

1815 Category A Evaluation and Performance Measurement Plan Template

Instructions: Use the tables below to complete your 1815 Evaluation and Performance Measurement Plan. In Table 1, select the 3 strategies you will evaluate throughout the 5 years of the cooperative agreement and specify the overall evaluation approach you will use for those selected strategies. You can then use Tables 2.1-2.7 to provide more detail on how you will gather data to answer the evaluation questions specified for each strategy. Fill out the tables that correspond to the 3 strategies you have selected for evaluation. For example, if you will be evaluating strategy A2, then complete Table 2.2 for this strategy. CDC has provided a core set of questions that need to be addressed for each strategy. Please build out the data collection plan for each of these questions. You can use the additional rows provided to specify your own evaluation questions and build out the data collection plan, if needed. In Table 3, list the performance measures corresponding with all five (5) Category A strategies you are implementing and fill-in the following information: baseline value, Year 2 and 5 targets, data source, data collection frequency, and measure notes.

The 1815 Evaluation and Performance Measurement Plan will require up to 8 hours to complete.

Note: Public reporting burden of this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of 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 this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-19BHC)

To submit the *Evaluation and Performance Measurement Plan*, save this file using the following naming format: StateName_CatA_Evaluation Plan_Year 1 (Example: GA_Cat A_Evaluation Plan_Year 1) and submit it to your assigned Project Officer and Evaluator.

Table 1. Multi-Year Evaluation Approach

Narrative of the Multi-Year Evaluation Approach
<p>Strategies to Evaluate: Select 3 strategies from your work plan that you would like to evaluate over the next 5 years.</p> <ul style="list-style-type: none">• A1. Improve access to and participation in ADA-recognized/ADCES-accredited DSMES programs in underserved areas.• A2. Expand or strengthen DSMES coverage policy among public or private insurers or employers, with an emphasis on one or more of the following: Medicaid and employers.• A3. Increase engagement of pharmacists in the provision of medication management or DSMES for people with diabetes.

- A4. Assist health care organizations in implementing systems to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs for type 2 diabetes prevention.
- A5. Collaborate with payers and relevant public and private sector organizations within the state to expand availability of the National DPP as a covered benefit for one or more of the following groups: Medicaid beneficiaries; state/public employees; employees of private sector organizations
- A6. Implement strategies to increase enrollment in CDC-recognized lifestyle change programs.
- A7. Develop a statewide infrastructure to promote long-term sustainability for Community Health Workers (CHWs) as a means to establish or expand their engagement in a) CDC-recognized lifestyle change programs for type 2 diabetes prevention and/or b) ADA-recognized/ADCES-accredited DSMES programs for diabetes management.

Evaluation Approach and Context: *Describe the general approach that you will undertake to evaluate the three strategies. Provide information on relevant contextual factors for your program, such as how the program is situated in your state and how it connects to other programs or initiatives. Consider that this document may be viewed separately from your work plan; therefore, provide enough detail for CDC to understand the program and evaluation context.*

Evaluation Stakeholders and Primary Intended Users of the Evaluation: *Describe individuals or groups who have a stake in the evaluation and who will use the evaluation results. Include a brief description of how you have engaged (or plan to engage) these evaluation stakeholders.*

Communication/Dissemination: *Describe your broad plans for communicating/sharing your findings and provide examples of products that you will develop. Describe how your evaluation reports will be published on a publicly available website.*

Use of Evaluation Findings: *Describe how your evaluation findings will be used to ensure continuous quality and programmatic improvement.*

Year 5. Health Impact: *Describe what you want to be able to say about the contribution of your program to changes in health, behavior, or environment in a defined community, population, organization, or system by the end of the cooperative agreement. Consider what types of evaluation you will need to conduct in years 4, 3, 2, 1 if you want to be able to report health impact at the end of the cooperative agreement in year 5.*

