



2023

CAPACITY

ASSESSMENT

UPDATE

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About This Report

The *FY2023 Capacity Assessment Update* is part of the Department of Health and Human Services' (HHS) multi-year approach for addressing the primary capacity building needs identified through the initial [FY2023-2026 HHS Capacity Assessment](#). This report provides information regarding HHS' capacity improvements, ongoing capacity building activities, promising practices, opportunities for growth, and resources needed to support current and future capacity building efforts.

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ACKNOWLEDGEMENTS

Special thanks to the HHS Evidence and Evaluation Council Capacity Assessment Workgroup and the Division Evaluation Liaisons for their help creating the survey instrument and collecting survey responses.

Letter From the Evaluation Officer

The [Foundations for Evidenced-Based Policymaking Act of 2018](#) (Evidence Act) provided an important opportunity to Federal Agencies to assess and improve, where needed, their evaluation and other evidence building activities. Since the passage of the Evidence Act, the US Department of Health and Human Services (HHS) has worked diligently to build on an existing culture of evidence that maintains principles of scientific integrity throughout the evaluation process, ensures adherence to the [HHS Evaluation Policy](#), and upholds the standards delineated in the Office of Management and Budget's (OMB) [Memorandum M-20-12](#).

The initial [FY2023-2026 HHS Capacity Assessment](#), based on data collected in FY2021, highlighted HHS' strengths and challenges regarding building evidence needed for sound programmatic and policy decision-making. In response HHS developed a multiyear approach for addressing the primary capacity building needs identified through that initial assessment ([Figure 1](#)). The FY2023 Capacity Assessment Update, based on data collected in FY2022, focuses on a closer examination of HHS' organizational capacity including how the evaluation function is operationalized throughout HHS' Operating and Staff Divisions (Op/Staff Divs).

The FY2024 update will focus individual level capacity, and the FY2025 update will focus on leadership capacity to support and use evidence.



Susan Jenkins, PhD

HHS Evaluation Officer

Director, [Division of Evidence, Evaluation and Data Policy](#) In the [Office of Science and Data Policy](#) in the [Office of the Assistant Secretary for Planning and Evaluation \(ASPE\)](#)

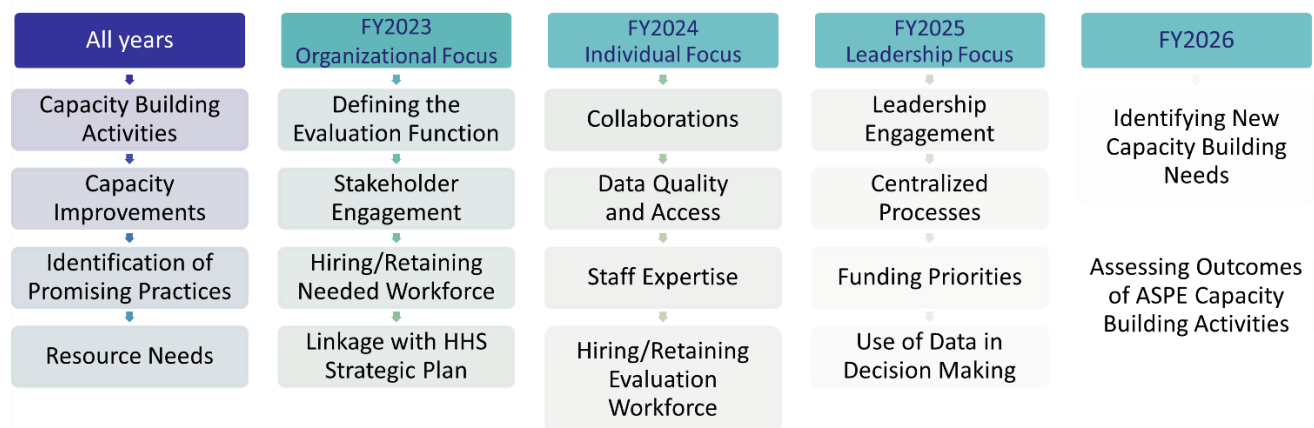


Figure 1: Multi-Year Approach for Assessing HHS Evidence Building Capacity.

In FY2022, HHS staff spent considerable time building evidence capacity. Below are examples of some of the cross Departmental work conducted in FY2022. Specific examples from the Op/Staff Divs are provided later in this report.

1. In response to the Evidence Act, HHS developed a four-year capacity building training schedule. This effort was led by the HHS Evaluation Officer in cooperation with other agency partners including the Chief Data Officer, Statistical Official, Performance Officer, Enterprise Risk Management staff, and Strategic Planning staff. In FY2022 ([Figure 2](#)), ASPE conducted five capacity building trainings and posted the training materials on an internal training website accessible to all HHS staff.

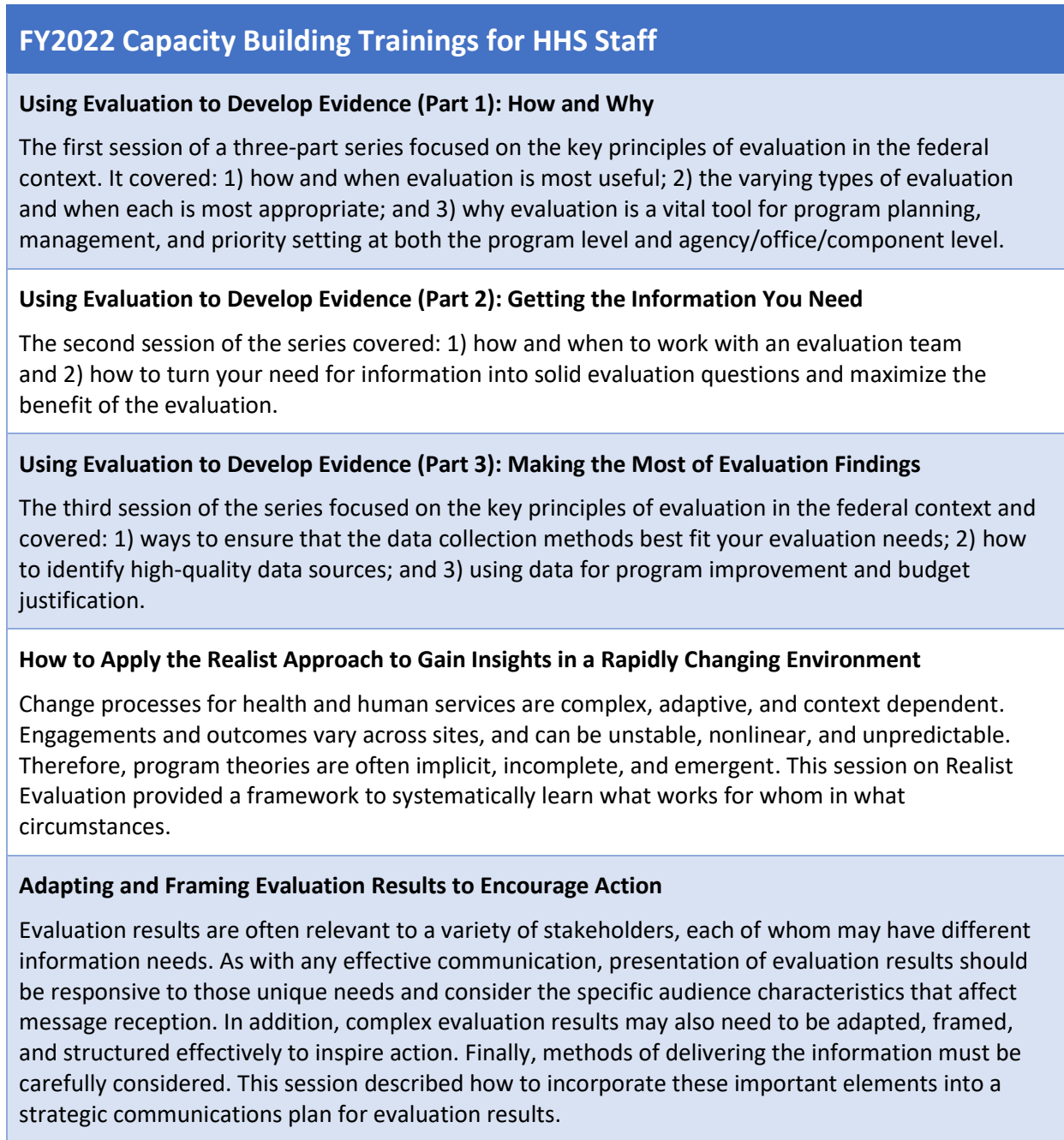


Figure 2: HHS Capacity Building Trainings Conducted in FY2022.

