

Procedures for Updating the CDC Program Evaluation Framework

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Abstract

This paper describes the methodology used to update the 1999 CDC Framework for Program Evaluation in Public Health. A comprehensive, multi-phase process and collaborative approach that involved extensive interest holder engagement and literature review was employed to inform this update. Over 850 groups and individuals including federal agencies, CDC-funded recipients, American Indian/Alaska Native communities, and the general public provided information during the insight gathering phase. Interest holders provided information through surveys, listening sessions, interviews, and a public request for information. A literature review of over 3,300 articles identified key trends related to evaluation practice. Using a collaborative process, a steering committee synthesized findings to develop and refine the 2024 framework and graphic. This document details the methods employed to revise the 1999 framework and align it with contemporary evaluation practices and public health needs.

Introduction

Since its publication in 1999, CDC's *Framework for Program Evaluation in Public Health* (framework) has been widely used by a variety of audiences globally and within and outside of public health (1,2). In the last 25 years, important advancements have been made in the fields of evaluation and public health. CDC's Office of Policy, Performance, and Evaluation (OPPE) undertook a multi-year, multi-phase process to update the framework, integrate lessons learned from practical applications of the framework, and align the framework with current federal agency policies, practices, and priorities.

A collaborative process was used to update the framework, beginning with convening a programmatically diverse workgroup of CDC staff with expertise in evaluation to inform the process. A subset of the workgroup formed a steering committee to guide development and implementation of the process to update the framework. The next step in the collaborative process included engaging a variety of individuals and groups who used the framework to gather insights about how they used the framework, the types of contexts in which they used the framework, and what they viewed as strengths and opportunities for improvement. The final step in this process involved engaging the steering committee to understand and interpret the insights shared, consider advancements in the evaluation field reflected in the broader literature base, make decisions about what and how to address these insights and advancements in the framework, and write the framework update. This document describes the procedures OPPE used between March 2022 and June 2024 to update the 1999 framework and includes several of the high-level findings that were considered in updating the content.

Establishing the CDC Evaluation Framework Workgroup and Steering Committee

In February 2022, OPPE disseminated a CDC-wide call through the CDC evaluation listserv for applications to participate in the Evaluation Framework workgroup (see Appendix A for the information requested from applicants). The CDC evaluation listserv includes over 1,300 CDC subscribers and is used to share evaluation information (e.g., webinars, trainings) and requests on a regular basis. The request was to identify workgroup members that would meet monthly throughout 2022 with opportunities to engage more frequently through participation in subgroups or subcommittees to plan and implement insight gathering activities to inform the framework update. The estimated time commitment for this workgroup was an average of five hours per month. As part of the same recruitment process, OPPE sought applications for the framework steering committee. In addition to serving in the broader framework workgroup, steering committee members would be responsible for guiding the overall process and activities of the workgroup.

Criteria for workgroup participation required that applicants be a CDC employee, have experience with program evaluation and the 1999 framework, and receive approval from their supervisor to participate. Additionally, OPPE sought workgroup members who could bring diverse perspectives and experience using the framework. As such, in reviewing the applications OPPE aimed to select members who represented diversity with respect to:

- CDC programs (e.g., topic areas, evaluation capacity, variety of CDC Centers, Institutes, and Offices (CIOs))
- Approaches used in evaluation (e.g., developmental, culturally responsive)
- Experience using or adapting the framework (e.g., developing tools/resources, training partners to apply the framework in practice, using in field or with other partners)
- Communities or populations addressed in programming (e.g., serves disproportionately affected population)
- Role in evaluation (e.g., frontline experience, non-supervisory, and supervisory/leadership).

OPPE received 80 applications. Applicants represented a range of CDC programs and years of evaluation experience, and had expertise related to working with state and local health departments, national programs, American Indian/Alaska Native communities (AI/AN) evaluation, culturally responsive evaluation, and health equity (Table 1). The intent was to create a workgroup consisting of up to 70 members; however, OPPE invited all 80 applicants to participate given the range of valuable and diverse perspectives and experiences they would bring to the process. The framework workgroup was officially established on March 2, 2022, with the dissemination of a welcome email.

More than half of the workgroup applicants ($n=56$) expressed interest in participating in the steering committee. OPPE considered the following criteria when selecting steering committee members: (1) Extensive experience with the framework, (2) Different perspectives in applying and using the framework across various evaluation contexts, and (3) Representation across CIOs. Ultimately, 21

individuals were selected to participate on the steering committee representing 12 CIOs and averaging 19 years of evaluation experience.

Identifying Strengths and Areas for Improvement in the 1999 Framework

Gathering Insights from Users and Potential Users

Between March 24, 2022, and February 24, 2023, workgroup and steering committee members developed and implemented multiple activities to gather insights about the framework from a range of users. The activities included: (1) a discovery session with workgroup members, (2) listening sessions with individuals internal and external to CDC, (3) an online survey of select federal agency staff and leadership, (4) semi-structured interviews with federal evaluation leaders, and (5) a public request for information (RFI).

Prior to each insight gathering activity, OPPE hosted a training for members of the workgroup and steering committee who volunteered. Workgroup members assisted with facilitation and note-taking for many of the insight gathering activities, except for the interviews and the RFI. Each insight gathering activity is described in detail below. Table 2 provides a summary of each insight gathering activity.

Discovery Session

In April 2022, OPPE hosted a 3-hour online session to engage with workgroup members regarding their experiences using the framework. Specifically, OPPE engaged attendees in conversations to better understand the strengths and limitations (or challenges) of using the framework based upon their experiences and potential areas to focus on in the update (see Appendix B for the Discovery Session agenda). In preparation for this session, workgroup members were asked to review: (1) a CDC report produced for the 20th anniversary of the framework which discusses its origin and influence over the years, including examples of how it had been used in practice and (2) a summary of responses from

workgroup members' applications regarding their experiences, challenges, and perspectives using the framework (see Appendix A, questions 8 and 9).

Fifty-three workgroup members attended the session and participated in three breakout sessions (approximately 30 minutes each), with each session having 10 breakout rooms. Steering committee members did not participate as attendees in these sessions. Instead, they facilitated the breakout sessions and took notes.

The first breakout session was designed to highlight features of the framework that were helpful in specific contexts. Participants were asked to discuss, in general, what aspects of the framework they found useful in practice and to describe a time when it worked very well. In the second session, workgroup members were asked about challenges they encountered in using the framework, any aspects that they viewed as missing, and any resources that they used to help address these drawbacks. Participants were asked to record the names of these resources in an online database. During the final breakout session, participants were asked what should be prioritized when updating the framework out of the topics that were covered in their breakout sessions. After the sessions, notes were cleaned and analyzed using thematic analysis.

Listening Sessions

CDC Evaluation Day. OPPE hosted a 1.25-hour virtual (online) listening session with CDC staff, contractors, and fellows who attended CDC's internal Evaluation Day in September 2022 (see Appendix C for the agenda). CDC Evaluation Day is an annual event that brings together CDC staff interested in evaluation for a day of peer presentations and nationally known speakers to share among the CDC evaluation community. The listening session was designed to garner feedback from individuals involved in evaluation at CDC beyond workgroup members and therefore was advertised CDC-wide through the CDC evaluation listserv. This session began with a brief history of the origins and influences of the framework, the rationale for initiating the effort to update the framework, an overview of work

performed to date on the update (e.g., establishing the workgroup and steering committee), and a general timeline and key phases for the overall effort to update the framework. OPPE and an external consultant then provided an overview of the purpose and structure of the CDC Evaluation Day listening session.

Participants engaged in two facilitated discussions over the course of 60 minutes. During the first breakout session, participants were asked to elaborate on one of five themes identified during the prior Discovery Session with workgroup members: (1) Relevance to context, (2) Equity, (3) Methods, (4) Interpretation and Dissemination/Communications, or (5) Facilitating Evaluation Use. Participants self-selected into one of five breakout rooms that included a facilitated discussion on one of these five themes. Members of the steering committee facilitated and took notes during each breakout session. The facilitator used a brief slide deck to review the topic and pose topic-specific questions for discussion with the group (see Appendix D for an overview of each topic and the questions posed during the thematic breakout). During the second breakout session participants were asked to share what worked well with respect to using the framework and to consider what they would like to see in terms of evaluation practice in future years and how an updated framework might assist with attaining this vision. Thirty-eight individuals participated in the Evaluation Day session. After the sessions, notes were cleaned and analyzed using thematic analysis.

CDC-Funded Recipients. Four 90-minute virtual (online) listening sessions were conducted in December 2022 for CDC-funded recipients. The listening sessions were advertised internally through the CDC evaluation listserv, the CDC intranet, and other internal distribution methods. Additionally, they were advertised externally through CDC public social media channels, partner organizations, and federal evaluation channels. Interested participants were asked to register through the online Zoom platform for one of four available sessions based upon their affiliation. Two sessions were intended for government public health organizations and two sessions were intended for other types of recipients

(e.g., community-based organizations, non-governmental organizations, state/local educational agencies, universities, national professional organizations).

During the registration process, participant eligibility was assessed including whether their organization received funds from CDC directly or indirectly (sub-award) to conduct evaluation, the type of organization they worked for, and their level of familiarity with the framework. Individuals were eligible to participate in these listening sessions if they: (1) received funds (directly or through a sub-award) from CDC through a cooperative agreement, grant, contract, or other mechanism that supports evaluation activities and (2) had a minimum basic level of familiarity with its content and had used or consulted the framework in the past.

The session began with a brief history of the origins and influences of the 1999 framework, the rationale for initiating the effort to update the framework, a general overview of the insight gathering activities, and the focus of the listening sessions with CDC-funded recipients. Participants were each assigned to a breakout room for an 80-minute facilitated session that covered three topics: (1) Relevance of the framework in context: “In what ways does/doesn’t the framework ‘fit’ when doing evaluation in your context?” (2) Facilitating health equity: “In what ways does/doesn’t the framework foster evaluations that promote health equity? How can we do better?” and (3) Additional strengths and opportunities for improvement: “What additional thoughts do you have about the current strengths of the framework and ways it may be improved to foster better evaluation in the future? (keep vs change?)” (see Appendix E for the listening session agenda and Appendix F for breakout session details). To the extent possible, registrants were pre-assigned to breakout session rooms by organization type so individuals affiliated with the same type of organization would be co-located (e.g., local health departments, state health departments, non-governmental organizations, professional associations, universities).

Members of the workgroup supported these listening sessions by facilitating the breakouts or notetaking, and OPPE staff and contractors provided additional support as needed. Across the four listening sessions, approximately 450 individuals participated. After the sessions, transcripts were cleaned and analyzed using thematic analysis.

American Indian/Alaska Native Communities. In February 2023, a 90-minute virtual (online) listening session was hosted with evaluators who conduct evaluation with AI/AN communities (and may be members of these communities) and federal agency representatives who work with evaluators engaging with AI/AN communities. Participants were recruited through information disseminated through the CDC American Indian and Alaska Native Coalition, the CDC evaluation listserv, CDC's Office of Tribal Affairs and Strategic Alliances (OTASA) and 800-member OTASA listserv, Healthy Tribes Program, Tribal Epidemiology Center, and the Department of Health and Human Services (HHS) Office of Intergovernmental and External Affairs Tribal Affairs Team.

