Evaluation of State Public Health Actions: Overview and Progress to Date

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Division for Heart Disease and Stroke Prevention
Evaluation and Program Effectiveness Team
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<thead>
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<tbody>
<tr>
<td>![Image]</td>
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<table>
<thead>
<tr>
<th>4. What the program directors want me to do</th>
<th>5. What my adversaries think I do</th>
<th>6. What I really do</th>
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<tbody>
<tr>
<td>![Image]</td>
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Presentation Overview

- Evaluation Purpose
- Evaluation Questions
- Evaluation Approach
- National Evaluation
- State Evaluations
- Performance Measures
- Summary
Purpose of State Public Health Actions Evaluation

- Provide accountability
- Improve programs
- Expand practice-based evidence
- Demonstrate health outcomes
Program Evaluation

- Evaluation is the systematic investigation of the merit, worth or significance of an object (Scriven, 1999), hence assigning “value” to a program’s efforts means addressing those three inter-related domains:
  - Merit (or quality)
  - Worth (or value, i.e., cost-effectiveness)
  - Significance (or importance)
Preparing for Evaluation

- Need to understand where we are going and how we plan to get there
- Consider that much of State Public Health Actions is uncharted territory
State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health Program Logic Model

Inputs: Funding, guidance and support from DDT, DHSP, DNPAO, DPH

**ACTIVITIES**
- Partnership engagement
- Workforce development
- Guidance and support
- Strategic communication
- Surveillance/Epidemiology
- Evaluation

**ENHANCED STRATEGIES**
- Environmental approaches to promote health and support and reinforce healthful behaviors
  - Access to healthy food and beverages
  - Food service guidelines/nutrition standards where foods and beverages are available. Guidelines and standards should address sodium
  - Supportive nutrition environments in schools
  - Physical activity access and outreach
  - Physical activity in ECE
  - Quality physical education and physical activity in K-12 schools
- Access to breastfeeding friendly environments

**SHORT-TERM OUTCOMES**
- Increased state, community, worksite, schools, and ECE environments that promote and reinforce healthful behaviors and practices across the life span related to diabetes, cardiovascular health, student health, physical activity and healthful foods and beverages, obesity, and breastfeeding

**INTERMEDIATE OUTCOMES**
- Increased consumption of nutritious food and beverages and increased physical activity across the life span
- Increased breastfeeding initiation, duration and exclusivity
- Improved medication adherence for adults with high blood pressure and adults with diabetes
- Increased self-monitoring of high blood pressure tied to clinical support
- Increased use of diabetes self-management & primary prevention programs

**BASIC STRATEGIES**
- Promote the adoption of food service guidelines/nutrition standards, which include sodium
- Promote the adoption of physical education/physical activity (PE/PA) in schools
- Promote adoption of PA in early care and education (ECE) and worksites
- Promote reporting of blood pressure and A1C measures; and as able, initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure
- Promote awareness of high blood pressure among patients
- Promote awareness of prediabetes among people at high risk for type 2 diabetes
- Promote participation in DSME programs

**BASIC ACCOMPLISHMENTS**
- Increased adoption of healthy food service guidelines/nutrition standards
- Increased adoption of PE/PA in schools
- Increased adoption of PA in ECE and worksites
- Increased reporting of blood pressure and A1C measures; and as able, increased initiation of activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure
- Increased awareness of high blood pressure among patients
- Increased awareness of prediabetes among people at high risk for type 2 diabetes
- Increased participation in DSME programs (officially recognized, accredited and/or licensed)

**LONG-TERM OUTCOMES**
- Improved prevention and control of hypertension
- Improved prevention & control of diabetes
- Improved prevention and control of overweight and obesity
Evaluation Questions

- Overarching Evaluation Questions
  - To what extent has the program been effective as indicated by progress toward the basic accomplishments and enhanced outcomes?
  - To what extent have state programs gained efficiencies (e.g., infrastructure, management, financial) through the implementation of this approach to state public health actions?
  - To what extent has CDC gained efficiencies by combining efforts of 4 categorical programs?
  - What promising and innovative strategies have been found effective and efficient that could be replicated by state programs?
Balance Need for Accountability and Feasibility
State Public Health Actions Evaluation Approach

- Three primary components
  - National evaluation
  - State evaluations
  - Performance measures
Telling the Story of State Public Health Actions

- Use all 3 components and multiple methods and data sources to “tell the story” of State Public Health Actions
- No data source or method can stand alone as the whole story
State Public Health Actions Evaluation: National Evaluation
National Evaluation

- **Purpose**
  - Assess the quality, impact, potential benefits, effectiveness, efficiency, and innovative practices at the state and federal levels
  - Focus on synergy of combined approach
Q1. To what extent has the program been effective as indicated by progress toward the basic accomplishments and enhanced outcomes?

