provide valuable information about the program, but the results of the demographic information could be compared with the results of the survey to get some idea if the one-time survey population mirrored the characteristics of a client population taken from a longer time frame.

Part C. Part C was designed as a cost-comparison study. Its purpose was to attempt a rough comparison between the cost of services provided at home using the homemaker services clients as a population base and the average monthly Medicaid costs for nursing home patients. In-home services were not limited to those provided by WestMont but encompassed the known range of assistance programs available in Helena (e.g., Meals-On-Wheels and transportation for the elderly).

For some programs, such as Meals-On-Wheels, fairly accurate, detailed cost information was available. For others, such as the free blood pressure clinics provided at some apartment complexes for the elderly, volunteer workers performed the service, and no cost data were available. In this circumstance, an attempt to estimate a private sector cost for the service was planned.

Part C of the research design was integrated into Part A, the survey research. Questions relating to types and amount of non-homemaker services received were included on both questionnaires.

Search

Implementation of the Research Model

Part A. Part A of the research design was successfully carried out. Nonetheless, several constraints weakened the instruments. As stated earlier, WestMont exhibited a protectionist behavior toward its clients. The philosophy that its clients were vulnerable people trying to maintain their dignity in somewhat tenuous circumstances precluded a direct line of questioning. Taboo were questions that directly addressed such issues as what their circumstances had been like before the homemaker services program, and what their situation would be like without the homemaker services program. Instead, these issues had to be approached indirectly, or when possible, shifted to the provider questionnaire (e.g., questions about support from family).

This introduced additional problems for the weak case study design. As stated in Chapter I, this design lacks a reference point that can be used to measure change. A suggested method to provide one is to try to reconstruct retrospectively a client's situation before introduction to the program. By disallowing such

questioning, this option was closed to the evaluator. Moreover, in the opinion of the author, restricting issues that could be raised with clients made it more difficult to gather data, either pro or con, concerning the program's achievement of objectives. Again, a more indirect path was taken in this area leading to more indirect data.

Part B. Part B, the review of records, was not successfully implemented. When explained to WestMont, they stated that it would not be possible to get the kind of information that was requested due to a lack of uniformity in their record system. As WestMont had grown, records on clients were organized by functional areas, such as homemaker services, nursing assistance, home health. A client receiving more than one service would have a separate file in each functional area with no apparent cross-reference. Coordination of services occurs on an informal basis with staff aware of who-gets-what while minimal effort is made documenting this coordination. For example, information such as reason for termination might appear in the nursing file but not in the homemaker file. In situations where a client might discontinue services for six months and then begin

again there would be no indication that it had been an inactive file (other than a lack of progress notes) or why services had been discontinued. WestMont plans to implement a fully integrated records system, but at the time of this project, their system was inadequate for the needs of the evaluation.

As a result, this section of the research design was abandoned. However, WestMont expressed a willingness to gather this information, if necessary, in the future. One possible method would be through a form attached to each file. Figure 2 offers a suggested format. In addition to the already mentioned information, this form would furnish additional data about the pre-service and post-service condition of the client. This would provide not only useful information about the population in general but might also yield interesting insights into the reasons for termination of services.

Part C. Part C, the cost comparison study, was integrated into Part A and completed along with it. However, examination of the data indicated accuracy problems, and this part of the research design was abandoned. Frequently, WestMont personnel indicated on

Client case #_____

Client referral:
___hospital related
___friend of client
___family of client
___nursing home
___social worker
___other (specify)
_____

Pre-service condition of client:
___client in hospital
___client in nursing home
___client experienced gradual deterioration
___unexpected family crisis in case where family was providing care
___sudden illness or ailment (e.g., broken arm) not requiring hospitalization

Date of birth _____ Sex_____

Date of initial service: _____

Date of termination: _____

Reason for termination: _____

	# units this mth	# visits this mth		# units this mth	# visits this mth
January			July		
February			August		
March			Sept.		
April			October		
May			November		
June			December		

Figure 2. Suggested Format for Client Information Sheet

the questionnaire that a client received a service, say Meals-On-Wheels, without indicating how often. A similar situation occurred with the client questionnaire. These gaps were expected from the clients, who may suffer from failing memories, but it was assumed that WestMont staff would be able to supply accurate information. The most logical explanations for this problem appear to be carelessness and a lack of familiarity with all clients by the new director of homemaker services.

Summary

Chapter II has introduced an analytic model to provide a structure for the examination of the program evaluation under study. The first two processes within the model, formulation and search, have been the focus of this chapter. Within each broad process, certain definite steps have been covered. The final process in the cycle, interpretation, will be presented in Chapter III.

CHAPTER III

INTERPRETATION OF DATA

Introduction

Chapter III completes the examination of the program evaluation cycle defined in the analytic model. In Chapter II, the first two processes outlined in the model, formulation and search, were addressed. This chapter focuses on the final process of interpretation.

The information in this chapter comes from the two questionnaires developed in Part A of the research design. As will be recalled, one questionnaire was directed at the client while the other was filled out by WestMont personnel.