As with other listening sessions, this session started with a brief history of the origins and influences of the framework, the rationale for initiating the effort to update the framework, a general overview of the insight gathering activities, and the focus and format of the listening session. Participants subsequently joined one of two breakout rooms. One breakout room included evaluators who were from or conduct evaluations with AI/AN communities. A representative from OTASA and OPPE co-facilitated this breakout session. The second room included project officers, evaluators, other representatives of CDC, and other federal agencies who work with individuals who engage in evaluation with AI/AN communities. Two steering committee members with familiarity working with individuals who engage in evaluation with AI/AN communities co-facilitated this breakout room. Members of the workgroup were responsible for notetaking.

Breakout sessions lasted approximately 80 minutes, and a total of 172 individuals participated across the two rooms. Following a brief welcome and overview of the breakouts, the participants

engaged in discussions on three topics: (1) Relevance of the framework in context: “In what ways does/doesn’t the framework ‘fit’ when doing evaluation in your context?” (2) Facilitating health equity: “In what ways does/doesn’t the framework foster evaluations that promote health equity? How can we do better?” and (3) Additional strengths and opportunities for improvement: Participants were encouraged to share any additional thoughts about the current strengths of the framework and ways in which it may be improved to foster better evaluation in the future in the AI/AN community (“what should be kept or changed?”) (see Appendix G for breakout session details). After the sessions, notes were cleaned and analyzed using thematic analysis.

Online Survey of Federal Staff and Leadership

Between November 17 – December 9, 2022, a 23-item online survey was administered through REDCap (secure web survey and database application) for staff and leadership in federal agencies. This activity was designed to gather information from individuals who have familiarity with using the 1999 framework in the federal context (e.g., project officers, epidemiologists, division/branch leadership) particularly for decision making that goes beyond evaluation planning and implementation. Federal agency employees were eligible to complete the survey (contractors and fellows were ineligible). The survey was advertised through various evaluation groups and listservs (e.g., Federal evaluation listserv, CDC evaluation listserv, HHS/Assistant Secretary for Planning and Evaluation’s Evidence and Evaluation Policy Council).

Respondents were asked to provide information about their work (including how much time they spend on evaluation, years of experience with evaluation, and level of familiarity with the framework), general feedback on the framework (e.g., level of information clarity in the framework, extent to which they consult the framework for various evaluation activities, helpfulness of the framework in aspects of evaluation planning and implementation), and details about the context within which they used the framework (see Appendix H for the survey). Two members of the steering

committee participated in pilot testing the survey. A total of 144 individuals took the survey, with 1% ($n=2$) ineligible due to not being a federal employee and 12% ($n=17$) ineligible due to not having familiarity with the framework, and 1% ($n=2$) did not finish completing the survey. One hundred twenty-three responses were included in the analysis. Descriptive statistics were analyzed in Excel. Eighty percent of survey responses were from CDC staff.

Telephone Interviews

From November 28 – December 13, 2022, the external consultant conducted semi-structured interviews with evaluators who work within seven federal agencies/departments. A total of 11 individuals participated across seven interviews. Invitations were extended to individuals who were likely to have a basic level of familiarity the framework and have either a strong influence on evaluation in other federal agencies whose work relates to CDC or on how evaluation is conducted at the CDC. The interview guide included questions about: (1) their general level of familiarity with the framework, including how they have used it, if at all, (2) how they define high-quality evaluation and the extent to which the current iteration of the framework helps to foster high-quality evaluations as they have defined it, (3) the most important features or aspects of evaluation practice that they feel should be included/promoted in the updated framework, (4) features of the framework that should be retained, and (5) features of the framework that should be changed (see Appendix I for the semi-structured interview guide). Interviewees spoke for themselves and experiences as individuals; they were not representing the opinions of agencies or departments for which they worked.

Interviews were recorded with permission and transcribed. Transcriptions were cleaned prior to analysis. Interview transcripts were reviewed several times – first to identify emergent codes, and thereafter to group and categorize the content under common thematic codes while also extracting insights that were unique to each interview.

Request for Information

A public Federal Register Request for Information (RFI) was published on November 29, 2022, which was open for receiving comments between November 29, 2022 – February 17, 2023 (3). The RFI was designed to solicit comments and suggestions from the general public about how the framework has been used in a specific context, how the framework does or does not promote equity, and what should be updated or kept in the updated version of the framework. The RFI was disseminated through CDC’s social media platforms (e.g., Twitter, LinkedIn) and listservs of partners (e.g., American Evaluation Association). Twenty-four comments were received in the Federal Register. Four were excluded because they were not relevant to the RFI questions, two other comments were received outside of the official channel through direct email, resulting in twenty-two comments included in the analysis. After the RFI closed, comments were compiled and analyzed using thematic analysis.

Literature Review

OPPE conducted a literature review from September 2022 through February 2023 to better understand advancements in the evaluation field that may have relevance to the updated framework. OPPE and the external consultant collaborated with a CDC librarian to plan and conduct the literature search.

Search strategy. There were two rounds of searches that were refined with each iteration to identify the literature most relevant to the framework update. The first search included peer-reviewed literature published since 1999, written in English, that included program evaluation and at least one additional relevant search term (see Table 3 for these search terms) in the article’s title, abstract, or key words. The result yielded 30,000 publications from MEDLINE (OVID 1946 – Present), Scopus, and Educational Resources Information Center (ERIC, ProQuest).

The final search included articles published between 2013 and 2023, in 15 evaluation-specific journals and two public health-specific journals (Table 4), selected by the steering committee. These articles included at least one of the search terms in Table 3 in their title, abstract, or key words. The

databases used for this search were Scopus and ERIC (ProQuest) because the selected journals were indexed in those databases. Additionally, the term “program evaluation” was removed in the final search because it was too broad, and the more specific terms yielded more relevant results. Ultimately 3,436 articles were retrieved through this search (Appendix J). All articles were from Scopus, because the journals that were indexed in ERIC were from 2007 – 2012.

Article Screening and Data Extraction. Once potentially relevant articles were identified through the search strategy, a two-phase process was employed by OPPE staff to identify which to retain and review.

Phase 1 – Initial screening. OPPE staff performed the phase one screening of title and abstracts for the 3,435 journal articles in Covidence, an online software platform that is used for streamlining literature reviews. The first 15 articles were screened by two reviewers to ensure accuracy around the inclusion and exclusion criteria (Table 5). Publications that were unclear were discussed as a group to determine if they should advance to the next phase of screening. These discussions were centered around the issues such as whether the article included a conceptual advancement or met the inclusion or exclusion criteria. During this phase, 667 articles were identified as relevant and were subsequently advanced to Phase 2.

Phase 2 – Full text review. A second round of abstract and title screening followed the same procedures used in Phase 1. After the second round of abstract and title screening, 470 articles were deemed eligible and advanced for full-text review by four reviewers. The team recorded the following information for the included articles in an Excel spreadsheet: (1) article title, (2) date of publication, (3) article type, and (4) description of the conceptual advancement (if applicable). Reviewers also categorized each conceptual advancement according to the relevant framework step or cross-cutting action. An additional round of screening was performed on articles in Phase 2 to confirm a conceptual advancement was described for those that were applicable.

Data Analysis. Two hundred ninety-eight articles were identified as having a conceptual advancement in evaluation and included in the next step for analysis and synthesis. Data analysis and synthesis were conducted by one OPPE reviewer in Excel. Data extracted from the full-text was reviewed for accuracy, ensuring that the conceptual summaries and categorization of the articles were relevant to one of the framework steps or cross-cutting actions. Based on the data review, some articles were recategorized to different steps or cross-cutting actions and some conceptual descriptions were modified to include more detail about the conceptual advancement. Following this data cleaning step, the analyst synthesized conceptual advancements into themes by each step or cross-cutting action of the framework. Themes were guided by the results from the insight gathering phase. A definition for each theme was then developed, and the analyst made recommendations to the other authors about what areas to update within the framework.

Synthesis of Insights Gathered

For each insights gathering activity, a summary was generated with emerging themes along with the context and supporting quotes or evidence. To synthesize the findings across all insights gathered, the guiding evaluation questions, key themes, data source, and supporting evidence were compiled. A final synthesis report was generated to summarize the key findings across contexts and users.

In reviewing feedback across insight gathering activities, OPPE and the external consultant categorized insights about what could be improved into three overarching categories. The first concerned items that relate to “conceptual design” issues in the framework such as integrating equity throughout the process, modifying the current evaluation process as depicted in the framework, and connecting the framework to other activities such as the broader professional evaluation landscape, federal government evaluation efforts, and programmatic processes (e.g., strategic planning). The second category related to terminology used in the framework and included suggestions related to simplifying and using plain language in the updated framework, aligning terms with federal definitions,

and removing or replacing some terms. The third category was related to providing additional detail or clarity in some places within the framework where confusion arose for users and providing additional guidance and tools to support implementing evaluations across different contexts (see Table 6 for additional details). Insights related to conceptual advancements, terminology, and additional clarity/detail, from the literature review were further categorized into corresponding framework steps (see Table 7 for additional details).

During an initial meeting with steering committee members, OPPE presented a high-level summary of the analysis and shared the synthesis report along with individual data collection reports which documented findings from analyses for each of the insight gathering activities. The steering committee further discussed the findings and potential way forward to address the gaps.

Taking Action: Incorporating Insights to Inform Development of the Updated Framework

This section describes some of the key findings and the general process used to discuss the findings and address them in the updated framework.

Key Findings

How did individuals use the 1999 Evaluation Framework?

Frequently reported uses of the framework were designing evaluations, implementing evaluations, providing training on evaluation, and providing evaluation technical assistance to funded recipients and junior staff. Federal evaluators interviewed also indicated that the framework was used to develop other evaluation-related documents, including learning agendas (evidence-building plans) and guidance materials about evaluation practice. Individuals most often noted that the framework was used to evaluate programs, though the framework was also sometimes used to evaluate collaborations and partnerships, services, policies, and systems. Participants mostly shared experiences using the framework in the domestic context rather than globally by virtue of the programs they represented.

What did users view as the major strengths and opportunity areas for improvement?

Participants noted that the framework worked well for designing evaluations and to orient non-evaluators or those who are new to evaluation. They also consistently remarked that they valued the simplicity and clarity of the framework as well as its stepwise, cyclical nature. For instance, 91% of respondents to the survey indicated that the framework was easy to use and 99% agreed the steps were explained in a way that is easy to understand. However, there were some who diverged from these viewpoints indicating potential areas for improvement. Some individuals noted that the language used in the document was high-level or jargony and as a result could be challenging to understand for people who were new to evaluation. Though the stepwise, cyclical nature was generally appreciated, some noted that the figure depicting the framework suggested an overly sequential process that was in fact more iterative in nature.

