

Title VI Evaluation Tool User Guide

Overview

The Administration for Community Living (ACL) encourages all Title VI grantees to participate in regular program evaluation. Routinely evaluating your program services and participant satisfaction is important to ensure that the services are as effective as they can be. Evaluation can help you identify areas for improvement and, ultimately, help you best support your program participants.

This evaluation tool is a ready-to-use product that includes two surveys: one for Part A/B services (Nutrition and Supportive Services) and the second for Part C (Caregiver Support) services. Each survey contains a set of questions designed to gather specific information related to Title VI Part A/B and Part C program services from your elders or caregivers. The surveys ask about demographic information (e.g., age, gender) as well as elders' and caregivers' attitudes, preferences, and satisfaction with program services.

Additionally, the Title VI Survey Response Spreadsheet is an Excel file to help you analyze and use the information collected through the surveys.

Introduction to the Evaluation Tool

There are two surveys within the evaluation tool. The first survey (Appendix A) is specific for Part A/B (Nutrition and Supportive Services) program service delivery, and the second survey (Appendix B) is for Part C (Caregiver Support Services) program service delivery.

Each survey starts with an introduction and asks respondents to share some basic demographic information—gender, age, and current living situation. Each survey then leads into the main survey questions specific to either Part A/B services or Part C services.

Planning Your Evaluation

1. Get to Know the Survey Tools

The first step in planning your evaluation is to get familiar with the surveys. Review the surveys and become familiar with the questions. The questions are designed to gather participant feedback and satisfaction with your program services.

After review, determine if you want to use the tool in its entirety or select specific sections of the tool to conduct in small surveys at different times. For example, you could create several two- to three-question surveys that you conduct over time.

Steps for Planning Your Evaluation

1. Get familiar with the survey tool.
2. Identify your audience.
3. Plan how you want to distribute the survey.
4. Set the date and location to administer the survey.
5. Create a survey schedule to routinely evaluate your program services.

2. Identify Your Audience

The second step is to determine your audience—who do you want to hear from? Ask yourself the following:

- Do you want to survey all elders who participate in your Part A/B services? Or, do you just need to hear from a certain group of your elders?
- For the Part C survey, do you want to survey all caregivers or a certain group, like those who are raising grandchildren?

3. Make a Distribution Plan

After you have identified who you want to hear from, think about the best way to present the survey to your elders or caregivers. For example, the survey may be given to participants all at once (for example, at a congregate meal), or you can break the survey into several “mini-surveys” and conduct them over time.

- Decide whether to print the survey on full sheets of paper, on notecards, or as placemats.
- Be sure to provide pencils and/or pens to help participants complete the survey.

4. Set a Date and Time to Conduct the Survey

Now that you know how you will present the survey (e.g., at a congregate meal), the next step is to select a date and location to administer the survey. Use your knowledge of your program participants to help you set a date. For example, if you plan to survey your congregate meal participants, think about what days you typically have the best turnout.

Additional things to consider include:

- Is there a day of the week that you typically have more turnout for your congregate meals or activities?
- Do you want to conduct the survey before, during, or after a congregate meal?
- If you will be surveying home-delivered meal participants, look at your meal delivery logs—what days do you typically deliver more meals? Those days might be best to deliver the survey along with the meal.

Tip: Mark Your Calendar!

Once you have determined the date and time you want to conduct your survey, make reminders on your work calendar to help you set aside time to prepare for giving the survey.

5. Setting a Survey Schedule

You have made a plan for conducting the survey—congratulations! Now, it is time to consider how often you want to evaluate your program in this way. Routinely asking your program participants for their feedback is highly recommended. Some programs may find it helpful to do so once a year; others may prefer to evaluate twice a year. You know your program participants and your program services best, so consider what will best help your program. A program evaluation schedule will help you routinely evaluate your program services and participant feedback.

Conducting Your Survey

Once you have determined how and when you want to implement your survey, it is time to conduct the survey. Anytime you are conducting a survey, it is important to share with your participants why you are asking for their feedback. Let them know their feedback is important to you and that you appreciate their assistance.

Example Announcement Language:

“We want to hear from you! Your feedback helps us better understand who is using our program and your satisfaction with the services. Please take a few minutes to complete the survey in front of you. When you are done taking the survey, turn your survey over and leave it on the table. We will collect all of the surveys. We appreciate your help.”