WestMont identified only 20 clients, out of a case load of approximately 55, who met their interview restrictions. Because of this small number, WestMont was asked to complete questionnaires on these 20 people and an additional ten, chosen randomly. This was done in an attempt to get at a more accurate, representative sample of the homemaker services population.

The format of the chapter will vary slightly from the framework of the analytic model. Rather than begin with the impacts associated with the program, the demographic and descriptive data about the homemaker services population will be presented. This is done to provide a more complete picture of the program and the people it serves. The basis for this section is the WestMont sample of 30 clients.

The five objectives of the program enumerated in Chapter II will be used to frame the data concerning program effectiveness. Due to the weak research design and to the additional limitations placed on it, much of the evidence is circumstantial. The data are far from conclusive, and there is much room for alternative explanation. For organizational convenience, the discussion relating to program objectives will not deal with confounding influences in the data. These will be treated in a separate sub-section that will cover some of the factors which may have influenced the outcomes or which could not be controlled.

Interpretation

Demographic and Descriptive Data

Since an understanding of the goals sought by the homemaker services program requires some familiarity with the type of population it seeks to serve, descriptive demographic data were gathered on the sample group. Review of this data reveals that the overwhelming majority of clients are female (86 percent), have a median age in the 71-75 age group, and strongly tend to be living alone (25 clients). Moreover, 90 percent were suffering from gradual physical deterioration (15 of 30) or were recuperating from conditions that had required recent hospitalization (12 of 30). Notably, 25 of the sample clients were classified as disabled, although 24 of these were viewed as having only partial disabilities. Altogether, 28 (roughly 93 percent) were confined either to home and yard or to bed and room.

In sum, clients of the homemaker services program tend to be quite elderly, female, living alone, at least partially disabled, and generally confined to the house. Although some require occasional at-home medical treatments (e.g., from nurses), it appears safe to suggest that

they do not need the type of intensive treatment that would warrant hospitalization. Given their characteristics, the options of dealing with them appear to be limited to maintaining them in their homes or to confining them to nursing homes. Again, the philosophy of such programs as the homemaker services is that institutionalization is less humane than home maintenance. Presumably, home maintenance is less disorienting, more psychologically beneficial for such individuals.

From the homemaker services program, approximately 90 percent of the clients receive some assistance in the broad area of light housekeeping, personal laundry, or bed changing. In addition, at least 12 percent of the sample get help with shopping and/or food preparation. Other than these general observations, no real trends are apparent. Many of the clients receive some combination of services. While housekeeping chores seem to be the fundamental service, it appears that other assistance is offered according to perceived need.

The average number of home visits per month is slightly more than three. While a visit can be of indeterminate length, one hour of assistance is defined as a unit of service. Fourteen clients in the sample receive two

units per month, while 12 receive four units per month. The average number of units per client per month is three.

For 11 clients, some change in the level of services had occurred since they began the homemaker program. Seven of the clients required an increase in assistance, while there was a decrease for four. A need for increased services was attributed to deterioration in six cases. In the remaining instance, the family was no longer able to contribute as much support as they had which resulted in increased support from WestMont. For the four clients who were able to do more for themselves, the reason given was that they could "manage better" and had become more stable physically.

WestMont stated that approximately 66 percent of these clients receive support from some other WestMont operated program, or some agency other than WestMont (e.g., Meals-On-Wheels). For 16 percent of the sample, no additional services were involved, and for the remaining 16 percent WestMont was not sure.

Impacts of the Program

1. To encourage/promote the ability of the elderly to maintain their home environment. As is obvious from the

demographic data, the sample population is suffering from numerous physical ailments and disabilities. This data seem to suggest a group of people who would have difficulty dealing with daily life functions. Part of that would obviously include maintaining a home environment. Therefore, to the extent that the program has assisted people who seemingly have a reduced chance to maintain their home environment, it can be generally argued that the program does encourage/promote their ability to maintain a home environment and thus does move toward the fulfillment of this objective.

Moreover, in a question asking what clients liked best about the program, 30 percent stated that "help with work" was most important. Another 30 percent mentioned "help with work" in conjunction with other factors such as the friendliness of the homemaker aides. An additional 15 percent said they liked all aspects of the program equally. This data seem to suggest that a majority of the clients attach a high importance to the help they receive from the program.

In another question (#14) clients were read a series of statements and asked to respond if the statement described their feelings. For the statement "Having

homemaker chores done is not that important to me" 80 percent did not agree with this with only 20 percent concurring. This suggests that most clients perceive the program as contributing to their lives in a meaningful way, and thus it can be inferred that the program does encourage/promote their ability to maintain their home environment.

2. To improve the ability of the elderly to maintain their home environment. From this particular research design, little support for this objective can be shown. The notion of "improve" implies some movement along a scale as well as knowledge of before and after circumstances (a starting point along that scale). Little information of this nature is furnished from this design. Instead, this survey focuses on a single point in time with little data available about the abilities of the elderly before receiving homemaker services. Nor is documentable information available about the abilities of the elderly, say within the first month of receiving services, and then six months later. There is information that seven clients have received an increase in services while four have experienced a decrease in services. Because of the

rather small sample and the unknown effects of other variables, virtually nothing can be inferred from this. Perhaps, given the unstable physical condition of many of the clients, maintenance of ability versus a possible continual, gradual decline represents improvement. However, this is intuitive conjecture, and no such conclusion can be drawn from this research.