Process for Acting on Findings

In March 2023, 18 steering committee members re-committed to collaborating with OPPE through May 2024 to act on the findings from the insight gathering efforts. Steering committee members regularly engaged during monthly meetings and smaller subgroup meetings. The steering committee opted to move into three inter-related subgroups to review and discuss the findings, decide what updates to make, and determine how the updates should be addressed in the 2024 framework. Insights from these subgroups were fundamental to creating the 2024 framework and revised graphic.

Subgroups

Cross-Cutting Actions. The first subgroup was created to articulate the key messages underlying each of the three new actions that would be weaved throughout all steps of the 2024 framework. Additionally, this subgroup was tasked with naming what would later become the cross-cutting actions described in the 2024 framework (i.e., “Engage Collaboratively,” “Advance Equity,” and “Learn from and Use Insights”). The subgroup was facilitated by the external consultant, with participation from OPPE staff and ten members from the steering committee.

Four meetings were held between April 27 and May 16, 2023, one for each of the three cross-cutting actions, and a final culminating meeting. The meetings focused on defining key messages related to each cross-cutting action. To generate discussion around potential key messages for each cross-cutting action, the facilitator asked subgroup members: “What should the 2024 framework encourage with respect to using evaluation insights/ findings and learning from evaluation activities, equity, and engaging stakeholders/ collaborative engagement?” An initial set of potential key messages developed by the external consultant and OPPE staff was then shared with the subgroup members for consideration and refinement. Between meetings, the draft key messages were refined. The refined messages were shared at the final subgroup meeting for additional feedback.

Key messages for the cross-cutting actions were developed by consulting various resources. For example, subgroup members drew on prior experiences from their own programs, existing messages from the 1999 framework, summary reports from the insight gathering activities, resources shared by participants, and guiding principles and practices from the evaluation field (e.g., American Evaluation Association’s Guiding Principles) (4) and CDC (e.g., Health Equity Science Principles) (5). OPPE also created and maintained an Excel spreadsheet where subgroup members could contribute their ideas.

Prior to adopting them for use, the key messages were shared with the broader steering committee and refined based on the discussion. Additionally, a set of preliminary names for the cross-cutting actions were generated, which continued to be refined with the steering committee during the writing phase.

Subgroups Focused on Refining Steps. Two subgroups were formed for the purpose of determining how to integrate key conceptual changes from the insight gathering activities in each step. Subgroup members also discussed areas within each step that needed simplified or replacement terms, and possible examples for how to weave in the cross-cutting actions into each step. One subgroup focused on steps 3, 4, and 5 because these three steps tend to interconnect and iterate with respect to

the technical tasks related to identifying evaluation questions, methods, data collection, analysis, and interpretation. The other subgroup focused on steps 1, 2, and 6 given steps 1 and 2 set the foundation for evaluation and because the actions taken in step 1 can affect what occurs in step 6. Steering committee members were asked to join either subgroup based on their interest, with members being equally distributed across subgroups.

Both subgroups met four times between mid-May and early-June 2023 and were co-led by two OPPE staff (or the external consultant) and two volunteers from the steering committee. In advance of these sessions, the insights gathering results were reviewed and conceptual or terminology issues or that needed discussion were identified. Additionally, potential options to address the issue were proposed. Meetings often included a review of the step as it existed in the 1999 framework, a summary of conceptual or terminology issues that needed to be addressed, and presentation and discussion on the ideas for how to potentially address the issues. Potential resources to inform the discussion were also shared.

Revising the Text

An eight-member writing group was formed from the three OPPE staff, one external consultant, and four steering committee members that co-facilitated the subgroups through discussion on conceptual decisions for the 2024 framework. From May through August 2023, the eight-member writing group developed the content for the 2024 framework based on the information generated in subgroup discussions. The writing assignments were divided among the group, and progress and issues were discussed in weekly meetings. After completion of a full draft by the writing group, the four primary authors worked to revise and refine content to ensure consistency and clarity across the 2024 framework, and to develop corresponding tables, boxes, and figures for the 2024 framework.

Review Process, Revisions, and Integration of Feedback. The 2024 framework was reviewed by several groups at three time points between January and May 2024. In January 2024, the steering

committee members reviewed and provided feedback on the draft document. They were asked to consider the following questions during their review:

- “Is there anything that is missing that was noted in the insight gathering and/or subgroups that should be included?”
- “Were any key conceptual advancements in the evaluation field overlooked? If yes, please share a description of how it can be added.”
- “Are there additional or other ways to weave in the cross-cutting actions into the steps?”
- “Are there any sections that are too detailed for the 2024 framework document and would work better in supplemental tools (e.g., Action Guide)?”
- Terminology:
 - “Stakeholder term replacement: The term “interest holder” will be used. If you are strongly opposed to the use of this term, please let us know.”
 - “There are two steps that we need to make a final decision about in terms of the name: “Gather Credible Evidence” and “Justify Conclusions.” We have listed several options for replacement titles in the draft, along with some thoughts related to the terms. Please provide input on the options in the document.”

In March 2024, a revised version of the 2024 framework document was sent to 172 reviewers. Reviewers including 61 framework workgroup members, 19 steering committee members, 22 American Evaluation Association Policy Taskforce members, 50 federal evaluators from the Interagency Council on Evaluation Policy led by the Office of Management and Budget, two federal evaluators at HHS/ASPE, the federal Evaluation Officers Council, two external evaluation partners at the National Association of County & City Health Officials, four CDC/OPPE leaders, and 10 CDC/OPPE monitoring and evaluation staff. Reviewers were sent a link to a survey and asked to provide high-level feedback on the draft document. Thirty-nine individuals provided feedback.

The document was revised based on the feedback received and sent to steering committee members in May 2024 for the third and final review. Following this round of review and revision, the document entered the CDC clearance process. Additional comments received as part of clearance were incorporated, with co-authors consulted on substantial revisions.

Following each round of feedback throughout the writing process, all comments were compiled and reviewed by the two lead authors. Most feedback was incorporated although not all comments led to changes. Examples of instances where feedback was not incorporated included when the comment was out of alignment with prior workgroup, steering committee, or subgroup discussions; when the comment was not in alignment with the underlying rationale of the framework step or consistent with the broader literature base; where integration of the concept or idea suggested would reduce the clarity or simplicity of the framework content for readers; and when the feedback suggested modifications that would be better suited for a more detailed toolkit. The two lead authors met frequently throughout the drafting and revising stage to discuss comments that were nuanced, comments where the modification to the 2024 framework document was not immediately apparent, and to reconcile potentially different approaches for addressing specific feedback.

Updating the 1999 Framework Image

An external graphic designer drafted various versions of updated framework images that reflected the changes made to the framework steps, standards, and cross-cutting actions. The process for updating the image was iterative; several revisions to the image were created and reviewed by the steering committee and external audiences prior to selecting the final version.

OPPE shared a list of criteria that should be included in the updated version of the image with the graphic designer. General criteria were to maintain the simplicity of the 1999 framework as much as possible given that it is a recognized figure, ensure that the graphic can stand on its own to convey the framework components, and use colors to better distinguish different portions of the framework.

Specific criteria were given to update the names of the steps and standards to align with the new naming conventions in the updated framework. Additional criteria for the steps were to make them prominent in the graphic and provide some directionality. The final criterion was to visually integrate the cross-cutting actions into the image.

Internal Review. For the first round, six new framework images were developed by the external graphic designer. A Microsoft Form was developed and deployed to capture feedback about the images from the steering committee, OPPE leadership, and OPPE monitoring and evaluation staff members. Specifically, individuals were asked the following questions:

- “Which graphic best reflects the updates to the CDC’s Framework for Program Evaluation?”
- “Which graphic best resonated with you in terms of visual content, ease of understanding and overall presentation?”
- “Which graphic do you think is easiest to understand for someone who is not familiar with the Framework content?”

OPPE received 27 responses. Most respondents voted for the image that had cross-cutting actions positioned within an outer-most circle, steps in the inner circle with rounded edges, and standards and title in the innermost circle. The image also used shades of blue, aligned with the most recent color palette of the 1999 framework. Open-ended feedback from respondents was also incorporated into the subsequent versions.

Internal and External Review. Two updated versions of the framework image were shared as part of the second-round review (described previously) with internal and external audiences. Reviewers were asked to select one option for the 2024 image, keeping in mind the same three questions used in the internal review described above. The option with the most votes that was used as the final version of the graphic had the cross-cutting actions in the outer circle, steps in the middle circle, and standards in the center circle.

Conclusions

The multi-year process to update the 1999 Framework for Program Evaluation in Public Health involved hundreds of individuals and groups with numerous opportunities for input from various audiences and users of the framework. The extensive and thorough process for gathering insights provided critical information and recommendations that were incorporated and refined through multiple drafts to produce an updated framework that incorporates advancements in the evaluation field, practical knowledge and experiences from evaluators using the framework, and new elements designed to continue to advance evaluation and program improvements while maintaining the simplicity and flexibility of the 1999 framework. This paper provides a detailed description of the methods and information used to update the framework so that future efforts may understand and learn from these efforts.

The foundation of the process was a broad, inclusive process to ensure the framework developers were able to gather as much input as possible from varied audiences prior to determining how to update the framework. This process involved gathering insights from users of the framework within CDC and the federal government more broadly, recipients of CDC funding, evaluators working with AI/AN communities, and the general public. In addition, an extensive public health and evaluation literature review provided key conceptual advancements to incorporate into the updated framework.

Results from the insight gathering activities identified areas to update in the framework to reflect current practices and areas for clarification and expansion. Some key conceptual changes included integrating equity throughout evaluation, clearly describing the evaluation process as iterative, and updating the steps and standards to better reflect the current state of evaluation. There were also terminology changes to simplify language, change outdated language, and to align with updated definitions and descriptions. Implementation considerations were also added to reflect that the framework is used for both evaluation planning and implementation. The process for updating the

framework based on the insights involved a core dedicated group that worked intensively to review the insights and recommendations. They discussed and deliberated to determine the core updates, contributed to conceptual revisions, and wrote and provided feedback on multiple versions of the 2024 framework over an extended period.

The methods and processes undertaken to update the framework provided opportunities for broad input and comprehensive information gathering. The identification of key interest holders from the beginning of the process, and extensive time devoted to gathering insights improved the breadth and depth of feedback, resulting in a stronger final framework. Documenting the details of the methods used to update the framework provides a historical record of the processes and a roadmap for others to use when developing or updating similar frameworks using a collaborative approach.

