

Colorectal Cancer Control Program:

Public Health and Health System Partnerships to Increase

Colorectal Cancer Screening in Clinical Settings

DP20-2002

Program Manual, Part II

Evaluation and Performance Measurement

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Centers for Disease Control and Prevention

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Chapter 1: Introduction

The CRCCP Evaluation and Performance Measurement section of the Program Manual is intended to help you successfully evaluate your DP20-2002 Colorectal Cancer Control Program (CRCCP) and participate in the CDC-led evaluation of the overall CRCCP. The role of the CDC Evaluation Team is to work with you to conduct meaningful program evaluation activities that can be used to monitor and improve programs and demonstrate program effectiveness in increasing CRC screening rates in partner primary care clinics. In the following sections, we outline the evaluation requirements for DP20-2002 and provide information for each. Support from the CDC Evaluation Team will be driven by a set of guiding principles described in **Exhibit 1**.

EXHIBIT 1: CDC Evaluation Team's Guiding Principles

Evaluation is a collaboration between CDC and CRCCP recipients. We will support recipients in conducting program-specific monitoring and evaluation. Recipients will support CDC by participating in the CDC-led evaluation of the overall CRCCP and submitting various data. The data reported to CDC should be used by both recipients and CDC in their respective evaluation efforts.

Evaluators and program implementers must collaborate throughout the project period. Evaluation and implementation are two sides of the same coin. Implementation provides the experience and program activities that evaluation examines, and evaluation provides the evidence to make sense of what is happening. Therefore, evaluators and implementers must collaborate throughout the full project period.

Health equity considerations are woven throughout evaluation aims and activities. CDC, NCCEDP recipients, and their partners should work to assess the effect of program activities on priority populations by addressing social determinants of health and promoting equity in health services and outcomes.

CDC is focused on data utilization. Evaluation should be designed to ensure that findings are *useful* in answering meaningful evaluation questions. Findings from the CDC-led evaluation should inform CDC technical assistance to recipients, development of CRCCP program policies, and future program planning. Continuous quality improvement cycles based on regular data review processes strengthen utilization of monitoring and evaluation data.

Accountability is a two-way street. We recognize the hard work and effort it takes to provide CDC with high quality data. In turn, we support transparency to foster a shared understanding of our evaluation plans and findings.

Chapter 2: Awardee Evaluation Requirements

Overview of CRCCP DP20-2002 Evaluation Requirements

Evaluation and performance measurement help demonstrate achievement of project outcomes; build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and, drive continuous improvement. Evaluation and performance measurement also determine if the intended populations are reached, if activities are implemented as planned, and whether program impact is achieved. CDC requires ongoing evaluation and performance measurement under DP20-2002. CDC expects you to maintain sufficient staffing and analytic capacity to meet these requirements. The evaluation requirements specified in DP20-2002 are summarized in **Exhibit 2**.

EXHIBIT 2: Evaluation Requirements for CRCCP Recipients

Recipients must have staff (or staff from a partner organization) with expertise in evaluation, data collection, data management, and data reporting. (See Program Manual, Part I: Program Policies, Policy E1)

Recipients must have staff (or staff from a partner organization) with expertise to extract population health data from electronic health records (EHRs) and improve the quality of EHR data. (See Program Manual, Part I: Program Policies, Policy E1)

Recipients must develop an evaluation and performance measurement plan within 6 months of award and submit it to CDC by December 31, 2020. The plan must include process and outcome evaluation questions. (See Program Manual, Part I: Program Policies, Policy E2)

Recipients must evaluate all major program components over the course of the 5-year project period. (See Program Manual, Part I: Program Policies, Policy E2)

Recipients must take part in the CDC-led evaluation of the overall CRCCP, including participating in three unique data collections: (See Program Manual, Part I: Program Policies, Policy E3)

- CRCCP quarterly program update
- CRCCP annual awardee survey
- CRCCP baseline and annual clinic data records

Policy E1: Include Staff with Evaluation, Data Management, and Electronic Health Record System Expertise

Consistent with **Policy E1 (See Program Manual)**, you must have staff with adequate expertise to effectively evaluate your CRCCP program. Those conducting evaluation may be a direct hire or secured via a contract (See [Appendix A, Guide for Hiring and Working with Evaluators](#)). At minimum, staff working on CRCCP evaluations must have expertise in evaluation, data collection, data management, analysis, and data reporting. In addition, your program must either have staff with expertise to extract population health data from electronic health records (EHRs) and improve the quality of EHR data, or partner with an organization that has such expertise (**See Program Manual, Policy E1**). **Exhibits 3, 4 and 5** provide examples of recommended evaluation, data management, and EHR skills.

EXHIBIT 3: Examples of Evaluation Skills

- Familiarity with evaluation frameworks
- Understanding of culturally appropriate evaluation approaches
- Knowledge of the program area (e.g., cancer screening programs)
- Ability to plan evaluations including engaging stakeholders, developing program logic models, crafting evaluation questions, and determining appropriate evaluation methods to address those questions
- Experience with quantitative and qualitative data collection and analysis methods
- Understanding of how to build evaluation capacity among staff
- Knowledge of varied evaluation dissemination strategies appropriate to unique audience types

EXHIBIT 4: Examples of Data Management Skills

- Understanding of CDC's data collection requirements and develop a plan for collection and reporting of timely, high-quality data
- Expertise to collect, review, and report data to CDC through CDC's specified reporting systems
- Ability to collaborate with partner clinics and ensure their capacity to collect baseline and annual data
- Knowledge to develop and adhere to procedures to ensure security of data collected
- Experience to ensure completeness and accuracy of data submitted

EXHIBIT 5: Examples of EHR skills

- Ability to assess EHR data quality and identify potential issues
- Expertise in extracting population health data from EHRs
- Ability to improve the quality of EHR data
- Expertise in integrating EBIs (e.g., provider reminders) into the EHR

Policy E2: Develop and Implement CRCCP Evaluation and Performance Measurement Plan

Developing an Evaluation and Performance Measurement Plan

You are required to develop and maintain an Evaluation and Performance Measurement Plan (**See Program Manual, Policy E2**). The purpose of this plan is to document how your program will monitor program implementation, demonstrate program outcomes, and use results, including using your data to identify areas for improvement. You are encouraged to use **CDC's Framework for Program Evaluation (Figure 1)** as the foundation for developing your plan. By developing an evaluation plan at the start of the funding cycle, you can establish stakeholder priorities, determine what evaluation questions you want to answer, identify data sources to answer those questions, consider analysis approaches, and plan for use of evaluation findings.

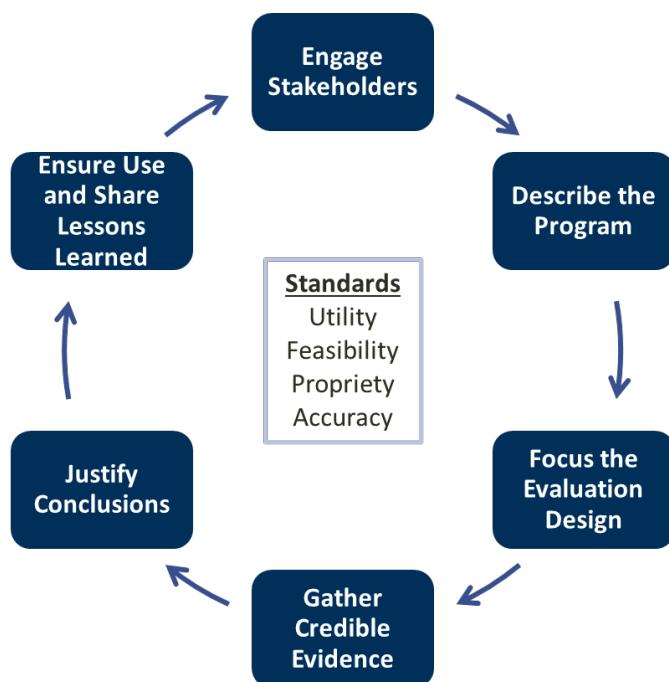


Figure 1: CDC's Framework for Program Evaluation

One of the guiding principles stated at the start of this Manual is, **“Evaluators and program implementers must collaborate throughout the project period.”** In order to effectively evaluate your program, evaluators must have an intimate understanding of how your CRCCP is designed and implemented. Consequently, evaluators must rely on implementers to provide critical input to developing your evaluation plan. Likewise, implementers must rely on evaluators to provide needed data to identify potential implementation problems so that course corrections can be made. Together, evaluators and implementers can make decisions on

what data needs to be collected, how to collect it, and when. Evaluators and implementers must also work together to make meaning of the evaluation data in order to make program-related decisions that can improve overall effectiveness.

DP20-2002 requires that you conduct process and outcome evaluation (**See Program Manual, Policy E2**). Your evaluation plan should, therefore, include process and outcome evaluation questions (e.g., questions that address implementation of program activities, including clinic-level EBIs; questions that address screening rate changes). **Policy E2** also requires that you assess all major program activities over the course of the 5-year project period. You do not have to evaluate all components at one time; you may evaluate components over time in a phased approach. Finally, consistent with our guiding principle, **“CDC is focused on data utilization,”** you are also expected to analyze and use your clinic data, as well as other program data, for continuous program improvement and to inform replication and sustainability. Therefore, your evaluation plan should articulate how you will use and disseminate findings.

To help you in planning and evaluating the EBIs, small media, and patient navigation, CDC has developed individual logic models (**See Program Manual**) for each activity. You are encouraged to refine these logic models based on your own implementation approach. For example, you can work with your implementers to review the logic model for provider reminders to ensure that your planned activities will sensibly lead to intended outcomes. Your logic models should also be used to develop appropriate measures to answer evaluation questions related to implementation processes (e.g., Do providers receive a reminder for all patients due for CRC screening?) and outcomes (e.g., Do CRC screening rates increase over time?).

Finally, while you will participate in the CDC-led evaluation of the overall CRCCP (through submitting required data), you must conduct your own program-specific evaluation. While we expect you to use the clinic data you report to CDC for your own evaluation, these data are inadequate to fully evaluate your program. For instance, the clinic data you report to CDC do not provide adequate detail to allow for monitoring implementation of EBIs in clinics. While CDC’s clinic data may tell you *what* EBIs were implemented in each clinic over time, the data do not tell you *how* they were implemented and if they were implemented as planned. And knowing the “*how*” will allow you to identify deficiencies and make adjustments to EBI implementation to further increase CRC screening rates.

For additional information on developing your Evaluation and Performance Measurement Plan, please refer to the **CDC CRCCP Guidance for Developing an Evaluation and Performance Measurement Plan ([Appendix B](#))**. If you need assistance in developing your plan, contact your CDC Program Consultant and ask for technical assistance (TA) from a CDC Evaluation Team member.

What should your Evaluation and Performance Measurement Plan include?

DP20-2002 requires that your evaluation plan include the following:

- A **program logic model** specific to your program: Your program logic model should reflect an understanding of how *your* program works and should not simply reiterate CDC's overall CRCCP logic model.
- Both **process and outcome evaluation questions**: Questions should assess program implementation (e.g., how EBIs are conducted) and outcomes (e.g., CRC screening rates).
- A **description of your evaluation methods**: Your methods should detail data sources, data collection methods, and approaches for analysis.

When are your Evaluation and Performance Measurement Plans due to CDC?

Evaluation and Performance Measurement Plans are due to CDC by **December 31, 2020**. Instructions on how to submit plans will be confirmed via email communication.

How will CDC review your Evaluation and Performance Measurement Plans?

CDC has a defined process for reviewing and providing feedback to you on your Evaluation and Performance Measurement Plan. The CDC Evaluation Team will identify strengths and areas for revision to strengthen your plan. Your CDC Program Consultant will provide the feedback to you when the review is complete. If you have questions about the feedback from CDC, ask your CDC program consultant to facilitate a meeting with a CDC Evaluation Team member.

Are you required to submit a revised Evaluation and Performance Measurement Plan?

If CDC evaluators identify extensive areas of concern, we may request that you submit a revision of your plan.

How should you use your Evaluation and Performance Measurement Plans?

These plans should guide your CRCCP evaluation efforts. Your plan is a dynamic document; therefore, we encourage you to revisit your evaluation plan each program year (PY) to confirm that your evaluation questions, data sources, data collection activities, and planned uses of evaluation findings remain appropriate for your program. Engage key stakeholders in this process to ensure that your evaluation purpose and use of findings aligns with stakeholder priorities. You do **not** need to submit an updated evaluation plan to CDC each year.

How will CDC use your Evaluation and Performance Measurement Plans?

Aside from reviewing your plans to provide feedback, CDC will use the review process to identify strong evaluation plan elements that can serve as examples for other recipients, identify common challenges that may indicate a need for a specific type of training for recipients, and identify innovative evaluation approaches that should be shared with others.

Implementing the Evaluation and Performance Measurement Plan

You are expected to carry out your Evaluation and Performance Measurement Plan and use results to inform continuous program improvement, demonstrate program outcomes, and inform program replication and sustainability (**See Policy Manual, Policy E2**).

You are expected to share your evaluation and performance measurement results with CDC as part of your Annual Performance Report (APR) and through submitting CRCCP Success Stories. Providing your results are part of our guiding principle for **Accountability**.

How will CDC use your evaluation results?

CDC will use your evaluation results to highlight successful strategies and disseminate your learning to others. CDC will also use your results to identify recipients that may need TA.

Policy E3: Data Reporting Requirements for Participating in CDC's Overall Evaluation of the CRCCP

CDC's Program Evaluation Team will lead the evaluation of the overall CRCCP in collaboration with you and with support from our data contractor, Information Management Services, Inc. (IMS) as well as Research Triangle Institute (RTI). This joint effort is reflected in one of our guiding principles, *Evaluation is a collaboration between CDC and CRCCP recipients*.

CDC's CRCCP Evaluation Plan ([Appendix C](#)) details our national CRCCP evaluation approach. The **CDC Evaluation Plan Executive Summary** ([Appendix D](#)) provides an abbreviated version of that plan. CDC's plan is grounded in **CDC's Framework for Program Evaluation (Figure 1)**. You are encouraged to read our evaluation plan and review the evaluation questions CDC will address through our evaluation.

To address some of CDC's evaluation questions, we will collect standardized data from all CRCCP recipients. Additionally, CDC will design and conduct **special studies** over the course of the project period – many of you will be invited to participate in those studies. CDC has designed three unique, standardized data collections that require your collaboration:

- **CRCCP Quarterly Program Update**
- **CRCCP Annual Awardee Survey**
- **CRCCP Baseline and Annual Clinic Data**

The CRCCP Quarterly Program Update (QPU) and the CRCCP Annual Awardee Survey are web-based and administered by IMS, our data contractor. The QPU and Annual Awardee Survey data are primarily used by CDC program consultants and managers to monitor your progress, understand your program operations, and inform delivery of CDC TA. You will also collect baseline and annual clinic data records from each of your partner clinics and report those data to CDC via our program website, crccp.cdc.gov website.

Data collection and reporting periods and due dates are detailed in **Table 1** below. In the following sections the specifics for each of these unique data collection efforts are detailed, followed by a short description of the special studies that will be conducted during the DP20-2002 project period.

Table 1. CRCCP Data Reporting Timeline

Data Collection Type	Dates	Notes
CRCCP Quarterly Program Update	Qtr 1 of each PY*: October Qtr 2 of each PY: January Qtr 3 of each PY: April Qtr 4 of each PY: July	Web-based instrument conducted during each quarter of every PY*. Web link sent to program directors/managers the first business day of the respective month by email. Recipients have <u>10 business days</u> to complete the QPU. In PY1, the Qtr 1 QPU will not be fielded. In PY5, the Qtr 4 QPU will not be fielded.
Annual Awardee Survey	PY1 survey – July 2021 PY2 survey – July 2022 PY3 survey – July 2023 PY4 survey – July 2024 PY5 survey – May 2025	Web-based survey conducted annually in July. Web link sent to program directors/managers the first business day in July by email. Recipients have <u>20 business days</u> to complete the survey. PY5 survey will be conducted in May before the end of the 5-year project period.
CRCCP Baseline and Annual Clinic Data		
Baseline Clinic Data Records	Baseline clinic records may be submitted at any time during the PY as clinics are recruited. Baseline records for clinics recruited during a given PY, must be reported by June 30 th .	Data are submitted via CBARS** at crccp.cdc.gov
Annual Clinic Data Records	Annual clinic records are submitted each year from July – September, with a deadline of September 30 th .	Data are submitted via C-BARS at crccp.cdc.gov . In PY5, annual records will be reported in June 2025 before the end of the 5-year project period.
CRC screening rates	Any outstanding CRC screening records that could not be reported with the annual clinic records in September, should be reported by the following March 31 st .	Updated screening rates are submitted via CBARS at crccp.cdc.gov ; recipients should edit the appropriate annual clinic records to add the screening rates.

*PY: PY (July – June); **CBARS: Clinic Baseline and Annual Report System

CRCCP Quarterly Program Update (QPU)

What is the purpose of the CRCCP QPU?

The purpose of the **CRCCP Quarterly Program Update (QPU)** is to support rapid reporting of standardized programmatic information to inform delivery of timely and tailored TA by CDC.

What information are collected on the QPU?

The QPU is included as [Appendix E](#) and collects information in four areas:

- Federal award spending
- Current staff vacancies
- Program successes and challenges
- Current technical assistance needs

Who should complete the QPU?

The person most familiar with the day-to-day operations of the program should complete the QPU; however, we encourage you to engage other staff members as needed to answer all questions as accurately as possible.

When is the QPU administered?

The QPU is web-based and administered four times per year – the first two weeks of July, October, January, and April. You have 10 business days to complete the instrument. In completing the QPU, you will provide cumulative information on award spending from the start of the PY. For instance, for the QPU administered in January, you will report funds spent for the first 6-months of the PY, July – December. For questions related to staffing, successes and challenges, and TA needs, the information provided should represent the most recent quarter. For instance, for the QPU administered in January, your responses related to these topics should reflect the time period October – December. Quarterly submission allows for better program monitoring and supports timely CDC TA efforts. Please note that in PY 1, the QPU will not be administered for the first quarter given CDC is awaiting OMB approval.

How will the QPU be administered?

The process for conducting the QPU is described below:

STEP 1 – BLAST email from CDC

CDC will send out a Blast email 1 week in advance of administering the QPU to announce that you should expect an email with a link to the web-based instrument.

STEP 2 -- Invitation email sent to Program Director

The awardee Program Director (or Program Manager) will receive an invitation email with instructions and a web link to complete the QPU on the first working day of the months the instrument is administered (October, January, April, July).

STEP 3 – Recipients complete the QPU

You will have 10 business days to complete the web-based QPU instrument. Reminder emails are sent to non-responders five business days after the instrument is released.

STEP 4 – Analysis

You will be provided a report of your QPU responses – these reports will be posted to crccp.cdc.gov. Your QPU data are also made available to CDC program consultants through CDC data dashboards. Additionally, QPU data are aggregated across all recipients and summarized for program consultants and managers.

How are data from the QPU used by CDC?

The data from the QPU allow CDC program consultants to:

- Monitor spending and staff vacancies
- Highlight recipient successes
- Identify program management and implementation challenges
- Provide more tailored technical assistance on quarterly calls and site visits

CRCCP Annual Awardee Survey

What is the purpose of the CRCCP Annual Awardee Survey?

The purpose of the Annual Awardee Survey is to collect standardized information from all recipients that helps CDC monitor your progress, understand who you partner with, and learn about some aspects of your program management and implementation.

What information are collected through the Annual Awardee Survey?

The Annual Awardee Survey is included as [Appendix F](#) and collects information in several areas:

- Program management
- Clinic assessment
- Data management
- Technical assistance
- Partnerships
- COVID effects on program management

Who should complete the Annual Awardee Survey?

The person most familiar with the day-to-day operations of the program should complete the Annual Awardee Survey; however, we encourage you to engage other staff members as needed to answer all questions as accurately as possible.

When is the Annual Awardee Survey administered?

The survey is administered after the end of each PY in July. You have 20 business days to complete the survey. In completing the Annual Awardee Survey, you provide information for the PY that just ended.

How is the Annual Awardee Survey be administered?

The process for conducting the survey is described below:

STEP 1 – BLAST email from CDC

CDC will send out a Blast email 1 week in advance of administering the Annual Awardee Survey to announce that you should expect an email with a link to the survey.

STEP 2 -- Invitation email sent to Program Director

The awardee Program Director (or Program Manager) will receive an invitation email with instructions and a web link to complete the Annual Awardee Survey the first or second week of July each program year.

STEP 3 – Recipients complete the Annual Awardee Survey

You have 20 business days to complete the web-based survey. Reminder emails are sent to non-responders. To ensure you provide complete and accurate data reporting, do not wait until the deadline to complete the survey.

STEP 4 – Data Validation and Analysis

During the month following the close of the survey, CDC will conduct limited validation of your survey responses. The CDC Evaluation Team may contact you to validate some of your survey responses, including addressing missing, incomplete, or inconsistent responses.

Once data are validated, the CDC evaluation team will conduct standard descriptive analysis of the survey data. Various data tables are produced for CDC review. Each recipient is provided a report of their survey responses – these reports are posted to crccp.cdc.gov. The Annual Awardee Survey data are made available to CDC program consultants and managers through CDC data dashboards. Additionally, survey data are aggregated across all grantees and summarized for program consultants and managers in dashboards and a PowerPoint slide set.

How are data from the Annual Awardee Survey used by CDC?

The data from the Annual Awardee Survey allow CDC program consultants and managers to:

- Identify the partners involved in CRCCP implementation, their activities, and funding they receive
- Assess non-CDC funds received by recipients supporting the CRCCP
- Understand how technical assistance is delivered to clinics
- Learn whether resources provided by CDC are useful so that we can make improvements

CRCCP Baseline and Annual Clinic Data

What is the purpose of the CRCCP Baseline and Annual Clinic Data?

The purpose of CRCCP Baseline and Annual Clinic Data is to collect standardized, longitudinal data for each participating clinic in order to answer many of CDC's evaluation questions, including those related to implementation of program activities (e.g., EBIs) and changes in CRC clinic-level screening rates over time. The CRCCP clinic data will also be central to your own program evaluations, providing the data you need to address some of your own evaluation questions. CDC has developed a CRCCP Baseline and Annual Clinic Data Users' Manual that includes detailed information on all aspects of this clinic data collection. The Data Users' Manual is available on the crccp.cdc.gov website. While information about the baseline and annual clinic data are provided here, please refer to the CRCCP Clinic Data Users' Manual for more details.

What information are collected in the CRCCP Baseline and Annual Clinic Data?

CRCCP Baseline and Annual Clinic Data must be collected for each individual clinic, not for the parent health system. The **CRCCP Clinic Baseline and Annual Data Dictionary** is included in the new **CRCCP Clinic Data Users' Manual** (available on the crccp.cdc.gov website). The clinic data include items in the following areas:

- Health system, clinic, and patient characteristics
- Baseline and annual CRC screening rates
- CRC screening practices and completion of follow-up colonoscopies
- Monitoring and quality improvement activities
- EBIs and other clinic activities
- COVID-19 effects on clinic activities

What time periods are represented in the CRCCP Baseline and Annual Clinic Data records?

Baseline clinic data record: You will collect a **baseline clinic data record** at the time a new clinic is recruited. All data reported in the baseline record represent activities in place *prior* to implementing CRCCP activities. A clinic-level baseline CRC screening rate is reported as part of the baseline clinic data record. The recipient establishes a 12-month screening rate measurement period for calculating that screening rate at baseline. The measurement period does not need to align with the PY; for example, the 12-month calendar year is often used to measure the annual screening rate. CDC provides guidance on measuring CRC screening rates in **Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics** (included in the new **CRCCP Clinic Data Users' Manual**, available on the crccp.cdc.gov website).

