

Developing and Using an Evaluation Consultation Group

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Centers for Disease Control and Prevention (CDC)
Program Development and Evaluation Branch

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We encourage readers to adapt this resource to meet their program evaluation needs. For further information, contact the Division of Nutrition, Physical Activity, and Obesity, Program Development and Evaluation Branch at cdcinfo@cdc.gov.

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Purpose

During spring 2009, CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) convened two meetings for a 32-member evaluation consultation group composed of state health department staff, CDC staff, and professional evaluators. During the meetings, input for the development and implementation of a strategic plan for the DNPAO evaluation team was collected. The resulting strategic plan provides the foundation for setting objectives and priorities for the evaluation of the division's three goal areas: nutrition, physical activity, and obesity.

In addition, the strategic plan defines how the evaluation team will (1) provide evaluation technical assistance to states; and (2) conduct program evaluation, evaluation research, and program monitoring. The evaluation team intends to continuously create and sustain organizational processes that make quality evaluation and its uses routine. Utilization-Focused Evaluation (UFE) is the evaluation team's model of practice, and organizational collaboration and participation are strategies adopted to accomplish the evaluation team's work.

This evaluation guide is one of three that were produced as part of a series of technical assistance tools developed by DNPAO for use by state NPAO programs. The documents address developing and using an evaluation consultation group; evaluating state nutrition, physical activity, and obesity plans; and evaluating partnerships. The three initiatives are strategically linked.

This technical assistance guide introduces the Evaluation Consulting Group (ECG), a DNPAO-required and useful element of evaluation practice. The intended audience is the designated State Health Department Evaluation Facilitator.

The guides clarify approaches to and methods of evaluation, provide examples and tools specific to the scope and purpose of state NPAO programs, and recommend resources for additional reading. The guides are intended to complement each other, offer guidance, and provide a consistent definition of terms. The guides are also intended to aid skill-building on a wide range of general evaluation topics, while recognizing that state NPAO programs differ widely in experience and resources for program evaluation. Although the guides were developed for use by state NPAO programs, the information will also benefit other state health department programs, especially chronic disease programs.

Background

Obesity in the United States has reached epidemic proportions. Since the mid-1970s, the prevalence of overweight and obesity has increased sharply for both adults and children (Finkelstein, 2009). These increasing rates have serious implications for the health of Americans—being obese increases the risk of many chronic diseases and health conditions, and treating these conditions costs an estimated \$100 billion or more annually (Finkelstein, 2010).

To address this epidemic, the U.S. Congress funded CDC in 1999 to initiate a national state-based nutrition and physical activity program to prevent obesity and chronic diseases. These resources have built (or are intended to build) the capacity of funded states to address the prevention of obesity and other chronic diseases. The Nutrition, Physical Activity and Obesity (NPAO) program was originally funded to support 6 states; currently the program funds 25 states. This technical assistance document is designed to support the capacity building of states.

The goal of the national NPAO program is to prevent and control obesity and other chronic diseases through healthful eating and physical activity. This goal is achieved through strategic public health efforts aimed at the following program objectives:

Long-Term Outcome Objectives

- Decrease prevalence of obesity.
- Increase physical activity.
- Improve dietary behaviors related to the population burden of obesity and chronic diseases.

Intermediate Outcome Objectives

- Increase the number, reach, and quality of policies and standards set in place to support healthful eating and physical activity in various settings.
- Increase access to healthy food and places of physical activity, and support healthful eating and physical activity in various settings.
- Increase the number, reach, and quality of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity.

State NPAO programs work to prevent obesity and other chronic diseases by leveraging resources and coordinating statewide efforts that focus on policy, environmental, and behavioral approaches. Working with multiple partners who are important allies, state programs are expected to develop, implement, and evaluate interventions that address behaviors related to the following six principal target areas:

- Increase physical activity.

- Increase the consumption of fruits and vegetables.
- Decrease the consumption of sugar-sweetened beverages.
- Reduce the consumption of high-energy-dense foods.
- Increase breastfeeding initiation and duration.
- Decrease television viewing.

