



Program Evaluation and Program Improvement: *New Directions at CDC*

**Centers for Disease Control and
Prevention**

**Janet L. Collins, Ph.D.
Associate Director for Program**



Today

- Where we've been
- Windows of opportunity for performance measurement and evaluation at CDC
- Where we're headed
- CDC experience may provide lessons; we need to learn from others



CDC At a Glance

- FY 2010
Appropriations:
\$10.5 Billion
- Staff:
More than
10,000 FTEs



Windows of Opportunity

- New federal administration
- New CDC leadership and focused priorities
- Organizational restructuring
 - Associate Director for Program
 - Office of State, Territorial, Local and Tribal Support
 - Office of Surveillance, Epidemiology, and Laboratory Services



Office of Associate Director for Program

- Program Advancement
- Performance Measurement and Accountability
- Program Evaluation
- BUT, with two guiding principles in mind...



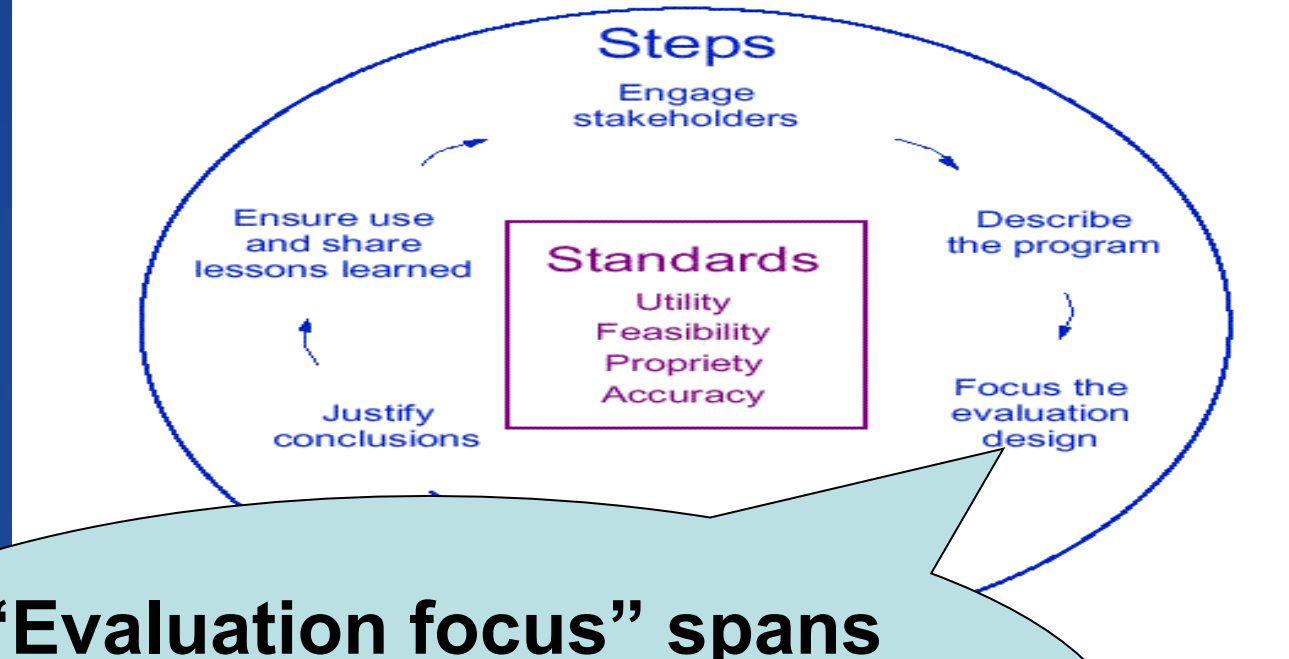
Guiding Principle: Continuous Quality Improvement

- **Planning** – What actions will best reach our goals and objectives?
- **Performance measurement** – How are we doing?
- **Evaluation** – Why are we doing well or poorly?



