



2024 CAPACITY ASSESSMENT CHECK IN

Table of Contents

About This Report	3
Letter From the Evaluation Officer	4
Introduction	5
Methodology.....	5
Survey Results	5
Capacity Building Training Materials and Topics	6
Learning Style Preference	8
Experience with HHS Evidence-Building and Evaluation Activities.....	9
Findings	11
Next Steps	11
Appendix A.....	12

About This Report

The *FY2024 Capacity Assessment Check In* 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 the need for training to enhance staff capacity for evidence-building work, staff learning style preferences, and staff participation in evidence-building activities at the department and sub-department level.

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Office of Science and Data Policy
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ACKNOWLEDGEMENTS

Special thanks to all HHS staff who participated in the survey.

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-building 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](#).

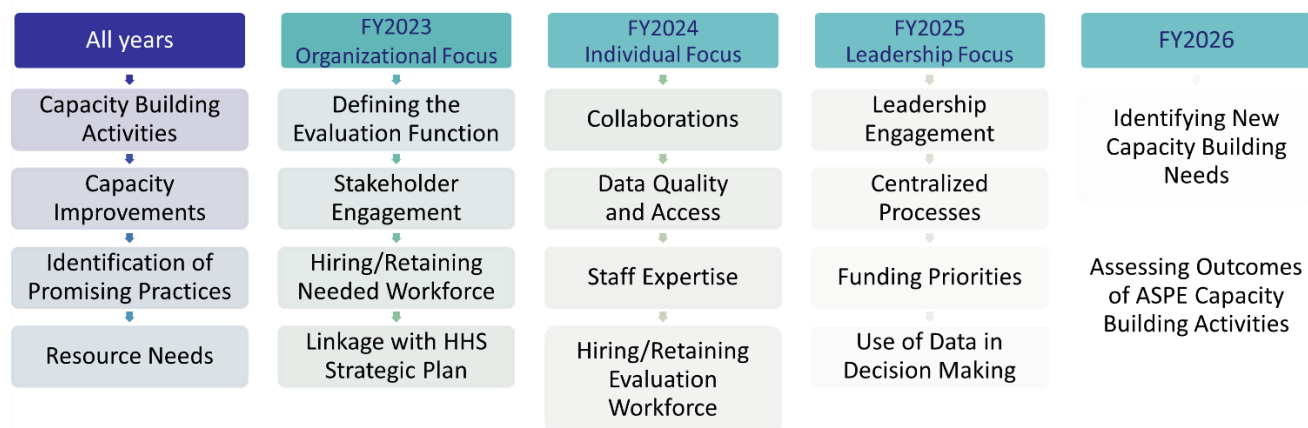
The initial [FY2023-2026 HHS Capacity Assessment](#) highlighted HHS' strengths and challenges regarding building evidence needed for sound programmatic and policy decision-making. In response HHS developed a multiyear approach for addressing the primary capacity building needs identified through that initial assessment ([Figure 1](#)). HHS has revisited our capacity assessment annually and the [FY2023 Capacity Assessment Update](#), had an organizational focus and identified areas where the Department continued to thrive, such as collaboration and coordination as well as appropriate use of evaluation across the enterprise.

This *FY2024 Check In* focuses on individual level capacity building needs with a focus on training in particular and the *FY2025 Check In* will focus on leadership capacity to support and use evidence.



Susan Jenkins, PhD
HHS Evaluation Officer
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Figure 1: Multi-Year Approach for Assessing HHS Evidence-Building Capacity



Introduction

The [Foundations for Evidence-Based Policymaking Act of 2018](#) (Evidence Act) requires federal agencies to assess their capacity for evidence-building on a quadrennial basis as a part of the development of their strategic plan. The Office of Management and Budget (OMB), through [Circular A-11](#), has encouraged agencies to review and update their Capacity Assessments as needed. The *FY2024 Capacity Check In* 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](#) and the [FY 2023 HHS Capacity Assessment Update](#).

While the FY2023 HHS Capacity Assessment Update focused on organizational capacity to conduct program evaluations, the *FY2024 Capacity Check In* focuses specifically on staff need for training related to evidence-building. This report explores proposed evidence-building focused training materials and workshop topics and their usefulness to different staff roles, reports on staff learning style preferences, and measures staff participation in evidence-building activities at the department and sub-department level.

Methodology

The HHS Evaluation Officer, within the Office of the Assistant Secretary for Planning and Evaluation (ASPE), led the *FY2024 Capacity Assessment Check In* effort in partnership with the HHS Evidence & Evaluation Policy Council (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. The E&E Council membership includes the Evaluation Liaisons for all HHS Operating Divisions and several Staff Divisions (StaffDiv)

ASPE collected capacity assessment data from HHS staff through a web-based survey via Microsoft Forms. The survey sought to assess staff interest in evidence-building training topics, preferences for training delivery, and staff participation in activities related to Evidence Act Title I deliverables. The survey questions, response options, and results are discussed in detail in the next section.