Developing and Using an Evaluation Consultation Group

An Evaluation Consultation Group (ECG) is required by DNPAO, FOA 805. Its primary purposes are to provide input to the SHD (State Health Department) Evaluation Facilitator (EF) on both the best scientific and most practical evaluation activities of the NPAO Partnerships, the NPAO State Plan, state policies, and other evaluation activities. The ECG can also enhance the likelihood that evaluation findings will be used for improvement and accountability.

Effective ECGs are organized and facilitated by the SHD EF. Members are recruited from experienced practical evaluators and stakeholders who are knowledgeable about policy and relevant programs statewide. ECG's serve time-limited terms. They meet electronically, by phone, and in person regularly over extended time.

An ECG is useful when it contributes to evaluation perspectives and program or policy knowledge and skills for

- Planning evaluation activities.
- Prioritizing evaluation activities.
- Designing evaluation activities.
- Implementing evaluation activities.
- Reporting evaluation activities.
- Using evaluation findings for program or policy improvement and accountability.

The same or different ECG members can contribute to one or more evaluations.

What Is an ECG?

An ECG provides technical, programmatic, and related input to the program evaluation of the state health department's NPAO work. NPAO ECG input into this work includes

- Planning evaluation work, including developing an evaluation Strategic Plan.
- Developing an Evaluation Implementation Plan.

- Evaluating a specific program or policy.
- Evaluating the comprehensive state plan.
- Evaluating partnerships.
- Evaluating a policy or intervention.
- Evaluating the ECG itself.

The SHD ECG is organized by a designated SHD professional who, as the EF, leads the ECG.

Why Must I Have an ECG?

The SHD is required to develop and use an ECG on its CDC DNPAO work by FOA 805.

Why Do I Want To Have and Use an ECG?

There are several good reasons for having and using an ECG:

- Provides needed scientific, programmatic, and related expertise to supplement SHD staff.
- Provides insights from program and evaluation realities and practices, and can contribute to more accurate evaluations of “what is really going on.”
- Provides legitimacy to evaluation function and to comprehensive and project-specific evaluations in professional, organizational, and other communities.
- Contributes to the use of evaluation findings.

How Can an ECG Contribute to Better and More Useful Evaluations?

ECG members bring expertise in evaluation design and methods and practical implementation. They bring knowledge and understanding about program realities and operating contexts and environments. They may bring history and memory of what was done or not done, whether it was effective, and how the past is remembered and used by various groups in the present. An ECG can contribute to quality evaluation activities, as well as to preventing problems.

Here are some ways an ECG can help make better evaluation activities and their use for improvement and accountability:

- Professional evaluators with practical experience in evaluation activities make evaluations more efficient, realistic, and useful for improvement and accountability.

- ECG links evaluators, program staff, and other stakeholders more closely, thus enhancing data accessibility, data accuracy, usefulness, and actual use for improvement and accountability.
- ECG provides legitimacy, leadership, and experience to evaluation activities and supports ongoing use of data for improvement and accountability.
- ECG strengthens relationships between SHD and its partners, as well as among all members and partner organizations.
- ECG creates and sustains structure(s), culture, and practice of evaluation within SHD, DNPAO, and more broadly.
- ECG provides the SHD EF with a resource team of expert colleagues and staff for ongoing support and consultation on evaluation activities.
- The ECG contributes in this way to continuous program improvement by using findings to make recommendations for policy and interventions, improvement, and accountability.

Types and Contributions of ECGs

Planning (Type I)

Contributes to development of the evaluation function (i.e., an overall strategic plan, an evaluation implementation plan, and the assessment of progress of evaluation work).

Implementation (Type II)

Contributes to design, implementation, and use of project-specific evaluations.

Mixed (Type III)

Contributes to both planning and implementation.

These types are presented as distinct types. However, in practice, they may be adapted to the local context, as appropriate.

