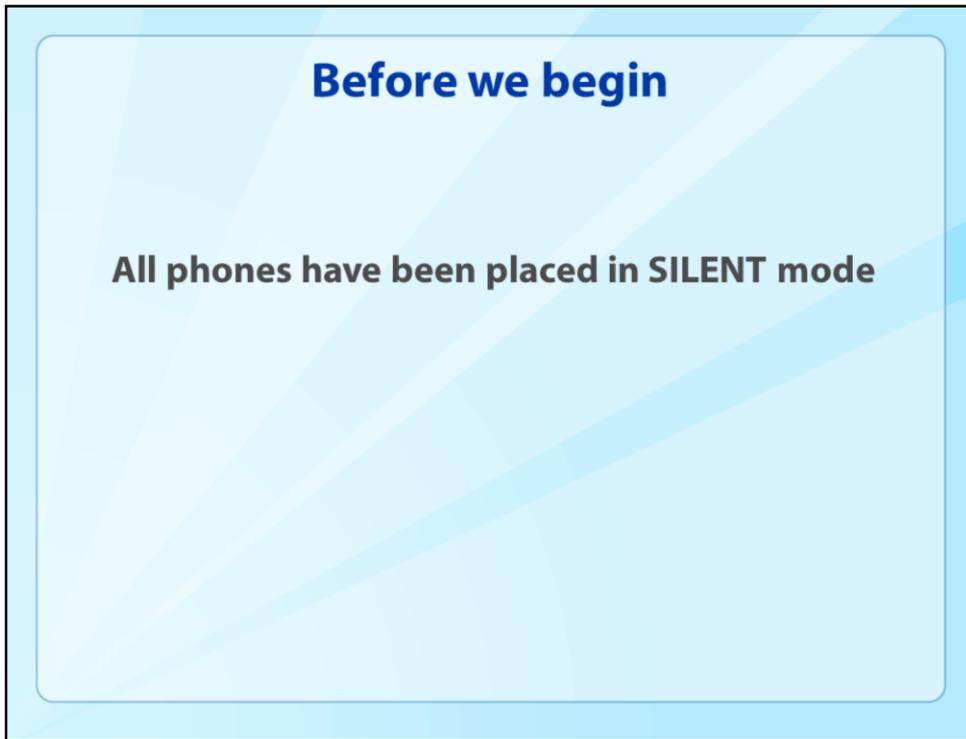


Welcome to today's Coffee Break presented by the Evaluation and Program Effectiveness Team in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

I am Derrick Gervin and I'm a health scientist in the Program Development and Services Branch here in the Division for Heart Disease and Stroke Prevention. I am wearing two hats in that I am serving as your moderator and one of your presenters today. I am honored to introduce my co-presenter Rachel Davis, who is a Health Scientist working on the Evaluation and Program Effectiveness Team in the Applied Research and Evaluation Branch.

This presentation was previously recorded. At the end of the presentation we will provide an email address for those who may have any f/u questions about this presentation.



Before we begin we have a few housekeeping items.

All phones have been placed in silent mode for this presentation which will last about 12 minutes. Because this presentation was previously recorded we will not be using the Q&A tab at the top of the screen. Instead we will provide an email address at the end of the presentation to send all questions

Since this is a training series on evaluation, we do hope you will complete the poll and provide us with your feedback.

Disclaimer: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Overview

- ❑ *Health equity defined*
- ❑ *Importance of evaluating health equity*
- ❑ *Integrating health equity goals into evaluation*
- ❑ *Tools and Resources*
- ❑ *Q&A and Poll*



Today we will discuss how health equity is defined, the importance of evaluating health equity initiatives, and strategies for integrating health equity goals into an evaluation. We will conclude the coffee break by sharing information about tools and resources that can support your evaluation efforts.

Just so you know...