Annual clinic data record: You will collect and report an **annual clinic data record** at the end of each PY for all clinics participating in the program during that PY. All data reported in the annual record represent the **12-month PY** (July – June) *except* for the CRC screening rate which reflects the 12-month screening rate measurement period established at baseline.

Who should collect the CRCCP Baseline and Annual Clinic Data?

We recommend that you assign a staff person (e.g., data manager, evaluator) to manage the clinic data for your program. Staff involved in collecting the clinic data should be well versed with the **CRCCP Clinic Baseline and Annual Data Dictionary** and understand all data items and their definitions. It is critical that you understand how data items are defined in order to collect and report accurate, high quality clinic data.

When do you report CRCCP Baseline and Annual Clinic Data records to CDC?

Baseline Clinic Records: You are required to collect and report to CDC a baseline clinic data record at the time a new clinic is recruited. The baseline records should be submitted via the Clinic Baseline and Annual Report System (CBARS) at any time during the PY. All baseline clinic data records for clinics recruited in a given PY must be submitted by June 30th.

A note to former DP15-1502 recipients: You must submit a new baseline clinic data record for any clinic that was enrolled during DP15-1502 and will continue with your program under DP20-2002. In part, this is due to changes made to the baseline record as part of DP20-2002. Also, this will provide CDC a new, baseline clinic data record for all clinics participating under DP20-2002. In such cases, please use your DP15-1502 PY5 EBI data and screening rate for this baseline record for DP20-2002.

Annual Clinic Records: You are required to collect and report to CDC an annual clinic data record for each of your partner clinics by September 30th of each year. The annual clinic data record reflects the PY (except for the CRC screening rate which reflects the 12-month screening rate measurement period established at baseline). Therefore, you have 3-months each year, July through September, to collect and report annual clinic data records for all clinics that participated during the PY. Depending on a clinic's 12-month screening rate measurement period, you may not have an updated CRC screening rate for a particular clinic when they submit the annual clinic record. That's OK. However, you should still submit your annual record by the September 30th date and, instead of providing an updated CRC screening rate with that record, you will provide a date for when the updated screening rate will be available. Once the updated screening rate is available, you will go into CBARS and update the annual clinic record with the new screening rate. All unreported screening rates are due by March 31st of the following year.

Let's Review the Timeline for Reporting CRCCP Baseline and Annual Clinic Data!

- **Baseline Clinic Data Records** – Submit baseline clinic data records when a new clinic is recruited. You can submit a baseline record at any time during the PY. Baseline records for clinics recruited in a given PY are due by June 30th.
- **Annual Clinic Data Records** – Submit annual clinic data for all clinics that participated in the PY. All annual clinic data records are due by September 30th each year.
- **CRC Screening Rates** – If you did not have an updated screening rate for a clinic when you reported the annual clinic record in September, you must edit the clinic record in CBARS by March 31st of the following year to provide that information.

Please note that a detailed data reporting timeline is included in the CRCCP Clinic Data Users' Manual available at crccp.cdc.gov.

How are the CRCCP Baseline and Annual Clinic Data submitted to CDC?

CRCCP baseline and annual clinic data are submitted to CDC electronically through an electronic system called **CBARS**. CBARS can be accessed via the crccp.cdc.gov website where you can click on the CBARS tab to enter clinic data. CDC will host a webinar on using the CBARS system once OMB approval has been secured. The CBARS system can generate various reports for you. We encourage you to explore that function in CBARS and use those reports to monitor progress and data quality.

How is data quality for the CRCCP Baseline and Annual Clinic Data monitored?

Every fall, CDC will lead a process to review your clinic data records with the aim of improving data quality. This is a continuous quality improvement cycle that includes the following steps:

STEP 1: CDC review of clinic records

Your clinic data are reviewed by CDC and **data notes** are created listing all data quality issues identified.

STEP 2: Disseminate data notes

Data notes are emailed to you for review and a date is scheduled for a conference call with CDC and IMS.

STEP 3: Data review conference call

A conference call is conducted and data notes are reviewed and discussed. Outstanding issues are documented as **action items** requiring your follow-up. Action items are emailed to you for review and follow-up.

STEP 4: Response to action items

You are required to address all action items and provide written responses within an established time frame.

STEP 5: CDC confirmation of required changes

CDC confirms that any/all revisions/edits to the data requested in the action items have been completed.

STEP 6: Addressing unresolved action items

If CDC finds that some action items were unresolved or incorrectly resolved, you will be contacted and provided with updated action items.

How are the CRCCP Baseline and Annual Clinic Data analyzed?

CDC creates an analytic data set twice annually – in the fall following the submission of annual clinic records and in the spring following the submission of any outstanding CRC screening rates. These data sets are used to populate various data dashboards that allow CDC to monitor overall CRCCP program reach (e.g., number of clinics), clinic characteristics, implementation of EBIs, screening rate change, and other factors (e.g., clinic champions).

Researchers also use the clinic dataset to conduct analyses to answer some evaluation questions detailed in CDC's evaluation plan related to overall program effectiveness and drivers of CRC screening rate change.

How are the CRCCP Baseline and Annual Data used by CDC?

CDC evaluators, program consultants, and managers use the clinic data to monitor progress in recruiting clinics, implementing EBIs, and increasing CRC screening rates. As noted above, researchers at CDC analyze aggregate clinic data to evaluate overall program effectiveness. And program data are regularly disseminated to stakeholders, including Congress, through our CRCCP CDC website, reports, and presentations.

CRCCP Special Studies

CDC will lead several special studies over the course of the five-year project period. Research Triangle Institute (RTI) has been contracted to lead cost studies as well as qualitative case studies to address specific questions in CDC's evaluation plan ([Appendix C](#)). You may be invited to participate in some of these special studies, and we hope that you will agree to participate. CDC will also conduct analyses of the aggregate CRCCP baseline and annual clinic data to assess program effectiveness and potential drivers of screening rate change.

Chapter 3: CRCCP Evaluation Website

CDC's data contractor, IMS, manages a website for CRCCP recipients at www.crccp.cdc.gov. All program directors (or program managers) will be given access to this website and they can then provide permissions for other staff members to access it. The website is focused on evaluation and includes the following:

- CRCCP Clinic Data Users' Manual
- Access to CBARS to enter CRCCP Baseline and Annual Clinic Data
- Data collection tools (QPU, Annual Awardee Survey, CRCCP Baseline and Annual Clinic Data Dictionary)
- Evaluation-related webinar recordings
- Evaluation-related resources

Appendices

Appendix A: Guide to Hiring and Working with Evaluators

Guide to Hiring and Working with Evaluators

Guide to Hiring and Working with Evaluators

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Guide overview

This guide is a “how to” guide for thinking about, planning, and hiring an evaluator for your program. The opening section on program evaluation is adapted from the Comprehensive Cancer Control Branch Program Evaluation Toolkit (22).

Tip for guide users

Users who are new to hiring evaluators may need to read each section of the guide. Those with some experience hiring evaluators may be able to quickly scan through or skip some of the sections.

Why Was this Guide Developed?

This guide was developed to provide you with guidance and reference material in planning and hiring a program evaluator for your program, so you can meet the evaluation requirements of your funding agreement. This guide provides a brief overview of the evaluation process, general guidance on evaluators’ capabilities and characteristics, and how to hire them. It also contains some practical tools for assessing what an evaluator could do for your program, as well as some tools for making decisions about who will evaluate your program. Frequently, evaluators are hired after a program has received funding and work plans have been developed, but involving an evaluator early in the development of the program and application for funding is encouraged.

How Should this Guide be Used?

This guide includes guidance, worksheets, and tools to help in planning for and hiring of an evaluator of funded programs. You should use the guide according to your department’s staffing rules and your

program needs. When using this guide, you should observe the following guidelines:

Guidelines for using the guide

Adopt when practical

You can avoid “reinventing the wheel” and save valuable program resources by using the tools and templates provided in this guide to focus your evaluator hiring activities.

Adapt as needed

This guide is not intended to be a prescriptive resource. The tools and templates provided in this guide should be modified as needed to best align with your unique program context and needs.

Be flexible

Although this guide presents information on how to hire an evaluator, it is important to remember to follow the rules and regulations of your department in hiring staff, including evaluators. Bringing on an evaluator as early in the program development process as possible is encouraged, although this probably is only practical for those who have in-house evaluators assigned to their programs.

What Is in this Guide?

This guide comprises five main sections:

1. **What is evaluation and why should you hire an evaluator?** – This section provides a brief overview of evaluation based on the CDC Framework for Program Evaluation in Public Health, why you should have an evaluator help you evaluate your program, and what an evaluator can be expected to do for you. It includes the definition of program evaluation and what you should have in place before engaging an evaluator.
2. **How do you decide who should evaluate your program?** – This section provides guidance on choosing an evaluator, deciding on whether to engage an internal or external evaluator, and which evaluator characteristics are important for your program. The section reviews many specifics to consider in choosing an evaluator.
3. **What are the logistics of hiring an evaluator?** – This section reviews a variety of ways to hire an evaluator. It is important to note that you should follow the policies of your organization in hiring an evaluator. Since users of this guide come from a variety of organizations, we included a wide range of hiring options.
4. **References – This section presents a list of references used in the development of this resource.** There are more references and resources available on hiring an evaluator, but it is impossible to include all references in one guide. Hiring specifics can vary by organization, so this is not an all-inclusive resource.
5. **Appendices – This section contains worksheets and forms you can use in the pre-hiring and hiring process.** You can pull out the worksheets and forms in this section to use in your hiring process. They can help you think through and decide whether your need an internal or external evaluator,

whether you have needed materials in place before hiring an evaluator, and specific characteristics to look for in the evaluator during the hiring process.

How Can I Apply this Guide?

This guide is intended to walk you through decisions on engaging an evaluator for your program. Considering the information in this guide should help you hone your evaluator hiring skills and give you a better idea of considerations in the hiring process. This guide is not prescriptive, but can be used as needed to best align with the unique context and needs of your program.

Take-aways

- Know your program
- Hire an evaluator as early in the process of program development as possible
- Have an idea what questions are important to answer and what you want achieve with the evaluation
- Provide your evaluator with as much information on the program as you can
- Include your stakeholders at every step
- You are paying for the evaluation and should get what you need from it, not what others want
- Ask your funder for help if you are not sure how to proceed

What is evaluation and why should you hire an evaluator?

This section provides a very brief overview of program evaluation and how an evaluator can help you better evaluate your program. It reviews what you can expect an evaluator to do for you and what you should have in place before hiring an evaluator.

What is program evaluation?

This is a brief overview of evaluation for novice evaluators and is adapted from the Comprehensive Cancer Control Branch Program Evaluation Toolkit (22). It is not an exhaustive resource, but it covers the following topics:

- a definition of program evaluation and descriptions of different types of evaluation,
- the differences between program evaluation and surveillance and research, and
- a description of the Centers for Disease Control and Prevention (CDC) Framework for Program Evaluation in Public Health.

Key Definitions and Descriptions

Program evaluation is “the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.” (15). We operate on the premise that the key purpose of program evaluation is to improve public health practice.

What Are the Different Types of Program Evaluation?

There are several types of program evaluation. Some that are commonly used in the public health field are described below, although this list is not exhaustive:

- **Formative evaluation** refers to assessments conducted to inform the development of a program—for example, conducting community needs and asset assessments and focus groups to identify appropriate cancer control strategies.
- **Process or implementation evaluation** is conducted to assess whether a program has been implemented as intended, and why or why not.
- **Outcome or effectiveness evaluation** is conducted to assess whether a program is making progress on the short-term, intermediate, or long-term outcomes it is intended to yield.
- **Comprehensive evaluation** is a term that is sometimes used to refer to the assessment of a program’s implementation and effectiveness—that is, evaluators conduct both process and outcome evaluation activities for a given program.
- **Efficiency evaluation** is conducted to assess whether program activities are being produced with efficient use of resources, including staff time and funding dollars.
- **Cost-effectiveness evaluation** is conducted to assess whether the benefits of a program sufficiently exceed the cost of producing them.
- **Attribution evaluation** is conducted to assess whether the outcomes being produced can be shown to be related to the program, as opposed to other factors or initiatives that may be occurring at the same time.

Evaluation Expectations

You are, at minimum, encouraged to conduct process and outcome evaluations of your efforts.

What Is the Difference Between Program Evaluation and Surveillance?

Program evaluation and surveillance are companion processes. Surveillance is the continuous monitoring of, or routine data collection on, various factors (e.g., behaviors, attitudes, deaths). When incorporated into program planning and formative evaluation activities, surveillance data can help focus programs’ scope and efforts. Surveillance data can also be a good data source for addressing evaluation questions about program activities, outputs, and outcomes. However, program evaluation is broader in scope than

surveillance and requires data collection and analysis methods beyond surveillance.

Evaluations generally involve the collection, analysis, and synthesis of data from a variety of sources, including program document reviews, program participant records, and interviews or focus groups with program staff and participants. Surveillance data alone are often insufficient for addressing program evaluation questions, particularly process evaluation questions. Even in the case of outcome evaluation, there are often limits to how useful surveillance data can be for evaluators. For example, some surveillance systems, such as the Behavioral Risk Factor Surveillance System (BRFSS) can measure behaviors in large populations (such as state cancer screening rates), but these systems often have insufficient sample sizes to measure changes in outcomes at the community level or in small populations that may be targeted by funded programs. In addition, it could take several years to see changes in surveillance data related to health status.

What Is the Difference Between Program Evaluation and Research?

Program evaluation and research both make important contributions to the field of public health, but they differ in purpose, priorities, and activities. However, some of these differences are no longer as clear-cut because some public health researchers have adopted more participatory and applied models of research. Likewise, some evaluations of public health programs are designed to address attribution.

Program evaluation also helps to build practice-based evidence for interventions, which can (1) inform both public health practice and research agendas and (2) complement rigorously tested evidence-based practices.

Table 1: Differences between research and program evaluation.

Research	Program Evaluation
Focuses on a population	Focuses on a program
Aims to prove	Aims to improve
Value free	Determines value
Did it work?	Is it working?

The difference between program evaluation and research is often summarized by the adage, “Research seeks to prove; evaluation seeks to improve.” (23). Patton expands on this adage in his book, *Utilization-Focused Evaluation*:

Basic scientific research is undertaken to discover new knowledge, test theories, establish truth, and generalize across time and space. Program evaluation is undertaken to inform decisions, clarify options, identify improvements, and provide information about programs and policies within contextual boundaries of time, place, values, and politics. Research aims to produce knowledge and truth. Useful evaluation supports action (Patton p.24).

Why is it important to evaluate your programs?

- Funders generally require funded programs to evaluate their programs.
- Program evaluation allows us to monitor progress toward program goals.
- The evaluation process helps us identify opportunities for program improvement.
- The evaluation process helps us identify problem areas before significant resources are wasted.
- The evaluation process helps us identify what is working well so we can celebrate success.
- Evaluation findings can help justify the need for further funding and support.

What Is the CDC Framework for Program Evaluation in Public Health?

The CDC framework for Program Evaluation is based on the premise that good evaluation of public health programs does not involve merely gathering accurate evidence and drawing valid conclusions; it should produce results that are used to improve the program. It is a set of six steps and four groups of standards for conducting good evaluations of public health programs.

Figure 1. CDC Framework for Program Evaluation in Public Health.



The six steps of the framework are presented in the outer ring of Figure 1 and described below:

1. **Engage stakeholders** Stakeholders are people or organizations that are invested in the program, are interested in the results of the evaluation, and/or have a stake in what will be done with the results of the evaluation. Addressing stakeholder needs and interests is fundamental to good program evaluation.
2. **Describe the program** A detailed program description clarifies all the components and intended outcomes of your program, which helps you focus your evaluation on the most important questions.
3. **Focus the evaluation design** This step includes determining the most important evaluation questions and the appropriate design for the evaluation. Focusing the evaluation is based on the assumption that the entire program does not need to be evaluated at any time.
4. **Gather credible evidence** Evidence must be gathered to address your evaluation questions. This step includes developing indicators for the program components of focus in your evaluation and determining data collection methods and sources.
5. **Justify conclusions** Whether your evaluation is conducted to show program effectiveness, help improve the program, or demonstrate accountability, you will need to analyze and interpret the

evidence gathered in Step 4. Step 5 includes analyzing the evidence, making claims about the program based on the analysis, and justifying the claims by comparing the evidence against stakeholder values.

6. **Ensure use and share lessons learned** Evaluation findings should be shared with key stakeholders in a timely, consistent, and unbiased manner. Grantees should use findings and recommendations from their evaluations to improve their programs. Evaluation results may also be used to demonstrate program effectiveness, demonstrate accountability, and justify funding.

Steps in the framework are informed by a set of standards for evaluation. As the framework steps can be used to guide grantees through the process of program evaluation, the framework standards can inform choices of evaluation activity options within each framework step. There are a total of 30 framework standards, but they are clustered into the four groups listed in the center box of the framework diagram presented in Figure 1:

- **Utility:** Who needs the evaluation results? Will the evaluation provide useful information in a timely manner for them?
- **Feasibility:** Are the planned evaluation activities realistic given the time, resources, and expertise at hand?
- **Propriety:** Does the evaluation protect the rights of individuals and protect the welfare of those involved? Does it engage those most directly affected by the program, such as participants or the surrounding community?
- **Accuracy:** Will the evaluation produce findings that are valid and reliable?

For more information on the CDC Framework for Program Evaluation in Public Health and how to apply it, please access "*Introduction to program evaluation for public health programs: A self-study guide.*" at <https://www.cdc.gov/eval/guide/index.htm>

Why should you work with an evaluator?

From the above it should be clear that evaluating your program is necessary for showing its impact and worth to stakeholders. But you may be asking yourself why you should work with an evaluator. Maybe you feel you can collect the required data and analyze it or you feel you can develop an evaluation plan. The advantage of working with an evaluator, however, is that evaluation is their area of expertise. Many of us can do basic data analyses, but generally we hire biometrists or statisticians to handle those aspects of a project for us. The same applies to evaluation: while we all probably can do basic program evaluation, it is best to hire someone with some expertise in it. They can help us clarify our programs in a logical way, develop evaluation questions we or our stakeholders want answered, devise efficient data collection methods and ways to use data that are being collected as part of the program, and help build stakeholder buy-in. Having an evaluator involved with your program early in its development can afford you the opportunity to have them help you with funding applications by developing an appropriate, efficient, and effective evaluation plan, which is something most funders require. Having an evaluator help you develop a strong evaluation plan and collect solid data can help you improve your program and use resources in a more efficient way. It could also lead to changes in your program that can be generalized to similar programs, having an even greater long-term impact.

What can an evaluator be expected to do?

As with any group of professionals, the field of evaluation covers a range of expertise and individual evaluators will have specific areas of concentration within that. Just as not all statisticians are experts at multi-level modeling techniques, not all evaluators will be experts at all areas included in the broader field of evaluation. All evaluators should be able to help you with basic evaluation tasks (Juvenile Justice), such as:

- developing a logic model of your program,
- developing an evaluation plan,
- developing evaluation questions and matching measures,
- designing data collection forms and procedures,
- performing basic analyses and presenting results, and
- providing recommendations to the program.

An evaluator can provide as much or as little support in these areas as you need. While program staff may be able to do large parts of these tasks themselves, they will benefit from the input of an experienced and qualified evaluator (14). Just as many people may be able to make a table; most people still turn to a carpenter or furniture designer and builder to make tables for them.

Evaluators can also take on various roles (17). They can act as researchers: when you are trying to figure out the better screening promotion strategy for your client base, they can design a research study to answer this question for you. An evaluator can also act as:

- a judge: they can collect program data and, based on pre-set parameters, decide whether your program is cost-efficient or not
- a coach, helping your staff become better at collecting and analyzing data
- an auditor: are your program resources spent according to plan?
- a technical assistance provider, helping program staff to better understand the process and use of evaluation
- a facilitator, helping your team come to a better understanding of the program and how to evaluate it
- an advocate for social justice by making sure the opinions and ideas of all stakeholders are heard

Evaluators have a variety of skills and bring a variety of experiences to the table. They can complete a range of evaluation-related tasks and take on a number of different roles depending on your needs. It is therefore important to have an idea of what you need for your program.

When hiring an evaluator, having an idea of what type and the extent of help you may need will be helpful in choosing an evaluator appropriate for your program. For example, if your program is being developed, hiring an evaluator who is good at facilitating groups and developing logic models and designing data collection forms and procedures may be most appropriate for you, while an evaluator who is more skilled at data analysis and technical assistance would be more appropriate when you are trying to assess the cost-effectiveness of your program. If, in addition to evaluating your program you want to increase the evaluation capacity of your staff, you should include that as part of the evaluation

contract and include staff training as a deliverable.

You will want to hire an evaluator for your program as early in the process of program development as possible. Preferably, your evaluator will help you respond to the

funding announcement you are using for your program. Since an evaluator can help you clarify your program goals and how the program is expected to achieve them, having an evaluator assist in developing the funding submission is to your benefit. This will allow them to develop a more efficient and effective evaluation plan and can reassure funders that you are serious about evaluation, which is becoming more importance in the funding of programs. Many programs cannot include their evaluators in the development of their programs, especially when it concerns an external evaluator. In these cases, it is important to provide the evaluator with programmatic information as soon as possible, even during the hiring process and having applicants develop a draft evaluation plan for your program.

You will want to hire an evaluator for your program as early in the process of program development as possible.

What should you have in place before working with an evaluator?

To make working with an evaluator more efficient, having a good understanding of your program, how and why it has the outcomes it does, and what evaluation questions you want answered is important. If you do not have this information, you can develop this information by working with your evaluator, but naturally this will slow down the development of the actual evaluation plan for your program. And having your evaluator on board to assist in responding to a funding request makes designing and executing your evaluation more efficient.

An understanding of your program

Before working with an evaluator, you should be clear about the specific problem your program addresses and what your program intends to achieve. Knowing which staff you have available (e.g. epidemiologists or others who can answer questions about the program, such as those in Table 2) and having a clear sense of the resources (including staff and time) you are able and willing to commit to the evaluation, will allow you to determine the scope of the evaluation needed, as well as a clear idea whether evaluation is currently important to your program. This programmatic information will allow your evaluator to develop an effective and efficient program evaluation plan.

If you do not have the above information about your program and you cannot develop it before you hire an evaluator, your evaluator can help guide you through the development of it. Evaluators typically are good at asking clarifying questions and at getting you to think about your program and what you need to show that it is effective. It is therefore important to hire your evaluator as soon as possible. In fact, it is very helpful to include evaluators in the development of programs as they can then develop more

You should have a good understanding of your program and your evaluation needs before you start working with an evaluator.

effective and efficient evaluation plans and can devise ways of including necessary data collection into daily program activities.

Your evaluation needs

You should know what you want to find out about your program and who will use that information and how (17). Knowing what you want to know about the program and how you will use that information will enable the evaluator to understand what the goal of the evaluation is and allow them to design the most efficient and effective evaluation and data collection methods for your program.

It is also helpful to the evaluator if you know some details of your evaluation project, such as the role you expect the evaluator to play; who your stakeholders and potential audiences are; and what type of evaluation assistance you need: do you need a scientifically rigorous evaluation or someone to work with grantees on developing their evaluation skills (17). It is important to be clear about all these items before searching for and hiring a consultant as these items can affect your choice of consultant and their responses to your solicitation for proposals and, more importantly, affect their ability to design the most appropriate evaluation for your program.

