Introduction to Program Evaluation— *Using CDC's Evaluation Framework*

AEA E-Study—2015
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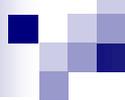**Centers for Disease Control and Prevention**
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Session 3

By the end of the session, you will be able to:

- Identify at least three influences in determining how to approach data analysis as part of an evaluation.

- Identify at least three considerations for evaluation reporting.

- Use CDC's framework approach in NOFOs

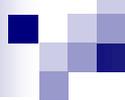# Cluster Into These Six Categories…

- Surveys
- Interviews
- Focus groups
- Document review
- Observation
- Secondary data analysis

Choosing Methods—Cross-Walk to Eval Standards

- Function of ***context***:
  - Time [FEASIBILITY]
  - Cost [FEASIBILITY]
  - Ethics [PROPRIETY]
- Function of ***content*** to be measured:
  - Sensitivity of the issue [ALL]
  - "Hawthorne effect" [ACCURACY]
  - Validity [ACCURACY]
  - Reliability [ACCURACY]

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Trade-offs of Different Data Collection Methods

Method/Factor	Time	Cost	Sensitive Issues	Hawthorne Effect	Ethics
Survey: Mail					
Personal Interview					
Focus Groups					
Document Review					
Survey: Phone					
Observation					
Secondary Data					

Examples—What's Best/Worst Method?

- Point-in-time estimate—sexual behavior of high school males

- Understanding context—intimate partner violence

- Adoption of housekeeping and nutrition behaviors to reduce lead burden

Provider Education: Evaluation Focus

Activities

Outcomes

Activities:
- Develop newsletter → Distribute newsletter
- Outreach
- Develop Tool Kit
- *Conduct trainings*
- *MD peer education and rounds*
- *Nurse Educator presentations to LHDs*

Outcomes:
- Providers read newsletters
- *Providers attend trainings and rounds*
- *LHD nurses do private provider consults*
- *Providers receive and use Tool Kits*
- *Provider KAB increases*
- Providers know latest rules and Policies
- Providers know registry and their role in it
- *Providers motivation to do Immunization increases*
- Providers do more Immunizations
- Increased coverage of target pop
- Reduce VPD in target population

Measurement Table: Scenarios 1-2 : Provider Education Program

| Eval Focus Components	Indicators
Conduct immuno trainings	# trainings conducted in each region of the state
Nurse educator LHD presentations	# nurse educators presentations made to (targeted) LHDs # physician-hosted peer ed rounds at (targeted) hospitals
Physician peer ed rounds	# participants in trainings # participants completing series of trainings
Provs attend trainings and rounds	% participants by discipline % participants by region
Provs receive and use tool kits	% providers who report use of toolkit # "call-to-action" cards received from toolkit
LHD nurses do private prov consults	% trained nurses in LHDs will do provider consults with (targeted) provider practices in county
KAB increases	% providers showing increases in (targeted) KAB items % increase in provider KAB on (targeted) items
Motivation increases	% providers reporting increased motivation to immunize % increase in provider motivation to immunize