All data were collected anonymously, no personally identifiable information (e.g., names, email addresses, IP addresses, etc.) were gathered from or about survey respondents. Survey respondents had the option to report general demographic data related to their HHS division and their primary and secondary work roles. These data were used to help ASPE monitor survey uptake during the response period and organize data for analysis once the response period concluded.

The survey was distributed to HHS staff via the listservs for the E&E Council, HHS Data Council, Enterprise Risk Management (ERM) Council, Performance Officers Council, and HHS Data Governance Board. The Evaluation Liaisons also helped disseminate the survey to staff engaged in evidence-building activities within their division. A follow-up reminder to complete the survey was emailed one-week post the initial invitation and on the last day of the survey period.

Survey Results

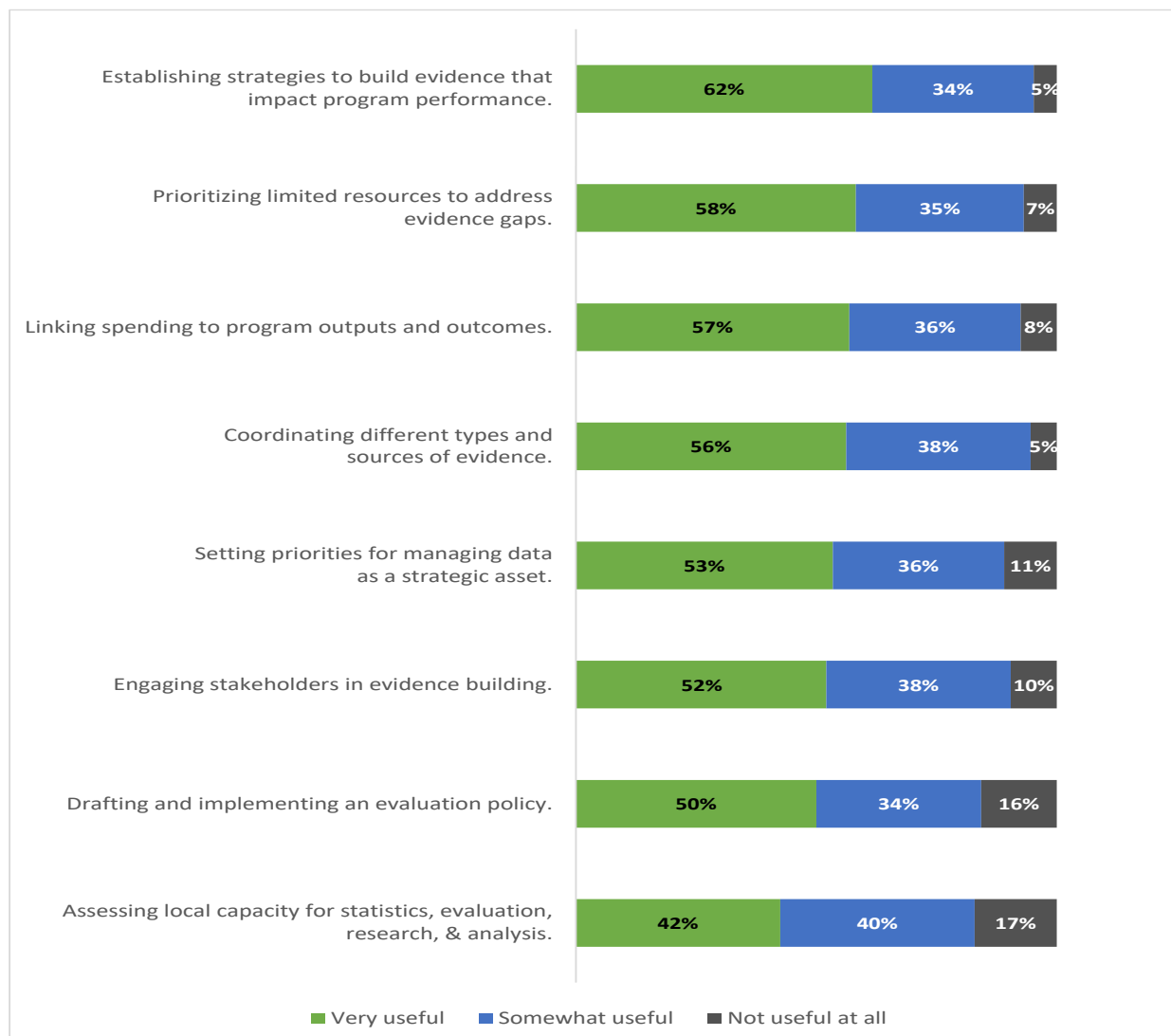
The survey response period ran for two weeks in early November 2023. ASPE received 146 responses which represent staff from all twelve operating divisions and several staff divisions. Primary work roles

self-reported by survey respondents include program evaluators (25%), program staff (16%), management (11%), research staff (10%), and data scientists (7%). In addition to their primary role, survey respondents also reported participating in additional activities including strategic planning (40%), performance monitoring (34%), policy analysis (16%), and data governance (14%). Findings from the survey are presented here in aggregate.

