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From Data to Action: Integrating Program Evaluation and Program Improvement


While program evaluation is widely recognized as a core function of public health, differences in definition of “good evaluation practice” often lead to evaluations that are time consuming and expensive, and, most importantly, produce findings that are not employed for program improvement. This chapter offers simple, systematic guidelines to maximize the likelihood that the time and effort to evaluate will be translated into program improvement. The goal that findings be used for program improvement is fundamental to the discipline of program evaluation. An old adage says it best: “Research seeks to prove; evaluation seeks to improve.” And evaluators have responded with a variety of approaches/frameworks whose central premise is “utilization-focused” evaluation—that no evaluation is good unless its results are used (1,2). This chapter emphasizes how early steps of a good evaluation process can build the conceptual clarity about the program that is needed to choose the right evaluation focus. It reinforces these points with case-specific advice for those doing STD interventions.

Programs can be “pushed” to do evaluation by external mandates from funders or authorizers or they can be “pulled” to do evaluation by an internally felt need to examine and improve the program. STD programs are likely no different. State and local STD programs are pushed to evaluate by a mix of evaluation mandates in cooperative agreements or foundation mandates—which in turn reflect demands on foundations by their boards or on funding agencies like the Centers for Disease Control and Prevention (CDC) by the Office of Management and Budget and the Government Performance and Results Act (GPRA) and Performance Assessment and Rating Tool (PART) processes.* Using the STD world as an example, CDC’s Division of STD Prevention (DSTD) now explicitly lists program evaluation as an essential activity within the Comprehensive STD Prevention Systems (CSPS) framework, and recent DSTD Performance Measures Guidance (3) commits CDC’s efforts to measuring performance and aligning with goals. This CDC emphasis is translated

* See the following for more discussion of the relationship of program evaluation to the Government Performance and Results Act (GPRA): http://www.gao.gov/new.items/gpra/gpra.htm, and to the Performance Assessment and Rating Tool (PART), http://www.whitehouse.gov/omb/part/

into pressure on states to evaluate; the *Program Operations Guidelines* require that programs monitor progress toward achievement of goals and objectives (4).

While external mandates such as these can be effective in motivating evaluation, it is preferable that programs be “pulled” by the internally felt need to evaluate, even when it is not required. And, indeed, more and more STD programs see the need for good evaluation as problems become more complex, efforts emphasize behavioral interventions with hard-to-reach audiences, and programs must deal with the complexities of communities and institutional structures. Community-wide surveillance measures tell only part of the story, and determining whether program efforts are effective—and why or why not—means delving into the innards of program efforts, understanding the sequence of milestones and markers for success, and unraveling the relationships between activities and outcomes. STD programs might be evaluated for the following reasons:

- to help prioritize activities and guide resource allocation;
- to inform funders of the program whether their contributions are being used effectively;
- to inform community members and stakeholders of the project’s value;
- to provide information that can be useful in the design or improvement of similar projects.

**Framework for Program Evaluation in Public Health: The CDC Example**

CDC’s Framework for Program Evaluation in Public Health (5) is a six-step approach to evaluation whose core assumption is that use of findings is most likely when the evaluation focus and design match the purpose and the potential use and user of the specific evaluation situation. CDC’s framework intentionally employs broad definitions of both “evaluation”—“examination of merit, worth, significance of an object” (6)—and “program”—“any set of intentional, interrelated activities that aim for a common outcome” (5) so that practitioners at all levels would see program evaluation as something they needed and had the capacity to undertake.

The CDC framework includes six steps (Figure 1): 1) engage stakeholders; 2) describe the program; 3) focus the evaluation and its design; 4) gather credible evidence; 5) justify conclusions; and 6) use findings and share lessons learned.

The rationale underlying these steps is as follows: No evaluation is good just because the methods and analysis are valid and reliable, but because the results are used; getting use means paying attention to creating a “market” before you create the “product”—the evaluation itself. The evaluation focus is key to developing this market by ensuring the evaluation includes questions that are relevant, salient, and useful to those who will use the findings. Determining the right focus requires identifying key stakeholders (those besides the program who care about our efforts and their success) and understanding the program in all its complexity.

The steps are sequenced in a way that reinforces the idea that planning, performance measurement, and evaluation are integrated in a continuous cycle of continuous quality improvement loop:

- Planning—What do we do?