



Annual Evaluation R DP20-2001: Nat

CDC estimates the average public reporting burden for this collection of information as 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data, reviewing the data, maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not collect information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Field Office, Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Recipient State/Territory:	
Performance Year:	
Funded Components: (Component 1 and/or Component 2)	

Purpose and Instructions

Purpose of this Document

This document provides guidance and the Evaluation Reporting Template for CDC-RFA-DP20-2001: Nat an annual evaluation report of their funded activities each performance year, with the first report due after

Evaluation reports are an important component of demonstrating the value of comprehensive tobacco control. This report will be used to track progress, identify promising practices, and gather information on lessons learned in tobacco control. This document provides guidance for completing the reporting template.

Submission Instructions

Completed templates and any supporting materials should be uploaded to the Awardee Management Platform under "Other Deliverables" select "Evaluation Report - Year #" for the appropriate year (please note, the Completed excel templates in .xlsx format should be uploaded using the "Files" box at the bottom of the page). **template file name (e.g. the state of Montana would rename their document as "MT_DP20-2001_Nat")** should be uploaded at the discretion of the recipient and may include relevant campaign materials, publications, included at the start of the supporting file name, followed by a brief descriptive title (e.g., "MT_Press_Rel") and any changes to the submission protocol each year.

Notes

Recipients' Evaluation Reports should reflect each component for which they are funded. For example, r Component 2 ("C2") and can skip any tabs labeled "C1".

Recipients must report on strategies, populations of focus, and indicators, as specified in the recipient's e should be approved by recipient's assigned CDC OSH Evaluator prior to completing the Evaluation Repc

Please use the following template to enter the evaluation results for the first two budget years (combined combined into a single report. Each subsequent year's evaluation report will build on the prior year's repc the section is required or optional for each reporting year.

Suggested word counts are provided as a guide; however, strict adherence is not necessary.

Your assigned CDC OSH Evaluator is available for support in answering questions and can assist with re you need help filling in this template or otherwise meeting reporting requirements.

Contents and Navigation

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- Tab 2. Statewide Disparities Requirement.....C1-Statewide
- Tab 3. Community-Based Disparities Requirement..... C1-Community
- Tab 4. Policy or Health Systems Change Requirement..... C1-PolicyHSC
- Tab 5. Health Systems Changes..... C1-HSC

Component Two Template Tabs

- Tab 6. Quitline Requirement.....C2-Quitline

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Reporting Guidance and Template for CDC-RFA- National and State Tobacco Control Program

me for reviewing instructions, searching existing data/information sources, gathering and
conduct or sponsor, and a person is not required to respond to a collection of information
of this collection of information, including suggestions for reducing this burden to CDC/ATSDR



ional and State Tobacco Control Program. Recipients are required to submit
r the end of performance year two.

ntrol programs. The data that CDC collects from the annual evaluation reports
tobacco control. To aid in meeting reporting requirements, this document

atform (AMP) annually. In AMP, navigate to the "DELIVERABLES" sub-tab;
first report, due July 27, 2022, is titled "Evaluation Report - Year 2").
page. **The state's abbreviation should be included at the start of the excel
TCP_EvaluationReportTemplate_Y1_Y2_v1.xlsx**"). Supporting materials can
fact sheets, data visualizations, etc. Jurisdiction abbreviations should be
ease.pdf"). Check with your assigned OSH Project Officer for new due dates

recipients funded only for Component 2 should only report work related to

evaluation plan. Any changes made to the recipient's original evaluation plan
part.

), and each subsequent year of funding. Years one and two should be
part. Section headers within each table (in blue on each tab) will indicate whether

reporting your results. Please reach out to your assigned CDC OSH evaluator if



Component One Template - Tab 1. Contextual Factors

Contextual Factors [Required each reporting period]

Summarize contextual factors that have affected, positively or negatively, implementation of each of the strategic determinants of health (e.g. structural racism, classism, sexism, heterosexism, access to healthcare and preventative conditions) have had an impact on the program's work. For each subsequent reporting year, update and/or build

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	Word Count
<p>es being evaluated for Component One. Describe how factors related to social ive services, adequate income, secure employment, education, and good working on information provided during prior years. [Suggested word count: 500]</p>	0

Component One Template - Tab 2. Statewide Disparities Requ

Strategies [Required each reporting period]

