Annual Evaluation R
DP20-2001: Nat

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 afte

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

Submission Instructions

Completed templates and any supporting materials should be uploaded to the Awardee Management Pla 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 **template file name (e.g. the state of Montana would rename their document as "MT_DP20-2001_N'** 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, re
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 Repo

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

Component One Template Tabs

Component Two Template Tabs

Appendices

eporting Guidance and Template for CDC-RFA-
ional and State Tobacco Control Program

me for reviewing instructions, searching existing data/information sources, gathering and
onduct 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

tform (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

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

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

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

eporting 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 strategie determinants of health (e.g. structural racism, classism, sexism, heterosexism, access to healthcare and preventat conditions) have had an impact on the program's work. For each subsequent reporting year, update and/or build

	Word Count
es being evaluated for Component One. Describe how factors related to social tive services, adequate income, secure employment, education, and good working on information provided during prior years. [Suggested word count: 500]	
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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. R
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 Appen
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,
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 th
systems changes); 2) promising practices (new or innovative approaches to achieving tobacco-related out
if you have more than five 'lessons learned' to report.

Category: Select the best fit	**Lesson Lea**

Health Equity and Health Disparities [Optional for Y1-2, requir

Describe how interventions are being targeted and/or tailored to reach and engage intended and interse
related health equity or reductions in disparities. If relevant data have already been provided in the indic

Use of Evaluation Data [Optional]

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

Required evaluation questions are listed in Appendix 2. Focus on outcomes that have resulted from implem

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

	Data Collection Time Frame (mm/dd/yyyy)		Baseline [optional]	Results Provide results in whichever fields best apply for t		
	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 resul

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

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

ed Y3-5]

ctional population group(s). Describe how the statewide requirement program activities have advanced he
ator section above, reference them here and interpret the results. [Suggested word count: 250]

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

mentation of the NOFO-funded strategies. Enter any additiona

ation about recommended indicators. In addition to the indic
uld 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 liste

ogram implementation, including data collection, partnership
earned about strategic efforts to keep costs down while still

moving forward [Suggested word count: 150 per lesson]

ealth equity and reductions in commercial tobacco-related di:

rogram improvements? What specific actions will be taken d

al information related to the evaluation that is critical to understanding key

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ators specified in the recipient's evaluation plan, all recipients are asked to

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]

ed in a new row. Contact your assigned OSH evaluator if you have more than

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

sparities. Describe the evidence of any changes in commercial tobacco

Word Count

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luring the next year? [Suggested word count: 250]

Word Count

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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. R 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 Appen 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, 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 th
systems changes); 2) promising practices (new or innovative approaches to achieving tobacco-related ou
if you have more than five 'lessons learned' to report.

Category: Select the best fit	**Lesson Lea**

Health Equity and Health Disparities [Optional for Y1-2, require

Describe how interventions are being targeted and/or tailored to reach and engage intended and interse
related health equity or reductions in disparities. If relevant data have already been provided in the indic

Use of Evaluation Data [Optional]

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

ies Requirement

Required evaluation questions are listed in Appendix 2. Focus on outcomes that have resulted from i

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

	Data Collection Time Frame (mm/dd/yyyy)		Baseline [optional]	Results Provide results in whichever fields best ap		
	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

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

rned [Suggested word count: 30 per lesson]	How the lesson has informed or will inform th

ed Y3-5]

ctional population group(s). Describe how the statewide requirement program activities have advar
ator section above, reference them here and interpret the results. [Suggested word count: 250]

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

mplementation of the NOFO-funded strategies. Enter any ad

nformation about recommended indicators. In addition to th
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Qualitative results
[Suggested word count: 75 per indicator]

e results and any measurement notes. Each indicator should

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essons learned about strategic efforts to keep costs down whi

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nced health equity and reductions in commercial tobacco-rela

form program improvements? What specific actions will be t

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e indicators specified in the recipient's evaluation plan, all recipients are asked to

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]

be listed in a new row. Contact your assigned OSH evaluator if you have more than

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

on]

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

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:aken 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 Appenc
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 th health systems changes); 2) promising practices (new or innovative approaches to achieving tobacco-rela OSH evaluator if you have more than five 'lessons learned' to report.

Category: Select the best fit	**Lesson Lea**

Health Equity and Health Disparities [Optional for Y1-2, requir

Describe how interventions are being targeted and/or tailored to reach and engage intended and interse tobacco related health equity or reductions in disparities. If relevant data have already been provided in t

Use of Evaluation Data [Optional]

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

Change Requirement

Required evaluation questions are listed in Appendix 2. Focus on outcomes that have resulted from i

y benefiting population groups, illicit sales of tobacco products)? [Suggested word count: 150]

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

	Data Collection Time Frame (mm/dd/yyyy)		Baseline [optional]	Results Provide results in whichever fields best ap		
	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

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

rned [Suggested word count: 30 per lesson]	How the lesson has informed or will inform th

ed Y3-5]

ctional population group(s). Describe how the statewide requirement program activities have advar
the indicator section above, reference them here and interpret the results. [Suggested word count:

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

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
:h indicator should be listed in a new row.

oply 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]	

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

d 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

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

nced 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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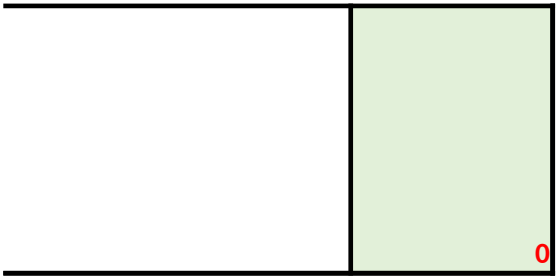| Word Count |
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ount: 250]

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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 U:

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:

Number of healthcare facilities:			
Standalone Mental Health and/or Substance Use Facilities	Federally Qualified Health Center	IHS*, UHI**, Tribal Health Center	Other facilities or large health systems***

se Tobacco

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 an
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. Op
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 Appen[...]
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, [...]
evaluator if you have more than five additional indicators to report. [Suggested word count: 100 per indi[...]