2. HHS Equity Technical Assistance Center (ETAC) developed multiple equity focused capacity building materials and services. ETAC’s mission is to build HHS staff capacity to make external facing

research, analyses, programs, and policies more equitable. Examples of ETAC's work in FY2022 include:

- a) ETAC hosted a two-part learning series for HHS staff on equity assessments (EAs), exploring what they are, six key steps in effective EAs, best practices, sample timelines, and concrete examples. A recording of the training and accompanying training tools are posted to the ETAC resource page on the HHS Intranet.
 - b) ETAC offered tailored technical assistance to HHS Op/Staff Divs wanting hands-on guidance on how to conduct equity assessments.
 - c) ETAC developed practice guides and on-demand learning sessions on centering equity in quantitative analysis and how to incorporate intersectionality into research and analysis. These materials are available to HHS employees on the ETAC resource page on the HHS Intranet.
3. The HHS Interdepartmental Health Equity Collaborative (IHEC) fosters a community of stakeholders engaged in addressing health disparities and social determinants of health by building capacity for equitable policies, programs, and practices; promoting strategic partnerships; and sharing relevant models for action. This work supports the mission of the HHS Office of Minority Health (OMH), which leads the work of the IHEC. The IHEC includes representatives from federal agencies whose missions, priorities, programs, and practices impact the social determinants of health.
 4. The HHS Data Council Data-Oriented Workforce Subcommittee (DOWS) conducted analyses and drafted a strategy to address Section 2 (d) requirements of the [White House Executive Order 13994 on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats](#) to hire data scientists more expeditiously. DOWS produced suggestions for developing agency and unit level implementation plans from the strategy or roadmap contained in *Authorities and Mechanisms for Hiring and Retaining Data Scientists at HHS*.
 5. HHS Data Council's Equitable Data Working Group conducted a review of existing administrative data resulting in a report titled: *Availability, Quality, and Use of Administrative Data to Identify and Reduce Health and Human Services-Related Disparities: A Survey of HHS-Funded Programs and Interventions*.

As this list and the remainder of this report show, HHS is a work in progress. The FY2023-2026 HHS Capacity Assessment and this annual update highlight several areas of strength across HHS as well as some challenges. It is gratifying to see the work that HHS staff are doing to address those challenges, and we look forward to continuing to build the HHS evidence base.

Introduction

The U.S. Department of Health and Human Services (HHS) works to enhance the health and well-being of all Americans by providing for effective health and human services and fostering sound, sustained advances in the sciences underlying medicine, public health, and social services¹. The [Foundations for Evidence-Based Policymaking Act of 2018](#) (Evidence Act) requires HHS to conduct an assessment of the Department's capacity for evaluation and evidence-building activities every four years. The Office of Management and Budget (OMB), through [Circular A-11](#), has encouraged agencies to review and update their Capacity Assessments as needed. In response to findings from the initial FY2023-2026 HHS Capacity Assessment, HHS developed a multiyear approach for addressing the primary capacity building needs identified from that initial assessment ([Figure 1](#)).

As directed in OMB memorandums [M-19-23](#), [M-21-27](#), and [Circular A-11](#), updates to the agency Capacity Assessment can address changes or progress in the Department's statistics, evaluation, research, and analysis efforts against the following criteria: coverage, quality, methods, effectiveness, and independence from the initial publication of the Capacity Assessment with the Strategic Plan in 2022. The Capacity Assessment was required to include:

1. A list of the activities (e.g., programs, initiatives, etc.) and operations (e.g., administrative and support tasks) of the agency that are currently being evaluated and analyzed.
2. The extent to which the evaluations, research, and analysis efforts and related activities of the agency support the needs of various Operating and Staff Divisions (Op/Staff Divs) within the agency.
3. The extent to which the evaluation, research, and analysis efforts and related activities of the agency address an appropriate balance between needs related to organizational learning, ongoing program management, performance management, strategic management, interagency and private sector coordination, internal and external oversight, and accountability.
4. The extent to which evaluation and research capacity is present within the agency to include personnel and agency processes for planning and implementing evaluation activities, disseminating best practices and findings, and incorporating employee views and feedback.
5. The extent to which the agency has the capacity to assist agency staff and program offices to develop the capacity to use evaluation research and analysis approaches and data in the day-to-day operations.

HHS' *2023 Capacity Assessment Update* focuses specifically on HHS' organizational capacity. The report notes current strengths and challenges, explores how the evaluation function is operationalized throughout HHS' Operating and Staff Divisions (Op/Staff Divs) and highlights areas where additional investment could help the Department grow and mature its evaluation and evidence building work.

Methodology

For the FY2023 Capacity Assessment Update, ASPE focused on several areas at the level of HHS Op/Staff Divs: staffing, evaluation activities, stakeholder engagement, challenges, and achievements. ASPE collected evaluation and evidence building capacity data from the Op/Staff Divs through a capacity assessment survey and evaluation function key informant interviews. This dual approach allowed ASPE

¹ <https://www.hhs.gov/about/strategic-plan/2022-2026/introduction/index.html#mission>

to capture the full picture not only of capacity for evaluation and evidence building but also of Op/Staff Div structural context.

The FY2023 Capacity Assessment Update survey and interview effort were led by the HHS Evaluation Officer, within the Office of the Assistant Secretary for Planning and Evaluation (ASPE), in partnership with HHS' Evidence & Evaluation (E&E) Council. The E&E Council is a community of practice comprised of staff engaged in evidence building & evaluation work across HHS. The group's charge is to improve efficiency and effectiveness in planning, conducting, and disseminating evaluations throughout HHS, and ensure the integrity, rigor, and relevance of the information collected, analyzed, and used as evidence. ASPE also received contractor support from NORC at the University of Chicago.

Capacity Assessment Survey Findings

The capacity assessment survey drew on previous areas of inquiry from earlier capacity assessment surveys and used refined questions pulled from a variety of sources such as [Rohacek \(2017\)](#), [LaboEval \(ND\)](#), and [Bourgeois and Cousins \(2013\)](#) to create a survey that fit the HHS context. The capacity assessment survey focused on three general areas for Op/Staff Divs: evaluation activities; stakeholder engagement; and activities, achievements, and challenges in FY2022. A final question on the survey also asked Op/Staff Divs to outline any capacity building support that they thought would be helpful.

The final capacity assessment survey instrument was shared with Op/Staff Divs via their E&E Council representatives. Liaisons were given two options to complete the survey:

1. Fill out the survey themselves on behalf of their Op/Staff Div. OR
2. Distribute the survey within their Op/Staff Div, then compile a single aggregate response to share with ASPE.

The survey response period ran from July 2022 through October 2022. ASPE received responses from 12 of 14 HHS Op/Staff Divs. Findings from the survey are presented here in aggregate across a variety of issues and domains.

Staffing Estimates

Eleven Op/Staff Divs provided an estimate of staffing levels for evaluation work within their Op/Staff Div². Across HHS, the number of staff with a primary function related to program evaluation ranged from 0 to 180.5 with an average of 49 evaluators. The number of staff who contribute to evaluation activities, but their primary function is not program evaluation, ranged from 2 to 529.5 staff with an average staffing level of 138 staff involved in evaluation work. The broad range of dedicated evaluation staff and evaluation contributors may be explained by 1) the wide range of total number of staff in each Op/Staff Div and 2) some Op/Staff Divs have statutorily established evaluations units³. The range of responses received may also indicate that survey respondents interpreted this set of questions in a

² One Op/Staff Div reported "unknown" stating that they were "unable to provide an exact number.... Staff responsibility for evaluation activities (design, implementation, oversight, etc.) can vary widely by subcomponent offices".

