



Birth Defects Surveillance Program Evaluation

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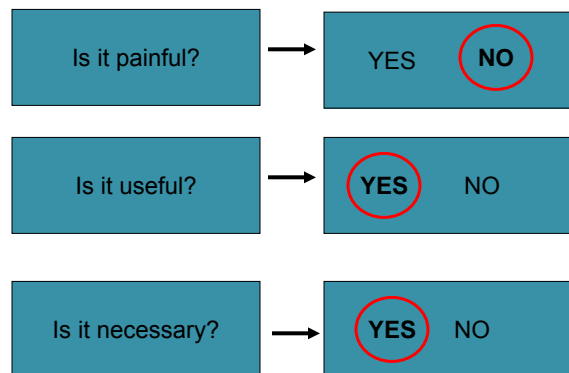
Why we're here today

- Basics of evaluation
- CDC-funded state birth defects surveillance programs
- Experiences from Michigan and Colorado programs in implementing the evaluation plan and tools

Evaluation

- Systematic collection of information about a program that enables stakeholders to better understand the program, improve its effectiveness and/or make decisions about future efforts.

WHAT!!! Conduct an Evaluation?



Recent news article

OMB would toughen how agencies measure program value

- Agencies can expect changes in how they evaluate the effectiveness of their major programs and recommendations in the fiscal 2010 budget proposal to eliminate some programs, said Peter Orszag, President Barack Obama's nominee to be director of the Office of Management and Budget.
- "The president will release his budget policy outline in February, and it will contain some program eliminations in it," Orszag told the Senate Homeland Security and Government Affairs Committee Jan. 14.
- **"We should be focusing our metrics on results and outcomes, not what we're doing to get there, and let agencies focus on how to get there," Orszag said. "It's hard to do anything if you don't measure it because you don't know what to change and where you're going. It's crucially important."**

Source: Written by Mary Mosquera, January 21, 2009

Which way?

One day, Alice came to a fork in the road and saw the Cheshire cat in a tree.

"Which road do I take?", she asked.

His response was a question:

"Where do you want to go?"

"I don't know," Alice answered.

"Then," said the cat, "it doesn't matter."

Lewis Carroll, *Alice's Adventures in Wonderland*



- **WHY conduct evaluation activities?**

Evaluation helps to understand where the program is working as intended, and the areas in need of improvement.

- **WHEN do we do evaluation activities?**

Effective evaluation is on-going, not an event that occurs at the end of the project.

- **WHO are the users of evaluation info?**

Determine each stakeholders' information needs, for what purposes and how often.

Evaluation in a nutshell



- Determine the purpose of the evaluation.
- What do you need to know?
- How will it be measured, by whom & when?
- Who needs this information?
- How will the evaluation information be shared and used?



- **Build effective programs through:**

Thoughtful planning (logic models)