If you have chosen to distribute the survey during a congregate meal or activity, consider placing a copy of the survey at each seat with a pencil or pen so that when the elders or caregivers arrive, the survey is in front of them. Once everyone has gathered and you are about to start the meal or activity, you can make the announcement about the survey and thank them for their assistance and time.

If you have chosen to distribute the survey in the mail or during meal deliveries, consider adding a message attached to the survey that tells the elder or caregiver why you are asking for their feedback and that you appreciate their assistance. Also include information in the message on when you plan to collect the feedback.

Example Message Announcement:

“Hello! We want to hear from you to help us better understand who is using our program services and your satisfaction with the services. Please give your completed survey to the driver at your next meal delivery. We appreciate your help in completing the survey and thank you for your time.”

Collection and Analysis Guidance

Collecting and Storing Completed Surveys

Once participants have taken the survey, it is time to collect the completed surveys and begin to analyze your program participants' responses. Make sure to:

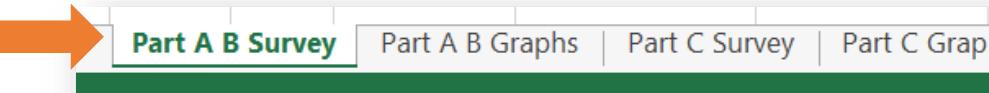
- Collect completed surveys as soon as possible—ideally directly following the congregate meal, group activity, training, or meal delivery where you asked program participants to take the survey.
- Store all completed surveys in one location. For example, put them in an envelope and then in a drawer or desk basket in your office where you can easily access them once you are ready to begin entering the survey responses into the analysis spreadsheet.

Preparing to Enter Survey Data

When you are ready to enter your survey data, these steps will help you complete the process:

- Take the envelope of completed surveys and place it on your desk, next to your computer for easy access during the data entry process.
- On your computer, open the Title VI Survey Response Spreadsheet.
- At the bottom-left side of the screen, select the tab that matches the survey that you want to enter responses for (Part A/B or Part C).

Select Part A B Survey
or Part C Survey

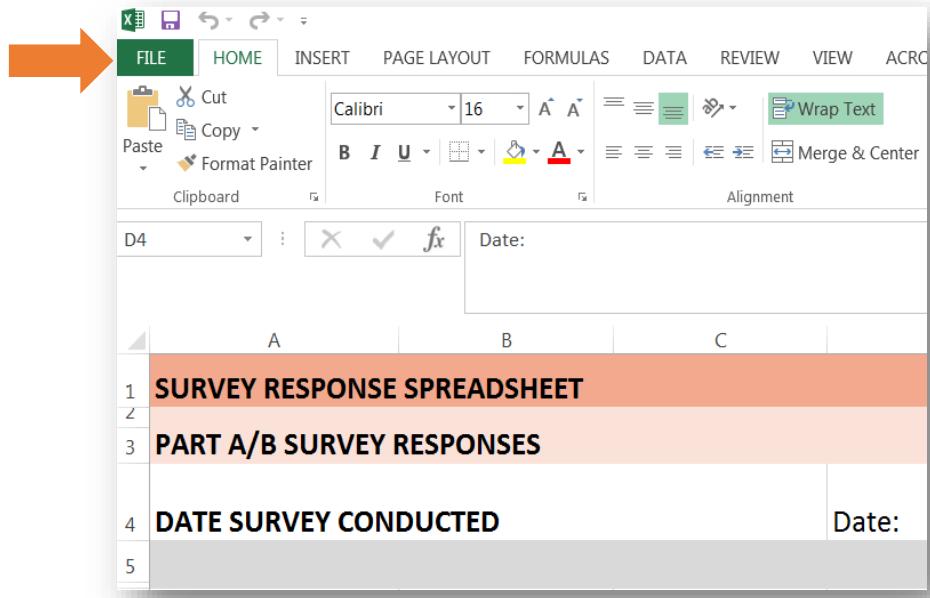


- Once you have the correct tab open on your screen that matches the completed surveys, enter the date that the survey was conducted at the top of the spreadsheet.