³ The Office of the Assistant Secretary for Financial Resources (ASFR), "... is not a traditional "evaluation" function, ASFR provides analysis across financial resources areas which follow similar principles for "good analysis" (e.g., relevance, utility, rigor, independence, objectivity, transparency, ethics) and related leading practices for designing and implementing "good analyses"... ASFR's primary customers for analyses are policy officials in the Secretary's / Deputy Secretary's Office and the ASFR / ASFR's Deputy Assistant Secretary and in response to inquiries from Congress, GAO and OMB. Statutory reporting typically consumes available analytic "bandwidth"."

different manner than intended by the survey designers⁴. This is an area for additional research to allow for a better understanding of the level of staff resources supporting evaluation.

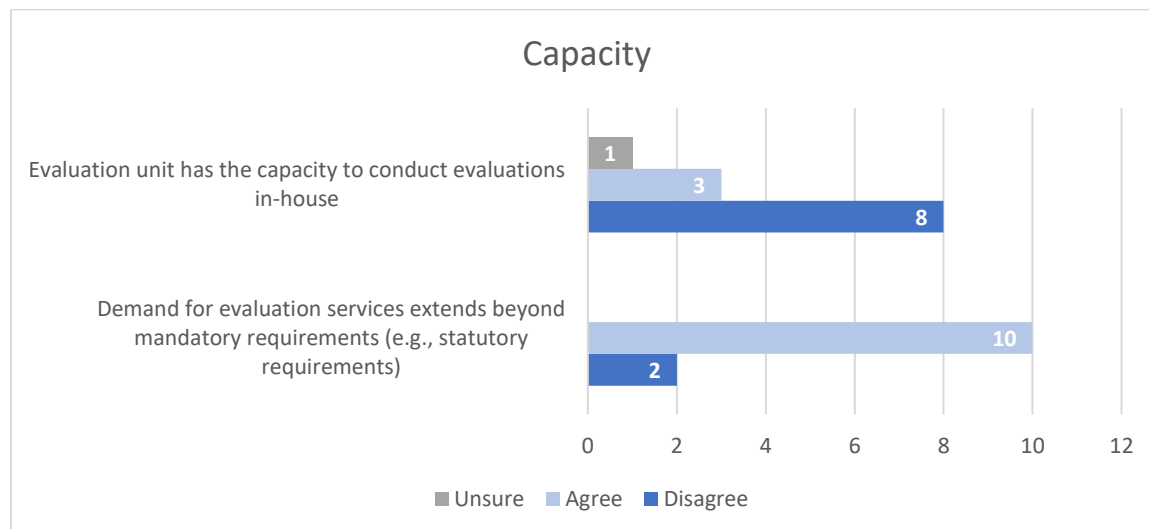
Evaluation Activities

Twelve Op/Staff Divs assessed their level of agreement with a series of 17 statements. To aid analysis, the 17 statements were grouped together and are discussed here by shared theme: capacity, collaboration, dissemination of findings, application of evaluation findings, quality, resources, and strategic planning. A full accounting of survey responses is available in [Appendix A](#).

Capacity

Under the theme of capacity ([Exhibit 1](#)), a key finding is that most survey respondents (67%) disagreed that their evaluation unit had the capacity to conduct evaluations in-house. Also, a majority of survey respondents (83%) agreed that the demand for evaluation services exceeds the mandatory requirements.

Exhibit 1. The level of agreement with evaluation activities under the theme of capacity (N=12)

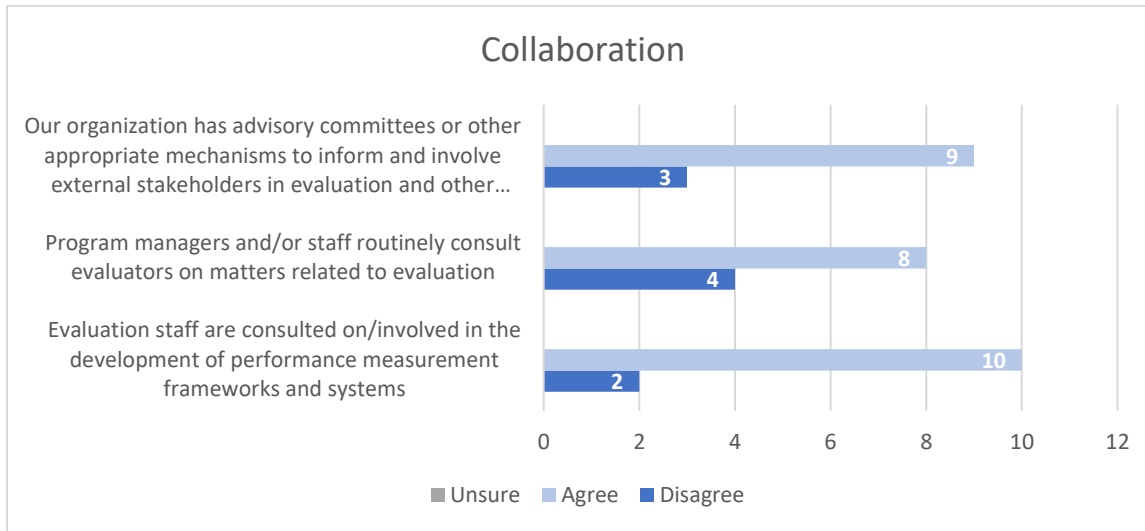


Collaboration

Under the theme of collaboration ([Exhibit 2](#)), a key finding is that most survey respondents (75%) agreed that their Op/Staff Div has appropriate mechanisms to inform and involve external stakeholders in evaluation and other evidence building efforts. Most (67%) agreed that program managers and/or staff routinely consult evaluation staff on matters related to evaluation. A majority (83%) agreed that evaluation staff are consulted on/involved in the development of performance measurement frameworks and systems.

⁴ Post-survey debriefs with the Op/Staff Div Evaluation Liaisons revealed that, in response to the staffing questions, some respondents reported FTEs while others reported the number of individual staff engaged on their projects. This inconsistency in counting methodology is likely one factor explaining the wide range of answers received. Future capacity assessments should seek to learn more about staff who contribute to evaluations but whose primary function is not program evaluation. It would be helpful to have a better understanding of their primary function is on their team or within their Op/Staff Div, how they contribute to evaluation and evidence building, and if this is in service to or separate from their primary duties.

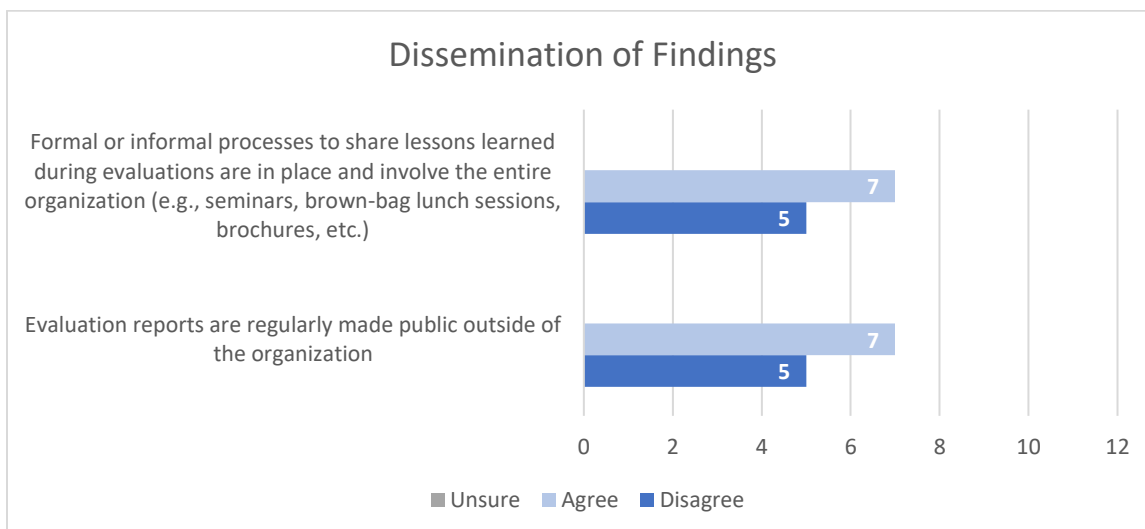
Exhibit 2. The level of agreement with evaluation activities under the theme of collaboration (N=12)



Dissemination of Findings

Under the theme of dissemination of findings ([Exhibit 3](#)), the key findings were mixed. More than half of survey respondents (58%) agreed that formal or informal processes to share lessons learned during evaluations are in place and involve their entire organization. Over half of survey respondents (58%) also agreed that evaluation reports are regularly made public outside of their organization. This is an area for growth given the transparency standards stated in OMB Memo M-20-12 and the HHS Evaluation Policy. Further research is needed to better understand this result moving forward.