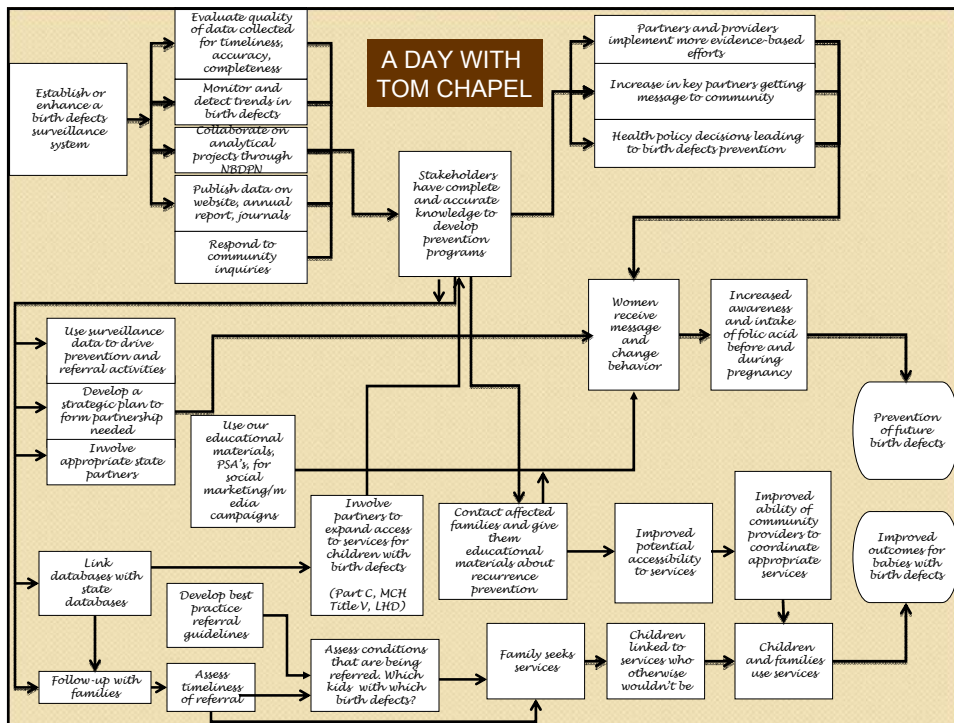
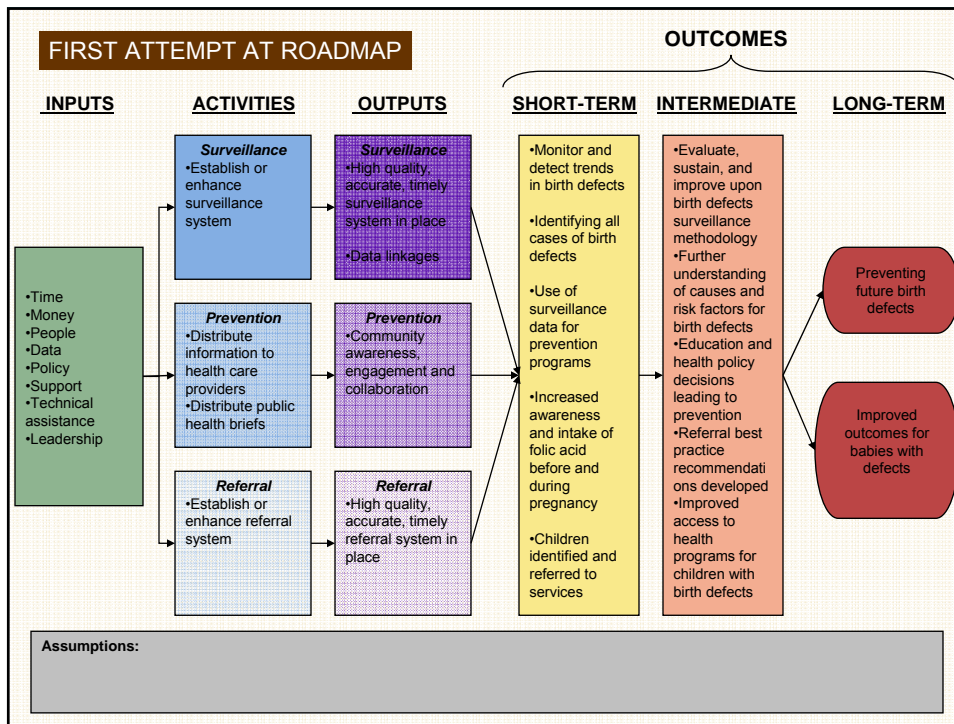
- **And IMPROVE programs through:**