Capacity Building Training Materials and Topics

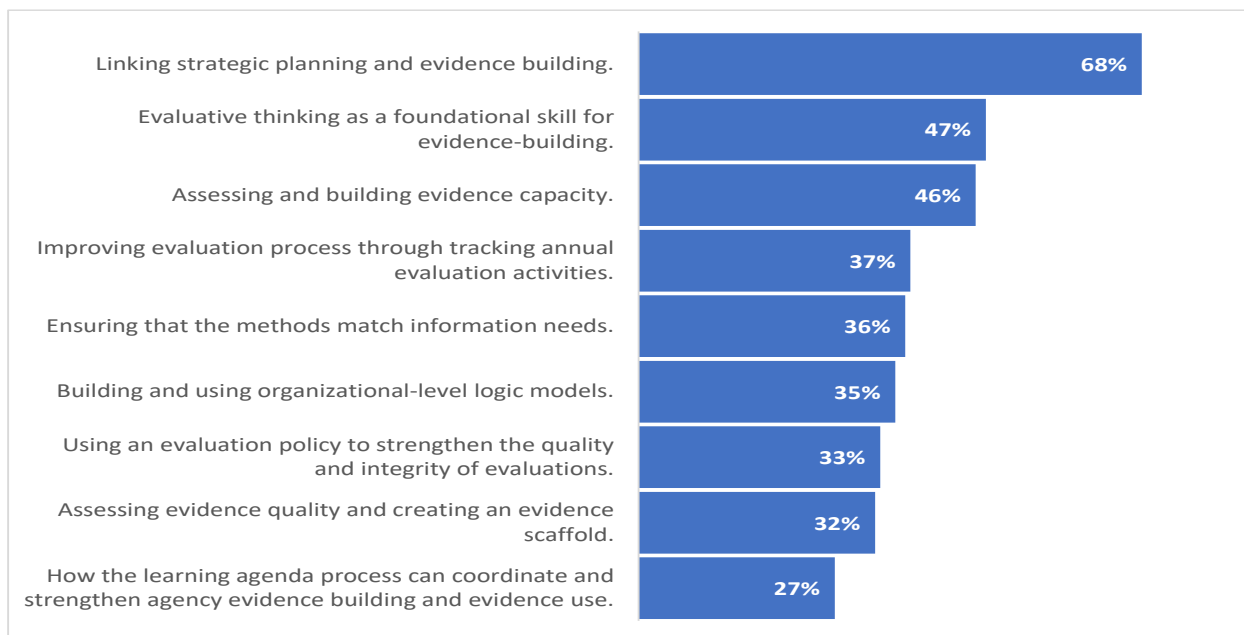
Survey respondents were asked to rate how useful [very useful, somewhat useful, or not at all useful] would training materials or opportunities to consult with ASPE on eight evidence-building skills be to their current role ([Exhibit 1](#)). Training materials or consultation were rated by most survey respondents as very useful (avg. 54%) or somewhat useful (avg. 36%) for all eight evidence-building skills. The evidence-building skills receiving the most “very useful” ratings were 1) establishing strategies to build evidence that impact program performance (62%), 2) prioritizing limited resources to address evidence gaps (58%), and 3) linking spending to program outputs and outcomes (57%).

Exhibit 1. The usefulness of training materials or ASPE consults for specific evidence-building skills to respondent’s current role (N=146)