Measurement Table: Provider Education Program

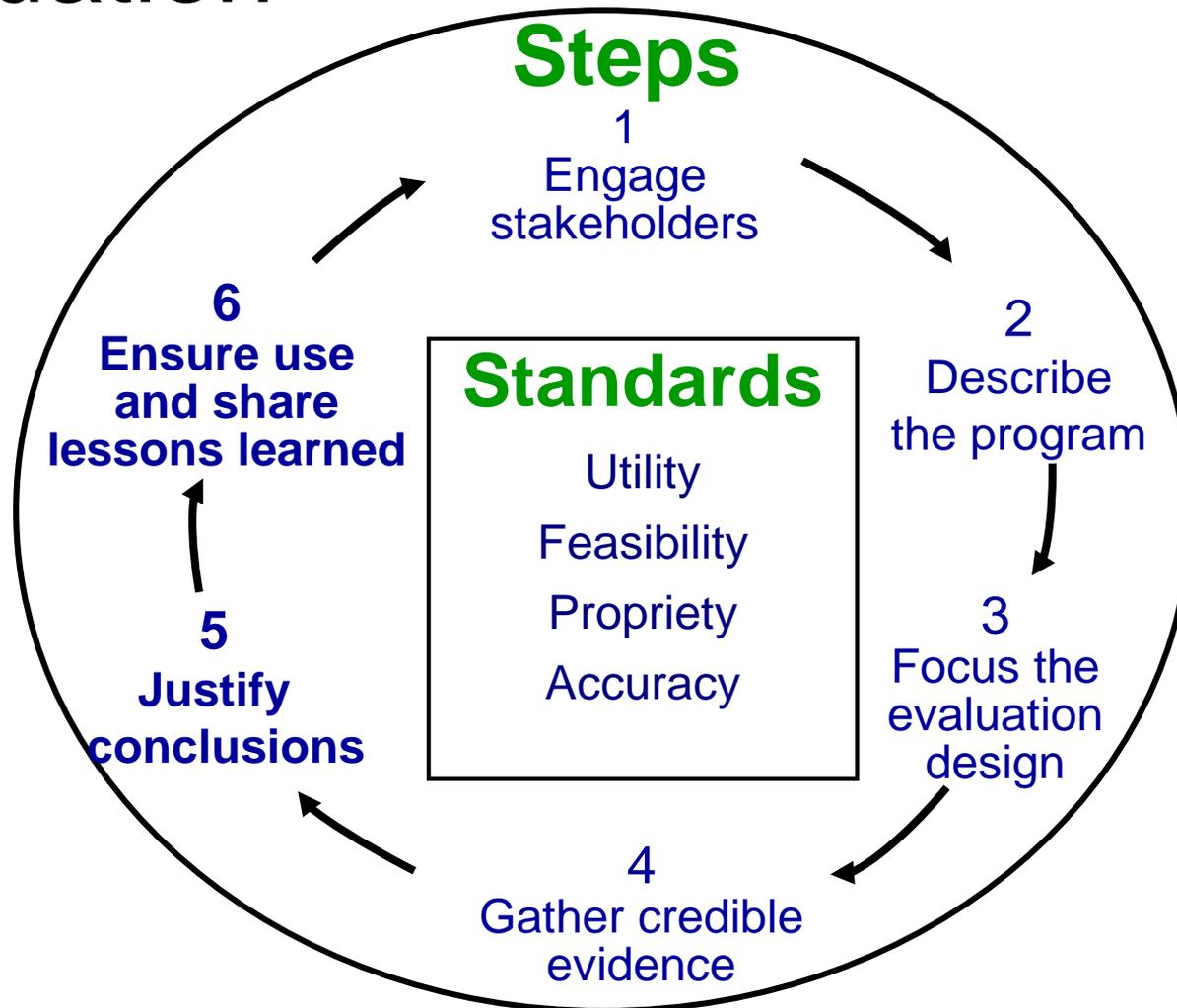| Indicators	Methods/Sources
# trainings conducted in each region of the state	Training logs
# nurse educators presentations made to (targeted) LHDs # physician-hosted peer ed rounds at (targeted) hospitals	Training logs
# participants in trainings # participants completing series of trainings % participants by discipline % participants by region	Training logs Registration info
% providers who report use of toolkit # "call-to-action" cards received from toolkit	Survey of providers Analysis/count of call-to-action cards
% trained nurses in LHDs will do provider consults with (targeted) provider practices in county	Survey of nurses, survey or providers, or training logs
% providers showing increases in (targeted) KAB items % increase in provider KAB on (targeted) items	Survey of providers, or focus groups, or intercepts
% providers reporting increased motivation to immunize % increase in provider motivation to immunize	Same