*Today's session is an introduction,
and
not a "how-to" session.*

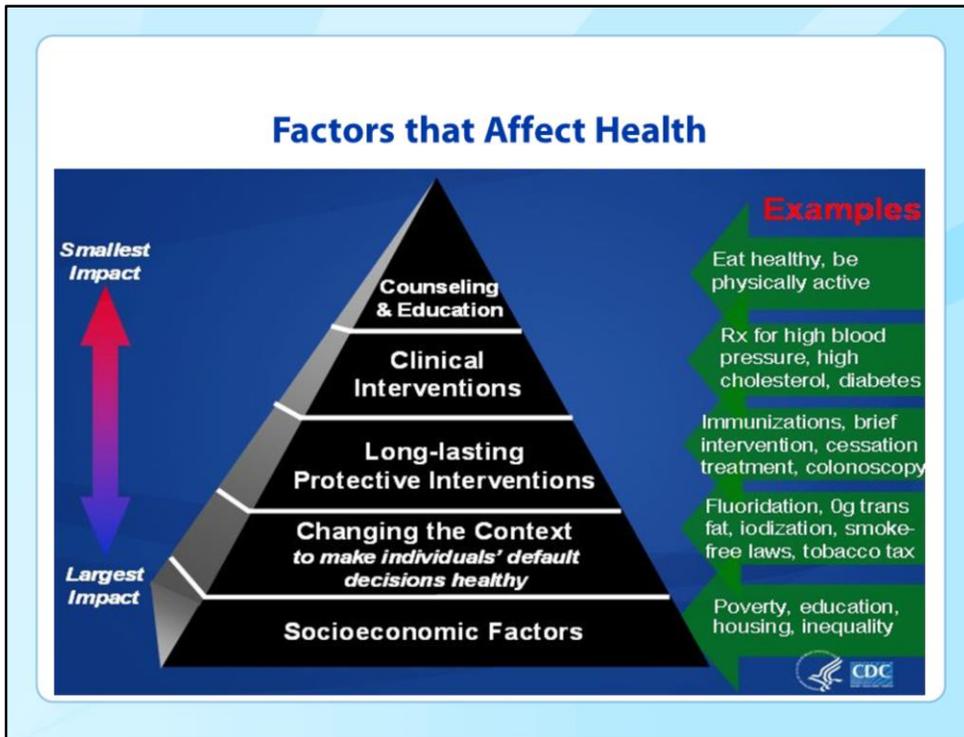
This coffee break presentation is a- brief introduction to evaluating health equity and not a "how-to" training. You can obtain additional information through the references and resources that will be shared and the end of this presentation.

Health Equity Defined

- *Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. (CDC, 2015).*

So... What is health equity?

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.



Here we have Dr. Frieden’s Health Impact Pyramid to remind us of the impact different types of public health interventions can have in improving health. At the base of the pyramid are interventions that address socioeconomic determinants of health and have the largest impact. Followed in ascending order by interventions that change the context to make individuals’ default decisions healthy – like policy, system and environmental changes, next are long-lasting protective interventions, clinical interventions and last at the top of the pyramid are counseling and education interventions that have the smallest impact.

So the main point here is that Interventions on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort. Implementing interventions at each of the levels can help achieve the maximum possible sustained public health benefit.

Advancing Health Equity in a Jurisdiction-Wide Approach



In theory, policy and environmental change should affect all equally.
In practice, this may not be the case.

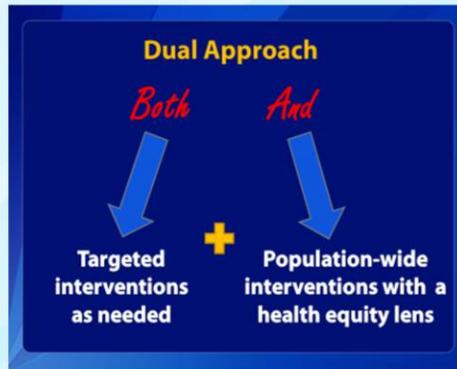
Because of:

- Economic barriers
- Differential enforcement
- Cultural barriers
- Community relationships
- Implementation challenges

Similar to the health impact pyramid is this idea of advancing health equity in a jurisdiction-wide approach. In theory, policy, system and environmental change should affect all equally but in practice we know this is often not the case because of social determinants of health.

