

CDC Coffee Break:

Overview of DHDSP's Evaluation and Program Effectiveness Team Resources



Marla Vaughan, MPH
Lead Health Scientist

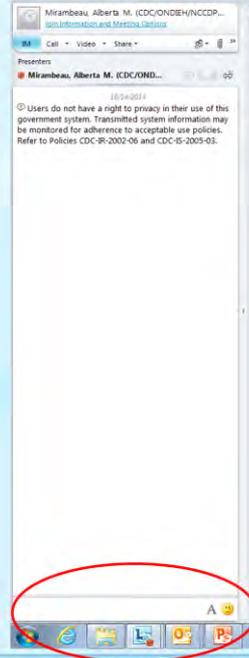
Division for Heart Disease and Stroke Prevention
Evaluation and Program Effectiveness Team

National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention



Before we begin...

- All phones have been placed in SILENT mode
- To ask a question, simply click in the chat box located in the bottom left corner of your screen
- Time permitting, your question will be answered at the end of the presentation

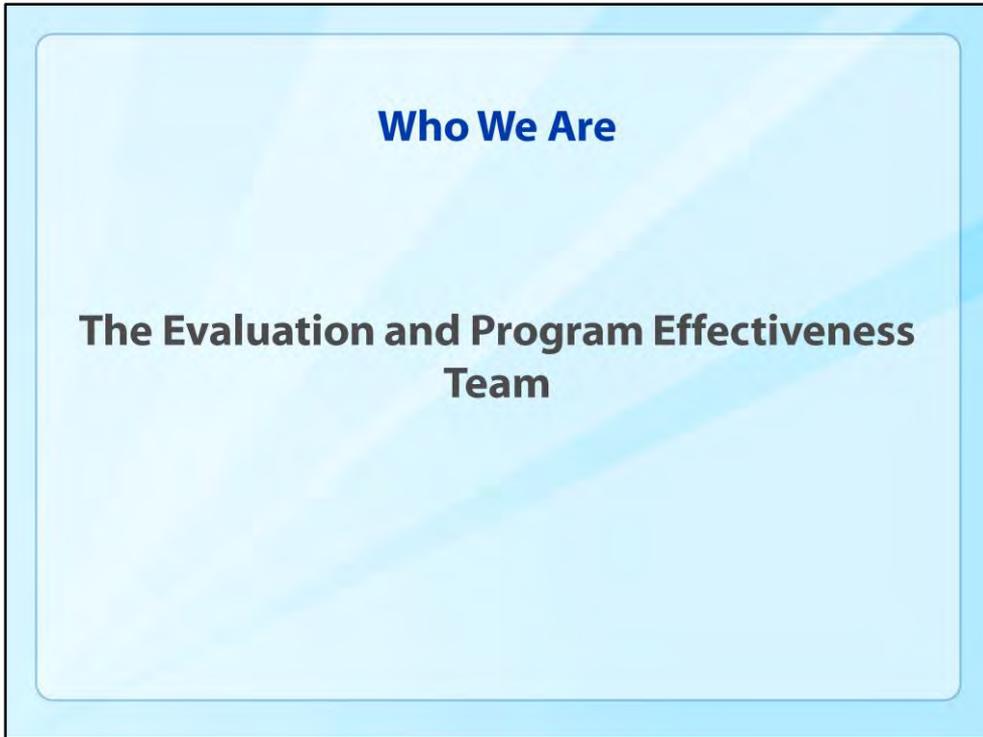


Disclaimer: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

Overview

- **Who we are**
- **What we do**
- **Human resources-Evaluation technical assistance**
- **Description of our tools and products**
- **Accessing our tools**

Thank you for joining this month's coffee break. Rather than discussing a specific evaluation topic, as we usually do, we wanted to take a moment to step back and provide an overview of evaluation resources-in terms of both human resources (staff) and tools and products. I will start with a very brief overview of our team –who we are and what we do-and then go through some of our resources.



So, who are we. We are the evaluation and program effectiveness team.



A group of evaluators with diverse backgrounds, degrees, and experiences that work together to achieve our mission of making public health initiatives more effective by building evaluation capacity, fostering evaluation use and conducting high quality evaluations to expand practice - based evidence and improve accountability. From left to right we have Eileen Chappelle, John Whitehill, Alberta Mirambeau, Joanna Elmi, Aisha Tucker Brown, Marla Vaughan, Rachel Davis, Zimo Banta, Tiffany Burgess, Rashon Lane, Jan Losby, and Cagney Stigger.