Acknowledgements

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Table 1. Demographic Characteristics of Workgroup (N=80)

Demographic characteristics	Frequency	Percentage (%)
<i>Experience in evaluation</i>		
2 - 5 years	17	21.25
6 - 9 years	9	11.25
10 - 19 years	34	42.50
20 years or more	20	25.00
<i>Experience with framework</i>		
1 year or less	6	7.50
2 - 5 years	18	22.50
6 - 9 years	15	18.75
10 - 19 years	35	43.75
20 years or more	6	7.50
<i>CDC Center, Institute, Office*</i>		
Center for Preparedness and Response (CPR)	5	6.25
Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (CSTLTS)	3	3.75
Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)	6	7.50
Global Health Center (GHC)	9	11.25
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	15	18.75
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)	5	6.25
National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)	3	3.75
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	13	16.25
National Center for Immunization and Respiratory Diseases (NCIRD)	4	5.00
National Center for Injury Prevention and Control (NCIPC)	5	6.25
National Center on Birth Defects and Developmental Disabilities (NCBDDD)	2	2.50
National Institute for Occupational Safety and Health (NIOSH)	3	3.75
Office of Minority Health and Health Equity (OMHHE)	3	3.75
Office of Science (OS)	2	2.50
Office of the Director (OD)	2	2.50

* Office of Policy, Performance, and Evaluation (OPPE) is not included in the table. The number of OPPE staff involved varied over time due to staff turnover though was typically around four.

Table 2. Summary of Insight Gathering Activities

Activity	Timing	User Group	Guiding Questions
Discovery Session	April 28, 2022	CDC Evaluators (workgroup members)	<ol style="list-style-type: none"> 1. Strengths of the CDC Evaluation Framework: <ol style="list-style-type: none"> a) Consider a time when the CDC Framework worked very well, please explain the experience including what aspect of the Framework were particularly useful and how. b) What aspects of the CDC Framework have been useful given your experiences? How, specifically, has this feature been useful? 2. Limitations or challenges of the CDC Evaluation Framework: <ol style="list-style-type: none"> a) What issues arise with using the Framework given your experience? b) What is missing from the Framework that needs to be addressed? c) Are there resources that you have used (or created) that are helpful in fully or partially addressing these issues? If yes, in what ways are they helpful? 3. Potential focal points to consider for the refresh: <ol style="list-style-type: none"> a) What are the most important points for us to focus on in the 2024 refresh (3-5 items)?
CDC Evaluation Day Listening Session	September 13, 2022	CDC Evaluators	<ol style="list-style-type: none"> 1. Relevance to Context: We heard consistently during the Discovery Session that equity should be represented more strongly in the Framework. In what ways can we enhance the Framework to promote more equitable evaluations and foster equity through evaluation? 2. Facilitating Evaluation Use: “Evaluation use” includes the steps we take throughout an evaluation that affect the likelihood of an intended audience taking acting on the findings. It is also broader than the use of the evaluation findings – and includes what people learn about evaluation through the act of engaging in an evaluation. How is/isn’t the current Framework facilitating evaluation use? 3. Interpretation, Communication, and Dissemination: Steps 5 and 6 of the Framework provide guidance about how to

			<p>interpret evaluation findings, options for sharing findings (communication/ dissemination), and how each of these actions connect to the likelihood that findings will be used by the intended audiences. How well is this guidance currently working and where are these opportunities for improvements?</p> <p>4. Methods: The Framework is designed to help us think about how to make decisions around what methods to select under which conditions. In what ways does it already do this well? Where can we improve?</p> <p>5. The Framework is intended to work across all contexts – including various cultures, recipient types, geographic locations. Additionally, it is meant to be useful for many evaluands – interventions, research, systems, programs. How well does it do across contexts? Where can we improve?</p>
CDC-recipient Listening Sessions	December 5, 8, & 9, 2022	CDC award recipients (direct or indirect)	<p>1. In what way does/ doesn't the Framework fit when doing evaluation in your context?</p> <p>2. In what ways does/ doesn't the Framework foster evaluations that promote health equity?</p> <p>3. What should we keep? What might we change?</p>
American Indian or Alaska Native (AI/AN) Evaluation Listening Session	February 22, 2023	Evaluators who conduct evaluation with AI/AN communities and federal agency representatives who work with evaluators engaging with AI/AN communities	<p>1. In what ways does/ doesn't the Evaluation Framework fit when doing evaluation in Tribal or Urban Indian contexts?</p> <p>2. In what ways does/doesn't the Evaluation Framework encourage evaluations that promote health equity? How can we do better?</p> <p>3. What additional thoughts do you have about the current strengths of the Evaluation Framework and ways in which it may be improved to encourage better evaluations in the future in AI/AN communities (keep vs. change)?</p>
Online Survey	November 17 – December 9, 2022	Federal staff and leadership	<p>23-item survey with 5 sections:</p> <ol style="list-style-type: none"> 1. Background Information 2. General Feedback on the CDC Evaluation Framework 3. Specific Uses of the CDC Evaluation Framework 4. Context/ Settings

			5. Additional Insights
Semi-structured telephone interviews	November 28 – December 13, 2022	Federal evaluators whose work may influence evaluation at CDC or related federal agencies	<ol style="list-style-type: none"> 1. General level of familiarity with the Framework and extent of use as part of their work 2. Ways in which the framework helps to support high-quality evaluation practice 3. Important features or aspects of evaluation practice that should be included/promoted in the refreshed Framework. 4. Features of the 1999 framework to retain, aspects to change. 5. Additional thoughts
Request for Information	November 29, 2022 - Feb 17, 2023	Public	<ol style="list-style-type: none"> 1. Which contexts has the current CDC Evaluation Framework worked well for and for which contexts has it not worked well? What specifically did or did not work and why? 2. How has the current CDC Evaluation Framework assisted or not assisted the public health community in planning and conducting high-quality program evaluations? What specifically helped or did not help? 3. How does the current CDC Evaluation Framework promote or inhibit the conduct of evaluations that are culturally responsive and address health equity? What opportunities for improvement exist?

Table 3. Final Search Terms used for the Literature Review

2024 framework Step or Cross-Cutting Action	Search terms
Cross-cutting action: Topics related to engage Collaboratively	Collaborative engagement, Participatory evaluation, Stakeholder engagement, Community-based Participatory Research
Cross-cutting action: Topics related to advance equity	Cultural competence, Cultural responsiveness, Culturally responsive evaluation, Indigenous evaluation, Equitable evaluation, Intersectionality
Cross-cutting action: Topics related to learn from and use insights	Instrumental use, Conceptual use, Process use, Evaluative thinking, Organizational learning
Step 1: Topics related to assess context	Stakeholder assessment, Stakeholder mapping, Evaluation capacity, Reflective practice, Reflexivity, Evaluator positionality, Evaluation capacity (organization and the evaluator's capacity), Organizational capacity (i.e., organizational support for evaluation, including funding, staff, technology, leadership support), Evaluator capacity (i.e., technical evaluation skills and attitude toward evaluation).
Step 2: Topics related to describe the program	Program theory, Logic model, Theory of change, Program description, Program roadmap
Step 3: Topics related to focus the evaluation questions and design	Evaluation plan, evaluation questions
Step 4: Topics related to gather credible evidence	Reciprocity, Data equity
Step 5: Topics related to generate and support conclusions	Interpreting findings, Interpreting results, Benchmarks, Targets
Step 6: Topics related to act on findings	Action planning, Evaluate use, Data to action, Knowledge to action

Table 4. Journals Searched for the Final Literature Review

Evaluation Journals	Public Health Journals
American Journal of Evaluation	American Journal of Public Health
New Directions for Evaluation	Public Health Reports
Canadian Journal of Program Evaluation	
Journal of Multidisciplinary Evaluation	
Evaluation	
Evaluation and Program Planning	
Evaluation Review	
Evaluation and the Health Professions	
Educational Evaluation and Policy Analysis	
Studies in Educational Evaluation	
Practical Assessment, Research and Evaluation	
Research Evaluation	
Evaluation Journal of Australasia	
African Evaluation Journal	
Asia Pacific Journal of Evaluation	

Table 5. Inclusion Criteria for Literature Review Screening

Articles have direct relevance to guiding question: “What major concepts from the evaluation literature may be important to include in the CDC Evaluation Framework to ensure it includes major advancements in the evaluation field?”
Articles may be: <ul style="list-style-type: none">• Book chapters/ Case study: These types of articles will describe either a specific theory or approach to evaluation within a given setting.• Framework: These types of articles will describe general evaluation frameworks, with the goal of sharing the Framework. For example, the Culturally Responsive Evaluation Framework will appear as this type of article.• Review papers (systematic or informal literature reviews): These types of articles may contain (systematic) or may not contain (literature review) a methods section. These types of articles will summarize the evaluation literature and may cover any block of time between 2013 – 2023. Articles that are reviewed as part of the review paper do not have to be within the 2013 – 2023 timeframe.• Research on Evaluation: These articles will describe a systematic study that aims to add to the broader literature on evaluation, including evaluation theories or measurement.
Articles cannot be: <ul style="list-style-type: none">• Opinion pieces and book review: These types of articles review and provide opinions on evaluation history, research, next steps, etc.• Single study/evaluation.

Table 6. General Categories and Examples of Opportunities to Improve the 1999 Framework

Conceptual Design	<ul style="list-style-type: none">• Integrate equity throughout the framework, examples for modifications included:<ul style="list-style-type: none">○ Ensure equity is represented in all steps and standards,○ Actively engage the community in all facets of the evaluation process,○ Integrate the importance of understanding the evaluation context at the beginning of the evaluation,○ Define equity and culturally responsive evaluation,○ Explain how to measure equity and social determinants of health (SDoH),○ Ensure equity in data sovereignty, governance, and privilege.• Modify the evaluation process described in the framework:<ul style="list-style-type: none">○ Include “stakeholder engagement” throughout the steps,○ Reflect the iterative nature of the evaluation process,○ Include more information on how to implement what is described in the framework in practice.• Connect the framework to other activities:<ul style="list-style-type: none">○ Link to the broader professional evaluation landscape (e.g., American Evaluation Association Evaluator Competencies and evaluation as a profession),○ Link to federal government efforts in evaluation (e.g., OMB 20-12 principles; DHHS Evaluation Policy; OMB 20-12 definitions/ terms),○ Link to other processes (e.g., strategic planning, program planning, continuous program improvement, enterprise risk management, and sustainability).
Terminology	Simplify and use plain language in the Framework, align terms with federal definitions, remove/replace some terms, consider changing some terms used.
Additional detail or clarity needed	Provide additional guidance and tools, as part of the Framework, to support implementing evaluations in different contexts. Users shared some places within the framework where confusion arises – consider ways to provide additional details, unpack concepts, and take other actions to help clarify.