Guiding Principle: Evaluation is a “Big Tent”

FIGURE 1. Recommended framework for program evaluation



“Evaluation focus” spans a broad array of potential evaluation questions, designs, and methods


Program Evaluation— “Presenting Problem”

- Strong interest at program level, not always reflected in resources and program leadership interest
- Variation center to center, program to program:
 - Spotty and episodic evaluations
 - Little integration of evaluation with performance measurement/mandated measurement
 - Findings not optimally helpful for program improvement , funding decisions, etc.
 - Findings not always used even when highly applicable



National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health
1 and 4 year Goals



Broad Strategy	Priority Strategies	1-year goals	4-year goals
 <p>1&4 Year Goals</p> <p>Reduce Tobacco Prevalence</p>	<u>FDA Collaboration</u>	<p>Engage and assist state and local public health leadership to apply new legal authorities to reduce access to and marketing of tobacco products.</p> <p>Provide technical assistance and scientific reviews relevant to all aspects of FDA regulation.</p>	<p>Conduct real time monitoring and reporting on compliance and the effects of regulatory action on tobacco use and the public health impact of product regulation.</p>
	<u>Tobacco Price</u>	<p>Increase state average excise tax by 11 cents per pack to \$1.45 (based on recent historical average state tax increase per year).</p>	<p>Increase state average excise tax by 45 cents per pack to \$1.79 (based on projected increases of 11 cents per year for 4 years).</p> <p>Increase the Federal excise tax by \$1 per pack to \$2.01.</p>
	<u>Smoke-free Policy</u>	<p>Increase number of smoke-free states by 5 states to 26 states, including D.C. (based on tracking states considering comprehensive smoke-free laws).</p>	<p>Increase percentage of the population protected by state and local smoke-free laws from 41.2% to >65% (based on the adoption of smoke-free policies by multiple and large populations states).</p>
	<u>Quit-line</u>	<p>Handle an estimated 1.03 million calls to 1-800-QUIT-NOW.</p>	<p>Document the increased reach and effectiveness of the quit line</p>
	<u>Tobacco Media</u>	<p>Expand the reach of paid and earned tobacco media</p>	<p>Document the increased reach and effectiveness of tobacco media</p>

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

**Quarterly
Program
Reviews**

Quarterly Program Reviews

INDICATOR	PREVIOUS (ACTUAL)	QUARTERLY REPORTING (BY FISCAL YEAR)											
		Q1		Q2		Q3		Q4					
		TARGET	ACTUAL	TARGET	ACTUAL	TARGET	ACTUAL	TARGET	ACTUAL				
Prevalence rate of current cigarette use among U.S. high school students.	20 percent										smoking rate among HS students		prevalence rate among HS, collected every 2 years. 2009 data will be released, June 2010 (HP 2010 Goal)
Prevalence of current cigarette use among adults, age 18+.	20.6 percent										19.6% smoking rate among adults		Source: 2008 NHIS (HP 2010 Goal)
Overall and in effect national average of state cigarette excise tax rate, per pack.	\$1.30 (NOTE: Taxes passed in DC, CT, and PA were enacted Q1)	(+\$.04) = \$1.34	1.34	(+\$.00) = \$1.34	1.34	(+\$.03) = \$1.37		(+\$.04) = \$1.41			\$1.41 (est. based on average state cigarette tax increase of	Effective Tax Increases: Q1: DC, CT, PA (10/09) (4¢) Q2: NA Q3: NA Q4: UT, NM, HI (7/10) (4¢)	Source: CDC/OSH STATE System (and OSH internal tracking document)
The number of states with comprehensive smoke-free laws in effect, covering workplaces, restaurants and bars.	21 total (states+DC)	22	22	22	22	(+2) = 24		(+2) = 26			26 total states with comprehensive smoke-free laws	Effective Smoke-Free: Q1: MT (10/09) Q2: NA Q3: MI (5/10) Q4: KS, WI (7/10)	Source: CDC/OSH STATE system (and internal tracking document)