Focused evaluation



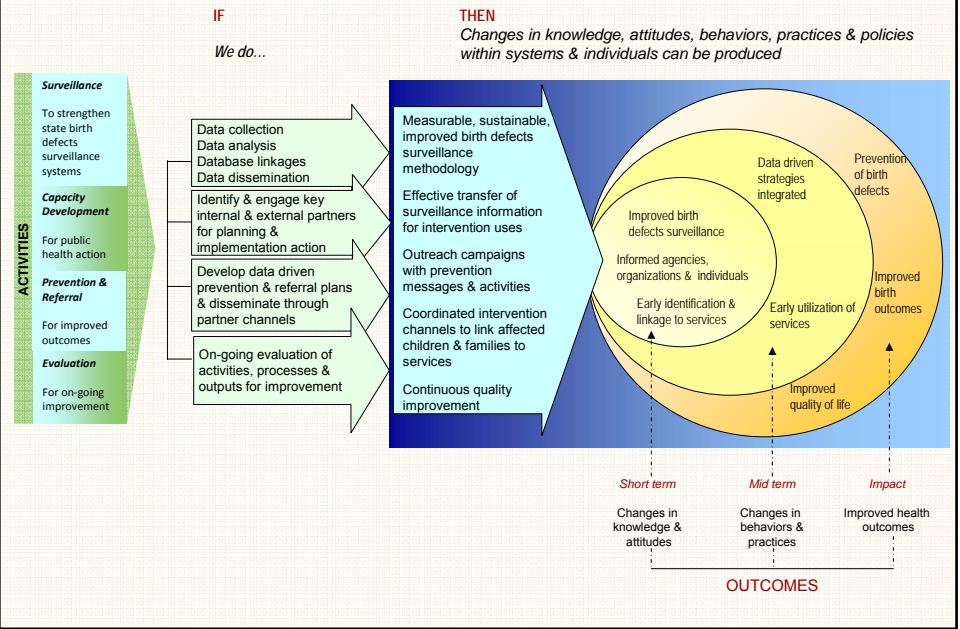
Background: CDC-funded State Birth Defects Surveillance

- Funding for state-based birth defects surveillance since 1995
- Evaluation required as part of RFA, but no formal guidance provided to states



CONCEPTUAL MODEL

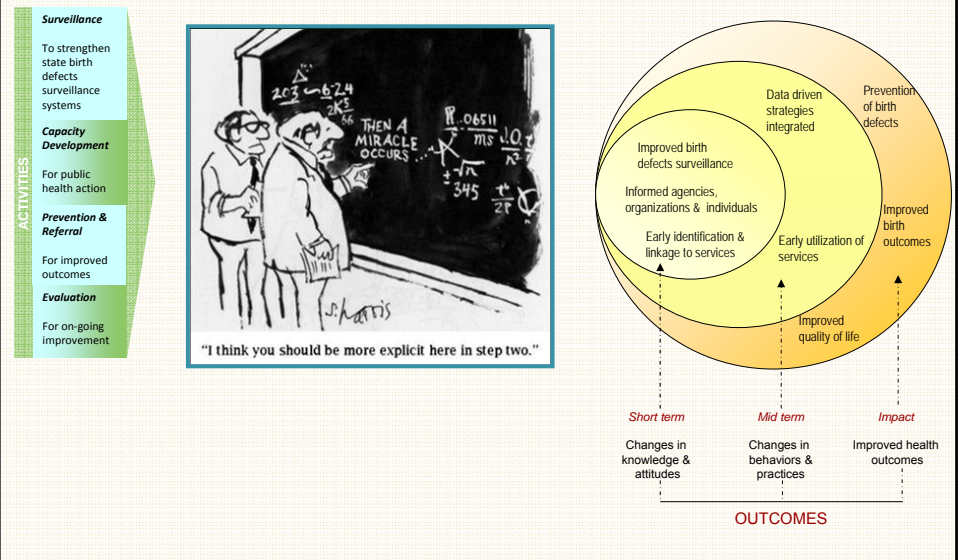
State Birth Defects Surveillance Cooperative Agreements