Whenever you are working on an evaluation, you should keep your funders' requirements in mind. Regardless of other questions you may have about your program, the Centers for Disease Control and Prevention (CDC) will expect you to collect and share certain process and / or outcomes data for the evaluation of your program at a national level. In addition to these CDC required data collections, it is important that you answer questions that are of interest to you and your stakeholders, such as the state health department, participants in the program, and program providers. While CDC may be asking for information on specific outcomes, such as increased screening rates, you or your stakeholders may be interested in knowing which health service agency has the best screening rates and why. Maybe you or a stakeholder wants to know how long it takes from initial contact for a client to come in for screening and why that time period is what it is. Or you may want to try a new media approach (18). Finding out if it is more successful than what you currently use could have long-term implications for your program.

When hiring an evaluator, knowing which of these types of questions you and your stakeholders want answered will allow you to choose an evaluator who can best help you to answer those questions. If an evaluator knows which questions you want answered and suggests spending considerable time and effort collecting data that do not address your questions, maybe that is not the evaluator for your program. If you do not know which questions you want answered, it will be difficult for an evaluator to give you what you and your stakeholders want or need. You should not let an evaluator decide which questions should be addressed: that is something you and your stakeholders should determine.

Table 2: Do I have the information I need to work with an evaluator?

Question	Answer
What is the problem my program addresses?	
What are the intended program outcomes?	
What do I want to know about the program?	
What kind of data do I need to collect?	
Who will work with the evaluator to design data collection tools?	
Who will use the collected data?	
How will the collected data be used?	
What do I think the general design of my evaluation project will be?	
What is the role of the evaluator?	
Who are my stakeholders?	
Who are my audiences?	
What type of evaluation assistance do I need?	

Table 1 is also provided in Appendix A with an explanation / additional questions for each listed question. It is meant to be used as a worksheet in preparing to work with an evaluator.

How do you decide who should evaluate your program?

This section reviews how you decide on who should evaluate your program and how you can choose an evaluator: characteristics and abilities to look for.

Who should evaluate your program?

When thinking about putting together an evaluation team for your program, you should think about past evaluation experiences, current data collection practices of the program, ease of data collection for assessing the outcomes of interest, the level of evaluation expertise of program staff, and the evaluation skills and experiences of stakeholders in the program (7). Discuss the specific evaluation needs and tasks with other agency staff to assess whether there is adequate internal evaluation capacity to do the evaluation with internal staff (1, 5, 7, 12, 16). If there isn't sufficient internal agency capacity to execute

the evaluation, then you should consider hiring an external evaluator.

[Should you hire an external evaluator to evaluate your program?](#)

You can start answering the question of whether to hire an external evaluator by answering the following 4 questions (3):

- Is an external evaluator required by the funder?
- Does program staff have the expertise and experience to do or learn to do evaluation?
- Is there enough time for staff to devote to doing the evaluation?
- How important is external, objective assistance and feedback?

Some funders require grantees to hire an external evaluator (1, 5, 7, 16, 21). CDC does not require you to hire an external evaluator, but does expect you to have an evaluator for your program. This evaluator position can be an internal or an external one: the choice should make sense for your program and your organization and needs to follow your organization's guidelines.

If your program staff has the skill and experience doing evaluations and the program has successfully collected evaluation data and been able to use it to amend the program or solicit additional funding or funding in subsequent years, you likely can fill the evaluation position internally with a program staff member. If program staff does not have evaluation skills or experience, and program evaluation, data collection, or use of evaluation findings has been problematic in the past, you may do best hiring an outside evaluator to guide the evaluation and lend objectivity and credibility to the evaluation and the conclusions drawn from the collected data. An external evaluator can also be a champion for use of evaluation data.

If using internal staff for evaluating your program, you will need to assign one person the role and responsibilities of program evaluator. You should expect this staff member to dedicate their efforts to evaluation of the program. They may receive help and assistance from other staff or stakeholders, but they should be the person taking the lead in evaluating the program.

If you are not clear on whether you should or need to hire an external evaluator, consider the questions in the below table. They will help you think through the capacity of your program staff to do many evaluation tasks. If you have a staff member with evaluation expertise and experience, maybe some of your stakeholders can assist in some of the areas you lack staff capacity, such as development of the logic model or data collections.

Table 3: How do I decide whether to hire an external evaluator?

Resources for evaluation team selection	Yes	No
Are there designated evaluation funds for your program?		
Has the program successfully completed similar evaluations?		
Are current program practices and information collection forms useful for evaluation?		
Can evaluation information be collected as part of normal programmatic processes (at intake, termination)?		
Is any program staff trained or experienced at doing evaluation tasks?		
Do any stakeholders (advisory board members) have training and experience in evaluation tasks?		

*Adapted from The Pell Institute

- ☒ If all are questions are checked no, wait till the program has the funds for evaluation
- ☒ If you answer yes to first item and no to all rest, your program needs evaluation assistance and you should consider hiring an external evaluator to do all the work
- ☒ If you answer no to first item and yes to most of others, use an internal team, led by the staff member with evaluation expertise and experience
- ☒ If you answer yes to first item and the rest of the answers are mixed, you may or may not need an external evaluator

If you need to hire an external evaluator, there is a range of options how to engage them in the evaluation. A program could decide to hire an external consultant for specific tasks (developing a logic model, designing data collection instruments and processes, analyzing data and drawing conclusions, or sharing the results) and have a staff member lead the evaluation team, or, if more expertise and skill is needed, the external evaluator could lead the team and perform the most critical evaluation tasks (22, 1, 12), while program staff members contribute where they can. If program staff does not have the capacity to partake in the evaluation, you can have the external evaluator perform all evaluation tasks.

If you plan to hire an external evaluator, follow your agency's policies and procedures for hiring: RFP, contract, sole sourcing, consultant proposal, or other procedure (21).

Keep in mind that the evaluation team will always need to include some program staff, even if it "only" is one person to be the point of contact and to monitor and provide oversight to the external evaluator.

What are the benefits and disadvantages of using external versus internal evaluators?

Knowing what the pros and cons are of using internal and external evaluators may help you decide whether to develop a staff position for evaluation or not. Understanding the pros and the cons will help you prepare if you need to hire an external evaluator.

Benefits of using an external evaluator

There are several benefits to using external evaluators. With increased expertise and experience, external

evaluators may be able to evaluate the program more efficiently: they may be able to modify data collection instruments more easily and see ways of collecting data that are quicker or more accurate. As they are outsiders to the program and do not generally have a stake in the program, they are seen as less biased and more objective and thereby lend more credibility to the evaluation and its results. Being outsiders, they can also offer an impartial and new perspective on the program. Their questions about how all the parts of the program interact and how together they achieve the program outcomes can be intimidating if not expected. Also as a function of being outsiders, they may be able to collect data that program staff cannot. Having some distance from staff and program participants makes them less invested in the results and makes it easier for staff and program participants to be honest about the program, especially when there is an understanding that information shared with the evaluator is kept confidential. In addition, working with an external evaluator can decrease the burden of work for program staff (1, 3, 5, 7, 12, 14, 16, 7, 14, 21, 22, 24, 25).

Table 4: Deciding on what type of evaluator to use.

Option	Consideration
Use an internal evaluator	<ul style="list-style-type: none"> ➤ Internal staff has evaluation expertise and experience ➤ The program has the time and resources to dedicate to the evaluation ➤ You have the needed data collection tools and systems in place, as well as data management and analysis technology and staff
Hire a consultant for specific tasks	<ul style="list-style-type: none"> ➤ Internal staff lacks expertise for specific aspects of the evaluation, such as logic model development, designing the overall evaluation, and developing and implementing data collection tools ➤ Program staff do not have the time to dedicate to the evaluation ➤ Program staff has the capacity to do the evaluation, but needs coaching and guidance in specific areas
Use an external evaluator	<ul style="list-style-type: none"> ➤ Program lacks the internal staff with evaluation capacity, the time, and the other supporting resources to perform the evaluation

*Adapted from Mattessich, Figure 11, page 58

Disadvantages of using an external evaluator

Most things have both benefits and disadvantages. One disadvantage of using external evaluators is that the program will have less control over the process. Hopefully, the external evaluator will work independently to some extent, but may not do and time things exactly as program staff might, which can be disconcerting to program staff. Using an external evaluator provides less opportunity to build internal evaluation capacity: there is less need for internal staff to learn evaluation processes and techniques if the external evaluator is doing most of the evaluation work. There may also be increased costs associated

with an external evaluation, depending on who is hired and in what capacity. Sometimes having an evaluator on staff turns out to be less expensive in the end.

Another potential disadvantage can occur if the external evaluator is not familiar with the content area of the program and was not given information about the program as part of the application or hiring process. In this situation, the evaluator may not understand the program and the issues relevant to it or its population as well as your internal staff, so that internal staff then need to expend time and energy helping the evaluator get to know your program, and consequently the program expends funds for the evaluator to understand the program, rather than on the evaluation. This does not mean that an external evaluator should not be hired unless they have previous experience with your program's content area or population of interest, but it is an item to consider when hiring an evaluator.

Having a long-term working relationship with an external evaluator may minimize some of the time needed for familiarizing the evaluator with the program (16, 1). In addition, providing a clear description and continued guidance on what is needed and having a staff person as point of contact and contract supervisor will also help mitigate the amount of time needed for familiarization with the program. This will help prevent the situation of an external evaluator paying less attention to your evaluation than they should and you paid for. This is more apt to happen if your evaluation is one of several on the evaluator's plate or if an evaluator is merely consulting on a few aspects of an evaluation. Not providing oversight to an evaluation contract can lead, as with any contract, to a lack of work completion. (1, 3, 7, 14, 16, 21, 22, 24). Providing oversight to the external evaluator may be a time burden to your staff, but is essential to having a good contractor experience.

Benefits of using an internal evaluator

Using internal staff for the evaluation could be less expensive and be more effective at getting program staff input (16, 1). Sometimes staff members feel less engaged with the evaluation when outside evaluators are managing and completing the evaluation tasks. To them it then becomes another project that is the responsibility of someone else and so they are less likely to participate and offer their viewpoint.

Having an internal evaluator also makes it more likely that the program evaluation can begin as soon as the program is funded, or even before that, if the evaluator is asked to provide input to the program design and data collection instruments. In addition, once results become available it may be easier for the program to start using them immediately in programmatic or policy decisions.

Using internal evaluation staff might also be more successful at making the evaluation more consistent with program objectives (1), as program staff will know the program better than an external evaluator. An internal evaluator will also likely know the environment of the program better than an external evaluator and have a better understanding of the staff, population, resources and other issues that affect it.

Disadvantages of using an internal evaluator

One of the disadvantages of using an internal evaluator, is that it might put an additional burden on program staff in terms of time (1, 16). Program staff will have to take on all evaluation duties on top of usual duties, unless consideration has been given to the resource needs of the evaluation, such as time, databases, and survey software. Internal staff will need support from management to complete the evaluation, including the necessary resources. The evaluation itself may be seen as less objective and credible as program staff has a stake in the program. This could lead to a hesitation to use the results in programmatic and policy decisions. Using an internal evaluator may also make program staff and participants hesitant to share their honest views and opinions about the program, leading to biased results. Furthermore, internal evaluation staff may be more hesitant to accept and share less than positive results (1, 16, 22). In addition, if the internal staff does not have much expertise or is not as experienced at evaluation, the evaluation itself may suffer.

Below is a table with benefits and disadvantages to using external and internal evaluators.

Table 5: The benefits and disadvantages of internal and external evaluators.

	Advantages	Disadvantages
Internal Evaluator	Cost: Having an evaluator on staff could help streamline data gathering in general, thereby saving time and effort when it comes to evaluating one program in particular	Time: An internal evaluator may have to take on additional duties, as might other staff
	Staff input: Those involved in the program may have a better chance of sharing their viewpoints and may be more inclined to contribute	Staff and participants input: Staff and participants may be hesitant to share their honest views and opinions with program staff.
	Timely: Program can use results as soon as they are available to make programmatic/policy decisions	Bias: Internal evaluation staff may be hesitant to share less than positive results
	Internal perspective: An internal evaluator will have a better understanding of the staff, population, resources and other issues affecting the program	Objectivity: Since the internal evaluator is part of the program, the evaluation and its results may be seen as biased and less objective.
		Evaluation: If internal staff do not have the necessary expertise and experience, the evaluation as a whole may suffer.

	Advantages	Disadvantages
External Evaluator	Efficiency: Due to additional expertise and experience, an external evaluator may be more efficient at completing the evaluation	Control: An external evaluator will do things their way and staff will have less control over what gets done and when
	Expertise: An external evaluator may have more evaluation expertise and experience, making the evaluation more robust	Expertise: If the external evaluator is not familiar with the program or topic, staff may have to dedicate significant time to bringing them up to speed
	Credibility: An external evaluation generally is less vested in the program and therefore is seen as less biased	Internal evaluation capacity: If the external evaluator is performing all evaluation tasks, there is less opportunity to build internal evaluation capacity
	New perspective: An external evaluator can provide a more impartial and new perspective on the program.	Cost: External evaluations can be more costly than internal evaluations
	Objectivity: External evaluators are seen as more objective than internal evaluators, possibly increasing the likelihood of the results of the evaluation	Final products: Occasionally external evaluators will not understand the evaluation needs and final products required
	Staff and participant input: Staff and participants may be more likely to share their honest views and opinions with an external evaluator	Time: Providing oversight to the external evaluator may be a time burden for program staff
	Time: Program staff may be able to spend less time on the evaluation tasks if you have hired an external evaluator.	

*Adapted from 21, 14, 7, 1, 12

Two other major factors to consider when hiring an external evaluator are the proximity of the evaluator to your program and the timing of hiring the external evaluator.

Proximity

One of the decisions you can make early in the hiring process is if the external evaluator must meet any geographic qualifications (4, 5). Consider the evaluator's proximity to your agency: Where are they located geographically? (17, 22). Do you want the evaluator to be able to physically attend meetings without spending evaluation funds on travel to your site or your program's site? How

important is the evaluator's physical presence to completing their tasks? Do they need to be able to meet and schedule in-person meetings with your staff and stakeholders without using evaluation funds? This may not be an issue if you are comfortable having most of the evaluation done over the phone or using other audiovisual technology and if you are comfortable expending a sizable portion of evaluation funds on travel.

One way to deal with a long-distance evaluator is by using telephone and video conferences (5), although these cannot entirely replace in-person meetings. Maintaining communication throughout the evaluation is an important aspect to hiring an external evaluator and having the technology in place to do so is essential, whether or not the evaluator is located nearby or not.

There may also be some tax or business requirements you have for an evaluator (4), for example you may not want to hire candidates who have an overhead of 30% or more of the budget, but these usually are of a lesser concern.

Timing

When hiring an evaluator, you want to do so as soon as you know you will need an evaluator (25). This will allow you to get the largest benefit from the evaluator's expertise and experience. If possible, you will want to include your evaluator in the funding application. Listing their credentials and indicating you have an evaluator ready to start working on your project instills confidence in funders that an evaluation of your program will occur and that it is likely to have useful results. Having an evaluator included in the funding application will also allow you to use their knowledge, insight, and skills to submit a proposed evaluation plan including a logic model, and evaluation questions. It will help you to fine tune the program and help build in feasible data collection strategies (25).

Hiring an evaluator early will also allow sufficient time to familiarize the evaluator with the program and ensure that baseline data collection processes and tools are in place before the program starts (25). It can take 3 to 6 months of preparation and planning to decide on appropriate measures, design and develop necessary data collection tools (especially surveys) and processes, and have everything in place and available for using in the evaluation (25). Hiring the evaluator early can also enable the evaluator to help in the funding application, ensure that any required IRB processes are completed and approved, and ensure that staff buy-in is established. If you do hire an external evaluator, always build in some time for them to get to know the program and how the program works. This will allow the evaluator to get to know and build rapport with the program staff, and develop a tailored evaluation plan. Having prepared documents that provide details about the program, such as data collection systems that are in place, staffing levels, usual procedures, past evaluation results, and information on what the content of the program is will help the evaluator tremendously, and may help reduce the amount of time needed to get to know your program.

Including your evaluator in the design of your program might help you devise efficient data collection methods that can be built into the program as part of everyday activities and prevent the collection of unnecessary or duplicative information. So, if possible, do not delay in hiring and including an evaluator

in the planning of your program. Having an evaluator on board earlier rather than later can also help you clarify your program, set realistic goals, develop a grounded logic model, and develop appropriate evaluation questions.

Whether you decide to hire an outside evaluator or use an internal evaluator, it is important to bring the evaluator into the project as soon as possible, preferably when you are developing the program or the funding application.

What will you look for in an evaluator?

When hiring an evaluator, remember that there is no one definition of what an evaluator is and what background they have. All evaluators' backgrounds (educational and experiential) are different, much as the backgrounds of other staff vary. But you can expect an evaluator to have taken courses in research methods (both qualitative and quantitative), program development, and approaches to evaluation. Some funders, such as CDC, will require you to hire an evaluator with a specific skill set. Generally, this is laid out in the funding application.

As with hiring any new staff, hiring an outside evaluator will likely occur in a few phases. In the first phase, you will be looking at applicants' proposals, either in response to your RFP or another process you use for hiring. It is strongly recommended that you solicit a proposed evaluation plan from all potential evaluators, even if you have only one person on your list of possible evaluators (21, 22). A good evaluation proposal should include the following: a summary of information about program; a logic model of the program; the questions to be addressed by the evaluation; the data collection and analysis strategies to be used for each question; the individuals who will do the evaluation activities; a timeline for the activities and deliverables; products of the evaluation and who will use them and how; and the projected evaluation costs (4).

Remember to check whether your funder expects you to hire an evaluator with a specific skill set or certain characteristics.

A written evaluation plan will give insight into the evaluators' communication skills (can you understand what is written or does scientific jargon get in the way?); how the evaluator intends to approach the project (is it approached as a research project or are your questions and concerns taken into account in the proposal?); whether a variety of data collecting strategies are used or whether data collection is limited to one method, whether the proposed evaluation costs are within your budget and whether they seem reasonable; and whether the evaluator seems to have a good understanding of your program (7, 14, 16, 17, 21, 22, 24, 25, 27).

Once you receive the proposed evaluation plans, you will want the hiring committee to score all of them on the same set of criteria (21). Once that is done, the top two or three scorers can be invited for an interview. During the interview you will want an applicant to clarify anything in the proposal that is not

clear to you (17): if the proposed approach to the evaluation or the data collection and analysis methods are not clear to you, how will you know what you are paying for and will be getting in the end? In addition to clarifying any confusion in the proposal, the interview can be used to further narrow the field of applicants by assessing several characteristics of the evaluator.

As with any employee, you will want to know what the applicants' educational background is. For evaluators, you should pay particular attention to whether they have taken both qualitative and quantitative research methods courses (7, 17, 22).

You will also want to assess applicants' experience using various evaluative methods and approaches: do they have experience with both qualitative and quantitative methods, do they prefer one over the other, have they used various data collection methods (surveys, focus group, observation, file reviews), with which types of data analyses are they familiar? (4, 7, 17, 22, 24, 27). Assess their experience with a range of data collection strategies: your evaluation may require a variety of data collection strategies, so your evaluator should be able and comfortable using a variety of them (4, 7, 11, 14, 16, 21, 22, 24, 25). In addition, you want to be sure they have some experience evaluating programs similar to yours (both in size and topic) and your client base (size and variety) (4, 11, 12, 16, 17, 22, 24). You definitely will prefer to work with someone who has some familiarity dealing with your type and size of organization (17) and who has a good sense of your program's context (7, 12, 16, 21, 22).

There are an additional set of characteristics which you will want to consider when hiring an outside evaluator. You will want to assess the following:

1. their membership in the American Evaluation Association (members are more likely aware of the ethical and professional standards of evaluation) (11).
2. their approach to evaluation (do they have an inclusive approach and are they collaborative and client focused or do they approach evaluation as a research project which they want to control and just present you with results, will they be able to build the evaluation capacity of your staff? (11, 12, 17, 21, 27)
3. their cultural sensitivity (Mattessich): Do they interact appropriately with your programs' population and do they know which types of methods do and do not work well with your particular population?
4. their interest in addressing the needs and interests of your stakeholders and the impression you think they will make on your stakeholders (12).
5. their knowledge of your program or the subject area and their experience evaluating similar programs concerning the same topic.
6. their creativity: are they able to analyze results and think outside the box to find solutions? How will they handle challenges, such as the data collection being delayed, or staffing changes, or low response rates? (4, 12, 21, 27)
7. how they handle data ownership, confidentiality, and publication: is one of their objectives to publish articles using the evaluation information?, do they assume they will own the collected data, do they have policies and procedures in place to protect participant data? Are you willing to sign a nondisclosure or confidentiality agreement? Do you want the evaluator to share the results of your project with others without your knowledge or approval? If not,

you should be clear about this from the beginning. (7, 25)

8. their fee structure (11), so that you can avoid billing surprises. You will also want to describe the payment schedule in the contract in detail: when will the evaluator be paid for what. Your organization may have set rules and regulations in place that you have to follow and you will want to reiterate these in the contract. If your organization does not have standard operating procedures regarding contracts, including the payment structure in the contract will be even more important
9. on what do they expect to spend their fees? Will most go to data collection? Salaries? Who will be conducting the work – the interviewee or other staff? If it is other staff, what relevant experience do they have in evaluation and your specific topic area? Have they worked with on project like yours before? (4)
10. whether they have insurance (11): Are they covered when traveling to and from your facility and while at your facility?
11. whether they have the capacity to take on your project, in other words whether they have adequate resources to do all the evaluation related activities (in other words, do they have adequate resources to perform all the activities they propose or does it seem like they will be subcontracting or expecting you and your staff to do certain evaluation activities? (7, 17)
12. whether their current commitments will allow for your project. This is especially important if your project is small compared to other projects they have, in which case your project may not receive all the attention and care for which you are paying (12, 17, 22)

Using the proposal and the interview, you can assess the applicant's communication skills, both in writing and in person. Do they communicate in ways you understand and are comfortable with? (17, 21, 22, 24). What is their ability to articulate how evaluation addresses the mission, approach, and needs of your program (12, 21), and how evaluation is different from research (22).

Pay close attention to how you respond to them in person (12, 17, 22): if you are not comfortable and do not feel at ease with the person, will your staff and stakeholders have the same reaction? What is their style of working and does it match that of the organization and that of your staff? (4, 7, 11, 12, 16, 17, 21, 22)

You will also want to check their references (4, 11, 17, 21, 22, 24,) and ask that this list include some previous clients. When calling references ask specific questions about the evaluator's project management skills, their ability to meet deadlines (21), their flexibility and ability to adapt to a changing environment, their communication and interpersonal skills especially in approaching grantees and other field staff (21), how well organized are they, how useful their products were (21, 22), and other "soft" skills (for example facilitation skills, ability to lead meetings, ability to set up meetings, ease of contacting stakeholders and other third parties without needing to rely on program staff) that are not always immediately apparent during the application process and interviews.

Once you have narrowed the list of possible hires, there are some competencies you can look for in an evaluator. The below list has not been endorsed by a professional evaluators' association, but we believe it does include most competencies you should look for in an evaluator.

Table 6: Specific competencies to look for in an evaluator.