Lessons Learned [Required each reporting period]

Report on at least one lesson learned from the performance year. We are interested in lessons learned t[...]
cessation treatment, and health systems changes); 2) promising practices (new or innovative approaches[...]
programs with fidelity). Contact your assigned OSH evaluator if you have more than five 'lessons learned[...]

Category: Select the best fit	**Lesson Lea[...**

Health Equity and Health Disparities [Optional for Y1-2, requir[...]

Describe how interventions are being targeted and/or tailored to reach and engage intended and interse[...]
related health equity or reductions in disparities. If relevant data have already been provided in the indic[...]

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]

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

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

nong 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 otionally, select 1-2 additional service modalities that correspond to		Overall (N, %) [optional]	Am exp (sp [rec
y [INSERT TOBACCO TYPE], even a puff or pinch, in the last 30 days?".			

	Data Collection Time Frame (mm/dd/yyyy)		Baseline [optional]	Results Provide results in whichever fields best apply for the indica		
	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 and a cator]

hat fall within the following categories: 1) challenges (how the program overcame challenges related to program i s to achieving tobacco-related outcomes); or 3) value for money (e.g., findings on cost-benefit or return on investr ' to report.

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

ed Y3-5]

ectional population group(s). Describe how the Quitline activities have advanced health equity and reductions in c ator section above, reference them here and interpret the results. [Suggested word count: 250]

bsequent NOFO years. What specific actions have already been taken to use evaluation findings to inform progran

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

ncreased 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)	
ong population eriencing disparity ecify population) (N, %) quired]	Among population experiencing disparity (specify population) (N, %) [optional]	Among population experiencing disparity (specify population) (N, %) [optional]

bout 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
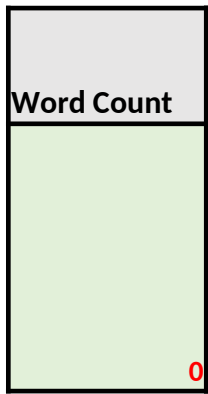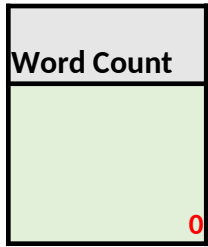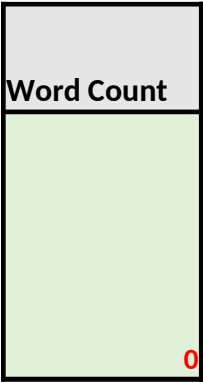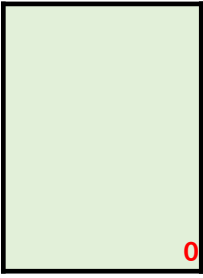
forward [Suggested word count: 150 per lesson]

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

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

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Appendix 1. Additional Resources

Conducting Quitline Evaluations – This workbook is a guide to facilitate the evaluation of quitlines and is intended fo
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, a
and evaluators develop an effective evaluation plan. It is intended to assist in developing an evaluation plan and car
with other evaluation resources.

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

DP20-2001 Notice of Funding Opportunity – This document provides details about the DP20-2001 funding opportun

DP20-2001 Performance Measure Guidance – This document provides performance measure definitions, data colle
and example data sources.

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

Evaluators' Network – Built for the surveillance and evaluation staff of Tobacco Control Programs across the country
provides an opportunity for peer engagement and provides evaluation support staff and contractors working on toba
programs. Check the networking site to find DP20-2001 evaluation support, dues dates, and learning opportunities.
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 re
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 Tol
Programs – This guide supports and complements broader monitoring and evaluation efforts to identify and eliminat
related disparities. Tobacco prevention and control program managers and evaluators can use the indicators in this
focus their evaluations, inform the selection of indicators, link these to intended outcomes, and assist in gathering cr
evidence.

Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide – This document is a "how to" g
planning and implementing evaluation activities. The manual, based on CDC's *Framework for Program Evaluation i*
is intended to assist managers and staff of public, private, and community public health programs to plan, design, in
use comprehensive evaluations in a practical way.

Practical Strategies for Culturally Competent Evaluation – CDC's Division for Heart Disease and Stroke Prevention a
Asthma Control Program developed this guide for program staff and evaluators to promote cultural competence. Th
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 - T
is the first in a series of updates to the 2005 publication Key Outcome Indicators for Evaluating Comprehensive Tob
Programs. This update provides a revised logic model and set of outcome indicators for Goal Area 1 of the National
Control Program.

[Promoting Quitting Among Adults and Young People: Outcome Indicators for Comprehensive Tobacco Control Prog](#)
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
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 Eva
Resources is an at-a-glance compilation of surveillance and evaluation resources for comprehensive tobacco contro

[Tobacco Cessation Change Package](#) – This document contains a list of change concepts and change ideas (pages
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, recipien change that was implemented as part of the E-cigarette Youth and Young A

Questions

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.