Eval Plan—Provider Ed Program

Evaluation Questions	Indicators *Info I need to have be able to answer question*	Data Source(s)	Data Collection Methods
Were trainings conducted?	# of trainings conducted that….	Training log	Review of logs
Did providers attend trainings?	% of invited providers who attended trainings that meet… % of providers who completed the whole series	Travel Records Sign-in sheets	Review of sign-in sheets for all the sessions
Did training increase KAB?	% providers who showed increase in KAB on… % Increase in behavioral intent on…	Pre- and post-test results Report of changes in practice	Administer Pre- & Post-tests Survey 6 months following training
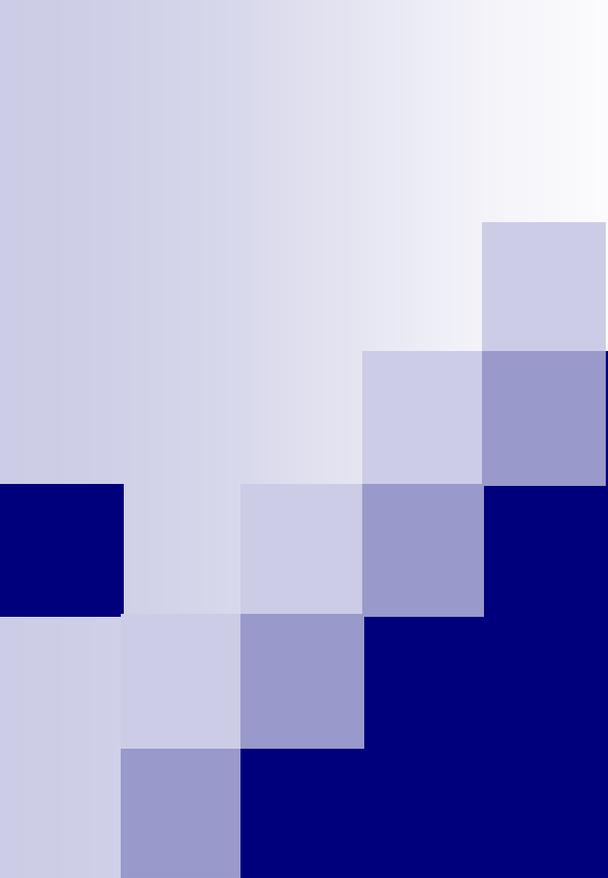
Intro to Program Evaluation

Steps 5-6. Justifying Conclusions and Using Lessons Learned

CDC's Framework for Program Evaluation

Steps

1 Engage stakeholders

2 Describe the program

3 Focus the evaluation design

4 Gather credible evidence

5 Justify conclusions

6 Ensure use and share lessons learned

Standards

Utility

Feasibility

Propriety

Accuracy

Now that I have this data, what do I do with it?

- Create a data management system

- Analyze your data

- View results through value "prisms" of users

Analyzing Data—Considerations

Qualitative Methods

- ☐ Review transcripts thoroughly
- ☐ Categorize similar findings (coding, subcoding)
- ☐ Consider patterns
- ☐ Depending on the analysis, specific qualitative analysis skills may be needed