Importance of Evaluating Health Equity

- *Health equity-oriented evaluations can be designed to understand what works, for whom, under what conditions, and reveal whether health inequities have decreased, increased, or remained the same.*



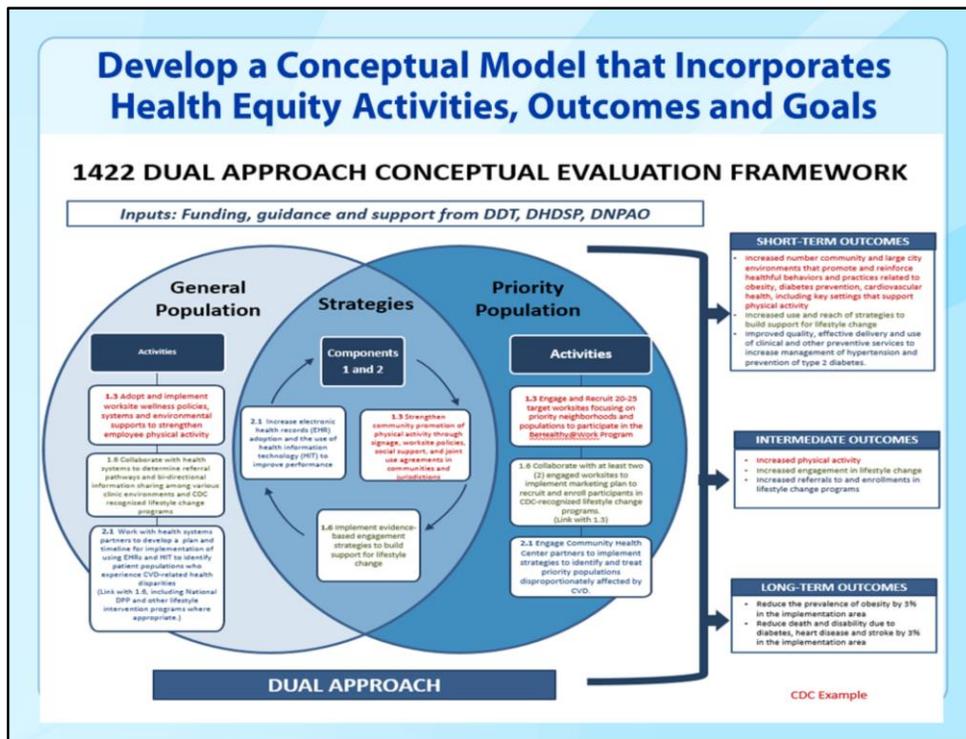
Here in the Division for Heart Disease and Stroke Prevention we often talk about the need for targeted interventions to reach those disparate groups that might not otherwise be impacted by population-wide interventions. For example, population-wide strategies may lead to overall improvements in health but at the same time inequities may widen.

Health equity-oriented evaluations help us to understand what works, for whom, under what conditions, and reveal whether health inequities have decreased, increased, or remained the same.