A	B	C	D
SURVEY RESPONSE SPREADSHEET			
PART A/B SURVEY RESPONSES			
DATE SURVEY CONDUCTED			Date:

- After entering the date, save the spreadsheet as a new file. Click on the File tab at the top-left corner of the screen and select “Save As” from the dropdown menu to save the file on your computer in the folder of your choice.
 - Consider naming your new file “Title 6 Survey Responses MMDDYYYY” (for example, “Title 6 Survey Responses 101119”). By including the date in your file name, you can easily go back in your files and compare survey responses over time. Remember to keep a blank copy of the Survey Data Response Spreadsheet to use as a template each time you have survey data to enter.

Click on the “File” tab and select “Save As.”



Entering Survey Responses

- Take the completed surveys from your desk and, using a marker, number each of them. For example, the first survey on the pile will be marked “1”, the second “2”, and so on until every survey has been given a number. Starting with the first completed survey, write the number “1” at the top of the survey. This numbering system will help you if you need to go back and double-check data entry for a specific survey or re-enter data if an error was made.
- Once all of the paper surveys are numbered, you are ready to begin entering all of the surveys into the spreadsheet. Be sure to enter the responses for each survey in the appropriate cells on the spreadsheet. For example, the survey you marked “1” should be entered in the row for survey number 1.

SURVEY RESPONSE SPREADSHEET			
PART A/B SURVEY RESPONSES			
DATE SURVEY CONDUCTED		Date: 11/11/2019	
Survey Number **Be sure to enter the survey number. This is used to calculate total number of respondents**	Q1: Gender	Q2: Age	Q3: Living Situation
1			

Be sure to enter the survey you marked "1" in the line for survey 1.



- As you enter the survey responses, note that many of the questions have dropdown menus to select from. Look to see if there is an arrow within the cell, as shown below. If there is a dropdown menu option, select the answer from the dropdown list that matches the answer on the completed survey. If there is not a dropdown menu, enter the answer that the respondent has selected or written on the survey.

SURVEY RESPONSE SPREADSHEET			
PART A/B SURVEY RESPONSES			
DATE SURVEY CONDUCTED		Date:	
			11/11/2019
Survey Number **Be sure to enter the survey number. This is used to calculate total number of respondents**		Click on the little arrow to show the dropdown menu of response options.	
	Q1: Gender	Q2: 	Q3: Living Situation
1			

- If a respondent did not answer a question, leave the corresponding cell in the spreadsheet blank and move on to the next question.
- Enter all completed surveys into the spreadsheet.

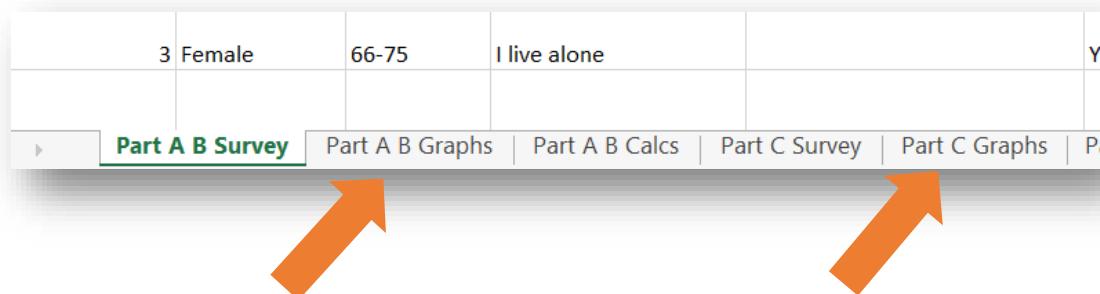
Tip: Save as You Enter!

It is recommended to routinely “save” your work as you enter the survey responses. Consider saving after you have entered each survey in case you get interrupted or need to stop and then resume data entry at a later time.

Analyzing Your Data

Once you have entered and saved all of your survey responses, it is time to take a look at the results. The Title VI Survey Response Spreadsheet is designed to automatically calculate your survey responses. The spreadsheet will automatically generate data visualization charts that can help you “see” your results.

