

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

Jessica McNab:

Webinar series and other activities related to the project. Drs. Marina Volkov and Dr. Ajay Vatave will also speak to their approach for developing and using a learning agenda.

Again, we'll save some time for your Q&A. Any questions, any comments, please start to jot those down, Chat them or feel free to verbally ask those questions, and, again, we'll call on you if you do have some questions for our presenters.

And then we'll wrap with a couple of final details.

So, as I mentioned, I'm Jessica. I'm a researcher at Mathematica. I help to lead – to lead different curriculum development and shared learning for quality improvement on technical assistance projects. A lot of them focus on delivery system reform or other types of healthcare improvements.

Prior to Mathematica, I managed a team of improvement specialists at a managed care system. And I've also worked for American Hospital Association supporting different technical systems and quality improvement projects.

I'm joined today by Dr. Amanda Cash, who is the Acting Director for the Division of Data Policy within ASPE. Dr. Cash is an epidemiologist by training but has most recently focused much of her portfolio on research and evaluation methodologies appropriate for complex federal programs. However, Dr. Cash also leads the federal Task Force for Combatting Antibiotic-Resistant Bacteria. And Dr. Cash's office is leading the implementation for Title I of the Evidence Act, which is really why we're here today.

As mentioned, we're happy to have NIH join us today. We have Dr. Marina Volkov, who is the Director for the Office of Evaluation, Performance, and Reporting at NIH. Dr. Volkov is a neuroscientist by training. She joined NIH in 1994 and has served in numerous leader – leadership roles within NIH during her tenure. In July of 2018, she became the Director for the office, and her office leads efforts to better capture, communicate, and enhance the value of vital medical research through strategic planning, performance monitoring, evaluation, and reporting.

Dr. Ajay Vatave is the Health Science Policy Analyst, also within the Office. Dr. Vatave is a Public Health Physician with nearly 20 years of clinical, technical, and managerial experience. Within the Office he's helping to facilitate the development of the evaluation and learning agenda for NIH, but he also supports NIH's performance reporting and is leading the effort to create an integrated platform for tracking and reporting on NAH strategic plans.

So given all of that information, it's pretty clear why we're so happy to have NIH join us today. They certainly have a lot of information to share, and we hope that you, again, are jotting down all of your comments and questions for them.

So now that you've met our speakers, let's talk a little bit more about the webinar series impetus for this work. And so, Amanda, I'm going to hand it off to you for a minute.

Amanda Cash:

Sure. Thanks, Jessica. Thanks for the slide – next slide. Okay.

So, for those of you outside HHS or who aren't familiar with the Office of the Assistant Secretary for Planning and Evaluation, otherwise known as ASPE, we serve as the policy advisory for the Secretary, and we are leading the implementation of the Evidence Act for HHS.

We are excited to host this webinar series, and we hope that people within HHS and outside will be able to benefit from the series.

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

During each one of the webinars, you will hear speakers discussing their various approaches to evaluation planning, which will include their organization's stage of implementation of evidence-building approaches, steps taken to bring evidence-building approaches to evaluation planning, processes developed for evaluation planning and how these processes were implemented, barriers faced when developing and implementing evaluation plans or learning agendas, strategies, implements to address those barriers, and, lastly, potential impact of learning agendas and evaluation plans and any lessons learned.

Lastly, we will also be developing a summary report that includes promising approaches to evaluation planning and learning agendas at the conclusion of our webinar series that will be posted on ASPE's website and, I believe, on Mathematica's website as well.

I think I'm going to turn it back over to you, Jessica, for our next slide, which I believe is a poll.

Jessica McNab:

Yeah, that's right. Excuse me. So, our colleague – my colleagues Chris and Derrick have also joined us from Mathematica, and they're going to try to push a poll to you to just gather some initial baseline data. If for some reason the polls don't function the way we want them to for this afternoon, I'm going to read you a quote, really basic questions, and we'd love for you to just Chat in, start to get some engagement in an action – interaction through the Q&A pod itself.

So, Chris, Derrick, can you push the first poll asking participants about their learning interests? Great.

So you should see poll number one here. Again, just to gather some baseline information about who's joined and what your interests are for today's – today's event. So, what are you most interested in in terms of this webinar series or today's discussion specifically? Are you interested to hear more about which agencies have fully implemented learning agendas? How agencies have structured their approach and processes to implement learning agendas? The barriers that they faced as well as some of the lessons learned that they may have implemented in order to overcome those barriers? How agencies have learned what their lessons learned are when implementing their learning agenda? Or Other? Is there something else that you might want to Chat in that we didn't include in those potential responses?

So, I'll pause there. I'll give you a couple seconds here to ponder that, and then we'll see what folks have to say.

Okay, Chris or Derrick, are we getting some responses?

Chris Talbot:

We are, indeed, getting a lot of responses in. Our – our biggest response is coming for how agencies have been making this adjustment, with 48 out of 71 respondents being in that area. We've also had a lot of questions about the barriers, and as well as asking about how and what agencies are – are able to find as being accomplishments.

So, we'll close the poll at this point, and we'll move on to our next one.

