

## Key Definitions

Throughout this document certain terms are referred to that may be new or used in new ways. These terms, as we have used them, are defined here for your reference. We recommend you familiarize yourself with these terms before you move forward down your path.

1. **Activities (sometimes referred to as outputs, services, objectives)** This is the portion of your logic model where you describe the services your consumers will receive. What are the activities provided that are directly linked to the outcomes that you wish to achieve?

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/services.htm>

2. **Adaptation** This is the implementation of an Evidence-Based Program with some changes to its original format. The basic function of the activities stays the same, but the form may be different to respond to the needs of the population being served or to the community context. These changes do not impact the core components of the program and should still be monitored for fidelity.

3. **Assumptions (sometimes referred to as underlying theory, rationale)** The services you offer should be based on what is known to be effective. What assumptions are you making that suggest your services will bring about the desired outcomes, with the population you serve? The assumptions are the product of your research and demonstrate your knowledge of what has worked in the past for similar programs serving similar populations.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/services.htm>

4. **Continuous Quality Improvement (CQI)** Continuous Quality Improvement activities ensure that programs are systematically and intentionally increasing positive outcomes for the families they serve. It is an ongoing process that involves

- Collecting data
  - formally, through outcome and implementation evaluation activities, focus groups, needs assessments, self-assessment, peer review, and study of research findings
  - informally, through self-reflections, and direct or indirect feedback from participants, staff, funders, and other stakeholders
- Reviewing and analyzing data
  - formally, in the course of staff supervision, full staff meetings, board meetings
  - informally, through daily discussions with staff and participants; self-assessment of job performance
  - Case record reviews and document reviews

- Adjusting practices based on findings
  - formally, at the agency level by adopting new practices, programs, policies, and procedures based on findings
  - informally, by making personal adjustments to improve job performance

5. **Core Components (sometimes referred to as key elements or active ingredients)** These are the key services or activities of an Evidence-Based Program that have been demonstrated or are believed, based on program theory, to lead to the identified program outcomes. These components must remain intact during any implementation of that program.
6. **Evidence-Based Practices** These are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This could be findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are valid as well. There are different types of evidence-based practices; these include “supported” or “well-supported,” based on the strength of the research design.
7. **Evidence-Based Programs** Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, have been validated by some form of documented scientific evidence. Different types of evidence-based programs include “supported” or “well-supported,” based on the strength of the research design.
8. **Evidence-Informed Practices** Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation within context. This informed practice allows for innovation and incorporates the lessons learned from the existing research literature.
9. **Fidelity** This means implementation of an evidence-based program faithful to the core components of the original model and is implemented as it was intended.
10. **Fidelity Measures** These evaluation measures specifically monitor the faithfulness of implementation to the core components of the model. This measure allows programs to understand if outcomes are based on the model or are attributed to other, possibly unknown, factors.

**11. Implementation Plan** This plan serves as the template for a program manual and documents key program components and specifies activities, resources, staff training, and evaluation components, among other things.

**12. Indicators (sometimes referred to as performance objectives, performance targets, objectives)** Indicators answer the question: What is it that tells someone that an outcome has been achieved? Indicators are concrete, specific descriptions of what will be measured to judge a program's success. An indicator can include the number or percentage of participants projected to achieve the outcome.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/indicators.htm>

**13. Logic Model** A logic model is a map of the program. It is a simple, logical illustration of what the program does, why the program does it and how observers will know if the program is successful. There is a wide variety of logic-model formats, but most have the same key components. The elements of a logic model will become clearer as you go through the logic-model building process. Although the process is laid out step by step, you will need to make sure that decisions made in later steps still match choices you made earlier in the process.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/index.htm> , the FRIENDS Logic Model Builder at <http://www.childwelfare.gov/preventing/developing/toolkit/>, or the FRIENDS Online Learning Center at <http://www.friendsnrc.org/resources/onlinelearn.htm> , which has an online course in logic models and other topics.

**14. Outcomes (sometimes referred to as goals, objectives)** If the program is successful in providing services, what changes will program participants experience? Generally, outcomes describe *who*, *will do*, *what* as a result of program services. Outcomes can be short-term, usually changes in attitude, beliefs, and knowledge; intermediate, which can be developing and practicing new skills; or long-term, including permanent changes at an individual level or changes that create an impact on larger social structures.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/outcomes.htm>

**15. Program Developer** The program developer is the originating source of an evidence-based program or practice model. This may be an individual or an institution. Before considering to implement an existing program, access to this entity should be explored. Program developers come with a highly varying degree of ability to help implement further

replications of their model. Their availability for consultation, willingness to provide technical assistance or on-site training, and ability to answer questions regarding possible adaptations to their model should be known and considered when identifying a possible program for implementation.

**16. Resources (sometimes referred to as *inputs or investments*)** Resources detail what the program needs to provide services. Is it food for a parent education group? A curriculum? Does the staff need any specialized training? Will child care, transportation, or a meeting space need to be provided? Think of this as a budget justification.

**17. Target Population (sometimes referred to as *participants, consumers, audience*)** This is a description of the population the program serves or plans to serve. As specifically as possible, identify the people who will receive the services.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/target.htm>

**18. Theory of Change** A theory of change is an articulation of the steps or outcomes needed to bring about a given long-term goal. This set of steps is based on research and practice outcomes already proven and is often solidified through the logic model for a program. The concrete articulation of the theory of change through a logic model helps programs describe the types of services that will bring about the intended changes they seek.

**19. Underlying Program Theory** The underlying program theory can be defined as a plausible and sensible model of how a program is supposed to work.

**20. Vision (sometimes referred to as *long-term impact or a long-term goal*)** This is a brief statement about your hope for the future. What do you want for the families and community that you serve? A vision statement does not necessarily need to be measurable. Your program is not necessarily responsible for single-handedly achieving it. Rather, your program should *contribute* to its achievement.