Select population focus:

Specify strategy evaluated:

2nd strategy evaluated, if applicable:

Findings [Required each reporting period]

Narrative

Summarize and interpret any findings that address the required and recipient-led evaluation questions. Report findings or other reported information. [Suggested word count: 250]

Indicators

Provide data for all indicators specified in the recipient's evaluation plan. Refer to pages 9-11 and Appendix report on tobacco use prevalence for their selected population groups. Use the section directly below for

Indicator(s)	Data Sources

Additional Indicator Information [Optional]: Use the table above for all indicators, if possible. However, report five additional indicators to report. [Suggested word count: 100 per indicator]

Lessons Learned [Required each reporting period]

Report on at least one lesson learned from the performance year. We are interested in lessons learned that resulted in 1) systems changes; 2) promising practices (new or innovative approaches to achieving tobacco-related outcomes); and 3) other lessons learned. If you have more than five 'lessons learned' to report.

Category: Select the best fit	Lesson Learned

Health Equity and Health Disparities [Optional for Y1-2, required for Y3-5]

Describe how interventions are being targeted and/or tailored to reach and engage intended and interested populations, and how they are related to health equity or reductions in disparities. If relevant data have already been provided in the indicators section, please reference them.

Use of Evaluation Data [Optional]

Describe how and when early evaluation findings and lessons learned will be used to inform work for subsequent reporting periods.

Requirement

<p>Required evaluation questions are listed in Appendix 2. Focus on outcomes that have resulted from implementation.</p>	

Appendix C in the “Guidance for the Development and Submission of the DP20-2001 Evaluation Plan” for information on how to format indicators that do not fit into this format or if you have more than ten total indicators. Each indicator should include the following information:

Data Collection Time Frame (mm/dd/yyyy)		Baseline [optional]	Results Provide results in whichever fields best apply for the indicator		
Start/T1	End/T2		Numerator or Count	Denominator (if applicable)	Percent

If any indicators do not fit into the format above, list the indicators and use this space to present the results.

that fall within the following categories: 1) challenges (how the program overcame challenges related to program outcomes); or 3) value for money (e.g., findings on cost-benefit or return on investment analyses, or lessons learned).

Lesson learned [Suggested word count: 30 per lesson]	How the lesson has informed or will inform the TCP

Lesson learned Y3-5]

additional population group(s). Describe how the statewide requirement program activities have advanced health equity for the population group(s) identified in the previous section above, reference them here and interpret the results. [Suggested word count: 250]

subsequent NOFO years. What specific actions have already been taken to use evaluation findings to inform program activities?

entation of the NOFO-funded strategies. Enter any additional

ation about recommended indicators. In addition to the indicators should be listed in a new row.
the indicator.
Qualitative results [Suggested word count: 75 per indicator]
ts and any measurement notes. Each indicator should be listed

rogram implementation, including data collection, partnership
learned about strategic efforts to keep costs down while still

moving forward [Suggested word count: 150 per lesson]

health equity and reductions in commercial tobacco-related di

rogram improvements? What specific actions will be taken d

Component One Template - Tab 3. Community-Based Disparit

Strategies [Optional for Y1-2, required Y3-5]

Select population focus:

Specify strategy evaluated:

2nd strategy evaluated, if applicable:

Findings [Optional for Y1-2, required Y3-5]

Narrative

Summarize and interpret any findings that address the required and recipient-led evaluation questions. Report findings or other reported information. [Suggested word count: 250]

Indicators

Provide data for all indicators specified in the recipient's evaluation plan. Refer to pages 9-11 and Appendix report on tobacco use prevalence for their selected population groups. Use the section directly below for

Indicator(s)	Data Sources

Additional Indicator Information [Optional]: Use the table above for all indicators, if possible. However, report five additional indicators to report. [Suggested word count: 100 per indicator]

Lessons Learned [Optional for Y1-2, required Y3-5]

Report on at least one lesson learned from the performance year. We are interested in lessons learned that resulted in (1) systems changes; 2) promising practices (new or innovative approaches to achieving tobacco-related outcomes); and 3) other lessons learned (e.g., if you have more than five 'lessons learned' to report).