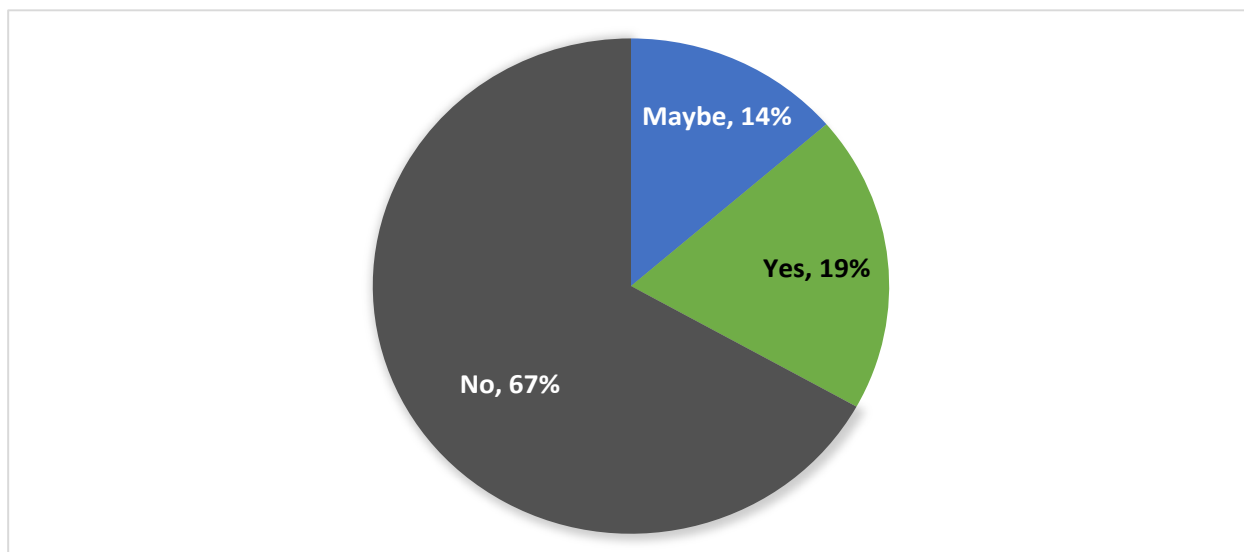
Respondents were given a list of nine proposed workshop topics and asked to choose up to four that they would be most likely to attend ([Exhibit 2](#)). The four workshop topics with the highest number of responses were, 1) linking strategic planning and evidence-building (68%), 2) evaluative thinking as a foundational skill for evidence-building (47%), 3) assessing and building evidence capacity (46%), and 4) improving evaluation processes through tracking annual evaluation activities (37%).

Exhibit 2. Capacity building workshops respondents are likely to attend (N=146)



Respondents also had the option to indicate whether they attended an ASPE sponsored capacity building training in FY2022 or FY2023 ([Exhibit 3](#)). The majority (67%) of respondents did not attend an ASPE sponsored capacity building training within the past two fiscal years, one-fifth of respondents (19%) had attended, and about one-sixth (14%) were unsure. It should be noted that the training materials are available to HHS staff on an HHS intranet site that staff may access at any time.

Exhibit 3. Respondent attendance at an ASPE sponsored capacity building training (N=139)



Learning Style Preference

The survey also included an opportunity for ASPE to learn about HHS staff preferences regarding training delivery style ([Exhibit 4](#)). Survey respondents ranked the five presentation styles listed below from highest preference [1] to lowest preference [5].



Hands-on workshop: Invited expert leads a structured workshop where participants complete hands-on solo OR small group activities related to the Evidence Act. Session objective = knowledge application.



Lecture: Invited expert speaks on a topic related to the Evidence Act followed by a Q&A with the audience. Session objective = knowledge generation.



Office hours: Unstructured 60-minute session where participants consult with an expert on specific Op/Staff Div. level questions and/or projects related to the Evidence Act. Session objective = technical assistance.



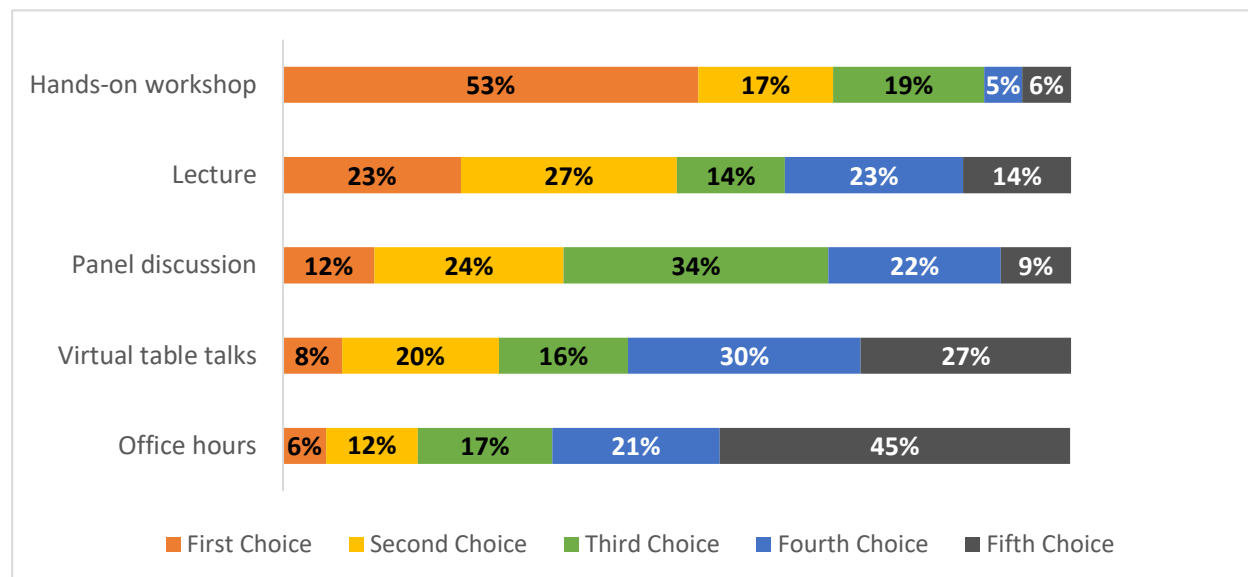
Panel discussion: Invited expert practitioners and stakeholders from across government discuss issues related to the Evidence Act, highlighting best practices and examples from the field. The audience may be invited to submit questions to the speakers before or during the discussion. Session objective = knowledge generation and/or resource sharing.