Table 2-1. Strategy A.1 - Evaluation Design and Data Collection Matrix

Strategy A.1 Improve access to and participation in ADA-recognized/ADCES-accredited DSMES programs in underserved areas						
Evaluation Questions	Indicator(s)	Data Source	Data Collection Method	Data Collection Timing	Data Analysis	Person(s) Responsible
Approach						
<ul style="list-style-type: none"> What types of support did your 1815-funded activities provide to improve access to ADA-recognized/ADCES-accredited DSMES programs in underserved area? 						
<ul style="list-style-type: none"> What types of support did your 1815-funded activities provide to increase participation in ADA-recognized/ADCES-accredited DSMES programs in underserved areas? 						
<ul style="list-style-type: none"> How were activities tailored to reach underserved areas? 						
Effectiveness						
<ul style="list-style-type: none"> How have your 1815-funded activities contributed to increasing the reach of DSMES programs in underserved areas? 						
<ul style="list-style-type: none"> What factors were associated with increased access to and participation in DSMES programs? 						
Efficiency						
<ul style="list-style-type: none"> To what extent have your 1815-funded activities affected efficiencies related to infrastructure, management, partnerships, or financial resources to increase access to and participation in DSMES programs in underserved areas? 						
Sustainability						
<ul style="list-style-type: none"> To what extent will the activities implemented to increase access to and participation in ADA-recognized/ADCES-accredited DSMES programs be sustained after the NOFO ends? 						
Impact						
<ul style="list-style-type: none"> To what extent has access to and participation in ADA- 						

recognized/ADCES-accredited DSMES programs contributed to improved health outcomes in underserved areas?						
Additional Recipient Evaluation Questions						

Table 2-2. Strategy A.2 - Evaluation Design and Data Collection Matrix

Strategy A.2 Expand or strengthen DSMES coverage policy among public or private insurers or employers, with an emphasis on one or more of the following: Medicaid and employers.						
Evaluation Questions	Indicator(s)	Data Source	Data Collection Method	Data Collection Timing	Data Analysis	Person(s) Responsible
Approach						
<ul style="list-style-type: none"> How have your 1815-funded activities contributed to expanding or strengthening DSMES coverage policy among public/state employee health plans? How have your 1815-funded activities contributed to expanding or strengthening DSMES coverage policy among private insurers or employers? 						
<ul style="list-style-type: none"> How were activities tailored to reach Medicaid beneficiaries? How were activities tailored to reach public/state employees? How were activities tailored to reach private sector employees? 						
Effectiveness						
<ul style="list-style-type: none"> How has expanded coverage led to increased participation in ADA-recognized/ADCES-accredited DSMES programs by Medicaid beneficiaries? How has expanded coverage led to increased participation in ADA-recognized/ADCES-accredited DSMES programs by state/public employees? How has expanded coverage led to increased participation in ADA-recognized/ADCES-accredited DSMES programs by private sector employees? 						
<ul style="list-style-type: none"> What factors were associated with expanded or strengthened DSMES coverage policy among state/public, private, or employer insurers? 						
Efficiency						

<ul style="list-style-type: none"> To what extent have your 1815-funded activities affected efficiencies related to infrastructure, management, partnerships, or financial resources to expand or strengthen DSMES coverage policy among state/public or private insurers or employers? 						
Sustainability						
<ul style="list-style-type: none"> To what extent will expanded or strengthened DSMES coverage policy for Medicaid beneficiaries, state/public employees, and employees of private sector organizations be sustained after the NOFO ends? 						
Impact						
<ul style="list-style-type: none"> To what extent has expanded or strengthened DSMES coverage contributed to increased enrollment and/or participation in DSMES programs by Medicaid beneficiaries, state/public employees, and employees of private sector organizations? 						
Additional Recipient Evaluation Questions						

Table 2-3. Strategy A.3 - Evaluation Design and Data Collection Matrix

Strategy A.3. Increase engagement of pharmacists in the provision of medication management or DSMES for people with diabetes.						
Evaluation Questions	Indicator(s)	Data Source	Data Collection Method	Data Collection Timing	Data Analysis	Person(s) Responsible
Approach						
<ul style="list-style-type: none"> What types of support/resources have your 1815-funded activities established or maintained to increase pharmacist delivery of DSMES programs? 						
<ul style="list-style-type: none"> What types of partnerships have your 1815-funded activities supported to increase pharmacist use of patient care processes to promote medication management for people with diabetes? 						
<ul style="list-style-type: none"> How were activities tailored to reach underserved areas? 						
Effectiveness						
<ul style="list-style-type: none"> How have your 1815-funded activities contributed to increasing the availability of pharmacy-based DSMES programs in underserved areas? 						
<ul style="list-style-type: none"> How has pharmacist engagement in patient care processes increased the availability of medication management for people with diabetes in underserved areas? 						
<ul style="list-style-type: none"> What factors were associated with effective engagement of pharmacists in DSMES programs? 						
Efficiency						
<ul style="list-style-type: none"> To what extent have your 1815-funded activities affected efficiencies related to infrastructure, management, partnerships, or financial resources to increase pharmacist engagement in the provision of medication management for people with diabetes in underserved areas? To what extent have your 1815-funded activities 						