Category: Select the best fit	Lesson Learned

Health Equity and Health Disparities [Optional for Y1-2, required Y3-5]

Describe how interventions are being targeted and/or tailored to reach and engage intended and interested populations, and how they are addressing related health equity or reductions in disparities. If relevant data have already been provided in the indicators section, please refer to those data.

Use of Evaluation Data [Optional]

Describe how and when early evaluation findings and lessons learned will be used to inform work for subsequent years.

d to program implementation, including data collection, part
ssons learned about strategic efforts to keep costs down whi

ie TCP moving forward [Suggested word count: 150 per lessc

anced health equity and reductions in commercial tobacco-rela

iform program improvements? What specific actions will be t

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nerships, policy adoption, increasing access to cessation treatment, and health
ile still implementing programs with fidelity). Contact your assigned OSH evaluator

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ated disparities. Describe the evidence of any changes in commercial tobacco

Word Count

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taken during the next year? [Suggested word count: 250]

Word Count

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Component One Template - Tab 4. Policy or Health Systems C

Strategies [Required each reporting period]

Select population focus:

Specify strategy evaluated:

2nd strategy evaluated, if applicable:

Findings [Required each reporting period]

Narrative

Summarize and interpret any findings that address the required and recipient-led evaluation questions. R understanding key findings or other reported information. [Suggested word count: 250]

Unintended Consequences

To what extent were there unintended consequences (e.g., exacerbating disparities or disproportionately

Indicators

Provide data for all indicators specified in the recipient's evaluation plan. Refer to pages 9-11 and Appendix asked to report on tobacco use prevalence for their selected population groups. Use the section directly l

Indicator(s)	Data Sources

Additional Indicator Information [Optional]: Use the table above for all indicators, if possible. However, more than five additional indicators to report. [Suggested word count: 100 per indicator]

Lessons Learned [Optional]

Report on at least one lesson learned from the performance year. We are interested in lessons learned that resulted in 1) health systems changes; 2) promising practices (new or innovative approaches to achieving tobacco-related OSH goals); 3) OSH evaluator if you have more than five 'lessons learned' to report.

Category: Select the best fit

Lesson Learned

Health Equity and Health Disparities [Optional for Y1-2, required for Y3-5]

Describe how interventions are being targeted and/or tailored to reach and engage intended and interested populations to address tobacco related health equity or reductions in disparities. If relevant data have already been provided in the performance report, please provide a link to the data.

Use of Evaluation Data [Optional]

Describe how and when early evaluation findings and lessons learned will be used to inform work for subsequent years.



Change Requirement

<p>required evaluation questions are listed in Appendix 2. Focus on outcomes that have resulted from i</p>	

<p>/ benefiting population groups, illicit sales of tobacco products)? [Suggested word count: 150]</p>

Appendix C in the "Guidance for the Development and Submission of the DP20-2001 Evaluation Plan" for indicators that do not fit into this format or if you have more than ten total indicators. Each

	Data Collection Time Frame (mm/dd/yyyy)		Baseline [optional]	Results Provide results in whichever fields best apply		
	Start/T1	End/T2		Numerator or Count	Denominator (if applicable)	Percent

if any indicators do not fit into the format above, list the indicators and use this space to present the

What lessons have you learned from the evaluation that fall within the following categories: 1) challenges (how the program overcame challenges related to achieving the intended outcomes); or 3) value for money (e.g., findings on cost-benefit or return on investment analyses)?

What lessons have you learned from the evaluation that fall within the following categories: 1) challenges (how the program overcame challenges related to achieving the intended outcomes); or 3) value for money (e.g., findings on cost-benefit or return on investment analyses)?

Lesson learned [Suggested word count: 30 per lesson]	How the lesson has informed or will inform the program

What lessons have you learned from the evaluation that fall within the following categories: 1) challenges (how the program overcame challenges related to achieving the intended outcomes); or 3) value for money (e.g., findings on cost-benefit or return on investment analyses)?

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What lessons have you learned from the evaluation that fall within the following categories: 1) challenges (how the program overcame challenges related to achieving the intended outcomes); or 3) value for money (e.g., findings on cost-benefit or return on investment analyses)?

What lessons have you learned from the evaluation that fall within the following categories: 1) challenges (how the program overcame challenges related to achieving the intended outcomes); or 3) value for money (e.g., findings on cost-benefit or return on investment analyses)?