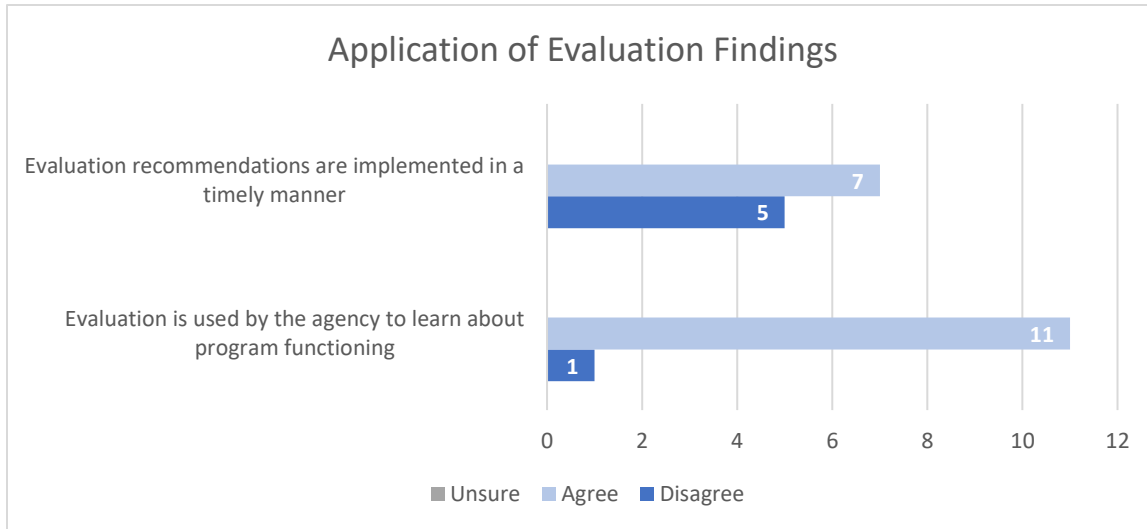
Exhibit 3. The level of agreement with evaluation activities under the theme of dissemination of findings (N=12)



Application of Evaluation Findings

Under the theme of application of evaluation findings ([Exhibit 4](#)), a key finding is that more than half of survey respondents (58%) agreed that evaluation recommendations are implemented in a timely manner. Also, a majority (92%) agreed that evaluation is used by HHS to learn about program functioning.

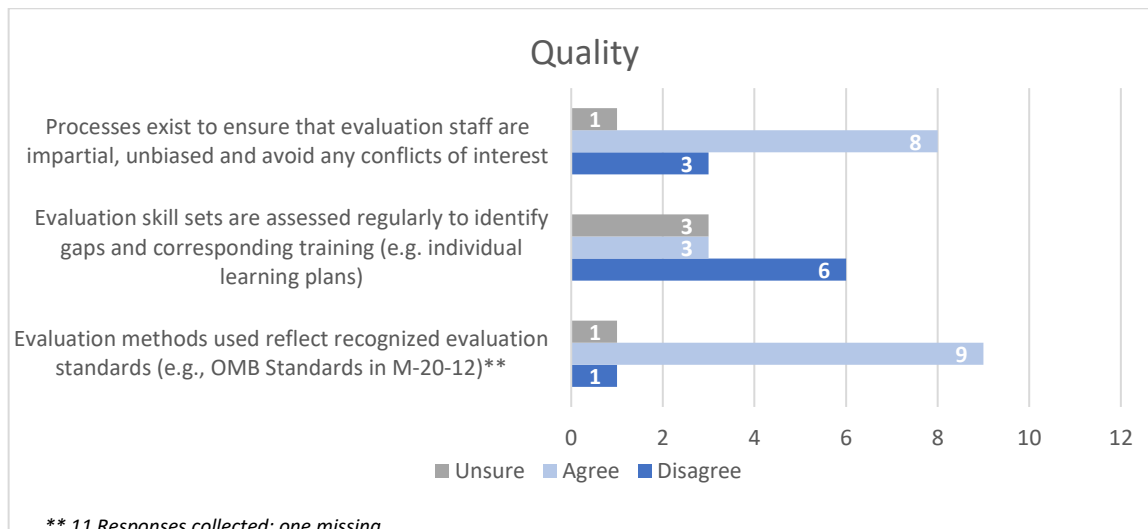
Exhibit 4. The level of agreement with evaluation activities under the theme of application of evaluation findings (N=12)



Quality

Under the theme of quality ([Exhibit 5](#)), a key finding is that most survey respondents (67%) agreed that processes exist to ensure that evaluation staff are impartial, unbiased and avoid any conflicts of interest. Half of survey respondents (50%) disagreed that evaluation skill sets are assessed regularly to identify gaps and corresponding training. A majority (82%) agreed that evaluation methods used reflect recognized evaluation standards.

Exhibit 5. The level of agreement with evaluation activities under the theme of quality (N=12)

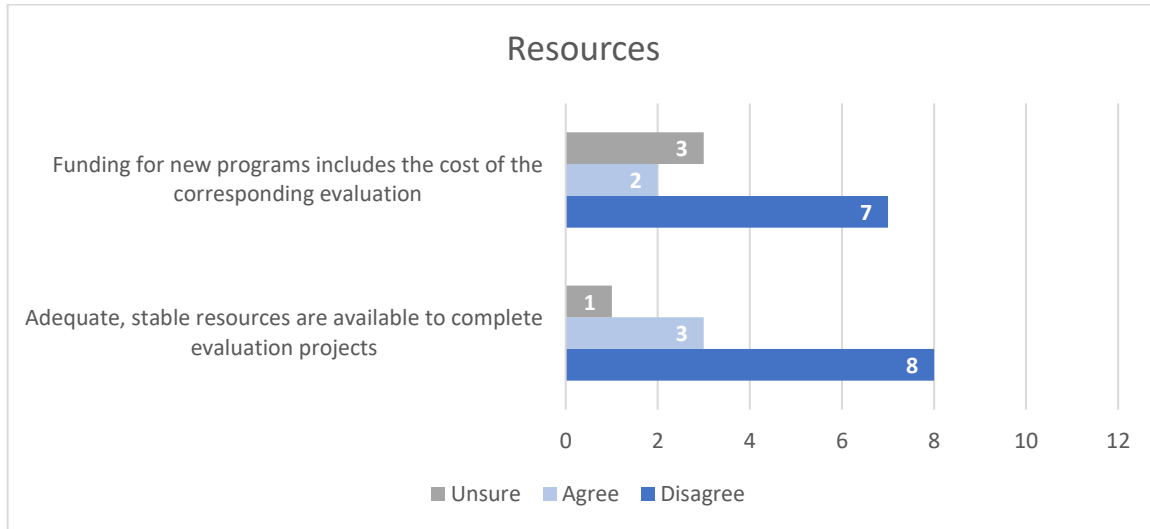


** 11 Responses collected; one missing

Resources

Under the theme of resources ([Exhibit 6](#)), a key finding is that more than half of survey respondents (58%) disagreed that funding for new programs includes the cost of the corresponding evaluation. Also, most (67%) disagreed that adequate, stable resources are available to complete evaluation projects.

Exhibit 6. The level of agreement with evaluation activities under the theme of resources (N=12)



Strategic Planning

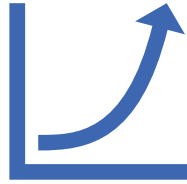
Under the theme of strategic planning ([Exhibit 7](#)), a key finding is that most survey respondents (83%) agreed that there is a clear connection between their Op/Staff Div's evidence building and the HHS Strategic Plan goals and objectives. A majority (75%) agreed that evaluation is used to meet external accountability requirements. Half (50%) disagreed that evaluation is used to make decisions about budgetary allocations.