Planning (Type I ECG)

Contributes to the development of the evaluation function in conversation with SHD staff (i.e., an evaluation plan, a strategic plan for evaluation, and an assessment of the evaluation team's progress). The ECG should consider how it will be organized to most effectively support the evaluation strategic plan activities.

Example Questions for the Evaluation Strategic Plan

- What evaluation models might the evaluation team adopt and use (e.g., *Utilization-Focused Evaluation* (Patton, 2008))?
- What standards will the evaluation team adopt (e.g., *Joint Standards for Evaluation; Joint Committee on Standards for Educational Evaluation*, (1994))?
- Do you want to include a logic model for the evaluation team?
- What are the vision, mission, and goals for the evaluation team?
- What functions will the SHD evaluation team perform (e.g., program or policy evaluation, technical assistance to communities, program monitoring)?
- What is the role of the evaluation team within the SHD?
- What are the roles of the evaluation team members?
- Are there legal requirements and expectations for evaluation?
- How will the strategic plan be used?
- How will priorities for evaluation activities be set?
- Who will participate in prioritizing?
- What resources will be available to conduct evaluation activities, (i.e., funds, staff, evaluators with practical program evaluation experience)?
- Who will be responsible for implementation and assessment of the strategic plan?
- How will the strategic plan be evaluated and modified; what elements will be evaluated; how will this evaluation be done; how will the results be used?

Implementation (Type II ECG)

Contributes to design, implementation, and use of project-specific evaluations. The ECG should consider how it will be organized to most effectively support the design, implementation, and use of specific evaluations.

Example questions for the design, implementation, and use of project-specific evaluations that will be addressed by the ECG in conversation with SHD staff.

- What are the purposes or uses of the evaluation?
- Who are the primary intended users of the evaluation?
- What are the evaluation questions?
- What is the most appropriate and feasible methodology?
- Will the ECG participate in the interpretation of the data?
- Will the ECG participate in reviewing the report and making recommendations for improvement?
- How will findings be communicated to intended users?
- How will the findings be disseminated and to whom?

Mixed (Type III ECG)

Combines Planning (Type I) and Implementation (Type II) as appropriate in the local context.

Example questions for planning and implementation, in addition to those posed in the prior two types:

- How will the ECG be organized to contribute to both planning and implementation (e.g., entire group contributes to planning, subgroups contribute to specific evaluation activities)?
- What expertise is required within each group?
- How will communication between and among groups occur?
- Who is responsible for the communication and facilitation of the groups?

Considerations Across Groups

Experienced program staff and experienced practical evaluators can make valuable and viable contributions to these evaluation activities. Their absence can result in decisions that may be less practical, useful, feasible, and appropriate. Such evaluators also bring practical knowledge on working within the Joint Standards for Evaluation (1994), the profession's standard for quality and ethical practice.

Should the ECG be Evaluated?

The ECG does not have to be evaluated. It can, however, be evaluated by someone on the SHD Evaluation Team, by the ECG itself, by a subgroup of members, or by an outsider (e.g. university faculty or an evaluation contractor). As with all evaluation, focus should first be on process evaluation and then on outcome evaluation. This is because it is necessary to know if and how the entity or intervention is operating before it can be examined for its effectiveness.

Example Process Evaluation Type Questions for ECG

- Does the ECG have a written statement of the philosophy and approach to services, a “work contract”?
- Is there an administrative structure that supports the ECG?
- What kinds of activities did the ECG engage in?
- Did each ECG member participate in the group's work?

- How can the ECG's work be improved?

Outcome Evaluation Type Questions for ECG

- Did the ECG provide useful input to the planning of the evaluation team's work or the development and implementation of specific projects?
- Was its input used in the evaluation activities?
- Do members think that they contributed to the planning or implementation of the team's work?
- What ECG activities were most helpful to evaluate?

How do I Improve the ECG?