Table 7. Opportunities for Improvement and Conceptual Advancements by 1999 Framework Step

1999 framework step	Feedback from insight gathering activities	Conceptual advancement identified in literature review*
Step 1: Engage Stakeholders	<p><u>Terminology:</u> Change the term “stakeholders” to another term and include language about engaging “diverse” stakeholders.</p> <p><u>Additional Detail or Clarity Needed:</u> Provide guidance about which stakeholders to engage, the timing for when to engage them, examples of what engagement would look like and requirements for engagement, and how to keep stakeholders engaged.</p>	<p>Evaluation Capacity Building: Components of evaluation capacity, approaches to enhancing evaluation-capacity at individual and organizational levels.</p> <p>Cultural/contextual factors that influence evaluation: How culture influences all aspects of the evaluation, specific culturally responsive approaches, competencies, and practices.</p> <p>Interactions with stakeholders: How an evaluator’s power and privilege can influence their interactions with stakeholders.</p>
Step 2: Describe the Program	<p><u>Terminology:</u> Clarify what constitutes a program; it’s not just individual programs evaluated, also policies, processes, etc.</p> <p><u>Additional Detail or Clarity Needed:</u> Provide examples on how to use logic models, including templates, and how to connect logic models to a theory of change (evidence base for logic); offer alternatives to logic models or more flexible approaches; and clarify that logic models should change over time.</p>	<p>Logic model alternatives: Ways of describing programs beyond the use of logic models.</p> <p>Components of logic models: Components of a logic model, including Clear definition about evaluation, identifying assumptions of logic models, and best practices with visualizing the logic model.</p> <p>Complex logic models: Logic models can be complex, and they should be adapted to reflect the complexity of the system that they are being developed for.</p> <p>Interest holders (previously: “Stakeholders”): How interest holders should work with program staff to develop or refine logic models.</p>
Step 3: Focus the Evaluation Design	<p><u>Terminology:</u> There is general confusion about this step, beyond terminology; provide clarity.</p> <p><u>Additional Detail or Clarity Needed:</u> Highlight the array of designs/methods that can be used for different purposes, like</p>	<p>Additional types of evaluations beyond those currently discussed: for instance, evaluability assessment, rapid impact evaluation, etc.</p> <p>Evaluation need: How to set priorities for the evaluation, given a specific context.</p>

	<p>formative and participatory evaluation.</p> <p>Frame good evaluation questions within broader portfolio of evidence</p> <ul style="list-style-type: none"> • Provide information to help navigate the complexity and trade-offs that can occur when matching evaluation designs to evaluation questions • Provide more examples: <ul style="list-style-type: none"> ○ How the maturity of the program that is the focus of the evaluation comes into play (e.g., demonstration project vs. a project that has been in place/implemented for many years) ○ How to evaluate on shorter timelines (i.e., rapid evaluation) 	
Step 4: Gather Credible Evidence	<p><u>Terminology:</u> Update “evidence” to include both qualitative, quantitative, and lived experiences. Clarify what “credible” evidence means, and to whom.</p> <p><u>Additional Detail or Clarity Needed:</u></p> <ul style="list-style-type: none"> • Expand on the differences and similarities between monitoring and evaluation, and how they can be used together. • Provide more examples on how to use mixed methods, qualitative data, existing data, evaluation methods that focus on outcomes. • Clarify what constitute “valid” instruments. 	<ul style="list-style-type: none"> • Data collection: The role of the evaluator as a facilitator, and interest holders as collaborators during the data collection process. • Tools and methods: Newer, more comprehensive description of types of methods and tools that can be used during the evaluation, with emphasis on culturally responsive, qualitative, and quantitative.

	<ul style="list-style-type: none"> • Describe how to impress upon partners the importance of sharing data for evaluation. • Detail how to reduce data collection burden and reciprocate. Expand on data privacy, confidentiality, and governance. 	
Step 5: Justify Conclusions	<p><u>Clarify/refine terminology:</u></p> <ul style="list-style-type: none"> • Use of the term “justify” can be viewed as reactive, consider alternatives. • “Assign value” & “make judgements” may be viewed as being at odds with desire to move towards learning and improvement. • Clarify what this process looks like in the case of an evaluation with null results. <p><u>Additional Detail or Clarity Needed</u></p> <ul style="list-style-type: none"> • Describe the inclusion of “stakeholders” in this step. • Clarify the importance of context in interpretation – that it is “key to interpretation.” • Include information about the way multiple value constructions held by “stakeholders” can be identified and incorporated in this step. 	<ul style="list-style-type: none"> • Data visualization: How to use data visualization as a tool for data cleaning and communicating findings. • Data analysis: Approaches for analyzing qualitative and quantitative data, and how to involve stakeholder in the process.

Step 6: Ensure Use and Share Lessons	<p><u>Terminology:</u> Update terms like “ensure” and “advocate for use” to align with what is realistic for evaluators</p> <p><u>Additional Detail or Clarity Needed</u></p> <ul style="list-style-type: none"> • Provide a description about why it is important to circle back to those who provided data. • Expand on tailoring communications. • Expand on how to involve end-users from the start. • Describe how to facilitate use and move toward action and connect to timeliness. • Provide clarity around the purpose of this step. • Describe how intentional resource allocation is needed for evaluations to be used for action. 	<ul style="list-style-type: none"> • Types and conditions of evaluation use: Types of evaluation use and misuse, the role of the evaluator as the facilitator, and the conditions that are needed for the evaluation to be used. • Continuous learning and improvement: How evaluation can be used for continuous-quality improvement.
Overarching		<ul style="list-style-type: none"> • Evaluation approaches:[†] Types of evaluation approaches/theory that address every step of the framework (e.g., systems approach, indigenous evaluation, etc.).

* Descriptions provided are examples of items contained within each conceptual advancement.

[†] The conceptual advancement provided in this row can impact any step of the framework.

Appendix A: Call for CDC Workgroup Members

Updating the CDC Evaluation Framework: Call for CDC Workgroup Members

Application Questions (sent by PEO to the CDC evaluation listserv on February 7, 2022, with a reminder sent on February 22 about the February 22 deadline by 11:59 PM)

Background Information

1. Please tell us your name and email.
2. What is your CIO?
3. What is your division, branch, program, and/or team? (Please spell out, no acronyms)
4. What is your grade level?
5. Are you in a supervisory position?
6. [if yes] How many evaluators and non-evaluators do you supervise?

Evaluation Experience and Perspectives

7. **How many years of experience do you have ...**
 - working in evaluation?
 - with the CDC Evaluation Framework?
8. **What perspectives and/or experience do you have using the CDC Evaluation Framework that can help the workgroup with updating the Framework?** For example, experience applying, adopting, or adapting it for your program and context; training partners/grantees on the framework; publications using the framework. Please include the evaluation approach and/or program context as appropriate. [200 words max]
9. **What challenges have you had in using the CDC Evaluation Framework that can help inform this update?** Please include the evaluation approach and/or program context as appropriate. [200 words max]

Affirming Availability and Commitment to the Workgroup

10. **Are you available to commit to the following workgroup activities?** This helps better plan for the most effective and efficient use of workgroup members' time.
[Matrix answer/question: Yes, I can commit, I have some availability, No, I am unable to]
 - a. Review and provide input on tasks and draft products from evaluation framework update activities and/or subgroups/subcommittees.
 - b. Attend monthly meetings as a large group or subgroup.
 - c. Participate in subgroup/subcommittee to work on tasks (e.g., designing interview guides, developing surveys to assess gaps/needs across CDC).
 - d. Participate in the core group to guide the overall process for the workgroup in collaboration with PPEO and contractors (e.g., provide feedback and design monthly meeting facilitation).
 - e. Attend core group meetings with PPEO in addition to the monthly large group meetings.
 - f. Lead subgroup/subcommittee activities to work on specific tasks.
11. **Supervisor approval: Please upload an email from your supervisor indicating approval for your participation in this workgroup.** Convert that email into a PDF, JPEG, JPG, or PNG file, and upload here. The maximum file size accepted in SurveyMonkey is 16MB.
12. **Is there anything else you would like for us to know?**

Appendix B: CDC Framework Workgroup: Discovery Session Agenda

April 28, 2022, 9:00 AM – 12:00 PM EDT

MEETING PURPOSE AND OBJECTIVE

In this meeting, we will engage in a more in-depth conversations to brainstorm and discover the workgroup members', who represent CDC evaluators user group, experience with CDC Evaluation Framework:

- Identify strengths and limitations/challenges of the CDC Framework given the evaluation work at CDC.
- Articulate the most important areas to focus on for the 2024 refresh.

BACKGROUND MATERIALS (POSTED ON TEAMS)

- CDC's Framework for Program Evaluation at 20 Years: Origins and Influence is a report for Evaluation Framework's 20th anniversary that describes the origin and influence of the framework over the years, including information and case examples on how the Framework has been used.
- Workgroup Kickoff Slides [\(March 30, 2022\)](#) provide information about purpose of this refresh.
- Workgroup Kickoff Meeting Summary provides a summary and detailed notes from the Kickoff Meeting to narrow in on what the workgroup would do at this Discovery Session.
- Analysis of workgroup Nomination Form Data provides a summary of key themes related to perspectives and challenges on the use of the CDC Evaluation Framework from workgroup nominations.

MEETING AGENDA

9:00 Welcome and Session Purpose

Introduction to Discussion Sessions

9:20 Breakout Discussion Session: Strengths in Context

1. Consider a time when the CDC Framework worked very well. Please explain this experience including what aspects of the Framework were particularly useful and how.
2. What aspects of the CDC Framework have been useful given your experiences? How, specifically, has this feature been useful?

10:05 Report out: Each group's reporter shares one key strength identified during the session.

10:20 Breakout: Discussion Session: Limitations and Challenges in Context

1. What issues arise with using the Framework given your experiences?
2. What is missing from the Framework that needs to be addressed? Why?
3. Are there resources that you have used (or created) that are helpful in fully or partially addressing these issues? If yes, in what ways are they helpful?
 - Please post the name of the document and/or link to resource section of the RetroBoard

11:05 Report out: Each group's reporter shares one key limitation or challenge identified during the session.

11:20 Breakout Discussion Session: Focal Points

We recognize that in refreshing the CDC Framework for 2024, it will not be feasible to address every issue that arises. As a result, we need to identify what is most important to us in this refresh. Given this, based upon what you heard today, **what are the most important points for us to focus on in this refresh?**

11:50 Thank you and next steps

After this session, these ideas will help the group to funnel down for this 2024 refresh in subsequent meeting discussions on topics, including but not limited to additional insights gathering and guiderails.