Jessica McNab:

Perfect. Thank you. Thank you for responding to those questions. So, that was poll number one, which I'll close out. And Chris and Derrick are going to pull up poll number two for us. Poll number two is we're going to ask you about what is your stage of implementation. So, while Chris and Derrick are pulling that up, we're interested to hear from you, too. Of course, we'll hear from NIH, but specifically from you, what is your stage – what is your agency's stage of implementing a learning-agenda approach to evidence building? So, do you feel as if you're fully implemented and you're operational, you're running with it? You've learned through all of these processes. Or

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

are you fully implemented but perhaps not fully operational? Are you in the process of implementing? Are you planning to implement? Or, other. And so please feel free to Chat in those responses. And we'll give it another couple of seconds again while you choose your answers.

Okay, Chris, what are folks saying about their stage of implementation?

Chris Talbot:

Well, we're finding the largest responses from people that are planning to implement, but we do have people at all ends of the spectrum on our call today. Thank you very much for providing that information.

Jessica McNab:

Perfect. All right. That's really helpful. I think it just gives us a sense of, again, who's on the line, what your most interested in, what your stage of implementation is. Again, this is a seven-part series, so you'll hear from NIH today, which we're very excited about. But you'll hear from different folks from different agencies, and we hope that all of those different agencies will be able to share and showcase, from small, medium, and large agencies, different ways that they've approached their learning agendas.

So I'm going to close this polling window, and from there I think we'll start to move into the reason we're here today is to hear from NIH.

So, with that, it's my pleasure to welcome Drs. Marina Volkov and Dr. Ajay Vatave from NIH. Marina and Ajay, the floor is yours.

Marina Volkov:

Great. Thank you so much. This is Marina speaking. And we're very grateful for the invitation.

I want to just start by saying we are in a very early stage of this, but I think what we're hoping to get across to you today is that in our early stage we're trying to lay a really strong foundation for everything that we do moving forward. And, like many of you, we have a very complex agency. And, therefore, we have really taken our time with laying that foundation. So that's a lot of what we're going to discuss today.

So, to start with, just to describe a little bit the complexities of our agency, if I could have the next slide.

The NIH mission is basically to seek fundamental knowledge about the nature and behavior of living systems and to apply that knowledge to enhance health, length, and life, and reduce illness and disability. Let me just say that what – what – what does NIH do? We create an evidence base, but it is up to others to implement that evidence. And for NIH, that makes for a sort of tricky evaluative kind of question in that we produce evidence but we are not responsible for the use of that evidence in actually improving health. So that is one challenge we face.

Next slide, please.

I think most folks realize we're pretty big. We have – our budget is approximately, this year, \$39.2 billion, and, yeah, that is billion. We have over 20,000 employees, full-time employees, here. And I want to say that of that \$39.2 billion, more than 80% of that funding goes out the door to be awarded to our extramural researchers. We have over 50,000 grants and contracts going towards more than 300,000 researchers out in – out in the world, out in academia and various research institutes. And we have over 2,500 research institutions.

So how does NIH handle getting that kind of money out the door year by year? Next slide, please.

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

We are structured. We have 27 different institutes and centers within the umbrella of NIH. And each of these institutes and centers has a mission that feeds into the greater mission. Some of them are focused specifically on diseases. Some of them are focused specifically on organ systems. Some are focused specifically on life stages. And some of which are focused specifically on resources and approaches.

Within that, just to give you a little idea of where we sit, Ajay and myself, the OD is the Office of the Director of NIH, which is also pretty large in and of itself, made up of several different offices and divisions. We, our Office of Evaluation, Performance, and Reporting – if you could go to the next slide, please – resides within the Division of Program Coordination – next slide, because I can never remember my acronym so I have to read it – Division of Program Coordination, Planning, and Strategic Initiatives. We are one of many offices within this division. The Division itself has an important role of trans-NIH coordination, and ensuring, as I said, there are 27 different institutes and centers, all of which have their own unique mission that feeds into the greater, but there is a great deal of synergy across all of those ICs. Sorry, let me just say we refer to institutes and centers as ICs.

So, much of what DPCPSI does is to ensure that – that there is coordination across, and synergy across, all of these various institutes. It is sometimes like wrangling cats.

And with that, if we can have our next slide.

So, given the complexities of our agency, how have we gone about, how have we thought about how are we going to come up with a learning agenda and building evaluation capacity, and at this point I'm going to hand off to Ajay.

Ajay Vatave:

Afternoon, everyone. Thanks for having us.

So, just to jump into the approach, you know, the way we started out, our office is responsible, largely, for coordinating and helping to facilitate this effort, is – is to think about who are stakeholders are first and foremost. And for us that was not a difficult thing for us to land on based off the relationships we have. So internally, we have the community known as the Planning and Evaluation Officers Committee. And you can see their role here. And essentially, from the 27 ICs and offices or ITOs, you might hear me refer to that, they represent in this group that mindset or that group that's responsible for either conducting or overseeing evaluations. So they're – they're well within this lane. And it's really what I would term as more the evaluation type of community in NIH.

Now, that was important to us for several reasons, and we were glad to have that already in place even before undertaking this effort. One, they served as a great resource and sounding board for us as we were going through this process. And secondly, and in fact more importantly, from this committee there is an evaluation subcommittee whose members participate in a working group that's really driving this process. And we have pretty good representation from across the different institutes, centers, and offices in NIH. And they've been instrumental in our efforts.

