CDC Coffee Break: How Can I Use Interim Evaluation Findings?

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Disclaimer: The information presented here is for training purposes and reflects the views of the presenter. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.
In our time together today, I would like to cover a few topics related to interim findings—what they are, who receives them, how they might be provided, and offer two scenarios that we can walk through together to see what actions might be taken when there are interim findings. I’ll close with some general tips.

Many of you on today’s call may have experience with interim evaluation findings. You may have received interim findings in your position as a program manager. You may have been asked to look at interim findings based on your role as a project team member who is responsible for service delivery, or you may have prepared interim results if you are an evaluator or someone who is involved with the data and evaluation activities for your program.

Hopefully this session will have a little something for all of you.
Interim findings are results that are made available before the end of the project or evaluation period.

These findings may also be called early results, preliminary results, or tentative results. You can sort of think of these as “sneak peak” results or any results that are not final.

A premise on which a good evaluation operates should be “no surprises.” Those of you on this call who are program managers or project team members do not want to get to the end of an evaluation having heard nothing about findings.

Even if the findings are overwhelmingly good, waiting until the end to learn them gives you very little opportunity to absorb them and figure out what they mean for potential changes in program operations.

If there are some negative findings or findings about areas that need improvement, it is a lot more useful to learn about these findings as they emerge so you can discuss them and decide what to do about them.

And the benefit it not just one-way. Evaluators also benefit from providing interim findings. It is really important for evaluators to have ongoing communication with program people to offer updates as well as explore ideas and discuss interpretations of early findings.

So, asking for and providing interim findings is a good practice for both program managers and for evaluators.
Interim evaluation findings can be specific to a particular area you are investigating. For example, let’s say you have a worksite wellness program and you requested interim findings from your evaluator to determine employee enrollment rates and completion of their cholesterol screening. This is a specific piece of information and the results will be focused on this particular variable, but these results do not tell you how the program is working overall or how all of the other components, say blood pressure or smoking cessation, are being used by employees.

Or the findings may be comprehensive results, so you may have a more complete picture of your program. Keep in mind that both the specific and comprehensive interim results are still preliminary.

Next, determine the purpose of the early findings. What if any adjustments can be made to the intervention or the evaluation design? We’ll talk some more about this point later.
At the start of an evaluation project, the appropriate individuals who will receive preliminary information and briefings should be identified. You can identify these groups as the program manager in collaboration with your evaluator and key project members. Also, you can determine what decisions, if any, can be made using the interim findings.

From the standpoint of a program manager, interim findings may point to the opportunity to implement a program improvement without waiting until the evaluation is complete. For example, gaps in a data collection system could be identified and corrected based on interim findings, thereby advancing both the evaluation and the program itself.

Preliminary results may be used to keep key administrators such as the program manager, senior leadership, and project staff up to date about the status of the evaluation.

You may also wish to involve various stakeholder groups—advisory/steering committee, participants or the recipients of services, and the funder. You will need to decide which stakeholders to involve and how to involve them and when to involve them. Interim results can be used to keep key stakeholders informed about the status of the evaluation and foster continued engagement and support for the evaluation.
Interim findings may be quarterly updates, bi-annual reports, or annual reports. Sometimes the updates may be mid-project briefings or presentations. Or interim findings may be data tables or charts on specific outcomes of interest.

These early results can provide you with feedback at a stage when adjustments and modifications are possible both for the evaluation design and for the program.
I thought it might be helpful to look at two hypothetical scenarios that we could walk through together.
In this first example, let’s assume that you are the program manager for the Heart Disease and Stroke Prevention Program in your state. You have contracted with an external evaluator to conduct a partnership evaluation.

Six months into a 2 year evaluation you learn that the majority of partners are unclear about the purpose of the partnership and they do not understand how partners are expected to work together.

What do you do with this information?
First, for this scenario it is **appropriate** to take action based on these interim findings before the end of the 2 year time period is over.

What steps or action might you think about? Well, let’s consider some possibilities. Just to let you know that these aren’t in any particular order—you will know based on your team, your relationships, and your timeline how best to proceed.