Exhibit 7. The level of agreement with evaluation activities under the theme of strategic planning (N=12)



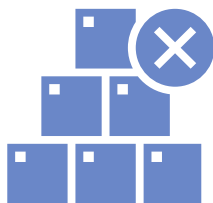
Summary of Evaluation Activity Findings

The capacity assessment survey results identified four factors limiting evaluation activities across HHS' Op/Staff Divs ([Figure 3](#)).



1. The demand for evaluation services extends beyond mandatory requirements.

2. A lack of adequate, stable resources to complete evaluation projects.



3. Insufficient federal staff capacity to conduct evaluations in-house.

4. A lack of funding for evaluations in the budgets for new programs.

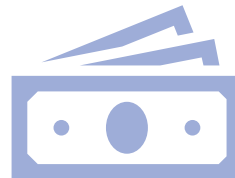


Figure 3. Factors identified by the 2023 HHS Annual Capacity Assessment as limiting evaluation activities.

The capacity survey results also identified eleven factors facilitating evaluation activities across HHS' Op/Staff Divs ([Figure 4](#)).



Figure 4. Factors identified by the 2023 HHS Annual Capacity Assessment as facilitating evaluation activities.

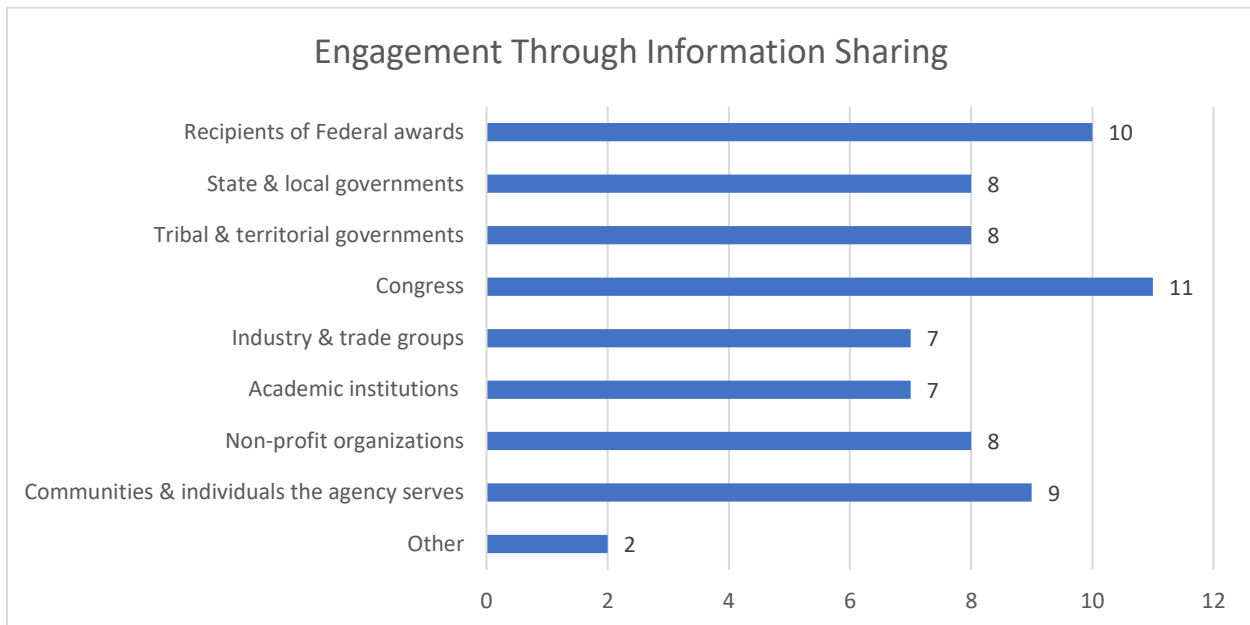
Two survey items elicited a mixed response, the use of evaluation to make decisions about budgetary allocations by Op/Staff Div leadership [50% disagreed, 41% agreed, and 8% were unsure] and the regular assessment of evaluation skill sets to identify gaps and corresponding training (e.g., individual learning plans) [50% disagreed, 25% agreed, and 25% were unsure].

Stakeholder Engagement

The capacity assessment survey also documented Op/Staff Divs' engagement with external stakeholder groups. Op/Staff Divs were asked to indicate all levels at which they engaged with a list of nine external stakeholders on evaluation and evidence building activities. A full accounting of survey responses is available in [Appendix A](#).

Op/Staff Divs engaged with the majority of stakeholders on multiple levels with an average of two levels of engagement per stakeholder. Informing stakeholders about evidence building activities was the most frequent type of external stakeholder engagement reported across HHS Op/Staff Divs.

Exhibit 8. Stakeholders Engaged by HHS Operating and Staff Divisions Through Information Sharing (N=12)



Most stakeholder groups were also engaged at the levels of collaboration and/or listening ([Exhibit 9](#) & [Exhibit 10](#)). The top three stakeholder groups Op/Staff Divs engaged through collaboration were recipients of Federal awards (83%), academic institutions (82%), and non-profit organizations (82%). The top three stakeholder groups Op/Staff Divs engaged through listening were recipients of Federal awards (83%), communities & individuals the agency serves (82%), and tribal and territorial governments (75%). Congress had the lowest level of collaborative (17%) and listening (42%) engagement.

Exhibit 9. Stakeholders Engaged by HHS Operating and Staff Divisions Through Collaboration (N=12)

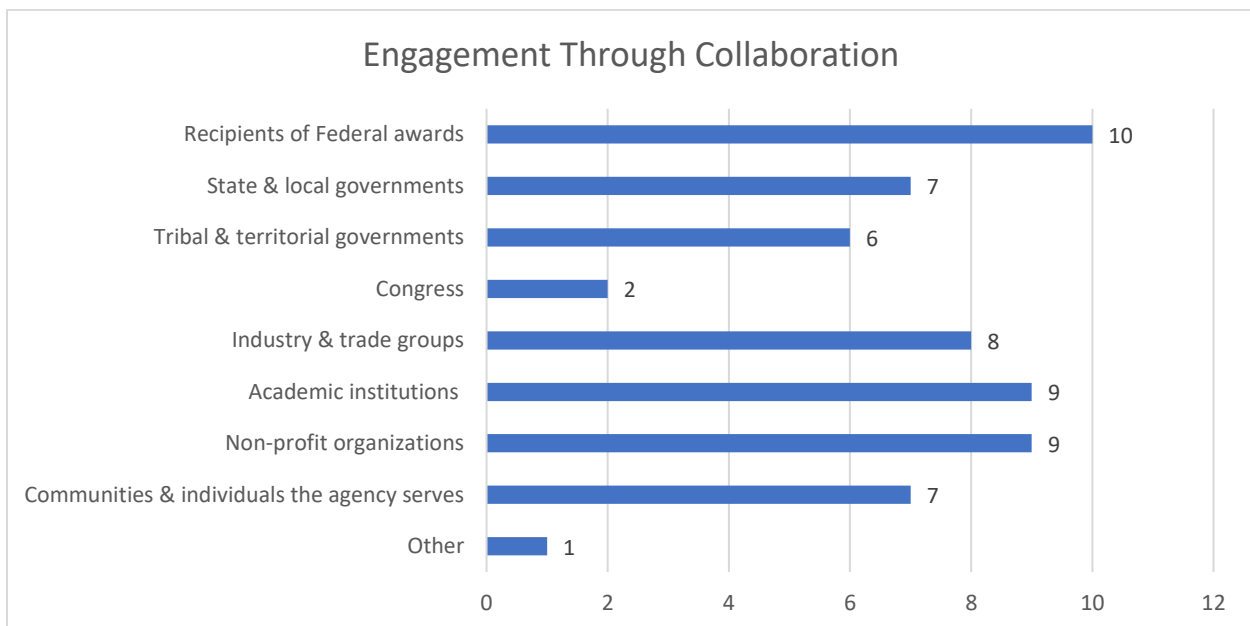
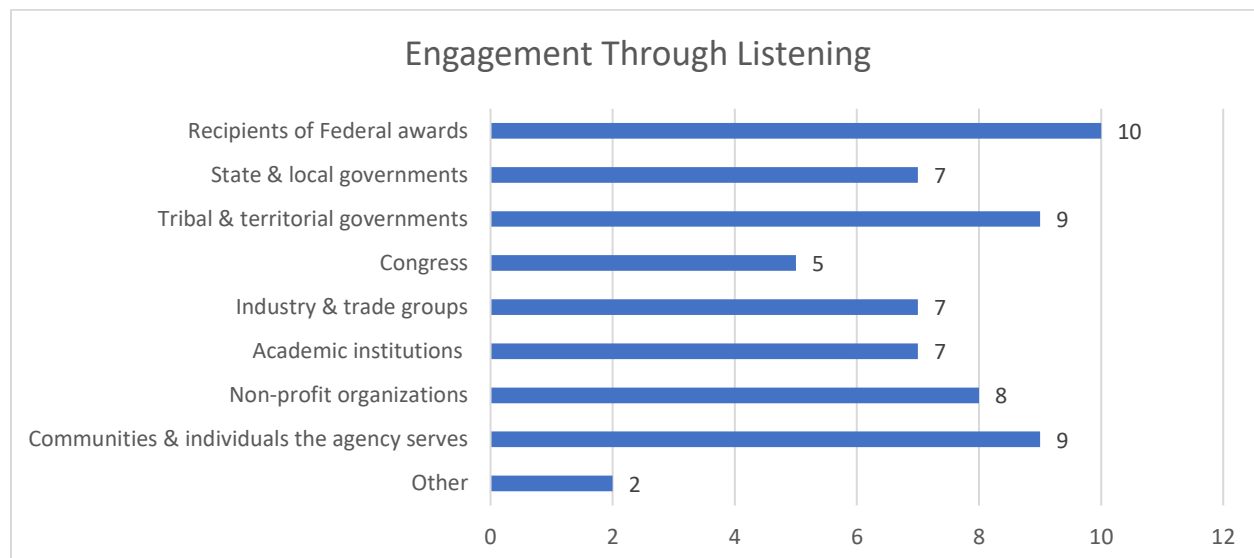


