## **Evaluation Conceptual Framework**

Last revised 12/11/2015

**INPUT TTA Framework Components Shorter-Term Outcome Long-term Outcome** Outcome Established infrastructure and set national agenda for priority **Identification of Needs** issues (i.e. local implementation, PSE, partnership, sustainability) Needs assessment may include identifying the Create a new body of knowledge for target population, pinpointing TTA that would Provided support and network to mobilize efforts products Identified training needs and provide effective TTA to programs best fit the setting of the intervention, and Network/Nat Org Create synergy around cancer control · Increased dissemination and diffusion of optimal strategies recognizing any implementation barriers.1 Address gaps in program planning and Increased use of population-specific and evidence-based PH implementation approach strategies by CDC-funded programs Increased number of population-specific, PH-oriented orgs which support tobacco prevention and cancer control as priorities **Capacity Building** Capacity building includes activities conducted by awardees that increase their internal capacity and Funding prepare them to provide TTA effectively. Examples Staffing of capacity building include establishing Enhanced population-specific public health data collection Expertise and partnerships, gaining buy-ins from stakeholders, systems, analyses and interpretation at the national, state, local, infrastructure identifying subject matter experts etc. CCC Grantee Outcome tribal, territorial and jurisdictional levels CDC Resources Enhanced CCC capacity to develop and implement CCC models Increased infrastructure and capacity to (evaluation, TTA, through partnership impact tobacco-related and cancer health data) Promotion of CCC program successes and leverage resources to disparities among target populations Partnerships increase support for CCC activities Increased support for cancer control self-Planning and Development of TTA 1314/1315 Improved quality, availability, and accessibility public education management among cancer survivors in The planning stage involves identifying the program specific target population for increased quality training, evaluation tools, and resources appropriate TTA to fit the needs of the users and resources Sustained implementation of jurisdiction specific cancer control and duration of life drafting a plan for implementation. The results of 1314/1315 FOA the phase should include a plan for action, a program Increased capacity of CCC programs to educate and inform training curriculum, and a TA guide. <sup>2</sup> components program planners and key decision makers Increased adoption of PSE planning models Implementation The implementation stages includes both the Increased community norms and supportive of tobacco control implementation of the planned intervention and and cancer prevention Decreased exposure to secondhand preliminary evaluation to assess initial TTA Increased use of PH-oriented practices and services, such as **Population Level** smoke among the target population effectiveness (e.g. client satisfaction surveys). 2 tobacco use cessation services including state-based and Decreased tobacco use among target population-specific quit lines by the target population population Increased use of primary cancer prevention strategies to reduce Decreased cancer incidence exposure risks, increase physical activity, improve nutrition, and **Evaluation and Maintenance** Increased quality of life increase use of vaccines that prevent cancer among target Intervention sustainability involves continuing Reduced disparities population evaluation and refinement of TTA, including Decreased morbidity Increased use of clinical preventive services among target continued efforts to change current Reduced costs associated with cancer populations (i.e. cancer screening services) organizational practices and maintaining a long-Decreased mortality Decrease in risky behaviors term level of implementation fidelity. 2 Increased preventive behaviors