Professional Foundations
Communicate effectively in written, oral and visual form
Establish and maintain professional credibility
Demonstrate effective interpersonal skills
Observe ethical and legal standards (i.e., AEA)
Demonstrate awareness of the politics of evaluation
Planning and Designing the Evaluation
Develop an effective evaluation plan
Develop a management plan for the evaluation
Devise data collection strategies to support the evaluation questions and design
Pilot test the evaluation design and procedures
Implementing the Evaluation Plan
Collect data
Analyze and interpret the data
Disseminate and follow up on the findings and recommendations
Monitor the management plan
Work effectively with personnel and stakeholders

* Adapted from The Asthma Toolkit (24) Module 1, Appendix D3

It is not realistic to expect an evaluator to be an expert in all these competencies, so it is incumbent upon you to consider which skills will be necessary for the type of evaluation you need for your program. Will the primary role of the evaluator be to provide data collection and analysis support? Then look for someone who is strong at devising data collection strategies and collecting and analyzing data. If your program is in the planning phase for a new approach, maybe you would do better with an evaluator who can coach the team and help develop an effective evaluation plan.

In the end, you need an evaluator who will deliver the products you need and who will work well with your organization (22). Whatever other skills an evaluator may need for evaluating your program, you want to select an evaluator who has a good professional foundation, so one who communicates effectively, is professional, has effective interpersonal skills, observes ethical standards, and has an awareness of the politics of evaluation. Lastly, you want to select an evaluator you feel will work well with you and your staff and stakeholders, and someone who you react positively to on an interpersonal level during interactions. That will make the evaluator's interactions with you and your stakeholders easier and potentially less stress inducing for you and your staff.

Table 7: How to assess an evaluator's qualifications.

Assessing Evaluator Qualifications			
	Well Qualified	Not Well Qualified	Cannot Determine if Qualified
To what extent does the formal training of the potential evaluator qualify him/her to conduct evaluation studies? (Consider major or minor degree specializations; specific courses in evaluation methodology; whether the potential evaluator has conducted applied research in a human service setting, etc.)			
To what extent does the previous evaluation experience of the potential evaluator qualify him/her to conduct evaluation studies? (Consider items such as length of experience; relevance of experience.)			
	Acceptable Match	Unacceptable Match	Cannot Determine Match
To what extent is the professional orientation of the potential evaluator a good match for the evaluation approach required? (Consider items such as philosophical and methodological orientations.)			
	Well Qualified	Not Well Qualified	Cannot Determine if Qualified
To what extent does the previous performance of the potential evaluator qualify him/her to conduct evaluation studies for your project? What prior experience does she or he have in similar settings? (Look at work samples or contact references.)			
	Acceptable	Unacceptable	Cannot Determine Acceptability

To what extent are the personal styles and characteristics of the potential evaluator acceptable? (Consider items such as honesty, character, interpersonal communication skills, personal mannerisms, ability to resolve conflicts, etc.)			
	Well qualified and acceptable	Not well qualified and / or acceptable	Cannot determine if well qualified or acceptable
Based on the questions above, to what extent is the potential evaluator qualified and acceptable to conduct the evaluation?			

* Adapted from The Pell Institute

What is the background of a typical evaluator?

Evaluators frequently have degrees in social and behavioral sciences, public health, educational assessment, psychology, or public administration. Most evaluators are trained in a variety of tools and methods used in evaluating programs, such as quantitative and qualitative research methods, program development, and a variety of approaches to evaluation.

As far as experiential background, evaluators you will want to work with should have a few years of experience working on evaluation of programs in either the non-profit, for-profit, or the governmental arenas. Working with evaluators with a few years' experience increases the chances of working with an evaluator who has experience in a variety of evaluation methods and approaches, as well as some experience with different data collections methods. By working with someone who has a broad experience, has dealt with challenges, and has had to adapt to a changing environment, you are more likely to get an evaluation that is appropriate for your program and that is adaptable to changes.

Many evaluators are members of professional organizations, such as the American Evaluation Association, but keep in mind that membership does not guarantee excellence.

What information should you share with your evaluator?

Your evaluator will be able to develop a better evaluation plan for your program the more information about your program and its expected outcomes you are able to share with your evaluator, in addition to the questions you need answered. You will want to give them information about when the program was started, why it was developed, what its desired or expected outcomes were, changes made to the program over time

Having open communication with your evaluator, will allow your evaluator to develop a more efficient and effective evaluation of your program. Not communicating well with your evaluator could cause the evaluation

and why the changes were made, who your stakeholders are and what they expect to see from the program, any data you collect regarding the program, any previous evaluations and results thereof, any challenges the program has, and questions about the program that you need answered. Not sharing these types of information could lead to duplication of previous efforts or slow down the evaluation while the evaluation plan is amended to avoid duplications. It may also cause a failure of the evaluation if important data are not collected. For example, if from previous efforts you found out that community health workers are vital to improving screening rates in certain populations and you did not share this information, the evaluator may not include this information in data collection efforts. You may then have to spend additional time at the end of the evaluation to retrieve that information to explain differences seen between programs in different clinics targeting particular neighborhoods.

What are the logistics of hiring an evaluator?

In this section, material is presented on finding evaluators, the process of hiring them, and how to avoid some contracting pitfalls.

Where can you find evaluators?

Once you have established the need for an outside evaluator and have the hiring process in place, you need to find a pool (or at least one) evaluator who will apply for the position. As is true for many other specialists, evaluators can sometimes seem hard to find. A good place to start is by talking to colleagues, either in your department or organization or other grantees of the same funder or for the same type of program, who have worked with an evaluator in the past (3, 7, 12, 17, 21, 27). Ask them with whom they worked, whether they were satisfied with that person's work, and where and how they found the evaluator. You could also ask your funder (7, 27), who may know of evaluators specializing in your program's topic or population, or who may have a list of evaluators other grantees have used. Some federal programs maintain working relations with large non-profits, whom you could contact for information or which might maintain lists of evaluator (25). Some federal, state, and local agencies have research and evaluation departments. You may be able to engage people from these departments to work with you or to act as the external evaluation consultant (1, 3, 14, 25). You can also ask other organizations working in your field which evaluators they have used (3).

Large professional organizations, such as the American Evaluation Association (AEA) or the National Comprehensive Cancer Network, sometimes can refer you to state or local chapters that may have information on local professionals and sometimes have lists of evaluators that work within their field. For example, the AEA has an online database of member evaluators listed by state. You could also contact the state chapters of AEA. Some large cities have city-area AEA chapters (1, 3, 7, 12, 14, 21, 25, 27).

Other ways to find evaluators are through advocacy or trade associations for sociologists, economists,

How to find an evaluator:

- ✓ Word of mouth
- ✓ Ask colleagues or your funder
- ✓ Check out professional organizations
- ✓ Contact state or local chapters of professional organizations
- ✓ Contact advocacy or trade associations, academic institutions, or research firms
- ✓ Talk to those who provide technical assistance
- ✓ Post on job boards, such as the American Evaluation Association, Indeed, LinkedIn, Monster, Idealist.org, and others
- ✓ Read professional publications specific to your topic, such as journals, blogs, and online forums.

psychologists, and educators (1, 17, 21), local foundations (1), private research firms (1, 17), academic institutions such as colleges and universities (1, 3, 7, 14, 17, 25), and publications specific to your work (3, 21). Some less frequently used and suggested sources for finding evaluators are technical assistance providers; job boards such as Indeed, LinkedIn, Monster, Idealist.org, the Emory Rollins School of Public Health job board, and others; the public library (1); and publications specific to your work (21, 3) including journals, newsletters, blogs, electronic forums, bulletin boards, and professional websites.

When looking for evaluators, you will find they are associated with a range of organizations: some are independent workers, some are associated with for-profit or not-for-profit research / consulting firms, and some are associated with universities or colleges. Besides their own characteristics, being associated with each of these types of institutions imparts additional characteristics to the evaluator. Below is a table that helps clarify this.

What method of hiring will you use?

Once you have decided whether to employ an internal or external evaluator, you may need to hire an evaluator. If employing an internal evaluator, you likely do not need to hire them, but you might have to follow your organization's procedures for including them on your project. If you have decided to work with an external evaluator, you likely will need to go through the hiring process. You should follow your organizations' rules and procedures for hiring personnel. Even so, you may have a choice how to hire an individual, namely whether the process will be competitive or not, and, if competitive, whether it will be an open competition or by invitation only (4). Regardless of the method of bringing on an evaluator, it is recommended that every candidate submit an evaluation proposal, which is reviewed and assessed against specific criteria set out beforehand. The proposal will allow you to assess some of your

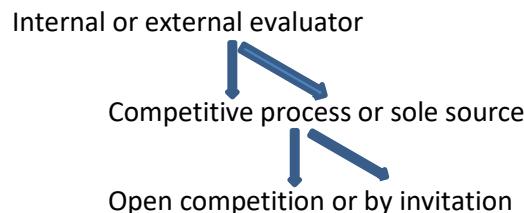
Table 8: Pros and cons of vendor types.

Type of vendor	Positives	Negatives
Independent professional, working alone	Often can offer more customized attention and time than other vendors May specialize in just your field	May lack close access to specialists and peers Not full-service Sometimes can't do large projects
Not-for-profit research or consulting firm	Nonprofit mission Often full-service Large number of staff	Sometimes can't do small projects Sometimes overworked with inadequate resources
For-profit research or consulting firm	Often full-service Large number of staff	Sometimes can't do small projects Often not interested working with not-for-profit organizations Can be expensive
Academic research center or university or college faculty	Often full-service Credibility of institution strengthens image of your work	Not always full-service May be more interested in their agenda than yours

* Adapted from 12 page 63

candidates' skills, their knowledge base, and their chosen approach to the project. You should set up a proposal review process and decide who will be part of the hiring committee (4), maybe a stakeholder along with one or two program staff. We discuss what to include in an RFP / RFQ and what to look for in an evaluation proposal and interview elsewhere in this document.

Figure 2: Hiring decision flowchart.



If you decide not to compete the position and hire through a sole source mechanism, you may already have a particular candidate in mind. Sometimes you can find candidates by word of mouth or talking to colleagues in your or a sister organization, a professional trade association, at a similar program,

in academia, or a research company. You will still want the applicant or chosen evaluator to provide an evaluation proposal so that you can assess how they plan to approach the evaluation; what their knowledge of the topic and the program are; whether they plan to address the questions you think are important by collecting data you think will answer those questions; whether they plan to collect data in a way you think is appropriate and least disruptive to the program; and how they plan to share the results of the evaluation. Keep in mind that this is your program and your evaluation, and that even if you sole source the evaluation, it does not mean you have to approve what the evaluator wants to do. The evaluator is hired by you to do a job you need done and so you should get what you need from the evaluation.

You can also decide to hire through a competitive process. This can be open, in which anyone can apply for the position, or by invitation only, which means you inform a select group of evaluators about the project and ask them to submit applications. These types of processes are frequently published as an RFP (Request For Proposal) or RFQ (Request For Quotation) (4, 7, 12, 17) and can be posted in a variety of places, such as professional websites, journals, newsletters, or listservs; or on your organizations' job website. Once all applications have been received, assessed, and rated by the hiring committee, you will want to interview your top three or four candidates to further narrow down the field of applicants (1, 27).

You may decide not to use an extensive RFP or RFQ process, as these frequently eliminate smaller firms and independent evaluators from the applicant pool as they generally do not have the resources to put towards large and extensive applications. A more limited and informal approach works well with them. Another consideration for not using a formal RFP or RFQ process is that this process only gives a really clear picture of an applicant's technical skills and writing abilities, but one misses an assessment of their so called soft skills, such as their approachability and interaction style. If these are some of your concerns, you may want to consider using a letter of interest, which should include the candidates' suggested approach and any ideas they have about the program (27), along with an interview.

Choices for hiring an evaluator

- ✓ Assign or hire an internal evaluator
- ✓ Competitive or sole source
- ✓ Open competition or by invitation only

What does the RFP process entail?

Once you have decided to work with an outside evaluator, there are several ways to hire them, depending on what is allowed by your organization. If you plan to sole source an evaluator, you will not need to develop an RFP / RFQ (Request for Proposal / Request for Quotation), but reading this section will give you ideas on what to include when initially communicating with potential evaluators. Whether you follow an RFP process or not, you will want to make certain evaluators have some knowledge about your program when applying so they can develop a sensible evaluation plan. You will want to include a program description and evaluator job description, as well as required deliverables, a budget, and a timeline in some of your initial communications with potential evaluators (7, 16, 22, 17, 27). Providing applicants with as much information as possible about what you are looking for and what you need will allow them to be responsive and provide you the best evaluation plan they can develop. You will also want all applicants, whether in a competitive process or not (17), to develop an evaluation plan, so you know how they are thinking about your program, how they communicate on paper, and what their skills are. It will also give you a way to compare applications and evaluation plans and make the best choice of evaluator for your program.

Parts of an RFP process

If you do go for an RFP process, there are several parts to it. The first is to write out the RFP and in it clearly define your goals and the scope of work for the evaluator (7, 12, 17, 22, 27). The RFP should

RFP process

1. Write out the RFP, which includes:
 - ✓ description of your organization and program
 - ✓ your goals
 - ✓ available data and resources
 - ✓ budget range for the evaluation
 - ✓ scope of work
 - ✓ role of the evaluator
 - ✓ job description of the evaluator
 - ✓ reporting schedule and timeline of project
 - ✓ application submission procedures and requirements
 - ✓ due date for the application
 - ✓ contact information
 - ✓ follow-up process and date of final decision
2. Distribute written RFP to
 - ✓ evaluators
 - ✓ evaluation websites and organizations
 - ✓ professional organizations
 - ✓ job boards
3. Answer questions about the RFP and / or application process
4. Accept applications
5. Hiring Committee reviews and ranks applications
6. Top 4 - 5 candidates are interviewed by telephone
7. Hiring Committee ranks the interviewees
8. Top 2 – 3 candidates are invited for and interview
9. Hiring Committee ranks the interviewees
10. Successful candidate is offered the job

include a clear and succinct description of your organization and program, your expectations, available data and resources, a budget range for the evaluation, the role you expect the evaluator to assume in the evaluation, the desired reporting schedule, the timeline for the evaluation, and the job description of the evaluator. Naturally, you will include application submission procedures and requirements (12), contact information, and a due date for the application (27), as well as how quickly you expect to respond to submissions, what the interview process will look like, and by when you will make a final decision. If you are not clear about your program or what you need, you'll receive a set of wide ranging applications of which most will likely miss the mark. Frequently the minimum educational and experiential requirements needed for the primary evaluator who will be doing the bulk of the work are included, as well as references (7, 12, 16).

Once you have developed the written document, you then need to distribute information about it to evaluators or places where you feel evaluators will see it. Please read the section on where to find evaluators for ideas where to post information about the RFP. You should include the fact that you are requesting applications for the work described in the written RFP document, a short summary about your organization and evaluation needs, when and how to submit applications, and whom to contact about questions (7, 12, 27). Some organizations have a website on which they can post their RFPs and provide an e-mail or physical address to which submissions can be made. Some organizations have the capability to accept documents uploaded to specific web-links. Besides posting your RFP to websites of associations, you will want to post to your own website if possible

Applicant review process.

Although it is a separate part of the RFP process, developing an evaluator hiring process with timelines is important. Parts of it you may want to include in the RFP, as mentioned above. Developing an evaluator hiring process would include deciding who will be part of the hiring committee, the criteria on which to rate applications (7), how to rate interviews, developing a timeline for answering inquiries about the RFP, setting the submission deadline, determining the date finalists are notified, choosing dates finalists will be interviewed, indicating the date by which the evaluator will be selected, and setting the date the evaluation is to begin (7). In case there is a "tie" between applicants, you will want a way to make a choice. Thinking about it ahead of time and having some agreement on how all decisions will be made, will make the process easier. Many of these choices are driven by the date you need to start the evaluation and you may want to work backwards from that start date to determine when to start the hiring process. In fact, if you plan to have the evaluator participate in writing the funding application or help develop certain aspects of the program, you will want them on board in advance of the funding period to which you are applying. And even if you are only interested in having them on board for the funding period of the evaluation, keep in mind that planning and preparing for an evaluation can take three (3) to six (6) months, especially if questionnaires or other tools need to be developed and tested for the project (17, 25). Whether you decide to hire an outside evaluator or use an internal evaluator, it is important to bring the evaluator into the project as soon as possible, preferably when you are developing the program or the funding application.

What should you consider including in an evaluation contract?

For some, dealing with evaluation contractors and contracts seems to be more intimidating than dealing with other types of contractors. Just like most contracts, you should include the purpose of the evaluation, the scope of the work, what the evaluator will do for you and what their tasks will be, what the timeline of the project is, what the deliverables are, and what the cost (or cap amount) will be (7, 14, 19, 24).

Include in your evaluation contract

Purpose of the evaluation	Timeline of the project
Scope of work	Deliverables
What the evaluator will do	Cost
Evaluator's tasks	

Deliverables and roles

Several of the above items you will want to describe in detail, such as the deliverables list and the timeline. You want to be sure you are getting what you paid for and need, so the deliverables should be specified in some detail, as well as when they are due. For example, if a survey is to be developed and used, you may want to receive a copy well before it is needed in the project so that you can give feedback and it can be amended. Getting the survey the day it is being mailed out to participants would not be useful. So matching the deliverables with a timeline is very helpful. You also need to specify which tasks are those of the evaluator and which are those of program staff (1, 4, 24). If an evaluator is hired to do the evaluation, you want to be sure the evaluator performs the evaluation tasks and that the work does not become the responsibility of program staff. There might be some tasks that staff will do or participate in, for example helping set up focus groups or cleaning data. But you need to have a clear agreement whom is responsible for which tasks. If the evaluator is to share evaluation responsibilities with program staff, it is even more important to be clear which tasks are to be completed by the evaluator and which by program staff. Table 9 gives some examples of task assignment / sharing.

Some programs divide evaluation responsibilities with their outside evaluators by evaluation step as described in the CDC program evaluation framework. This is when program staff has some capacity to do some of the evaluation and the outside evaluator adds some skills where needed. Table 10 gives an idea how this can look and be specified in the contract.

Reporting

Having clarity about what content is expected in interim, final, and summary reports and presentations and required formats is also something to include in the evaluation contract (7, 14). Having this specificity allows you and the evaluator to plan a realistic timeline for completing deliverables. You may want to include an expected number of times a revision or modification of an item can be requested and the turnover time for providing input on one end and updating the item on the other end, as well as the chain of command for final decisions on product modifications, especially if the contractor will be

getting feedback from multiple sources (7, 17, 19).

Table 9: Division of responsibility between evaluation contractor and program staff / manager.

Evaluation Contractor Responsibilities	Program staff / manager
Develop an evaluation plan, in conjunction with staff	Educate the evaluator about the program or project
Train program staff on topics such as using evaluation instruments, designing information collection tools, and sampling procedures	Keep evaluator informed of program changes
Design or select data collection instruments	Provide feedback about data collection tools for appropriateness and relevance
Implement data collection procedures such as interviewing program staff, conducting focus groups, and developing a database	Supervise in-house activities such as data collection and data entry
Establish and oversee confidentiality procedures	Monitor contract and timeline
Write and submit progress and final evaluation reports	Specify information to be included in report
Attend staff, board and funder meetings	Keep communications open between staff, clients and evaluator
Present findings to board and possibly conferences	Assist in interpreting evaluation findings

* Adapted from Administration for Children and Families (1) pages 27 – 28

Discipline

If you are contracting with an evaluation firm and have chosen them because of a particular evaluator, you will want to include language in the contract that allows you to terminate the contract if that evaluator's contributions have been significantly altered or if that person has been moved to other projects. You do want to allow for some flexibility as some things will change during an evaluation and you want to be able to modify the contract some as the evaluation progresses (17). You may also want to include language that describes what steps you can take to sanction an evaluator, including contract termination, if the evaluator regularly fails to deliver products on time or of acceptable quality after revisions, refuses to communicate with the program's point of contact, or exhibits other unacceptable behavior (24).

Communication

Including a regular communication pattern and the method for oversight in the contract can help prevent surprises when it is time for interim reports and deliverables. Having a point of contact among the program staff gives the contractor someone to turn to for needed information, and someone with whom to discuss tools and processes, review feedback on deliverables, and troubleshoot problems. It gives the program a chance to ensure products are delivered on

schedule and that the correct payments are made on time. Having program staff provide oversight can also help avoid delays in deliverables and the evaluation, as they can help trouble shoot any problems or involve other program staff (those higher in the hierarchy) to help resolve problems. It is recommended that oversight includes regular e-mail communications, phone calls, and face-to-face meetings (1, 7, 21, 24, 25). Having only one point of

Table 10: Suggested Role-Sharing between Program Staff and an External Evaluator.

Evaluation Step	Program Staff	External Evaluator
1. Engage Stakeholders	<p>Lead Role</p> <p>You know your stakeholders best and who should be engaged in the evaluation.</p>	<p>Support Role</p> <p>The evaluator should demonstrate an interest in engaging stakeholders and have sufficient skills and experience to engage stakeholders effectively (e.g., facilitation skills, conflict resolution skills, etc.).</p>
2. Describe the Program	<p>Shared Role</p> <p>You will need to share your knowledge of the program with the evaluator.</p>	<p>Shared Role</p> <p>The evaluator should engage program staff and possibly stakeholders in the process of describing the program. The evaluator should take the lead on developing a program description (logic model, program theory, etc.).</p>
3. Focus the Evaluation	<p>Shared Role</p> <p>Identifying the most important evaluation questions is not an activity you can delegate to an outsider, although the evaluator may well be able to help you refine the questions.</p>	<p>Shared Role</p> <p>A skilled evaluator will help you focus the evaluation, design good evaluation questions, and develop an evaluation design.</p>
4. Gather Credible Evidence	<p>Support Role</p> <p>Program staff may need to assist the evaluator in gaining access to existing data or in soliciting participation (e.g., invites or distribution lists for focus groups, interviews, surveys, etc.).</p>	<p>Lead Role</p> <p>An outside evaluator should be the lead on all data collection activities with oversight by program staff.</p>
5. Justify Conclusions	<p>Shared Role</p> <p>Program staff should help the evaluator interpret evidence and develop recommendations.</p>	<p>Shared Role</p> <p>An outside evaluator can be the lead on all data analysis activities with oversight by program staff.</p>

6. Ensure Use and Share Lessons Learned	Lead Role	Support Role
	Only you can ensure that the results are used to inform your program.	A skilled evaluator can present evaluation results (interim and final) in a way that promotes use.

* Adapted from The Asthma Toolkit (24) Table D2

contact on the program's side can also help reduce confusion for the evaluator when interacting with multiple staff members and getting feedback on deliverables from various staff in the organization.

Confidentiality agreement

Confidentiality agreements sometimes need to be reached, especially when dealing with sensitive personal data, such as medical information (1, 7, 24). An evaluator unwilling to sign such an agreement should be passed up.

Data ownership and publication agreements

Two areas that are frequently forgotten about in contracts are data ownership (1, 7, 24, 25) and publication agreements (25, 7, 1). Be sure to address these two topics in your contracts or you may find evaluators presenting information on your program that you did not want published and /or that you have not yet seen. You should be sure that any work done using contract funds remains your property and that evaluators can only publish after you have had a chance to review any submissions, to conferences as well, that they want to make. You likely will want to retain the right to be the first author on some or all publications or presentations stemming from the evaluation work, at least the main publications and presentations, and you should not give up data ownership. Without retaining data ownership, you lose the right to publish your program's data as well as the right to use it for publications in the future. You may wind up in the awkward position of requesting the use of your program's data from a past evaluation contractor.