Virtual table talks: Attendees put into small groups with peers. Discussion led by with an expert facilitator focusing on sharing and learning from other small group members. Session objective = knowledge generation, networking, and/or resource sharing.

In the final tally, hands-on workshops received the most (53%) first preference rankings from survey respondents while office hours received the fewest first preference votes (6%).

Exhibit 4. Rank order preference of workshop presentation modes (N=146)



This section of the survey also included two open-ended questions. The first question invited respondents to share additional presentation modes for ASPE to consider while planning future trainings. Themes from these responses included, 1) asynchronous learning and training opportunities, 2) multi-day workshops and/or courses, 3) coaching and mentoring opportunities, and 4) tiered courses leading to “certifications” for various evaluation and evidence-building skills.

On-demand/asynchronous training was one of the more popular requests with respondents noting the importance of being able to participate in training opportunities on their schedule and at their own pace. A significant number of respondents also requested some form of hands-on learning including workshops and other exercises focused on doing homework, getting feedback, using case studies, and receiving mentoring. These respondents expressed a strong preference for training that would allow them to gain and apply tools directly their job deliverables in evidence-building and evaluation. Other suggestions highlighted the importance of creating trainings that meet participants where they are according to ability and need.

The second open-response question invited respondents to share additional ideas for ASPE to consider when planning capacity-building trainings. Themes from these responses included, 1) always offering a virtual option with each training so remote staff may participate, 2) offering trainings that appeal to all levels of evaluators – early to expert, 3) avoiding solely theoretical discussions and providing cases, real-world examples, and existing tools whenever possible, 4) using plain language in all workshop materials and discussions, and 5) posting recordings of each training in a location that is easy for all staff to access.

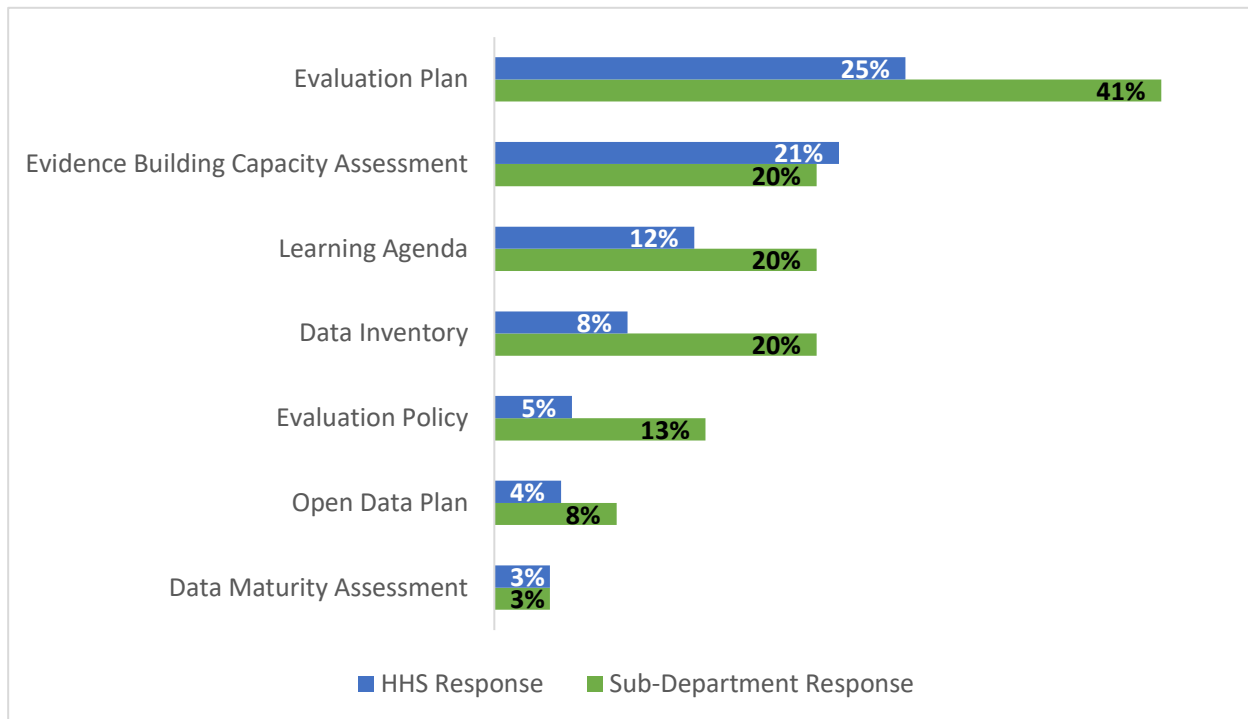
Regarding levels of evaluators, respondents identified a current gap in providing information to the “evaluation adjacent”. They also emphasized a need to help staff and leadership not directly involved in evaluation become more adept at understanding, and being accountable to, evaluation and its benefits. Some respondents also requested agency-specific trainings, or trainings that build upon each other as part of a structured curriculum.