3. To supplement the capacities of the elderly to maintain their home environment. From the descriptive data, the clients do not appear to have what would be considered normal capacities. For example, approximately 83 percent of the sample is considered partially or totally disabled, and 93 percent are confined at least to home and yard. Such data provide evidence to support the contention that the homemaker population has reduced capabilities. This, in turn, seems to suggest that there is a need for some kind of assistance.

Nonetheless, there is no evidence that strongly supports the idea that these elderly are experiencing difficulty with home maintenance, i.e., in the sense that these services are absolutely necessary to prevent their institutionalization. Unfortunately, because of the

potentially unsettling nature of such a question, it could not be broached directly. Instead, this topic was approached indirectly through a series of questions concerning the types of tasks they receive help with, who helps them, and whether they could perform these tasks without assistance (questions 7 through 9; see Appendix A for a copy of the questionnaires).

The tasks were ones that homemaker services would provide, such as meal preparation, shopping, laundry, and housework. Question 7 listed the tasks and asked if the homemaker helped with any of them in the past month. Question 8 repeated the task list but asked if anyone besides the homemaker helped with them. For those items in questions 7 and 8 where the respondent did indicate that they had received assistance, the interviewer was to proceed to question 9 and ask if the respondent would have been able to do that particular task if help had not been available. It was hoped that the response patterns to the questions would provide some indication of what kind of assistance the clients were receiving from the program and other sources, and how necessary they perceived this assistance in relation to their own ability to function.

Unfortunately, examination of the questionnaires revealed that the questions did not seem to be properly administered on some occasions. Although the interviewers were supposed to address question 9 only to those tasks that had gotten a "yes" response in questions 7 and 8 (help had been received), in some cases question 9 was repeated for the entire task list. On other questionnaires, question 9 was not used at all or was used in relation to only part of the task items that received a "yes" response in questions 7 and 8. Further, the answers often seemed inconsistent. Clients who said they received no help for certain tasks (questions 7 and 8) later said they could not do them without assistance (question 9). And clients who said they received assistance (questions 7 and 8) stated they could do the task without help (question 9).

This circumstance raises some intriguing questions. Perhaps some of the inconsistencies were valid, as in the case of clients who said they did receive help but could also do the tasks without assistance. If this were the case, it would indicate that, at least in some instances, the program is providing unnecessary services to recipients. Clients may be using the program more for

the human contact it provides rather than the assistance it furnishes.

An alternative explanation, which the author favors, is that the inconsistencies arose due to a lack of care and attention by the interviewer in combination with some occasional confusion on the part of the client. This possibility was supported by the sometimes haphazard response pattern seen on a number of the questionnaires. The author had thought that these questions would be the most complex to deal with and had given them individual emphasis during the volunteer training session. Although many of the questionnaires were completed properly, there seemed to be enough inconsistency and confusion present to warrant disregarding the data.

4. To enhance the personal dignity of those needing support services by helping them maintain their home environment.

5. To enhance the personal dignity of the chronically or terminally ill by helping them maintain their home environment. These two objectives will be dealt with concurrently because they both focus on enhancing the personal dignity of the elderly. Terms like "personal

dignity" are of course always difficult to define in a concrete, operationalized fashion. For the purposes of this study, it is defined as expressed attitudes which indicate that the WestMont program, and the homemaker aides themselves, possess a positive significance in the lives of the program's clients. The rationale for this definition is that persons who do not possess such a sense of "emotional well-being" (in this paper, a term viewed as an equivalent of "personal dignity") will tend to have not only a negative self-image, but negative perceptions of their environment, to include the people and institutions that make up that environment. Thus, consistently negative attitudes toward both the homemaker program and the homemaker aides will indicate that, at a minimum, the program's impacts on the emotions of the clients are not conducive to a sense of emotional well-being, i.e., to a sense of personal dignity. If such negative attitudes are present, a case can be made that the program is failing to enhance the personal dignity of its clients.

This somewhat tenuous line of reasoning reflects the fact that the research design used cannot prove that the program is actively enhancing personal dignity. The term enhancing, like the term improving, suggests movement

over time from a less to a more positive condition. Again, a one-shot case study focused on a single point in time can offer no evidence of such movement. Moreover, it must also be noted that more direct ways than that used of researching the link between the program and the clients' "personal dignity" might have been possible. However, because of WestMont's constraints on the questionnaire, an indirect approach was necessary. Thus, only indirect evidence could be uncovered, evidence which suggested only that the program was not unbeneficial to a client's sense of personal dignity. This can be seen in the following discussion of the data.

