

**MODERATOR:**

Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have **Joanna Elmi** as today's presenter, she is a Health Scientist on **the Evaluation and Program Effectiveness team** of the Applied Research and Evaluation Branch.

My name is **Erika Fulmer** and I am today's moderator. I am a Health Scientist on the **Applied Research and Evaluation Team** within the Applied Research and Evaluation Branch.

## Before we begin

All phones have been placed in  
SILENT mode.

Issues or questions:

- ▣ Q & A box on your screen
- ▣ [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)



MODERATOR:

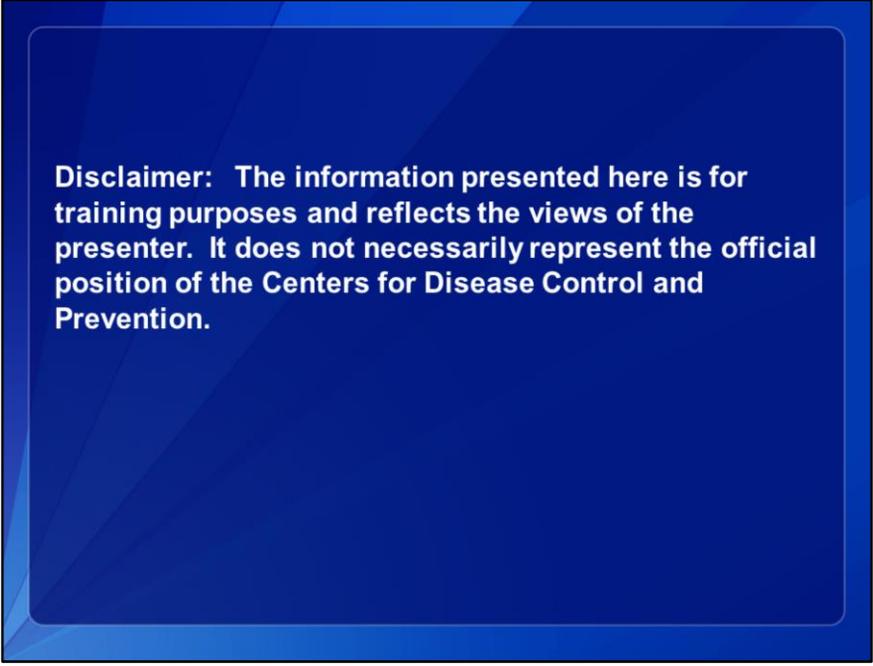
Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session.

Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.



**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.

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So, without further delay. Let's get started. Joanna, the floor is yours.

**Overview**

- Why is evaluation important?
- Dispelling common myths
- Examples: Evaluation results that made a difference
- Evaluation = Opportunity
- Tips: Designing evaluations that make a difference



Thank you, Erika.

The topic of today's coffee break "Getting back to the Value of Evaluation" is one that I believe we have all pondered. And it's a message that the evaluators here in CDCs Division for Heart Disease and Stroke Prevention weave throughout many of our introductory presentations about evaluation.

In the next 10-12 minutes, I'm going to highlight:

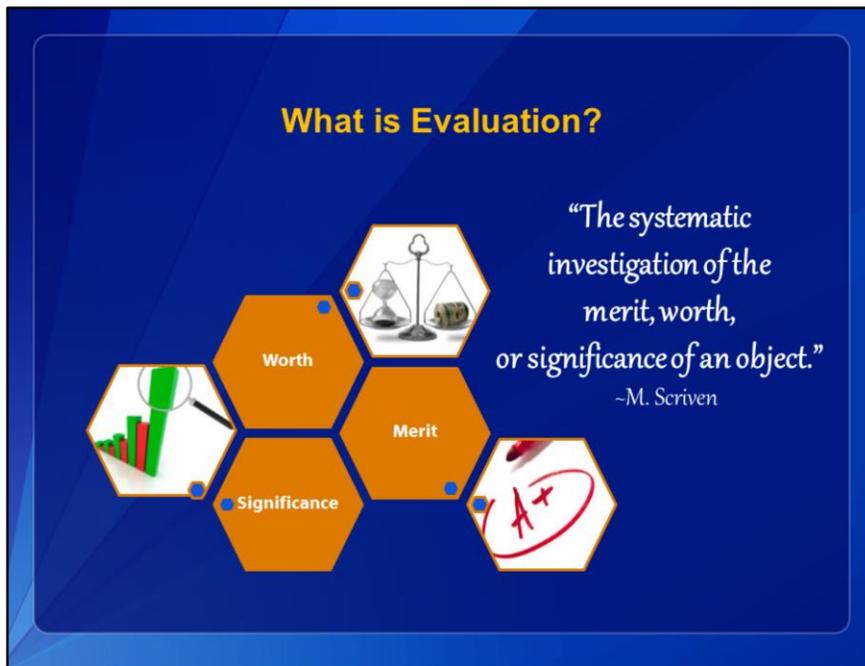
-the importance of evaluation

-I'll dispel common myths of why evaluation often isn't done

-I'll share four examples of evaluations with results that made a difference,

-And, discuss how evaluation is really an opportunity to embrace.