Appendix C. CDC Evaluation Day: Listening Session Agenda

Welcome and Introductions (10 min)	
3:15-3:25	<p>Introduction to the CDC Evaluation Framework Refresh</p> <ul style="list-style-type: none">• Purpose (and parameters)• Workgroup and steering committee• General timeline, anticipated activities, work to date• Themes from the Discovery Session <p>Overview of listening session purpose</p> <ul style="list-style-type: none">• Elaborate on themes from Discovery Session related to the content of the Framework. Focus is on content, not format (e.g., additional training tools)• Share any thoughts about strengths and opportunities
Breakout Session Rooms (60 mins)	
3:25-3:55	<p>Discussion 1: Thematic Areas and Cross-cutting Topics</p> <ul style="list-style-type: none">• Facilitator provides brief overview of theme• Present questions to guide discussion
3:55-4:25	<p>Discussion 2: Successes & Envisioning the Future</p> <ul style="list-style-type: none">• Celebrating Success - Participants celebrate the success of the Framework to date, sharing what has worked well.• Envisioning the Future – Participants discuss what they would like to see in terms of evaluation practice in future years, and how the Framework (content) might assist in attaining this vision.
Next Steps (5 mins)	

Appendix D. CDC Evaluation Day Listening Session: Thematic Breakout Session

Theme Description	Breakout Session Questions
<p>Relevance to Context</p> <p>The Framework is intended to work across all contexts – including various cultures, recipient types, geographic locations. Additionally, it is meant to be useful for evaluating many “things” – interventions, research, systems, programs. How well does it do across contexts? Where can we improve?</p>	<p><i>The session started with a 2-minute reflection on the following...</i></p> <p>Consider the contexts in which you consult/use the CDC Evaluation Framework. These contexts can be broad and representative of many different cultures...</p> <ul style="list-style-type: none"> • The types of recipients with whom you work (e.g., state health departments, universities, community-based organizations) • The individuals who these recipients (and CDC) serves • Geographic regions where the programming is conducted • Individuals who you may train re: evaluation or other public health activities • The types of “things” you need to evaluate (e.g., interventions, systems, information technology, partnerships, research, health equity-focused programs/interventions) <p><i>Questions that guided the discussion following reflection...</i></p> <ul style="list-style-type: none"> • How relevant/applicable would you say the Framework is within these contexts? • Does the Framework’s relevance/applicability vary between contexts? If so, in what ways? • Does the Framework facilitate equitable and culturally responsive evaluation across all contexts? If not, why not? • How could the Framework be refreshed to improve its responsiveness across contexts? Please consider the steps, standards, and other features that may not be currently reflected. • Are there other frameworks, theories, or approaches (specific to evaluation or not) that you have used to supplement the CDC Evaluation Framework in this context? If so, which ones and why?
<p>Equity</p> <p>We heard consistently during the Discovery Session that equity should be represented more strongly in the Framework. In what ways can we enhance the Framework to promote more equitable evaluations and foster equity through evaluation?</p>	<p>The breakout session overview noted that the Discovery Session conversation emphasized that there was room for improvement in improving the CDC Evaluation Framework with respect to equity. Participants were asked to review some highlights from the Discovery Session and take 2 minutes to reflect on how the refreshed Framework may foster more equitable and culturally responsive evaluation practice.</p> <p><i>Questions that guided the discussion following reflection...</i></p> <ul style="list-style-type: none"> • Where do you see opportunities, if any, in the Framework to foster more equitable and culturally responsive evaluations? What changes could we make to promote greater equity and cultural responsiveness? (participants were asked to consider each of the 1999 CDC Evaluation Framework steps,

	<p>the JCSEE standards, professional evaluation practice, and other options)</p> <ul style="list-style-type: none"> • Are there other frameworks, theories, or approaches (specific to evaluation or not) that you have used to supplement the CDC Evaluation Framework to create more equitable and culturally responsive evaluations? Which ones and why?
<p>Methods</p> <p>The Framework is designed to help us think about how to make decisions around what methods to select under which conditions. In what ways does it already do this well? Where can we improve?</p>	<p>The breakout session overview highlighted that the discussion pertained to steps 3-5 of the 1999 CDC Evaluation Framework and highlighted a few comments that arose during the Discovery Session regarding methods (e.g., reflecting the current state of evaluation science, responsiveness of methods to context, how performance monitoring fits in the framework)</p> <p><i>Questions that guided the discussion following the overview...</i></p> <ul style="list-style-type: none"> • What challenges or gaps have you experienced with respect to the selection and application of methods given what is discussed in the Framework? • Do the current standards help in making decisions about which methods to select in an evaluation? How might these standards be improved/adjusted to help evaluators balance their options? • Where do you see opportunities, if any, to foster more equitable and culturally responsive evaluations through the Framework's discussion of methodology? What changes could we make to promote greater equity and cultural responsiveness? • Are there other frameworks, theories, approaches (specific to evaluation or not) that you have used to supplement the CDC Evaluation Framework to enhance its guidance around methods? Which ones and why?
<p>Interpretation & Communication/ Dissemination</p> <p>Steps 5 and 6 of the Framework provide guidance about how to interpret evaluation findings, options for sharing findings (communication/ dissemination), and how each of these actions connect to the likelihood that findings will be used by intended audiences. How well is this guidance currently working and where</p>	<p>The breakout session overview highlighted that the discussion pertained to steps 5 and 6 of the 1999 CDC Evaluation Framework and highlighted a few comments that arose during the Discovery Session regarding these steps (e.g., modernizing the insights provided regarding communicating findings such as data visualization techniques and dashboards, generally improving these final steps).</p> <p><i>Questions that guided the discussion following the overview...</i></p> <ul style="list-style-type: none"> • What opportunities exist, if any, to improve the Framework with respect to translating and disseminating evaluation findings for intended audiences? • Where do you see opportunities, if any, to foster more equitable and culturally responsive evaluations through the Framework's discussion of interpretation and communication/dissemination? What changes could we make to promote greater equity and cultural responsiveness?

<p>are there opportunities for improvement?</p>	<ul style="list-style-type: none"> Are there other frameworks, theories, approaches (specific to evaluation or not) that you have used to supplement the CDC Evaluation Framework to enhance its guidance around interpretation and communications/dissemination? Which ones and why?
<p>Facilitating Evaluation Use “Evaluation use” includes the steps we take throughout an evaluation that affect the likelihood of an intended audience taking action on the findings. It is also broader than the use of the evaluation findings – and includes what people learn about evaluation through the act of engaging in an evaluation. How is/isn’t the current Framework facilitating evaluation use?</p>	<p>The breakout session overview described that evaluation use as a broad topic inclusive of steps taken throughout an evaluation that affect the likelihood of an intended audience taking action on the findings (e.g., who contributes to crafting evaluation questions, the extent to which the designs and methods used in the evaluation are viewed as credible to end users, the feasibility of recommendations) and what people learn about evaluation through the act of engaging in an evaluation. Participants were asked to review some highlights from the Discovery Session and take 2 minutes to reflect on how the refreshed Framework could be modified to better facilitate evaluation use.</p> <p><i>Questions that guided the discussion following reflection...</i></p> <ul style="list-style-type: none"> What types of challenges have you, or your recipients, experienced with respect to facilitating evaluation use given how it is discussed in the Framework? (examples are welcomed) In what ways can the Framework be adjusted to increase the likelihood that evaluation findings will be used? To facilitate evaluation use more generally? Please consider the steps, standards, and other features that may not be currently reflected. Where do you see opportunities, if any, to foster more equitable and culturally responsive evaluations through the Framework’s discussion of evaluation use? What changes could we make to promote greater equity and cultural responsiveness? Are there other frameworks, theories, approaches (specific to evaluation or not) that you have used to supplement the CDC Evaluation Framework to enhance its guidance around facilitating evaluation use? Which ones and why?

Appendix E. Agenda for Funded Recipient Listening Sessions

Welcome and Introductions	
10 min	<p>Introduction to the CDC Evaluation Framework Refresh</p> <ul style="list-style-type: none"> • History of Framework (brief) • Purpose of the refresh effort • Role of recipient listening sessions in this process <p>Breakout Sessions</p> <ul style="list-style-type: none"> • Instructions, expectations for this session
Breakout Sessions (80 mins total)	
5 min	<i>Welcome</i>
35 min	<p><i>Discussion 1: Relevance of the Framework in Context</i></p> <p>We want the Framework to be applicable across contexts (i.e., culturally responsive), so we are looking to those in attendance to help us better understand what the use of the Framework looks like in their context and how well it fits, or doesn't given the organizations, populations, topics, etc. they work with.</p>
30 min	<p><i>Discussion 2: Fostering Health Equity</i></p> <p>An important focus at CDC and in public health generally is health equity. Ideally, the Framework would foster evaluations that promote health equity. In this session, the discussion will focus on considering the ways in which the Framework already does this and brainstorming how the Framework might be modified to facilitate such evaluations.</p>
10 min	<p><i>Discussion 3: Additional Strengths and Opportunities for Improvement</i></p> <p>Participants can share additional thoughts on opportunities for improving the Framework that have not yet been discussed as well as their thoughts on which aspects of the Framework operate well and may not need adjusting.</p>
Wrap Up	Next steps and thank you

Appendix F. Breakout Session Details for Funded Recipient Listening Sessions

<i>Discussion 1: Relevance of the Framework in Context</i>
<p>Started with a 2-minute reflection for participants to consider the contexts in which they consult/use the CDC Evaluation Framework. Facilitators recognized that these contexts can be broad and representative of many different cultures, including but not limited to, the individuals with whom the participants work or work to serve, the geographic regions where their programming is conducted, the individuals who participants may train regarding evaluation or other public health activities, and the types of “things” they need to evaluate (e.g., interventions, systems, information technology, partnerships, research, health equity-focused programs/interventions).</p> <p>Participants were then asked to answer, “In what ways does/doesn’t the Framework ‘fit’ when doing evaluation in your context?” and were encouraged to consider factors such as the ease of use; the appropriateness of the language used, general approach proposed, what is emphasized, standards; the usefulness given what you evaluate (e.g., policies, programs, systems, research, surveillance).</p>
<i>Discussion 2: Fostering Health Equity</i>
<p>Facilitators opened the session by noting that: (1) Health equity is an important focus at CDC and within public health more generally. We want the Framework to foster evaluations that promote health equity. (2) We need your help to better understand the ways the Framework already does this and how it might be modified to facilitate such evaluations better in the future.</p> <p>Following this introduction, participants were asked to answer, “In what ways does/doesn’t the Framework foster evaluations that promote health equity? How can we do better?” and were encouraged to consider the contribution of each step and standard, if anything is missing from the 1999 framework, and if there are other resources they use regarding health equity that can bolster the Framework content. Participants were asked to share applicable resources (title, link, or file) in the chat window along with a description of how it might be used in the effort to update the framework.</p>
<i>Discussion 3: Additional Strengths and Opportunities for Improvement</i>
<p>During this final breakout, participants were asked to share any additional thoughts they had about the current strengths of the Framework and ways in which it may be improved to foster better evaluation in the future. They were asked: What should we keep? What might we change?</p>

Appendix G. Breakout Session Details for AI/AN Evaluation Listening Session

Discussion 1: Relevance of the Framework in Context

This 35-minute discussion opened with the facilitator sharing a slide that explained the following: (1) We would like the CDC Evaluation Framework to be applicable across all contexts but recognize it may work better in some situations than in others. (2) We are looking for your help in better understanding how you use the Framework and the ways it does/doesn't fit with Tribal or Urban Indian context. Participants were then asked to answer, "In what ways does/doesn't the Framework 'fit' when doing evaluation in Tribal or Urban Indian context? and were encouraged to consider factors such as the ease of use; the appropriateness of the language used, general approach proposed, what is emphasized, standards; the usefulness given what you evaluate (e.g., policies, programs, systems, research, surveillance). Participants were encouraged to share details or examples.

Discussion 2: Fostering Health Equity

Facilitators opened this 30-minute session by noting that: (1) Health equity is an important focus at CDC and within public health more generally. We want the Framework to foster evaluations that promote health equity. (2) We need your help to better understand the ways the Framework already does this and how it might be modified to facilitate such evaluations better in the future, particularly in relation to AI/AN communities. A slide was then shared with the definitions of health equity and a description of the social determinants of health as stated below:

- Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.
- Social determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes. Long-standing inequities in six key areas of social determinants of health are interrelated and influence a wide range of health and quality-of-life risks and outcomes. Examining these layered health and social inequities can help us better understand how to promote health equity and improve health outcomes.