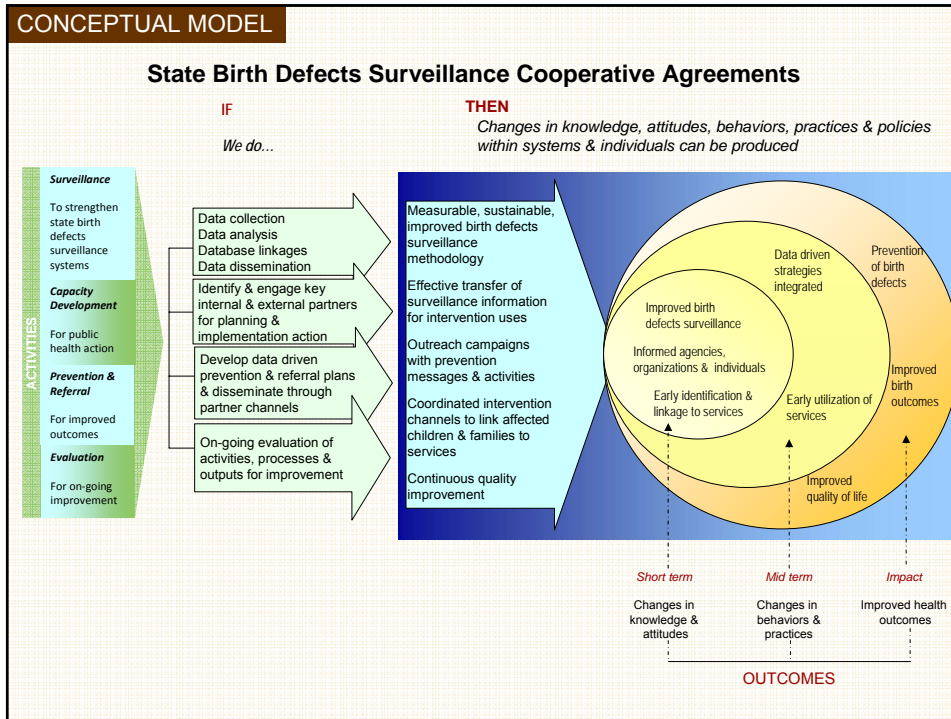


CONCEPTUAL MODEL

State Birth Defects Surveillance Cooperative Agreements

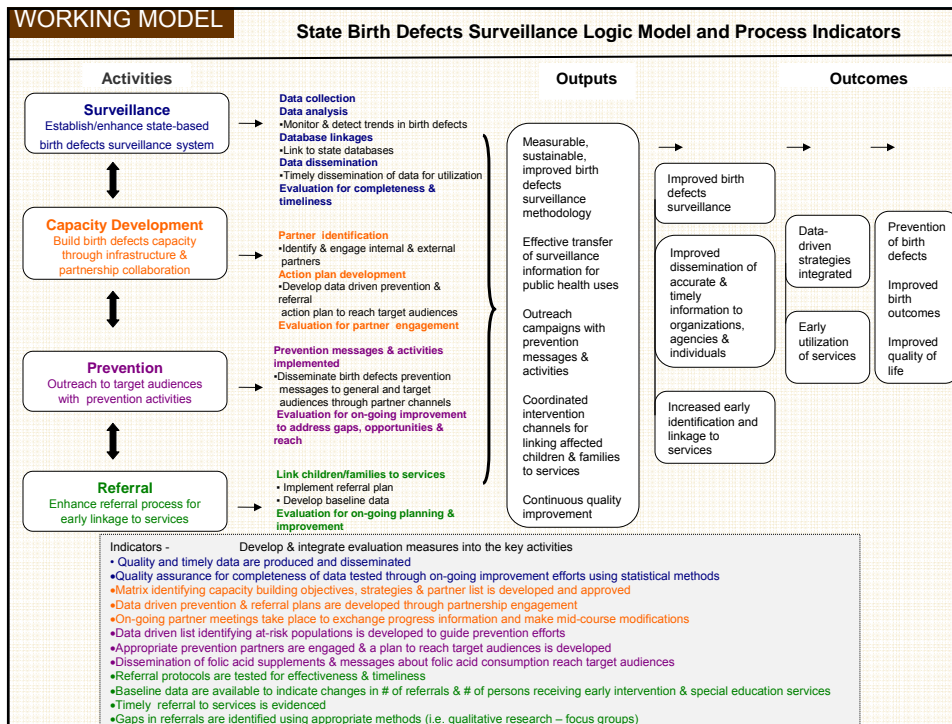
Changes in knowledge, attitudes, behaviors, practices & policies within systems & individuals can be produced





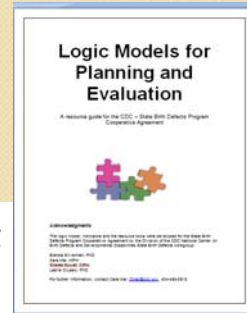
What next?