Question 5 asked "What is your opinion of the homemaker program". Nine of the clients responded with very positive opinions ("It's a God send"), nine more had positive opinions ("a good and helpful program"), and two had no opinion. When asked to categorize the quality of the job that the homemaker does, six said that the homemaker did an excellent job, seven said that she did a good job, three categorized it as average, and two split their opinion between two positive categories. Only one person thought that the quality of work was below average.

Moreover, fairly significant results are apparent from Question 14. In this question, a list of phrases, both positive and negative, was read to the client. The client was to respond if the phrase described the client feelings about or relationship to the homemaker aide. The outcomes are shown in Figure 3.

Intuitively, the pattern of the responses seems to suggest that the homemaker aides and the program are important to the clients and that the homemakers have established positive personal relationships with their clients. This kind of interaction can be viewed as supportive of feelings of self-worth and dignity.

To examine this data more critically a chi-square test was performed between the responses for each statement and responses from a hypothetical homemaker services clientele with a random response pattern. This was done to determine if the response pattern was significantly different than what would have occurred in a random, and presumably indifferent, situation. For example, for the statement "The homemaker is interested in me",

Phrase	Response Pattern	
The homemaker is interested in me	*affirmative response:	16
	negative response:	4
The homemaker is just another person who comes into my home	affirmative response:	1
	*negative response:	19
Having homemaker chores done is not that important to me	affirmative response:	4
	*negative response:	16
I enjoy having the homemaker come into my home	*affirmative response:	17
	negative response:	3
I don't care whether the homemaker shows up or not	affirmative response:	0
	*negative response:	20
The homemaker pays little attention to me	affirmative response:	3
	*negative response:	17
The homemaker is my friend	*affirmative response:	12
	negative response:	8

Figure 3. Response Pattern for Question 14

* indicates responses that are interpreted as supportive of the homemaker aide and the homemaker services program.

the following contingency table was developed.

	WestMont	Hypothetical Program	
yes	16	10	26
no	4	10	14
	20	20	40

At a .05 level of significance with 1 degree of freedom, χ^2 must be greater than 3.84 to be significant. The results are shown in Figure 4.

The results of the chi-square tests suggest that the response breakdown for all the statements but one is significantly different from what would have occurred by chance. This reinforces the suppositions made previously that the homemaker services program is seen as important by the clients and therefore possibly does contribute to their emotional well-being, i.e., to their feeling of dignity and self-worth. At the least, it can be argued that the program is not having a negative impact on such attitudes.

Phrase	Chi-Square Results
The homemaker is interested in me	$\chi^2 = 3.952$*
The homemaker is just another person who comes into my home	$\chi^2 = 10.154$*
Having homemaker chores done is not that important to me	$\chi^2 = 3.956$*
I enjoy having the homemaker come into my home	$\chi^2 = 5.586$*
I don't care whether the homemaker shows up or not	$\chi^2 = 10.666$*
The homemaker pays little attention to me	$\chi^2 = 5.586$*
The homemaker is my friend	$\chi^2 = .402$

Figure 4. Comparison of Questionnaire Results with Hypothetical Results using Chi-Square

*Chi-square is significantly different.

Confounding Influences

As noted in Chapter I, the one-shot case study offers few checks on extraneous variables that may influence observed outcomes. Moreover, a lack of information about the condition of participants before program initiation stymies attempts to identify change and to link that change to program impact. In this evaluation, an attempt was made to see if program objectives were being met. If so, it was assumed that the program was having some impact on its clientele. However, this assumption has been made on faith; there is no way to directly link the observed outcomes to program intervention or to support the idea of a population experiencing change as a result of the program.

The problem of maturation is also readily apparent in this design. It is a fact of life that people deteriorate physically and/or mentally. If deterioration occurred at a constant rate, maintenance of a particular functioning level could be defined as a positive change. But given the present approach, with its lack of a control group and of information about pre-client condition, the question of change and the problem of

maturation remain.

History is another confounding influence for this evaluation project. This research design has no control over known or unknown factors which may contribute to the outcomes. For example, homemaker services programs are not the sole source of assistance in the home. Family, and friends, as well as the clients themselves, are able to contribute toward home maintenance and feelings of self-worth. It may be difficult for the client to separate these factors, and as a result, perceptions about WestMont may benefit from a halo effect of the combined forces at work.

In addition, the positive attitudes expressed about the program and the homemakers may have little or nothing to do with the program per se or its quality. In the final analysis, it is quite conceivable that such positive attitudes are the function of the types of persons willing to accept services from the program; of the relief that such persons have in being able to avoid institutionalization, a fate they might be able to avoid even without the program, or of the combined effects of a variety of other services these individuals are receiving.

Clearly, there are factors present which have influenced the data. Given the research design there is no way to control these variables, either known or unknown, or to measure the extent of their influence. At best, the presence of these factors can be recognized, and their effect acknowledged when examining the data. Any inferences made from the data can only be weakened by their evident existence.

Summary

Chapter III concluded the examination of the analytic model begun in Chapter II. The chapter concentrated on the final process in the program evaluation cycle, interpretation of data. This included a look at demographic/descriptive information, an examination of data related to program objectives, and an indication of confounding influences present in the data. Overall, the design revealed generally positive findings about the program. However, the confounding influences which arise because of the design's weaknesses raise serious questions about whether these findings can be used as the basis for valid conclusions.