Quantitative Methods

- ☐ Develop a database for all fields from instrument
- ☐ Depending on type of analysis, specific quantitative skills may be needed
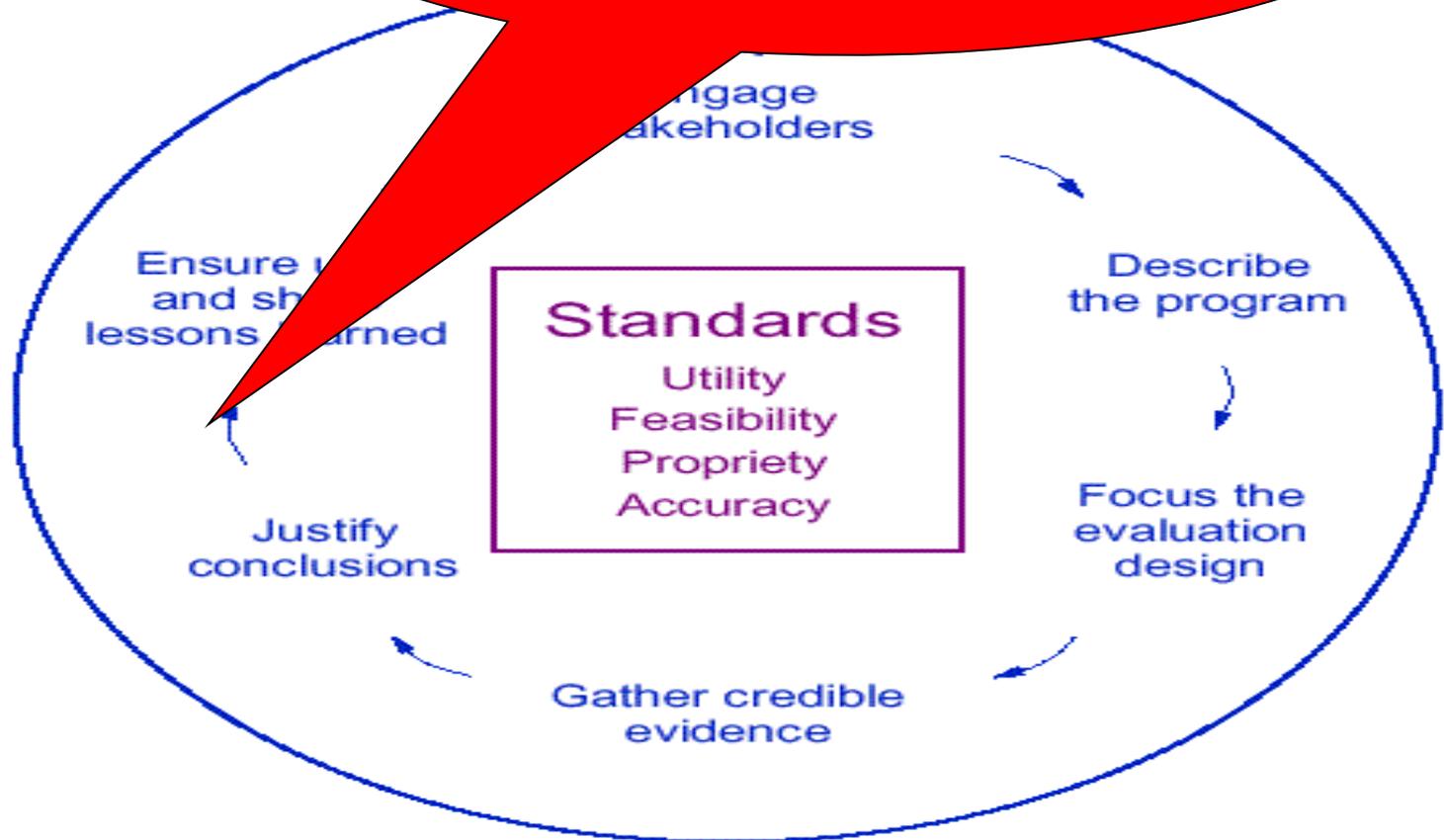
Not "Analyze Data", BUT "Justify Conclusions"

- ***Utility:*** Who's going to use the data and for what?

- ***Feasibility:*** How much resources?

- ***Propriety:*** Ethical constraints? What does "ethical" mean?

- ***Accuracy:*** How "accurate" do we need to be? What does "accurate" mean?

Steps 5: Justifying Conclusions

- Analyzing and synthesizing data are key steps now

- BUT REMEMBER: "Objective data" are interpreted through a prism of stakeholder "values"

- Seeds planted in Step 1 are harvested now. What did we learn in stakeholder engagement that may inform what we analyze and how?

Reminder: Some Prisms

- Cost and cost-benefit

- Efficiency of delivery of services

- Health disparities reduction

- Population-based impact, not just impact on those participating in the intervention

- Causal attribution

- "Zero-defects"

Developing Recommendations

Recommendations should be:

- Linked with the original purpose of your evaluation.

- Based on answers to your evaluation questions.

- Linked to findings from your evaluation

- Tailored to the users of the evaluation results to increase ownership and motivation to act.
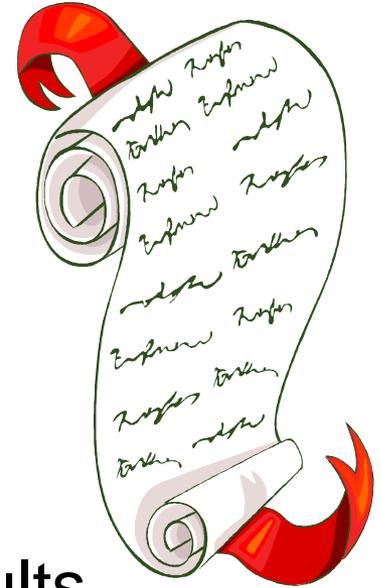
Step 6: Ensure Use and Share Lessons Learned