Do not forget to include data ownership and publication agreements in your evaluation contract. You should retain data ownership and editorial control of any publications your evaluator produces based on your data.

Budget

Another area many people do not like to discuss is the budget and payments, but you should include a payment schedule in the contract (1, 3, 7, 17, 21, 24). Various payment models can be used (periodic fixed sum, pay as you go per task, lump-sum payment), but frequently evaluation contracts tie payments to major deliverables, which can include interim reports and presentations or other major milestones such as the completion of a survey to be used in the evaluation. It is often recommended that a certain portion of the fee is held back until all deliverables of the contract have been satisfactorily completed and received by the program.

The Website of Western Michigan University's Evaluation Center includes checklists for evaluation contracts and for negotiating agreements, both of which can be adapted for any program's use. The checklists are retrievable from <http://www.wmich.edu/evaluation/checklists>

How do you manage evaluation contractors?

As discussed, you should include the communication expectations in your contract with the evaluator and assign one staff member to be the point of contact for the evaluator. The point of contact for the evaluator should have guidance about who can make decisions regarding sanctions against the evaluator and who can terminate the contract if needed. Generally, if you have consistently and clearly communicated your needs and the contract contains the expected deliverables and a timeline, you should not have too many issues with your evaluator. Like most professionals, evaluators generally want to meet your needs and do quality work, but occasionally you experience an individual who does not seem to care what others expect or what agreements they have made. Having a clear contract in place with the room to impose sanctions or sever the contract, should enable you to move on to a better evaluator.

One particular type of evaluator needs to be handled differently than most, but particular considerations can be included in their contracts. Here we are talking about university students, which you may want to use as an outside evaluator, as long as the contract specifies who (which faculty member) will be overseeing and approving their work and who will be providing feedback to the student and reviewing deliverables before they are handed over to program staff for feedback (22). Having clear and agreed-upon timelines and tasks lists are especially important in these situations. It should not be the program staff's duty to teach the student how to plan or design an evaluation; what evaluation processes, procedures, and tools to develop; how to improve any of these; or how students should manage their time. Those are the duties of the students' faculty. If faculty are not able to provide this guidance to their students, it would be prudent to find a new evaluator (22).

When working with students it will be important for the program point of contact to be sure to include the student's supervisor in all communications and discussions regarding the student's work. One of

Try to avoid answering all questions in one evaluation: the evaluation will be large, unfocused, and difficult to manage and complete.

program staff duties will be to make sure that overseeing and mentoring the students does not become their task. Sometimes programs will decide on hiring students for certain evaluations if evaluation funding is particularly tight (22); if it helps build a connection with a particular faculty, college, or university; or if program management feels a need to support the development of student evaluators.

What should you try to avoid in an evaluation?

While we frequently talk about what to look for in an evaluator and what to expect from an evaluation, it is also a good idea to pay some attention to things to avoid when working on an evaluation, so that we can avoid some difficulties later in the process. Some of the things to avoid include (4):

- Assuming evaluations have a fixed cost. Just as larger and more complex programs cost more, so do larger and more complex evaluations.
- Funding evaluations without clarity on how the funds will be used. You do not want any cost surprises, such as finding out half of the budget was spent on traveling costs to and from the program site.
- Funding an evaluation, which you do not understand and / or that does not deliver the products you need or answer the questions you need answered.
- Funding an evaluation where payments to the evaluator are not tied to product delivery. You are in effect paying the evaluator to give you a product at the end of the evaluation (answers to the questions you had) and not paying the evaluator to for their time or to “do work”.
- Funding evaluations with inappropriate time lines, either ones that are too short and impossible to meet or ones that are too long and waste valuable time and resources in answering questions.
- Funding an evaluation in which your stakeholders are not invested. Without support for the evaluation, it is likely the results will not be used and the evaluation will have been done in vain.
- Funding an extensive and complex evaluation. There may be ways to narrow it down and do a series of less extensive and complex evaluations to get the answers you need. Extensive and complex evaluations tend to be resource intensive and are not necessarily better than a series of smaller evaluations.
- Trying to force the evaluation to result in the answers you would like to hear, rather than accepting the answers you get.
- Trying to force the evaluation to provide answers that it cannot because of its design. If your evaluation is looking at fidelity of program implementation, it will be nigh impossible to make any statements about the effectiveness of implementation, unless measures were in place to capture those data.
- Trying to evaluate all aspects of your entire program all the time. This is not realistic or necessary.

What issues may arise during an evaluation?

When working with an outside evaluator, we always hope things will go well, but sometimes they do not. As we all know, preventing problems is always better than trying to fix them after they happen. Avoiding potential problems starts before hiring an evaluator by having a clear description of your program and the evaluation questions you want or need to answer. Share these with potential evaluators and go over them with the evaluator you hire. You need to be sure they have an accurate picture of the program, as well as an accurate understanding of the questions you need answered, so they can develop an appropriate evaluation plan and data collection strategies. A sure way of increasing your chances of not getting what you want or need is by not providing a clear description of the program and the questions you want answered. When designing an evaluation plan and choosing data collection strategies, evaluators start with the program description and the questions that need to be answered, and you don't want them planning based on a misunderstanding.

Other steps you can take to minimize the chances of problems during the evaluation are reviewing and discussing the evaluation questions that you want or need answered with the evaluator you have hired.

In working with an evaluator, try to avoid

- Vagueness regarding your program
- Not communicating with the evaluator
- Indecisiveness regarding evaluation questions
- Lack of oversight on the evaluation plan and evaluation activities
- Lack of a clear contract

Besides giving them a clear idea of what you want and need, this review may allow them to help you refine your questions and will allow the evaluator to develop an efficient evaluation plan. If you had the chance to include the evaluator in the development of the program or the funding application, some of the evaluation data collection may have already been built into day-to-day program data collection and may not need a special collection instrument.

Having an idea of how your evaluation questions might be answered can also help you to avoid issues with the evaluation. It will allow you to be an informed consumer rather than one depending on the goodwill and judgment of the evaluator. In a best case scenario, an evaluator might believe that what they are doing is the best thing at the time for your program and in the worst case the evaluator might be using your program to practice skills they are not good at, collect data for publishing an article, or just doing the only thing they know how to do.

Assigning a staff person who has some knowledge of evaluation and its methods to be the program's contact person for the evaluation is another wise thing to do. Having a knowledgeable consumer on your end who monitors what is being done, can help identify issues before they get out of hand. The same can be said for staying involved and keeping the program manager involved in the evaluation. Having regular meetings with the evaluator during the evaluation also helps. These meetings can be used to review what has been done, what is scheduled next, and to discuss any changes that need to be made to the evaluation plan and why. Any changes should be thoroughly discussed, agreed upon, and documented so that they can be referred to later. Changes in an evaluation plan can happen for a variety of reasons and documenting them can help you learn what may or may not work for the next evaluation.

And last, but definitely not least, making sure you have a detailed and clear contract in place can help avoid many misunderstandings regarding the evaluation.

When issues arise, it is best to deal with them early and in a straightforward manner. Staying silent and hoping the problem will fix itself or go away is generally not successful.

Despite going through a hiring process and having a detailed and clear contract in place, things can get off center during an evaluation. Knowing what might go wrong and having ways of dealing with it is

important to help limit the negative consequences. Some of the things that can go wrong are due to the nature of the evaluation and some are present in any work environment. Having a close, collaborative working relationship with the evaluator can prevent some of these issues or at least minimize the chances that they will occur (14). We will review some of the most common issues that can arise.

Different approaches to evaluation

One issue that may arise during an evaluation is that the way of approaching evaluation differs between you and your evaluator (1, 7). The best way to deal with this is to come to an understanding how the evaluation for your program will be handled in a way in which both programmatic and evaluation needs and constraints are met. Try to reach some common ground to which both parties can adhere. No approach is likely to be the one and only approach that will work in the situation, so if both parties can give a little, something workable should be reached. If agreement cannot be reached, carefully consider whether the evaluation contract needs to be terminated and a new evaluator hired. Hiring someone midstream can be difficult for both parties, but sometimes it is the best option.

Changing evaluation work plan

Another issue that may arise is a change to the evaluation work plan. Most of the time, changes to evaluation work plans are caused by the evaluation client (you) tinkering with it, trying to make it “perfect” or making amendments every time there is a slight change in the process. Sometimes changes to the evaluation work plan are caused by frequent changes of the point of contact for the evaluation within the program or by the evaluator changing their point of contact. Try to limit the changes to the evaluation work plan to those that are substantive and will have an actual effect on how and when things are done. Also, make sure you pick a point of contact for the evaluation that you know will be staying with your program and make sure the program director is also included on this narrower evaluation team. If the contractor frequently changes who is working on the evaluation, find out why and assess whether it is going against any contractual agreements. Whether it is or is not, try to reach an agreement with the evaluator to limit the number of changes to the evaluation point of contact for your project (17).

Issues that may arise during an evaluation

- Approach to evaluation differs
- Changes to the evaluation work plan
- Additional or more-involved analyses are needed
- Missed deadlines
- Communication is lacking
- Evaluator moves to another geographic location
- Student’s work is not reviewed by the supervisor
- Evaluation questions are not being answered
- Uncertainty to whom the collected data belongs
- Unexpected evaluation results

Changing analysis needs

Sometimes additional or more-involved analyses are needed that are outside the scope of the contract and / or of the evaluator's capabilities (1, 7). The evaluator might be in agreement with your assessment and amenable to bringing on an additional staff person for these analyses. Sometimes this can be done by just adding a few hours of a consultant's time. Or maybe you have staff who can do just those analyses.

Dropping deadlines

If the evaluator starts missing deadlines, make sure you and your program staff did all you said you would in support of the evaluation and be sure you maintained the timeline you said you would. If you and your program staff have done your parts on time, then deal with missed deadlines as you would with program staff missing deadlines (17).

Poor communication

Sometimes it might be difficult to communicate with the evaluator: they do not answer e-mails or calls in a reasonable period of time. Find out why and if the problem persists, demand the attention for your project and the time for which you are paying. If the evaluator continues in the same vein, part ways and hire a new evaluator (17).

Evaluator leaves project

If the evaluator moves away during the evaluation, assess the feasibility of them completing the evaluation long-distance (1, 7). If the evaluator terminates their contract, moves away without notice or discussion, or for some other reason does not meet their contractual obligations and no agreement can be reached with them to complete their contractual obligations, you will need to hire a new evaluator (1, 7).

In cases where you need to end a contract, be sure there is clear language in the contract so you can do that without problems (17). Setting up a contract that is reviewed by your legal department is likely a requirement of your department. If it is not required, have the legal department review the contract nevertheless.

Lack of contextual experience

It is not always possible to attract an evaluator who is both competent evaluating your type of program and who has worked with a similar population group. If the evaluator is not culturally sensitive to those

Generally, issues that arise with an evaluator are the types of issues that arise with staff. And sometimes, as with staff, it is best to start over with someone new.

in the program (staff and program participants) or has never worked with a similar population, the recommended action is to educate them and teach them how to interact more appropriately with program staff and participants and develop an evaluation plan and tools that are culturally appropriate (1, 7).

Working with students and universities

When working with students, be sure their work is being overseen by a faculty evaluator and have their evaluation products reviewed and approved by the faculty before it is handed in to the program for review and comment. Having clear and agreed-upon timelines and tasks lists are especially important in these situations. It should not be the program staff's duty to teach the student how to plan or design an evaluation; what evaluation processes, procedures, and tools to develop; how to improve any of these; or how students should manage their time. Those are the duties of the students' faculty. If faculty are not able to provide this guidance to their students, it would be wise to find a new evaluator. (22).

In some cases when dealing with evaluators who work for universities or evaluation consulting firms, the evaluator will be primarily interested in particular evaluation questions or procedures that can enhance their knowledge of a certain topic or evaluative method. Sometimes this can lead to evaluation questions being answered for which the program has no interest or need. These issues can fairly easily be dealt with using clear contract language and limiting the collection of information to what is needed to answer the evaluation questions the program wants and needs answered. In addition, as discussed in "What to include in an evaluation contract", being clear about who owns the collected data and any expectations around publishing should help avoid situations in which the program does not get its questions answered and the evaluator walks off with program data and several publications without even acknowledging the program.

Unexpected results

In some cases, the results of the evaluation are not what they were expected to be. In these cases, it is good to review what the evaluation questions were, how they were addressed, and how the results were interpreted. Occasionally, the data that are collected or their interpretation are not entirely in line with the evaluation questions. More often than not however, the collected data are correct, but the expectations were off. If this is the case, assess why the expectations were so different from the results and how the results can help improve the program (1, 7).

What should an evaluation cost?

While funding for evaluation can be an obstruction to doing evaluation for many programs, the rule of thumb recommendation for evaluation funding has been to spend at least 10% of programmatic funding on evaluation activities, although this recommendation has been changing over the last few years. Some sources (6) are now suggesting that evaluations should be budgeted for 15% - 20% (2, 26) or that rule-of-thumb budgeting should be forgone entirely as it tends to underestimate evaluations' budgetary needs (6), except for those organizations with large budgets (several millions). Funders, such as CDC,

sometimes specify the amount of funding or the number of staff positions you are to dedicate to evaluation. Check your funding agreement and / or with your funder for specifics on budget and staffing requirements.

Funders, such as CDC, can specify budget and / or staffing requirements. Check your funding agreement for details.

When developing an evaluation budget or thinking about the cost for an evaluation, one major determinant of cost will be whether the evaluator is internal to your organization or whether you will be hiring an external evaluator. If you have an internal evaluator, the cost of the evaluation may be lower than and easier to calculate than that of an external evaluation as you

will need to add additional considerations when hiring an external evaluator.

Hiring internally you would have to pay for the evaluation position, fringe, and any materials and resources that evaluator will need to complete their work, such as a computer, printer, software, and software licenses; telecommunications; clerical supplies; data collection methodology; travel; and resource development, data collection, and data analyses done by other members of the organization; and costs for disseminating results. (9, 16). These costs can generally be classified among the four following groups of costs: personnel, materials and supplies, equipment, and travel. If dealing with an external evaluator, additional factors to consider are contract overhead, salary considerations for evaluators with more experience, and additional travel to and from your institution.

Costs for evaluations, regardless of who conducts them, vary widely and depend on (10, 13):

- the evaluation questions
- program features
- the evaluation design

[The evaluation questions](#)

The more complex the data needed to answer the questions, the more time-consuming and costly the data collection will be, and thus costs. Having more questions to answer will drive up the sample size needed to answer them, as will more comparisons.

[Program features](#)

The longer it takes the outcomes to be achieved, the higher the evaluation costs as you may need to collect data in the meantime for showing some progress in the program. The more varied the implementation of the program or more numerous implementations sites will also drive up the evaluation costs. Programs that are located in urban, suburban, and rural areas will likely be more expensive to evaluate given the variety of geographic locations and the variety in their target groups. And programs targeting harder to reach populations incur higher evaluation costs as accessing program beneficiaries for input will be more difficult. If a program has staff that can help collect evaluative data, the cost of the evaluation can be kept lower.

The evaluation design

Whether or not you will be using a comparison group as a control will have a large impact on the evaluation cost. Having a comparison can double the size of the population you will need to assess with a simultaneous increase in evaluation price. In addition, costs of data collection, cleaning, and analysis vary depending on the types of data collected, with qualitative data frequently requiring recording, [transcribing](#), coding and more complex data analyses. Most data collection methods will require piloting and refining. Another factor to consider in evaluation design is stakeholder involvement: more stakeholder involvement generally requires more time for the evaluation and thus higher costs, unless a stakeholder can help complete some of the evaluative tasks.

The Evaluation Center at Western Michigan University curates a variety of lists, among which one on developing and evaluating evaluation budgets (8). The site can be accessed here: <https://wmich.edu/evaluation/checklists>.

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Additional Resources

Professional Organization and University job boards suggested by other evaluators

American Evaluation Association: Has a listing of evaluators by state, geographic area, and years of experience available for those looking for evaluators. Retrieved April 25, 2017 from <http://www.eval.org/p/cm/ld/fid=87>

Emory Rollins School of Public Health has a job board searchable by date, industry, organization, job title, job type, and geographic location. Retrieved April 25, 2017 from <http://cfusion.sph.emory.edu/PHEC/index.cfm?action=browseBy&view=City&City=Baltimore>

University of Minnesota has a career site with job postings. Retrieved June 21, 2017 from <http://www.sph.umn.edu/careers/>

University of North Carolina Gillings School of Global Public Health has a job board, which is being updated the summer of 2017. Retrieved June 21, 2017 from <http://sph.unc.edu/students/career-services/>

University of Texas, Houston, School of Public Health has a career page with links to job boards. Retrieved June 21, 2017 from <https://sph.uth.edu/current-students/career-services/>

University of Washington, School of Public Health has a job board. Retrieved June 21, 2017 from <http://sph.washington.edu/careers/employers.asp>

Commercial job boards suggested by other evaluators. Retrieved June 21, 2017

LinkedIn: <https://www.linkedin.com/jobs/>

Indeed: <https://www.indeed.com/>

Idealist: <https://www.idealista.org/en/?sort=relevance&type=ALL>

Monster: <https://www.monster.com/>

Video Podcasts on YouTube:

Alliance for Children and Families (Producer). (2012, April 2) Evaluating Your External Evaluator Series. *Key Aspects to Consider When Hiring an Evaluator*. Retrieved April 25, 2017 from <https://www.youtube.com/watch?v=wSZFljgcEX0>

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Appendix A: Do I have the information I need to work with an evaluator?

This worksheet can help prepare you for work with an evaluator. You and your staff can answer these questions to get clarity about the program and the evaluation questions you need answered. If you are unable to complete the table, your evaluator can help you complete it. Completing it before you hire an evaluator will help both you and the evaluator in the hiring process: you will have clarity on what your program is and what you need done, and the evaluator will know what they need to do to help you get what you need. This worksheet contains additional guidance to help you complete the answers to the questions.

Question	Answer
What is the problem my program addresses? Most DCPC programs will address deaths due to cancer and attempts at getting more individuals screened.	
What are the intended program outcomes? Again, for many DCPC programs the intended outcome will be to increase screening, but each program may have additional outcomes in which they are interested, such as the effect of using a new small media approach.	
What do I want to know about the program? May you want to know why certain clinics' screening rates are higher than others, or how specific EBIs are implemented.	
What kind of data do I need to collect? You may need to collect data from patient charts, maybe you will need to track attendance at screening procedures, or you may need to collect qualitative data on how gaining cooperation from partners.	
Who will work with the evaluator to design data collection tools?	

<p>Is there someone on your staff with some knowledge or interest in evaluation? Maybe that should be the person who guides your evaluator?</p>	
<p>Who will use the collected data?</p> <p>Is all the data you are collecting going to be used? If you do not have a specific person who will use the collected data, you may want to review the need for collecting those data. If the data are not being used by someone, it likely does not need to be collected.</p>	
<p>How will the collected data be used?</p> <p>Data is only as good as how it is used, so making plans for using it are important. Is there a user for every piece of data you plan to collect? If not, reconsider collecting it: collecting data because you can or because it may be interesting at some point is not an efficient way for conducting an evaluation.</p>	
<p>What do I think the general design of my evaluation project will be?</p> <p>Do you think you need a pre- post-test type of design or are you thinking you may need periodic data collection? And how will data collection occur: an e-mailed, multiple-choice survey every quarter or one-time interviews? This will strongly be influenced by the evaluation question(s) you are asking.</p>	
<p>What is the role of the evaluator?</p> <p>Do you need the evaluator to be a researcher? Do you mainly need them to conceptualize the program and evaluation for you? Is their main role to help build rapport with your stakeholders? An evaluator can take on several roles: make sure both you and the evaluator know which role(s) you need them to play.</p>	
<p>Who are my stakeholders?</p> <p>You should at least have an idea who is interested in your program and its outcomes. Besides the funder, the beneficiaries may be interested in its success, as well as those who deliver the program.</p>	

<p>In addition, your partners and others who see the benefits of the program would be interested in it.</p>	
<p>Who are my audiences?</p> <p>Besides your immediate stakeholders, other may be interested in your results such as state politicians, researchers, other programs delivering the same services, and your colleagues at CDC.</p>	
<p>What type of evaluation assistance do I need?</p> <p>Do you need one-time help to design the evaluation? Or do you need ongoing help to collect data? Will you need help to write up reports and disseminate findings to a larger group? Maybe you need someone to design a survey or the interview questions you need to collect your data? Knowing what you need will give you an idea how long you will need to employ your evaluator.</p>	

Appendix B: How do I decide whether to hire an external evaluator?

Resources for evaluation team selection	Yes	No
Are there designated evaluation funds for your program?		
Has the program successfully completed similar evaluations?		
Are current program practices and information collection forms useful for evaluation?		
Can evaluation information be collected as part of normal programmatic processes (at intake, termination)?		
Is any program staff trained or experienced at doing evaluation tasks?		
Do any stakeholders (advisory board members) have training and experience in evaluation tasks?		

*Adapted from The Pell Institute

- If all are questions are checked no, wait till the program has the funds for evaluation
- If you answer yes to first item and no to all rest, your program needs evaluation assistance and you should consider hiring an external evaluator to do all the work
- If you answer no to first item and yes to most of others, use an internal team, led by the staff member with evaluation expertise and experience
- If you answer yes to first item and the rest of the answers are mixed, you may or may not need an external evaluator

Appendix C: How do I assess an evaluator's qualifications?

Assessing Evaluator Qualifications			
	Well Qualified	Not Well Qualified	Cannot Determine if Qualified
To what extent does the formal training of the potential evaluator qualify him/her to conduct evaluation studies? (Consider major or minor degree specializations; specific courses in evaluation methodology; whether the potential evaluator has conducted applied research in a human service setting, etc.)			
To what extent does the previous evaluation experience of the potential evaluator qualify him/her to conduct evaluation studies? (Consider items such as length of experience; relevance of experience.)			
	Acceptable Match	Unacceptable Match	Cannot Determine Match
To what extent is the professional orientation of the potential evaluator a good match for the evaluation approach required? (Consider items such as philosophical and methodological orientations.)			
	Well Qualified	Not Well Qualified	Cannot Determine if Qualified
To what extent does the previous performance of the potential evaluator qualify him/her to conduct evaluation studies for your project? What prior experience does she or he have in similar settings? (Look at work samples or contact references.)			
	Acceptable	Unacceptable	Cannot Determine Acceptability
To what extent are the personal styles and characteristics of the potential evaluator acceptable? (Consider items such as honesty,			

character, interpersonal communication skills, personal mannerisms, ability to resolve conflicts, etc.)			
	Well qualified and acceptable	Not well qualified and / or acceptable	Cannot determine if well qualified or acceptable
Based on the questions above, to what extent is the potential evaluator qualified and acceptable to conduct the evaluation?			

*Adapted from The Pell Institute

Appendix B: Guidance for Developing a CRCCP Evaluation and Performance Measurement Plan

Guidance for Developing a CRCCP Evaluation and Performance Measurement Plan

The information and resources below will guide you in developing your program's Evaluation and Performance Measurement Plan. Your plan is due to your CDC Program Consultant (PC) 6 months post-award, December 31, 2020.

Why does my program need an Evaluation and Performance Measurement Plan?