	Check box if the strategy is part of the recipient's DP20-2001 workplan E-cigarette Requirement
mplementation of the NOFO-funded strategies. Enter any additional information related to the evaluation t	

nformation about recommended indicators. In addition to the indicators specified in the recipient's evaluati ch indicator should be listed in a new row.	
ply for the indicator.	Measurement Notes / Qualitative Results Note any measurem methods, or analysis methods necessary for interpretation of d: will be submitted. Describe any changes to the indicators from t reporting years. [Suggested word count: 75 per indicator]
Qualitative results [Suggested word count: 75 per indicator]	

the results and any measurement notes. Each indicator should be listed in a new row. Contact your assigned C

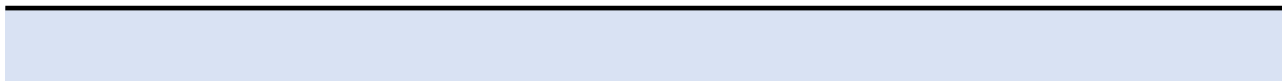


led to program implementation, including data collection, partnerships, policy adoption, increasing access to c
es, or lessons learned about strategic efforts to keep costs down while still implementing programs with fide

the TCP moving forward [Suggested word count: 150 per lesson]



anced health equity and reductions in commercial tobacco-related disparities. Describe the evidence of any cl
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form program improvements? What specific actions will be taken during the next year? [Suggested word co

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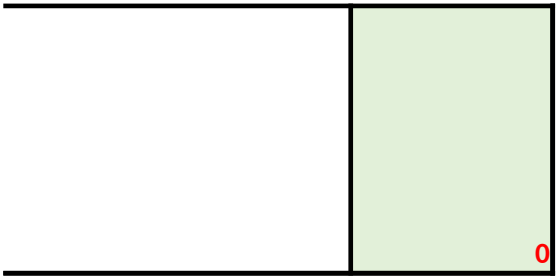
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ount: 250]

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Component One Template - Tab 5. Health Systems Changes

Change Concepts and Ideas [Required each reporting period]

Report on each 'change idea' promoted or implemented as part of your DP20-2001 workplan. For each selected change idea indicate the number of healthcare facilities that have implemented the change during the past performance year. Recipients should only report on change ideas they worked on. Recipients can reference the full list of change concepts and change ideas (pages 1-2) from the [Tobacco Cessation Change Package](#).

* IHS: Indian Health Services. ** UIH: Urban Indian Health. *** The "Other" column should include any health systems that do not clearly fit into another category or any large health systems that encapsulate multiple categories. Describe these facilities or large health systems in the text box below each section. For large health systems that span categories, please note if changes were implemented system-wide or within a specific setting in the large health system. Each column should be mutually exclusive, (i.e., a single health system should not be counted in more than one column).

Key Foundations

Make Tobacco Cessation a Practice and System Priority

Identify one or two key champions and assemble a multidisciplinary team

As a multidisciplinary group, conduct an assessment of your clinic/system and develop an action plan to address the current gaps

Adopt or update a unit, practice, or system-wide policy to reflect prioritization of tobacco treatment

Create a Supportive Environment for Cessation

Implement and strengthen hospital or clinic-wide tobacco-free or smoke-free campus policies

Leverage mass-reach media campaigns to encourage and normalize quitting (e.g., with media in waiting rooms, throughout clinic or hospital system)

Support employees and their family members in quitting smoking by providing health benefits for tobacco cessation

*** If applicable, describe "other" healthcare facilities here:

Equipping Care Teams

Equip All Staff to Engage in Tobacco Cessation Efforts

Adopt a clinician/staff training policy to train and retrain staff

Conduct onboarding and annual trainings on tobacco policies, systems, and procedures

Optimize billing practices by leveraging existing codes to capture all billable services

Provide Clinician and System-Level Feedback on Progress and Impact

Set and communicate specific, measurable performance and quality goals

Make tobacco cessation a quality improvement measure at the clinician or system level

Track clinician, clinic, hospital, and system performance to provide feedback to clinicians and decision-makers

*** If applicable, describe "other" healthcare facilities here:

Screening

Make Tobacco Use a Vital Sign: Screen Every Patient for Tobacco Use at Every Visit