Following this introduction, participants were asked to answer, "In what ways does/doesn't the Framework foster evaluations that promote health equity? How can we do better?" and were encouraged to consider the contribution of each step and standard, if anything is missing from the 1999 framework, and if there were other evaluation approaches or resources participants use that are culturally responsive or grounded and community involved or engaged in AI/AN communities that can bolster the Framework content. Participants were encouraged to share details, examples, or resources.

Discussion 3: Additional Strengths and Opportunities for Improvement

During the final 10 minutes of the session, participants were asked to share any additional thoughts they had about the current strengths of the 1999 framework and ways in which it may be improved to encourage better evaluation in the future in AI/AN communities. They were asked: What should we keep? What might we change?

¹ <https://www.cdc.gov/healthequity/index.html>

Appendix H. Online Survey of Federal Staff and Leadership

Page 1

U.S. Centers for Disease Control and Prevention (CDC) Refresh of the CDC Framework for Program Evaluation in Public Health: Survey of CDC and other Federal Agency Leadership and Staff

INTRODUCTION

Thank you for participating in our effort to update the CDC Framework for Program Evaluation in Public Health (CDC Evaluation Framework). As a federal employee, you represent an important user of the Framework, and we look forward to learning from your experiences.

This survey is for individuals who are current employees of a federal agency. If you work within a federal agency but are not an employee (e.g., fellow, contractor), you will have an opportunity to provide input on your experiences with the CDC Evaluation Framework through the public Request for Information (RFI) that will be published in the Federal Register.

We anticipate this survey will take approximately 15 minutes to complete. Please complete the survey in one sitting. Any information you provide in this survey will not be directly associated to the federal agency with which you work in any reports or products. All insights shared will be reported in aggregate, and any quotations used will be screened to ensure individuals/agencies are not identifiable.

The information you provide through this survey will be combined with the insights provided by other audiences to identify high-priority items to address in the refreshed version of the CDC Evaluation Framework.

Should you have any questions about the survey, or this effort, please feel free to contact us at cdceval@cdc.gov.

SECTION 1: BACKGROUND QUESTIONS

Please provide some information about your work.

- 1 Which cabinet-level agency do you currently work in?
- ☐ Department of Agriculture
 - ☐ Department of Commerce
 - ☐ Department of Defense
 - ☐ Department of Education
 - ☐ Department of Energy
 - ☐ Department of Health and Human Services
 - ☐ Department of Homeland Security
 - ☐ Department of Housing and Urban Development
 - ☐ Department of the Interior
 - ☐ Department of Justice
 - ☐ Department of Labor
 - ☐ Department of State
 - ☐ Department of Transportation
 - ☐ Department of the Treasury
 - ☐ Department of Veterans Affairs
 - ☐ Environmental Protection Agency
 - ☐ Office of Management and Budget
 - ☐ Small Business Administration
 - ☐ Other

Please specify:

- 2 Which agency do you work for?

- 3 Are you considered an employee of the federal government?
- ☐ Yes
 - ☐ No

-
- 4 Which of the following describe your current role (please select all that apply)?
- ☐ Communications
 - ☐ Epidemiology
 - ☐ Issues Management
 - ☐ Management operations
 - ☐ Performance management
 - ☐ Policy
 - ☐ Program evaluation
 - ☐ Program implementation
 - ☐ Project officer
 - ☐ Science
 - ☐ Other
-
- Please specify: _____
-
- 5 Approximately what percentage of time do you spend on evaluation activities during a typical work week? This includes time managing evaluation staff.
- ☐ 0%
 - ☐ 1-25%
 - ☐ 26-50%
 - ☐ 51-75%
 - ☐ 76-99%
 - ☐ 100%
-
- 6 Approximately how many years have you been involved in evaluation in some manner (e.g., evaluator, user of evaluation findings, evaluation technical assistance provider)?
- ☐ Less than 1 year
 - ☐ 1 year
 - ☐ 2 years
 - ☐ 3 years
 - ☐ 4 years
 - ☐ 5 years
 - ☐ 6 years
 - ☐ 7 years
 - ☐ 8 years
 - ☐ 9 years
 - ☐ 10 years
 - ☐ 11 years
 - ☐ 12 years
 - ☐ 13 years
 - ☐ 14 years
 - ☐ 15 years
 - ☐ 16 years
 - ☐ 17 years
 - ☐ 18 years
 - ☐ 19 years
 - ☐ 20 + years
-
- 7 Please select the item that best describes your level of familiarity with CDC's Framework for Program Evaluation in Public Health.
- ☐ Not familiar - I have never heard of this Framework
 - ☐ Somewhat familiar - I am aware of the Framework and its general content
 - ☐ Familiar - I know about the Framework, have read it, and draw from it in practice
 - ☐ Very familiar - I know the details of the Framework content
-

SECTION 2: GENERAL FEEDBACK ON THE CDC EVALUATION FRAMEWORK

In this section, we ask for your general impressions about the CDC Evaluation Framework.

8. Based on your experiences consulting the CDC Evaluation Framework, please rate the extent to which you agree or disagree with the statements below. If you do not have experiences that are helpful in responding to a statement below, please select 'Not Applicable (NA)'.

The CDC Evaluation Framework...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable (NA)
a Explains the steps involved in evaluation in a way that is easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Includes all of the steps that are important in the process of evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Is easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8a You disagreed with one or more items in question 8 above. Please provide us with details about why you disagreed.	<hr/>				

9. Based on your experiences with the CDC Evaluation Framework when engaging in the process of planning or implementing evaluations, please rate the extent to which you agree or disagree with the statements below. If you do not have experiences that are helpful in responding to a statement below, please select 'Not Applicable (NA)'.

The CDC Evaluation Framework has helped with...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable (NA)
a Producing evaluations that account for relevant contextual factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Balancing competing priorities (e.g., rigor vs. feasibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Producing evaluations that safeguard the rights of those engaged in the evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Producing evaluations that are equitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Producing evaluations that provide accurate results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f					

	Documenting evaluations in a manner that provides sufficient detail so others can judge the quality of the work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Producing evaluations that intended audiences consider credible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Producing evaluations that are useful for the intended audiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Developing communications materials that increase the likelihood that findings will be used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 10 Please share some details about what does work well regarding the current CDC Evaluation Framework.

Section 3: SPECIFIC-USES OF THE CDC EVALUATION FRAMEWORK

11. Please indicate the extent to which, if at all, you have used or consulted the CDC Evaluation Framework for the evaluation-related activities listed below. If you have not been involved with the evaluation-related activity listed, please select 'Not Applicable (NA)'.

		Not at all	To a small extent	To a moderate extent	To a large extent	Not applicable-I have not been involved in this activity
a	Writing requests/solicitations for evaluation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Managing evaluation contracts (i.e., providing funds directly to third party evaluators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Writing funding or grant announcements (e.g., RFPs, NOFOs, ToRs) for the design or implementation of programs/projects that include an evaluation component	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Designing/delivering trainings on evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Providing evaluation technical assistance to funded recipients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Designing evaluations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g						

- | | | | | | | |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Implementing evaluations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please specify

- 12 If you have not used the CDC Evaluation Framework for an evaluation activity listed in question 11 above, please provide some information about why you have not used it for these activities.
-

13. Please indicate how easy or difficult it has been to use the CDC Evaluation Framework when engaging in the following evaluation-related activities. For activities you do not engage in, or have not used/consulted the Framework for, please select 'Not Applicable (NA)'.

- | | | Very Difficult | Difficult | Easy | Very Easy | Not Applicable |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a | Writing requests/solicitations for evaluation services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b | Managing evaluation contracts (i.e., providing funds directly to third party evaluators) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | Writing funding or grant announcements (e.g., RFPs, NOFOs, ToRs) for the design or implementation of programs/projects that include an evaluation component | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d | Designing/delivering trainings on evaluation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e | Providing evaluation technical assistance to funded recipients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f | Designing evaluations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g | Implementing evaluations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please specify:

- 13a You noted in question 13 above that it was difficult/very difficult to use the CDC Evaluation Framework for one or more evaluation-related activities. Please provide us with additional information about the difficulties experienced and how you would recommend resolving those issues.
-

SECTION 4. CONTEXT/SETTING Please provide information about the contexts/settings within which the CDC Evaluation Framework has been most and least applicable. Please consider the variety of experiences you have had with the CDC Evaluation Framework across contexts/settings.

14	In which settings have you used the CDC Evaluation Framework? (Select all that apply)	<input type="checkbox"/> International <input type="checkbox"/> Domestic
15	In which specific geographies have you used the CDC Evaluation Framework? (Select all that apply)	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Territory <input type="checkbox"/> Tribe <input type="checkbox"/> Local <input type="checkbox"/> Other
Please specify:		
16	In which organizations have you used the CDC Evaluation Framework? (Select all that apply)	<input type="checkbox"/> Community-based organizations <input type="checkbox"/> Education departments/agencies <input type="checkbox"/> Environmental departments / agencies <input type="checkbox"/> Health departments / agencies <input type="checkbox"/> Health systems <input type="checkbox"/> Hospitals <input type="checkbox"/> Institutes of higher education (i.e., colleges, universities) <input type="checkbox"/> Insurers <input type="checkbox"/> Philanthropic organizations <input type="checkbox"/> Primary or secondary schools <input type="checkbox"/> Professional associations <input type="checkbox"/> Other
Please specify:		
17	To what extent has/hasn't the CDC Evaluation Framework been relevant (i.e., applicable) across the variety of organizations and settings where you have engaged in evaluation activities? Please refer to your responses in questions 14 - 16.	<input type="radio"/> Relevant - the Framework has been applicable across all contexts/settings <input type="radio"/> Somewhat relevant - the Framework has been applicable to some, but not all contexts/settings <input type="radio"/> Not relevant - the Framework has not been applicable in any of these contexts/settings
17a	In question 17 you noted the CDC Evaluation Framework was somewhat or not relevant in all context/ settings. Please describe the context and settings where the CDC Evaluation Framework hasn't been relevant or applicable and why.	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
17b	Please provide any suggestions you have for how we might improve the relevance or applicability of the CDC Evaluation Framework for the contexts/settings that you mentioned in 17a.	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>