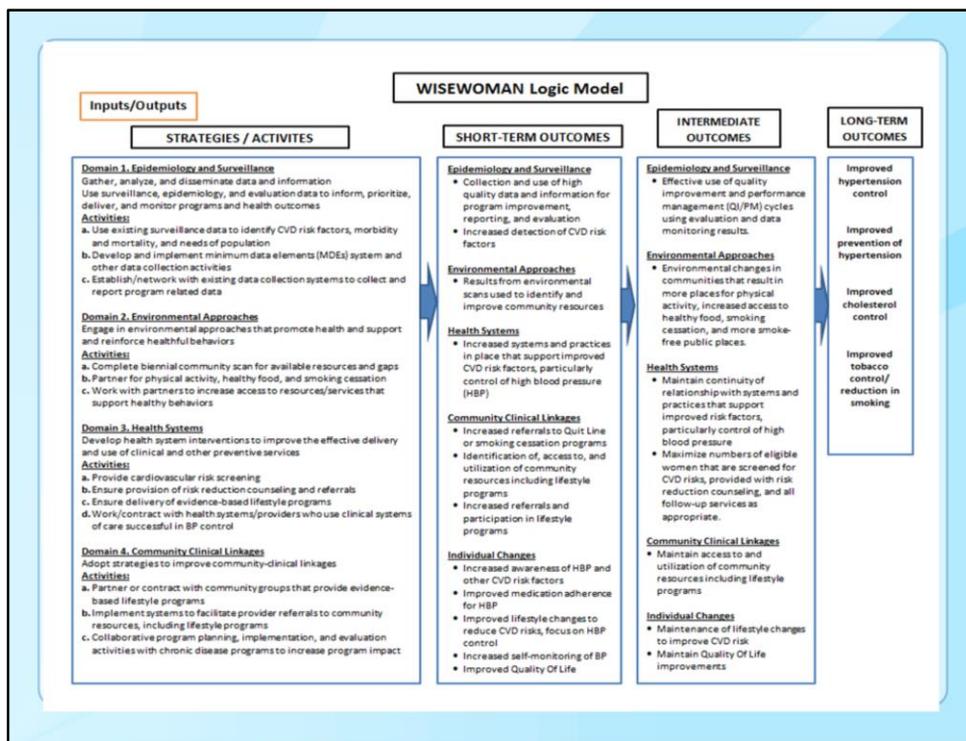


*Strategies for Integrating Health
Equity Goals into Evaluation*

I'll turn it over to Rachel to share a few key strategies for integrating health equity into your evaluation.



You may begin by incorporating health equity activities, goals and expected outcomes into your program conceptual or logic model. Including them help with being able to clearly show the expectations or intended effects of your program on health equity outcomes. Noting indicators of success at all stages of the logic model will help with determining the impact of your program, whether it was implemented as intended, and if you were able to reach your expected outcome(s) during the analysis phase. This is beneficial when explaining your program to and getting buy-in from your key stakeholders.



Here is another example of a program logic model that includes health equity activities, goals and expected interwoven throughout. This program differs from the previous example because the program itself has a health disparities focus. The intervention is geared towards a disparate population. Nonetheless it is still important to ensure that the logic model clearly defines the activities and outcomes that should impact the intended population and decrease health inequities.

Integrate Health Equity into Evaluation Questions and Focus the Design

Considerations:

□ Design phase

- *What impact does your program or initiative need to have in order for you to consider it a “success”?*
- *Include both monitoring and assessment components*

□ Question development phase

- *What has worked for whom and the key factors*
- *Impact of unintended consequences of the evaluation*

After creating the logic model or conceptual framework for your program, you’ll then need to consult with stakeholders to determine how you plan to focus your evaluation design and identify evaluation questions that will guide the evaluation process. In doing so, you want to make sure that your health equity goals and outcomes are reflected. Examples of things to keep in mind during the design phase are:

- Considering what impact does the program or initiative need to have on the intended population in order to be considered a success?
- Including both a monitoring and assessment component to the evaluation. Performance monitoring is a good way to quantify the impact of your program over time and helps in encouraging program improvement throughout the duration of the program when reported regularly, either on an annual or bi-annual basis.

When developing your evaluation questions consider including those that may help you determine what has worked for whom and under what conditions, as well as the impact of your results, if there are unintended consequences as a result of the program. Oftentimes we assume the program or initiative being implemented will yield positive outcomes, however, we need to be mindful as mentioned earlier that there is a chance that the health disparities or inequalities may be worse.

Use Culturally Appropriate Tools and Methodologies

Practical Strategies for Culturally Competent Evaluation

EVALUATION GUIDE

National Centers for Disease Control and Prevention

Program Evaluation Tip Sheet: Integrating Cultural Competence into Evaluation

This tip sheet contains important excerpts from the *Practical Strategies for Culturally Competent Evaluation*, an evaluation guide designed for programs and partners funded by the Centers for Disease Control and Prevention's CDC Division for Heart Disease and Stroke Prevention and Division of Environmental Hazards and Health Effects' National Action Control Program. The guide highlights the prominent role of culture in the work of evaluators and provides important strategies and guiding questions for enhancing cultural competence in evaluation.

What is Cultural Competence?

Cultural competence is "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables effective work in cross-cultural situations." Cultural competence is an essential and ethical obligation for all evaluators.

Applying a critical cultural lens to evaluation will ensure that efforts have cultural relevance and will generate meaningful findings that stakeholders ultimately will value and use. This Program Evaluation Tip Sheet contains tips and guiding questions aligned with the six steps of CDC's framework for Program Evaluation in public health.