Adopt a tobacco use screening protocol
Establish a workflow and determine roles for tobacco use screening and documentation
Embed a tobacco use status prompt in the EHR or other patient record-keeping system
Embed decision support scripts for screening into the EHR or other patient record-keeping system

*** If applicable, describe "other" healthcare facilities here:

Treatment

Establish a Tobacco Treatment Protocol

Implement a treatment intervention
Establish a workflow to determine roles for delivering the treatment intervention

Enhance Clinical Decision Support

Embed treatment intervention prompts into the EHR or other patient record-keeping system
Embed decision support scripts for each intervention step into the EHR or other patient record-keeping system
Implement standard order sets for counseling and medication
Adopt tools to guide medication selection

Implement Standardized Approaches to Support Cessation Efforts

Deliver standard patient education regarding cessation medication
Adopt a clinical decision support tool for helping patients plan their quit attempt

*** If applicable, describe "other" healthcare facilities here:

Referral and Follow-Up

Establish Protocols to Identify and Connect Patients to Referral Resources

Implement a protocol or workflow to ensure clinician follow-up with patients
Identify and partner with referral services that can serve as an adjunct to care
Set up direct referrals to internal and external resources by creating standard referral orders
Establish two-way communication with referral services to get information on whether referrals were accepted by the patient

Employ Population Management Strategies to Better Identify and Reach Patients Who Use Tobacco

Use tobacco registries or other methods to track patients who use tobacco
Conduct proactive follow-up with patients who use tobacco

*** If applicable, describe "other" healthcare facilities here:

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se Tobacco

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Component Two Template - Tab 6. Quitline Requirement

Strategies [Required each reporting period]

Specify strategy evaluated:

2nd strategy evaluated, if applicable:

Contextual Factors [Required each reporting period]

Describe contextual factors that have affected, positively or negatively, implementation of the Quitline re

Findings [Required each reporting period]

Narrative

Summarize and interpret findings to-date that address the required Quitline Evaluation Questions. Requi from implementation of the NOFO-funded strategies. Enter any additional information related to the eva

7 Month Follow Up Data

Provide data in the table below. Recipients are required to collect and report 7-month follow-up data and evaluation reporting, as available.

Sample Size for Follow-Up (N):

Among unique tobacco users who received at least one Quitline service, what was the NAQC Standard follow up, overall and among populations experiencing disparities? Provide data in the table below. Of services offered through the recipient's Quitline.

* See: <https://www.naquitline.org/page/ImpQR#worksheet>

** Thirty-day point prevalence abstinence is measured with the Minimal Data Set (MDS) follow-up question: "Have you used any

[Required] Among unique tobacco users who received at least one Quitline service

Indicators

Provide data for all indicators specified in the recipient's evaluation plan. Refer to pages 9-11 and Appendix A for the reporting format or if you have more than ten total indicators. Each indicator should be listed in a new row.

Indicator(s)	Data Sources

Additional Indicator Information [Optional]: Use the table above for all indicators, if possible. However, you may use this table to report on up to five additional indicators if you have more than five additional indicators to report. [Suggested word count: 100 per indicator]

Lessons Learned [Required each reporting period]

Report on at least one lesson learned from the performance year. We are interested in lessons learned that resulted in (1) cessation treatment, and health systems changes; 2) promising practices (new or innovative approaches to OSH programs with fidelity). Contact your assigned OSH evaluator if you have more than five 'lessons learned' to report.

Category: Select the best fit	Lesson Learned

Health Equity and Health Disparities [Optional for Y1-2, required for Y3-5]

Describe how interventions are being targeted and/or tailored to reach and engage intended and interested populations. Describe any related health equity or reductions in disparities. If relevant data have already been provided in the indicator table, please refer to the indicator table.

