Program Evaluation and the Work Plan for Applicants to STD AAPPS

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Webinar
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Webinar Objectives

To review and clarify (40 minutes):

- Program evaluation terms and concepts used in the FOA
- Evaluation and Performance Measurement section of the FOA
- Work Plan section of the FOA, including the template provided

Respond to submitted questions (20 minutes)

- Feel free to send additional questions through the webinar "chat" function.

PART I: PROGRAM EVALUATION TERMS AND CONCEPTS

Terms and concepts

CDC Program Evaluation Framework

Program evaluation

Terms and concepts

CDC Program Evaluation Framework

Program evaluation

Performance measurement

Quality improvement (QI)

Terms and concepts

CDC Program Evaluation Framework

Program evaluation

Performance measurement

Quality improvement (QI)

Logic model

Outputs vs. Outcomes

Program Evaluation

Program

- Any organized public health action/activity implemented to achieve some result

From Tom Chapel, CDC Chief Evaluation Officer, Presentation to DSTDP, May 2013

Program Evaluation

Program

- Any organized public health action/activity implemented to achieve some result

Evaluation

- Systematic collection of information about the activities, characteristics, and outcomes of programs
- To make judgments about that program, improve program effectiveness, or inform future decisions about program development

From Tom Chapel, CDC Chief Evaluation Officer, Presentation to DSTDP, May 2013

How Does Program Evaluation Relate To:

Performance measurement?

- Performance measurement and reporting are part of the program evaluation process
- But program evaluation is more than that.

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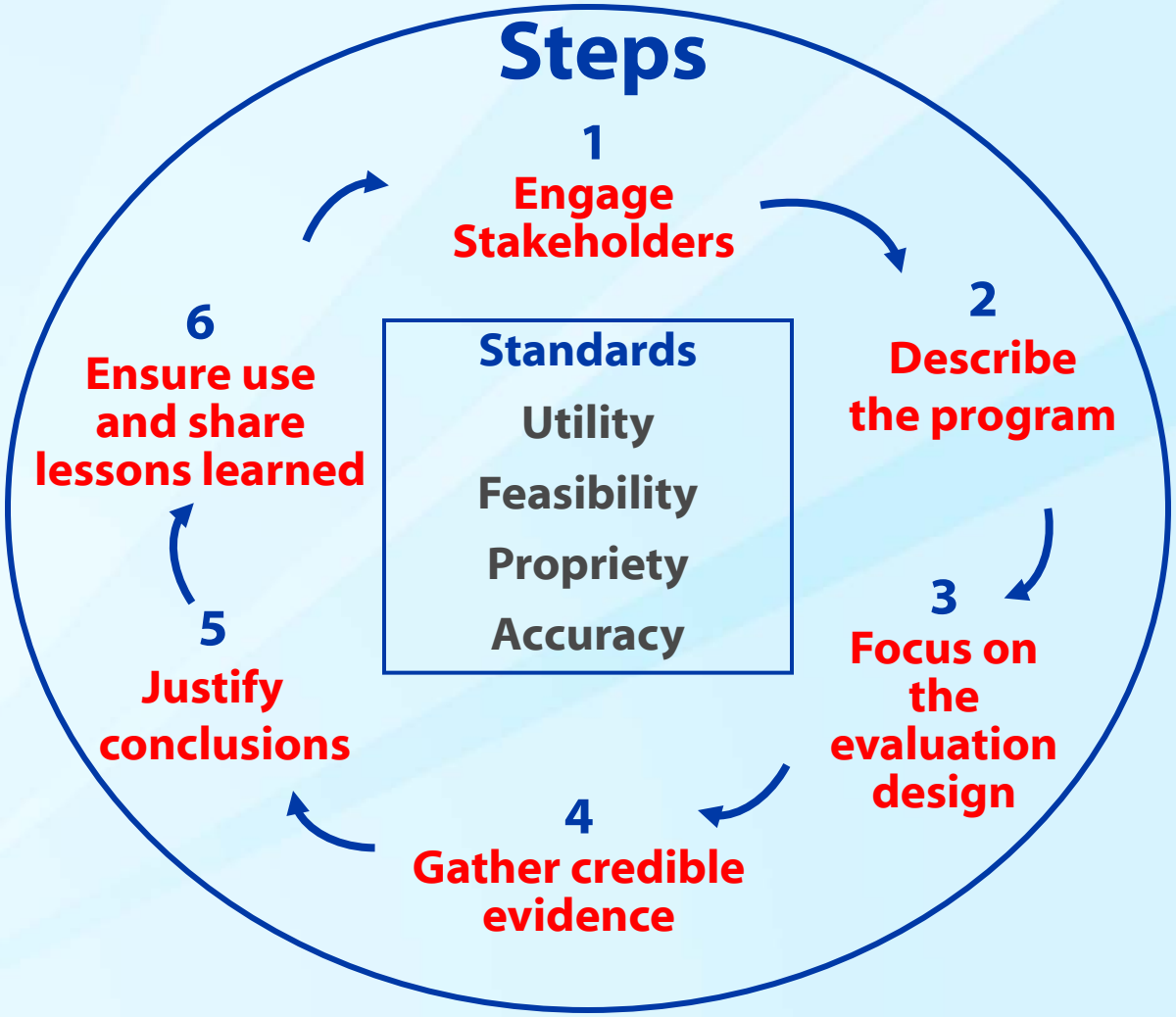
- It can be a part of a larger performance management approach, which encompasses evaluation, QI, and performance measures