Exhibit 10. Stakeholders Engaged by HHS Operating and Staff Divisions Through Listening (N=12)



HHS Op/Staff Divs also reported engagement with other stakeholder groups. These included internal groups like advisory boards, internal committees and other HHS Op/Staff Divs. Additional engagement was reported with external stakeholders like the Office of Management and Budget (OMB), Office of Inspector General (OIG), U.S. Government Accountability Office (GAO), independent financial auditors, global ministries of health, and international non-governmental organizations (e.g. World Health Organization).

Capacity Building Achievements in FY2022

Op/Staff Divs reported a variety of achievements across multiple domains. Five Op/Staff Divs reported training, both around evaluation methods and specific issues (e.g., equity), as a significant achievement of FY2022. Likewise, four Op/Staff Divs cited their use of evidence and evaluation findings to either inform trainings for programs, for notices of funding opportunities or other program improvement activities.

Collaboration was also a popular theme in FY2022. Op/Staff Divs reported working across offices to strengthen practices and resources related to evaluation. This was especially relevant in the form of creating communities of practice and workgroups, agency-wide Evidence and Evaluation Councils, Research and Rapid-Cycle Evaluation Journal Clubs, Data Communities of Practice, and other such collaborative groups.

“[We] launched a Data Community of Practice for ... staff to share best practices, identify common problems, and support each other around solutions related to data. This community of practice will feature the innovations and experiences of... staff who are working to overcome data challenges (Op/Staff Div submission).”

In addition to creating opportunities for staff to collaborate on evidence-building and evaluation activities; Op/Staff Divs were also busy creating infrastructure to support staff in mapping and finding

information across their varied enterprises. Op/Staff Divs reported creating job aids, working to increase reliable access to administrative data, as well as creating new databases of completed evaluations. Op/Staff Divs also invested in the creation, dissemination and revision of evaluation plans and learning agendas. Finally, Op/Staff Divs reported engaging stakeholders (both within and outside the federal government) at multiple levels in a continued effort to improve and strengthen the Op/Staff Divs' evaluation practices.

Capacity-Related Challenges in FY2022

This section of the survey asked Op/Staff Divs to report on challenges to capacity building. However, most responses focused on challenges resulting from an Op/Staff Div's limited capacity to engage in capacity building activities.

Ten of twelve Op/Staff Divs mentioned issues related to staffing. This included an inadequate number of staff with the appropriate skill set required for evidence-building and evaluation work and the limited ability to conduct this work in-house rather than delegating to contractors. Further, respondents mentioned issues with regular staff turnover, limited opportunities for staff promotion, and the difficulty of attracting and retaining evaluation staff for evaluation and evidence-building positions. The latter issue may be related to a lack of a standard hiring series for program evaluators.

Linked to the staffing issues were discussions of time and availability of staff to work on evidence-building and evaluation activities. Six Op/Staff Divs noted that staff often face "competing priorities" - a term used by several respondents regarding shifting demands for staff time and funding. For staff the tension seemed to be between time for training and upskilling or between programmatic and evidence and evaluation work where there might not be staff solely dedicated to doing standalone evaluative work. Likewise, there is a lack of bandwidth for programmatic staff to dedicate time and energy to doing training around evidence-based work and a need to build "internal data use capacity."

Four Op/Staff Divs mentioned challenges related to funding including difficulties in hiring additional staff, a limited availability of funds for contracting evaluation support, and limited access to faster and larger databases. Other areas Op/Staff Divs reported grappling with were building their evaluation culture and firming up standardization, coordination, and dissemination of evaluation best practices across Op/Staff Divs. Finally, Op/Staff Divs saw a lack of support from leadership as a barrier to evaluation and evidence-building. This challenge presented in several forms such as a lack of funding to accompany Congressional mandates for evaluation activities, to a lack of authority given to evaluation offices to require programs to include evaluations in their notices of funding opportunities.

Challenges

"Personnel – limited staff with evaluation skills and training; lack of standard hiring series for program evaluators (Op/Staff Div submission)."

"Program office staff often have limited ability to attend to evidence-building activities due to competing priorities and unusually high programmatic demands in recent years (Op/Staff Div submission)."

"Lack of adequate funding to independently support evaluation activity; all projects must supply a portion of program dollars to fund evaluations (Op/Staff Div submission)."

"Limited "bandwidth" of leadership to use, act on, and pursue additional strategic and management operations analyses, beyond the required compliance analysis and reporting (Op/Staff Div submission)."

Resource Needs

“A repository of capacity building tools and resources populated by ASPE and the OPDIVs. Examples of items populating the repository include: 1) Fact sheets and presentations; 2) Training plans and educational opportunities; 3) Evaluation projects in development or implementation; 4) Model evaluations; 5) Evaluation best practices and lessons learned (Op/Staff Div submission).”

“Continuing to push [sic] down Evidence / Evaluation concepts through Op/Div leadership; including the value of evidence and how/why the Evidence Act can impact funding (Op/Staff Div submission).”

Resources Needed to Support Capacity Building

When asked about what support they would like from ASPE related to capacity building, six Op/Staff Divs endorsed a need for additional trainings and webinars. Suggested topics training on the particulars of OMB guidance and trainings/webinars to share best or promising practices. Specific ideas for future trainings included:

1. How do other agencies develop and use their learning agendas?
2. Data sharing and knowledge management practices across the HHS enterprise.
3. Different ways to fund evaluations in grants/cooperative agreements/other contract mechanisms.
4. Train-the-trainer activities around the Evidence Act.
5. How to best use evidence findings to inform policy.

Linked to these ideas were suggestions to create a repository of tools (e.g., fact sheets and others) giving the broader HHS E&E community the ability to access and share tools from the E&E Council and other E&E community members. This repository, or library, would benefit everyone engaged in evaluation and evidence building.