Q2. To what extent have State programs gained efficiencies through the implementation of the program?

Q3. To what extent has CDC gained efficiencies by combining efforts of administering the four categorical programs?

Q4. What promising and innovative strategies have been found effective and efficient?

Effectiveness (Basic Accomplishments)
- Increased adoption of healthy food service guidelines, PE and PA
- Increased reporting of blood pressure and A1C measures
- Increased awareness of high blood pressure and prediabetes
- Increased participation in diabetes self-management education programs

Effectiveness (Short- & Intermediate-Term Outcomes)
- Improved environments
- Improved health system interventions
- Strengthened community-clinical linkages
- Increased consumption of nutritious food & beverages, breastfeeding, PA
- Increased medication adherence for high blood pressure, diabetes
- Increased self-monitoring of high blood pressure tied to clinical support
- Increased use of DSME & primary prevention

Effectiveness (Long-Term Outcomes)
- Increased prevention and control of diabetes, heart disease, obesity and related risk factors in schools and other settings

Impact
- Reduce the prevalence of obesity by 3% in the implementation area
- Reduce death and disability due to diabetes, heart disease and stroke by 3% in the implementation area

Ongoing benefits for the States, Populations and CDC/ Costs in Time, Resources, and Other Efficiencies
National Evaluation

- **Year 1 Focus**
  - Mixed-methods approach
  - Both qualitative and quantitative methods of data collection and analysis
  - Basic component study
  - Enhanced component study
  - CDC component study
National Evaluation – Progress and Activities

- **Progress to Date**
  - Conducted baseline synergy survey with states and CDC staff
  - Developed 5-year comprehensive evaluation plan
  - Baseline data collection and analysis

- **Current and Upcoming Activities**
  - Data synthesis
  - Follow up data collection
Baseline Synergy Survey (States)

- Web-based survey
- Conducted December 2013
- All 50 states and DC participated
- Survey will be repeated to show any changes in perceived synergy
- Preliminary analysis conducted
Baseline Synergy Survey (CDC)

- Online survey with CDC staff working on State Public Health Actions
- Conducted May/June 2014
- Similar to state synergy survey
- Intended to assess changes in efficiency and synergy over time
- Preliminary analysis conducted
National Evaluation: Key Messages

- National evaluation is a key component of the overall evaluation
- The first year focused on collecting baseline data and developing a comprehensive plan
- Analysis of baseline synergy surveys complete and results will be provided
- Future years will feature additional surveys, interviews and case studies (participation needed)
State Public Health Actions Evaluation: State Evaluations
State Evaluations

**Purpose**

- Serve state evaluation needs
  - Engage stakeholders
  - Help improve programs and make course corrections
  - Contribute to the development of best practices

- Contribute to comprehensive evaluation
  - Monitor and explain progress on the measures
  - Help CDC “tell the story” of 1305
State Evaluation Plan Use

- Frequency of data collection
- Potentially available data sources
- How data will be reported
- Utility of findings for continuous quality and program improvement
- Demonstrate the value of the FOA
- Dissemination channels and audiences (including public dissemination)
- Measurement of reach in general populations and sub-populations
State Evaluation Plan Reporting Use

- Provide information about accomplishments and other outcome measures
- Show program improvement, increase awareness of the program, and stakeholder engagement
- Responses to basic/plus and/or enhanced/supplement evaluation questions
State Evaluations: Progress and Activities

- **Progress to date**
  - CDC conducted evaluation capacity assessments
  - CDC conducted an evaluation-focused site visit
  - CDC provides ongoing evaluation support to states
  - States submitted final evaluation plans

- **Current Activities**
  - CDC undergoing approval process for final evaluation plans
  - CDC developing Year 3 evaluation plan guidance
<table>
<thead>
<tr>
<th>Required Documents</th>
<th>Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Performance Report - year 1 (progress on measures NOT required)</td>
<td>March 28, 2014</td>
</tr>
<tr>
<td>Continuation Application - year 2 (set year 2 targets)</td>
<td>March 28, 2014</td>
</tr>
<tr>
<td>Draft Evaluation Plan - year 2</td>
<td>April 30, 2014</td>
</tr>
<tr>
<td>Final Evaluation Plan - year 2</td>
<td>August 1, 2014</td>
</tr>
<tr>
<td>Annual Performance Report - year 2 (first time to report progress on performance measures)</td>
<td>March 2015</td>
</tr>
<tr>
<td>Continuation Application - year 3</td>
<td>March 2015</td>
</tr>
</tbody>
</table>
State Evaluations: Key Messages