Research?

- It uses research methods but not for generalizable knowledge

CDC Evaluation Framework

(www.cdc.gov/eval/framework/)



Source: Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR1999; 48 (No. RR-11).

Logic Models

- A graphic representation or conceptual map of how an STD program works
- Theory or premise describing about how the activities <u>should</u> produce desired outcomes
- Such program descriptions point to what could and should be measured and evaluated

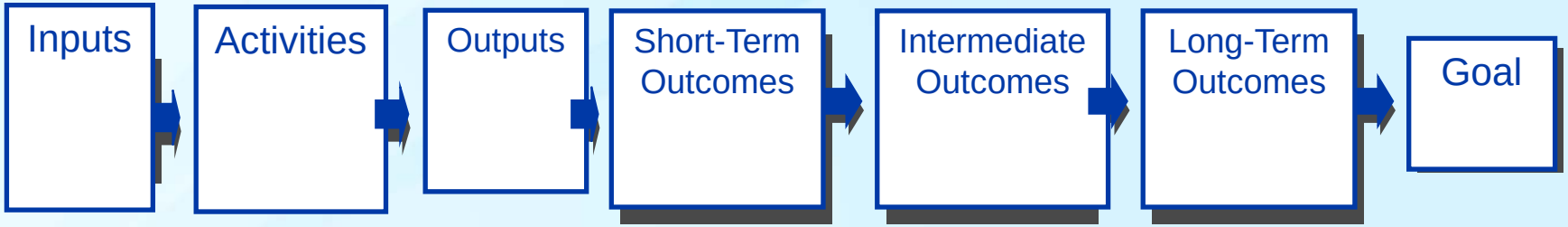


Figure 1: 2014 STD AAPPS Logic Model

Inputs

National, state, and local funding

National, state, and local staff

Scientific/ programmatic expertise

PCSI

Program science

Activities

Assessment

1. Conduct surveillance
2. Monitor screening rates and treatment
3. Assess gaps in safety net services
4. Monitor antibiotic-resistant GC (GISP) or other emerging STD threats and congenital syphilis

Assurance

5. Assure screening and treatment per CDC guidance
6. Partner/outreach services including linkage to care
7. Assure health promotion/health education to providers and at-risk populations

Policy

8. Monitor and evaluate relevant policies
9. Educate the public, providers, and key stakeholders on effective policy approaches
10. Support ways to enhance collaboration between STD programs and primary care settings

Cross cutting

11. Provide technical assistance
12. Form partnerships with health care

Outputs

Assessment

1. Stronger surveillance and data collection systems
2. Stronger capacity to monitor screening and treatment per CDC guidance
3. Identification of service gaps
4. Stronger capacity to direct resources to most at–risk populations
5. Stronger capacity to monitor antibiotic-resistant GC (GISP)

Assurance

6. Stronger systems to promote recommended screening and treatment practices
7. More effective and targeted partner services
8. Stronger systems to assure linkages to care
9. Identification of health promotion/ prevention/ policy awareness gaps

Policy

10. Stronger capacity to monitor policies
11. Increased educational outreach about effective policies

Cross-cutting

12. Stronger set of effective partnerships

Outcomes

Short/Medium-term (2-5 years)