Evaluation, or the systematic collection of information about how a program operates and its impact, is an important part of program management. A good evaluation enables you to monitor program implementation, demonstrate the success of programmatic activity in achieving outcomes, and identify areas for improvement.¹

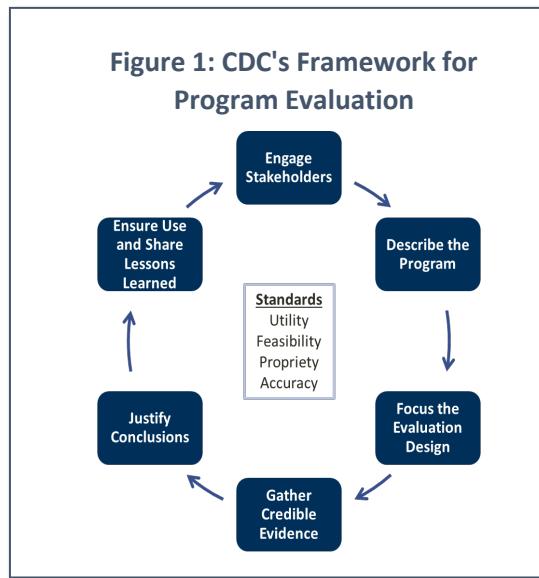
Evaluation involves thoughtful planning to decide what questions you want to answer² and how you will gather data to answer those questions.³ An evaluation plan guides your efforts based on stakeholder priorities, time and resource constraints, and skills required to successfully accomplish evaluation goals.⁴ Written evaluation plans should be developed with stakeholder involvement to encourage transparency and create a shared understanding about the evaluation purpose and use of evaluation results.^{5,6} Written evaluation plans have additional benefits, including fostering buy-in about evaluation methods, drawing connections between multiple evaluation activities, facilitating evaluation capacity-building, and smoothing transitions during staff turnover.⁴

Whether conducted by internal staff or an external contractor, evaluations are significantly enhanced by having a written plan that outlines essential details, including important programmatic context. While evaluation planning is a process, evaluation itself does not have to be expensive, time-consuming, or overly complicated. Well-focused evaluations can be completed with limited resources and supported by internal staff who are not professional evaluators.¹ Evaluation training and resources are widely available (see www.cdc.gov/eval/ and crccp.cdc.gov for general and program-specific information, tools and resources).

What are CDC's requirements?

1. **Use an evaluation planning process** — The evaluation planning process is integrated into the *CDC's Framework for Program Evaluation in Public Health*³ (Figure 1). In developing evaluation plans, grantees should engage stakeholders, describe the program, and focus the evaluation design (steps 1-3). Grantees' **program logic models** are an important part of step 2, describing the program. Logic

models specify outputs and outcomes for measurement. The last three steps in the CDC Framework also have relevance for planning as grantees must consider how data will be collected and analyzed and, ultimately, how evaluation findings will be used.



2. **Plan to assess process and outcomes** — The evaluation plan should include evaluation questions that address process (i.e., how the activity or intervention is being delivered) and anticipated outcomes depicted in the logic model (i.e., what is expected to change as a result of the activity).

For example, evaluation questions about a patient navigation (PN) initiative might include:

- *Process:* What is the average number of PN contacts for patients requiring follow-up colonoscopy?
- *Outcome:* What percentage of patients receiving PN for follow-up colonoscopy complete diagnostic testing?

Evaluation questions about a client reminder (i.e., health systems change) intervention might include:

- *Process:* What percentage of patients due for CRC screening are receiving client reminders?
- *Outcome:* Do clinic-level screening rates increase after implementation of client reminders?

3. **Include basic elements in the evaluation plan** — While the format of written evaluation plans can vary, the following elements are recommended.⁴ Suggested page limits for each section are

provided below (excluding appendices). Where applicable, listing items (e.g., stakeholders) with bullet points is appropriate and can help to provide a clear picture of your plan.

- **Title page**, showing grantee and program name, program component to be evaluated, and dates (e.g., program years) covered (1 page)
- **Plan overview**, presenting the general approach to the evaluation and a high-level summary of evaluation questions (1/2 page)
- **Evaluation Purpose**, specifying purpose(s) of the evaluation (e.g., program improvement, accountability) (1/2 page)
- **Stakeholders of evaluation results**, stakeholders for the evaluation including names, role of stakeholder, and stakeholders' use of evaluation results (1 page)
- **Program description**, comprising a logic model of the program components to be evaluated and a brief narrative describing the activities, priority population(s), and how beneficiaries are impacted by programmatic activities (2 pages)
- **Evaluation focus**, detailing evaluation questions and a brief description of how evaluation questions were determined and prioritized (e.g., based on logic model, stakeholder interests, evaluation purpose, feasibility) (1/2 page)
- **Plan for collecting data**, including summary of methods (qualitative and/or quantitative) that align with evaluation questions, and specifying relevant indicators, performance measures, data sources, and who has data collection responsibilities (1 page)
- **Plan for analysis and interpretation**, describing the types of analysis and intended process for drawing appropriate, data-based conclusions, and who has data analysis and interpretation responsibilities (including relevant stakeholder involvement) (1 page)
- **Plan for dissemination and use of findings**, detailing communication strategies, audience (e.g., providers), format (e.g., standardized feedback reports), who has dissemination responsibilities (e.g., regular monthly data reviews), and how audience feedback and action steps will be documented and monitored (2 pages)
- **Evaluation time line**, summarizing dates for data collection, analysis, and dissemination (1 page)

4. **Submit the evaluation plan** – Your program will submit your evaluation plan to CDC by December 31, 2020, which is approximately 6 months post-award. The CDC evaluation team will conduct a review of your evaluation plan, and provide you with feedback and any suggestions for

strengthening your plan. If you wish to discuss any CDC feedback more in-depth, contact your CDC Program Consultant to schedule a conference call with a member of the Evaluation Team.

5. **Stay engaged** — Whether evaluation activities are conducted by internal staff or an external contractor or consultant, CRCCP recipients should be substantially involved in developing the evaluation plan. Typically, CRCCP grantees are the most knowledgeable source in describing the program (i.e., step 2 in the CDC Evaluation Framework). As well, CRCCP grantees serve as primary stakeholders for ensuring evaluations provide credible evidence to answer questions most important and relevant to the program. To be meaningful, evaluation results must be interpreted, used, and shared^{5,7} — all of which require stakeholder involvement and a plan of action.

What are some tips for successful evaluation planning?

The following tips are offered as general guidance:

- **Connect the dots.** Evaluation plans connect program planning and evaluation by highlighting program goals, clarifying measurable objectives, and linking program activities with intended outcomes. Therefore, evaluation plans, work plans, and logic models work in tandem. Work plans should reflect the inputs and activities included in the logic model. And, evaluation questions and data collection plans should be linked to outputs and outcomes in your logic model. Ideally, evaluation planning should occur simultaneously with program planning. This helps ensure that evaluation efforts are well integrated from the start. Align the work plan and the evaluation plan so that feedback loops are in place to make use of evaluation information for program monitoring and improvement.⁴
- **Take context into account.** Focus on process and outcome evaluation as programmatic context dictates. At earlier stages of implementing an activity, it is sound practice to focus first on process evaluation before progressing to outcome evaluation at a later, more mature stage. For example, if implementing a professional development activity, a program might first plan to assess provider satisfaction with a training (or comprehension of training content) before determining whether the professional development offering made a longer-term difference in provider behavior (e.g., adherence to screening guidelines).
- **Consider strength of evidence.** CDC recognizes that grantees have limited evaluation resources and cannot always implement highly rigorous evaluation designs (e.g., matched designs). However,

strive to provide the strongest evidence possible within programmatic constraints. Go beyond process evaluation and advance to examination of outcomes.

- **Treat your evaluation plan as a living document.** Like logic models, evaluation plans are meant to represent current thinking. As priorities and internal and external factors change, evaluation plans can be updated and revised as appropriate. Although not required by CDC, you can share your updated evaluation plan with CDC for additional feedback and suggestions if your program chooses.
- **Engage your PC.** Throughout the development process, talk with your PC. PCs are a great resource for maximizing limited resources, ensuring you are going in the right direction, and sharing practice wisdom from other grantee programs. PCs are also familiar with evaluation plan requirements, and they connect daily with Evaluation Team members at CDC.
- **Do not recreate the wheel.** Sample templates are available in several toolkits listed below^{1,4,8,9} (e.g., pp. 88-97 of *Developing an Effective Evaluation Plan*), as well as additional resources at crccp.cdc.gov.

How will evaluation plans be used?

- **By grantees** — Evaluation plans should be implemented! Evaluations should be carried out once planning is completed, and evaluation results should be used for program management and program improvement.
- **By PCs** — Your evaluation plan will help your CDC PC tailor technical assistance and provide support for evaluation plan implementation. PCs will also use your evaluation plan to assess program monitoring and evaluation performance objectives described for the CRCCP in DP20-2002. Successful completion of the evaluation plan may also be used as a criterion in future funding award decision-making.
- **By CDC** — Looking across grantees, evaluation plans and resulting evaluation products will be used to assess, summarize, document, and communicate the achievements and challenges of the CRCCP to stakeholders (e.g., Congress, CDC and Department of Health and Human Services leadership). Further, evaluation results will inform future technical assistance, program development, performance management, and strategic planning efforts.

Where can I find more information?

Several evaluation guides are listed below to help you develop your Evaluation and Performance Measurement Plan. **Table 1** provides an overview of the resource(s) within each evaluation guide that may be the most helpful to you in developing specific sections of your plan. Recommended tools follow CDC's Framework for Program Evaluation³; include program examples to illustrate concepts; and provide templates, worksheets, or checklists to facilitate the development process and completion of a written evaluation plan.

- *Learning and Growing Through Evaluation: State Asthma Program Evaluation Guide.* Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Air Pollution and Respiratory Health Branch, 2010. Available at: http://www.cdc.gov/asthma/program_eval/guide.htm
- *WISEWOMAN Program Evaluation Toolkit.* Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Comprehensive Cancer Control Branch, 2015. Available at: https://www.cdc.gov/wisewoman/evaluation_toolkit.htm
- *How to Evaluate Activities to Increase CRC Screening and Awareness: Evaluation Toolkit.* Developed for the National Colorectal Cancer Roundtable by Wilder Research, 2018. Available at: <https://nccrt.org/resource/evaluation-toolkit/>.
- *Comprehensive Cancer Control Branch Program Evaluation Toolkit.* Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Comprehensive Cancer Control Branch, 2010. Available at: http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm
 - *Evaluation Checklists.* Western Michigan University, The Evaluation Center. Available at: <https://wmich.edu/evaluation/checklists>

Additional evaluation resources are located on crccp.cdc.gov.

Table 1: Useful Evaluation Resources from Each Evaluation Guide

Evaluation activity or step	Evaluation Guide				
	Asthma	WISEWOMAN	NCCRT	NCCCP	WMU
Engage stakeholders					
Stakeholder engagement plan		X		X	
Evaluating partnerships	X				
Describe the program					
Describe the program		X	X		
Developing a logic model		X	X		X
Focus the evaluation design					
Framework for evaluation		X	X		X
Evaluation purpose		X			
Types of evaluations		X			
Prioritizing evaluation questions		X		X	
Organizing the evaluation	X		X		
Evaluation budget		X	X		
Gather credible evidence					
Sample evaluation methods matrix				X	
Indicator checklists		X		X	
Identifying data sources		X		X	
Data collection methods		X	X	X	
Data collection plan		X	X		
Justify conclusions					
Data analyses plan		X			
Ensure use and share lessons learned					
Disseminating and assuring data use		X			X
Communication methods	X	X			

Glossary

Evaluation / Program Evaluation: The systematic collection of information about the activities, characteristics, and outcomes of programs (e.g., interventions, policies, specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted; how the findings will likely be used; and the design, data collection sources, and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the program's desired outcomes and results.

Outcome: The results of program operations or activities (i.e., the effects triggered by the program). Examples include: increased knowledge, changed attitudes or beliefs, increased screening adherence, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress towards pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products or services delivered by a program (outputs), or the results of those products and services (outcomes).

Program: Any activity, project, function, or policy that has an identifiable purpose or set of objectives.

References

1. *Evaluation toolkit: How to evaluate activities intended to increase awareness and use of colorectal cancer screening.* Developed for the National Colorectal Cancer Roundtable by Wilder Research, 2012. Available at: <http://nccrt.org/about/public-education/evaluation-toolkit/>
2. Centers for Disease Control and Prevention. *Good Evaluation Questions: A Checklist to Help Focus Your Evaluation.* Atlanta, GA: CDC, National Asthma Control Program, 2013. Available from: http://www.cdc.gov/asthma/program_eval/other_resources.htm
3. Centers for Disease Control and Prevention. (1999, September). Framework for program evaluation in public health. *Morbidity and Mortality Weekly Report*, 48(RR-11). Available from <ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf>
4. *Developing an effective evaluation plan.* Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Division of Nutrition, Physical Activity, and Obesity, 2011. Available at: <http://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf/>
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7. Torres, R. T., Preskill, H. S., & Piontek, M. E. (1996). *Evaluation strategies for communicating and reporting: Enhancing learning in organizations.* Thousand Oaks, CA: Sage.
8. *Comprehensive Cancer Control Branch program evaluation toolkit.* Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Comprehensive Cancer Control Branch, 2010. Available at: http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm
9. *Learning and growing through evaluation: State Asthma Program evaluation guide.* Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Air Pollution and Respiratory Health Branch, 2010. Available at: http://www.cdc.gov/asthma/program_eval/guide.htm

Appendix C: CDC Evaluation Plan

CDC EVALUATION PLAN

DP20-2002 Colorectal Cancer Control Program (CRCCP)

September 2020, Version 1.0

Introduction

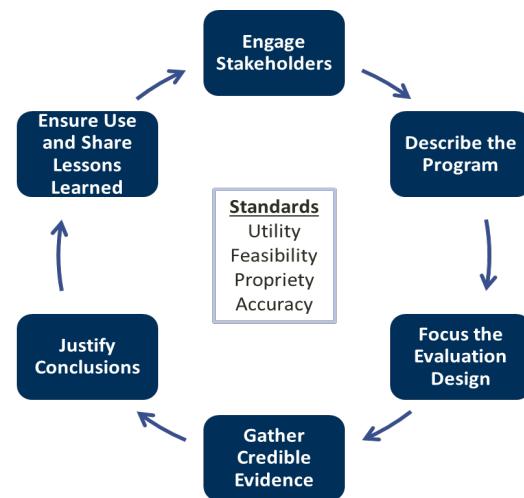
Colorectal cancer (CRC) is the second leading cause of death from cancer in the United States (U.S.) among cancers that affect both men and women.¹ Screening for CRC reduces incidence and mortality by detecting disease early when treatment is more effective, and preventing cancer by finding and removing precancerous polyps.² Of individuals diagnosed with early stage CRC, more than 90% live five or more years.² Despite strong evidence supporting screening, in 2018 only 68.8% of adults reported being up to date with CRC screening as recommended by the U.S. Preventive Services Task Force.³ To reduce CRC morbidity, mortality, and associated costs, use of CRC screening tests must be increased among age-eligible adults with the lowest CRC screening rates.³

Since 2009, the Centers for Disease Control and Prevention (CDC) has implemented the Colorectal Cancer Control Program (CRCCP) to increase CRC screening among adults ages 50-75. CDC's recent notice of funding opportunity (NOFO), *Public Health and Health System Partnerships to Increase Colorectal Cancer Screening in Clinical Settings* (DP20-2002), is a 5-year cooperative agreement aimed at increasing CRC screening within primary care clinics. Ongoing evaluation is essential to determining whether CRCCP strategies and activities are effective at achieving the primary outcome of interest – to increase CRC screening rates at the clinic level.

Evaluation of the CRCCP

Evaluation is a systematic method for collecting, analyzing, and using data to examine program processes and outcomes, while also informing continuous program improvement. The CDC will conduct a five-year process and outcome evaluation across all CRCCP recipients, using CDC's Framework for Program Evaluation to guide all activities (Figure 1). Three distinct purposes shape CDC's evaluation design and plans for dissemination of findings. The purposes of this evaluation include to:

Figure 1: CDC's Framework for Program Evaluation



- improve recipient programs.
- strengthen CDC's accountability to the public and Congress, as well as recipients' accountability to CDC.
- inform future programmatic planning and policymaking.

This written plan is intended to support transparency and create a shared understanding of CDC's evaluation purpose, planned activities, and use of evaluation results. This plan is a 'living document' and will be revisited and updated annually to reflect the emerging priorities of CDC and its stakeholders.

Stakeholder Engagement

CDC's internal and external stakeholders will be engaged throughout evaluation planning, implementation, and dissemination of findings. This ensures that unique stakeholder priorities remain at the forefront of our overall evaluation approach; multiple perspectives that impact data collection and analysis procedures are continuously considered; and findings are useful for program improvements and policy change. **Table 1** provides an overview of our key internal and external stakeholders and evaluation activities in which they will be primarily engaged.

Table 1: CRCCP Evaluation Stakeholder Engagement

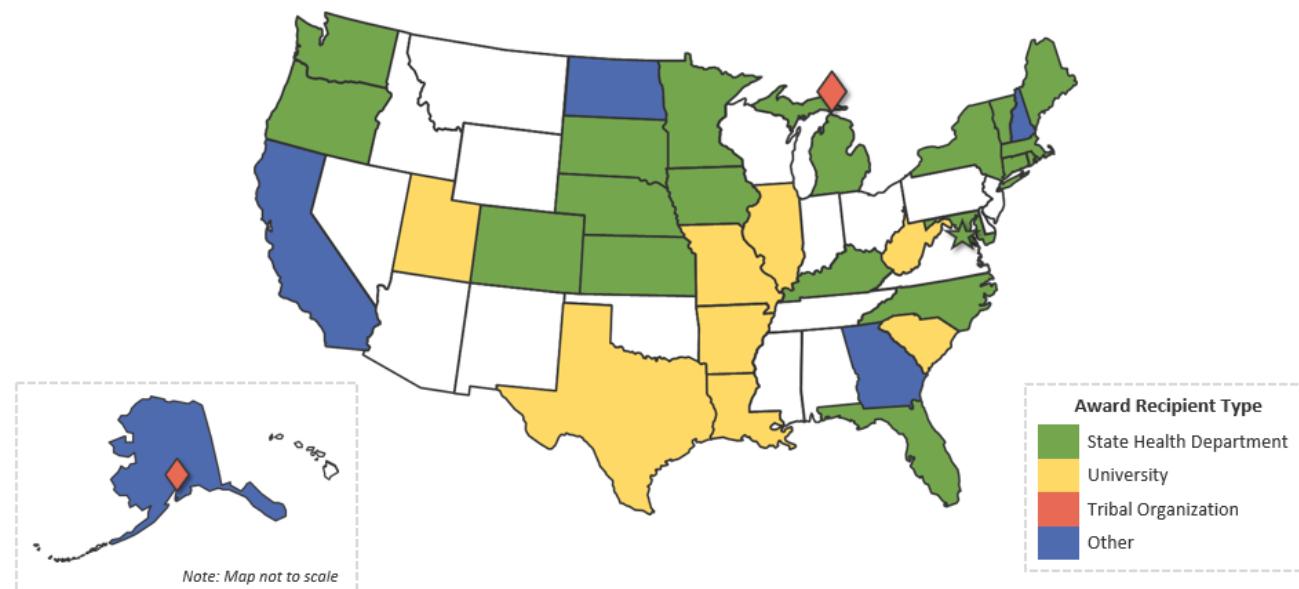
		Describe the Program	Focus the Evaluation	Collect / Report Data	Justify Conclusions	Disseminate Results
Internal Stakeholders (Federal)	U.S. Federal agencies					X
	National Center for Chronic Disease Prevention and Health Promotion; Division of Cancer Prevention and Control; and Program Services Branch Leadership	X	X	X	X	X
	PSB Program Consultants (PCs)	X	X	X	X	X
External Stakeholders	CRCCP Recipient Programs		X	X	X	X
	IMS Data Contractor		X	X	X	X
	NACDD		X	X	X	X
	National Partners (e.g., ACS, Cancer Roundtable)					X
	General public					X

DP20-2002 Colorectal Cancer Control Program

The CRCCP cooperative agreement funds 35 recipients to partner with health systems and their primary care clinics to implement evidence-based interventions (EBIs) within clinics and ultimately increase CRC screening among priority populations. Recipients include state health departments, universities, tribal organizations, hospitals, and other organizational types throughout the U.S. (Figure 2). Recipients establish formal partnerships with health systems and primary care clinics to implement four priority EBIs as described in *The Community Guide* – client reminders, provider reminders, provider assessment and feedback, and reducing structural barriers. Recipients may utilize patient navigation at the health system and/or clinic levels to implement these strategies. Small media may also be used to augment patient navigation and client reminders.

Figure 2: U.S. Map of CRCCP Recipients

DP20-2002 CRCCP Award Recipients



State Health Departments	Universities	Tribal Organizations	Other
<ul style="list-style-type: none">Colorado (CO)Connecticut (CT)District of Columbia (DC)Florida (FL)Iowa (IA)Kansas (KS)Kentucky (KY)Massachusetts (MA)Maryland (MD)Maine (ME)	<ul style="list-style-type: none">Michigan (MI)Minnesota (MN)North Carolina (NC)Nebraska (NE)New York (NY)Oregon (OR)Rhode Island (RI)South Dakota (SD)Vermont (VT)Washington (WA)	<ul style="list-style-type: none">Louisiana State U. (LA)U. of Arkansas (AR)U. of Chicago (IL)U. of Missouri (MO)U. of South Carolina (SC)U. of Texas Health Science Center (TX)U. of Utah (UT)West Virginia U. (WV)	<ul style="list-style-type: none">AltaMed (CA)Alaska Primary Care Association (AK)Georgia Center for Oncology Research and Education (GA)Mary Hitchcock Memorial Hospital (NH)Quality Health Association of North Dakota (ND)

The CRCCP Logic Model (**Figure 3**) serves as a visual representation of how CRCCP strategies and activities align with the intended short-, intermediate, and long-term outcomes for the NBCCEDP. This logic model is foundational to CDC's understanding of the CRCCP on a national level, and therefore serves as the basis of our evaluation planning efforts. Program components indicated in bold text will be included in CDC's evaluation. Intermediate- and long-term outcomes will be assessed through separate studies.

Figure 3: CRCCP Logic Model

CRCCP Logic Model – DP20-2002

Strategies & Activities

Establish partnerships with health systems/primary care clinics

Establish partnerships to support implementation of evidence-based interventions (EBIs)

Conduct assessment of partner primary care clinics

Implement EBIs

◊ Implement multiple EBIs in partner health systems/clinics

◊ Utilize patient navigators to support delivery of EBIs

◊ Provide support to clinics to implement EBIs

Facilitate patients' linkage to follow-up colonoscopy

◊ Provide resources to partner clinics to provide follow-up colonoscopies

◊ Provide support to patients for the completion of follow-up colonoscopies

Data Quality, Program Monitoring and Evaluation

◊ Plan and conduct program monitoring and evaluation

◊ Collect high quality clinic-level data on implementation and outcomes

◊ Use monitoring data for quality and program improvement

Short-Term Outcomes

- ◊ Increased clinic-level CRC screening rates

Intermediate Outcomes

- ◊ Increased number of cancers prevented
- ◊ Increased diagnosis of early stage CRC

Long-Term Outcomes

- ◊ Reduced CRC incidence and mortality



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Evaluation Design

The CDC evaluation team will conduct a five-year multilevel process and outcome evaluation across all CRCCP recipient programs. A comprehensive list of evaluation questions, sub-questions, indicators, and data sources will guide CDC's evaluation activities (**Table 2**). In addition to assessing changes in clinic-level CRC screening rates over time, we are also interested in learning about recipients' partnerships with implementation partners and clinics; EBI implementation practices within partner clinics; recipients' efforts to facilitate follow-up colonoscopy completion; and efforts to maximize data quality. In addition, CDC's evaluation includes a program management component to identify recipients' implementation successes and challenges, and useful sources of CDC TA and guidance (**Table 3**).