CHAPTER IV

PROBLEMS AND RECOMMENDATIONS

In Chapters II and III, the homemaker services program evaluation was presented within the framework of a program evaluation cycle. This cycle was defined by the processes of formulation, search, and interpretation, with each process being discussed in relation to the case study.

While these processes describe the formal stages of the analytic effort, an evaluation project does not end with the completion of the interpretation phase. After all, in order to have an impact on policy making, the analysis must be used. Thus, the issue of utilization, which was addressed in a general manner in Chapter I, needs to be examined again, this time with specific reference to the case being studied.

As laid out in Chapter I, causes for low utilization generally fall within three categories: (1) problems related to methodological breakdowns; (2) problems related to the nature of the evaluation process within the organization; and (3) problems related to user needs. While lack of utilization for a project can be explained by any

one of these factors, the author thinks that this evaluation shows weaknesses in all three areas. Consequently, Chapter IV will be organized around a discussion of these problems.

The final section will deal with recommendations by which this evaluation could have been improved. It must be noted that, although these recommendations deal specifically with this case study, they are of a general nature and probably could be applied in other cases of analysis within SRS as well. Based on informal conversations and personal observation, the utilization problem appears to be rather common within this agency, and possibly others as well.

Causes of Low Utilization

Methodological Breakdown

A prime methodological weakness in this instance is the use of a case study for the research design. A number of problems are evident with this approach. First, this method does not use any kind of comparison group. This precludes the ability to measure program performance against any kind of standard, be it a different population of elderly or another homemaker services program.

Moreover, this design also makes no attempt to measure the condition of participants before entering the homemaker services program. Thus, even some kind of before-after measure, which could have improved knowledge about impact and provided an alternative way of measuring change, was not possible. And finally, the design deals with only one point in time, one week during the middle of one particular summer. Thus, there was no way of finding out if the group of recipients questioned showed improvement over time, or even of knowing if they were representative of participants typical of this kind of program.

The result of such a weak approach is little more than a description of the program and recipients' attitudes toward it. And because of the ambiguity about whether or not the sample was "typical", it is difficult to say if the description is indeed accurate or reliable over time. Although such "quick and dirty" methods are often used, little useful information about the impact of a program can be gained from them.

While these weaknesses are always present with the case study design, additional methodological problems occurred due to the constraints place on the project. One of the prime sources of limitations was WestMont, the

provider of the services. Restrictions were placed on the kind of information that could be requested from clients as well as the form requests could take. In addition, WestMont's disorganized record keeping precluded attempts at exploring alternate data sources in order to try to get a clearer picture of the client population.

SRS was another prime source of constraint. The short time frame and lack of resources (particularly money) restricted the research design to one of the less sophisticated ones (an understatement). Moreover, lack of money affected not only the methodology, but the quality of data ultimately gathered for analysis. The use of undertrained, volunteer interviewers resulted in what appeared to be inconsistent interviewing techniques which probably influenced the data.

Finally, an opportunity to compare WestMont to another homemaker services program (Kalispell) was passed up. Instead, the consultant working in Kalispell and this author working in Helena were told to develop their own method of evaluation. Perhaps this is an acceptable approach for exploratory research, but in a situation where program impact was supposed to be measured, a

more logical approach might have been a comparison of the two programs.

As can be seen, a number of methodological breakdowns occurred. Although greater ingenuity from the author perhaps could have blunted their effect to some degree, many of these weaknesses seem endemic to evaluation situations which are constrained by lack of time, money and personnel, and thus are unavoidable.

Nature of the Evaluation Process Within the Organization

As stated earlier, little program evaluation, as defined in this paper, was on-going at SRS. The small staff and low funding priority given to program evaluation are indications of the higher administation's indifference to such efforts.

However, if a stronger analysis effort would be instituted in the agency by its appointed head, it is guessed that it would be met with stiff internal resistance. For an agency as large and established as SRS, policy procedures have long since been routinized. Moreover, program areas have been nurtured and jealously guarded from attacks by program officials, interest groups,

and the legislature. It would seem logical that any vehicle of potential criticism, even if it were an intra-agency source, would be ignored or subverted if possible.

Notably, even though there was no intention of using the homemaker services evaluation in the decision making process, some resistance (specifically from WestMont) was encountered. Had the analysis been linked to the policy making process and/or contained greater implications for other levels in the agency (such as Aging Services Bureau), it is probable that the resistance would have been proportionately greater. As it was, it was difficult to assess whether SRS had the formal authority to require WestMont's participation if it had refused to cooperate, or whether SRS was willing to pay the political costs necessary to enforce such a mandate.

In the case of the author's evaluation efforts, problems stemming from the nature of the organization are frankly not as concrete as the methodological weaknesses covered in the first section. Nonetheless, the nature of the organization and its posture toward evaluation did affect the quality of the analysis by failing to provide

it with sufficient resources and authority. While circumstances may change with each situation, the nature of the organization can generally be expected to have a fairly consistent impact on program evaluation. And in the case of SRS, this impact appears to be rather negative.