And finally share some tips of how to design evaluations that will make a difference



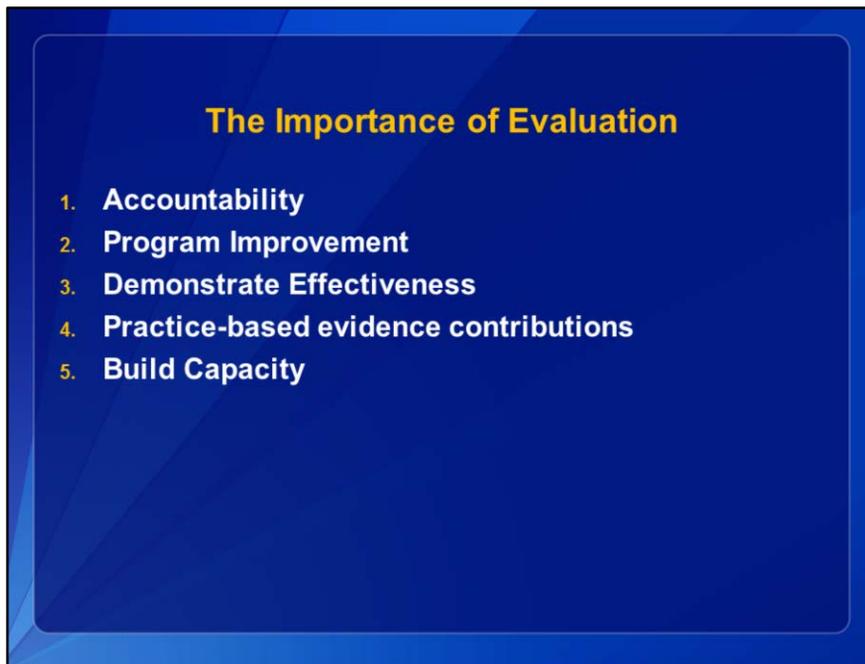
Often times the term evaluation is thrown around without being fully defined. At the CDC and here in DHDSP, we refer to Michael Scriven’s definition: That evaluation is “the systematic investigation of the merit, worth, or significance of an object.”

When these terms are applied to programmatic evaluation, we are investigating the value of a program and aligning these terms would be as follows:

Merit would be looking into the quality of the program.

Worth would be investigating the value or cost-effectiveness of the program.

Finally, significance would be examining the importance of the program.



This slide shows 5 ways evaluation is important:

First, **Accountability**. This can be accountability to ourselves. Are we making a difference to those served by the program; our partners and stakeholders; policy makers or investors/funders?

Second, evaluation allows us to systematically identify ways to improve a program, rather than just basing decisions on our observations or experience.

Evaluation can also demonstrate effectiveness. What difference has the program made? What value has it added?

Well-designed evaluations of programs implemented in the field can produce evidence for the public health community on better ways to conduct an intervention in a specific context and its effectiveness on a target population. Evaluation of a program implemented in the field that has not yet been “tested” but is deemed “of value” or “effective”, this practice-based evidence can help to guide public health practice.

And, in general, organizations that evaluate their programs, function at an advanced

level. The more we build our capacity for evaluation, the better we can deliver on the previous 4 bullets on this slide.

*“Research seeks to prove,  
evaluation seeks to improve...”*

- Michael Quinn Patton

This **research** is really going to help move our field forward.



This **evaluation** is really going to help our program become more effective.



freshspectrum.com

You likely have heard explanations of how research and evaluation are similar and different. Michael Patton said “Research seeks to prove. Evaluation seeks to improve”. Patton’s quote and this cartoon highlight the different question or need that evaluation seeks to address; and implies that evaluation results in “action” and “betterment”.

## Evaluation Broadens our Focus

Not just: Did it work?

*How many tomatoes did I get?*



But also: How is it working?

