

Attachment 5: CTG Evaluation Plan

The evaluation plan for Community Transformation Grants (CTG) fulfills the requirements and goals set out in the Affordable Care Act, Section 4201 and provides for a robust and multi-component evaluation. CDC will work with grantees, academic institutions and other entities with evaluation expertise to monitor CTG progress, to assess the impact of the program on health outcomes and to expand the evidence base for community public health interventions. The Community Transformation Grant program prioritizes interventions with strong potential for high impact and those that address health disparities. Thus, as required in the Affordable Care Act, Section 4201, this evaluation will assess the major direct and indirect consequences of changes in weight; proper nutrition; physical activity; tobacco use; emotional well-being and overall mental health; as well as clinical disorders, such as elevated blood pressure, among residents in grantee communities. While funding is insufficient for community-specific surveillance of all these measures, targeted surveillance and monitoring in selected communities will provide data to generate estimated change. Thus, the plan will leverage existing local and national data sources, such as the Behavioral Risk Factor Surveillance Survey and other clinical and community data sources, as appropriate. This evaluation will also assess planning, development, and implementation of policy, environmental, programmatic and infrastructure (PEPI) changes; short-term and intermediate changes in the PEPI environment; changes in other non-behavioral risk factors and related health outcomes; intervention characteristics, the policy environment and health-related costs and benefits.

In collaboration with CDC and partners, grantees will monitor their progress toward achieving program outcomes; evaluate the contribution of all major strategies featured in their community transformation plans (CTP); and participate in evaluating the overall national CTG program.

This plan will incorporate 7 key evaluation approaches to assess the degree to which grantee activities and strategies selected by CTG recipients result in changes that increase health equity, eliminate health disparities, and improve health of all groups:

1. *Performance monitoring* to track trends in progress towards PEPI changes, and potential and actual reach of proposed and implemented PEPI strategies;
2. *Population-level surveillance* (of changes in attitudes, risk behaviors and other behavioral risk factors) including analysis of existing data systems (for example, BRFSS data) and collection of select high interest indicators for a range of age groups in select communities;
3. *Policy audits* of the pre and post CTG policy environment for select high interest policies (such as comprehensive smoke free, pricing strategies to reduce access to unhealthy foods, health system policies, and school-based physical education requirements). These audits will build upon local policy assessments and will include scans of existing resources available through federal agencies, other federally funded initiatives, and review of local records;
4. *Cost and cost benefit studies* (of high interest PEPI changes) will collect and analyze data related to the direct costs and benefits incurred by funded communities in implementing select intervention approaches drawn from the CTG Strategic Directions;

5. *Simulation modeling* to estimate selected chronic disease outcomes and related economic impacts over a 30 year period under different PEPI scenarios. Simulated scenarios will assist grantees as they plan intervention approaches and, in later years, will be enhanced through incorporation of actual cost data to calculate the likely cost-effectiveness and cost-benefit of particular interventions;
6. *Enhanced evaluation studies* to assess the potential impact of specific CTG PEPI strategies on health outcomes. This will allow for the extension of the evidence-base of effective public health interventions, across a range of settings, population subgroups, and health outcomes (e.g., studies of the effects of smoke-free multiunit housing changes on children's health outcomes; how media messages reach and effect populations with different racial or economic characteristics; the impact of school-based physical activity and nutrition interventions when implemented alone or in combination)(topics cannot be determined until Community Transformation Plans are finalized); and
7. *Technical assistance and training support* to funded communities to assure high quality evaluation and subsequent dissemination of evaluation results in public forums and peer reviewed journals.