Table 2: DP20-2002 General Evaluation Question Matrix

Evaluation Questions	Example Indicators/Measures	Data Source
Establish partnerships with health systems/clinics		
What are the characteristics of recipients' partner health systems and clinics?	<ul style="list-style-type: none">• #/ % health system types (e.g., FQHCs)• #/ % by clinic size (patient population)• #/ % clinic locations (e.g., rural/urban)• #/ % clinics terminated• #/ % health systems/clinic with agreement, by type	Clinic data
What is the annual and overall reach of the CRCCP?	<ul style="list-style-type: none">• # health systems recruited• # active health systems• # clinics recruited• # active clinics recruited• Avg. # (and range) of clinics recruited per recipient• # clinic patients age 50-75• Avg. # (and range) of patients age 50-75 recruited per recipient• # primary care providers within clinics• Geographic location of clinics (mapped)	Clinic data External data sources (TBD)

	<ul style="list-style-type: none"> • Geographic location of clinics mapped with population density overlay 	
To what extent do recipients provide clinic partners with financial support?	<ul style="list-style-type: none"> • #/ % of clinics with agreement, by agreement type • #/ % clinics receiving CDC funds • Total CDC funding distributed to clinics • Avg. amount (and range) of CDC funds received by clinics 	Clinic data Cost study
What are the characteristics of clinics' CRC screening efforts?	<ul style="list-style-type: none"> • #/ % primary CRC screening test used, by type • #/ % clinics providing mailed FIT kit program • #/ % of clinics with screening champions • #/ % of clinics with screening policies • #/ % of clinics that distribute free FIT kits 	Clinic data
Are recipients partnering with clinics serving populations of need with low CRC screening rates?	<ul style="list-style-type: none"> • #/ % clinics located in high burden areas • #/ % of clinics located in counties with high CRC incidence and death rates • #/ % clinics that are FQHCs • #/ % clinics with uninsured populations >20% • Avg. clinic baseline screening rate • #/ % of clinics in different baseline rate categories (e.g. <20%, 20%-30%, ...) 	External data sources (TBD) Clinic data
To what extent are partner clinics terminated over time? What are the characteristics of terminated clinics? Why are clinics terminated?	<ul style="list-style-type: none"> • #/ % of clinics terminated, in aggregate and by recipient • #/ % clinics terminated within a given health system, by recipient • Avg. time (in years) of clinic participation before termination • Characteristics of terminated clinics (e.g., size, type, location) • Baseline and annual screening rates of terminated clinics terminated 	Clinic data Case studies (if indicated)

	<ul style="list-style-type: none"> • Reasons for termination 	
Establish partnerships to support implementation of EBIs		
With what implementation partners are recipients partnering?	<ul style="list-style-type: none"> • #/% of implementation partners, by type • Avg. # (and range) implementation partners per recipient 	Annual Recipient survey
To what extent do recipients provide implementation partners with financial support?	<ul style="list-style-type: none"> • #/% of partners with MOU or contract • #/% partners receiving CDC funds • Total CDC funding distributed to partners • Avg. amount (and range) of CDC funds received by partners 	Annual Recipient survey Budget data
What kinds of implementation support are partners providing to clinics?	<ul style="list-style-type: none"> • Types of implementation support provided • #/% recipients that use an established approach to deliver TA to clinics • Characteristics of recipient implementation plans • Utility and appropriateness of implementation support provided to clinics 	Annual Recipient survey Case studies Clinic Implementation Planning Summaries
How often is implementation support being delivered to clinics?	<ul style="list-style-type: none"> • Frequency of implementation support provided to clinics over time, in aggregate and by clinic type 	Clinic data
Conduct implementation readiness assessments of partner primary care clinics		
To what extent have recipients conducted formal assessments of clinics' readiness to implement the CRCCP?	<ul style="list-style-type: none"> • #/% of recipients with a standard approach to readiness assessment • #/% of recipients conducting specified areas of assessment (e.g., assess EHR capacity) 	Recipient survey Clinic Assessments
Implement EBIs		
What EBIs are recipients implementing in clinics?	<ul style="list-style-type: none"> • #/% clinics implementing each EBI 	Clinic data

<p>What EBIs are in place at baseline?</p> <p>What EBIs are planned, newly implemented, or enhanced annually?</p> <p>Are CDC resources used to support EBI planning or implementation?</p> <p>Are clinics implementing multiple EBIs?</p>	<ul style="list-style-type: none"> • #/Types of EBIs planned, newly implemented, enhanced, by clinic • Types of EBIs supported with CDC funds, by clinic • #/% clinics implementing new EBIs • #/% clinics implementing 3-4 EBIs • Spending on EBIs implemented/enhanced by recipients. 	<p>Cost study</p>
<p>How are EBIs delivered within clinics?</p>	<ul style="list-style-type: none"> • Descriptions of EBI delivery protocols • Avg. # ways patient reminders sent per clinic • Avg. # ways provider reminders sent per clinic • Avg. frequency of provider assessment and feedback per clinic • #/% clinics reducing structural barriers in more than one way 	<p>Case studies</p> <p>Clinic data</p>
<p>Are the EBIs sustainable?</p> <p>How long does it take for a newly implemented EBI to become sustainable?</p> <p>How do recipients and/or clinics support sustainability?</p> <p>Which EBIs are more/less sustainable than others, and why?</p>	<ul style="list-style-type: none"> • #/% of clinics with at least 1 sustainable EBI • #/% of clinics with sustainable EBIs, by EBI type • #/% of sustained EBIs by clinic type • Avg. # years from newly implemented EBI to sustained, by EBI type • Strategies to support sustainability of EBIs 	<p>Clinic data</p> <p>Case studies</p>
<p>What are the costs and cost effectiveness of the EBIs being implemented by CRCCP recipients?</p>	<ul style="list-style-type: none"> • Amount of CDC funds used to support EBI implementation activities • Average spending for EBIs implemented/enhanced by recipient 	<p>Cost studies</p>
<p>To what extent are PN and small media implemented?</p> <p>How is PN implemented?</p>	<ul style="list-style-type: none"> • #/% of clinics implementing PN • #/% of clinics implementing small media 	<p>Clinic data</p> <p>Recipient survey</p>

Are PN and small media sustainable?	<ul style="list-style-type: none"> • Avg amount of time patient received PN • #/% of clinics where PN is sustainable • #/% of clinics where small media is sustainable 	
Facilitate patients' linkages to follow up colonoscopy		
To what extent did health systems/clinics utilize CDC funding to support follow up colonoscopy completion?	<ul style="list-style-type: none"> • Amount of CDC funds awarded to health systems/clinics to support follow up colonoscopies • # patients receiving CDC funded follow-up colonoscopies • %/# clinics who received CDC funds to support follow up colonoscopy 	Recipient survey Clinic data
What are the screening results among patients who received follow-up colonoscopy paid for with CDC funds?	<ul style="list-style-type: none"> • #/% patients with adenomatous polyps removed who received a CDC-funded follow-up colonoscopy • #/% patients with other abnormal results who received CDC-funded follow up colonoscopy • #/% patients diagnosed with cancer who received CDC-funded follow up colonoscopy 	Clinic data
Data Quality, Program Monitoring, and Evaluation		
To what extent are recipients developing evaluation plans consistent with CDC requirements as stated in the NOFO?	<ul style="list-style-type: none"> • #/% recipients with evaluation plans submitted within 6 months of award • #/% evaluation plans that meet basic CDC requirements 	Evaluation plans
To what extent are clinic data complete and high quality?	<ul style="list-style-type: none"> • #/% clinics with no missing baseline data records, by recipient • #/% clinics with no missing annual records, by recipient • Avg clinic data error rates, by recipient • #/% clinics with decreased error rates over time, by recipient • #/% clinics with low/medium/high confidence in 	Clinic data Recipient survey

	<p>EHR-generated screening rate, by recipient</p> <ul style="list-style-type: none"> • #/% clinics that conduct screening validation through chart review within first two years of participation • #/% of clinics that change EHR vendors over time • Type of staff collecting clinic data • Activities taken to ensure high quality data 	
What quality assurance mechanisms are in place within clinics?	<ul style="list-style-type: none"> • #/% clinics with access to HCCN • #/% clinics with screening rates monitored at least quarterly • #/% clinics that conduct screening validation within one year of clinic enrollment • #/% recipients participating in annual CDC-led data quality review process • #/% clinics with QI processes in place • #/% clinics using HIT tools for program monitoring • #/% clinics that change EHR vendors across years 	Clinic data
Increased CRC screening		
To what extent are screenings completed among patients who receive a screening referral?	<ul style="list-style-type: none"> • Annual clinic-level FIT kit return rates • Annual clinic-level colonoscopy completion rate 	Clinic data
To what extent are clinics meeting their screening targets?	<ul style="list-style-type: none"> • #/% of clinics that set appropriate screening targets • #/% clinics that meet their annual screening rate target 	Clinic data
To what extent have clinic screening rates changed over time?	<ul style="list-style-type: none"> • Avg weighted change in percentage points of screening rate, by recipient and for CRCCP • Avg weighted change in percentage points of screening rate for CRCCP by clinic characteristics, EBI 	Clinic data

	implementation and other relevant groups.	
To what extent have the number of CRC screenings changed over time?	<ul style="list-style-type: none"> Number of screening tests per year, in aggregate and by grantee Avg number (and range) of screening tests completed per year Percent increase in the number of screening tests completed year to year 	Clinic data
Evaluation Questions		Data Source
What are significant predictors of greater screening rate increases?		Clinic data
What are significant predictors of the implementation of specific EBIs?		Clinic data
How do we characterize the implementation of EBIs in multi-level analysis?		Clinic data
How do we characterize the longitudinal trajectory of clinic screening growth?		Clinic data
What is the cost effectiveness of specific intervention under CRCCP?		Clinic data Cost study
What are the characteristics of clinics with the highest and lowest screening rate increases?		Clinic data
What does de-implementation of CRCCP look like within partner clinics?		Special study
Are screening rates sustained once the CRCCP stops actively working with clinics?		Clinic data Special study
What are the characteristics of clinics and CRCCP implementation where screening rate changes are sustained once the CRCCP stops actively working with clinics?		Clinic data Special study
What are the significant predictors of EBI sustainability?		Clinic data
What is the long-term impact of the CRCCP on lives saved?		Special study

Table 3: DP20-2002 Program Management Evaluation Question Matrix

Program Management Question	Indicators/Measures	Data Source
What are the characteristics of the recipients funded under 20-2002?	<ul style="list-style-type: none">• #/ % of recipients by type (e.g., health dept, university)• Avg award, range in CDC funding by year, by recipient type	Budget data
What CDC TA resources have been most useful for recipients?	<ul style="list-style-type: none">• #/ % of resources used, by utility (i.e., helpfulness)	Recipient Survey
What non-CDC financial resources do recipients have to support their CRCCP?	<ul style="list-style-type: none">• Funding amounts by type (e.g., State)• Total non-CDC funds supporting CRCCP• #/ % recipients receiving non-CDC support	Recipient Survey
How many and what type of staff are recipients using to manage and implement the CRCCP over time?	<ul style="list-style-type: none">• #/ % of recipient staff, by type• Change in recipient staff type over time	Budget data
What challenges do recipients encounter when implementing the CRCCP?	<ul style="list-style-type: none">• #/ % of recipient challenges, by type	Quarterly Program Updates
What successes have been realized by recipients?	<ul style="list-style-type: none">• Description of successes• #/ % of recipients reporting successes annually	Quarterly Program Updates
To what extent do recipients encounter staff vacancies?	<ul style="list-style-type: none">• # staff vacancies• Types of vacant staff positions	Quarterly Program Updates
What TA needs do recipients experience?	<ul style="list-style-type: none">• Description of TA needs	Quarterly Program Updates

Evaluation Methods

CDC will conduct a mixed-methods evaluation using both primary and secondary data sources to answer the evaluation questions of interest (**Table 4**). Throughout the five-year funding cycle, CDC will conduct standardized data collection on a routine schedule (e.g., quarterly, annually) as well as periodic special studies. Together, these data sources will allow CDC to generate routine reports on incremental program progress, as well as periodic and final reports, presentations, manuscripts, and guidance documents to highlight program improvements and communicate program effectiveness. OMB approval will be obtained for all primary data

collection efforts. In addition, CDC will utilize secondary data, such as program budgets, to better understand program management practices.

Table 4: Data Collection Methods for CDC Evaluation¹

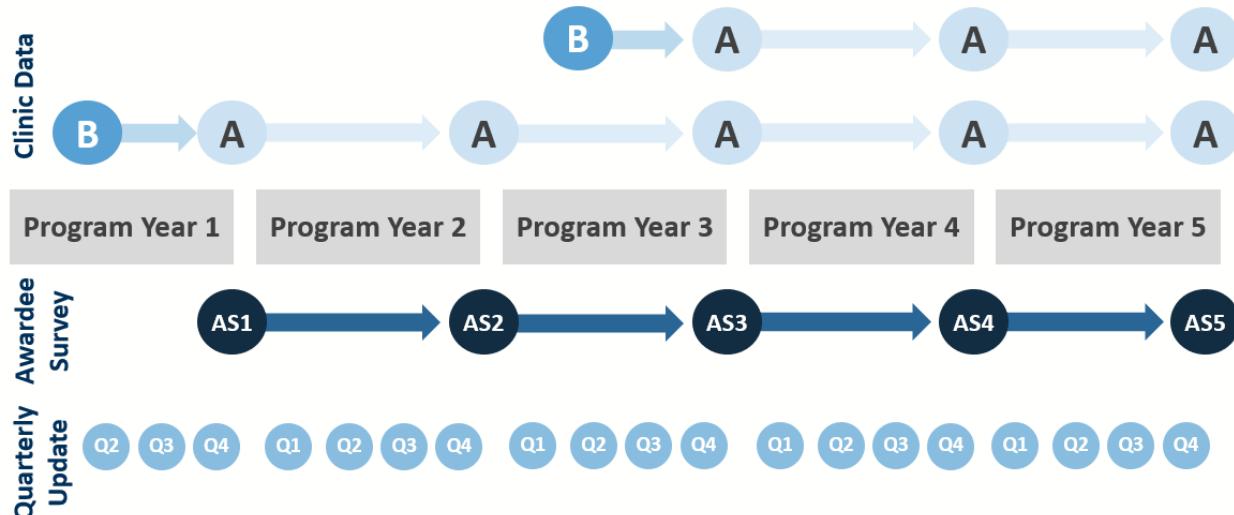
Data Collection Method	Description
CRCCP Baseline and Annual Clinic Data	<p>Recipients will submit baseline and annual clinic data records for each partner health system clinic where CRCCP is implemented. The CRCCP clinic data collection assesses health system, clinic, and patient population characteristics; monitoring and quality improvement activities; EBI implementation practices; and the CRCCP primary outcome of interest – CRC screening rates.</p> <p>The <i>CRCCP Baseline and Annual Data Dictionary</i> includes all clinic data items, definitions, and response options. Recipients will be provided with optional clinic data collection forms to collect baseline and annual clinic data records from their partner health system clinics. CDC also provides recipients with the guidance document, <i>Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>. Recipients will submit clinic data via the web-based Clinic-Baseline and Annual Reporting System (CBARS) which is accessed via www.crccp.cdc.gov. Baseline clinic data records are submitted at the time a clinic is recruited. Annual clinic data records reflect implementation activities for the program year, which runs from July through June, and are due by September 30th following each program year. Please see the <i>CRCCP Clinic Data Users' Manual</i> for details.</p>
Annual Awardee Survey	<p>Recipients will complete an online <i>CRCCP Annual Awardee Survey</i> to assess program management, clinic assessment, data management, technical assistance, and partnerships for each program year. Recipients will typically complete the Annual Awardee Survey electronically each July following the end of the program year.</p>
Quarterly Program Update	<p>The <i>CRCCP Quarterly Program Update</i> collects standardized information from recipients on a quarterly basis to support rapid reporting of programmatic information to support CDC in providing tailored and meaningful TA. The survey assesses CRCCP award spending, staff vacancies, program successes, program challenges, and TA needs. Recipients will submit the online instrument during the month following each program quarter (i.e., October, January, April, July).</p>

¹ Data collection tools and guidance documents (bolded) can be found in the *Program Manual, Part II: Evaluation and Performance Measurement* as appendices.

Special Studies	CDC will conduct periodic studies among select recipients to address several evaluation questions related to costs, implementation, and program management. <u>Qualitative case studies</u> will delve deeply into how EBIs are implemented within partner clinics, as well as the factors that facilitate successful implementation and sustainability, through qualitative data collection with recipients and clinics. <u>Cost and cost-effectiveness studies</u> will assess costs associated with various CRCCP implementation activities as they relate to program effectiveness using existing clinic, resource use, and additional cost data collected from select clinics. If selected, recipients' participation in these studies is voluntary. These studies will be driven by the evolving priorities and needs of CRCCP stakeholders.
Financial Reporting	CDC evaluators will review recipients' annual OFR-approved program budgets to examine recipients' planned resource allocations, staffing patterns, contracting partners, and partner activities.

Standardized data collections, including the CRCCP annual clinic data collection, the CRCCP Annual Recipient Survey, and CRCCP Quarterly Program Updates, will be conducted on a predictable schedule throughout each program year. **Figure 4** illustrates the required data reporting timeline for all recipients; any additional data collection or special studies will be conducted on unique timelines.

Figure 4: DP20-2002 Data Collection Timeline



B = Baseline clinic record;

A = Annual clinic record;

AS = Annual Awardee Survey

Q = Quarter for program update

Use of Evaluation Findings

CDC's evaluation will focus heavily on the timely and meaningful use of evaluation findings to inform continuous program improvements, maximize accountability to CDC's stakeholders, and demonstrate program effectiveness. Stakeholders' use of evaluation findings is a priority. Below we describe anticipated uses of evaluation results by stakeholder type, with the understanding that some stakeholders will develop new uses for evaluation findings that help to inform program policies, program implementation, resource allocation, and replication of promising practices.

- **Federal agencies.** Several federal agencies, such as the Department of Health and Human Services (DHHS), the Government Accountability Office (GAO), the Office of Management and Budget (OMB), and the U.S. Congress, are interested in CRCCP reach to priority populations and the primary outcome of interest – changes in CRC screening rates. They are also interested in return on investment (ROI) studies, such as cost and cost effectiveness of CRCCP strategies and activities. These stakeholders expect results based on high-quality, quantitative data on EBI implementation, CRC screening rates, support for follow up colonoscopy, and program costs. Success stories of individual recipients' programmatic efforts are also of interest.
- **NCCDPHP, DCPC, and PSB Leadership.** Within DCPC, evaluation results will be used to monitor recipient progress and performance for the purposes of program improvement, accountability, and policy making. In addition, it will be important for division leadership to be aware of recipient spend rates and ROI study results to inform future funding decisions and practices. Program results - including reach, EBI implementation activities, screening rates, and follow up care - will be reported to branch, division, and center leadership on a routine basis.
- **CDC PCs.** Evaluation findings will provide critical information to inform TA and guidance to recipients. PCs will use dashboards populated with various program data to inform their efforts to monitor progress and provide meaningful TA. These dashboards will

provide program consultants information about program budgets, recipient partnerships, program reach, EBI implementation activities, and screening rates. Additionally, dashboards will be populated with data from Quarterly Program Updates and provide them information about individual recipient challenges, successes, and TA needs.

- **CRCCP Recipients.** The evaluation team will provide recipients with regular updates on evaluation results to keep them informed of program reach, implementation activities, and program effectiveness. CDC will work with individual recipients to conduct an annual clinic data review process to examine data quality and program progress. This information will be used for improving data quality, improving programs, and increasing accountability. CDC will support recipients in disseminating their local evaluation results to one another and to other stakeholders.
- **National Partners.** The Evaluation Team will publish results of various analyses that will be of interest to our national partners (e.g., American Cancer Society, National Association of Community Health Centers). These stakeholders will likely have an interest in ROI studies and studies of specific strategies identified as promising practices for broader replication in the field.
- **General Public.** As a federally funded program, the CDC is responsible to the American public and must demonstrate efficient and effective use of public dollars. The public will want to know who was served (e.g., priority population) and what was achieved (e.g., CRC clinic screening rates). Program results will be made available to the public via the CDC website, peer-reviewed publications, policy briefs, reports, webinars, and other public-facing products as deemed appropriate.

Data Management, Analysis, and Dissemination

The CDC evaluation team will utilize multiple analysis methods to interpret primary and secondary data, and answer our evaluation questions (**Tables 2 and 3**). CRCCP baseline and annual clinic data, Annual Awardee Survey data, and Quarterly Program Update data will be maintained as longitudinal data sets and analyzed in SAS. For special studies, qualitative case study data will be managed and analyzed in NVIVO, while additional cost data will be maintained and analyzed in SAS. An Excel file will be used to maintain data abstracted from grantee budgets. Descriptive analyses will be conducted at least annually for all primary data collections. Other types of analysis (e.g., regression, cluster) will be performed as needed to address specific evaluation questions.

CDC plans to routinely disseminate information regarding CRCCP progress and outcomes to stakeholders using the methods listed below. Additional dissemination methods will be considered based on evaluation findings and emerging stakeholder needs.

- Clinic data summary reports
- Annual Recipient Survey summary reports
- Aggregate QPU reports
- CRCCP Performance measures² reports
- Presentations
- Webinars
- Web site content
- Manuscripts
- Policy briefs

CDC is focused on supporting recipients in collecting high-quality, reliable data. Resulting products will be shared internally to inform program guidance and inform ongoing program improvements, as well as externally to demonstrate achievement of program outcomes. If more rigorous evaluations of promising practices and cost effectiveness are completed, CDC will develop additional reports for grantees and stakeholders, and manuscripts for publication.

² Generated by CDC using submitted clinic-level data elements.

References

1. Centers for Disease Control and Prevention (2020, July 1). United States Cancer Statistics: Data Visualizations. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>.
2. Joseph, D. J., King, J. B., Dowling, N. F., et al. Vital Signs: Colorectal Cancer Screening Test Use – United States, 2018. MMWR Morb Mortal Wkly Rep 2020;69: 253-259.
3. Lin JS, Piper MA, Perdue LA, Rutter C, Webber EM, O'Connor E, Smith N, Whitlock EP. Screening for Colorectal Cancer: A Systematic Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 135. AHRQ Publication No. 14-05203-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2016.