Use of Evaluation Data [Optional each reporting period]

Describe how and when early evaluation findings and lessons learned will be used to inform work for sub 250]

requirement during this performance year. For each subsequent reporting year, update and/or build on informati	

red evaluation questions are listed in Appendix 2. Address which services or combination of services resulted in ir evaluation that is critical to understanding key findings or other reported information. [Suggested word count: 250]	

among tobacco users who used Quitline services at least one time during the NOFO performance period. Recipients

	Number of Respondents	Response Rate (%):
Quit Rate* (using thirty-day point prevalence abstinence**) at 7 month optionally, select 1-2 additional service modalities that correspond to		Overall (N, %) [optional]
/ [INSERT TOBACCO TYPE], even a puff or pinch, in the last 30 days?"		Am exp (sp [rec

sequent NOFO years. What specific actions have already been taken to use evaluation findings to inform program

on provided during prior years. [Suggested word count: 100]

increased quit attempts and sustained quits and for whom. Focus on outcomes that have resulted

that routinely collect 7-month follow-up data should report the data as part of their annual

Data Collection Timeframe (mm/yyyy-mm/yyyy)		
Among population experiencing disparity (specify population) (N, %) [required]	Among population experiencing disparity (specify population) (N, %) [optional]	Among population experiencing disparity (specify population) (N, %) [optional]

out recommended indicators. Use the section directly below for indicators that do not fit into this

or.	Measurement Notes / Qualitative Results Note any measurement considerations, data collection methods, or analysis methods necessary for interpretation of data. Note if any relevant attachments will be submitted. Describe any changes to the indicators from the original evaluation plan or previous reporting years. [Suggested word count: 75 per indicator]
Qualitative results [Suggested word count: 75 per indicator]	

any measurement notes. Each indicator should be listed in a new row. Contact your assigned OSH



implementation, including data collection, partnerships, policy adoption, increasing access to ment analyses, or lessons learned about strategic efforts to keep costs down while still implementing

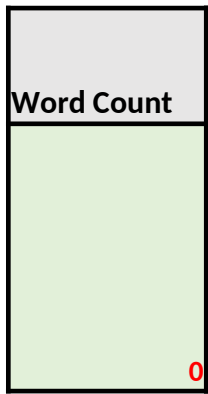
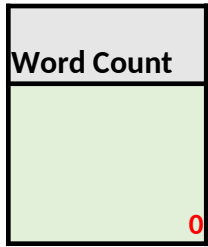
; **forward** [Suggested word count: 150 per lesson]



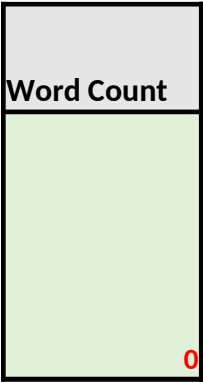
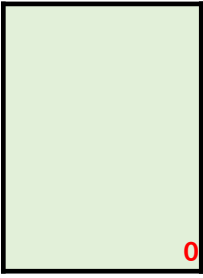
ommercial tobacco-related disparities. Describe the evidence of any changes in commercial tobacco



n improvements? What specific actions will be taken during the next year? [Suggested word count:



Word Count



Appendix 1. Additional Resources

[Conducting Quitline Evaluations](#) – This workbook is a guide to facilitate the evaluation of quitlines and is intended for staff and stakeholders, state tobacco control program managers, and evaluators.

[Developing an Effective Evaluation Plan](#) – This workbook was developed to help public health program managers, and evaluators develop an effective evaluation plan. It is intended to assist in developing an evaluation plan and coordinate with other evaluation resources.

[Developing an Effective Evaluation Report](#) – A workbook that applies the CDC Framework for Program Evaluation in order to construct a final evaluation report by laying out a six-step process for the decisions and activities involved in planning and conducting an evaluation.

[DP20-2001 Notice of Funding Opportunity](#) – This document provides details about the DP20-2001 funding opportunity.

[DP20-2001 Performance Measure Guidance](#) – This document provides performance measure definitions, data collection methods, and example data sources.

[Eliminating Exposure to Secondhand Smoke: Outcome Indicators for Comprehensive Tobacco Control Programs](#) – This is the third in a series of updates to the 2005 publication Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs. This update provides a revised logic model and set of outcome indicators for Goal Area 2 of the National Tobacco Control Program - Eliminating Exposure to Secondhand Smoke.

[Evaluators' Network](#) – Built for the surveillance and evaluation staff of Tobacco Control Programs across the country, the network provides an opportunity for peer engagement and provides evaluation support staff and contractors working on tobacco control programs. Check the [networking site](#) to find DP20-2001 evaluation support, dues dates, and learning opportunities. If you are already a member of the Evaluators' Network, contact ntcpevaluators@cdc.gov

[Guidance for the Development and Submission of the DP20-2001 Evaluation Plan](#) – This document describes the requirements for the DP20-2001 evaluation plan and outlines reporting expectations for each reporting year.