What We Do

- ❑ **Expand Practice-based Evidence**
 - Series of pre-evaluation assessments and effectiveness evaluations of potentially promising practices related to CVD prevention and control
- ❑ **Evaluate DHDSP programs and initiatives**
 - 7 Division FOAs
 - Initiatives such as Million Hearts
 - Use mixed methods to comprehensively assess the program
 - Different approaches and methods depending on program context
- ❑ **Provide evaluation consultation, support, technical assistance and training**
- ❑ **Disseminate findings, evaluation resources, implementation resources**

To achieve our mission, we work in 3 broad areas. We conduct evaluations to Expand Practice-based Evidence, Evaluate Division Programs and Initiatives, and provide Evaluation consultation, support, technical assistance and training. Across all of these areas, we work to foster evaluation use by disseminating evaluation findings, developing and sharing evaluation resources, and more recently, creating implementation resources. If any of you are interested in our evaluation studies or national evaluations of the division FOAs, we would be happy to share more details- and as you will see later in the presentation-our resources do include summaries of these studies and other related documents. Since we don't have much time today, we will primarily focus on the last two bullets.

Evaluation Consultation, Support, Technical Assistance and Training



- **DHDSP branches and teams**
- **Initiatives such as Million Hearts**

- **Other divisions**
- **Partners, funded programs (states and communities)**

The team provides consultation internally and works with every branch and team within the division. We also collaborate with other divisions (in addition to our collaborative FOAs) to provide subject matter expertise, participate in various workgroups, and share processes and resources. The Evaluation and Program Effectiveness Team also works closely with federal, state and community partners to help strengthen evaluation capacity at all levels.

Evaluation Consultation, Technical Assistance and Training for DHDSP Funded Programs

- ❑ **State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305)**
- ❑ **State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422)**
- ❑ **A Comprehensive Approach to Good Health and Wellness in Indian Country (1421)**
- ❑ **Well-integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)**
- ❑ **Sodium Reduction in Communities Program (SRCP)**
- ❑ **Paul Coverdell National Acute Stroke Program**
- ❑ **Mississippi Delta Health Collaborative**

The team provides evaluation support to Project Officers and grantees for all 7 DHDSP funded FOAs. This is the complete list, but I will go through each one and note who on the team primarily provides evaluation TA for that program. This will give you a picture of the human resources we have available to help you with your evaluation efforts.

- ❑ **State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health**
- ❑ **State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422)**

1305, or State Public Health Actions, funds all 50 states and DC and is a collaborative effort with DDT, DNPAO, and SHB. Rachel Davis is the evaluation lead for that effort. 1422, or State and Local Public Health Actions, funds 17 states and 4 large cities and is funded and managed in collaboration with DDT and DNPAO. Aisha Tucker-Brown is the evaluation lead for 1422. While all team members provided evaluation TA for 1305 during the first year, John Whitehill and Rashon Lane continued to provide evaluation support for 1305 and now 1422. And recently Tiffany Burgess and Cagney Stigger, contractors for ICF International, joined the team specifically to provide evaluation support for these two FOAs.



For 1421, or A Comprehensive Approach to Good Health and Wellness in Indian Country, Aisha and Rachel are the DHDSP evaluation leads for the Center’s Evaluation Workgroup. Eileen and Joanna provide evaluation support. And our part-time student Zimo provides support on evaluation plan guidance and template development.