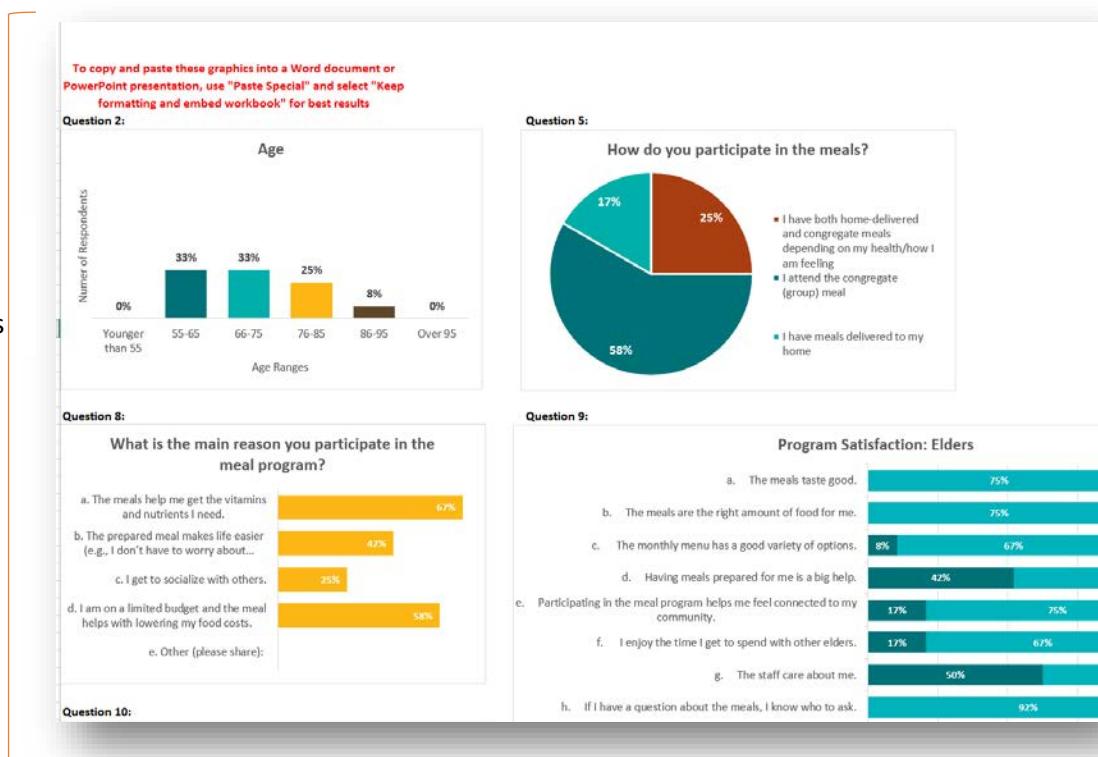
- At the bottom of the spreadsheet, you will see multiple tabs. There is a Part A/B Graphs tab and a Part C Graphs tab.



Select the Graphs tab that matches the survey you entered.

- As you will see, charts for specific questions have been automatically generated based upon your survey responses.