- The ultimate payoff!
- Product of work done in earlier steps
- Share results and lessons learned with stakeholders
- Use your evaluation findings to modify, strengthen, and improve your program
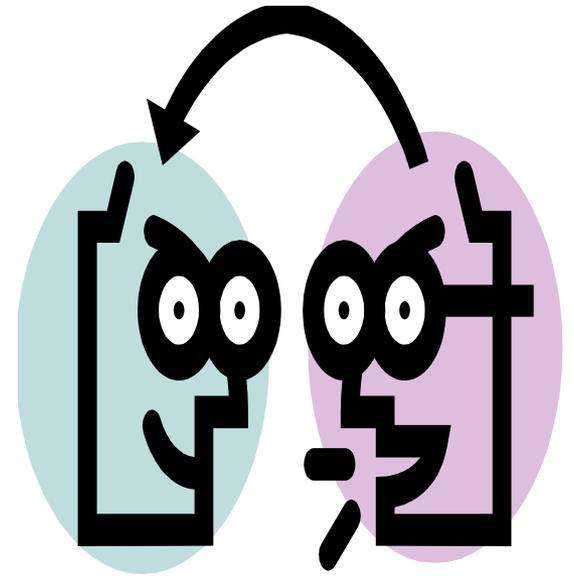
How to Share the Evaluation Results/Recommendations

- Consider information needs of the audience/stakeholders.

- Tailor message and format of dissemination to the users of the evaluation results
    - ❖ Oral
    - ❖ Written
        - • Full Report
        - • Executive Summary

Components of Effective Reporting

- Develop additional communication products suited to a variety of audiences, for sharing the results

- Involve stakeholders in preparation of the report

- Consider how the findings might affect others

- Content to draw from
    - Describe the stakeholders and involvement
    - Describe features of the program, include the logic model
    - Outline key evaluation questions
    - Include a description of the methods, methodological strengths and weaknesses
    - Present results and conclusions into context (what is reasonable at this point and how the results should be interpreted)
    - Translate findings into recommendations

- Easing burden on reader/user
    - Minimize technical jargon
    - Provide detailed information in appendices
    - Use examples, illustrations, graphics, and stories
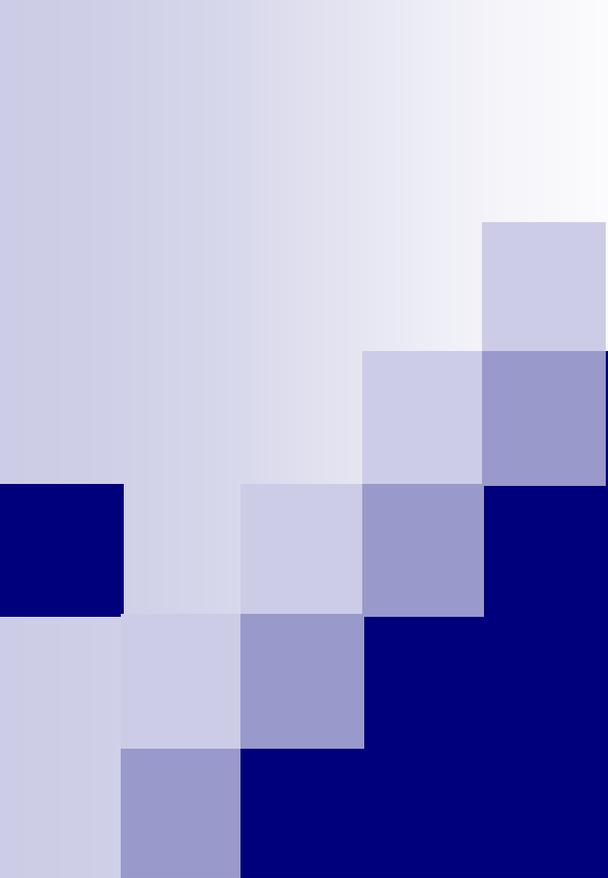
Intro to Program Evaluation

Notice of Funding Opportunities (NOFOs) and the Evaluation Framework

Why the NOFO Template

1. Consistency across program NOFOs
2. Consistency within program NOFOs
3. Ability to roll up achievements across recipients
4. Ability to make an accountability case to OMB and Congress—what did the investment get us?

What's New?