So next is, you know, important to all of us, is our leadership. Fortunately, you know, our leadership has been really supportive of our effort. We have a good line of communication with them. They're always very clear about sort of the approach that we're planning to take and have an opportunity to weight in. So that, again, was an easy relationship for us to work through because we have lots of support from them.

And then third, and final, was HHS, and specifically ASPE. They're our parent organization, as Amanda had mentioned. Her office is leading sort of the Agency response for the evidence-based policymaking act. And it was great to be able to have a conduit to the ASPE, again, as a sounding

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

board, for getting guidance, for understanding how their conversations are evolving in terms of how the Act should be satisfied.

So, identifying stakeholders first was really important because that's our audience. From there, there was a subcommittee that we – we formed to develop an operational definition of evaluation for NIH. That was our anchor point. We understood that there are plenty of evaluation definitions out there, but we recognized that every organization is unique. And so we landed up on this definition that you see before you here today. It's probably not too dissimilar to some other evaluation definitions you might see in a textbook, or from another organization. I think that the things that I would point out in the definition that we have is we really felt that it was important to have a set of standards for comparison. And in our idea, that was to calibrate this idea of it's important to know your baseline. Where are you starting from? Where are you at?

And then the other part of it that we wanted to make sure that we included in the definition we came up with was evaluation is a tool that can be used throughout the entire process of a program or policy. And it might be something that you do continuously through it. It might be something that you do at the beginning, at the end in terms of different types of assessments. And so we wanted to capture that sort of encompassing aspects of evaluation.

Next slide.

So, once we had our anchor point, the next thing we all decided to think about, what's the purpose of this? What are we trying to put together? What should it help serve? And we landed on was that we wanted to have this be a bridge for creating a common understanding and framework for evaluation at NIH. As Amanda indicated, we're a big organization. And it's a different community within each ICO, and we found that this document is serving as a great tool for us having a common conversation about what evaluation is and how it's used at our – at our Agency.

The other thing we wanted to make sure of, that this was going to promote and highlight the importance of evaluation. It's not just enough to have a common understanding. We realized that we needed some tangible examples of why evaluation is important here. It's not just sufficient to say that it's important. I think intuitively we might sense that, hey, having some information to make decisions is good, but it's also important to highlight stories of where it's been used, and how it's been used, and what results from that.

Third, we really wanted to provide guidance on evaluation approaches and where they can be utilized. We know that this document was speaking to a wide range of folks. There is certainly a community at NIH that is well versed in evaluation. But we recognize that this document is going to have wider exposure, and we wanted to make sure for those who are just beginning that interest in evaluation, or are undertaking an evaluation, they have the resource sort of gave them the initial pathways into the topic.

And then, finally, we see if we're doing all the above well, that this is going to feed into the evidence-based policymaking act in terms of supporting HHS in their response in trying to make sure that it all comes together.

So once we kind of had our anchor points, which were the definition and sort of the purpose, we decided to take a look and understand before we kind of went down the path, what's out there? And we looked both internally and externally. Internally we have some Institute Centers and offices where there's already a very strong evaluation culture and they've already stood up some documents around evaluation, so we tried to learn from those documents that exist.

And we went outside and looked at other federal agencies. So, within HHS, such as CDC, and even outside of HHS, whether that's Labor or State Department. And then finally we looked at non-federal organizations as well.

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

And a lot of this was just our initial learning process as a group. To understand how have other groups approached this? And, what are the types of things that they highlighted? How did they deal with trying to convey certain concepts? And I think that's a really important step for everyone to undertake at this point.

Next slide.

But that wasn't enough data. I think the subcommittee has been really great in working with us and thinking through this, but that sort of placated us. And the data that exists out there, it gives you a context of what other evaluation plans are, and what they say. But some of the nuance and substance isn't in those plans. And, on top of that, it doesn't necessarily capture the unique environment that's at NIH, and so what we landed on was we really need to engage with our community. And we did that in two primary ways. We did it surveyed that NIT communities that I mentioned to kind of understand what are your thoughts on evaluation, you know, what are the concerns? What are some of the pain points, if you will? What are the things that you all are thinking about on a day-to-day basis when you're trying to conduct these evaluations?

That gave us a lot of really great data that we could aggregate across like a bunch of respondents. But we wanted to go deeper, and so we've been doing a series of key informant interviews. And here we're really trying to understand, what's it like for you to conduct an evaluation? And once you get through to that process of completing it, how are you using those results? And how have those been useful? And this is helping to sort of buoy what we find out in the survey, but we're also leveraging this to create stories around evaluation that are impactful that we can incorporate into our plan. And then I'll get into that a little bit more as we move down through the slides.

So once we had all our data together, we had a really good, healthy discussion, and we realized that before we set off to start writing, we really needed to go through some semblance outline, and that's what we've done over the last few months, I would say, is started with a very simple outline that could honestly fit on a small notecard to an outline now that is several pages long.