1. Increased community screening and treatment per CDC guidance
2. Improved services for STD clients and their partners including linkages to care
3. Reduced re-infection
4. Increased community and provider knowledge of STD-related treatment, prevention, epidemiology, and effective policies

Long-term (4-5+ years)

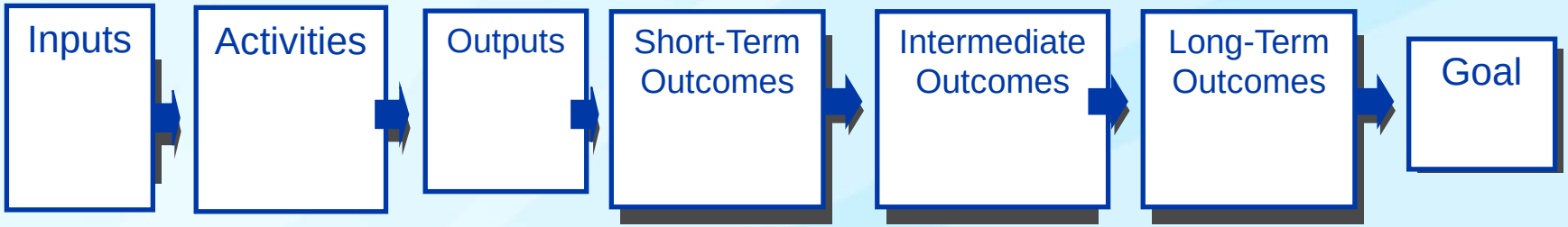
1. Reduced incidence of CT, GC, syphilis, and their sequelae
2. Improved integration of STD prevention into clinical care
3. Increased access to care
4. Reduced threats of emerging antibiotic resistant GC (GISP) and congenital syphilis

External factors: Social determinants of health, Changing healthcare system, Information Technology, Global STD epidemiology