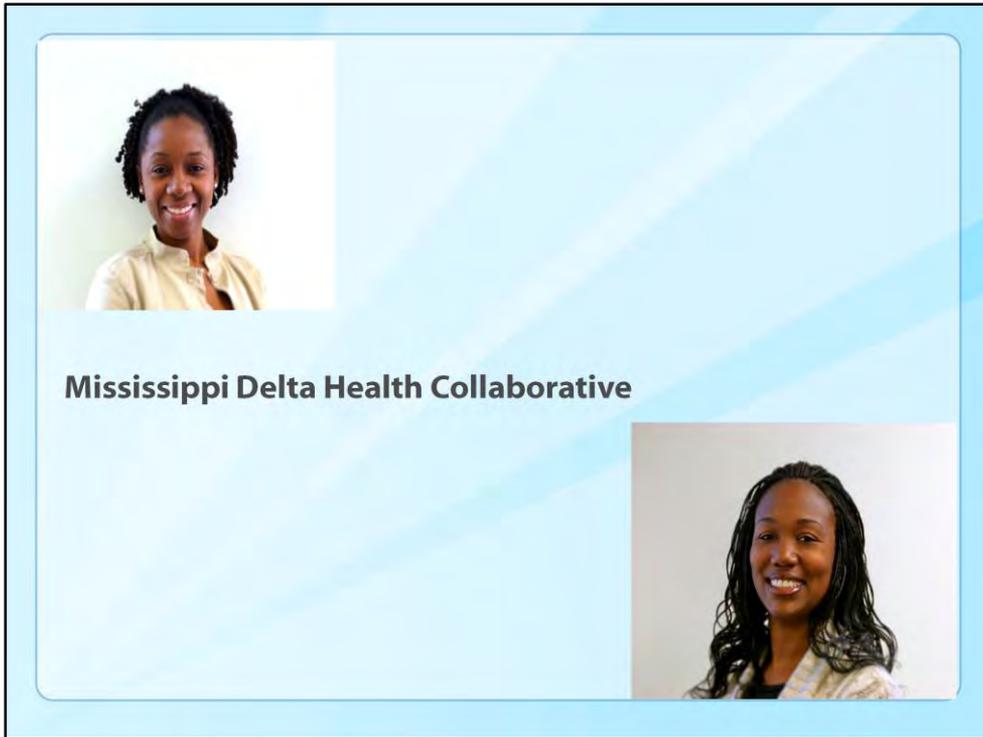
For the WISEWOMAN program, Eileen has provided evaluation support for the last 2 years and recently Joanna began providing support. Also, Rachel Davis, who worked on WISEWOMAN a few years ago, will now be assisting with the national evaluation and TA support.



Jan and John lead evaluation efforts for the 11 communities funded by the Sodium Reduction in Communities Program. Alberta also provides evaluation support.



For the Paul Coverdell National Acute Stroke Program, Joanna and Alberta lead the evaluation efforts and work with the 11 funded states.



For the Mississippi Delta Health Collaborative, Alberta and Aisha work closely with the collaborative and the evaluation contractor to provide evaluation support.

Examples of Technical Assistance to States and Communities

- ❑ **Monthly calls with evaluators or program managers**
- ❑ **Review of evaluation documents**
- ❑ **Guidance and support for local evaluation plans**
- ❑ **Assistance with selecting evaluation methods or tools**
- ❑ **Assistance with operationalizing and reporting required performance measures**
- ❑ **Facilitating peer learning and sharing of examples across states/communities**

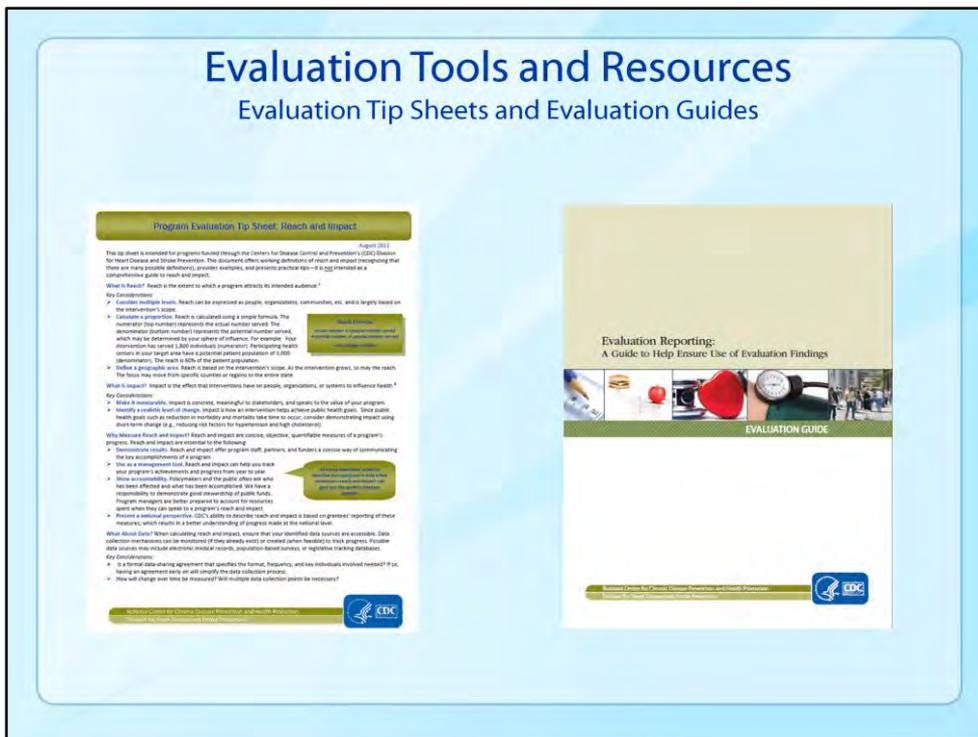
Now that you know who the TA providers are for your program, we want to make sure you are aware of the activities and services your TA consultant provides. While the TA assignments and approach vary across the programs and are based on the structure, needs and context of that program, there are some common activities conducted by evaluation TA providers. Technical assistance generally includes systematic annual reviews of evaluation plans and logic models, telephone consultation on monthly calls or ad hoc on an as-needed basis, assistance to CDC Project Officers on grantee evaluation activities, and participation in CDC site visits. TA providers also provide guidance on evaluation plans, assistance with performance measures, including resource documents such as performance measure profiles, and often participating in all-program calls and/or peer learning opportunities.