Self-Reflection Questions for Evaluators

To help explore your own identity, ask yourself:

- Where are you (nationality, region, and heritage)?
- What are my beliefs, values, and religious and political orientation?
- What is my biological sex and gender identity?
- What is my age group?
- What is my social class?
- Which of the above factors are significant to me?
- What do I see as potential opportunities, challenges, or conflicts for this evaluation?
- What ideologies do I hold?

Evaluations cannot be culture free

Cultural competence fosters trustworthiness

Competence is not neutral or an absence of competence to practice

Cultural competence requires reflection and action on cultural politics

PRACTICAL STRATEGIES FOR CULTURALLY COMPETENT EVALUATION | 31

Throughout the design phase ensuring that the evaluation is culturally appropriate is key and use of the appropriate data collection methods and tools should be taken into consideration during the planning stages. In order to conduct an evaluation that is culturally competent, it is essential to learn about and appreciate the cultural context of the populations your program or initiative intends to affect or impact. Consulting with your stakeholders intimately involved and invested in the intended population and program or initiative, on the most appropriate ways to gather information helps with ensuring that your evaluation will yield credible findings.

Use Process and Outcome Evaluation to Understand the Effect on Health Inequities

□ **Process**

- *Explains the “nuts and bolts” of implementing the Program*
- *Did the initiative work? How and why?*

□ **Outcome**

- *Explains the outputs or effectiveness of implementation*
- *How was the intended population affected by the program or initiative?*

Process and outcome evaluations can help with understanding the effect of your program or initiative on health inequities impacting your intended population. A process evaluation can help with assessing the nuts and bolts or how the program or initiative achieves its' outcomes and the impact of implementation. Focusing on planning, engagement, resources and implementation of the program or initiative is helpful. These data may later help explain the association between health outcomes and health inequities, as well as whether the program should be replicated.

Did the initiative work and if so, how and why was it successful?

Outcome evaluations can be used to understand the effect of an initiative in producing change and indicate the directionality of health inequities. So did the inequities decrease, increase, or remained the same as a result of the program or initiative.

Was the program successful in decreasing health disparities or inequities among the population?

Gather Credible Evidence and Track Inequities

- **Appropriate Indicators**
- **Appropriate Variables**
- **Multiple Approaches**
 - *Qualitative*
 - *Quantitative*



Identifying appropriate indicators and variables are helpful in examining the impacts of your program or initiative across various populations or settings. You'll want to select indicators and variables that are relevant and can aid in capturing any health inequities such as, income, race, gender, county, etc. This should be a consideration early in the process to ensure sufficient data can be gathered, tracked, and analyzed. You'll want to capture variables using both quantitative and qualitative methods and ensure that multiple perspectives are gathered to tell the full story of what's happening as a result of the program, as it relates to health inequities.

Ensure Health Equity is Reflected in Conclusions

- **Analyze and interpret data using a health equity lens**
 - *Utilize cultural competence when interpreting negative findings*
 - *Engage stakeholders in summarizing conclusions*
 - *Are findings meaningful to the intended population?*



Justifying conclusions involves analyzing the collected data, interpreting what the data mean, making judgments based on the data, and making recommendations for using the findings, using a health equity lens. It is essential to engage your stakeholders to ensure that the conclusions reflect the intended populations. You want to ask yourself things like what findings are most meaningful to stakeholders and the program.

Disseminate Finding Broadly from Equity-Oriented Evaluations

- ❑ **Increase awareness**
- ❑ **Contribution to evidence base**
- ❑ **Influence policy, system and environmental change**
- ❑ **Influence program improvement**



Disseminating findings from equity oriented evaluations contributes to and helps to build the evidence base around health inequities and disparities. Sharing lessons learned on what worked or did not work, increases awareness of these gaps and also has the potential to influence policy initiatives and redesign programs. Communicating findings allows you to build capacity and increase awareness among community members and stakeholders and provide the data needed to decide on next steps.