[Experience with HHS Evidence-Building and Evaluation Activities](#)

In this section of the survey, respondents shared information about their involvement with evaluation and evidence-building activities at HHS. Survey respondents reported experience contributing to the HHS deliverables required under the Evidence Actor sub-department level (e.g., Op/Staff Div, branch, unit, office, or project) evidence-building and evaluation activities ([Exhibit 5](#)).

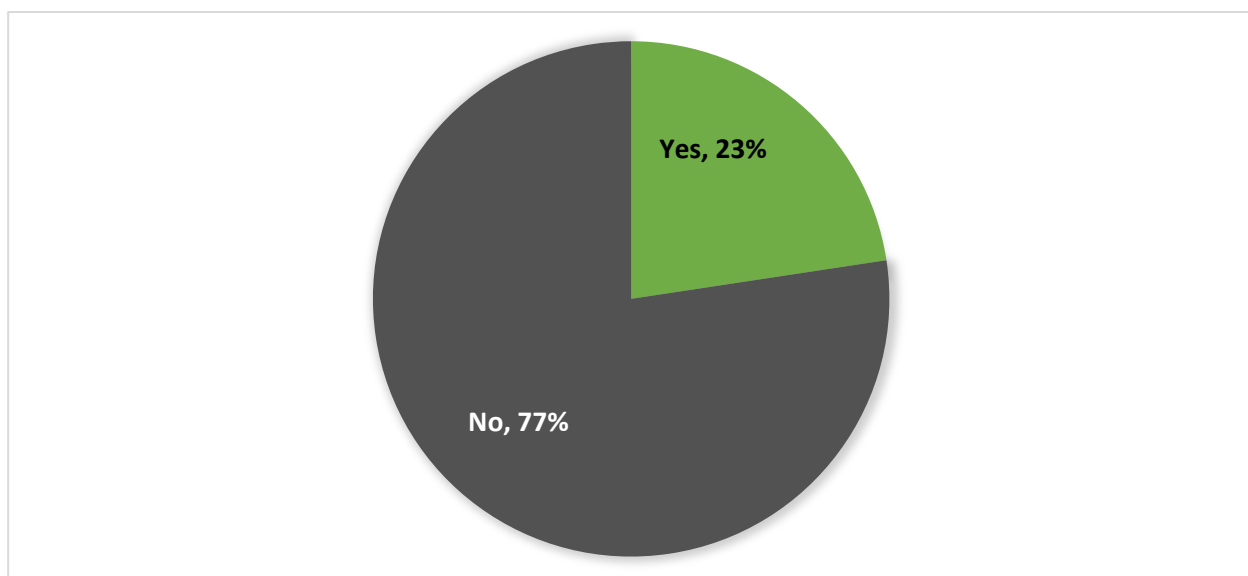
At the level of the HHS response, the activity with the most respondent engagement was the [HHS Evaluation Plan](#) (25%) while data maturity assessments had the lowest respondent engagement (3%). At the sub-department level, the activity with the most respondent engagement was evaluation plans (41%) while data maturity assessments had the least respondent engagement (3%). In part these data reflect that the primary audience for the survey was members of the HHS Evidence and Evaluation Policy Council. In future years the ASPE team will explore additional outreach to broaden the respondent population.

Exhibit 5. Survey respondents with experience contributing to HHS level and Sub-Department (e.g., Op/Staff Div, branch, office, etc.) level evidence-building and evaluation activities (N=146)



The final question asked respondents about their participation in an Op/Staff Div level data governance body ([Exhibit 6](#)). The number of respondents who are not part of an Op/Staff Div level data governance body is much higher than respondents who do participate (77% vs 23%).