Performance Measurement— “Meaningful Measures” GPRA Pilot

- Align GPRA measures with CDC’s performance management system
- Develop and test criteria and an internal process for refining/defining meaningful GPRA measures
 - Outcome-oriented
 - Measureable
 - Useful



System	Activities	Short-term Outcomes	Intermediate Outcomes	Long Term Outcomes
Healthy People 2020		TU-4: States & territories w/ evidence based control programs TU-8: Smoking cessation attempts	TU-13: Laws on smoke-free indoor air that prohibit smoking in public places	C-2: lung cancer death rate C-3: Orpharyngeal cancer death rate
GPRA measures (OPA)			5.2.2: Reduce proportion of adults (18+) who are smokers 5.2.3 : Reduce proportion of 9-12 graders who smoked in last month 5.2.4: Increase proportion of population covered by comprehensive state/local smoke free laws <i>(ARRA/HPG)</i>	<i>Annual rate of trachea, bronchus, and lung cancer mortality</i>
ARRA & HPG		By 2011, 75% increase in percentage of communities funded under the CPPW program that have enacted new smoke-free policies & improved the comprehensiveness of existing policies		<i>Limit to trend data in pilot</i>
1&4 yr. Goals and QPR	<ul style="list-style-type: none"> - Surveillance system -Monitor impact & policy adoption -Tobacco Media Outreach/ Communication 	<ul style="list-style-type: none"> - Increase national average state cigarette excise tax rate per pack -Increase % population covered by smoke-free laws -- Regulations for access & marketing of tobacco (Collaboration with FDA) -- Quit-lines/ Cessation Programs 		
Winnable Battles	<ul style="list-style-type: none"> -Surveillance, anal.& eval -Social, environ., policy, & systems approaches -Healthy Community Intervention -Quit lines 			

Ideal “Future State”

- Consistent standards, definitions, and expectations across Centers
- Centers have “portfolio” of evaluation at all levels—Center, Div, program, program component
- Broader array of evaluation questions addressed
- Access to (more/better) tools and resources for evaluation
- Findings used to improve programs and make funding decisions



Factors that Affect Health

*Smallest
Impact*

Counseling
& Education

Clinical
Interventions

Long-lasting
Protective Interventions

Changing the Context
*to make individuals' default
decisions healthy*

Socioeconomic Factors

*Largest
Impact*

Examples

Eat healthy, be
physically active

Rx for high blood
pressure, high
cholesterol, diabetes

Immunizations, brief
intervention, cessation
treatment, colonoscopy

Fluoridation, 0g trans
fat, iodization, smoke-
free laws, tobacco tax

Poverty, education,
housing, inequality



Broaden Array of Evaluation Questions

Common

- Program Intervention Effectiveness

- Economic Analyses
- Systems Reviews
- Evaluation Evaluations
- Policy Evaluations
- Health Impact Assessment

Rare



Program Intervention Effectiveness

What is the relationship between participation in the Charlotte-Mecklenburg Schools asthma program and students' ability to manage their asthma?



Economic Evaluation

What is the annual per patient cost of HIV treatment across the 15 focus countries of the U.S. President's Emergency Plan for AIDS relief?



Systems Evaluation

What is the most effective model of HIV counseling and testing in outpatient departments and does this model successfully link patients to care and treatment?



Evaluating Evaluation

Will the Swift Worksite Assessment methodology identify promising practices for promoting healthy weight among employees at small to medium sized worksites?



Policy Evaluations

What tools and methods are most effective in establishing evidence-based policies for motor vehicle safety such as primary seatbelt laws, graduated driving license laws and ignition interlock policies?



Health Impact Assessment

Evaluating the potential health effects of a policy, program, or project in non-health sectors

- Agriculture
- Housing
- Transportation
- Education



Getting There – Four Clusters of Activity

1. Set standards and expectations for evaluation agency-wide
2. Guide/highlight “model”/priority evaluations based on standards
3. Provide tools, assistance, and resources (including \$\$) to enhance evaluation efforts
4. Direct and indirect capacity building



For more information, visit
www.cdc.gov/program