Evaluation is a practical science intended and designed to provide data about whether some intervention (program/policy), structure or process worked, (i.e. did what it was designed to do.) Evaluation data are used to improve the intervention, structure, or process. Ideally, evaluation is ongoing, leading to continuous use and improvement. Therefore, evaluation should contribute to the ongoing improvement of the ECG.

How to do this?

By using evaluation data, you can meet with the ECG, discuss the evaluation findings about their structure, process, work, effectiveness, and the like, and decide what could or should be improved and how. When done together, this process of continuous improvement serves to strengthen the ECG and improve its contribution to your ongoing evaluation work, as well as the work of individual members and their organizations and programs.

This results in a type of Evaluation Capacity Building (ECB) in which partners benefit from the common effort to evaluate and improve their own work as an ECG (Compton, Baizerman, and Stockdill, 2002). This includes the intentional work to continuously create and sustain organizational processes that make quality evaluation and its uses routine. The focus of ECB is on structure (e.g., ongoing relationships with clear roles and responsibilities for the evaluation team, communities, partners), culture (e.g., a common evaluation vocabulary, a shared understanding of the evaluation models being used), and evaluation practice (competent evaluation practice) in accordance with the Joint Standards for Evaluation, (1994).

Should the ECG Develop a Logic Model?

A logic model can be useful for the ECG because it makes explicit desired outcomes and the group's activities to achieve these.

Figure 1. ECG Logic Model

Focus of Work	Inputs	Activities	Outputs	Outcomes
State Health Departments/ State Coalitions	SHD ECG Resources State Coalition	Overall guidance to evaluation activities (Type I)	Strategic Plan and Evaluation Plan and their use	Higher quality evaluations
	SHD ECG Resources State Coalition	Guidance on specific studies (Type II)	Evaluation reports and use of evaluation findings	More useful evaluations
	SHD ECG Resources State Coalition	Connects Eval. Plan and specific evaluation (Type III)	Evaluations that are more strategic	More influential evaluations
Communities	SHD ECG Resources State Coalition	Provides Training/TA in practical evaluation for communities	Practical Studies Completed and Used	More Effective Programs and Policies

What Is the Role of the Evaluation Facilitator?

The Evaluation Facilitator (EF) is the SHD designated leader of the ECG. In that role, the EF will

- Recruit or select members who are stakeholders.
- Orient and train members.
- Construct meeting agendas.
- Call meetings.
- Serve as ECG contact for members, in SDH and outsiders.
- Communicate regularly with members.
- Manage the ECG.

Additional Responsibilities

- Serve as liaison between ECG and SDH Evaluation Team.
- Ensure that evaluators and evaluations solicit input from the ECG collectively and, when necessary and appropriate, individually.
- Serve as liaison between ECG and program to be evaluated.
- Ensure that ECG member expert input is seriously considered, assessed, adapted, if necessary, and used (adopted) to enhance the quality, utility, and use of the evaluation.
- Evaluate the ECG if the group or others decide this should be done.
- Monitor the use of findings to modify program or policy, thereby leading the Continuous Program Improvement Process.

Who Should Be Appointed as Evaluation Facilitator?

States vary in whom they designate as EF for the ECG.

For example, states might

- Appoint a member of the SHD Evaluation Team.
- Appoint an SHD professional with advanced training in program evaluation.
- Appoint an SHD professional in epidemiology with no specialized education or training in program evaluation and who was not a member of the Evaluation Team.

To Whom Does the Evaluation Facilitator Report?

States vary in how they organize the supervision and management of the EF. For example, the EF might report to the Lead of the SDH Evaluation Team, to an SHD Deputy Commissioner, or to the SHD Evaluation Team.

Three Primers on Working with an ECG

Developing an ECG

An ECG is required; it can be necessary, useful, and supportive to evaluation activities on state plan, partnerships, and policy. It does this by contributing practical expertise to the EF; the ECG and its individual members become the advisors, even the colleagues. Given the ECG's importance, how it is organized, who are its members, and how it is managed are all crucial to the success, effectiveness, and usefulness of evaluation activities.