Exhibit 6. Respondent participation in an Op/Staff Div level data governance body (N=146)



Findings

The main takeaways from this survey are:

- 1 Most survey respondents would find training materials or opportunities to consult with ASPE on evidence-building skills useful to their current role.
- 2 Survey respondents indicated is a strong preference for active learning opportunities over passive learning. Some respondents are also seeking opportunities for scaffolded learning with multiple sessions on a topic or series of related trainings that build upon each other.
- 3 Capacity building trainings are most useful when they avoid solely theoretical discussions and instead, feature practical skills and actionable tools that attendees can apply to job duties involving evidence-building and evaluation.
- 4 ASPE should offer a variety of trainings and materials that increase the capacity of both 1) evaluation staff across the different stages of skill development and 2) staff adjacent to evidence-building and evaluation work. Plain language should be used for all trainings and materials to facilitate the understanding of all attendees.
- 5 Capacity building trainings need to be accessible. ASPE should continue offering virtual participation options for remote staff and consider future asynchronous self-paced training opportunities. ASPE must also work to increase staff awareness of the intranet site where training materials and recordings are posted and accessible on-demand to HHS staff.

Next Steps

ASPE appreciates the feedback and suggestions shared by the HHS Evidence-Building and Evaluation community. The next step is to use the information from this survey to develop the next cycle of capacity building workshops. ASPE's goal is to offer multiple capacity building training opportunities for a variety of audiences over the next 18-months. ASPE will partner with the HHS E&E Council and the Op/Staff Div Evaluation Liaisons to develop additional learning materials and consultation opportunities for staff both involved in and adjacent to evidence-building and evaluation work at HHS. ASPE will also work to identify opportunities to bring together staff that work on evidence-building and evaluation with those that work on HHS data governance.

Appendix A

FY2024 HHS Capacity Check In Survey Tool

Introduction:

ASPE invites all HHS staff to tell us what training and materials would assist you in increasing your Op/Staff Div's capacity to perform evidence-building and evaluation activities. Your input will help ASPE to organize the 2024 HHS Evidence and Evaluation Capacity Building Training Series.

Your answers are anonymous. This survey should take approximately 5-7 minutes of your time. Please share this survey with other staff in your Op/Staff Div.

The survey will remain open until 5pm (ET) on Wed., Nov. 29th.

Questions? Contact Kristen Hudgins at evaluation@hhs.gov.

Thank you for your participation!

*Required question

I. Capacity Building Training Materials & Topics

In response to feedback from the HHS evidence building community, training in FY 2024 will focus on understanding the Evidence Act requirements, what they mean for HHS and how they can benefit the work that you do.

Please tell us what you would like to see ASPE organize in terms of developing training materials and capacity building workshops.

1. ASPE is considering offering consultations or developing training materials for the evidence building skills listed below. For each topic, please indicate how useful such support would be for you in your current role. *

[Answer type: Likert scale, 1-3]

	Not at all useful (1)	Somewhat useful (2)	Very useful (3)
Linking spending to program outputs and outcomes.			
Coordinating different types and sources of evidence.			
Engaging stakeholders in evidence building.			
Setting priorities for managing data as a strategic asset.			
Assessing local (e.g., division, office, branch, etc.) capacity for statistics, evaluation, research, and analysis.			
Establishing strategies to build evidence that impact program performance.			
Prioritizing limited resources to address evidence gaps.			
Drafting and implementing an evaluation policy.			

2. Which of the following training workshops would you be most likely to attend? Pick up to four topics from the list below. *

[Answer type: Multiple choice, pick-up to four]

- Ensuring that the methods match information needs.
- Assessing evidence quality and creating an evidence scaffold.
- Using an evaluation policy to strengthen the quality and integrity of evaluations.
- Assessing and building evidence capacity.
- How the learning agenda process can coordinate and strengthen agency evidence building and evidence use.
- Improving evaluation process through tracking annual evaluation activities.
- Linking strategic planning and evidence building.
- Building and using organizational-level logic models.
- Evaluative thinking as a foundational skill for evidence-building.