Logic Models

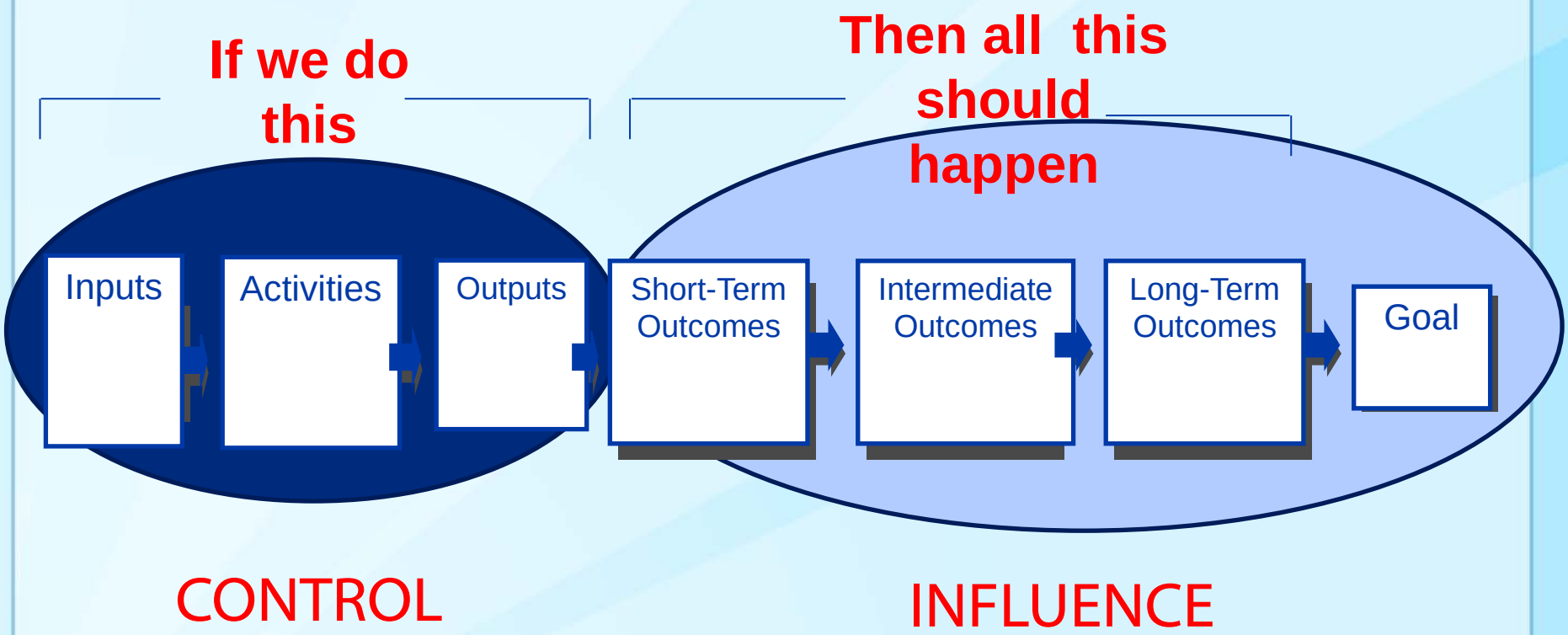
1) If we do this

3) Then all this should happen

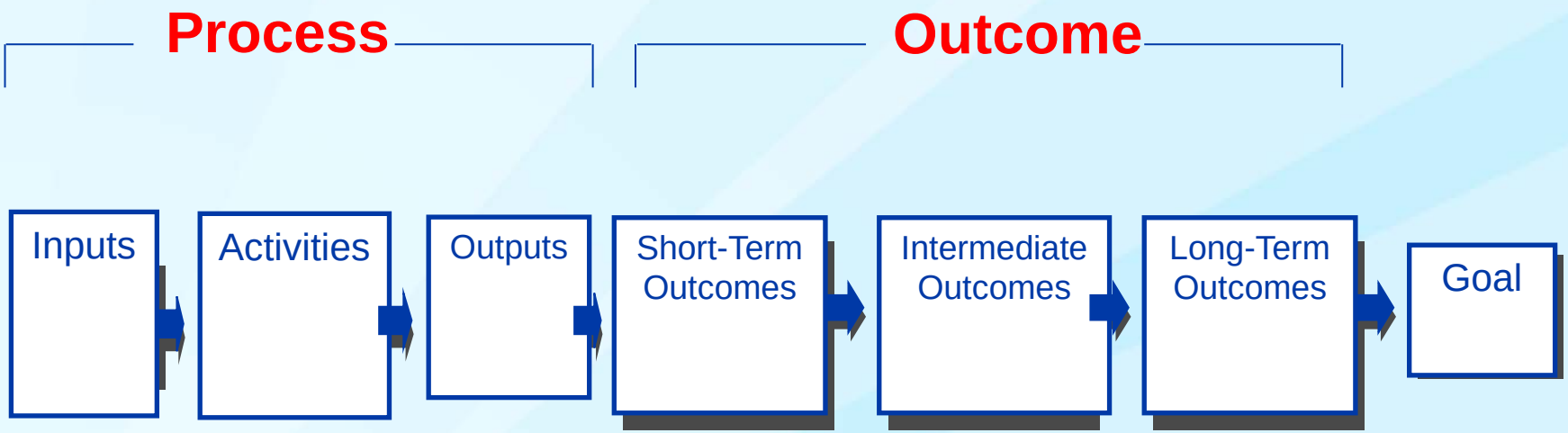


2) Then we will have produced these

Logic Models



Logic Models



Performance Measures

Process measures

- Direct outputs of your efforts
- Did you do what you planned?
- More proximate

Outcome measures

- What your efforts led to
- Did you have the effects you planned?
- More distal

Both kinds used in program evaluation

- Simply measuring performance does not lead to program improvement
- They must be used

Quality Improvement

QI, CQI, QA/QI …

PDSA, Six Sigma, Baldrige …

Quality Improvement

QI, CQI, QA/QI …

PDSA, Six Sigma, Baldrige …

- A state of mind
- A set of tools to help a program take itself through an incremental improvement process
- Intended to be rapid cycle, continuous

PART II: EVALUATION AND PERFORMANCE MEASUREMENT IN THE FOA

CDC Evaluation and Performance Measurement Strategy

- **During year 1, awardees and DSTDP will identify a limited set of meaningful national performance measures**
  - Output/process and outcome measures
- **Baseline data will be required on the priority measures**
- **DSTDP will support a system to provide key data to CDC and to analyze them**
  - Part of CDC's own efforts to evaluate this FOA
- **Programs will track their own, additional measures**
  - To monitor progress, assess outcomes, & support QI