Considerations

The Evaluation Facilitator should consider at least these topics when building the ECG:

- i. ECG Members
 1. The inclusion of primary intended users, stakeholders, and evaluators or evaluation contractors.
 2. Number of members.
 3. Member knowledge and skill in practical evaluation activities.
 4. Member's relevant program and policy knowledge.
 5. Stakeholder constituency (e.g., profession, client group, sociocultural groups).
 6. Distance from SHD.
 7. Access to electronic communication.
 8. History of working with SHD or evaluation facilitation.
 9. Access to evaluation resources (e.g., students).
 10. How members are appointed, by whom, and for how long.
- ii. ECG Roles
 1. What is the role of the EF with the ECG?
 2. What are ECG member roles, (e.g., chair, convener, technical consultant)?
 3. Who is the leader of the ECG?
- iii. Orientation and Training of ECG

1. Do members or the EF want or need orientation to the FOA, state plan, partnerships and policy?
2. Do members or EF want or need orientation or training in consulting with EF in ways that are relevant, practical, realistic, and useful for the evaluation activities?

How the Evaluation Facilitator Can Begin Working with the ECG

Effective use of ECG begins during the recruitment and selection phase when the EF discusses needs or wants, roles of ECG and members, activities (terms of reference), length of appointments, frequency, duration of contact, or meetings. Before the first ECG meeting, members should have a good beginning grasp of their role and the demands on them. This done, the first ECG meeting is to agree as a group. A draft of an ECG logic model may be developed for discussion and modification.

First Meeting

Typically, at a first meeting, the ECG as a group will review its terms of reference and the other topics in the previous paragraph and agree to these. They may review a draft ECG logic model. By the end of the first meeting, there should be clarity and agreement on the following:

- Purpose and outcomes.
- Roles.
- Leadership.
- Meeting dates, times, and duration.
- Communication structures and schedules.

The EF will

- Orient members to FOA and to the evaluators' work.
- Develop meeting agendas.
- Convene meetings.
- Provide regular, ongoing communication about ECG work.
- Be available to ECG members.
- Link ECG to other SDH/DNPAO consultation groups.

How Does the EF Manage the ECG?

The purpose of the ECG is to provide expert consultation on how to do appropriate, practical, and useful evaluation activities on the state plan, partnerships, and policy. The EF organizes

structures, provides leadership, and manages the ECG for the purpose of producing high quality evaluation activities. Managing the ECG is best done within the context of SHD typical practices and the EF's competence and style. Consultation on how to do this best can be available within SHD and with EFs in other states.

Typical Problems

The EF will likely face a variety of typical problems, such as

- Lack of group members' experience doing practical, use-driven evaluation.
- Because of irregular member attendance and participation, ECG effectiveness is diminished.

How should the EF respond to these types of problems?

Final Note

At this stage in the development of state-level ECG's, there is little science, some practice wisdom, and few principles to guide the EF. Thus, we have presented an overview of the issues, but not specific recommendations. We suggest that EFs consult with one another for practical suggestions and guidance related to ECGs. In this way, over time, it may be possible to develop knowledge leading to effective ECG practice.

References

Compton, D., Baizerman, M., and Stockdill, S.H. (Eds.). (2002). The art, craft, and science of evaluation capacity building. *New Directions for Evaluation*, 93.

Finkelstein, E. A., Trogon, J. G., Cohen, J. W., and Dietz, W. (2009). The economics of obesity. *Health Aff*, 28 (5), w822-31.

Finkelstein, E. A., and Strombotne, K. L. (2010). Annual medical spending attributable to obesity: Prayer and service-specific estimates. *American Journal Clin Nutr*, 91 (5), 1520S-1524S.

Joint Committee on Standards for Educational Evaluation. (1994). *The program evaluation standards*. Thousand Oaks, CA: Sage Publications.