- Focus evaluations and use indicators that are most meaningful and useful to you and your stakeholders
- Use evaluation results for program improvement and to engage and report to stakeholders
- States can continue to use current evaluation plans even with additional funding; additional guidance will be provided to Basic Plus states for Year 3
State Public Health Actions Evaluation: Performance Measures

Jan Jernigan, PhD

Division of Nutrition, Physical Activity, and Obesity (DNPAO)
Evaluation, Translation and Dissemination Team
Performance Measures

Purpose
• Ensure monitoring of progress for key activities and outcomes related to specific categorical areas across all states
• Address questions commonly asked by CDC stakeholders (e.g., Congress)

Required to collect for all implemented interventions

Often collect data that CDC cannot otherwise obtain

Focused on short, intermediate, and long-term outcomes
• Align with 1305 logic model
Performance Measure Development Process

- Worked with each Division’s leadership to identify and finalize performance measures
- Formed cross-Division workgroup
- Developed TA documents
- Developed draft PM Profiles
- Engaged grantees through Action Teams
- Finalized and Disseminated Profiles
Performance Measures  Technical Assistance Activities

- Year 1
  - Completed Profiles for all Measures
  - State Action Teams
  - Guidance on Baselines, Targets, and Reach
  - Additional guidance provided by each division

- Current Activities
  - Analysis of Targets/Reach

- Future Work
  - Identification of Additional Data Sources, refinement of measures in collaboration with states
Basic Plus and Supplement Funding: Performance Measure Reporting

- **Basic Plus**
  - Funds basic states to implement selected enhanced strategies/interventions
  - Basic states are required to report on performance measures for these strategies/interventions

- **Supplement**
  - Funds enhanced states to expand/increase activities in selected strategies
  - No additional performance measures but targets should reflect expanded reach and outcomes
Basic Plus Performance Measures: Domain 2

- **Strategy 2**: Implement food service guidelines in priority settings (ECEs, worksites, communities)

- **Strategy 3**: Implement policies and practices that create a supportive nutrition environment, including establish standards (including sodium) for all competitive foods; prohibit advertising of unhealthy foods; and promote healthy foods in schools

  - All performance measures for both strategies are required
    - strategy 2 setting specific
Basic Plus Performance Measures: Domain 3

Strategy 1: Increase implementation of quality improvement processes in health systems

- Both interventions required
  - Required: all hypertension related measures
  - Optional: diabetes related measures
Basic Plus Performance Measures: Domain 3

Strategy 2: Increase use of team-based care in health systems

- May choose one or both interventions
  - Required: all hypertension-related measures
  - Optional: diabetes-related measures
Basic Plus Performance Measures: Domain 4

Strategy 1: Increase use of diabetes self-management programs in community settings

Strategy 2: Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes

Strategy 3: Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes

- May choose one or more
  - Required: all diabetes-related measures
  - Optional: all hypertension-related measures (strategy 3)
Supplemental Funding

Domains 3 & 4 only

- **Domain 3:**
  - Strategy 1: both interventions required
  - Strategy 2: at least one intervention is required

- **Domain 4:**
  - Strategy 2: required if not selected previously
  - Strategies 1&3: optional

- All measures required for selected strategies
## Basic Interventions

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Intervention</th>
<th>Number of States Implementing</th>
</tr>
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<tbody>
<tr>
<td><strong>BASIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.1. Promote the adoption of food service guidelines/nutrition standards, which include sodium</td>
<td>N/A</td>
<td>51</td>
</tr>
<tr>
<td>B.2. Promote the adoption of physical education/physical activity (PE/PA) in schools</td>
<td>N/A</td>
<td>51</td>
</tr>
<tr>
<td>B.3. Promote the adoption of physical activity (PA) in early care and education (ECEs) and worksites</td>
<td>N/A</td>
<td>51</td>
</tr>
<tr>
<td>B.4. Promote reporting of blood pressure and A1C measures; and as able, initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure</td>
<td>N/A</td>
<td>51</td>
</tr>
<tr>
<td>B.5. Promote awareness of high blood pressure among patients</td>
<td>N/A</td>
<td>51</td>
</tr>
<tr>
<td>B.6. Promote awareness of prediabetes among people at high risk for type 2 diabetes</td>
<td>N/A</td>
<td>51</td>
</tr>
<tr>
<td>B.7. Promote participation in ADA-recognized, state accredited/certified, and/or Stanford licensed diabetes self-management education programs</td>
<td>N/A</td>
<td>51</td>
</tr>
</tbody>
</table>
## Enhanced Interventions: Domain 2