Appendix D: CDC Evaluation Plan: Executive Summary

CDC EVALUATION PLAN

Executive Summary

DP20-2002 Colorectal Cancer Control Program (CRCCP)

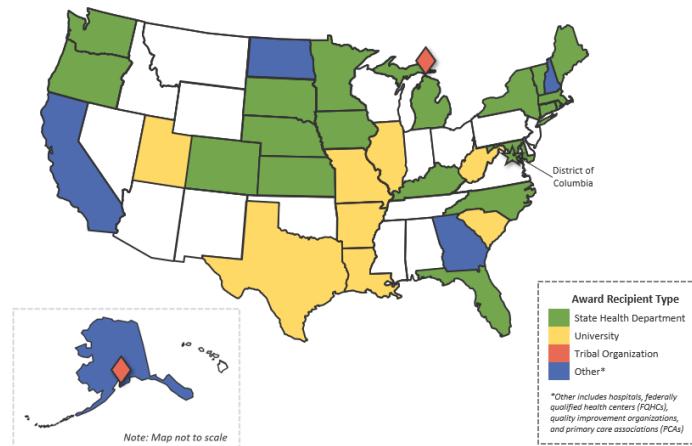
September 2020, Version 1.0

Introduction

Screening for CRC reduces incidence and mortality by detecting disease early when treatment is more effective, and preventing cancer by finding and removing precancerous polyps.¹ Despite strong evidence supporting screening, in 2018 only 68.8% of adults reported being up to date with CRC screening as recommended by the U.S. Preventive Services Task Force.² To reduce CRC morbidity, mortality, and associated costs, use of CRC screening tests must be increased among age-eligible adults with the lowest CRC screening rates.²

CDC's recent notice of funding opportunity (NOFO), *Public Health and Health System Partnerships to Increase Colorectal Cancer Screening in Clinical Settings* (DP20-2002), is a 5-year cooperative agreement that funds 35 recipients to partner with health systems and their primary care clinics to implement evidence-based interventions (EBIs) within clinics and ultimately increase CRC screening among priority populations. Recipients include state health departments, universities, tribal organizations, hospitals, and other organizational types throughout the U.S. (**Figure 1**). Recipients establish formal partnerships with health systems and primary care clinics to implement four priority EBIs as described in *The Community Guide* – client reminders, provider reminders, provider assessment and feedback, and reducing structural barriers. Recipients may utilize patient navigation at the health system and/or clinic levels to implement these strategies. Small media may also be used to augment patient navigation and client reminders.

Figure 1: DP20-2002 CRCCP Award Recipients



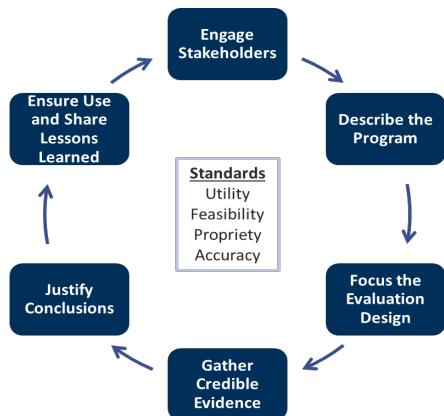
¹ Lin JS, Piper MA, Perdue LA, Rutter C, Webber EM, O'Connor E, Smith N, Whitlock EP. Screening for Colorectal Cancer: A Systematic Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 135. AHRQ Publication No. 14-05203-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2016.

² Joseph, D. J., King, J. B., Dowling, N. F., et al. Vital Signs: Colorectal Cancer Screening Test Use – United States, 2018. MMWR Morb Mortal Wkly Rep 2020;69: 253-259.

Evaluation of the CRCCP

The CDC will conduct a five-year process and outcome evaluation across all CRCCP recipients, using CDC's Framework for Program Evaluation to guide all activities (**Figure 2**). Three distinct purposes shape CDC's evaluation design and plans for dissemination of findings including: (1) improve recipient programs, (2) strengthen CDC's accountability to the public and Congress, as well as recipients' accountability to CDC, and (3) inform future programmatic planning and policymaking. CDC's evaluation plan is intended to support transparency and create a shared understanding of CDC's evaluation purpose, planned activities, and use of evaluation results. CDC's internal and external stakeholders will be engaged throughout evaluation planning, implementation, and dissemination of findings. This plan is a 'living document' and will be revisited and updated annually to reflect the emerging priorities of CDC and its stakeholders.

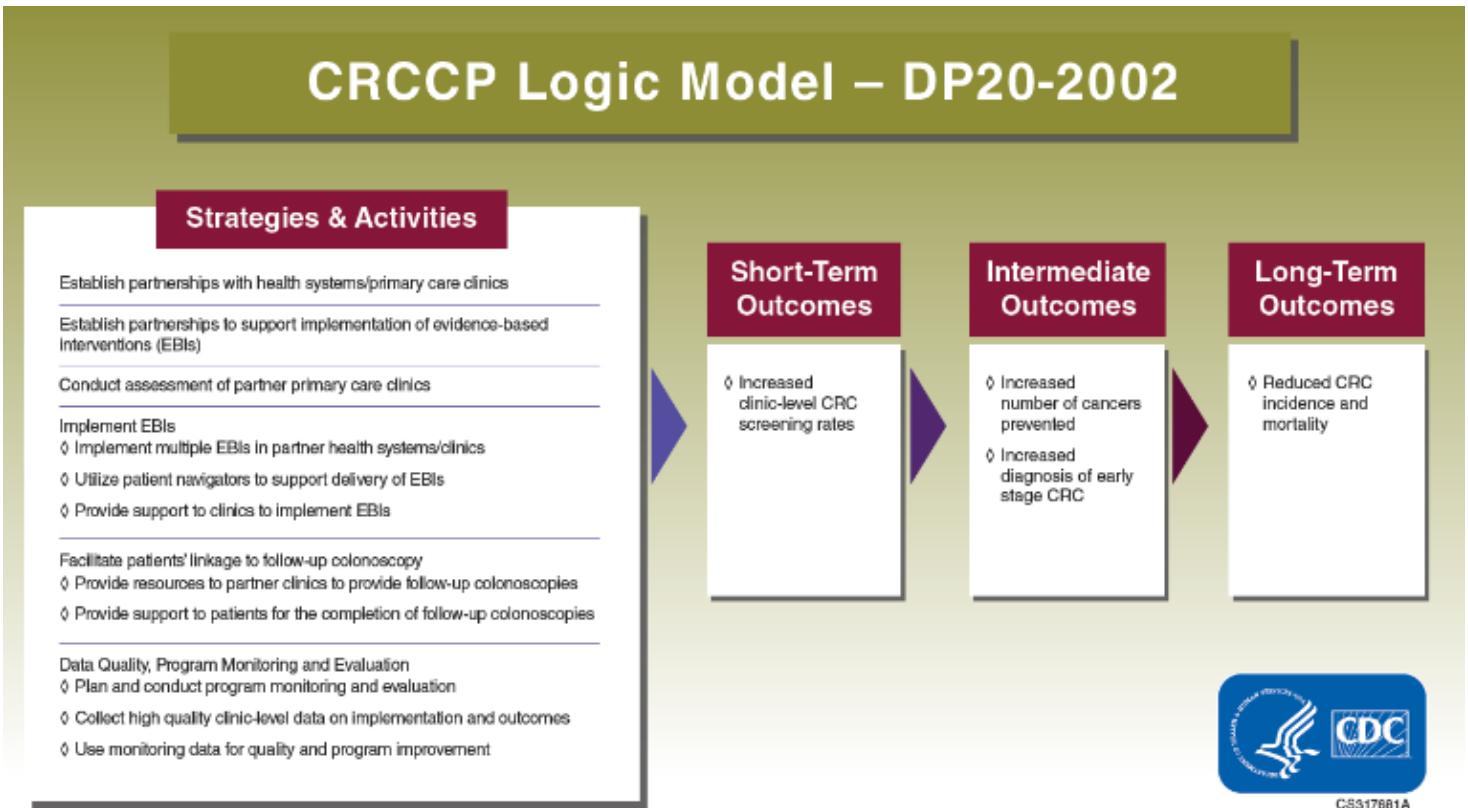
Figure 2: CDC's Framework for Program Evaluation



Design

The CDC evaluation team will conduct a five-year multicomponent process and outcome evaluation across CRCCP recipient programs. CDC developed a CRCCP logic model which illustrates all required CRCCP strategies and activities, and anticipated outcomes, which serve as the foundation of the evaluation design (**Figure 3**). The primary outcome of interest is change in the clinic-level CRC screening rate over time. Examples of key evaluation questions to be addressed through CDC's evaluation are included in **Figure 4**.

Figure 3: CRCCP Logic Model



Methods

CDC will conduct a mixed-methods evaluation using both primary and secondary data sources to answer the evaluation questions of interest. Throughout the five-year funding cycle, CDC will conduct standardized data collection on a routine schedule (e.g.,

quarterly, annually) as well as periodic special studies. Together, these data will allow CDC to generate routine reports on incremental program progress, as well as reports, presentations, manuscripts, and guidance documents to highlight program improvements and communicate

Figure 4: Key Evaluation Questions

- What is the nature of recipients' partnerships?
- How do recipients assess clinics' readiness to implement the CRCCP?
- What are recipients' technical assistance needs?
- What are recipients' successes and challenges?
- What is the reach of the CRCCP?
- What are the characteristics of CRCCP clinics?
- What EBIs are implemented and are they sustainable?
- Are CRC screening rates increasing?
- What are the FoBT/FIT return rate and colonoscopy completion rates?
- What factors are associated with increased screening rates?
- What are cost-effective strategies to implement EBI?
- How are EBIs selected, adapted, implemented, sustained, and diffused?
- What factors result in successful implementation and sustainment of EBIs?

program effectiveness. OMB approval will be obtained for all primary data collection efforts led by CDC. In addition, CDC will utilize secondary data, such as program budgets, to better understand program management practices.

Use of Findings and Dissemination

CDC's evaluation will focus heavily on the timely and meaningful use of evaluation findings to inform continuous program improvements, maximize accountability to CDC's stakeholders, and demonstrate program effectiveness. Use of findings will vary by stakeholder. We anticipate that federal stakeholders (e.g., U.S. Congress, CDC leadership) will be most invested in the primary outcome of interest – changes in CRC screening rates at the clinic level – as well as economic analyses and other special studies of program strategies. CDC program consultants will utilize findings to inform the technical assistance they provide to grantees. Grantees are expected to use findings to improve program implementation and data quality, and increase accountability among their stakeholders. Other external stakeholders (e.g., national partners, the general public) will be invested in the effective use of public dollars and promising practices for the broader field of public health.

Appendix E: CRCCP Quarterly Program Update DP20-2002

CRCCP Quarterly Program Update DP20-2002

Welcome to the DP20-2002 Colorectal Cancer Control Program (CRCCP) Program Year X - Quarter X Program Update. In this short survey, you will report information related to spending, staff vacancies, program successes, and program challenges for the time period MM/DD/YYYY- MM/DD/YYYY. Information you provide will be used to inform CDC's technical assistance efforts.

Please submit your responses by close of business on [date]

If you have any questions, please contact [CDC staff member] at [email address] or [phone number].

Public reporting burden of this collection of information is estimated to average **22 minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1074).

Section 1. Respondent Information

1. With which CRCCP program are you affiliated? [Dropdown list of all DP20-2002 CRCCP awardees]
2. Respondent role _____

Section 2. Award Spending

3. How much of your total **CDC CRCCP federal award funds** for program year X have you spent as of the end of this quarter (MM/DD/YYYY)? Include funds spent since the beginning of the program year, that is, cumulative since July 1 of the current PY. **Spending** refers to funds that have actually been paid out (expenditures) or funds that are obligated during the time period of interest but currently unspent (i.e., unpaid receipts). Do not include funds that you plan to spend in the future or funds for services that are not yet rendered. Likewise, do not include funds spent from sources other than the CRCCP federal award.

\$ _____

4. Have you experienced any challenges in spending your CRCCP federal funds?

Y/N [If no, skip to Q5]

- 4.a. Please describe your spending challenges: [free text]

5. Have you submitted any requests to the Office of Financial Resources or OFR (e.g., redirection of funds) that are pending?

Y/N [If no, skip to Q7]

- 5.a. For each request to OFR please provide the following:

Type of request

Date the request was submitted to OFR

Reason for the request

Section 3. Staff Vacancies

6. Do you currently have any staffing vacancies for your CRCCP program?

Y/N [if no, skip to Q8]

7. Identify all positions funded under the CDC CRCCP award that are currently vacant and provide the date the position was vacated? [check all that apply]

Principal investigator

Date Vacated: XX/XX/XXXX

Program Manager/Program Director

Date Vacated: XX/XX/XXXX

<input type="checkbox"/> Data Manager	Date Vacated: XX/XX/XXXX
<input type="checkbox"/> Program Evaluator	Date Vacated: XX/XX/XXXX
<input type="checkbox"/> Other: [provide title]	Date Vacated: XX/XX/XXXX
<input type="checkbox"/> Other: [provide title]	Date Vacated: XX/XX/XXXX
<input type="checkbox"/> Other: [provide title]	Date Vacated: XX/XX/XXXX
<input type="checkbox"/> Other: [provide title]	Date Vacated: XX/XX/XXXX
<input type="checkbox"/> Other: [provide title]	Date Vacated: XX/XX/XXXX
<input type="checkbox"/> Other: [provide title]	Date Vacated: XX/XX/XXXX
<input type="checkbox"/> Other: [provide title]	Date Vacated: XX/XX/XXXX

Section 4. Program Successes and Challenges

8. Please describe notable **accomplishments or successes** that were achieved during the past quarter (XX/XX/XXXX – XX/XX/XXXX) and how those accomplishments/successes contributed to program outcomes. If none, leave blank.

[free text]

9. Please describe any challenges that have limited program implementation or performance during the past quarter (XX/XX/XXXX – XX/XX/XXXX). If none, leave blank

[free text]

Section 5. Technical Assistance Needs

10. Please describe any current technical assistance needs.

[free text]

Section 6. COVID-19

11. Please describe any issues affecting your program or program operations due to COVID-19.

[free text]

Appendix F: DP20-2002 Colorectal Cancer Control Program (CRCCP) Annual Awardee Survey

DP20-2002 Colorectal Cancer Control Program (CRCCP)

Annual Awardee Survey

Public reporting burden of this collection of information is estimated to average **15 minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1074).

Colorectal Cancer Control Program (CRCCP) Annual Awardee Survey

The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC) is assessing how DP20-2002 grantees implement the Colorectal Cancer Control Program (CRCCP). This survey asks about your program activities during [previous program year, PY] the time period [July 1, XXXX through June 30, XXXX].

The aim of this data collection is to better understand how you are supporting the implementation of your CRCCP program. Your feedback is extremely important.

We understand that over the course of the 5-year funding period, awardees will make changes to their programs. We do not expect that any program will be implementing all of these in every program year. Please respond based only on what happened as part of your program during [PY].

WHO SHOULD COMPLETE THIS DATA COLLECTION? The person responsible for the day-to-day management of the program and/or with the most program knowledge should complete this data collection. You may also consult others as needed.

WHAT ARE EVIDENCE-BASED INTERVENTIONS?

Evidence-based interventions (EBIs) are the four strategies recommended by the Community Preventive Services Task Force (CPSTF) and prioritized by the CRCCP as outlined in DP20-2002. They include:

Provider Assessment and Feedback	Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback). Feedback may describe the performance of a group of providers or an individual provider, and may be compared with a goal or standard
Provider Reminders	Reminders inform healthcare providers it is time for a client's cancer screening test or that the client is overdue for screening. The reminders can be provided in different ways, such as client charts or by e-mail.
Reducing Structural Barriers	Structural barriers are noneconomic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by reducing time or distance between service delivery settings and target populations, modifying hours of service to meet client needs, offering services in alternative or non-clinical settings or eliminating or simplifying administrative procedures and other obstacles.
Patient Reminders	Patient reminders are written (letter, postcard, e-mail) or telephonic messages (including automated messages) advising people that they are due for screening. Reminder messages may be tailored or untailored to specific individuals or audiences.

If you have any questions about the survey content while completing it, please contact [CDC staff member] at [phone number] or [email address] or [alternate CDC staff member] at [phone number] or [email address]. If you have technical issues in completing the survey, please contact Information Management Services, Inc. at support@crccp.cdc.gov.

It should take approximately 15 minutes to complete the survey in one sitting. Thank you for your participation.

Respondent Information

1. With which CRCCP program are you affiliated? [Dropdown list of all DP20-2002 CRCCP awardees]

2. What is your current position with the CRCCP program? (Check all that apply)
 Program director (the primary contact for the CRCCP cooperative agreement)
 Program manager/coordinator (the day-to-day manager for the CRCCP)
 Other (please specify): _____

Program Management

3. Please list the amount of Federal, State, Tribal, non-profit, university and other supplemental funding that supported your CRCCP program in [PY]. Please pro-rate funding if needed to associate with [PY], July 1, [Year] – June 30, [Year]. Do **not** include in-kind resources.

Funding Source	Amount Received in [PY]
Federal (Do not include funds received from CDC through DP20-2002 CRCCP)	\$ _____
State	\$ _____
Tribal	\$ _____
Non-profit (e.g., American Cancer Society, LIVESTRONG)	\$ _____
University (e.g., other grant funds, internal university funds)	\$ _____
Other - please specify:	\$ _____

4. How much CRCCP funding, in total, did you provide to partner health systems/clinics to support follow-up colonoscopies in the event of abnormal screening test results? _____

Assessment

5. Awardees are required to conduct an implementation readiness assessment of clinics where EBIs will be implemented. Does your program have an established process or standard approach to assessing the implementation readiness of primary care clinics (e.g., standard approach to using the implementation readiness assessment tool created by CDC or a similar tool)?
 - Yes
 - No (skip next question)

6. Which of the following activities are included in this established process or standard approach to assessing clinic implementation readiness? (check all that apply)
 - Determine how the clinic calculates CRC screening rates
 - Assess capacity of electronic health record [EHR] system to generate a clinic-level CRC screening rate
 - Assess whether the EHR-generated CRC screening rate is validated through manual record review
 - Assess the capacity of the EHR system to support implementation of multiple EBIs (e.g., provider reminders, patient reminders)
 - Assess EHR system for data capture problems (e.g., proper recording of FIT kit distribution, complete screening results, endoscopy referrals)
 - Map process or workflow of the CRC screening process within the clinic
 - Determine how and where CRC screening test information is recorded
 - Assess implementation quality of EBIs currently in place at the clinic
 - Assess clinic resources and capacity available to support EBI implementation
 - Assess training needs of clinic staff (e.g., knowledge of CRC screening options, proper documentation of CRC screening information in EHR, knowledge of EBIs)
 - Assess whether there is a clinic champion for CRC screening
 - Assess leadership support for CRC screening and implementation of EBIs
 - Other (please describe): _____

Data Management

7. Who collects the clinic data for your program? (check all that apply)
 - Awardee staff go to the clinics or health systems to collect the clinic data
 - Awardee staff has direct electronic access to the clinic's data
 - A contracted partner (e.g., Primary Care Association) goes to the clinics or health systems to collect the data
 - Clinics or health systems collect and report the data (either to the awardee or to a contracted partner)

8. How do you ensure high quality clinic data are collected and reported to CDC? (check all that apply) *Note: "we" includes awardee staff and/or any subcontractors/partners that act on your behalf*

- We visit the clinics to conduct data quality checks
- We provide training on how to collect and report clinic data
- We provide the clinics with CDC data collection forms (or our own data collection forms) to support standardized clinic data collection
- We have an electronic data reporting system that has built in data validation and other checks to improve data quality
- We provide the clinics with the CDC data dictionary
- We provide the clinics with the Guide to Measuring Breast, Cervical, and Colorectal Cancer Screening Rates
- We provide technical support to clinics on improving data capture in their EHRs
- We provide technical support to clinics to support improved calculation of clinic screening rates
- We require clinics to periodically validate EHR-generated CRC screening rates with a chart review
- We review the data prior to submitting it to CDC to assess data quality (missing fields, inconsistencies)
- Other: [open text]

Technical Assistance

9. Do you follow an established process or standard approach to deliver technical assistance for implementing EBIs to your clinics?

- Yes
- No (skip)

10. Which of the following activities are included in your established process or standard approach to providing ongoing technical assistance for implementing EBIs to clinics? (check all that apply)

- Providing technical assistance (TA) and support to clinic quality improvement teams
- Providing TA and support to clinic champions
- Coordinating clinic to clinic learning collaboratives
- Conducting site visits at regular and defined intervals
- Conducting site visits on an as-needed basis
- Conducting technical assistance calls at regular and defined intervals
- Conducting conference calls on an as-needed basis
- Requiring clinic staff attend specified training or conferences
- Other _____

11. On a scale of 1-4 with 1 being “used, but not helpful”, 2 being “somewhat helpful”, 3 being “helpful”, and 4 being “very helpful,” how useful did you find the following TA resources in [PY]? If you did not use the resource in [PY], please select “did not use.”

TA Resources	Did not use	1	2	3	4
Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics: Guidance Document					
Clinic data collection forms					
Clinic Data Dictionary					
Clinic Data Spotlights <i>[Program years 2-5 only]</i>					
Clinic data reports in the Colorectal Baseline and Annual Reporting System (CBARS)					
Clinic implementation readiness assessment tool					
Evaluation Planning Guidance Document <i>[Program year 1 only]</i>					
CDC CRCCP DP20-2002 Program Manual					
CDC CRCCP DP20-2002 Program Manual Part II: Evaluation and Performance Measurement					
EBI Planning Guides (EPGs)					
Quick Guide to Planning and Implementing Selected Activities to Increase Breast, Cervical, and Colorectal Cancer Screening					
State Maps with county-level CRC screening estimates					
CRCCP Evaluation Listserv					
TA provided by CDC Program Consultants					
TA provided by CDC Evaluation Team					
TA provided by CDC's Office of Financial Resources (OFR)					

Partnerships

12. Please list all the partners that assist your CRCCP in providing TA to your clinics in [PY], the amount of funding (if any) that you provided the partner, whether you had a contract or Memorandum of Understanding (MOU) with the partner and check the activities that the partner conducted in [PY]. Partners can include both those that you fund (e.g., contract) and those that collaborate with your program but are not funded by you to do so.

Partner name	Total \$ Provided	MOU or contract in place?	Conduct implementation readiness assessment	Improve EHRs for screening rate measurement	Provide TA for QI efforts to support EBI implementation	Provide TA for EBI implementation	Collect clinic data	Evaluation	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COVID-19 Questions

13. Were any CRCCP-funded staff **deployed** to assist on the COVID-19 response during [PY]?

No (skip to Question 2)
 Yes

If Yes, complete this table for each person deployed:

Staff person position	Percent FTE time on CRCCP grant funds (e.g., 50%, 100%)	Percent FTE time deployed (e.g., 50%, 100%)	Length of time deployed in weeks
Example: Program Director	100%	50%	8

14. Were any CRCCP-funded staff **furloughed** due to state/organizational budget shortfalls resulting from COVID-19 during [PY]?

No (skip to Question 3)
 Yes

If yes, what dates was the furlough in place during [PY]? XX/XX/XXXX – XX/XX/XXXX

If yes, describe the extent of the furlough?

_____ Days per month

Other (Specify): _____

15. Given COVID-19, did your CRCCP program temporarily stop working with any of your partner clinics that implement evidence-based interventions (EBIs) during [PY] (e.g., temporarily stopped providing TA to these clinics)?

- No (skip to Question 4)
- Yes

If yes, how many of your partner clinics did you stop working with due to COVID-19 during [PY]?

- Some
- All
- Do not know

16. During [PY], did your CRCCP program provide assistance to your EBI partner clinics as they planned and/or began to “restart” routine clinical care?

- No (skip to Question 5)
- Yes

If yes, please describe: _____

17. Are there other ways that your CRCCP program was affected by COVID-19 in [PY]?

- No
- Yes

If yes, please describe: _____

Thank you VERY MUCH for completing this survey! Collecting the data in this structured way gives us important information about individual awardee activities, but also allows us to aggregate the data for a snapshot of how the larger program is performing. Each program will receive a report summarizing their own data as a record of their response. If you have any questions, please contact [CDC staff member] at [phone number] or [email address].