Patton, M.Q. *Utilization-focused evaluation*. (2008). Los Angeles, CA: Sage Publications.

Appendix A: Example Advisory Group Materials from State Programs

Seven documents from North Carolina, South Carolina, and Texas are provided to show how these states have organized and implemented their ECG. Included are

1. A letter from an evaluation facilitator to advisory group members describing purpose of the ECG and selection of members.
2. An ECG timeline showing an evaluation facilitator's plan for key activities.
3. An ECG member nomination form showing types of information thought important for member selection.
4. A 4-month planning schedule showing the work of the ECG.
5. A draft agenda for an early ECG meeting.
6. A charge to ECG subgroups defining the work.
7. A 2-page document focusing on the work of a key measures consultation group.

Texas Department of State Health Services

Texas DSHS NPAOP Evaluation Advisory Council

Term (January 1, 2010- December 31, 2012)

What is the Evaluation Advisory Committee?

The Evaluation Advisory Committee for Nutrition, Physical Activity and Obesity Prevention (NPAOP) program of Texas is a group of academics, nonprofit leaders, community leaders, and public health professionals selected to provide guidance and oversight for the Evaluation Advisory Council. Additionally, the committee will participate in the development and implementation of an evaluation plan for the revised Texas Strategic Obesity Prevention Plan.

Duties include:

- Attend Evaluation Advisory Council meetings (or participate in conference call meetings).
- Convene as necessary to discuss council structuring and membership replacements.
- Provide oversight and input on the selection of key health indicators to be tracked to measure impact of strategic plan activities.
- Provide subject area expertise as needed.
- Provide input in the development and implementation of an annual survey of council membership.
- Agree to provide NPAOP with a current professional biography which will be included with evaluation reports, as needed.
- Agree for name and association to be listed in evaluation reports, related materials and publications.

Selection of Evaluation Advisory Committee:

The NPAOP program has selected committee members with expertise in subject areas we believe are central to the evaluation of the Texas Strategic Obesity Prevention Plan: epidemiology, data and surveillance, health economics, medicine, and community health.

There no term length or term limits attached to committee membership.

If for any reason a committee member needs to relinquish his/her post, written notification must be submitted to the NPAOP Coordinator.

Vacancies will be filled as needed. Notification of vacancies will be made by the NPAOP Evaluation Coordinator.

Timeline:

Dates are Tentative

Activity	Aug	Sept	Oct	Nov	Dec
Emails to potential Evaluation Advisory Committee members	24 th				
Request for membership acceptance		14 th			
Preliminary phone meeting of Evaluation Advisory Committee ¹			1 st		
Announcement of Evaluation Council Members ²			26 th		
First Evaluation Advisory Council phone meeting				24 th	
2010 Meeting Schedule Released					15 th

¹ A meeting to introduce members and to discuss the role of the Evaluation Advisory Committee.

² A meeting to introduce Evaluation Advisory Council and Committee members and to establish a 2010 meeting schedule.

Texas Department of State Health Services

Evaluation Advisory Council Nomination Form

Nominee Information

Nominee Name: _____ (Last) _____ (First) _____ (Credentials) Date: _____
Organization: _____
Title: _____

Which sector does the individual represent?

- Academic
- State Agency
- Healthcare Provider
- Non-Profit
- For-Profit
- Local Government (includes city planners, managers, parks and recreation, local public health, and education)
- Other:

Address: _____ (Street Address) _____ (Apt/Unit #)
_____ (City) _____ (State) _____ (ZIP code)
_____ (Email address) _____ (Phone)

Which Texas Public Health Region does this individual represent? (if known)
<http://www.dshs.state.tx.us.regions/state.shtm>

- Region 1
- Region 2/3
- Region 4/5
- Region 5/6
- Region 7
- Region 8
- Region 9/10
- Region 11

Why do you believe the individual should be a member of the Texas NPAOP Evaluation Advisory Council?

What do you hope this individual will accomplish as a member of the Texas NPAOP Evaluation Advisory Council?