- Conceptual model - good overview
- Need a more detailed roadmap for grantees and others interested in birth defects program evaluation



- ## Resources
- Resource Guide – Logic Models for Planning and Evaluation
 - Evaluation Plan Template
 - Evaluation Checklist
 - Capacity Development Worksheet
 - Matrix Listing of Projects/Activities With an Evaluation Component

Evaluation Guide – Developing Logic Models



- Step-by-step guide to help reader:
 - Identify major components of a logic model
 - Develop state-level birth defects surveillance and data utilization activities with build upon indicators
 - Understand basic components of evaluation development

Resources – Evaluation Matrix

| STATE BIRTH DEFECTS GRANTEE EVALUATION PLAN TEMPLATE | | | | | | |
|--|--|-------------------------------------|--|--|---|--|
| Example for Prevention component | | | | | | |
| Objective: Use state birth defects surveillance data for the identification of at-risk populations and the development of targeted birth defects prevention activities including folic acid education. | | | | | | |
| Evaluation Questions | Indicators | Data Sources | Data Collection Timeframe | Data Analysis | Communication Plan | Staff Responsible |
| <i>What do you need to know?</i> | <i>Measurable signs of progress that reflect objectives</i> | <i>Where will you get the data?</i> | <i>When will you collect the data?</i> | <i>What will you do with the data?</i> | <i>When & how will you share results?</i> | <i>Who will ensure this gets done?</i> |
| <i>Have at-risk, underserved or hard-to-reach populations been identified?</i> | Data-driven list of at-risk populations is developed. | | | | | |
| <i>Have strategies to reach at-risk populations been developed?</i> | Appropriate prevention partners are engaged; a plan to reach target audiences has been developed; messages that resonate with audiences are developed. | | | | | |
| <i>Have the prevention plan activities been implemented?</i> | Evidence of dissemination of birth defects prevention messages to target audiences. | | | | | |
| <i>To what extent are the communication channels effectively reaching the target audiences?</i> | Changes in numbers for the target audiences reached. | | | | | |

Evaluation Checklist

**Evaluation Checklist for State Birth Defects Surveillance
Evaluation Development & Implementation**

Your evaluation plan should answer these questions:

What will be evaluated?
 What do key partners want to know about the program?
 What do you intend to do with the evaluation information?

Tip!
 Several program planning tools have been developed to assist grantees. After constructing your program logic model, use the State Grantee Evaluation Plan Template to draft your evaluation plan. Next, use this checklist to review the steps involved in program evaluation.

Remember, the purpose of an evaluation is to gather information needed to measure progress toward achievement of the program goals and to identify opportunities for on-going program improvement.

Step 1: Identify Stakeholder Evaluation Needs

Define the purpose of the evaluation.
 Who will use the evaluation findings?
 How will the findings be used?
 What do stakeholders need to learn from the evaluation?
 When are the evaluation findings needed for on-going program improvement decisions?

Step 2: Develop an Evaluation Plan

Prioritize evaluation questions (what you need answered).
 Identify data sources (what will be collected).
 Determine data collection methods.
 Determine data analysis methods and tools.
 Identify how the findings will be disseminated (email, workshops, conferences, partner meeting, website, etc.).
 Establish an evaluation timeline.
 Assign evaluation responsibilities to appropriate staff.

Step 3: Data collection, analysis, reporting

Gather only data needed.
 Analyze data.
 Develop evaluation reports.

Step 4: Share findings

Disseminate timely evaluation reports.
 Provide easy access to evaluation information.
 Communicate findings in formats appropriate for the intended audience(s).

Step 5: Utilize findings

Engage partners to discuss evaluation findings and make necessary modifications to program activities.
 Determine necessary modifications for program improvement.
 Revise the program logic model to reflect changes.