Your survey
data
visualizations

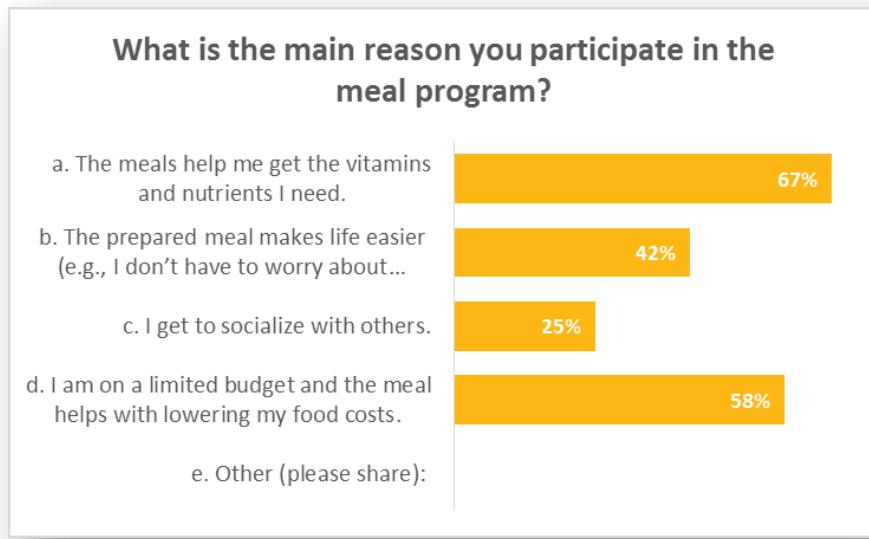


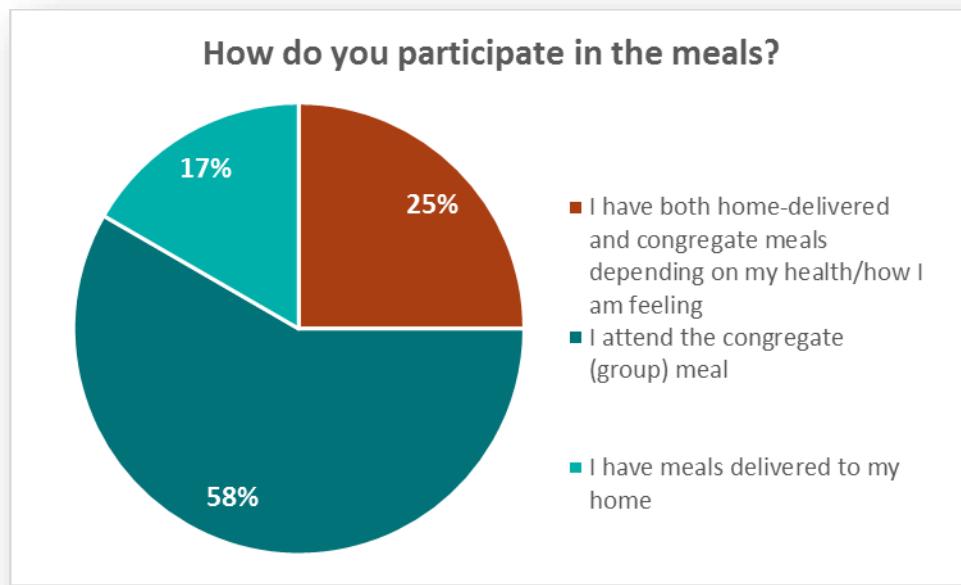
Sharing Your Data

Your program data visualizations are a great way to share your program's story with others, including your Tribal or Governing Council. Take time to review the graphs in the Graphs tab. Getting familiar with what your survey data shows will help you better understand your program participants' feedback and help you share this information with others.

- You can “cut and paste” your survey data visualizations into a Word document or PowerPoint presentation. To do so:
 - Right click on the chart you want to copy and select “Copy.”
 - To paste the chart into your chosen document, select “Paste Special—keep formatting and embed workbook.”

Sample Survey Data Visualizations





Saving Your Work

Saving a new version of the Title VI Survey Response Spreadsheet each time you have a completed survey is an important step. For example, if you conduct a Part A/B Survey in October and then another in April, you then would have two completed survey spreadsheet files, Title VI Survey Responses 10112019 and Title VI Survey Responses 04112020, plus the original blank template file. Having a separate Survey Response file for each completed survey will allow you to compare results over time.

Example File Names and Storage

Share with ▾			New folder
Name	Type	Size	
Title VI Survey Response Spreadsheet 041121	Microsoft Excel W...	90 KB	
Title VI Survey Response Spreadsheet 101120	Microsoft Excel W...	91 KB	
Title VI Survey Response Spreadsheet_	Microsoft Excel W...	90 KB	

Comparing Results Over Time

Comparing survey results over time can help you identify changes in your program participation and program satisfaction, as well as any program needs that may develop. For example, if you plan to

conduct a Part C survey with your caregivers every six months, you can compare survey responses and look to see what has changed, remained the same, or might need some further attention. Below are a few questions to keep in mind as you look at your survey results over time.

- Has your program participant demographic changed? In other words, are participants older, younger, or about the same? Has there been a change in the kinds of caregivers you are supporting?
- Are survey participants participating in the same level of services? Are some services that were once popular no longer as commonly used? Are some services being used more?
- Is the level of satisfaction for specific services staying about the same or changing?

Additional Resources

In addition to this survey tool and instruction guide, there are a number of other free, online resources that can assist you with your program evaluation. Below are several resources that ACL and ICF recommend.

Evaluation Planning

- Evaluation is designed for people interested in learning about program evaluation and how to apply it to their work. Evaluation is a process, one dependent on what you're currently doing and on the direction in which you'd like go.