If you are with one of the programs I just mentioned earlier you should already know your evaluation TA provider. They are available to discuss any of your evaluation – related needs. If you don't know who your evaluation technical assistance provider is for your program please ask your project officer here in DHDS and they will be more than happy to provide you with contact information.



In addition to the team members who are resources to support you with your evaluation efforts, we also provide evaluation tools, products and trainings as part of our TA efforts. These are intended to assist states, communities, and others by offering practical guidance, examples, and suggestions for their evaluation efforts. These tools include evaluation tip sheets, evaluation guides, Field Notes, evaluation summaries, implementation guides, webinars and podcasts, and other resources and documents. (Including manuscripts that present findings)

I'll go into a little more detail about some of these tools. Note that some TA resources-such as evaluation plan guidance documents, performance measure profiles, FAQs, etc. are not covered in this overview. While some of the tools I will describe are related to a specific programs, these tools do not speak to FOA requirements and are not considered official guidance. Those are provided in a different format.



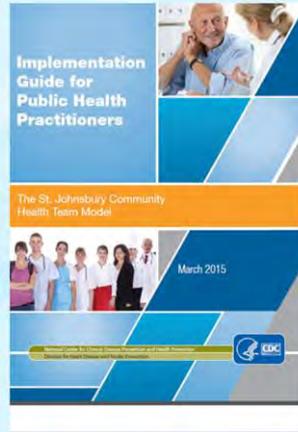
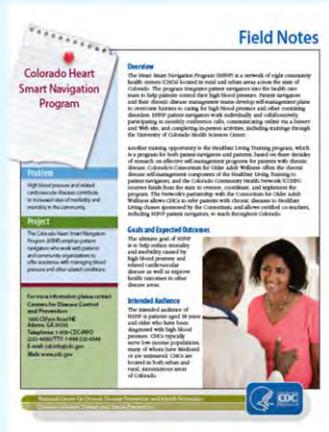
First, we have a series of tools that are focused on providing practical guidance and suggestions on various evaluation topics to build evaluation capacity. The tip sheets are one pagers, front and back, that provide a brief overview of a specific area, as well as examples and practical tips on topics such as integrating GIS into evaluation, constructing surveys, evaluating trainings and measuring reach and impact. There are 6 tip sheets currently available and the latest two tip sheets are on [Economic Evaluation](#) and [Culturally Competent evaluations](#). The first new tip sheet defines economic evaluation, offers types of economic analyses, and provides practical steps for CDC-funded programs to conduct an economic evaluation; the tip sheet on cultural competence highlights the prominent role of culture in the work of evaluators and provides important strategies and guiding questions for enhancing cultural competence in evaluation. Tip sheets are not intended to be comprehensive guides.