*To what extent are  
planting, watering,  
and weeding  
taking place?*

*How many of  
the blossoms  
have "set"?*

*What is the  
condition of the  
produce?*



Source: Tom Chapel

This is a slide from one of Tom Chapel's presentations. The gardening examples help to convey how evaluation really broadens our focus and the types of questions that can be explored.

With evaluation, we can ask questions like "Did it work?" And count the number of tomatoes produced. But evaluation can be so much more and there is opportunity to ask other questions that facilitate ongoing improvement. We can ask the "how are things working?" To what extent are activities that were planned to happen, actually happening? What is the condition or quality of the tomatoes produced? Each year, conditions will change and lessons will be learned that can inform the next cycle.

## Dispelling common myths: Why evaluation is *not* done

Reported Challenge	Possible Solution
Lack of resources (staff expertise, money, or time)	Look for existing resources that may be available. Prioritize and target evaluation for “easy wins”.
Prefer to spend program dollars on activities that help program participants instead of evaluation	Work on building evaluation buy-in. Evaluation helps identify what works and what needs to be improved. In the long run, evaluation <i>saves</i> money.
Seems overwhelming	Plan evaluation efforts from the beginning. Create a detailed evaluation plan. Build partnerships to access existing data. Pilot test evaluation on a smaller scale.
Don't know how to use collected data	Engage stakeholders to learn what's important. Pair pieces of data together to tell a story. Disseminate a few key pieces of data in a timely manner.

Let's talk about possible solutions to overcoming challenges to conducting program evaluation.

The first challenge is a common one, lack of resources, staff, money, or time. Solutions may be to look for existing resources that may be available (such as evaluators from other projects or staff who want to develop new skills). Or don't plan to evaluate the whole picture, select just one meaningful component of the program to hone in on.

Another reported challenge: the preference to spend available resources on implementation rather than evaluation. Program implementation and evaluation actually go hand-in-hand. Evaluation helps to identify what works and what needs to be improved and In the long run, evaluation *saves* money.

It's possible that evaluation seems overwhelming to some. But plan evaluation efforts from the beginning of the program, and create a detailed evaluation plan (identifying who is responsible for doing what and by when or how often). Consider using existing data sources if available, and build partnerships to access existing data, if necessary.

Or maybe you have data but then don't know what to do with it. Engage your stakeholders to learn what's important from their perspective. Or think through how Pairing pieces of data together can tell a fuller story. Or it might be that some stakeholders only want to see or receive few key indicators on a regular basis.

## Examples: Evaluation results that made a difference

### Evaluation of Montana Asthma Home Visiting Program



### Using CDC Evaluation Tools to Evaluate the National Asian Language Tobacco Quitline



Now, I'd like to highlight 4 evaluations that made a difference.

The Montana Asthma Home Visiting Program is a multi-component program for families with children with asthma. The program provides six contacts with a registered nurse to each family over the course of 12 months. A comprehensive evaluation of the Program was conducted to assess and improve program operations and determine if the program was effective and should be replicated. **The results showed that the first home visit was too long and so it was split in to two visits. The impact was that the state legislature chose to fund the program statewide.**

Then, the Evaluation of the National Asian Language Tobacco Quitline:

The evaluation revealed that Callers were not being referred to the Asian Smoker's Quitline due to states not getting recognition for the calls in their quitline volume. **Increased visibility to the Asian Smokers Quitline resulted in running more and longer ads in Asian languages which then resulted in significant calls to the Asian Quitline.**

## Examples: Evaluation results that made a difference

Sodium Reduction  
Communities Project



St. Johnsbury, VT  
Community Health Team  
Model



Two other evaluation projects that made a difference are CDC's Sodium Reduction Communities Project (SRCP) and the St. Johnsbury Vermont Community Health Team model.

SRCP-

CDC designed a more focused program with the second FOA and programmatic lessons were informed by evaluation results from the first cycle.

CDC learned that focusing attention on a limited number of venues tended to yield greater movement. Targeting strategies to just one or two primary venues in the beginning seemed to be most effective. In Round 1 the impact of working in particular venues was minimal and therefore they were dropped for the second round of the project.

Another example is CDC DHDSP conducted a rigorous evaluation of the Community Health Team model in St. Johnsbury, Vermont. This model employs the services of community health workers (CHWs) to link clients to available economic, social, behavioral health, and other community supports, and reduce barriers for patients to achieve better health.

During the site visit to St. Johnsbury, the evaluators conducted interviews with the CHWs about their program monitoring activities, the CHWs primarily tracked the number of clients served, incoming and outgoing referrals, and planned action items. There was a need to collect more detailed information at each client encounter, including additional demographic data, purpose for visit, and life satisfaction and well-being measures. They **developed a data collection tool, a standard intake and follow-up form for their use**. The intake form serves as one of the key data sources for the rigorous evaluation to **assess the impact of the Community Health Team model on participants' quality of life**.

