

Best Practices for Program Evaluation – May 3, 2022

- ***For the CDC team – Do you have any best practices for adapting these steps in a crisis situation, where time and resources to plan an ideal process like this one are limited?***

We may need to define or look first into the crisis we are facing. Are you referring to a public health emergency like the one we face with COVID-19? Are we talking about natural disasters like hurricanes, earthquakes, severe snowfalls, or fires that may disrupt day-to-day operations? After an emergency, you should assess the needs. You can perform a Rapid Community Need Assessment (RCNA). A CDC publicly available tool to do the RCNA can be found [here](#). This will help you identify the resources and the staff available to continue the operations. The RCNA will also help you in the data collection process when resources are limited.

Meanwhile, to keep program evaluations already started up and running you can focus on the tool you developed to describe your program, or your logic model. Your logic model will give you an idea of the available resources, the activities that need to resume, and the intended outputs and outcomes. This exercise can be performed with limited resources. Additional resources to help address your question can be found in the following link about [Adapting evaluation in the time of COVID-19](#) and this other link about [Continuity of Monitoring and Evaluation Interventions during COVID-19](#).

- ***For the Living Healthy Miami Gardens team –***
 1. ***In regard to LHMG Health Impact Models, are you capturing outcomes such as total vaccinations, race by vaccination, addresses? If so, how do you measure the impact of vaccines administered in a specific zip code?***
- Yes, we are capturing several outcomes that you mentioned:
 - Number of vaccinations (first doses; second doses; boosters; fully vaccinated= i.e., those who received both first and second doses through us)
 - We are looking at vaccine uptake by race, but our community is primarily Black/African American so we recognize that there will be a disproportionate representation in our data.
 - We are also looking at the number of sites and the type of sites that are administering vaccinations to understand the level of access that we are providing to our community.
- In regard to zip codes, we ask that our partnering clinics share the resident zip codes of all individuals who receive vaccinations. We have also worked with the CDC to understand areas that tend to have lower vaccination rates in regard to the flu and are examining the number of individuals vaccinated through our work within those zip codes. We are also trying to source secondary data to understand vaccination rates at a higher level within those areas since many people may be getting vaccinated outside of our services. However, this data has been limited for our city.
 2. ***Please discuss with more detail the “environmental factors” in timing data gathering activities.***

- Environmental factors will vary by the type of data you are trying to collect, but in the context of the COVID-19 work through P4VE, It is important to consider some of these when you are collecting your data and what environmental factors may be at play during your data collection period:
 - Time of year – considering holidays, travel plans, presence or absence of community events, etc. that may impact the number of participants or other outcomes.
 - Locations of data collection (e.g., levels of access among community members)
- It is important to consider environmental factors when you are explaining your outcomes from an evaluation perspective, rather than simply stating that the organization did or did not meet their goal. This way, you can give your findings context that can help to evaluate the success of the actions taken and give a realistic perspective on the impact made. Some factors may include:
 - How COVID-19 has impacted the community (e.g., shut down dates, safety requirements, vaccine mandates, mask mandates) and how this compares to other communities (e.g., cities, counties, countries).
 - The political environment that may impact your outcomes (e.g., rhetoric that could influence vaccine uptake surrounding certain communities).
 - Natural environmental factors (e.g., Hurricane season; the presence of other illnesses, such as the Flu or the emergence of new COVID-19 variants).
- ***For the Community Catalyst team - Typically when you're onboarding a new partner, how soon afterward do you begin collecting monthly reports? In your experience, what has onboarding new partners been like (e.g., length of onboarding)?***

In year 1, we onboarded our CBO partners in June (75) and August 2021 (15) and they were required to submit data the next month. We conducted a kick-off call for all the CBOs, explaining the monthly data collection. Any questions or training needed afterward, the technical assistance provider assigned to that CBO provided one-on-one support.

When CDC moved over to electronic data collection via RedCap, CBOs were trained to use the survey tool via the Deloitte and can go back to recording of the training in the Learning Community and seek individualized support from their TA provider.