Resource - Worksheet For Capacity Development

| Partner List | | | | Role |
|--|--------------|----------|------------|--|
| | surveillance | Referral | Prevention | |
| March of Dimes | X | X | X | Advocacy for birth defects surveillance infrastructure; prevention & outreach; health messaging; conduit to other key partners |
| Title V MCH | X | X | X | National and local resource. |
| Community Health Centers (coordinate through State Primary Care Association) | | X | X | Service provider/medical home for underserved/uninsured. CHC operate under state Primary Care Association (this is a separate group from the Office of Primary Care) – PCA can help with data & access issues & culturally appropriate channels for prevention strategies. |
| State Office of Ethnic Health | | X | X | Conduit to ethnic populations |
| County Health Departments | X | X | X | Data source; conduit to audiences for referral and prevention |
| Spina Bifida Association, Down Syndrome Society, etc. | | | X | Advocacy for birth defects infrastructure at national and local level; dissemination channel for prevention activities/messages; source for outcome data |
| Medicaid | | | | Data source: claims data on plan enrollees who receive services. |
| State health agency programs, e.g. WIC, family planning, chronic disease/nutrition | | X | X | Data source: partners working to strengthen/enhance data foundation –test linkage accuracy.; vehicle for dissemination of prevention messages |
| Part C Early Intervention | | X | | Health outcome data source |
| Health care providers, e.g. pediatricians, ob/gyn, nurses | | X | X | Prevention & outreach; focus group to identify provider/patient preconception/early pregnancy information needs |
| Infrastructure & partner health communication units | | | | Engage to plan/disseminate prevention messages that resonate with a range of appropriate audiences (women of childbearing age, parents of children with BD, underserved & vulnerable – higher risk audiences, etc.) Identify previous formative research findings & needs assessments |
| Hospitals & if applicable, hospital associations | X | | | Data source |

Resource – Evaluated Activities Matrix Listing

| Target population | Topic area | Project | Audience | Specific program activities | Evaluation methods | Costs | Outcomes/ results | Conclusions / lessons learned |
|--|------------|--|--|---|---|-------|--|---|
| Women of childbearing age | Folic acid | Folic acid campaign and evaluation - southwestern, VA, 1997-1999 (PMMWR, 1999) | 22,500 women of childbearing age in 4 county area of southwestern VA | Year long community information campaign with TV and radio PSAs, news conference, newspaper ads, & billboard. Focus groups & readability tests used to develop print materials. Local grocery store chain helped promote use of folate-rich foods & multivitamins. Volunteers distributed green ribbons to promote FA awareness. Folic acid loading packet developed for grades K-12 and college-level nursing programs | Pre- and post-campaign random sample telephone surveys to assess FA awareness and knowledge. Included women 18-45 years of age. 412 pre-campaign, 419 post-campaign year 1; 278 post-campaign year 2 | NS | Awareness of FA increased significantly in year 1 and year 2 compared to pre-campaign. TV and health-care providers cited as leading sources of information. | Survey was relatively easy to implement and costs were low |
| All women | Folic acid | Folic acid awareness - grocery placement efforts (NBDPN annual meeting poster, 2006) | Women at grocery stores in Florida | Materials with FA information were developed and placed in a Public magazine for new parents. Information on the importance of taking FA were included on Public content. | Splina Births Association of America's National Survey of 58 Community examined awareness among women at increased risk for NTDs before (N=301) and after (N=221) program | NS | Folic acid consumption remained the same. | Concerted efforts on one regional grocery chain are not effective without substantial advertising budget. |
| Hispanic women (Latina, primarily Mexican descent) | Folic acid | Folic acid and the prevention of NTDs: a survey of awareness among Latina women of childbearing age residing in Southeast Michigan (Kannan S, et al. 2007) | Latina women (primarily Mexican descent) in southeast Michigan | Educational materials (recipe card, supermarket helper, posters, toll card curriculum for community organizations, other MOD materials) were used in 20 FA education events in Detroit, metro area supermarkets and community organizations offering WIC or other services to women of childbearing age | A 12-item survey adapted from the MOD was given to 166 Latina women 19-50 years of age to self-administer and measure knowledge and awareness of FA, recommended timing of intake, etc. After being given FA messages, women's intent to modify their FA intake was assessed. | NS | 71% had heard of FA, 74% knew it prevented BDs, 55% knew critical time to take FA. After participating in events, 85% reported planning to eat more folate and/or FA-rich foods. | Exposure to in-store sensory component of food-marketing opportunities may have contributed to high rates of behavioral intention in these women. |