We do have documents that are a bit longer and provide more detailed guidance on evaluation topics. These are still intended to be brief and user-friendly, but provide a little more detail than the tip sheets. The evaluation guides offer a consistent definition of terms, provide guidance on evaluation methods, and aid skill building on a wide range of general evaluation topics and selected specific topics. They were developed with the assumption that state and local health departments have varied experience with program evaluation and a varied range of resources allocated to program evaluation. Previous guides that have been available for some time include: writing SMART objectives, developing logic models and evaluation plans, the

fundamentals of evaluating partnerships, and using indicators for program planning and evaluation reporting. [There are 7 guides currently posted on the website and our newest guides are Evaluation Reporting: A Guide to Help Ensure Use of Evaluation Findings and Practical Strategies for Culturally Competent Evaluation.](#)

Evaluation Tools and Resources

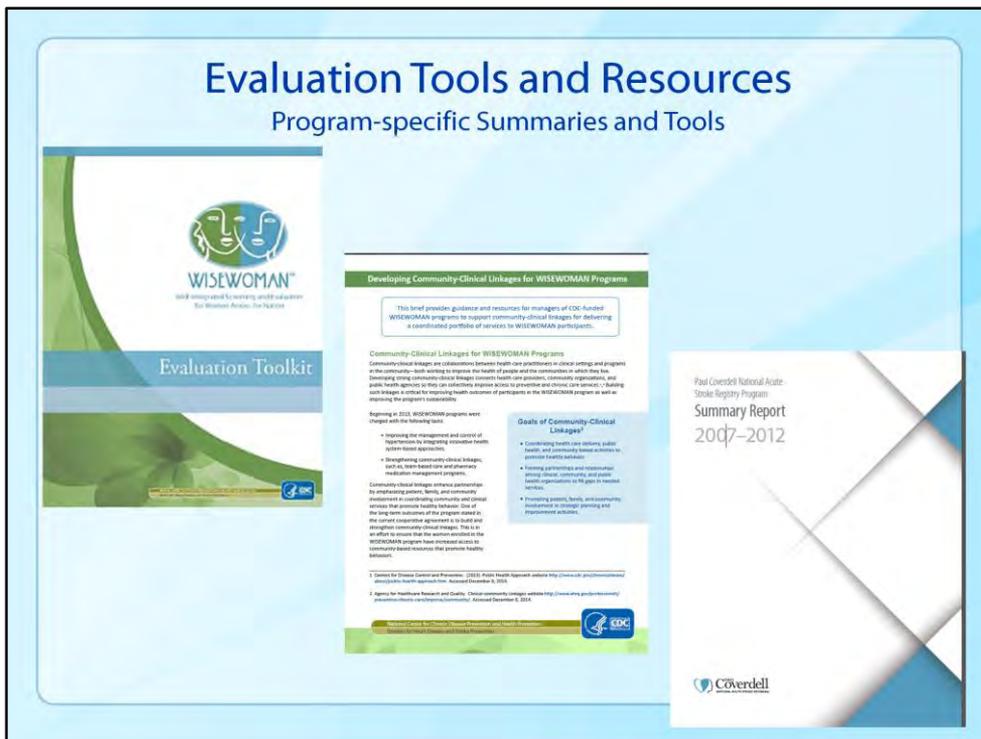
Field Notes and Implementation Guides



We also have series of tools and products that are part of our efforts to disseminate evaluation findings, foster evaluation use, and expand practice-based evidence. First, the Field Notes are a series of briefs that are developed primarily by using information gained from evaluability assessments or small case studies conducted as a part of our team’s evaluation portfolio. The information contained in the field notes provides practical examples of interventions conducted in priority areas so that promising practices and lessons learned can be shared with states and providers. The field notes are not being “endorsed” by CDC and have not been rigorously assessed, but show some promise and/or have highlight innovative practices that may be helpful for others working in particular focus areas. There are currently 9 field notes related to hypertension control available on our website. [The St. Johnsbury, Vermont Community Health Team](#) is the latest field note to be posted. And we have 3 field notes on activities in the MS Delta, one on a collaborative in PA and one on the Colorado Heart Healthy Solutions that have been cleared and should be available soon.