A suggestion, mentioned by three separate Op/Staff Divs, was a request for help with staffing and hiring issues. This was mentioned in the context of ASPE championing the development of a standard occupational series for program evaluation, helping to establish position descriptions, and even provide some suggestions of where to recruit for hiring. Another suggestion was for ASPE to establish a pool of evidence and evaluation fellows available to all agencies. Another related topic was an ask for data analysis experts that might be brought in to consult for certain projects on a case-by-case basis. This kind of suggestion was echoed in some other recommendations for help championing partnerships or providing other kinds of technical assistance for discrete matters or to help make connections across the Department to enhance collaboration and coordination. There was also a sense of the importance of the need for leadership to echo the importance of the call for evidence and evaluation and for ASPE to help play that role throughout the HHS enterprise more broadly.

Capacity Building Activities In-process or Planned for FY2023

Looking toward FY2023, Op/Staff Divs are planning to focus primarily on training, creating, or publishing guides and resources related to evidence and evaluation, creating, or maintaining communities of practice or workgroups around evidence building, and addressing staffing and hiring (Figure 5). All proposed activities described in this document are subject to availability of appropriations.



Figure 5. Capacity building activities in process or planned across HHS Operating and Staff Divisions in FY2023.

Nine of the 12 Op/Staff Divs addressed training in their plans for capacity building activities, with one noting an assessment of staffing training needs for better targeted staffing training options. Training comments primarily focused on evaluation training opportunities both within HHS and beyond and looking not only at methodological trainings in evidence and evaluation, but also theoretical approaches.

Guides, frameworks, and strategies were mentioned explicitly by six Op/Staff Divs as resources being created or promoted to help standardize or maintain the quality of evidence-building and evaluation practices across the enterprise. In this same vein, six Op/Staff Divs have communities of practice or workgroups to advise around topic areas such as data quality, data sharing, data governance, performance management, continuous process improvement, and data strategies.

Four of the 12 Op/Staff Divs pointed to hiring and staffing as an area they would be focusing on in 2023. This was mentioned in terms of hiring, backfilling for existing vacancies, as well as working in collaboration with other Op/Staff Divs to bring in fellows in partnership with other agencies.

Evaluation Functions Interviews

ASPE convened an Evaluation Functions Workgroup from the E&E Council and this workgroup worked together over several months to draft questions based on the four evaluation activities defined in the OMB memorandum 19-23⁵ (policy analysis, program evaluation, foundational fact finding, and performance measurements).

Guiding Definitions for Evidence Activities⁶:

- **Policy Analysis:** Analysis of data, such as general-purpose survey or program-specific data, to generate and inform policy, e.g., estimating regulatory impacts and other relevant effects
- **Program Evaluation:** Systematic analysis of a program, policy, organization, or component of these to assess effectiveness and efficiency
- **Foundational Fact Finding:** Foundational research and analysis such as aggregate indicators, exploratory studies, descriptive statistics, and basic research
- **Performance Measurement:** Ongoing, systematic tracking of information relevant to policies, strategies, programs, projects, goals/objectives, and/or activities

Interviews were conducted over the late summer and early fall of 2022 and broadly focused on the following areas: office structure, funding, staffing and coordination, structural barriers and facilitators, and use of findings and results.

The Evaluation Functions Workgroup was most interested in understanding how evaluation and evidence-building activities are structured, funded, organized, and coordinated within the different HHS Op/Staff Divs. The idea being that with a better understanding of how these activities are managed and function within agencies and organizations there can be a better sense of how to support evaluation and evidence-building writ large across the HHS enterprise.

Findings from the interviews represent 10 Op/Staff Divs and are presented in aggregate across a variety of themes.

Evaluation Activities

Most HHS Op/Staff Divs reported that they were focused on program evaluation and performance measurement. Although some do participate in foundational fact finding as part of their mission and daily work and many use policy analysis to inform budgeting decisions; all Op/Staff Divs reporting participating regularly in program evaluation and performance measurement.

Structure of Agencies and Evaluation Functions

All but two of the Op/Staff Divs that participated in these interviews reported having a decentralized structure and relying upon individual centers, institutes, bureaus, or offices to conduct evaluations, often at the program level. While many Op/Staff Divs have an office dedicated to evaluation, the evaluation offices do not appear to always coordinate evaluation activities across their Op/Staff Divs or enforce standards. The evaluation offices have taken on other roles to support evaluation, inclusive of providing training, technical assistance, conducting capacity assessments, and serving as subject matter experts on evaluations conducted by program staff.

⁵ <https://www.whitehouse.gov/wp-content/uploads/2019/07/M-19-23.pdf> - Appendix A: Components of Evidence

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To this end, many Op/Staff Divs have worked to convene ad-hoc working groups around evaluation to build a stronger evaluation culture within their Op/Staff Div to move away from the idea that evaluation is simply a “check the box” activity. Many Op/Staff Divs are increasingly building evaluation requirements into notices of funding opportunity. However, some still struggle to standardize evaluation activities, methodologies, measures, or reporting due to the decentralization of evaluation activities, which can lead to differing evaluation standards and priorities across an agency. Further complicating these issues can be a lack of full-time evaluation staff. Many staff that do evaluation are not primarily evaluators and thus have other work priorities that may take precedent.

Funding for Evaluation Building Activities

Most of the agencies interviewed reported not having specific funding dedicated for evaluation activities. All the Op/Staff Divs except for one reported that their funding is tied to specific programs or offices/centers that decide how funding is appropriated.

All agencies reported being beholden to funding that is tied to legislative priorities and all agencies felt that there was insufficient funding to complete evidence building activities, particularly in comparison with the amount of funding that is appropriated for service delivery activities. However, agencies noted working with program offices to include funding for evaluation activities in their notices of funding opportunities as well as for other evaluation activities at the program levels.

Staffing and Coordination

When it comes to staffing and coordination of evidence building activities many Op/Staff Divs report having a limited number of staff for evaluation activities. Multiple reported that their evaluation-focused staff spent a lot of their time on reporting requirements mandated by Congress and accountability work, and across the board it was noted that the spending cuts and staff vacancies have made it difficult to fill out the evaluation and evidence-building roles. Moreover, many times the evidence and evaluation roles are part of other jobs and are not standalone positions, which can make it hard to recruit staff with the needed evidence and evaluation competencies. In fact, some Op/Staff Divs noted that it would be helpful to work with other agencies to have a list of evaluation and evidence-building core competencies for hiring and training to ensure that the right people are being brought in and onboarded correctly.

Many agencies do not have the capacity to conduct evaluations themselves due to lacking full-time evaluation staff or capacity. Therefore, agencies must rely upon contractors to conduct evaluations. The use of contractors varies across programs and offices and within agencies and across; but often means that in today’s government evaluation landscape, evaluators must have contract officer representative (COR) certification. This is significant in that it is yet another set of competencies that are needed for an already strained labor force.

Building a Culture of Evidence-Building

Public policies promoting evaluation and evidence building, especially the [Evidence Act](#) and the [Government Performance and Results Act \(GPRA\) of 1993](#) and the [Government Performance and Results Modernization Act \(GPRAMA\) of 2010](#), are external motivating factors for most agencies as is Congressional interest in evaluation findings. The internal culture of many federal agencies also drives evaluation work if they see evaluation as helping them achieve their mission and as part of their continuous quality improvement activities. Many of the same themes arose as opportunities for enduring growth as HHS continues to invest in its culture of evidence building. Building a culture of evaluation and evidence-building depends on several inter-related factors that came out of the

interviews: standardization, organizational support, funding, staffing, burden, trust, dissemination, and ethical considerations.



Standardization

There are several opportunities to strengthen the evidence-building already happening around HHS. Some of these revolve around standardization as it relates to evidence-building language and definitions, ensuring that Op/Staff Divs are using methods and approaches in similar ways within an Op/Staff Div. In this way Op/Staff Divs aim for greater interoperability in evidence-building while still maintaining opportunities for methodological growth and innovation.



Organizational Support

Other practices favorable for evidence-building are being able to engage the right people to build a culture of evaluation throughout an organization. For many Op/Staff Divs, this means being able to engage with Op/Staff Div leadership and demonstrating the value of evaluation for their organization. Importantly, building a culture of evaluation and evidence-building within an Op/Staff Div involves not only leadership, but also building trust and credibility across and throughout an Op/Staff Div.