CDC Evaluation and Performance Measurement Strategy

- **Chlamydia screening, <u>for example</u>:**
  - Proportion/number of sexually active females ages 15-24 years who are screened annually for CT in Medicaid programs
  - Proportion/number of uninsured or underinsured sexually active females ages 15-24 years who are screened for chlamydia/gonorrhea with DSTDP AAPPs funding support

CDC Evaluation and Performance Measurement Strategy

- **Identification of new HIV-infected persons through STD prevention and control efforts, <u>for example</u>:**
  - Proportion/number of STD clinic clients of unknown or negative HIV status who test positive for HIV
  - Proportion/number of partners of people co-infected with STD/HIV who are of unknown or negative HIV status and test positive for HIV
  - Among those newly identified HIV infected individuals, proportion/number who are linked to HIV care
  - Among those partners who are known to be HIV positive but are not in care, proportion/number who are linked to HIV care

Applicants must describe their own evaluation and performance management strategy:

This is what the narrative should cover:

1) **How key program partners will be engaged in the evaluation and performance measurement planning processes**
   - Stakeholder engagement (Step 1 of CDC eval framework)
   - E.g., Who will be involved? Through what existing or new committees? What will they be asked to do?

Applicant's evaluation and performance measurement strategy:

2) **The types of evaluations to be conducted (i.e. process and/or outcome)**
3) **Key evaluation questions to be answered**
   - CDC evaluation framework step 3: What do you plan to focus your evaluation efforts on?
   - E.g., Was X part of your program implemented as planned (process)? Did Y part of your program actually lead to change in knowledge/attitude/behavior/practice (outcome)?
   - Why propose what you propose? What's the rationale (see # 5 below)?

Applicant's evaluation and performance measurement strategy:

4) **Potentially available data sources and feasibility of collecting appropriate evaluation and performance data**

Performance data:

- Work plan template will cover some of this, as related to performance measures (described further below),
- Describe in general terms in narrative, such as aspects of the most important sources of information for your measures (e.g., STD*MIS and related systems, EHRs system, HIV systems, others…)

Evaluation data:

- For evaluations planned in #2 & #3, describe data sources and feasibility
- Are the proposed evaluations realistic and appropriate, and afforded sufficient resources?

Applicant's evaluation and performance measurement strategy:

5) **How evaluation and performance measurement will contribute to development of the evidence base, where practice-based program strategies are being employed that lack a strong evidence base of effectiveness**

- Relates to justifying the evaluations you plan to conduct
- Show that you know some of evidence base of your program and where it is stronger/weaker
- Evaluation efforts should align with gaps in your program's evidence base

Applicant's evaluation and performance measurement strategy:

6) **What QI system and resources will be in place to support program improvement over the life of the award**

- HD's increasingly have QI or performance management resources and initiatives.
- Where is your agency going with this? Tell us about that.

Applicant's evaluation and performance measurement strategy:

7) **How evaluation findings will be used for continuous program and quality improvement**
   - Relates to Step 6 of the CDC evaluation framework and using findings.
   - How will you assure that will happen? Do you take that part seriously?

Summary points for applicants

- **We expect to see some solid evaluation activities proposed (beyond tracking performance measures)**
- **We understand the evaluation plans and performance measures will not necessarily be set**
- **We will work together <u>after award</u> to:**
  - Identify common performance measures
  - Identify good measures you can use for other program components
  - Further develop evaluation plans

Awardee Evaluation and Performance Measurement Plan

- This plan will be developed in Year 1 (2014) of the award
- Describe:
  - The methodologies to be used to collect the evaluation and performance data such as sources of data and definitions of measures
  - The frequency that evaluation and performance data are to be collected
  - How data will be reported
  - How evaluation findings will be used for continuous program and quality improvement
  - How evaluation and performance measurement will yield findings to demonstrate the value of the FOA
  - Dissemination channels and audiences
  - Other information requested, as determined by the CDC program

Additional Program Evaluation Resources

- Practical Use of Program Evaluation for STD Programs
  - http://www.cdc.gov/std/program/pupestd.htm
- CDC evaluation page (many self-study guides)
  - http://www.cdc.gov/eval/
- Your local evaluation resources
  - universities? consultants? sister HD programs?
- Aug 6 webinar
  - More on how QI, program evaluation, and performance management relate
- Others that will come