[Identifying and Eliminating Tobacco-Related Disparities: Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs](#) – This guide supports and complements broader monitoring and evaluation efforts to identify and eliminate tobacco-related disparities. Tobacco prevention and control program managers and evaluators can use the indicators in this guide to focus their evaluations, inform the selection of indicators, link these to intended outcomes, and assist in gathering credible evidence.

[Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide](#) – This document is a “how to” guide for planning and implementing evaluation activities. The manual, based on CDC’s *Framework for Program Evaluation in Public Health*, is intended to assist managers and staff of public, private, and community public health programs to plan, design, implement, and use comprehensive evaluations in a practical way.

[Practical Strategies for Culturally Competent Evaluation](#) – CDC’s Division for Heart Disease and Stroke Prevention and the Asthma Control Program developed this guide for program staff and evaluators to promote cultural competence. The guide provides strategies to make sure evaluation efforts have cultural relevance and generate meaningful findings.

[Preventing Initiation of Tobacco Use: Outcome Indicators for Comprehensive Tobacco Control Programs](#)—2014 - This is the first in a series of updates to the 2005 publication Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs. This update provides a revised logic model and set of outcome indicators for Goal Area 1 of the National Tobacco Control Program.

[Promoting Quitting Among Adults and Young People: Outcome Indicators for Comprehensive Tobacco Control Programs](#)

This publication is the second in a series of updates to the 2005 publication Key Outcome Indicators for Evaluating Tobacco Control Programs. This update provides a revised logic model and set of outcome indicators for Goal Area 1 of the National Tobacco Control Program, which addresses promoting quitting among adults and young people.

[Surveillance and Evaluation Data Resources for Comprehensive Tobacco Control Programs](#) - Surveillance and Evaluation

Resources is an at-a-glance compilation of surveillance and evaluation resources for comprehensive tobacco control programs.

[Tobacco Cessation Change Package](#) – This document contains a list of change concepts and change ideas (pages 1-10)

relevant to specific health systems changes that recipients may be evaluating.

Appendix 2. DP20-2001 Required Evaluation

This list of evaluation questions was originally published in the document: [Evaluation Plan](#)

Evaluation Focus Areas
Statewide Disparities Requirement (behavioral health or low income) AND Community-based Disparities Requirement (selected population group)
Policy or Health Systems Change Evaluation Requirement*
Quitline Requirement

*For the policy and health systems change evaluation requirement, recipient change that was implemented as part of the E-cigarette Youth and Young A

Questions

[Guidance for the Development and Submission of the DP20-2001](#)

Evaluation Questions

Effectiveness: What evidence-based strategies, promising practices, and/or culturally tailored interventions were effective (and not effective) at reaching and improving positive tobacco-related outcomes among the selected populations affected by tobacco-related disparities? What were lessons learned, promising practices, and unintended consequences?

Outcomes: To what extent did recipient efforts improve tobacco-related outcomes, such as increased protection and reduced exposure from secondhand smoke, increased use of evidence-based cessation treatment, increased quit attempts and sustained quits, and reduced tobacco use and dependence among the selected populations affected by tobacco-related disparities?

Outcomes: What impact did the policy or systems change have on achieving tobacco-related outcomes for one of the following: 1) Decreasing access and tobacco use among youth, including e-cigarette use, 2) Increasing protection and reducing exposure to secondhand smoke, or 3) Promoting cessation, such as increasing use of evidence-based cessation treatment and increasing quit attempts and sustained quits?

Intended and unintended consequences: What effect did the policy or health systems change have overall, and as appropriate among population experiencing tobacco-related disparities? To what extent were there unintended consequences (e.g., exacerbating disparities or disproportionately benefiting population groups, illicit sales of tobacco products)?

Effectiveness: What services and modalities and/or combination of services resulted in increased quit attempts and sustained quits at 7-month follow-up? For whom?

Outcomes: To what extent did recipient efforts contribute to a measurable change in quit attempts and sustained quits at 7-month follow-up, overall, and among populations experiencing tobacco-related disparities?

nts are encouraged, but not required, to evaluate a policy or systems
dult NOFO Requirement.