- You might develop materials or have an informational session with the partners on the purpose of the partnership and their roles and responsibilities. Even though this information may have already been shared with the partners—clearly based on these early results, people don’t remember or have become confused.
- Also, you could engage stakeholders—for example the partnership itself. It is completely appropriate to share these interim findings with the partners, which will provide background for the need for an informational session on the identified topics.
- Also, you may wish to engage internal stakeholders such as your project team. This is an opportunity to determine what information has been shared with the partners, what questions have been asked during the partner meetings, and brainstorm how confusion may have been introduced. For instance, has there been considerable turnover of partner members in the 6 months so that some of the new members did not actually go through the orientation? This might point to the need for mini-refreshers every 3 months or so to orient new members.
Let’s turn to a second scenario.

The purpose of the evaluation for this hypothetical scenario is an outcome evaluation to determine if a specific clinic-based intervention reduces blood pressure. Twelve months into a 3 year evaluation period the interim findings are released. You find out that the blood pressure levels for your target population are nearly the same when comparing baseline to 12 months later.
Possible Response/Action to Scenario #2:

- You question these results.
- You ask evaluator to describe evaluation design.

Possible approach:
- Request that a defined period be specified for enrolling cohorts.
- Request to see results using this cohort approach.

You seriously question these results—how can this be possible? You are using an evidence-based intervention to lower blood pressure for this particular population. You expected to see at least some change in the reported blood pressure levels. You ask the evaluator to describe the design and how the analysis is being conducted.

You learn that there’s a rolling enrollment for this project—meaning that new patients are constantly joining. Therefore, the aggregate (or combined) blood pressure measures across the enrollees have both lower blood pressure level from participants who have been in the program for 12 months and potentially higher blood pressure for those who are just joining.

One possible solution: Request that a defined period be specified for cohorts. This way comparisons can be made within the cohort to truly have enough passage of time to document potential change. So you may decide in collaboration with the evaluator to use 3-month enrollment periods for the sake of the evaluation. The project still has rolling enrollment—but you are simply now analyzing the data by these discrete groupings.

I included this example to demonstrate that interim findings may not always be about the program intervention itself—early “sneak peaks” may prompt discussions around the evaluation and its design. It is always beneficial to have these discussions earlier rather than later—having actual data to look at also makes things more real. On paper the proposed evaluation design for scenario #2 probably appeared quite sound.

Evaluators who work closely with program managers during the evaluation anticipate analytic challenges and are often ready to devise a method for dealing with them.
The first point may seem quite obvious. These are in fact interim findings. If we think back to the first slide, I mentioned that interim findings are results that are made available before the end of the project or evaluation period. Keep in mind that they are not final. Caution should be used to avoid over-interpreting or drawing conclusions from incomplete or early data.

Think back to the purpose of your evaluation. A result of discussing interim findings can be to shift the project's operations during the course of the evaluation. Such midstream changes may affect the measurement of impact and may hamper efforts to obtain conclusive results.

One example intervention is 3 one-hour visits with a community health worker. In this hypothetical example, if the intervention was changed mid-course to one 30-minute session with the community health worker, the enrolled program participants will not have received the same intervention. The intervention, or what is often called “the dosage” in social science research, has been dramatically altered. If the evaluation design requires constancy in program operations, then the analysis may become confounded and there would be severe limitations in the conclusions that could be drawn.

Next, there is not a prescribed rule that you must follow in terms of who should receive interim findings. You are in the best position to determine who receives them, and also what discussion or feedback you would like from the stakeholders regarding the interim findings.

It is important to take time to reflect on any interim findings if you are the evaluator, the program manager, or a project team member. Talk with people about what you’ve learned—see what people are thinking. How are others interpreting the results?

Ideally through interim findings, alternative interpretations can be explored, which may potentially contribute to a more balanced final evaluation report.
On this slide a few resources are listed.

The first one covers the various uses of evaluation results and how to make them useful to stakeholders. The second one is a link to the evaluation resources on our Division’s website.

In this discussion of interim findings, you can probably tell that there are many opportunities for a range of activities and possibilities. There is no one way to proceed with interim findings. The best advice is to proceed cautiously and take the time to fully understand the interim findings and what they mean for your program, your intervention.
Thank you

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