

UNIVERSITY OF NEW ENGLAND CENTER FOR COMMUNITY AND PUBLIC HEALTH

Summing it up

PRACTICAL GUIDANCE FOR PUBLIC HEALTH PROGRAM PLANNING, EVALUATION AND DATA USE

July 28, 2011 9 am – 4 pm July 29, 2011 8:30 am – 1 pm Hilton Garden Inn, Freeport Maine www.hiltongardeninn.hilton.com

PRESENTERS

Michele Polacsek, PhD, MHS Associate Professor of Public Health University of New England

Liam O'Brien, PhD

Associate Professor Dept. of Mathematics and Statistics Colby College

WHO SHOULD ATTEND The program is designed for Healthy Maine Partnership Directors and other HMP staff or those working on public health programs in the community, regional or state level.

COST \$50 for both days; \$40 for one day

ACCOMMODATIONS For those who wish to spend the night, a block of rooms at \$175 per night at the Hilton Garden Inn in Freeport has been reserved for attendees. Other accommodations in the area can be found by doing an internet search "Freeport Maine Lodging."

SPONSORS Center for Community and Public Health at the University of New England, the New England Alliance for Public Health Workforce Development and Harvard School of Public Health



July 28 – 29, 2011 Freeport, ME

CONFERENCE REGISTRATION

Register by July 11 Space is limited to 50 people

TRAINING AGENDA

Day 1

Registration 8:00 am - 9:00 am

- 9:15 Public Health Program Planning and Evaluation Overview
- 9:30 Program Planning Cycle · Assessment · Planning

10:30 Break

- 10:45
 Program Planning Cycle (continued)

 · Implementation · Evaluation · Evaluation language
- 12:00 Lunch
- 1:00 6-Step Evaluation Cycle • Engaging stakeholders • Describing the program • Logic models
- 2:30 Break
- 2:45 6-Steps (continued)
 - \cdot Designing the evaluation \cdot Evaluation questions
 - The importance of sound quantitative
 - methods in public health evaluation
 - •The difference between an experiment and an observational study

4:00 Adjourn

Day 2

- 8:30 Collecting data
 - Different sampling strategies · Practical limitations
 Survey data
 - · How quantitative and qualitative methods can complement each other

10:00 Break

- 10:15 Analysis: Statistical hypothesis testing
 - \cdot Basic assumptions $\ \cdot$ Power and sample size
 - \cdot What a p-value does and doesn't tell you
 - · Relationship to confidence intervals
 - Epidemiological and statistical terminology common in scientific literature
- **11:30** Ensuring Use Sharing Lessons Learned
- 12:00 Lunch
- 1:00 Adjourn

REGISTRATION FORM

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Name	• • • • • • • •		
Organization	Space is limited to 50 people		
Address (street, city, state, zip)			• • • • • • •
Email		Phone	
I AM REGISTERING FOR:	Both days (\$50)	First day only (\$40)	Second day only (\$40)
I AM PAYING BY:	Check (enclosed)	Check to follow (PO if available:)
By Credit Card: MC / Visa ((circle)		
Credit Card #			
Exp date	Vin#	Amount	
Name on Card			
Street	City, State	Zip	
Phone Number	Signature		

REQUEST FOR LODGING REIMBURSEMENT

Some funds from the NE Alliance have been set aside to reimburse the cost of up to \$200 for 2 nights lodging (Wednesday and Thursday) for those who must travel more than 3 hours to attend the training and who attend both days. For those who travel 1.5 hours – 3 hours, and who attend both days, NE Alliance will reimburse up to \$100 for lodging on Thursday night. These funds will be available on a first come first served basis to paid conference registrants. Please note that it may take 3–5 weeks for payment to be sent.

Are you requesting lodging reimbursement? _____Yes _____No Number of nights: _____

Length of travel (miles and time it takes to get to training): _____

Note: If approved, you will be provided with a form and will be required to submit receipts or copies of receipts for your housing costs in order to be reimbursed.

SEND REGISTRATION TO:

MAIL	LuAnn Thibeau, C	Center for Community and Publ	ic Health, University of New England,	716 Stevens Ave, Portland, ME	04103
FAX	207-523-1914	EMAIL SCANNED FORM	lthibeau@une.edu		

FMI Contact Karen O'Rourke (207) 221-4620 or Korourke3@une.edu

FOR UNE PURPOSES ONLY

Payment received (If applicable, check number: ______)

____ Approved for _____ night(s)

