CDC Coffee Break:
Overview of DHDSP’s Evaluation and Program Effectiveness Team Resources

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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.
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.
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.
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.
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.

<table>
<thead>
<tr>
<th>Evaluation Consultation, Technical Assistance and Training for DHDSP Funded Programs</th>
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<tr>
<td>• State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305)</td>
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<td>• State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422)</td>
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<td>• A Comprehensive Approach to Good Health and Wellness in Indian Country (1421)</td>
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<td>• Well-integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)</td>
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<td>• Sodium Reduction in Communities Program (SRCP)</td>
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<td>• Paul Coverdell National Acute Stroke Program</td>
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<td>• Mississippi Delta Health Collaborative</td>
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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.
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 DHDPSP 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.
We also have a 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.
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.
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.
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.
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.
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 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.
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.
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 AREBheartinfolcdc.gov, or directly to me at mhv1@cdc.gov
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.
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.