<p>18 Many different things can be evaluated - programs, policies, products, etc. Of the items listed here, which have you used/consulted the CDC Evaluation Framework to evaluate? [Select all that apply]</p>	<p> <input type="checkbox"/> Collaborations/partnerships <input type="checkbox"/> Data systems <input type="checkbox"/> Distribution systems <input type="checkbox"/> Policies <input type="checkbox"/> Portfolios of projects <input type="checkbox"/> Practice guidelines <input type="checkbox"/> Products <input type="checkbox"/> Programs <input type="checkbox"/> Research <input type="checkbox"/> Services <input type="checkbox"/> Other </p>
<p>Please specify:</p> <p>_____</p>	
<p>19 To what extent has/hasn't the CDC Evaluation Framework been relevant (i.e., applicable) to evaluating the different items you selected in question 18 above?</p>	<p> <input type="radio"/> Relevant - the Framework has been relevant to evaluating all items <input type="radio"/> Somewhat relevant - the Framework has been relevant to evaluating some, but not all items <input type="radio"/> Not relevant - the Framework has not been relevant to evaluating any of the items </p>
<p>19a You indicated in question 19 that the CDC Evaluation Framework was somewhat or not relevant (i.e., applicable) for evaluating one or more items. Please describe the items for which the CDC Evaluation Framework was not/somewhat relevant and why.</p>	<p>_____</p>
<p>19b Please provide any suggestions that you have for how the CDC Evaluation Framework could be made more relevant for evaluating the items you selected in question 18.</p>	<p>_____</p>
<p>20 If you have noticed any other variations in the applicability or use of the CDC Evaluation Framework based on your experiences (e.g., differences by funding recipients or contexts, differences among participants who attend trainings you deliver), please describe these here.</p>	<p>_____</p>
<p>SECTION 5. Additional Insights - Frameworks</p>	
<p>21 If you have specific feedback about how the CDC Evaluation Framework could be adapted to produce more equitable evaluations, please provide those comments here. We welcome any resources that you think would be helpful to us in this area.</p>	<p>_____</p>
<p>22 Please share any other observations you have about the utility of the CDC Evaluation Framework or how it could be enhanced in the future.</p>	<p>_____</p>
<p>23 If you have used or consulted other frameworks when engaging in evaluation-related activities, please provide a brief description of why you have found it to be useful and a link to the reference.</p>	<p>_____</p>

Appendix I. Semi-structured Telephone Interview Guide for Federal Evaluation Influencers

Thank you for agreeing to take time out of your day to speak with me about the *CDC Framework for Program Evaluation in Public Health (1999)*. As you are aware, CDC is gathering insights from several user groups of the Framework to better understand its current strengths, as well as where there are opportunities for improvement.

We have asked you to participate in a 30-minute interview because of the role you/your office have played in setting a vision for high-quality evaluation practice in the federal government. We would like to hear your perspective about the extent to which the current CDC Evaluation Framework supports your efforts and possible ways it could be adjusted to help accomplish evaluation in your context. The insights you share with me will be summarized, anonymized, and shared with members of the CDC workgroup guiding this effort. The workgroup will engage in a review and prioritization process to identify what and how to refresh the framework, which will be published in time for Framework's 25th anniversary in 2024.

We likely note in presentations that your office was consulted generally, but will not mention your name, nor will be ascribe quotes from this interview to you or your agency/office. Should we wish to note your name or ascribe quotes to you or your agency/office, we will be sure to reach back out to you for permission.

Do you have any questions for me prior to beginning?

Interview questions

1. First, it would be helpful for me to understand more about your general level of familiarity with the Framework. To what extent have you used the Framework or referenced it as part of your work in the past? *{ask for examples if appropriate}*
2. In what ways do you feel the current CDC Evaluation Framework helps to support high-quality evaluation practice?
 - a. Probe: What do you view as “high quality” given your role? (e.g., OMB memo principles for implementing the Evidence Act; a health equity lens; quality principles in the DHHS evaluation policy)
3. In your experience with evaluation, what do you see as one or two of the most important features or aspects of evaluation practice that we should include/promote in the refreshed Framework? *{probe for rationale behind why these are important}*
4. Given your understanding of the Framework, are there any features we haven't discussed that you feel should be retained in the refreshed version? Anything that needs to change?
5. These are all the questions I have for you. Is there anything else you would like to share prior to finishing the interview?

Thank you again for your time. We greatly appreciate your insights on the Framework and look forward to sharing highlights with the broader working group. If you have any questions or something else occurs to you about the Framework in the upcoming weeks, please do not hesitate to reach out to me.

Appendix J: Literature Review Search Strategy

Guiding question: What are major concepts from the evaluation literature may be important to include in the CDC Evaluation Framework to ensure it include major advancements in the evaluation field?

Journal Titles, Database Names and Database Coverage Dates

Journal Name	Database	Coverage Dates
American Journal of Evaluation	Scopus	1981-present
New Directions for Evaluation	Scopus	1995-present
Canadian Journal of Program Evaluation	Scopus	2005-2010; 2012-present
Journal of Multidisciplinary Evaluation	ERIC (ProQuest)	2007-2012
Evaluation	Scopus	1995-present
Evaluation and Program Planning	Scopus	1978-present
Evaluation Review	Scopus	1977-present
Evaluation and the Health Professions	Scopus	1978-present
Educational Evaluation and Policy Analysis	Scopus	1979-1982; 1996 - present
Studies in Educational Evaluation	Scopus	1975-present
Practical Assessment, Research and Evaluation	Scopus	1989, 1991, 1993, 1995, 1997, 1999, 2001, from 2003 to Present
Research Evaluation	Scopus	1991-1996; 1998- present
Evaluation Journal of Australasia	Scopus	from 2001 to 2003, from 2005 to Present
African Evaluation Journal (AEJ)	Scopus	2017-2022
Asia Pacific Journal of Evaluation (APJE)	Not indexed in any CDC databases	
American Journal of Public Health	Scopus	from 1949 to 1963, from 1971 to Present
Public Health Reports	Scopus	from 1945 to 1970, from 1974 to Present

Search Syntax for Scopus:

Title-Abs-Key(((Collaborat* or stakeholder) w/3 (involve* or engage* or cooperat* or partner* or participat* or collaborat*)) or (partner* w/3 (involve* or engage* or cooperat* or participat* or collaborat*)) or (collaborative w/3 (involve* or engage* or cooperat* or partner* or participat*))) or Title-Abs-Key((Participatory or indigenous or equitable) w/3 evaluat*) or Title-Abs-Key(CBPR or "community based participatory" or "action research" or "participatory action research" or "community driven research" or "action science") or Title-Abs-Key(Evaluat* w/3 (cultural* w/3 (responsiv* or relevan* or appropriat* or context* or equit* or indigenous))) or Title-Abs-Key((cultur* w/3 (competenc* or responsiv* or sensitiv* or safety or security or awareness or literac* or appropriate* or respect*)) or cross-cultur* or inter-cultur* or multicultur* or multi-cultur*) or Title-Abs-Key(Intersectional*) or Title-Abs-Key("instrumental use" or "conceptual use" or "process use") or Title-Abs-Key(evaluat* w/2 think*) or Title-Abs-Key((organization* w/3 (learn* or lesson* or pivot* or adapt*

or recall* or recollect* or remember* or reflect* or success*) or (continuous w/2 improv*) or CQI) or Title-Abs-Key((stakeholder* or partner* or collaborator* or funder*) w/3 (assess* or evaluat* or apprais* or analys* or attribute* or map*)) or Title-Abs-Key(evaluat* w/3 capacit*) or Title-Abs-Key(reflect* or "self-aware" or "self-manag*") or Title-Abs-Key(reflexit*) or Title-Abs-Key(evaluator* AND positionality*) or Title-Abs-Key((evaluator* w/3 (capacit* or support* or funding* or skill* or attitude* or knowledge* or competenc* or tech*)) or (organization* w/3 (capacity* or leader* or staff* or team* or funding* or tech*))) or Title-Abs-Key("logic model*" or (theor* w/2 (program* or change)) or (program w/2 (description* or roadmap* or framework*))) or Title-Abs-Key(Evaluation* w/3 (plan* or agenda* or question* or approach* or strateg*)) or Title-Abs-Key(reciprocity*) or Title-Abs-Key(data w/3 equity*) or Title-Abs-Key((interpret* or synthesi*) w/3 (findings* or results*)) or Title-Abs-Key(benchmark* or target*) or Title-Abs-Key("action plan*" or "evaluate use" or "data to action" or "knowledge to action") OR Title-Abs-Key("social justice*" or (data w/2 visualiz*)) AND Source-ID(24734 or 5600155030 or 5600155499 or 70397 or 26602 or 26603 or 13242 or 19726 or 23237 or 21100199768 or 22894 or 21100886221 or 19561 or 22538)

Search Syntax for ERIC (ProQuest)*:

TIABSU(((Collaborat* or stakeholder) N/3 (involve* or engage* or cooperat* or partner* or participat* or collaborat*)) or (partner* N/3 (involve* or engage* or cooperat* or participat* or collaborat*)) or (collaborative N/3 (involve* or engage* or cooperat* or partner* or participat*))) or TIABSU((Participatory or indigenous or equitable) N/3 evaluat*) or MAINSUBJECT.EXACT("Participatory Research") OR MAINSUBJECT.EXACT("Action Research") or TIABSU(CBPR or "community based participatory" or "action research" or "participatory action research" or "community driven research" or "action science") or TIABSU(Evaluat* N/3 (cultural* N/3 (responsiv* or relevan* or appropriat* or context* or equity* or indigenous))) or MAINSUBJECT.EXACT("Cross Cultural Training") OR MAINSUBJECT.EXACT("Cultural Pluralism") or TIABSU((cultur* N/3 (competenc* or responsiv* or sensitiv* or safety or security or awareness or literac* or appropriate* or respect*)) or cross-cultur* or inter-cultur* or multicultur* or multi-cultur*) or TIABSU(Intersectional*) or TIABSU("instrumental use" or "conceptual use" or "process use") or MAINSUBJECT.EXACT.EXPLODE("Evaluative Thinking") or TIABSU(evaluat* N/2 think*) or MAINSUBJECT.EXACT("Organizational Learning") or TIABSU((organization* N/3 (learn* or lesson* or pivot* or adapt* or recall* or recollect* or remember* or reflect* or success*)) or (continuous N/2 improv*) or CQI) or TIABSU((stakeholder* or partner* or collaborator* or funder*) N/3 (assess* or evaluat* or apprais* or analys* or attribute* or map*)) or TIABSU(evaluat* N/3 capacit*) or TIABSU(reflect* or "self-aware" or "self-manag*") or TIABSU(reflexit*) or TIABSU(evaluator* AND positionality*) or TIABSU((evaluator* N/3 (capacit* or support* or funding* or skill* or attitude* or knowledge* or competenc* or tech*)) or (organization* N/3 (capacity* or leader* or staff* or team* or funding* or tech*))) or MAINSUBJECT.EXACT("Logical Thinking") or TIABSU("logic model*" or (theor* N/2 (program* or change)) or (program N/2 (description* or roadmap* or framework*))) or TIABSU(Evaluation* N/3 (plan* or agenda* or question* or approach* or strateg*)) or TIABSU(reciprocity*) or TIABSU(data N/3 equity*) or TIABSU((interpret* or synthesi*) N/3 (findings* or results*)) or TIABSU(benchmark* or target*) or TIABSU("action plan*" or "evaluate use" or "data to action" or "knowledge to action") AND publication(Journal of Multidisciplinary Evaluation)

*Note: ProQuest indexes years 2007-2012 of this journal, resulting in 0 hits for articles published since 2013.