1. Logic Model
2. Evaluation and performance measures
3. Alignment across key sections

FOA Logic Model –Keep it simple

Strategy/ Activities	Short-Term/Intermediate Outcomes	Long-Term Outcomes
What the awardee will do	Changes (*in others*) that will result from awardee activities in the short- and mid-term	Ultimate results to which project results will contribute

- ❑ Number of columns less important than distinction—activities ("what") and outcomes ("so what")
- ❑ Focus is on FOA Activities and Outcomes – not your entire program.
- ❑ Note which outcomes will be achieved in the project period

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FOA Logic Model – Project Period Outcomes May Vary by Program

Strategy/ Activities	Short-Term (Proximal) Outcomes	Mid-Term (Intermediate) Outcomes	Long-Term (Distal) Outcomes
Activity	*ST Outcome 1*	*MT Outcome 1*	LT Outcome 1
	ST Outcome 2	MT Outcome 2	LT Outcome 2
Activity	*ST Outcome 3*	*MT Outcome 3*	LT Outcome 3
	ST Outcome 4	MT Outcome 4	LT Outcome 4
Activity			

OR…

Strategy/ Activities	Short-Term (Proximal) Outcomes	Mid-Term (Intermediate) Outcomes	Long-Term (Distal) Outcomes
Activity	*ST Outcome 1*	*MT Outcome 1*	LT Outcome 1
	ST Outcome 2	*MT Outcome 2*	*LT Outcome 2*
Activity	*ST Outcome 3*	*MT Outcome 3*	LT Outcome 3
	ST Outcome 4	MT Outcome 4	LT Outcome 4
Activity			

Step 2: Logic Model "Frames" Other FOA Sections

Line of sight between logic model and...

❑ **Purpose**

❑ **Approach**
- ▪ Outcomes
- ▪ Strategies and Activities

❑ **Evaluation and Performance Measurement**

❑ **Work Plan**

How does logic model fit with the rest of the FOA sections?

Terms	Strategies/ Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Logic Model Definition:	What the awardee will *do*	What will *result* from awardee activities in the short term	What will *result* from awardee activities in the mid-term	(Usually) *ultimate* results to which project results will contribute
Where it informs the FOA:	Strategies and Activities	Outcomes	Outcomes	- Background - Purpose - Outcomes *(sometimes)*

STD FOA – "Aligned" Outcome Narrative In "Approach" Section

Strategies and Activities		Outcomes	
Early	**Later**	**Short-Term/ Intermediate**	**Long-Term**
Cross cutting 1. Provide technical assistance 2. Form partnerships with health care community 3. Develop the workforce 4. Conduct evaluation and quality improvement	• Assessment • Assurance • Policy	1. **Increased community screening and treatment per CDC guidance** 2. **Improved linkage to care, partner services, and other services for STD clients** 3. **Reduced re-infection** 4. **Increased community and provider knowledge of STD-related treatment, prevention, epidemiology, and effective policies** 5. **Reduced STD-related policy barriers**	• **Improved integration of STD prevention into clinical care** • Increased access to care • Reduced incidence of CT, GC, syphilis, and their sequelae • Reduced threats of emerging antibiotic resistant GC (GISP) and congenital syphilis •

Outcomes: As noted in the logic model, recipients are expected during the project period to make progress on all the short-term/intermediate outcomes and one of the long-term outcomes. What follows is more detail on each of these outcomes.

STD FOA – "Aligned" Outcome Narrative In "Approach" Section

[Here is where you can elaborate, IF you want, and explain more about the MEANING of these outcomes, NOT how to get them….]

Short/Intermediate Term Outcomes:
1. *Increased community screening and treatment per CDC guidance…*
2. *Improved linkage to care, partner services, and other services for STD clients…*
3. *Reduced re-infection…*
4. *Increased community and provider knowledge of STD-related treatment, prevention, epidemiology, and effective policies…*
5. *Reduced STD-related policy barriers…*

Long-Term Outcome:
- *Improved integration of STD prevention into clinical care…*