And as we went through each of those versions, major milestones of those versions, we checked in with our stakeholders. We tried to get feedback from the community, let them review it, get some comments. We loved leadership to look at it, give comments, give us some of their thoughts. And also, we kept asking ASPE. And we continue to do that, and will continue to do that, through our process. But what I would say is, having frequent check-ins with your stakeholders about your progress, and what you're doing, and where you're at with major milestones, for us has been incredibly helpful and has really helped us launch into each next step.

Next slide.

The next step. So we are kind of in between. We're – we're basically at the tail end of the last slide and kind of starting off where we are at this slide. So, this moving forward is going to be sort of how we envision the rest of this process going.

We're in the process of finalizing all of these common elements to our extended outline, and then this – these groups I had mentioned are going to start writing the actual substantive content behind the plan.

We're also, which we spin that off, are going to continue to do some additional interviews. Today we've done six interviews. They were so useful and so informative on so many levels, we've decided to do another six. So, that process will conclude at the end of this summer, but we're going to continue to do that in the fall.

Once we have all of our information in place, have gone through these drafts, you know, had our key stakeholders have a chance to review them, give us input, and kind of work through anything

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

that we need to, the next plan will be to disseminate it and to go with our internal and external stakeholders.

Next slide, please.

So, once we have it out there in the universe and everyone has a chance to see it, another important step for us that we know and that we're already thinking through even though it's still early on for us, is implementing it. And, we are thinking about implementation in several different layers.

So on the first one, it's not simple enough – sorry. It's not enough to just put the plan out. We really need to be able to promote it and support it when the plan goes out. And so we are already thinking about how do we engage with our leadership when the plan rolls out to get publicity around the plan, to get people engaged to think about the plan, to even read the plan. So we're already thinking through our strategies on that front.

I mentioned operationalizing elements of the plan, and this is something that I'll bring up later, but one of the real positive benefits that has come from undertaking this process, it's really led to a lot of spill-over conversations within the evaluation community at NIH in terms of resources exist, maybe what resources don't exist. And for our office in particular, it's even given us a roadmap of where we could make any difference, where there is a need. And some of those things, for instance, are trying to create a more centralized place for NIH evaluation final reports so people can look at different types of reports. Thinking about how we connect evaluators better across NIH.

And so, we're going to operationalize a lot of elements of that plan as well, which is embedded in what we're currently doing.

And then, finally, I don't think we'd be a very good office championing evaluation if we didn't think about this idea of continuous learning. And once we have the plan out there, once we've promoted it, we do plan on doing something like a survey, for instance, after one year to understand how has this plan been helpful? What are additional things that need to be done? You know, maybe what wasn't so helpful? So we can continue to think about this as more of a living document. We'll have an anchor from where we're starting from, but we recognize the culture will be evolving over time. And as that evaluation culture at NIH evolves, some other needs may evolve as well, so we need to be able to have a mechanism and a way of thinking about that and catching those needs as they develop.

And then once we have completed that, and you will hear this from me pretty consistently, we're going to share those results and share what we plan to do with those types of survey results when we understand what people think about the plan. And that idea or concept of transparency, I'm sure we've heard it in many talks before, but it is incredibly important, especially in our agency, I would say, where the experience or comfort level varies, it's really important to be transparent because people want to know how this is all unfolding so they can have a better sense and contextualize it.

Next slide.

So processing structure. This will be a fairly simple recap of what I just went through. We identified our stakeholders. We came up with a definition. We thought about our purpose. We did a scan of what's out there in the universe related to evaluation plans. We talked with our stakeholders. We developed an outline which is really the framework from which we could hang our narratives on. And then that next step that we haven't quite gotten to yet is insofar as all of this, it's the dissemination, and then we will implement.

Structure for us. Our office is leading this effort, but it is truly a group effort. I mentioned the subcommittee that is playing an instrumental role and they have representation across the ICOs.

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

Our own leadership has taken a really strong role in, you know, providing their thoughts and feedback. And, finally, I have to mention HHS and ASPE, which has been extremely important getting their input on how conversations are developing around the Act. You know, what types of things we need to consider.

So, that is our general structure.

Next slide.

So, the stage of implementation. You can see here, we are in process. We have our detailed outline. We have gotten all the feedback in from our stakeholders, and actually tomorrow we're having our workgroup meeting to discuss that. And sort of the next step is actually drafting the narratives to the document. And then, as I mentioned before, we are continuing with some informative interviews.

After – and so that's where we're at. Next step – next slide.

So now let's move into some barriers and strategies. These are three. I could probably, and Marina as well, talk about a number of different things that have come up, but we landed on these three that seem to be, hopefully, relevant to lots of groups, depending on what their organization intent.

So the first one was the NIH community represents a varied landscape of culture, resource, and evaluation capacity.

Marina Volkov:

Can I jump in –

Ajay Vatave:

Sure.

Marina Volkov:

Just to say, you know, so we are 27 different institutes, centers, and office – 27 different institutes and centers, and then there are offices above and beyond that. Every single one of these entities has a culture of their own, has their own approach towards evaluation, whether they're deeply enmeshed in it, whether they haven't ever done any at all. So that makes for a big challenge.

Ajay Vatave:

It does, yeah.

Marina Volkov:

Uh huh.