Funding

An important step in helping to create a culture of evaluation is to ensure that there is an adequate funding stream to conduct evaluations. Few Op/Staff Divs reported having dedicated funding for evaluations and pointed to the challenge they face in developing rigorous, multi-year evaluations without dedicated funding sources. Some have suggested the idea of an HHS funding pool specifically set aside to support evaluation activities for the Department to address this issue and ensure appropriate financial resources for evidence-building needs.



Staffing

Another area of potential opportunity is evidence and evaluation staffing. Across the Department there are few staff dedicated solely to the practice of evaluation. Therefore, many evaluative and evidence-based activities occur in pockets throughout Op/Staff Divs that might not be as coordinated as they could be. Many evaluation staff fill several roles, and evaluation is but another one on top of many. Having more staff dedicated solely to evidence-building activities could help better position HHS to tackle the growing needs faced around managing, analyzing, and disseminating the data the Department generates.



Burden and Use

Building a culture of evaluation needs to be both from the top down and from the bottom up. Grantees, programs, and project officers' fears of evaluations can be a barrier if they see it as a potential threat that may result in reduced funding. Reporting burden for grantees and program staff can also be a hindrance with complying with requirements for evidence-building and evaluations. Those participating in evaluation and evidence-building should be able to see the benefit of the activities and results should be helpful, relevant, and timely.



Dissemination

Helping to build a sense of trust around evaluation means disseminating findings and getting evaluation and evidence-building results into people's hands. This means publishing the findings as rapidly as possible so that program managers, evaluation participants, policymakers, and

others can make use of the findings. It may also mean making the findings available through peer-reviewed publications.



Ethical Considerations

Further, building the sense of the trust in evaluation and helping to establish a stronger culture of evidence-building means ensuring that all populations, especially small and specialized populations, have their unique interests considered. This may be related to data sovereignty, privacy issues, or cultural considerations. In engaging in this work, HHS ensures a more equitable approach to evaluation and evidence-building.

Concluding Thoughts

In this FY2023 Capacity Assessment Update, HHS has been able to note areas where the Department continues to thrive, such as collaboration and coordination – particularly around evaluation and evidence building efforts both with internal and external stakeholders. Further, HHS continues to do a good job tying evidence building to the HHS Strategic Plan goals and objectives, using recognized evaluation standards (as laid out in M-20-12), and ensuring that evaluation staff are impartial, unbiased and avoid conflicts of interest. HHS is making robust use of evaluation across the enterprise and there is a demand for evaluation services. However, there is a gap when it comes to staff capacity to do the work that is being requested.

Most Op/Staff Divs reported that they do not have the in-house staff to conduct the needed evaluations or evidence-building work. There is a general need for greater infrastructural investment in staffing, training, and evaluation work to support the HHS enterprise in meeting its full potential. The HHS Op/Staff Divs continue to work very hard at producing evidence through evaluation and other means; but they also struggle to build the evidence-based culture that is needed for their work to truly thrive. A lack of dedicated funding streams, fragmented staffing, limited training opportunities, competing work priorities all create a less than optimal environment in which to spend time mindfully mapping out evidence-building and annual evaluation plans. And there appears to be a disconnect for some Op/Staff Divs about the support of leadership when it comes to the importance of evidence-based activities. This signals a stronger role for HHS leadership to prioritize the role of evidence building and evaluation within the Op/Staff Divs and the need for staff and funding to ensure that this work is appropriately supported.

The Evidence Act serves as an impetus for the federal government to better invest its money through improved management, oversight, and linkage of data. The capacity assessment provides an opportunity to help ensure that the Evidence Act is more than a compliance exercise and is an iterative activity to check in on where there may be gaps that can be addressed as HHS works collaboratively to ensure meaningful growth.

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Appendix A

Exhibit A-1. Barriers and Facilitators of Evaluation Activities Across HHS Operating and Staff Divisions (N=12)

Statement	The level of AGREEMENT or DISAGREEMENT					
	Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure	Missing
Adequate, stable resources are available to complete evaluation projects	N 1	7	2	1	1	0
	% 8%	58%	17%	8%	8%	-
Demand for evaluation services extends beyond mandatory requirements (e.g., statutory requirements)	N 0	2	8	2	0	0
	% -	17%	67%	17%	-	-
Evaluation is used by the agency to learn about program functioning	N 0	1	10	1	0	0
	% -	8%	83%	8%	-	-
Evaluation is used to make decisions about budgetary allocations	N 1	5	4	1	1	0
	% 8%	42%	33%	8%	8%	-
Evaluation is used to meet external accountability requirements	N 0	3	7	2	0	0
	% -	25%	58%	17%	-	-
Evaluation recommendations are implemented in a timely manner	N 2	3	7	0	0	0
	% 17%	25%	58%	-	-	-
Evaluation reports are regularly made public outside of the organization	N 0	5	5	2	0	0
	% -	42%	42%	17%	-	-
Evaluation skill sets are assessed regularly to identify gaps and corresponding training (e.g. individual learning plans)	N 0	6	3	0	3	0
	% -	50%	25%	-	25%	-
Evaluation unit has the capacity to conduct evaluations in-house	N 0	8	3	0	1	0
	% -	67%	25%	-	8%	-
Evaluation staff are consulted on/involved in the development of performance measurement frameworks and systems	N 0	2	7	3	0	0
	% -	17%	58%	25%	-	-
Formal or informal processes to share lessons learned during evaluations are in place and involve the entire organization (e.g., seminars, brown-bag lunch sessions, brochures, etc.)	N 0	5	4	3	0	0
	% -	42%	33%	25%	-	-
Funding for new programs includes the cost of the corresponding evaluation	N 2	5	2	0	3	0
	% 17%	42%	17%	-	25%	-
Processes exist to ensure that evaluation staff are impartial, unbiased and avoid any conflicts of interest	N 1	2	6	2	1	0
	% 8%	17%	50%	17%	8%	-
Program managers and/or staff routinely consult evaluators on matters related to evaluation	N 0	4	4	4	0	0
	% -	33%	33%	33%	-	-
Evaluation methods used reflect recognized evaluation standards (e.g., OMB Standards in M-20-12)	N 0	1	6	3	1	1
	% -	8%	50%	25%	8%	8%
Our organization has advisory committees or other appropriate mechanisms to inform and involve external stakeholders in evaluation and other evidence building efforts	N 0	3	6	3	0	0
	% -	25%	50%	25%	-	-
There is a clear connection between OP/Staff Div Evidence Building and the HHS Strategic Plan goals and objectives	N 1	1	9	1	0	0
	% 8%	8%	75%	8%	-	-

Exhibit A-2. HHS Operating and Staff Division Level of Engagement with Stakeholder Groups (N=12)

Stakeholder Group	Levels of Engagement														
	We collaborate with them on planning, implementing, or disseminating evidence			We listen to them (e.g., listening sessions)			We keep them informed about our evidence building activities			We do not engage with them regarding evidence-building			Unsure		
	N	%	Missing	N	%	Missing	N	%	Missing	N	%	Missing	N	%	Missing
Recipients of Federal awards	10	83%	0	10	83%	0	10	83%	0	1	8%	0	0	0%	4
State & local governments	7	64%	1	7	64%	1	8	73%	1	2	18%	1	0	0%	5
Tribal & territorial governments	6	50%	0	9	75%	0	8	67%	0	2	17%	0	0	0%	4
Congress	2	17%	0	5	42%	0	11	92%	0	0	0%	0	1	13%	4
Industry & trade groups	8	67%	0	7	58%	0	7	58%	0	2	17%	0	0	0%	4
Academic institutions	9	82%	1	7	64%	1	7	64%	1	0	0%	1	1	14%	5
Non-profit organizations	9	82%	1	8	73%	1	8	73%	1	1	9%	1	0	0%	5
Communities & individuals the agency serves	7	64%	1	9	82%	1	9	82%	1	0	0%	1	0	0%	5
Other	1	8%	0	2	17%	0	2	17%	0	8	67%	0	1	13%	4