STD FOA – "Aligned" Strategies and Activities Narrative in "Approach" Section

Strategies and Activities		Outcomes	
Early	**Later**	**Short-Term/ Intermediate**	**Long-Term**
Cross cutting 1. **Provide technical assistance** 2. **Form partnerships with health care community** 3. **Develop the workforce** 4. **Conduct evaluation and quality improvement**	**Assessment** 1. **Conduct surveillance** 2. **Monitor screening rates and treatment** 3. **Assess gaps in safety net services** 4. **Monitor antibiotic-resistant gonorrhea (GISP) or other emerging STD threats and congenital syphilis** **Assurance** 5. **Assure screening and treatment per CDC guidance** 6. **Partner/outreach services and linkage to care** 7. **Assure health promotion/health education to providers and at-risk populations** **Policy** 8. **Monitor and evaluate relevant policies** 9. **Educate the public, providers, and key stakeholders on effective policy approaches** 10. **Support ways to enhance collaboration between STD programs and primary care settings**	1. Increased community screening and treatment per CDC guidance 2. Improved linkage to care, partner services, and other services for STD clients 3. Reduced re-infection 4. Increased community and provider knowledge of STD-related treatment, prevention, epidemiology, and effective policies 5. Reduced STD-related policy barriers	• Improved integration of STD prevention into clinical care • Increased access to care • Reduced incidence of CT, GC, syphilis, and their sequelae • Reduced threats of emerging antibiotic resistant GC (GISP) and congenital syphilis

Strategies and Activities: As noted in the logic model, recipients are expected to implement activities in 4 strategy categories: (1) Cross-Cutting, (2) Assessment, (3) Assurance, and (4) Policy.

STD FOA – "Aligned" Strategies and Activities Narrative in "Approach" Section

[Here is the chance, IF you want, to explain the strategies and their component activities in more detail, so the grantee has a better sense of what you are looking for. BUT not to talk about the outcomes that will result from there strategies and activities.]

Cross cutting…
1. *Provide technical assistance…*
2. *Form partnerships with health care community …*
3. *Develop the workforce…*
4. *Conduct evaluation and quality improvement …*

Assessment…
1. *Conduct surveillance…*
2. *Monitor screening rates and treatment…*
3. *Assess gaps in safety net services…*
4. *Monitor antibiotic-resistant gonorrhea (GISP) or other emerging STD threats and congenital syphilis…*

STD FOA – "Aligned" Strategies and Activities Narrative in "Approach" Section

Assurance…

5. Assure screening and treatment per CDC guidance…

6. Partner/outreach services and linkage to care…

7. Assure health promotion/health education to providers and at-risk populations…

Policy…

8. Monitor and evaluate relevant policies…

9. Educate the public, providers, and key stakeholders on effective policy approaches…

10. Support ways to enhance collaboration between STD programs and primary care settings…

Step 3: Evaluation and Performance Strategy

- ❑ **YOUR strategy and how the recipient data collection fits in**
- ❑ **Talk about monitoring (performance measurement)** *and* **evaluation**
  - ▪ How grantee data collection fits into your overall strategy
  - ▪ Other efforts YOU will be doing apart from grantees
- ❑ **First 6 months to refine and resolve, but present basics now**

- ❑ **Measurement and evaluation to assess:**
  - ▪ Process—Did the recipient implement the <u>strategies and activities</u> as intended?
  - ▪ Outcome—Did they achieve the <u>project period outcomes</u>?

- ❑ **SO… should see measures for all the relevant strategies and activities and all project period outcomes**

STD FOA – "Aligned" Process Measures [Samples]

Cross cutting…

- **Provide technical assistance***: # of technical assistance sessions provided to [SELECTED SECTORS?]*
- **Form partnerships with health care community:** *# of new partnerships involving the largest health care systems in the state and which include executive level decision makers.*

Assessment…

- **Monitor screening rates and treatment:** *Quarterly report of (changes in) screening rates and treatment for [SELECTED SECTORS?].*
- **Assess gaps in safety net services:** *Quarterly report identifying top [5] service gaps and a plan for filling them.*

STD FOA – "Aligned" Outcome Measures (Samples)

Short/Intermediate Term Outcomes *and Associated Measures:*
1. **Increased community screening and treatment per CDC guidance:** *[XX%] increase in screening in [RELEVANT SECTORS?] per guidance.*
2. **Improved linkage to care, partner services, and other services for STD clients:** *[XX%] of STD clients who are participating in services offered by new partners or sectors*
3. **Reduced re-infection:** *Reduction in re-infection rate to [XX%]*
4. **Increased community and provider knowledge of STD-related treatment, prevention, epidemiology, and effective policies:** *[XX%] of key community respondents score [XX%] or above on survey of knowledge of….*
5. **Reduced STD-related policy barriers*: [XX] of the following 5 key policies and procedures changes are in place in the jurisdiction and/or its major health systems.***

What Goes in the Applicant and Awardee Evaluation Plan Section?