Ajay Vatave:

And, we knew that going in, and that's why you heard me sort of emphasize this idea of surveying with these informed interviews. We didn't want to just go with what our gut reaction was because hey, we know it's varied across it. We really wanted to try to get some details and on-the-ground level feedback to really inform our process.

So, again, I think that idea of know your culture, try to get some good data from that culture before you set off and run, it's really valuable if you have the opportunity to do that. I mean, time for some folks can be different, but if you have the time, I think it would definitely be worthwhile.

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

Second thing, and I think this is probably common to lots of folks on this call, you know, different stakeholders have different priorities and concerns. And I touched on this briefly. One of the ways that we found has been effective to deal with that is to ensure, one, that there's transparency in our process. Sometimes we hear and evaluation is this thing that goes into black box and it comes out. We don't want that idea to continue. We want it to be that informed decision making, evidence decision making is based off data. And there's a way that that data was collected, and there's a transparency to that process. And we found through having transparency, that's been very useful.

But transparency is not enough. You have to make sure that at critical stages of key milestones, that folks have a chance to weigh in. That they have a chance to be heard. And that's both informative in terms of us understanding what the needs are. And it also just helps us as a group thinking about how do we frame things? What's the right context for us to present things?

So, that is one thing that I think has been really useful for our story.

Marina Volkov:

It often can seem like a cacophony.

Ajay Vatave:

Yes.

Marina Volkov:

But – but there – it is possible to find the signal through the noise and lack cacophony.

Ajay Vatave:

And then, buy in. we had mentioned, you know, the – the culture around evaluation – around evaluation is different within different institutes, centers, and offices. So how do you generate buy in? And one of the things that we landed on for groups that we feel is really important and we think is going to be a really useful component of our plan, is highlighting some stories of effective use of evaluation. And I'm going to couch this with what we've learned through the interviews so you can see how those came into play.

It might seem normal to say, hey, we're going to talk about an evaluation and maybe have a call-in box, for instance, that talks about an evaluation's impact and "X was useful for doing Y". But what we realized through the interviews, peer-to-peer level expression of experience was important. And what I mean by that, it wasn't enough to simply reach out to our evaluators and say, hey, what evaluations have you worked on and which ones were, you know, really strong evaluations that had a real impact? We also needed to reach out to folks, for instance, to a program officer, so they weren't trained in evaluation but they had oversight and responsibility for evaluations being conducted on their program. Because what we heard is, it's important to hear from your peers. It's important for a program officer to hear from another program officer that's had an experience with evaluations, and it was positive, to hear the benefits. To hear from an evaluator talking about their evaluation experience to speak to the other evaluators at NIH and so on. And so we really tried to think about nuance behind some of these examples to make sure we cover the waterfront on the different people we hope to engage on evaluations. Not just from a practical point of view of conducting them, but for having responsibility for improving the culture around evidence-based efficiency.

Marina Volkov:

And, let me just jump in to say, so each of those 27 different institutes, centers, and offices have their own directors. And in terms of NIH leadership, there is a great deal of variability in terms of leaderships' interests in and willingness to support evaluation. So, one of the things that we really

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

wanted to capture within the interviews was to get some really solid examples of use of results. We cannot convince our leadership that it is – that evaluation is important in the absence of showing them why it's important. So we really wanted to get as many good use of results as we could in order to approach leadership across NIH to tell them about the benefits of evaluation.

Ajay Vatave:

Next slide.

So, expected impact. Obviously, we're not there yet, but we're hopeful based off the momentum, and what I would say is positive momentum I feel we've already generated, this was really an opportunity for improving culture, and learning, evaluation and using evidence for decision making. So, this idea that we have this tool, this resource, that can provide really good information for making choices, whether that's about policy, or program, or a process. So, we think that can be truly impactful for supporting that idea.

The next is to really promote the use of evaluation best practices. And this is reaching different types of stakeholders, some with a deep level of experience in evaluation, and others who are just getting into evaluation. So we thought it was really important to highlight some best practices, where to use these tools, and how to use them.

Third, we really wanted to guide the creation of shared resources. As I mentioned, this came from our discussions about developing this plan that, you know, we have a lot of disparate resources for evaluation across NIH right now. ICOs have, you know, a nice deep bench of resources. Others, not so much. And so, we are trying to create a more centralized approach for getting those resources put together.

And then, finally, we enhanced the culture of informed decision making. And this is a slight nuance from the first point. It might seem similar, but it's not. What we're trying to convey here is, in our understanding, that sometimes evaluation is a term that can concern people. You know, they associate it with things like an audit. You know, something punitive. And our idea here is that, no, actually evaluation is a tool. It's a tool that gathers data. And that data can be one point that you use for making decisions. And it actually puts you in a stronger position to make more thoughtful decisions. And so, it's this idea that evaluation is a positive tool.

Marina Volkov:

Yeah. So, at NIH, of course, there is much discussion about how can we enhance stewardship of our big budget. How do we, again, which, as – as I said at the very beginning, we have the challenge of if we create an evidence base, how do we know if that evidence base is being utilized? And, our decision makers need to know how that evidence base is utilized. And we think that evaluation offers them that window, but we have to convince them of that importance that this is what evaluation can offer them. The Act coming along when it did gave us a really wonderful opportunity to get – to get this message across to our leadership that if you really want to enhance stewardship, evaluate ourselves. Study ourselves. We are a science agency. We should be able to collect data on ourselves and use that data to enhance what we do.