We have also begun a new series –called Implementation Guides for Public Health Practitioners. These guides that are based on rigorous evaluations of promising practices in the field. The first set of Program Implementation Guides describe key lessons learned from the evaluations of the Residency Program Collaborative and Community Health Center Collaborative in PA and the St. Johnsbury, Vermont Community Health Team. The guides describe why the program should be considered

a promising practice, things for practitioners to consider if they are interested in implementing this or a similar model, core components and considerations and recommendations for practices implementing these core components. We are excited about this new set of tools that provide not just findings, but practical steps to replicate promising practices. States and communities can use these guides to learn more about promising practices and to facilitate discussions with clinics and health care systems.



There are also tools related to specific DHDSP FOAs. As noted before, these documents are not official FOA guidance, but rather tools that program and evaluation staff funded by those programs, as well as states and communities working in other areas, can use as complementary documents to further their program implementation and evaluation efforts. For example, the WISEWOMAN Evaluation Toolkit is a resource that has been designed to offer guidance and facilitate capacity building on a wide range of evaluation topics for use by staff from WISEWOMAN programs-but the concepts and templates included in the toolkit are applicable to a wider audience of anyone involved in program planning and evaluation, not just WISEWOMAN. We encourage users to adapt the tools and resources in this toolkit to meet their programs' evaluation needs. There are also two WISEWOMAN briefs, [The Developing Community-Clinical Linkages for WISEWOMAN Programs](#) and [Partnership Development for Lifestyle Programs Briefs](#) that provide guidance and resources for managers of CDC-funded WISEWOMAN programs to support community-clinical linkages and sustain partnerships that will help improve health outcomes among WISEWOMAN participants.

Also available is the [Paul Coverdell National Acute Stroke Registry Program: Summary Report 2007-2012](#). This report provides a summary of the programmatic strategies and activities used by Coverdell grantees. This can be used not only as a summary for accountability, but as a resource to states funded by Coverdell or states, hospitals or other entities that are implementing stroke registry programs.

Evaluation Tools and Resources

Evaluation Project Summaries

Residency Program Collaborative and Community Health Center Collaboration: Evaluation Summary

Background
The Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention (DHSP) and a panel of experts advised the Residency Program Collaborative and Community Health Center Collaboration (RPCCHCC) for evaluation in community health centers. The goal of this evaluation is to assess the impact of the RPCCHCC on the quality of primary care and on the health of the community. The RPCCHCC seeks to improve the quality of primary care and on-site training opportunities among members. It operates by the Pennsylvania Academy of Family Physicians (PAFP), and brings together primary care physicians, nurses, allied support staff from residency programs and community health centers to share strategies for implementing practices in their own settings. The program's mission is to improve the health of the community by collaborating with PCP International and AAFP to conduct an evaluation to: (1) describe the program, (2) identify factors that affect program implementation, and (3) determine how well they achieved intended outcomes and lessons learned.

Methods
The evaluation used a mixed-method design. Qualitative data were collected through focus groups, interviews, and site visits. Quantitative data were collected through a survey of program implementation and outcomes, and direct observation of program implementation. Quantitative data included resident satisfaction, physician satisfaction, and patient satisfaction. Qualitative data included resident satisfaction, physician satisfaction, and patient satisfaction. The evaluation also included a review of the literature on community health center care and on-site training opportunities.

Evaluation Questions

- What are the core components of the RPCCHCC intervention?
- What are the barriers and facilitators to implementation of the RPCCHCC?
- To what extent does the RPCCHCC influence health care delivery in the community health center?
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St. Johnsbury Vermont Community Health Team: Evaluation Summary

Background
On the basis of the findings from a previous evaluation, the Centers for Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention (DHSP) and a panel of experts advised the Community Health Team (CHT) model in St. Johnsbury, Vermont, as a promising practice to prevent and control chronic conditions, such as hypertension, CDC, along with PCP International and the St. Johnsbury CHT leadership, conducted a mixed methods evaluation to describe the program and identify practices that could be implemented in other community health centers. The CHT program model consists of: (1) a community health team, (2) a community health team, (3) a community health team, and (4) a community health team.

Methods
The evaluation used a mixed-method design. Qualitative methods included interviews with CHT staff members, health care providers, and community health center staff. Quantitative methods included a survey of program implementation and outcomes, and direct observation of program implementation. Quantitative data included resident satisfaction, physician satisfaction, and patient satisfaction. Qualitative data included resident satisfaction, physician satisfaction, and patient satisfaction.