Summary

- ❑ *Develop a conceptual model that includes health equity activities, outcomes and goals*
- ❑ *Integrate health equity into evaluation questions and focus the design*
- ❑ *Use culturally appropriate tools and methodologies*
- ❑ *Use process and outcome evaluation to understand the effect on health inequities*
- ❑ *Gather credible evidence and track health inequities*
- ❑ *Ensure health equity is reflected in conclusions*
- ❑ *Disseminate findings broadly from equity-oriented evaluations*

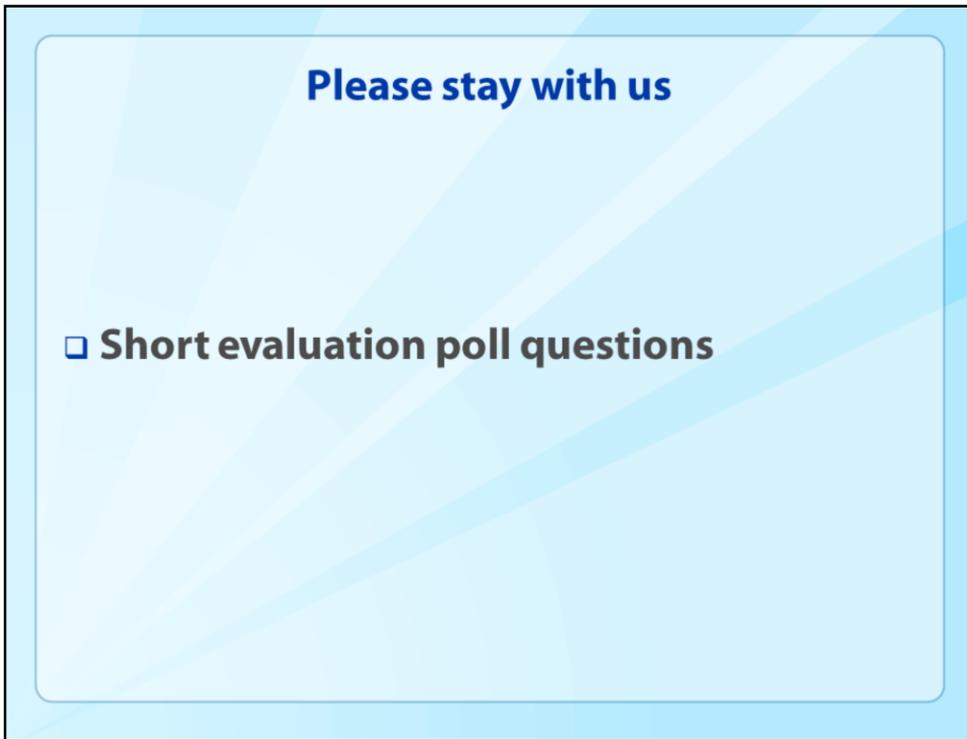
<http://www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/health-equity-guide-sect-1-7.pdf>

Helpful References

- ❑ *Centers for Disease Control and Prevention – Division of Community Health. A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. Atlanta, GA: US Department of Health and Human Services; 2013.*
- ❑ <http://www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/health-equity-guide-sect-1-7.pdf>
- ❑ *AEA’s Public Statement on Cultural Competence in Evaluation* <http://www.eval.org/ccstatement.asp>

Helpful References

- ❑ Sridharan S. 2012. *A pocket guide to evaluating health equity interventions – some questions for reflection*. Web [.http://www.longwoods.com/blog/a-pocket-guide-to-evaluating-health-equity-interventions-some-questions-for-reflection/](http://www.longwoods.com/blog/a-pocket-guide-to-evaluating-health-equity-interventions-some-questions-for-reflection/)
- ❑ Centers for Disease Control and Prevention. *Practical Strategies for Culturally Competent Evaluation*. Atlanta, GA: US Dept of Health and Human Services; 2014. http://www.cdc.gov/dhdsp/docs/cultural_competence_guide.pdf



Please stay with us a few poll questions.

**If you have suggestions for future
topics or questions in general,
please email us at:**

AREBHeartInfo@cdc.gov

This presentation was pre-recorded, therefore we will not have a Q&A portion for this webinar. If you have specific questions related to today's presentation please send them to AREBHeartInfo@cdc.gov and we'll be happy to respond.

As we are always looking for feedback and input if you have suggestions for future topics or questions in general, please use this same e-mail address as well.

Next Coffee Break

When: July 14, 2015 at 2:30pm EST

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.

National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention



The next coffee break will be held on July 14, 2015. Information will be e-mailed to you on how to access the next coffee break.

Thank you again for joining us and have a terrific day everyone. This concludes today's call.