Needs of the User

For this project, the primary user is defined as the Planning and Evaluation Officer, representing the Director's Office, of SRS. Other groups possibly interested in the findings would be Aging Services Bureau, Rocky Mountain Development Council, and WestMont. However, the goal of the evaluation was to provide SRS with useful information.

It is difficult to say if this goal was accomplished. One of the reasons for this is that the needs of the user were not clearly specified. Ostensibly the project was to test the feasibility of on-going evaluations by SRS, but little planning had been done as to how this was to be implemented if proven feasible. Moreover, there was little indication as to how such an on-going process would benefit the agency. Unless linked to a budgetary

or formal review process, it is doubtful whether an on-going evaluation scheme would accomplish much beyond generating a new file of reports.

The actual pay-off for the agency seemed to be in the area of federal regulations. If necessary, the project could be used to show compliance with the evaluation requirement. For this need, quality of information was not an important consideration. This hypothesis could help explain why so few resources were committed to the evaluation: the outcome was not important, only the procedure.

For this evaluation, the lack of utilization may be a boon. It is dubious if the findings could be "implemented" or used within a decision making context. As has been shown, there were too many flaws in the design, too many constraints facing the project, for a really useful product to result. Aside from meeting the need of "keeping the Feds happy", it is questionable as to whether this evaluation should have been attempted.

The final section of Chapter IV will suggest ways to improve future evaluations. Granting doubts that such improvements will be undertaken any time soon, and while these recommendations refer to this project specifically,

it is thought that most of the flaws they address are fairly common in Montana government, and elsewhere. That is, they appear to occur in many program evaluations, and are widely viewed as contributing factors to the continued low utilization of this type of analysis throughout the nation.[1]

Recommendations

Increased Resources

If evaluation is to be meaningful, more resources in the form of time, money and staff, should be devoted to it. This weakness is obvious in the case of SRS. Although there was a Planning and Evaluation Officer for the agency, most of her energies were devoted to the planning area or to other job-related activities. Little or no thought was given to evaluation by the officials higher in the agency. One possible method for determining an evaluation budget would be to link it to the funding of the programs being evaluated. For federal programs, a guideline of .5 to 2 percent of program funds

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[1]For example, see Suchman, Evaluative Research, p. 97-100; Weiss, Research, p. 3-4.

has been established.[2] State spending is usually lower than this figure.

Information Needs

Attention should also be paid to the agency information system. While the format would vary according to the agency, such a system should provide a data base about measures of effectiveness and efficiency for each program. The format should be uniform so that, for example, unit costs of the Helena homemaker services program could be compared to those of the Great Falls program.

The purpose of an information system is to monitor general program-related changes over time. It differs from program evaluation in that it does not separate program impacts from changes caused by non-program influences nor does it pinpoint which activities caused what amount of change.[3] Nonetheless, it can provide useful information to program managers and agency administrators

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[2]Hatry, Practical, p. 123.

[3]Ibid., p. 12-13.

and can be used as a first step in developing a meaningful program evaluation capability.

Notably, SRS is a good example of an agency with a poor information system. Keyed to only certain agency activities, the data were entered into their system by social workers using computer terminals throughout the state. The system had been "modified and adapted" from another state's system. While this was less expensive than developing one from scratch, it did not necessarily meet the needs of the agency. Moreover, the terminal manual was difficult to read and confusing. As a result, the system was considered only 50 to 75 percent accurate and was seldom used for important management decisions. Much complaint was heard about it, but unfortunately, little was done.

Improved Planning

At the outset of the project, it was acknowledged by SRS that perhaps the homemaker services program was not evaluable. However, intuitively it seemed to stand a good chance, and evaluation seemed more possible for it than for many of the more amorphous activities under SRS (e.g., certain kinds of social work programs). As a

result, it was designated as the target program, even though it was not clear if an impact could be defined and/or be measured.

It is argued here that a better approach would be to incorporate what is known as "preassessment of evaluability" into the planning process prior to undertaking an evaluation. Such preassessments seek to determine whether a program potentially subject to evaluation fulfills three "evaluability" criteria. Essentially the determination of whether these criteria are fulfilled is made by employing one of two (or both) research strategies. These will be discussed below following a brief description of the three criteria.[4] The three criteria are: (1) A clearly articulated program. It is important that there is a uniform understanding about what the program is actually doing and what it is actually accomplishing. This includes clearly defined sets of actions and procedures which are used in practice. Often programs are implemented or evolve in such a way that over time what they are doing in fact is quite different from what was

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[4]For example, see Rutman, "Planning a Study", p. 18-22; Horst, PAR, p. 300-303.

originally planned. As procedures have changed, the impact of the program has also changed. Thus, an evaluation could be designed to measure an intervention which is not taking place, or is carried out in altered form. If this has happened, preassessment should pick it up so that a program impact is not mistakenly attributed to a non-existent process.