II Learning Style Preference

3. Which types of presentation modes would you like to see used during capacity training workshops? Rank the presentation modes below with 1 = your highest preference and 5 = your lowest preference. *

[Answer type: Rank order, 1-5]

- **Hands-on workshop:** Invited expert leads a structured workshop where participants complete hands-on solo OR small group activities related to the Evidence Act. Session objective = knowledge application.
- **Lecture:** Invited expert speaks on a topic related to the Evidence Act followed by a Q&A with the audience. Session objective = knowledge generation.
- **Office hours:** Unstructured 60-minute session where participants consult with an expert on specific Op/Staff Div. level questions and/or projects related to the Evidence Act. Session objective = technical assistance.
- **Panel discussion:** Invited expert practitioners and stakeholders from across government discuss issues related to the Evidence Act, highlighting best practices and examples from the field. The audience may be invited to submit questions to the speakers before or during the discussion. Session objective = knowledge generation and/or resource sharing.
- **Virtual table talks:** Attendees put into small groups with peers. Discussion led by with an expert facilitator focusing on sharing and learning from other small group members. Session objective = knowledge generation, networking, and/or resource sharing.

4. What other presentation modes, not listed above, would you like us to consider? Please describe below. [Answer type: short answer text box]

5. Is there anything else you'd like us to consider while planning this series of Evidence Act focused capacity building trainings? [Answer type: short answer text box]

III. Personal Experience

In the following set of questions, please tell us about your experience with evaluation and evidence building activities at HHS.

6. Have you contributed to the **HHS response** for any of the following activities? I.e., You shared information for inclusion in the all-HHS reports/documents submitted to OMB. *[Choose all that apply.] **

[Answer type: Multiple choice]

- Evidence Building Capacity Assessment
- Data Maturity Assessment
- Evaluation Plan (<https://tinyurl.com/HHS2024EvaluationPlan>)
- Evaluation Policy (<https://tinyurl.com/HHSEvaluationPolicy>)
- Learning Agenda (<https://tinyurl.com/HHSEvidenceBuildingPlan>)
- Data Inventory (<https://tinyurl.com/HHSDDataInventory>)
- Open Data Plan (<https://tinyurl.com/HHSOpenDataPlan>)
- None or Not sure

7. Have you developed or contributed to a **sub-department** (e.g., Op/Staff Div, branch, unit, office, or project) version of these documents? *[Choose all that apply.] **

[Answer type: Multiple choice]

- Evidence Building Capacity Assessment
- Data Maturity Assessment
- Evaluation Plan
- Evaluation Policy
- Learning Agenda
- Data Inventory
- Open Data Plan
- None or Not sure

8. Do you lead or participate in an Op/Staff Div level data governance body? *

[Answer type: Drop-down, Yes/No]

- Yes
- No

IV. Demographics

9. Where do you work? [Answer type: Multiple choice, single answer]

- Operating Division (OpDiv) [Branching = Q10]
- Staff Division (StaffDiv) [Branching = Q11]

10. What is your OpDiv.?

[Answer type: Drop-down list, single answer {Source}; then SKIP to Q12]

- | | | |
|--------|---------|----------|
| ➤ ACF | ➤ ATSDR | ➤ HRSA |
| ➤ ACL | ➤ CDC | ➤ IHS |
| ➤ AHRQ | ➤ CMS | ➤ NIH |
| ➤ ASPR | ➤ FDA | ➤ SAMHSA |

11. What is your StaffDiv.?

[Answer type: Drop-down list, single answer {Source}]

- | | | |
|---------|--------|--------|
| ➤ ASA | ➤ IEA | ➤ OHR |
| ➤ ASFR | ➤ IOS | ➤ OIG |
| ➤ ASL | ➤ OASH | ➤ OMHA |
| ➤ ASPA | ➤ OCR | ➤ ONC |
| ➤ ASPE | ➤ ODS | ➤ PSC |
| ➤ CFBNP | ➤ OGA | |
| ➤ DAB | ➤ OGC | |

12. What primary role do you perform for your office? (Choose one.)

[Answer type: Drop-down list, single choice]

- | | |
|--------------------------|-------------------|
| ➤ Program Evaluation | ➤ Policy Analysis |
| ➤ Performance monitoring | ➤ Research |
| ➤ Budget formulation | ➤ Risk management |
| ➤ Management | ➤ Data Scientist |
| ➤ Program staff | ➤ Grant Officer |
| ➤ Data governance | ➤ Acquisitions |
| ➤ Strategic planning | |

13. What additional roles do you perform for your office? (Choose all that apply.)

[Answer type: Check boxes, multiple answers]

- | | |
|--------------------------|-------------------|
| ➤ No additional roles | ➤ Risk management |
| ➤ Program Evaluation | ➤ Data Scientist |
| ➤ Performance monitoring | ➤ Grant Officer |
| ➤ Budget formulation | ➤ Acquisitions |
| ➤ Management | |
| ➤ Program staff | |
| ➤ Data governance | |
| ➤ Strategic planning | |
| ➤ Policy Analysis | |
| ➤ Research | |

14. Did you attend an ASPE sponsored Capacity Building Training in FY2022 or FY2023? (Choose one.)

[Answer type: Multiple choice, single answer]

- Yes
- No
- Maybe