affected efficiencies related to infrastructure, management, partnerships, or financial resources to increase pharmacist engagement in DSMES in underserved areas?						
Sustainability						
<ul style="list-style-type: none"> To what extent will the activities implemented to increase engagement of pharmacist in the provision of medication management for people with diabetes be sustained after the 1815 NOFO ends? To what extent will the activities implemented to increase engagement of pharmacist in the provision of DSMES for people with diabetes be sustained after the 1815 NOFO ends? 						
Impact						
<ul style="list-style-type: none"> To what extent has access to pharmacy-based medication management contributed to a measurable change in A1C control? To what extent has access to pharmacy-based DSMES contributed to a measurable change in A1C control? 						
Additional Recipient Evaluation Questions						

Table 2-4. Strategy A.4 - Evaluation Design and Data Collection Matrix

Strategy A.4. Assist health care organizations in implementing systems to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs for type 2 diabetes prevention.						
Evaluation Questions	Indicator(s)	Data Source	Data Collection Method	Data Collection Timing	Data Analysis	Person(s) Responsible
Approach						
<ul style="list-style-type: none"> How were activities tailored to reach underserved areas? 						
Effectiveness						
<ul style="list-style-type: none"> How have your 1815-funded activities contributed to strengthening the identification of people with prediabetes within health care organizations? 						
Efficiency						
<ul style="list-style-type: none"> To what extent have your 1815-funded activities affected efficiencies related to infrastructure, management, partnerships, or financial resources within partnering health care organizations to increase the referral of people with prediabetes to CDC-recognized lifestyle change programs? 						
Sustainability						
<ul style="list-style-type: none"> To what extent will the activities implemented within partnering health care organizations to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs be sustained after the 1815 NOFO ends? 						
Impact						
<ul style="list-style-type: none"> To what extent has the implementation of systems within partnering health care organizations to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs contributed to a measurable change in enrollment in the National DPP lifestyle change program? 						

Additional Recipient Evaluation Questions						

Table 2-5. Strategy A.5 - Evaluation Design and Data Collection Matrix

Strategy A.5. Collaborate with payers and relevant public and private sector organizations within the state to expand availability of the National DPP as a covered benefit for one or more of the following groups: Medicaid beneficiaries; state/public employees; employees of private sector organizations						
Evaluation Questions	Indicator(s)	Data Source	Data Collection Method	Data Collection Timing	Data Analysis	Person(s) Responsible
Approach						
<ul style="list-style-type: none"> How have your 1815-funded activities supported collaborating with payers and public and private sector organizations within your state to expand availability of the National DPP lifestyle change program as a covered benefit? 						
Effectiveness						
<ul style="list-style-type: none"> How has collaborating with payers and public and private sector organizations within your state contributed to expanding coverage of the National DPP lifestyle change program for Medicaid beneficiaries, state/public employees, and employees of private sector organizations? 						
<ul style="list-style-type: none"> What factors were associated with expanded availability of the National DPP lifestyle change program as a covered benefit for Medicaid beneficiaries, state/public employees, and employees of private sector organizations? 						
Efficiency						
<ul style="list-style-type: none"> To what extent have your 1815-funded activities affected infrastructure, management, partnerships, or financial resources to expand the availability of the National DPP lifestyle change program as a covered benefit for Medicaid beneficiaries, state/public employees, and employees of private sector organizations? 						