Lack of program definition can also be a problem when evaluating multiple programs. For example, many of the "war on poverty" programs, such as Headstart, were so amorphously constructed that little uniformity or comparability was found between programs. Each agency seemed to develp its own concept of what Headstart should be and acted accordingly. In a situation like this, comparing Headstart programs becomes an impossibility. Making sure that the program is clearly articulated should keep this from happening.

(2) Clearly articulated goals and objectives. Just as programs need to be defined, so too must the expected outcomes or impacts be defined in the form of program goals and objectives. Often goals are stated in vague language, are found to be contradictory, or are so broadly stated as to be unrealistic. In order to be able to determine

program success or failure, the goals and objectives must be specified in a way that can be measured.

When goals are not clearly articulated, the evaluator may attempt to work with program personnel to correct the situation. If measurable goals and objectives cannot be decided upon, however, the program should be considered unevaluable until such specification is made.
(3) A rationale linking the program to the goals. Underlying all programs is a logic which suggests why the program intervention is expected to result in the stated outcome or objective. In this step, the rationale is examined to determine if there is a reasonable link between the program (the means) and the goals (the desired ends).

It may be discovered that the logical linkage is tenuous at best or based on inadequate explanations of the problem that the program is to address. In a similar vein, it may be found that short-term objectives are realistic which longer range goals are not necessarily a logical extension of their attainment. For example, an intermediate objective of the local CETA program may be to place 75 people in Bozeman jobs. A long-range goal may be to reduce unemployment in the area significantly.

While the first objective may be attainable, the second is probably not. When a linkage is not reasonable, it is impossible to expect the program to meet its goal/objective or to expect program evaluation to measure the success or failure of achieving that goal/objective.

Forms of preassessment. Whether or not a program fulfills these criteria can be determined in one of two ways. The first way may be based on perceptions of program officials as obtained through typically unstructured interviews and through a review of reports, program manuals and standard operating procedures. Or it may be obtained through direct research and observation of current operations. This second strategy would typically incorporate the first approach but go beyond it by direct field research which seeks to determine if the perceptions and the written program descriptions are actually being carried out, and if so, to what degree. This second approach is sometimes referred to as "formative research." To the extent that it provides information on employee compliance with program procedures, to the extent that it reveals the degree to which employees understand the program's goals or the presence of other perhaps

unarticulated goals, formative research obviously provides information of marked importance to program managers, agency heads, and legislators.

Within the context of program evaluation, either method provides useful guidance about which programs can be considered evaluable. When a program is found to be deficient in meeting one or more of the criteria, it indicates gaps in the program structure. This should alert politicians and senior administrators of the need to redefine procedures and goals, and/or the linkages between the two. Obviously, the use of evaluability criteria is not a panacea for the misuse of program evaluation, but the adoption should help diminish unproductive analysis and help pinpoint areas of program weakness before evaluation is carried out.

Summary

This chapter has attempted to address the broad problems which confronted and undermined the utility of the evaluation presented in Chapters II and III. In brief, the reasons for its apparent non-utilization are those which have been widely cited as major sources for the low utilization of evaluation research in general.

These include methodological constraints, constraints apparent in the organizational structure, and lack of definition of user's needs.

In light of these problems, various recommendations were offered which could have improved this evaluation study. Basically, for this or any other evaluation to provide useful and used information, agencies like SRS should devote more resources to such studies, should require improvements in the record/information system they and/or the contracted agencies maintain, and should improve the planning component of the evaluation process, possibly using one of the strategies suggested here.

In sum, this professional paper has sought to present a case study of one program evaluation. In the course of this discussion the author has tried to define the process of program evaluation, to present various categories of research design, and to explain how political and organizational realities undermined the ability of the author to implement any but the weakest of the designs. In addition, the findings of the study were reviewed. Finally, the general problems which constrained this analysis were discussed, along with recommendations that might improve future evaluation efforts.

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APPENDIX

HOMEMAKER SERVICES QUESTIONNAIRES

This appendix contains copies of the two questionnaires that were used in the homemaker services program evaluation.

HOMEMAKER CLIENTS

Hello, my name is _____. I would like to come in and talk to you about the homemaker program. The Department of Social and Rehabilitation Services is conducting a survey trying to find out what people who use the homemaker program think about it.

All answers that you give will be kept strictly confidential, and no names or addresses will be revealed. If there are any questions you don't feel like answering, you may refuse.