<https://vetoviolence.cdc.gov/apps/evaluaction>

Evaluation Methods Data Collection Surveys/Questionnaires

- Data Collection Methods for Program Evaluation: Questionnaires:
<https://www.cdc.gov/healthyyouth/evaluation/pdf/brief14.pdf>
- Increasing Questionnaire Response Rates:
<https://www.cdc.gov/healthyyouth/evaluation/pdf/brief21.pdf>

Sharing Findings

- Evaluation Reporting: A Guide to Help Ensure Use of Evaluation Findings. Atlanta, GA: Centers for Disease Control and Prevention, US Dept. of Health and Human Services; 2013.
https://www.cdc.gov/dhdsp/docs/Evaluation_Reportin_Guide.pdf.
- Disseminating Program Achievements and Evaluation Findings to Garner Support:
<https://www.cdc.gov/healthyyouth/evaluation/pdf/brief9.pdf>

Title VI Nutrition and Supportive Services Survey

This survey is an opportunity for you to share your feedback about the services that you receive through our program. Your feedback is important to us and we appreciate your willingness to complete this survey. Thank You.

1. Gender: Male Female Other

2. Age:

- a. Younger than 55
- b. 55-65
- c. 66-75
- d. 76-85
- e. 86-95
- f. Over 95

3. Check the statement that best matches your current living situation:

- a. I live alone
- b. I live with my partner or significant other
- c. I live with my child/children or other family
- d. I live with a friend
- e. I live in an assisted living facility or community
- f. Other (please share):

Nutrition Services: In this section, we want to learn about the meal services you participate in and how well the services support your needs.

4. Do you participate in the meal program provided by the Senior Center? Yes No

5. If you selected “yes” to question number four, check the statement that best applies to how you participate in the meals:

- I attend the congregate (group) meal.
- I have meals delivered to my home.
- I have both home-delivered and congregate meals depending on my health/how I am feeling.

6. If you participate in the congregate (group) meal at the Senior Center, how often do you attend (select one answer that best applies to you)?

- Every day that meals are offered
- Once a week
- A few times a month
- Only on special occasions/events

7. How did you hear about the meal program (check all that apply)?

- a. Family member or friend
- b. Senior Center staff member
- c. Flyer, in the newspaper, or other written announcement
- d. Senior Center website
- e. Another Tribal or community agency

(Write in name of other agency):

- f. Other (please tell us how you learned about the program):

8. What are the main reasons you participate in the meal program? (check all that apply)

- a. The meals help me get the vitamins and nutrients I need.
- b. The prepared meal makes life easier (e.g., I don't have to worry about cooking).
- c. I get to socialize with others.
- d. I am on a limited budget and the meal helps with lowering my food costs.
- e. Other (please share):

9. Thinking about the meal program, please select whether you strongly disagree, disagree, agree, or strongly agree with each statement. (Select one response for each statement)

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
a. The meals taste good.	<input type="checkbox"/>				
b. The meals are the right amount of food for me.	<input type="checkbox"/>				
c. The monthly menu has a good variety of options.	<input type="checkbox"/>				
d. Having meals prepared for me is a big help.	<input type="checkbox"/>				
e. Participating in the meal program helps me feel connected to my community.	<input type="checkbox"/>				
f. I enjoy the time I get to spend with other elders.	<input type="checkbox"/>				
g. The staff care about me.	<input type="checkbox"/>				
h. If I have a question about the meals, I know who to ask.	<input type="checkbox"/>				

Program Activities: In this section, we want to learn about the other activities you participate in through the Senior Center.

10. I participate in the following program activities: (check all that apply)

- a. Bank/Bill Paying Trips
- b. Grocery Shopping Trips
- c. Group Exercise Classes
- d. Group Games (bingo, cards, puzzles)
- e. Crafting (sewing, beading, painting, drawing)
- f. Trainings/ Lunch and Learn Presentations
- g. Other (please share):

11. How often do you go to the Senior Center to socialize/ exercise / participate in activities other than a congregate meal? (Please select one answer)

- Every day that meals are offered
- Once a week
- A few times a month
- Only on special occasions/events
- I only go to the Senior Center for congregate meals

12. To help us understand your transportation needs, please select how you typically get around for things like shopping, doctors' appointments, and go to the Senior Center to visit, or attend congregate meals. For each, indicate if you strongly disagree, disagree, agree, or strongly agree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I know how to arrange transportation through the Senior Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The transportation service through the Senior Center is easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I rely on the transportation service through the Senior Center to get me where I need to be (e.g., shopping, congregate meals, medical appointments, group outings.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I walk or drive myself where I need to go (e.g., shopping, congregate meals, medical appointments, group outings.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I rely on my family or friends to transport me to places where I need to be (e.g., shopping, congregate meals, medical appointments, group outings.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have trouble arranging transportation to get myself where I need to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. To help us plan future trainings and activities, please select whether you would be interested in each of the following. Please select not at all interested, somewhat interested, interested, or very interested.