PART II: WORK PLAN

Work Plan

- **FOA requirements: The work plan must at a minimum include:**
  - Activities and timelines to support achievement of FOA outcomes. These activities should be in alignment with the FOA logic model and should have appropriate performance measures for accomplishing tasks.
  - Staff, contracts and administrative roles and functions to support implementation of the award.
  - Administration and assessment processes to ensure successful implementation and quality assurance.
  - Additional contextual information and rationale for proposing the portfolio in year 1 and briefly outline proposed activities for years 2-5.
- **A work plan template, which includes the components above, is provided on the DSTDP FOA website.**

The Work Plan Template

Purpose

- Combine planning and evaluation components
- Clarify expectations for applicants
- Simplify application process
- Facilitate review by CDC and program coordinators
- Facilitate program monitoring for awardees
  - 1 table for each program strategy area

The Work Plan Template

Rationale: (Briefly describe current capacity or epidemiology and why the activities below make sense for your program)

Additional context (e.g. barriers, facilitators, special factors)

Required activity link (#)	Year 1 activities or objectives	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	State/local performance measures (output, process, or outcome)	Data or verification sources

Plans for years 2-5: (Briefly describe plans for this program strategy area for years 2-5 of the award)

The Work Plan Template

- **Key definitions of template components and thorough instructions are provided.**
- **Some key reminders:**
  - Content of the work plan should provide more details on strategies that may originally be addressed in the program narrative;
  - Rationale: whenever possible, include epidemiologic data that supports the activities associated with the program strategy;
  - Assure that performance measures you select are linked to the appropriate objective/activity, valid, and useful to your program;
  - Objectives or activities should be specific , measurable, achievable, relevant, and time-phased (SMART)

A Work Plan Template Example

- **Assurance: Health promotion and prevention education**

1. **Maintain a website where surveillance information and basic information about STDs is available to the public, health care providers, health planners and policy makers.**

Rationale: (Briefly describe current capacity or epidemiology and why the activities below make sense for your program) We currently have a very basic HD website that we primarily use for health alerts and service locations, not for info sharing or education. Discussion of expanding website content has occurred, and IT capacity has grown substantially in last 2 years. Over 54% of all our morbidity is generated by private or non-STD providers. Value is understood.
Additional context (e.g. barriers, facilitators, special factors) Political considerations must be taken into account. Much scrutiny on what we could post about STDs. Maintaining the website and evaluating its use are two significant issues that would have to be addressed. Would require a lot of marketing prior to implementation to ensure its use.

A Work Plan Template Example, Con't.

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1. **Maintain a website where surveillance information and basic information about STDs is available to the public, health care providers, health planners and policy makers.**

Required activity link (#)	Year 1 activities or objectives	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	State/local performance measures (output, process, or outcome)	Data or verification sources
1	By March 31, 2014, assess the status of HD web redesign efforts and ensure STD participation	General public Providers Policy Makers	STD PM	HD administration, HD IT mgmt	N/A	N/A
1	By April 30, 2014, establish STD program resources/materials to be made available on HD website	General public Providers Policy Makers	STD PM STD Spec.Proj. Coord.	STD Program Staff	N/A	N/A
1	By June 1, 2014, launch new content on STD website	General public Providers Policy Makers	STD PM	HD IT staff	N/A	N/A

A Work Plan Template Example, Con't.

- **Assurance: Health promotion and prevention education**

1. **Maintain a website where surveillance information and basic information about STDs is available to the public, health care providers, health planners and policy makers.**

Plans for years 2-5: (Briefly describe plans for this program strategy area for years 2-5 of the award)

- Evaluate use of website
- Expand website content to include interactive features such as Q&A, risk assessment profiles.
- Ensure content is PCSI –oriented (one site for HIV, STD, Hepatitis info)

A Work Plan Template Example, Con't

- **Assurance: Health promotion and prevention education**

2. Collaborate with other organizations to implement STD health promotion and prevention education activities for safety net or other clinical providers who see many at-risk patients