So, for us, the Act being passed when it did, ASPE needing to implement it when ASPE has needed to, it was a perfect opportunity for us to jump on this. To be honest, we were already talking about doing an evaluation plan. We knew that the Act was churning away. But the Act coming along gave us such a needed impetus and push to continue on in this process.

Ajay Vatave:

Next slide.

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

So, so lessons learned. There's many. These are just some of the ones that – that we thought might be most relevant, especially for, you know, this first presentation. I think you've heard this throughout the presentation. Communication has been critical in our process to date, and we expect it to be throughout the entirety of this process. And I just put three words here. Early, frequent, and informative. So, you know, don't wait to engage. I think it's important to engage your – your stakeholders early on in the process. And it's important to not just do initial engagement and then check out for six months, and then come back. We found having reasonably-frequent engagement at, you know, reasonable milestones, has been helpful.

And the other part is make those communications and engagements count. They should be informative. Those are opportunities for your stakeholders to understand, hey, these people are utilizing my time well. I'm able to give some feedback. I'm able to understand what the process is going on. It's just been really, really important for us to be able to make progress on this.

Second, you don't need to reinvent the wheel. But you might need to modify it. And what I mean by that is lots of folks, lots of organizations within the government, outside of the government, they have really good evaluation frameworks, or evaluation plans, or learning agendas. And, you know, there's a lot of detail in them. But it's not enough just to take one wholesale, at least in our case it wasn't. And I think probably all of our organizations are unique in some way. And so, as I mentioned before, through the surveys and the interviews, we really took the time to understand what are our unit's needs in evaluation, and what are we going to think about and prioritize? And that's really important, I think, to making sure you create something that resonates with your community.

And the other part of it is organizational context matters. You've heard Marina and I both talking about this that we almost have like 27 different independent agencies under one agency, and every part of that has a different culture and a different ability to do things, and you need to be both aspirational, but also pragmatic in terms of what you're able to pull together.

Third, organizational structure matters – matters as well. We have a parent organization, in HHS, who is really leading the coordination of this effort. And if you happen to have a relationship like ours and you have a parent organization, I can't stress enough how important it is to engage with them. It really, really has been helpful. You know, ASPE has come over to NIH. They have been able to present to us. We have been able to use them as a sounding board on major drafts that we have so that they are aware of what we're doing. And honestly, this relationship has been bi-directionally positive. For them, they have a sense of where we're going, what we're trying to do, giving them really early heads up. For us, on our end, we're getting a sense of where is HHS going and where are they needing to be positioned. And so that's been really fruitful and something I expect to continue, again, throughout this process.

And then, finally, be flexible and evolve. I think what you've heard through this presentation, okay, maybe you have some initial ideas about a definition, you know. What our purpose was. But we didn't do that in a vacuum. We engaged with our community. As we learned more about our own evaluation community what the needs are, as we learned from ASPE more about how the Act was being interpreted, we are continually bringing that into elements of our plan to reflect that learning process. And so, what I would say there is it's important not to be rigid. It's a dynamic process, and it – it's okay to be open to that dynamic process.

Marina Volkov:

And, hey, look at that. We are just about at our 30-minute window. Yeah. You need to give us credit for that.

Jessica McNab:

Marina and Ajay, that was great. I think such a nice review of your – your approach and the steps that you took. But thank you for digging into some of the details, too.

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

So, with that, we'd love to take a pause and see if folks have thought any – of any particular questions or comments for Marina and Ajay. I've been checking in with Chris during their presentation to see if folks have been chatting in comments. So let me just pause right there and see if we have any questions or comments in that Chat or any folks who have raised their hands to unmute their lines.

Chris Talbot:

Let's see. We did have one question come in from John regarding providing an exemplar of learning agenda or evaluation plan. Is that something that we can talk about as well that's going to be available?

Marina Volkov:

Let me just say that – so, so, what have we talked about here is we're putting together a very comprehensive evaluation plan. From that evaluation plan, we're looking for that evaluation plan to be a lot of how we plan to do evaluation or enhance evaluation at NIH. In terms of the learning agenda piece of this, what are we actually going to evaluate. That will be a part of this plan, but lesser so the learning agenda we will develop – for – for an agency as large as NIH, we have to develop it off of our various mission statements and goals, and we're going to develop that at some point. And we will certainly make it available, but our – we are just a piece of a much larger puzzle and it is – it will be up to HHS to put together our learning agenda.

Jessica McNab:

Yeah. Thank you for that. That makes –

Amanda Cash:

Oh, sorry, Jessica.

This is Amanda at HHS, and I can – I can comment on that. We don't – I think we're still waiting on more, I think, examples, and to see what different models of learning agendas and evaluation plans look like. But the reason why we wanted to start with NIH is because this is their first stab, and as Marina noted, and Ajay noted, you know, they were sort of doing this already and then the Act passed, and so they're – I mean, it's still in the midst, as many of us are, of developing our learning agendas and evaluation plans.

So I don't think we – we would want to make the declaration that we have exemplar plans at the moment, but we certainly have a lot of people who are doing a lot of work and thinking very carefully about what should go into their learning agendas as we receive more guidance from OMB and also go through this process together as one HHS family. I hope that's helpful.