What assets would this individual bring to the Texas NPAOP Evaluation Advisory Council?

Does your nominee have experience designing and implementing an evaluation plan? (Y/N)

I have read the Texas NPAOP *Evaluation Advisory Council Overview* and understand the terms and conditions associated with membership to this council. (Y/N)

If you have any questions, please contact Emma Kirkpatrick at (512) 458-7111 (Ext. 6731) or emmakirkpatrick@dshs.state.tx.us.

January 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4/5/6 Email with meeting agenda sent to EAC; link to tool also sent too			7	8	9
10	11	12	13 Meeting announcement to be sent	14	15	16
17	18	19	20	21	22	23
24	25	26/27/28 Tentative dates- TBD with online scheduling			29	30
31						

February 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3 EAC meeting at 3pm	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	This meeting will be brief and will go over the timeline and present the document review forms. Other state plans and reports will be disseminated at this time.					

March 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5 Document review forms due to DS-IS	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30/31 Compiled overview of the document to be sent to EAC		If needed a meeting will be scheduled to discuss the summary		

April 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
In April, EAC will tentatively receive set state plan objectives to work off of to draft a first draft of indicators. These will be sent to DSHS to compile and disseminate.				1/2 Proposed date to distribute State Plan Objectives to EAC		3
4	5	6	7	8	9	10
11	12	13	14	15	16 Draft of Reporting Plan- DSHS	17
18	19	20	21	22	23	24
25	26	27	28	29	30 First draft of indicators to DSHS	

**Division of Obesity
Prevention
Evaluation Advisory
Group Meeting**

**Thursday, May 21, 2009
1:00 PM to 3:00 PM
1800 St. Julian Place
Suite 406, 4th Floor Conference Room
Columbia, SC 29204**

Draft Agenda

Welcome	Kristian Gordon	20
<ul style="list-style-type: none"> • Introductions • Purpose 		
Program Background	Erika Kirby	60
<ul style="list-style-type: none"> • Goals & Objectives • Program Logic Model • South Carolina State Plan for Obesity Prevention 	Kristian Gordon	
<ul style="list-style-type: none"> ○ Options for Action 	Erika Kirby	
Facilitated Discussion	Kristian Gordon	30
<ul style="list-style-type: none"> • Past Evaluation Efforts • Present & Future Evaluation • Challenges & Barriers 		
Wrap Up	Kristian Gordon	10
<ul style="list-style-type: none"> • Future meeting logistics • Closing remarks 		

Additional Information

Please bring your calendar to schedule future meeting dates.

North Carolina ESMM Leadership Team Ad Hoc Committee Charges

Surveillance Ad Hoc Committee Charge

Develop an Eat Smart, Move More NC surveillance plan.

- The plan should outline key surveillance data indicators to monitor progress on the goals and objectives of *Eat Smart, Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases*.
- The plan should list specific survey questions (including answer options and question frequency) to be included in existing surveillance systems.
- The plan should address data gaps. If additional surveillance data are needed to monitor progress, the plan should include recommendations for obtaining those data.
- The plan should outline how data will be shared – how often, with whom, via what method, and with leadership from which organization.

Key Measures Ad Hoc Committee Charge

Select key indicators related to activities, processes, and/or outcomes for measuring progress on Goal 1 of the ESMM Plan by June 2010.

- By October 1, 2009, set a goal for each key indicator, using July 2009 as start date and June 2010 as end date.
- Identify the ESMM Leadership Team member organization responsible for tracking and reporting on each indicator.
- Indicators are not expected to provide a comprehensive report on progress, but rather key examples.

Advocacy Ad Hoc Committee Charge

Develop a 2010 – 2015 Eat Smart, Move More NC prioritized policy platform.