Rationale: (Briefly describe current capacity or epidemiology and why the activities below make sense for your program) We currently have a very basic HD website that we primarily use for health alerts and service locations, not for info sharing or education. Discussion of expanding website content has occurred, and IT capacity has grown substantially in last 2 years. HD Web Content Team established, but STD not consistently represented. Over 54% of all our morbidity is generated by private or non-STD providers. Value is understood. Adolescents are our priority population. We have a good relationship with several school systems in high morbidity areas and do some school-based screening and risk reduction education. STD fact sheets/flyers are provided to school health clinics. We have 3 JDCs statewide that provide CT/GC screening at booking. Looking to expand coverage at those sites and add additional sites.
Additional context (e.g. barriers, facilitators, special factors) Political considerations must be taken into account. Much scrutiny on what we could post about STDs. Maintaining the website and evaluating its use are two significant issues that would have to be addressed. Would require a lot of marketing prior to implementation. We have considered partnering with various professional orgs. that serve our at risk populations, but this is new territory for us and we could use some TA

Summary Points About the Work Plan

- The template is meant to simplify and standardize, and benefit the applicant and DSTDP
- Please read the template instructions and definitions. Email STDAAPPSFOA@cdc.gov if you have questions.
- Make sure your activities/objectives are SMART
- Plans for years 2 – 5 of the project period are subject to change depending on the status of multiple factors (resources, capacity, morbidity trends, new technologies, etc.)
- Year 1 of the project period (2014) is a planning year. DSTDP will work with you to refine your work plan if needed.

PART III: Q&A

Q1: Can you clarify expectations related to developing an evaluation plan? Specifically, is the expectation that a global (e.g., program science) plan be proposed or a general approach to evaluating individual interventions that lack an evidence- or practice-base? Alternatively, is the expectation that each new program include a detailed evaluation component?

A1:

- For the application, answer the evaluation questions provided in the FOA and complete the work plan.
- In the narrative response, you can discuss your general approach to evaluation and how you plan to focus your evaluation efforts.
- It is not expected that every single program or activity has a detailed evaluation plan
- Awardee evaluation plan will provide more details

Q2: When are the detailed evaluation and performance measure plans due?

A2:

- Not sure yet.
- Optimally, by the middle of year 1

Q3: When will the new national performance measures be released, and how closely will they mirror the examples provided in the Evaluation and Performance Measurement section of the FOA?

A3:

- Measures will be decided upon collectively with project areas after award
- Not clear yet how closely they will mirror the ones provided
- However, we will definitely ask for information on females screened for CT and on new HIV infections identified, under this cooperative agreement

Q4: What are the total points for the Evaluation and Performance Measurement section? In the FOA, the main section, "Evaluation and Performance Measurement" states 15 points and the sub-section, "Evaluation Plan" states 10 points.

A4:

- The Evaluation and Performance Measurement section is correct: 15 points. The sub-section, Evaluation Plan, should read "15 points" and encompasses performance measurement.

Q5: Which year of data will we be using as baseline data for the STD-AAPPS application?

A5:

- For the application, use the latest available, most likely 2012
- New baseline data will be collected during 2014

Q6: In the work plan, do you want us to take the activities listed on the work plan verbatim and transfer them into the table under year 1 activities?

A6:

- No, the work plan should be more detailed
- 3-4 objectives per required item
- First column cross-references objectives with required activities

Q7: For the Outcomes section: You direct us to use the outcomes listed in the logic model. Do we need to rewrite these in our application? What if we do not have any additional outcomes to add?

A7:

- No, they do not have to be re-written
- However, you are free to do so, to make them more specific or contextualized to your project area

Q8: What is the relationship between the Program Narrative and the Work Plan? We are concerned that there will be a duplication of the explanation as it is difficult to discuss our program's outcomes, strategy and evaluation without having our objectives in the same place.

A8:

- Some duplication is ok, but should be minimal
- Narrative could provide broad description of work plan, reference work plan, and provide additional context and rationale

Q9: May a suggested activity be substituted for a required activity if a required activity is not feasible with available resources?

A9:

- Yes, with detailed explanation
- Outline why the suggested activity is essential and a local priority

Q10: If a jurisdiction has already accomplished an activity that is required in the FOA, are they required to repeat the activity, report on what has already been achieved, or propose a slightly different but related activity that builds on work already completed?

A10:

- Report on what has been achieved and how it will be maintained

ADDITIONAL QUESTIONS?
… SEND VIA THE CHAT

Thank you!

Q&A posted at:

http://www.cdc.gov/std/foa/aapps/faq-workplan.htm

Send additional questions to:

stdaappsfoa@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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.