Jessica McNab:

Thanks, Amanda. You read my mind. I was going to ping it to you to see if you wanted to add on to the question.

It was – I would add to that, too, Amanda spoke to this from the beginning, but, of course, we're recording today's events, and we'll connect with each of the presenters and agencies to see how comfortable they are sharing the information. But all of the information Mathematica is keeping together in a summary report, too. So, with what we can in terms of examples or, you know, cumulative information across each of the seven agencies, a summary report might be a nice resource as well, albeit not a specific example.

So let me pause again and just give a couple of housekeeping reminders. If you like to Chat in a question, please use the Q&A pod. You can Chat in your questions. You can raise your hand and we will call on you, and, of course, you'll need to unmute your own line if you'd like to answer –

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

or, excuse me – ask a question over the phone. We're happy to – we're happy to have you add to the conversation.

Chris, any other questions through the Chat?

Chris Talbot:

Yes. We did have a – a comment/question from Valerie that was – that NIH is really known as a research organization and for a more direct service provider, what would be a reasonable portion of the funding that needs to be taken from service for the evaluation piece itself?

Marina Volkov:

We are totally punting that one on to Amanda.

Amanda Cash:

And I am very happy to say I have no idea. And I would like – I – I – I – that would require a lot of thought. I think we, you know, along with OMB and others, we've thought a lot about how much if – if there should be an actual floor or a ceiling for evaluation that should be sort of set aside, and we haven't come to a conclusion because as Ajay and Marina so eloquently noted, every agency is different and their context is different, and so I think it's very hard to say with any sort of certainty that X amount is right for X agency and Y amount is – is right for Y agency. So thanks, Marina, for punting that to me. Appreciate that.

Chris Talbot:

Okay. And we did have another question that was – indicating that FEMA's National Training and Education Division has a draft training evaluation plan that they'd be willing to share if – as they're looking to seek feedback.

I also had a question that came in, it was regards – or a comment, more – that the NIH learning agenda covers all NIH inclusive of the 27 institutes and organizations. Will learning agendas be developed for each or some of the individual 27 organizations within NIH? Or are they all combined under the overall NIH agenda?

Marina Volkov:

I – I think in terms of a public learning agenda, I think we will have that. In NIH level, we will produce something like that which we will then give to – to ASPE. But, no, we are not anticipating having each of the individual institutes and centers produce their own learning agenda.

I mean, a learning agenda for an agency as large and as complicated as NIH, it would be really hard to say what specific evaluation questions need to be prioritized. And then when you get the level of HHS, I can't even begin to imagine how one would figure out those priority questions.

So I think as long as – what we're looking to do is to take a very good look at our goals as an agency and to craft an agenda based upon the goals of the agency and then, as we move forward, the evaluations of each of our institutes and centers and our trans evaluations will all fit into – within that framework.

Chris Talbot:

Great. Thank you.

And we also had a question from Elaine that is – she's wondering how did they – how did you locate good examples of the use of evaluation results? And how did you –

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

That's a great question.

Chris Talbot:

How did you plan the questions for your interviews?

Ajay Vatave:

Yeah, so great question, and I'll try to answer both parts of it. So in terms of getting to the examples, in terms of how we identified particular institute interviews, that really stemmed from our initial survey results when we started finding out where the areas of interest were and what some of the challenges were. And the subcommittee that was working with us really weighed in in terms of, hey, you know, we're aware of such-and-such a program, or, you know, so-and-so has been doing deeply – a lot of deep work in this area and they'd be worth reaching out to. So we really relied on our evaluation peers to identify some folks to follow up with. And through those discussions, that's where we started learning about those stories in terms of then, by an interview aspect, being able to really qualify and substantiate why this is an important evaluation to them and how it was used.

Now, I had mentioned, that was our initial six and folks identified those initial six for us to reach out to. We're wanting to do another six, and part of that is because internally we're also looking about, okay, who did we interview? Do we have representation from a small institute? Do we have representation from a large institute? Do we have representation from an evaluator? A program officer? So we're trying to make sure that we have a little bit balance there in terms of the diversity of stakeholders that we're trying to help, we're trying to support.

Chris Talbot:

Great. And some follow up on that as well. There was a question as to, were all 27 of the agencies among your internal stakeholders that were consulted?

Ajay Vatave:

Yeah. So I would say primarily in terms of driving, and synthesizing, and giving guidance, it's really about to me that it's really boots on the ground, if you will. As I had mentioned, we have this larger P&E community which has representation from across all the 27 institutes, centers, and offices. And they have actually been engaged when we reach a major milestone. So a major draft, you know, we will circulate that among the community, and it gives them a chance to weigh in. We track every single comment. Sammy or Paula from our office have done a tremendous job making sure we document the input that we get, where it maps to. And so there's always this continuous process of engagement.

Marina Volkov:

And the – our – our P&E, Planning and Evaluation officers, represent every single institute, center, and office, and we have monthly meetings. And we have been updating them every month on progress on this. And are in pretty close communication with all the different institutes, centers, and offices.