- Collate existing policy strategies from the Obesity Prevention Task Force and the NC Institute of Medicine with the ESMM Advocacy survey results.
- Identify potential gaps in policy recommendations as they relate to the *Eat Smart Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Disease*.
- Determine decision making criteria for determining priority of policy (when ranking discrepancies exist).
- Create a document which outlines a prioritized policy agenda for Eat Smart Move More NC.
- Link the policies to supporting evidence such as Community Guide to Preventive Services.
- Share policy priorities with state and local decision makers and advocates.

North Carolina

<p>Subject: Attendees: Date: Time: Location: Attachments:</p>	<p>Eat Smart Move More North Carolina Key Measures Committee Meeting Minutes</p> <p>Discussion of Proposed Key Measures</p> <p>Lori Carter-Edwards, Jenni Albright, Rebecca Reeve, Justin Moore, Sharon Nelson, Richard Rairign, via phone: Rose Ann Simmons (Absent: Maggie Sauer, Kevin Cain, Karen Cain, Karen Luken/Chris Mackey) Recorder: Shelby Sanders</p> <p>Thursday, 10/29/09 10:00am- 12:00pm NC Division of Public Health, 5505 Six Forks Rd (Building 1), Raleigh Maple Room 2nd Floor</p> <p>ESMM Key Measures Measuring_Process_Draft 2_2009-10-29.doc, NC-Fruit-and-Vegetable-Report-2009.pdf</p>
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Item No	Topic	Discussion Summary	Decisions Made	Action Items/ Person(s) Responsible/Due Date	Unanswered Questions
	Agenda				
1 (10:00-10:20)	Welcome, Introductions, and updates	<p>Lori Carter-Edwards welcomed everyone and introductions were made.</p> <p>Newly available resources:</p> <ul style="list-style-type: none"> • <i>CDC Recommended Community Strategies and Measures to Prevent Obesity in the US</i> • <i>State Indicator Report on Fruits and Vegetables, 2009</i> • <i>Prevention for Health of NC: Prevention Action Plan</i> <p>2009 Youth Risk Behavior Survey (YRBS) Weighted data was achieved for high schools. For middle schools, weighted data will be available only for Eastern and Western Regions. Data not yet available but anticipated in next 60-90 days</p> <p>The NC IOM Adolescent Health Task Force Report will be released on 12/15/09 at Adolescent Health Summit in Chapel Hill.</p>			

2 (10:20-10:30)	Reflection on CDC site visit and suggestions	<p>Sarah Kuester, CDC Project Officer, is interested in NC's evaluation work. She has asked that we document our process. We would like to document our process for collaboration and also our process for identifying key measures.</p> <p>Sarah emphasized the importance of the three ESMM ad-hoc committees communicating with each other.</p> <p>Sarah expects an annual report for ESMM. She encouraged us to use CDC's Recommended Community Strategies Guide.</p> <p>CDC's Recommended Community Strategies may be appropriate as long-term measures. Our committee charge is short-term. Are there some of the CDC measures on which we can measure progress this year? Should ESMM Leadership Team start thinking about the important long-term measures for policy/environmental change as well?</p> <p>The DASH (Healthy Schools) project officer visited NC at the same time as the obesity project officer. Because the coordination of DASH and Obesity at the CDC level. It makes sense to use SLIMs (school data) as key measures for obesity</p>			Do we need to make a recommendation that the ESMM Executive Committee make a long-term plan for policy and environmental measures that can be tracked over time- perhaps some of the measures from CDC's Recommended Community Strategies Guide?
3 (10:30-11:30)	Discussion of committee members' ideas for constituents and key measures	<p>The group reviewed the key measures proposed by committee members prior to meeting. Exact data sources are not known for most of these measures at this point, with the exception of school survey data and health department data. We may have build NC's capacity to monitor these.</p> <p>Our committee's main focus is to capture and report on what is happening now in terms of policy and environmental change.</p> <p>The committee discussed the possibility of focusing on a behavior rather than a constituent...</p>	The committee decided to focus on two specific strategies- one for nutrition and one for physical activity. - Decrease the consumption of sugar-sweetened beverages- #10 in CDC's Recommended Strategies - Increase...		