1. Sex: Male __ Female___

2. Age___

3. About how long has the homemaker been coming into your home?

4. How often does the homemaker come to your home?*
   Does she come:
   ___several times a week
   ___once a week
   ___less than once a week
   ___other
   *(Record exact number if given)___

5. What is your opinion of the homemaker program?

6. Would you say the homemaker does:
   ___an excellent job
   ___a good job
   ___an average job
   ___below average job
   ___not sure how to rate job

7. In the past month, did the homemaker help you:

a.	Prepare meals?	Yes___* No___
b.	Do housework?	Yes___* No___
c.	Go shopping for necessary items like groceries or prescriptions?	Yes___* No___
d.	Do your laundry?	Yes___* No___
e.	Get dressed?	Yes___* No___
f.	Change your bed?	Yes___* No___
g.	Do a special favor, like cash a check or write a letter?	Yes___* No___

8. In the past month, did anyone <u>besides</u> the homemaker help you:

a.	Prepare meals?	Yes___* No___
b.	Do housework?	Yes___* No___
c.	Go shopping for necessary items like groceries or prescriptions?	Yes___* No___
d.	Do your laundry?	Yes___* No___
e.	Get dressed?	Yes___* No___
f.	Change your bed?	Yes___* No___
g.	Do a special favor, like cash a check or write a letter?	Yes___* No___

*On YES items for #7-8 go to #9

9. If you had not had someone to help you _____ would you have been able to do it?

   a. Yes___ No___

   b. Yes___ No___

   c. Yes___ No___

   d. Yes___ No___

   e. Yes___ No___

   f. Yes___ No___

   g. Yes___ No___

10. Are there other home chores you could use help with?

11. What do you like best about the program?

12. Is there anything that you dislike about the homemaker program?

13. In the past two years, have you spent any time in a hospital or nursing home?
    Yes___
    No___
    Comments:

14. I am going to read a list of phrases. Please tell me which phrases describe your relationship with or feelings about the homemaker or homemaker program.

___The homemaker is interested in me

___The homemaker is just another person who comes into my home

___Having homemaker chores done is not that important to me

___I enjoy having the homemaker come into my home

___I don't care whether the homemaker shows up or not

___The homemaker pays little attention to me

___The homemaker is my friend

15. Do you get help with or go to any of the following?
*If YES, ask how many times per month or week. Be sure to specify under units.

	Yes*	No	Units
Do you ever use Meals-On-Wheels?	___	___	____
Do you ever use the blood pressure clinic?	___	___	____
Do you ever go to Daily Dinner Club?	___	___	____
Do you ever have help with shopping?	___	___	____
Does a nurse ever come to your home?	___	___	____
Do you ever see a physical therapist?	___	___	____
Do you ever see a speech therapist?	___	___	____

HOMEMAKER PROVIDER AND SUPERVISOR

Client name _____

1. Who referred this client to the homemaker program?
   ___hospital related
   ___friend of client
   ___family of client
   ___nursing home
   ___social worker
   ___other (explain)

2. What was the pre-service condition of the client?
   ___client was in hospital
   ___client was in nursing home
   ___client experienced gradual physical deterioration
   ___unexpected family crisis in case where family was providing care
   ___sudden illness or ailment (e.g., broken arm) not requiring hospitalization
   ___other _____

3. How long has this client been receiving homemaker services?

4. What services do you provide this client?

5. How often do you provide these services?

6. About how many units of service do you provide each month?

7. Do you know if the client receives services from any other agency, or program in your agency?
   ___yes
   ___no
   ___don't know

If YES to #7

8. Please list services, agencies, and number of units used per week or month (please specify).

(some possibilities)	(below list agencies)	(# units)
___daily dinner club		
___home health		
___home-delivered meals (Meals-On-Wheels)		
___transportation		
___friendly visiting/ telephone reassurance		
___chore and shopping assistance		
___clinics (blood pressure, etc.)		
___green thumb		
___nursing care		
___physical therapy		
___speech therapy		
___other		

9. Does client live alone?
___yes
___no

If NO to #9--answer #10-12

10. Who does client live with?
___spouse
___children
___other relatives
___friend or non-relative
___other

11. What support and help does this person supply?

12. If they do not provide support and help, please explain why.

13. Are you familiar with the client's family relationships?
___yes
___no
___to a limited degree

If YES, or TO A LIMITED DEGREE--answer #14-18

14. Does client have any family within a 25-mile radius?
___yes
___no
___not sure

15. Please list family relations (e.g., brother, sister)

16. Explain briefly any contact or support supplied by family members to client (for example, checks on client, prepares dinner meals, etc.)

17. Does client receive any support or services from friends?
___yes
___no
___not sure

If YES to #17

18. Explain briefly what support or services are provided.

19. In your opinion, which category most closely describes the client's situation?
___client is acutely ill
___client is recovering from surgery and requires convalescent care
___client is chronically ill and has problems with activities of daily life
___client is terminally ill
___client is experiencing episodic ill-health or social crisis
___client's family provides a great deal of care but needs respite services from homemaker program
___above not applicable

20. Is client totally disabled by ailment, disease, or age?
___yes
___no
___don't know

21. Is client partially disabled by ailment, disease, or age?
___yes
___no
___don't know

If YES to #21

22. In what sense are they partially disabled?

23. Is client confined to
___home and yard
___bed and room
___wheelchair
___generally is not confined

24. What ailments or illnesses does the client have?
___respiratory disease
___stroke
___arthritis
___heart–hypertension
___vision--cataract
___hearing
___diabetes
___cancer
___orthopedic
___other (explain)

25. Since you began providing services, has the amount or number or services
___increased?
___decreased?
___remained the same?

26. If services have increased, what additional services are you providing?

27. Why?

28. If services have decreased, what services are you no longer providing?

29. Why?