Sustainability						
<ul style="list-style-type: none"> To what extent will activities implemented to support the expanded availability of the National DPP lifestyle change program as a covered benefit for Medicaid beneficiaries, state/public employees, and employees of private sector organizations be sustained after the NOFO ends? 						
Impact						
<ul style="list-style-type: none"> To what extent has expanded availability of the National DPP lifestyle change program as a covered benefit contributed to a measurable change in increased enrollment in the National DPP by Medicaid beneficiaries, state/public employees, and employees of private sector organizations? 						
Additional Recipient Evaluation Questions						

Table 2-6. Strategy A.6 - Evaluation Design and Data Collection Matrix

Strategy A.6. Implement strategies to increase enrollment in CDC-recognized lifestyle change programs.						
Evaluation Questions	Indicator(s)	Data Source	Data Collection Method	Data Collection Timing	Data Analysis	Person(s) Responsible
Approach						
<ul style="list-style-type: none"> What types of support did your 1815-funded activities provide to increase enrollment in existing CDC-recognized lifestyle change programs for people with prediabetes? What types of support did your 1815-funded activities provide to establish new CDC-recognized organizations/new program delivery sites? 						
<ul style="list-style-type: none"> How were activities tailored to reach underserved areas? 						
Effectiveness						
<ul style="list-style-type: none"> How have your 1815-funded activities contributed to increased enrollment of people with prediabetes in CDC-recognized lifestyle change programs? 						
<ul style="list-style-type: none"> What factors were associated with successful start-up of new CDC-recognized lifestyle change programs in underserved areas? What factors were associated with successful enrollment strategies in underserved areas? 						
Efficiency						
<ul style="list-style-type: none"> To what extent have your 1815-funded activities affected infrastructure, management, partnerships, or financial resources to increase the enrollment of people with prediabetes in CDC-recognized lifestyle change programs in underserved areas? 						

Sustainability						
<ul style="list-style-type: none"> To what extent will the activities implemented to support the enrollment of people with prediabetes in CDC-recognized lifestyle change programs be sustained after the NOFO ends? 						
Impact						
<ul style="list-style-type: none"> To what extent have CDC-recognized organizations achieved a minimum average loss of 5% in in their eligible participants? 						
Additional Recipient Evaluation Questions						

Table 2-7. Strategy A.7 - Evaluation Design and Data Collection Matrix

Strategy A.7. Develop a statewide infrastructure to promote long-term sustainability for Community Health Workers (CHWs) as a means to establish or expand their engagement in a) CDC-recognized lifestyle change programs for type 2 diabetes prevention and/or b) ADA-recognized/ADCES-accredited DSMEs programs for diabetes management.						
Evaluation Questions	Indicator(s)	Data Source	Data Collection Method	Data Collection Timing	Data Analysis	Person(s) Responsible
Approach						
<ul style="list-style-type: none"> • What types of partnerships have your 1815-funded activities supported to engage delivery vehicles and mechanisms (e.g. academic and other institutions) in offering CHW core competency training? • What types of support/resources have your 1815-funded activities provided to delivery vehicles and mechanisms (e.g. academic and other institutions) in offering CHW core competency training? • What types of partnerships have your 1815-funded activities supported to establish and expand sustainable mechanisms for CHW payment? 						
Effectiveness						
<ul style="list-style-type: none"> • How have your 1815-funded activities contributed to developing statewide infrastructure to promote long-term sustainability for CHW core competency training? 						
Efficiency						
<ul style="list-style-type: none"> • To what extent have your 1815-funded activities affected infrastructure, management, partnerships, or financial resources to establish or expand sustainable payment for CHWs? 						
Sustainability						

<ul style="list-style-type: none"> To what extent will delivery vehicles and mechanisms (e.g. academic and other institutions) for delivering CHW core competency training be sustained after the NOFO ends? 						
Impact						
<ul style="list-style-type: none"> To what extent have sustainable mechanisms for CHW payment been achieved? 						
Additional Recipient Evaluation Questions						

Table 3. Performance Measurement Plan

Performance Measure Plan Narrative												
Ensure Data Quality: Describe your plans for assessing the validity, accuracy, and consistency of your performance measure data.												
Use of Performance Measure Data: Describe how your performance measure data will be used to demonstrate progress towards achieving the NOFO goals and to ensure continuous quality and programmatic improvement.												
Communication/Dissemination: Describe your plans for communicating/sharing your performance measure data and provide examples of products that you will develop.												
Instructions: List the performance measures corresponding with all five (5) Category A strategies you are implementing and fill-in the following information: baseline value, Year 2 and 5 targets, data source, data collection frequency, and measure notes.												
Performance Measure	Baseline			Year 2 Target			Year 5 Target			Data Source	Frequency of Data Collection	Measure Notes
	num	den	%	num	den	%	num	den	%			
										Where you will collect the data (i.e., program records, surveys, etc.).	How often you are collecting data for this performance measure.	