- ❑ **Not much additional since, "Applicant" and "Awardee" plans are elaborations of YOUR strategy**

- ❑ **Assurance they can collect measures**

- ❑ **Assurance of participation in any cross-cutting or national evaluation.**

- ❑ **ID of special evaluation projects—IF required?**

- ❑ **ID of any additional measures or logic model—IF required**

- ❑ **BIGGIE: How they will collect, disseminate, report, and use the data for program improvement**

Step 4: FOA Work Plan

❑ **Work plan says: How they will do the work, what it will achieve, and how they'll know they did it.**

❑ **ALREADY STATED THIS in the logic model, approach, and performance and evaluation section!**

❑ **Hence, work plan should be "repackaging" of existing material, NOT something new**

❑ **Variety of formats fine. Simpler is better?**

❑ **How to keep it simple…**

  ▪ Avoid planning terms "Goals", "Objectives", IF you can

  ▪ IF NOT, be sure to link them to the outcomes, strategies, and activities in the approach.

  ▪ If you must have "SMART" something (objectives, indicators, measures) be sure these draw on the measures already listed in the performance and evaluation strategy section.

FOA Work Plan Example

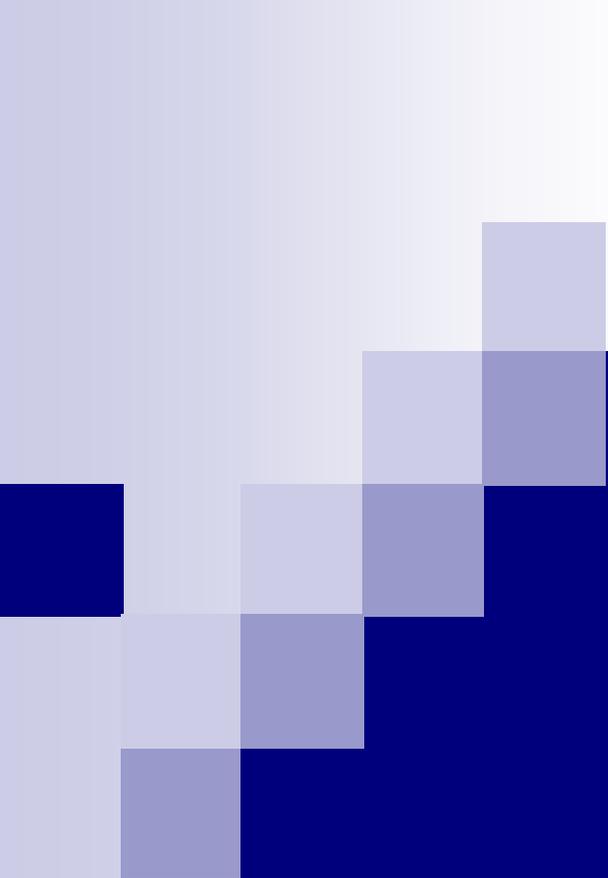| Project Period Outcome: [from Outcomes section and/or logic model]		Outcome Measure: [from Evaluation and Performance Measurement section]		
Strategies / Activities	**Process Measure** [from Evaluation and Performance Measurement section]		**Responsible Position / Party**	**Completion Date**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Step 5: Consistent Back Section

❑ **Reviewers will look to back of document for review criteria, applicant expectations.**

❑ **Be sure consistent with approach and performance and evaluation strategy sections**

❑ **No errors of:**

  ▪ Omission: Big implied criteria in the front left out of the back

  ▪ Commission: Additional reporting requirements or criteria not specified in the main body of document

Intro to Program Evaluation

Life Post-Session

Helpful Publications @
www.cdc.gov/eval

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CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

MMWR™
MORBIDITY AND MORTALITY WEEKLY REPORT

Recommendations and Reports

g Education Examination

Framework for Program Evaluation in Public Health

CBPH

An Evaluation Framework for Community Health Programs