Improving the Use of Program Evaluation for Maximum Health Impact:
Guidelines and Recommendations
Responses to Frequently Asked Questions

March 2013

1. **Why are these guidelines and recommendations necessary?**
    Although program evaluation is a respected component of public health practice, CDC programs differ in their evaluation capacity and resources. These guidelines will help bring greater consistency to evaluation practice at CDC. In addition, the guidelines will help establish the data needed to make a persuasive case for the efficacy and effectiveness of CDC programs. Strong monitoring and evaluation will help identify priority investments, and improve CDC programs, thus ensuring a greater impact on the public's health.

2. **To whom are these guidelines and recommendations directed?**
    The primary target audiences for the guidelines/recommendations are CIO, Division, and program leaders who make decisions about the allocation of program dollars and the use of evaluation for program planning and decision-making. Another important audience is the staff responsible for day-to-day evaluation practice. In many cases the guidelines are equally relevant to the evaluation efforts of stakeholders and partners.

3. **Are these guidelines and recommendations just about program evaluation? What about program monitoring?**
    The term "program evaluation" is used broadly in these guidelines/recommendations to mean any systematic data collection that would be used to inform judgments about a program and help improve its effectiveness moving forward. Hence, program monitoring/performance measurement efforts are included (see Appendix A: Key Definitions). The terms "monitoring and evaluation" are used throughout in an effort to be as inclusive as possible.

4. **Do research and surveillance projects have to follow these guidelines and recommendations?**
    These guidelines and recommendations are intended for all major CDC efforts including research and surveillance. The guidelines/recommendations were developed in consultation with the Office of the Associate Director for Science (OADS) and incorporated guidance for extramural research FOAs. It is our intent that nothing in the evaluation guidelines/recommendations run contrary to the guidance for research activities.

5. **Section 2 of the guidelines and recommendations references "large programs." What is a "large" program and if I am not one, do I need to pay attention to these guidelines and recommendations?**
    For this purpose a large program is one with at least $5 million in total budget or 20% of the organization's (typically Division) budget. We expect that all programs, regardless of their size, will do some evaluation of their program activities that are appropriately scaled to their level of resources. However, we are setting a higher bar for large programs in terms of the frequency, scope, and intensity of their evaluations.

6. **Who decides which programs are evaluated and when? Must I evaluate all my (large) programs and how often must each program be evaluated?**
    CIO, Division, and program leaders are well-positioned to determine the scope and frequency of evaluation. Leadership must balance the feasibility and cost of monitoring and evaluation activities with the anticipated benefits of those evaluations. Thus, evaluation decisions should be based on program needs rather than a fixed time frame.

7. **It is unclear if I need to implement all or just some of these guidelines and recommendations, and who makes these decisions?**
    Considerable autonomy is provided in the use of these guidelines and recommendations, and CIO, Division, and program leadership will make these decisions. The guidelines and recommendations are designed to strengthen evaluation practice across CDC. Thus, it is expected that leadership will adopt the standards that make the most sense—and have a plan for fuller implementation in the future.

8. **Why don't the guidelines and recommendations more clearly specify an appropriate or expected mix of process vs. outcome vs. impact evaluation?**
    It is important to think about evaluation along a continuum. Thus, the relative focus on process vs. outcome vs. impact measures will be more or less relevant at various times in a program's development history. Over time, most large programs should have evaluation data examining each of these types of evaluation. But an ideal mix of types of evaluation will vary with the size, maturity, and evaluation needs of the program.

9. **Are "impacts" the same as distal outcomes? If so, my program does not generate these. What do I do?**
    We are not using the term "impact" as synonymous with "distal outcomes." According to the definition (see Appendix A: Key Definitions), "impact" is a measureable change in people, organizations or systems that may occur in the short, medium, or long term. The size/scope of the impact will be very different for an intensive/multi-faceted program than for a smaller-scale program or one that focuses on capacity building, research, or surveillance. All programs can have impact even if the impact is not "distal".

10. **Why are the guidelines and recommendations so focused on program improvement as opposed to other evaluation purposes?**
    Evaluation results are not only important for program improvement but also are important to defend our programs and document our results for Congress, the White House, HHS, and the public. However, improving the impact we are having on the public's health is our ultimate aim. The guidelines and recommendations support these multiple purposes and uses of monitoring and evaluation findings.

11. **Why would I want to follow these guidelines and recommendations?**
    Strong monitoring and evaluation provides data to show program effectiveness at a time when resources are increasingly scarce. Evaluation can also help improve program effectiveness and increase sustainability.

