# CONNECTIONS for Prevention & Health Branch DIVISION OF PUBLIC HEALTH

#### **NORTH CAROLINA's**

# APPROACH TO EVALUATION UNDER CDC FOA DP13-1305

## **Planning the Evaluation**

**CDC Guidance.** Thoroughly read the evaluation guidance provided by CDC, including:

- The guidance for writing the evaluation section of the proposal
- The guidance for planning the evaluation of the funded strategies
- CDC's tools and resources for program evaluation.
   In particular, <u>CDC's Framework for Program Evaluation</u> in <u>Public Health</u>

**Engaging key stakeholders.** Use structured discussions with program staff, management, evaluation contractor(s) and other key stakeholders to identify evaluation priorities, indicators and desired uses.

Example: Selecting 1305 strategies to be evaluated. Once CDC released the 1305 evaluation plan guidance that required the selection of one strategy to evaluate per 1305 content area (Nutrition, Physical Activity and Obesity; School Health; Diabetes; and Heart Disease and Stroke Prevention), program staff and leadership were convened. All strategies were reviewed and selections were made in each content area, paying particular attention to related data collection activities already underway, key partners' capacity for data collection and evaluation, and stakeholders' interest in evaluating the strategy.

**Using existing assets.** Work with program staff and partners to identify data already being collected that can address key indicators.

Example: Monthly Updates. The Community and Clinical Connections for Prevention and Health (CCCPH) Branch generates monthly updates for CDC project officers and Chronic Disease and Injury (CDI) Section, NC Division of Public Health management. On a monthly basis, all CCCPH staff summarize notable activities completed over the course of the month and submit them to their manager. Managers compile and edit staff updates and submit them to the CCCPH Branch Manager who does the same before passing the final document to the CDC project officers and CDI Section management. The type of information collected through the updates process was found to be helpful in addressing some 1305 evaluation questions so indicators were developed that used the updates as a primary data source. As part of the implementation phase of the evaluation plan, a monthly process was set up to review the updates. This review is facilitated by a data collection template that serves as a repository for qualitative data from the updates, using pivot tables to calculate counts for specific indicators in the evaluation plan.

**Internal and external review.** Circulate the evaluation plan among program staff, management, evaluation contractor(s) and key partners to ensure priorities are addressed and that data collection plans serve the needs of key stakeholders.

## Implementing the Plan

**Implementation meetings.** Convene the evaluation team quarterly to discuss activities and deliverables scheduled to be accomplished in the current quarter and to plan for deliverables scheduled for the upcoming quarter. Use these meetings to ensure all team members:

- Are aware of their role in the data collection process
- Have the opportunity to ask for the support and clarity they need to carry out their assigned role

**Designing data collection tools and templates.** Work with appropriate members of the evaluation team and relevant stakeholders to develop key tools for the collection of evaluation data including survey questions, interview guides and interim reporting tools.

Example: 1305 Evaluation Master Templates. The 1305 evaluation plan is a complex document with subsections that relate to one another but are hard to cross-reference

(indicators and timelines, for example). Master templates were built for each section of the evaluation plan that allow staff to track completed activities. The master templates take each indicator and its related information (evaluation question, data source, lead responsible, etc.) and puts it in line with data collection activities and products that are scheduled to occur across the current year's four quarters. The master template also includes mechanisms to record the timeliness with which the activities and products were completed, space for notes on the data collection process and space to summarize findings. The master templates serve as the primary data repository for all evaluation plan indicators and the foundation for annual reports and other evaluation plan deliverables.

#### Meeting with program staff to focus the evaluation.

Regularly discuss evaluation activities and indicators with program staff to ensure the evaluation plan remains aligned with intervention activities. As interventions evolve, it may be necessary to adjust evaluation indicators to ensure data being collected:

- Accurately measures the reach and impact of the interventions
- Remains useful to program staff

Example: Clinical Setting Transition. North Carolina's original 1305 evaluation plan included HDSP and Diabetes indicators that collected data from Federally Qualified Health Centers and Free Clinics. However, as formative work progressed, program staff determined that there was greater opportunity to implement and track 1305-directed clinical activities in local health departments that provide comprehensive clinical services for hypertension and diabetes across the state. This resulted in an overhaul of the scope (setting, target population) of the HDSP and Diabetes strategies in the workplan. Once the workplan was revised, the narrative, indicators, data sources and analysis methods in the HDSP and Diabetes sections of the evaluation plan were revised to reflect the updated scope.

## **Using the Results**

Reporting results to staff. Regularly convene program staff and management to review findings and recommend programmatic adjustments as the evaluation progresses. Information should flow in both directions at these meetings. As stakeholders are informed of evaluation findings, their feedback on the evaluation's focus, findings and proposed reports should be collected and integrated into the evaluation.

#### Creating audience-specific products from evaluation

**data.** Meet with program staff and management and observe their communication styles and the context in which they communicate to identify useful, audience-specific evaluation products (e.g., fact sheets, presentations, success stories, publications) that will help them communicate the need for and impact of their work to their stakeholders.

Example: Measuring the impact of Healthy Eating and Active Living (HEAL) Liaisons. North Carolina's school health

efforts under 1305 target specific local education agencies (LEAs) across the state. In a subset of these targeted LEAs, funding for full-time positions (HEAL Liaisons) is provided to facilitate implementation of 1305 strategies. During a meeting attended by a 1305 evaluator and the Early Child Care and School Coordinator, the possibility of using between groups comparisons to determine the value of the HEAL Liaisons was discussed. The Early Child Care and School Coordinator suggested that it would be helpful to know how much progress the LEAs with the HEAL Liaisons are making on 1305 indicators compared to their counterparts without the Liaisons. As a result, data that was being collected across both sets of LEAs was identified and an outline for this comparison was written in to an updated version of the 1305 evaluation plan. The results from the aforementioned analysis may help direct future funding decisions (amount of funding given, number of LEAs funded) related to the HEAL Liaison positions and school health strategies as a whole.

Overall, North Carolina's evaluation is strengthened through the involvement of staff and key stakeholders throughout the evaluation process.



For more information, please contact:

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