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Intervention</th>
<th>Number of States Implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. Increase access to healthy foods and beverages</td>
<td>2.1.1 Provide access to healthy food retail</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>2.1.2. Provide access to farmers markets</td>
<td>19</td>
</tr>
<tr>
<td>2.2. Implement food service guidelines/nutrition standards where food and beverages are available. Guidelines and standards should address sodium.</td>
<td>2.2.1. Implement food service guidelines in priority settings (ECEs, worksites, communities)</td>
<td>32</td>
</tr>
<tr>
<td>2.3. Create supportive nutrition environments in schools</td>
<td>2.3.1. Implement policies and practices that create a supportive nutrition environment in schools</td>
<td>32</td>
</tr>
<tr>
<td>2.4. Increase physical activity access and outreach</td>
<td>2.4.1. Create or enhance access to places for physical activity with focus on walking combined with informational outreach</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>2.4.2. Design streets and communities for physical activity</td>
<td>16</td>
</tr>
<tr>
<td>2.5. Implement physical activity in early care and education (ECEs)</td>
<td>2.5.1. Implement ECE standards for physical activity</td>
<td>32</td>
</tr>
<tr>
<td>2.6. Implement quality physical education and physical activity in K-12 schools</td>
<td>2.6.1. Develop, implement, and evaluate comprehensive school physical activity programs</td>
<td>32</td>
</tr>
<tr>
<td>2.7. Increase access to breastfeeding friendly environments</td>
<td>2.7.1. Implement practices supportive of breastfeeding in birthing facilities</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>2.7.2 Provide access to professional and peer support for breastfeeding</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>2.7.3 Ensure workplace compliance with federal lactation accommodation law</td>
<td>17</td>
</tr>
</tbody>
</table>
### Enhanced Interventions: Domain 3

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Intervention</th>
<th>Number of States Implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1. Increase implementation of quality improvement processes in health care systems</strong></td>
<td>3.1.1 Increase electronic health records adoption and the use of health information technology to improve performance</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>3.1.2 Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider and systems level</td>
<td>28</td>
</tr>
<tr>
<td><strong>3.2. Increase use of team-based care in health care systems</strong></td>
<td>3.2.1 Increase engagement of non-physician team members in hypertension and diabetes management in health care systems</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>3.2.2 Increase use of self-measured blood pressure monitoring tied with clinical support</td>
<td>12</td>
</tr>
<tr>
<td>Strategy</td>
<td>Intervention</td>
<td>Number of States Implementing</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>4.1. Increase use of diabetes self-management programs in community settings</strong></td>
<td>4.1.1. Increase access, referrals, and reimbursement for ADA-recognized, state-accredited/certified, or Stanford-licensed diabetes self-management education programs</td>
<td>28</td>
</tr>
<tr>
<td><strong>4.2. Increase use of lifestyle intervention programs in community settings for primary prevention of type 2 diabetes</strong></td>
<td>4.2.1. Increase referrals to, use of, and/or reimbursement for CDC recognized lifestyle change programs for the prevention of type 2 diabetes</td>
<td>26</td>
</tr>
<tr>
<td><strong>4.3. Increase use of health care extenders in the community in support of self-management of high blood pressure and diabetes</strong></td>
<td>4.3.1. Proportion of recognized/accredited DSME programs in targeted settings using CHWs in the delivery of education/services</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>4.3.2. Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>4.3.3. Increase engagement of community pharmacists in the provision of medication/self-management for adults with high blood pressure and adults with diabetes</td>
<td>15</td>
</tr>
<tr>
<td><strong>4.4 Increase use of chronic disease self-management programs in community settings</strong></td>
<td>4.4.1. Increase access to and use of Chronic Disease Self-Management Programs (CDSMP)</td>
<td>19</td>
</tr>
<tr>
<td><strong>4.5 Implement policies, processes, and protocols in schools to meet the management and care needs of students with chronic conditions (e.g. asthma, food allergies, diabetes, and other chronic conditions related to activity, diet, and weight)</strong></td>
<td>4.5. Identifying and tracking students with chronic conditions that may require daily or emergency management, e.g. asthma and food allergies.</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>4.5.2 Developing protocols that ensure students identified with a chronic condition that may require daily or emergency management are enrolled into private, state, or federally funded insurance programs if eligible.</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>4.5.3 Providing assessment, counseling, and referrals to community-based medical care providers for students on activity, diet, and weight-related chronic conditions.</td>
<td>16</td>
</tr>
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</table>
## Performance Measure Results