	Not Interested	Somewhat Interested	Interested	Very Interested
a. Health Information / Disease Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information on community services and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Traditional Language / Culture / Tribal History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal Safety and Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Exercise / Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wellness / Stress Management/ Relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (please share):				

Thank You!

Title VI Caregiver Support Services Survey

This survey is an opportunity for you to share your feedback about the caregiver supportive services that you receive through our program. Your feedback is important to us. We appreciate your willingness to complete this survey. Thank You.

1. Gender: **Male** **Female** **Other**

- 2. Age:**

18-20 21-40 41-60

61-80 Over 80

- 3. I am the primary caregiver for:**

- An adult child who is mentally or physically disabled
 - My grandchild or grandchildren
 - My parent(s) or grandparent(s)
 - Spouse or life partner
 - Other (please share)

4. If you are a caregiver for an elder or adult with a disability, please mark what services they participate in:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Participates in the congregate meals provided by the Senior Program | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Receives a home delivered meal provided by the Senior Program | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Participate in activities and events at the Senior Center | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attends trainings provided by the Senior Center | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Attends outings provided by the Senior Center | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other. (please specify): | | |

Caregiver Services: In this section, we want to learn about the caregiver services you participate in and how well they support your needs.

5. What types of information or services do you receive through the Senior Center program?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Information about available services to support me as a caregiver | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Assistance in gaining access to other services that can help me as a caregiver | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Individual counseling or a caregiver support group | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Trainings on topics including health, nutrition, and financial literacy to help me make decisions and solve problems as a caregiver | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Respite care so I can get a break from my caregiving responsibilities | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Supplemental services such as gloves, incontinence supplies, walkers, backpacks, school supplies, bunkbeds, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Congregate meals for yourself provided by the Senior Center | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Home delivered meals for yourself provided by the Senior Program | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Activities and events that you attend at the Senior Center | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Outings provided for caregivers by the Senior Center | <input type="checkbox"/> | <input type="checkbox"/> |

k. Other (please specify):

6. Thinking about the caregiver services, please select whether you strongly disagree, disagree, agree, or strongly agree with each statement. (Select one response for each statement)

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
a. The information I receive about caregiver services is helpful.	<input type="checkbox"/>				
b. Program staff are able to help connect me with other services to help me as a caregiver.	<input type="checkbox"/>				
c. The individual counseling or caregiver support group helps me be a better caregiver.	<input type="checkbox"/>				
d. The trainings I attend are educational and support me as a caregiver.	<input type="checkbox"/>				
e. The respite care allows me to get rest and/or have personal time.	<input type="checkbox"/>				
f. I enjoy the time I get to spend with others.	<input type="checkbox"/>				
g. The supplemental supplies I receive help me provide care for others.	<input type="checkbox"/>				
h. If I have a question about caregiver services, I know who to ask.	<input type="checkbox"/>				
i. The congregate or home delivered meals make it easier for me by being one less meal I have to prepare for myself or the person I care for.	<input type="checkbox"/>				
j. The Senior Center outings are a good social break for me.	<input type="checkbox"/>				

7. To help us plan future trainings, activities, and resources to better support caregivers like you, please select whether you would be interested in each of the following. Please select not interested, somewhat interested, interested, very interested, or does not apply to me.

	Not Interested	Somewhat Interested	Interested	Very Interested	N/A
a. Information on caring for children / young adults	<input type="checkbox"/>				
b. Training on specific topics related to caring for a child / young adult	<input type="checkbox"/>				
c. Supplies that would help me care for a child / young adult	<input type="checkbox"/>				
d. Support group for caregivers hosted by the Senior Center	<input type="checkbox"/>				

8. If you are interested in a support group for caregivers, what time of day would be easiest for you to attend:

Morning	Afternoon	Evening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please share any additional comments or suggestions on how the caregiver program could better support you as a caregiver:

Thank You!