## The Value of Evaluation

- ❑ Systematic collection of data for program improvement
- ❑ Increase program visibility
- ❑ Identify issues for mid-course correction
- ❑ Inform program decision-makers
- ❑ Assist with program sustainability by helping to obtain additional funding



Evaluation is valuable. It informs how programs can improve based on the systematic collection of data and information.

It can increase program visibility.

Evaluation can identify issues for mid-course correction early on in a program, potentially saving money and increasing effectiveness.

It can provide reliable and valid data to decision makers.

And can increase program sustainability by securing funds and or attracting new funding.

## Evaluation = Opportunity

- ❑ Findings often show where to save resources and areas where program implementation is most effective
- ❑ Focus on evaluation buy-in with all key stakeholders and increase partnerships
- ❑ Create a culture of learning and appreciation for evaluation
- ❑ CDC FOAs have dedicated resources specifically for evaluation
- ❑ Program visibility: Promote your program and your contributions!

So, evaluation can create opportunity.

It's an opportunity to find ways to save resources and strengthen what's most effective. It can increase partnerships with like-minded organizations and foster ways to leverage each other's strengths.

Evaluation can create a culture of learning and betterment in your organization.

CDC promotes these opportunities by dedicating resources specifically to evaluation.

And, finally, through evaluation you can make your program more visible and share your accomplishments!

### **Tips: Implement evaluations that will make a difference**

- ❑ **Engage stakeholders to ensure utility of evaluation process and findings in a meaningful way**
- ❑ **Develop a clear and detailed evaluation plan**
  - Establish a dissemination plan
- ❑ **Look for diverse and relevant data sources**

I'll leave you with a few tips for developing and implementing evaluations that will make a difference.

1. Get stakeholders to weigh in on the evaluation plan- they can help focus in on what is really important to learn from the evaluation, potential data sources, and can help disseminate your findings through their channels.
2. Develop a detailed evaluation plan with the what, when and who. Also, add dissemination strategies to the evaluation plan to increase the chance of diffusing your findings.
3. Identify existing, relevant data sources, that can tell different pieces of the story.

## Tips (continued)

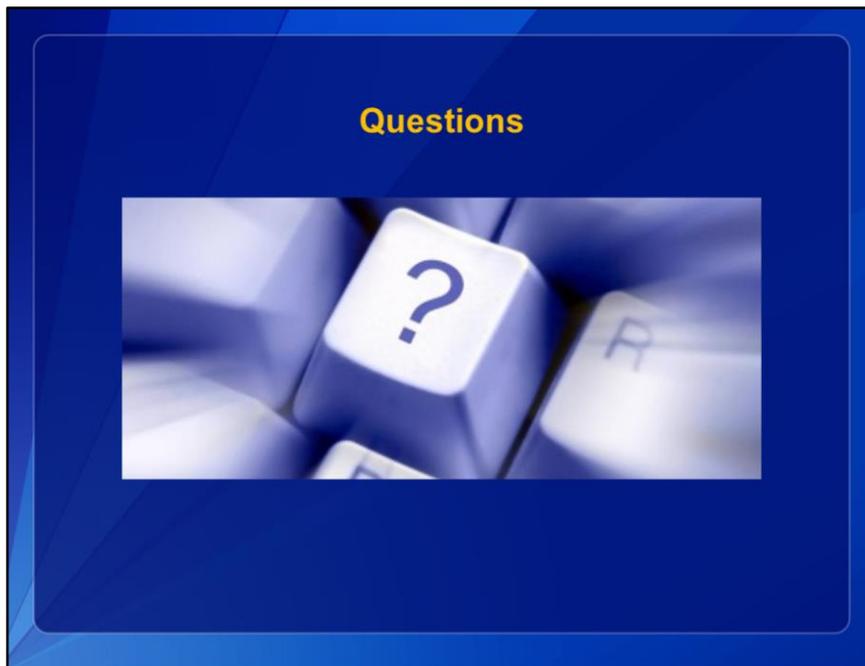
- **Share evaluation results in a timely basis**
  - Relevance to stakeholders
  - Prioritization matrix
  - Keep in mind timing of when key decisions will be made
- **Translate evaluation findings into action**



Two other tips pertain to evaluation reporting and translating findings into action.