Evaluation Questions

- What are the core components of the St. Johnsbury CHT model?
- What are the factors that affect implementation of the St. Johnsbury CHT model?
- What is the reach of the St. Johnsbury CHT?
- What impact does the St. Johnsbury CHT have on patient health?
- What impact does the St. Johnsbury CHT have on provider health?
- What is the added value of the St. Johnsbury CHT efforts to the health of the community health center?



A relatively new series of documents are Evaluation Summaries. These documents summarize the findings from some of our evaluation projects. For our evaluation projects, we usually have lengthy final reports describing the methods and findings. We wanted to have shorter summaries that could be shared internally and with stakeholders for transparency and understanding of our evaluation work and also to ensure findings are disseminated to a wide audience and not just in journal articles. Currently, there are summaries available for two effectiveness evaluations- the [Residency Program Collaborative and Community Health Center Collaboration](#) and the [St. Johnsbury Vermont Community Health Team](#). These summaries describe the background and methods of the evaluations, as well as core components of the programs and key findings. These can be used by stakeholders to see what evaluations and methodologies CDC uses to conduct evaluations and ideas for evaluations you may want to conduct. Also, it gives a good overview of the key findings and can be used as a companion to the implementation guides. A summary of the effectiveness evaluation for a PCMH and self-management program in Jacksonville, FL and a summary of our first Enhanced Evaluability Assessment are currently in clearance and will be available soon.

Evaluation Tools and Resources

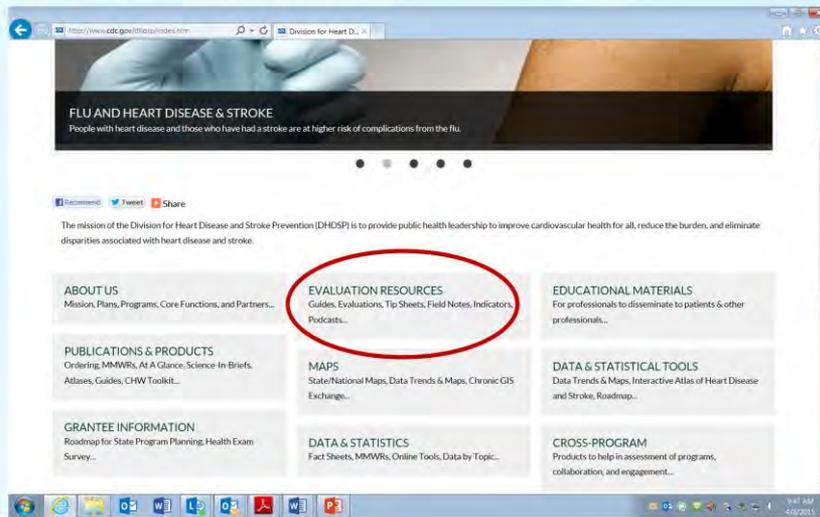
Podcasts and Webinars



And finally, we have trainings, webinars and podcasts available on various evaluation topics. There is currently one, five-part podcast that is designed to help you understand the value of economic evaluation and how to incorporate these methods into your programs. In addition to this podcast we also have our coffee break series which needs no introduction as you are currently listening in. But I do want to point out that all coffee breaks are archived and you can look them up at your convenience.

How do I Access the Tools and Resources?

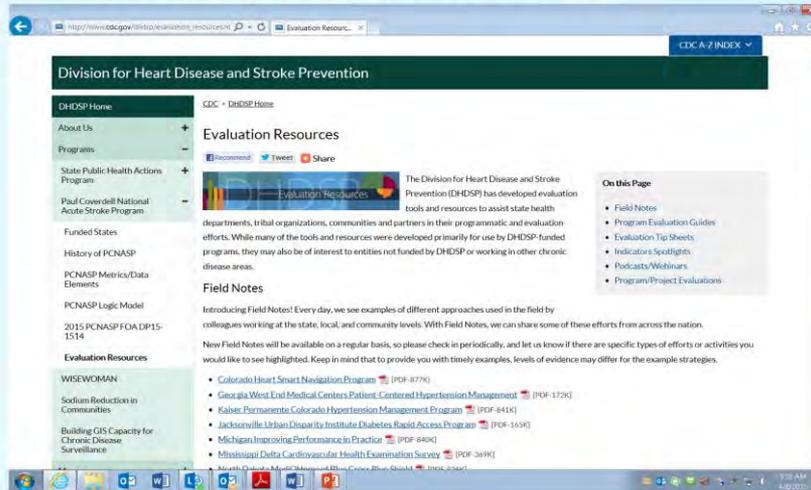
<http://www.cdc.gov/dhdsp/>



So, you now may be asking where you can access all of these products. They are very easy to find—simply go to the Division for Heart Disease and Stroke Prevention home page using the following link: www.cdc.gov/dhdsp/. Once you're on the page you'll notice under the "Heart Disease and Stroke Topics" section you'll see the "Evaluation Resources" topic. If you click that topic.