<table>
<thead>
<tr>
<th>Strategy/Intervention</th>
<th>Measure</th>
<th>Number of States (reported/implemented)</th>
<th>Baseline</th>
<th>Year 5 Target</th>
<th>Projected Total Increase</th>
<th>Projected Percent Change (Increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1. Promote the adoption of food service guidelines/nutrition standards, which include sodium</td>
<td>B.1.01-Number (N) of local education agencies that received professional development and technical assistance on strategies to create a healthy school nutrition environment</td>
<td>49/51</td>
<td>1,418 local education agencies</td>
<td>5,845 local education agencies</td>
<td>4,427</td>
<td>312%</td>
</tr>
<tr>
<td></td>
<td>B.1.02-Number (N) of students in local education agencies where staff received professional development and technical assistance on strategies to create a healthy school nutrition environment</td>
<td>49/51</td>
<td>5,049,515 students in local education agencies</td>
<td>21,279,548 students in local education agencies</td>
<td>16,230,033</td>
<td>321%</td>
</tr>
<tr>
<td>2.2.1: Implement food service guidelines in priority settings (ECEs, worksites, communities)</td>
<td>2.2.01: Number (N) of ECEs that develop and/or adopt policies to implement food service guidelines/nutrition standards, including sodium</td>
<td>25/28</td>
<td>5,635 ECEs</td>
<td>17,033 ECEs</td>
<td>11,398</td>
<td>202.3%</td>
</tr>
<tr>
<td></td>
<td>2.2.04: Number (N) of children who access settings (i.e., ECEs) that have developed and/or adopted policies to implement food service guidelines/nutrition standards, including sodium</td>
<td>25/28</td>
<td>244,948 children who access ECEs</td>
<td>691,601 children who access ECEs</td>
<td>446,653</td>
<td>182%</td>
</tr>
<tr>
<td>B.4 Promote reporting of blood pressure measures</td>
<td>B.4.01 Proportion (%) of health care systems reporting on National Quality Forum (NQF) Measure 0018</td>
<td>33/51</td>
<td>42.35% (avg) of health care systems</td>
<td>65.69% (avg) of health care systems</td>
<td>N/A</td>
<td>55%</td>
</tr>
<tr>
<td>B.6. Promote awareness of prediabetes among people at high risk for type 2 diabetes</td>
<td>Prevalence (%) of people with self-reported prediabetes</td>
<td>49/51</td>
<td>6.7% (avg) of people with self-reported prediabetes</td>
<td>10.7% (avg) of people with self-reported prediabetes</td>
<td>N/A</td>
<td>60%</td>
</tr>
</tbody>
</table>
Performance Measure Issues/Concerns

- Data availability and frequency
- Ability of states to collect data: time and resources
- Lack of appropriate surveillance data for selected interventions; primary data collection
- Inconsistent data sources
- Lack of existing partnerships and data agreements
- Needed revisions to some performance measure profiles and additional guidance
Performance Measures: Key Messages

- **We are listening:**
  - CDC will continue to refine measures and will work with states to develop additional guidance and support

- **Performance measures**
  - Are a key component of the overall evaluation of State Public Health Actions
  - Are needed for accountability – to show progress to stakeholders
  - Align with the logic model and directly relate to the strategies and interventions you are conducting

- **States often have access to data not available at the national level**

- **Multiple data sources often must be used to report measures**
Performance Measures: Key Messages (cont.)

- Every state has a different context and every state is different
- States should continue to work to establish partnerships and collect data for measures
- States should share successes and strategies with each other
- States are required to report progress on measures in March 2015
Summary

- Approach to evaluating State Public Health Actions is to use multiple data sources and methods to tell the story.
- The evaluation aligns with the logic model strategies and expected outcomes.
- The evaluation will only be as good as the data collected from you through performance measures, state evaluations, and participation in surveys, interviews and case studies.
- We are here to support and work together with you on all aspects of evaluation.
Success

what people think it looks like

Success

what it really looks like
Evaluation Resources

- Sample Indicators
- Sample logic models describing synergy
- Reach Document
- Estimating baselines and targets
- Evaluation plan guidance
- Domain specific FAQ documents
KEEP CALM AND EVALUATE ON
THANK YOU

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.