Chris Talbot:

And I think we have just one more question that's asking, knowing that strategic plans are usually – take about four years to implement, how can a learning agenda pivot or adapt when an issue jumps in in importance?

Marina Volkov:

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

I – I think the learning agenda – I mean, now I'm – I'm – you're making me think about how does NIH set its research priorities to begin with. NIH plays a delicate balancing game between thinking about what are the known opportunities and what are the unknown opportunities, and – perhaps, that may arise. And I think a learning agenda has to be crafted in the exact same way to allow for the flexibility to – of unexpected factors that may arise that then have to be accounted for that were not necessarily planned for. So, I think our evaluation plan that we're working on right now, our learning agenda, all of them we will consider them learning – as living documents. Things that can be changed at any point. Nothing set in stone. Which, you know, our budget is a yearly budget. It's – it's not a four-year – we don't set our budget at four years. We do set our overarching goals. But the flexibility of the yearly allows us to pivot when needed.

(Inaudible)

Amanda Cash:

Sorry, this is Amanda. I just wanted to comment on that. It's my understanding that the intent of the Evidence Act is to have, you know, the evidence-building plan or learning agenda as a four-year plan. The evaluation plan is a one-year plan that should actually speak to what is in the four-year plan. And the one-year plan allows you to sort of pivot and change over time as priorities may change or those questions may change. Yeah, so I think that – that is my understanding of the intent of the law.

Ajay Vatave:

And – and on my part I would say that, you know, we've always looked at this, as Marina mentioned, we were under this path even before the legislation was officially passed. And one of the reasons we were already engaged is because we also see this as a culture change. You know, it's doing something different, right? Getting people comfortable with doing something different. And our view is, and I – I use this term often, that beyond just the idea of doing evaluation as sort of this technical exercise, it's really important to impart what I call an evaluative mindset. And what that means is, whether you're initiating a policy, initiating a prog – a program or a process, you should have that in your mind. What is my goal? What does success look like? How can I tell if I've been successful? And I think if ingratiate that culture and that mindset across the board at NIH, that is what's going to allow us to have flexibility to pivot when we're changing because people are already thinking about this in terms of developing their programs irrespective of whether they plan to do an evaluation or not. If it becomes part of the normal work process, respond rapidly to changes that people are thinking about.

Chris Talbot:

Thank you very much for that. And we did have one more question that I'm actually going to pass this question off to Jess as we're wrapping things up. There was a question about how can other federal agencies receive or obtain copies of the results of different scans or surveys that were done? And if other agencies get this kind of information it would be helpful. And so, Jess, I believe you have some information about how the webinar series is coming together and how we're going to be able to provide some of that detail?

Jessica McNab:

Yeah, thanks, Chris.

So let me just extend another thank you to Marina and Ajay. Again, a wealth of information. I think also nice to see where you are in terms of stages and location. Amanda, thank you for adding context. That's really helpful, I think, for folks to hear.

HHS/ASPE Developing and Using Evidence-Building and Evaluation Plans for Improved Decision-Making: National Institutes of Health

This is – and I want to thank those I attendance, just such great questions, many of which, of course, we queued up to ask and you read our minds. You asked many of the questions that we had for Marina and Ajay as well. So, again, thank you Marina and Ajay.

Let's talk a little bit about, thinking of that question, what's next? So, I think I mentioned at the beginning, and Amanda added this as well, we did record, of course, today's event. There are slides from today's event. And all of the content will be pulled into a summary report as well. So, the information will be shared internally, that's between Amanda and the team within ASPE will do. But we'll also post the host information all the information that is okay to share from each agency's perspective. That will be posted on our Mathematica website. And we'll share that information through the federal evaluation LISTSERV once that is available.

If you do have any questions, in our final slide I'll make sure to share our Help Desk email, and Chris can push that email through the Chat as well. That way, if you have questions, or comments, or additional feedback, we'd be happy to field those through our Help Desk email.

So, again, in going back to what we were able to push out through the federal evaluator's LISTSERV earlier this week, we included registration information for six of the seven webinars. So, on July 23, Ellie Morefield from USDA will present their approach. Tammy Tippie from Navy on July 29th. Mary Hyde from CNCS on July 30th. Cindy Phillips and Rebecca Kruse on August 8th from NSF. And then Brittany Borg from FDA on August 13th. So we'll have a seventh seminar. We'll make sure that you get the updated registration information for that, and, again, it will like be mid-to-late August for that seventh webinar.

As we wrap up the event, when you start to close out your window, you'll get a popup that will ask you four really quick questions just to get a sense of how did today's event go. We'll ask some questions about the quality of the event, did we meet our objectives, how did you feel about the content that was provided to you, and will you take any action after today's event.

So please do feel free to fill out that evaluation. Of course, it will help us PDSA our approach for next time.

And so with that, we are ending right at the top of the hour. I will thank you again for all attendees. You can see we've put our email there and Chris may have pushed that through the Chat and/or pushed some of the registrations for those six other events through the Chat. Please do feel free to give us – shoot us an email in terms of any feedback, comments or questions to ASPE – A – S – P – E – Evidencebuilding@mathematica-npr.com. (ASPEvidencebuilding@mathematica-npr.com)

Again, thanks to our presenters for joining, and we will see you next week. Take care.