How do I Access the Tools and Resources?

http://www.cdc.gov/dhdsp/evaluation_resources.htm



You'll come to our resources page which includes all evaluation resources we just discussed and more. As noted previously, specific FOA guidance documents are not included on this webpage but are provided through FOA-specific emails, webpages, and other mechanisms.

How will I know that there are new products?

❑ Blast Emails



CDC's Division for Heart Disease and Stroke Prevention Releases New Evaluation Resources!

The Centers for Disease Control and Prevention recently released several heart disease and stroke prevention program evaluation resources and tools that state health departments, tribal organizations, local communities, and partners may find useful. The Evaluation Resources Web page on the CDC Division for Heart Disease and Stroke Prevention (DHSP) Web site offers many resources that were developed primarily for use by CHDSP-funded programs; however, they may be of interest to groups who are not funded by CHDSP or those working in other chronic disease areas. Please share these resources with all who may be interested in using them.

What's New?

Evaluation Report and Guides. New to the Web page is the **Paul Coverdell National Acute Stroke Registry Program, Summary Report 2007-2012**. This report provides a summary of the programmatic strategies and activities used by Coverdell grantees during the 2007-2012 funding period.

❑ Heart to Heart



❑ Evaluation TA provider or Project Officer

So how will you know when new products are posted? You can always check in regularly, of course, but when the team creates new lines of products or releases several products at once, we like to share with this information with our Division and funded programs. You may have already received notifications through a number of communication channels, in particular we've started sending out email blasts (the latest one was sent on 1/28), as well as including information on new products in our Branch newsletter "Heart to Heart". You may also hear announcements about new products from your Evaluation TA provider or Project Officer-or of course through a presentation like this.

Summary

- **The DHDSP evaluation team is here to support your evaluation efforts**
 - Personalized technical assistance provided to grantees of all 7 DHDSP-funded programs
 - Development of FOA-specific guidance on evaluations and performance measures
 - Tools and resources are available on the DHDSP evaluation resources webpage
 - Tips and guidance on selected evaluation topics
 - Field notes and implementation guides
 - Program-specific summaries and tools
 - Evaluation summaries
 - Trainings, webinars, podcasts

In summary, the EPET is here to support you in your evaluation efforts. Team members provide direct technical assistance and we provide tools and resources intended to build capacity and foster evaluation use.



- ❑ **What evaluation products have you found most useful?**
- ❑ **What other kinds of tools would you find useful?**
- ❑ **What are your evaluation TA needs?**

Please send your feedback to: AREBheartinfo@cdc.gov

Please let us know if there are other resources that would be useful to you. Also, you can let us know which products you find most useful so that we can prioritize those efforts. Also, let us know any additional evaluation technical assistance a broader audience would benefit from.

You can send your suggestions to our branch email address AREBheartinfo@cdc.gov , or directly to me at mhv1@cdc.gov

Reminders!

All sessions are archived and
the slides and script can be accessed at:

<http://www.cdc.gov/dhdsp/pubs/podcasts.htm>

If you have any questions, comments, or topic
ideas send an email to:

AREBheartinfo@cdc.gov

All sessions are archived and the slides and script can be accessed at our
Division website. Today's slides will be available in 2-3 weeks.

If you have any ideas for future topics or questions, please contact us at the
listed email address on this slide.

Next Coffee Break

When: Tuesday, May 12th at 2:30 pm EST

Topic: Using NVivo to analyze qualitative data

Presenter: Brittany Bethea



Division for Heart Disease and Stroke Prevention
National Center for Chronic Disease Prevention and Health Promotion



Our next Coffee Break is scheduled for Tuesday, May 12th and is entitled “Using NVivo to analyze qualitative data”.

Thank you for joining us. Have a terrific day everyone. This concludes today’s call.