12. How will Centers and Divisions be made aware of these guidelines and recommendations?

Earlier versions of these guidelines and recommendations were vetted with the CDC evaluation community and also shared with senior program leadership. The rollout plan includes a variety of dissemination and training activities, such as visits with CIO leadership and training and informational sessions/webinars for staff. These training sessions will provide opportunities to address the guidelines and recommendations in detail, explain their intent, and allay concerns about their use.

13. Please clarify the role of the expert group referenced in Guideline 1.3.

Each year CIOs are invited to appoint one or more representatives to the Performance and Accountability Advisory Committee (PAAC). The representatives are typically staff who have an important role in day-to-day evaluation, performance, and/or accountability within their CIO. The PAAC and its workgroups support strong monitoring and evaluation capacity throughout CDC programs.

14. What kind of support will there be to help me understand and implement these guidelines and recommendations?

Each CIO has an evaluation Point of Contact (see question #15), and many Centers or Divisions have evaluators or other staff who can assist with their implementation. In addition to these resources, the Office of the Associate Director for Program (OADPG) evaluation staff are available for individual consultations for issues specific to individual programs.

15. Please clarify the role of the evaluation Points of Contact (POCs) in each organization referenced in Guideline 2.6.

The evaluation POCs serve as a liaison between CDC OD and the POC's organization. POCs generally serve on the PAAC and/or topical workgroups, help explain and support the need for these activities within their organization, and monitor experience with the use of these guidelines and recommendations for future revisions. In most cases, the POCs will be people in existing positions who are already involved in issues of evaluation, performance, and/or accountability for their organization/program.

16. How will you know these guidelines and recommendations have been implemented and have been effective?

A PAAC workgroup, in conjunction with OADPG staff, will be doing baseline assessments of CDC monitoring and evaluation practices and then re-examining these at intervals moving forward. Among the things we will be looking for are changes in resource allocation for monitoring and evaluation, evaluation practice changes to sustain and routinize them as optimal practice, dissemination of findings whether in publications or less formally, and evidence of the use of findings to improve programs.

Appendix A: Key Definitions

Accountability: The responsibility of program managers and staff to provide evidence to stakeholders, as well as authorizing and funding agencies, that a program is effective and fully meets all expectations and requirements.

Activities: The actual events or actions that take place as a part of the program.

Data collection method: The way facts about a program and its outcomes are amassed. Data collection methods often used in program evaluations include literature search, file review, natural observations, surveys, expert opinion, and case studies.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation design: The general conceptual framework that will be used to develop the evaluation plan and guide the data collection to arrive at conclusions about the implementation of the program and the achievement of intended outcomes, including the logic model, the evaluation focus, and the protocol for collecting and analyzing data.

Evaluation plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done.

Experimental (or randomized) designs: Designs that aim to establish causal attribution by ensuring the initial equivalence of a control group and a treatment group through random assignment. Some examples of experimental or randomized designs are randomized block designs, Latin square designs, fractional designs, and the Solomon four-group.

Impact: The effect that interventions or programs have on people, organizations, or systems to influence health. While often used to refer to effects of a program that occur in the medium or long term, the expected impact can occur anywhere in the chain of outcomes, depending on the program.

Large program: Any program that exceeds a threshold of $5 million in total budget and/or comprises 20% or more of the organization's (typically a Division) budget.

Logic model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Monitoring (program monitoring): The systematic collection and analysis of information as a project or program progresses to inform program management on the implementation, efficiency, and effectiveness of a program.

Outputs: The direct products, services, or deliverables of program activities; for example, training as an activity would produce as an output a series of strong trainings and/or trainees; engaging partners as an activity would produce as an output a strong coalition with appropriate representation, etc.

Outcomes: The results of program operations or activities; the effects triggered by the program. (For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.)

Performance measurement: See "monitoring"

Program: Any set of related activities undertaken to achieve an intended outcome. For purposes of these guidelines and recommendations, "program" is defined broadly to include policies; interventions; environmental, systems, and media initiatives; and other efforts. It also encompasses preparedness efforts as well as research, capacity, and infrastructure efforts.

Program improvement: Increases in quality and efficiency of program efforts, especially increases in achievement of the program's intended outcomes and impacts. "Continuous program improvement" means a systematic approach throughout the life of the program to monitor, analyze, and take action based on evaluation and performance measurement findings.

Stakeholders: People or organizations that are invested in the program or that are interested in the results of the evaluation or what will be done with results of the evaluation.