- Evaluation reporting is often one of our last steps in the evaluation process, and it can require some creativity. As evaluators who have been so close to the process and the minute details of the data, this is an opportunity to step back and think about presenting results in a way that is most relevant for your stakeholders. This can sometimes be just 2-3 key points that are most meaningful.
- Also, sharing the results in a prioritization matrix can help decision makers more easily recognize the most meaningful results and recommendations to move forward with.
- Keep in mind the timing of when key decisions will be made. When are the program planning and budget negotiation talks happening? When will new scopes of work or memorandums of understanding be written? These are opportunities when you want to have your results on the decision makers desk and can help translate findings into action.





MODERATOR: Thank you Joanna for the great presentation. At this time, we'll take any questions that the audience may have. You may submit questions through the Q&A box.

Here we have a couple of questions.

**ADD x2 questions and answers**

**Erika-**

**Q1:Do you have a short elevator speech that you can share that explains the importance of evaluation?**

Joanna-

A1:

I believe that public health programs aspire to make the world a better, healthier place. Program evaluation helps us to measure and show evidence that these programs ARE making a difference and by how much, and what should we do more of. If the evidence shows programs are not making a difference, then what can we change or substitute so that we meet the intended goal?

Evaluation helps us to make what we do today better than what we did yesterday, as well as allows us to do more of what we do best.

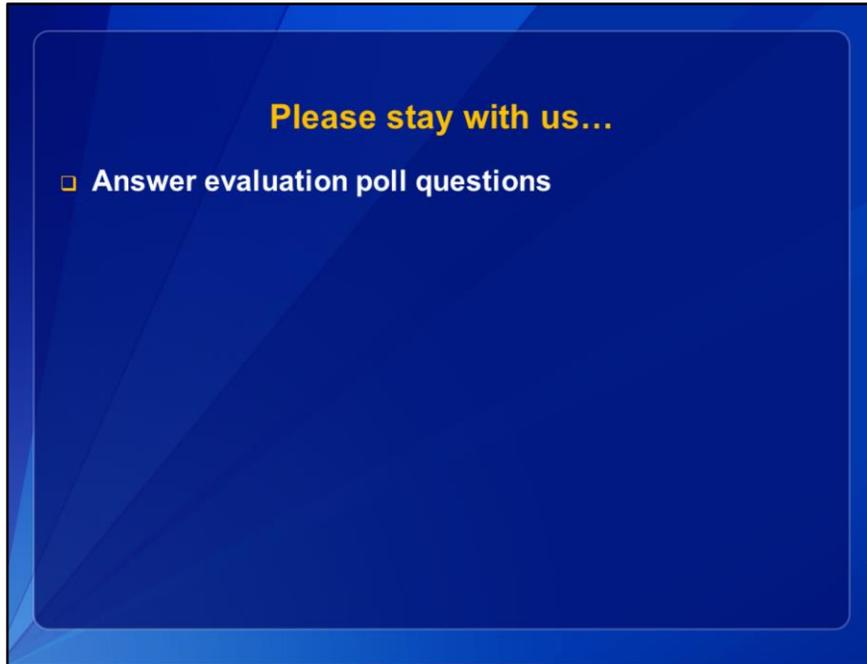
**Erika-**

**Q2: Can you give some examples of how to translate findings into action?**

Joanna-

A2: Sure, a few strategies are to:

- Include boxes or comments to the side in the findings section which suggest questions for audience reflection.
- Frame your recommendations in stages or levels., in terms of importance or feasibility or low-hanging fruit.
- Set aside adequate time to have a dialogue regarding feelings towards the findings, and creating implementation plans.
- In DHDSP we have developed implementation guides as a product from some of our rigorous evaluations.



MODERATOR: Please stay with us for a three short poll questions.

*NOTE (don't read) Pull up on polls and pause for 15 seconds after each poll question*

**Considering that this was a brief presentation, overall it was**

Excellent

Good

Fair

Poor

**The level of information fit my needs.**

Yes

Somewhat

No not at all

**The information presented was helpful to me.**

Yes

Somewhat

No not at all

## 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](mailto:AREBheartinfo@cdc.gov)

### MODERATOR:

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 have any questions, please contact us at the listed email address on this slide.

**Next Coffee Break**



**When: October 11, 2016**

**Topic: Assessing the Million Hearts® Partner Network**

**Presenter: Briana Lucido**

For more information please contact Centers for Disease Control and Prevention

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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



MODERATOR:

Our next Coffee Break is scheduled for Tuesday, October 11th , 2016 and is entitled “Assessing the Million Hearts® Partner Network.”

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