DP18-1815 Evaluation and Performance Measurement Plan Webinar
Questions and Answers

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1. **Q: Why are Effectiveness and Efficiency evaluated in different years for Cat A and B?**

    A: For both categories you will evaluate all five of the evaluation core areas. Category A has a comprehensive evaluation and Category B has a stepwise approach. For Category A, Efficiency and Effectiveness should be addressed each year. For Category B, you will report on Efficiency in year 2 and Effectiveness in year 3. For Category B, you may evaluate multiple core areas each year if that works best for your context, but the only required evaluation reporting deliverable will focus each year on a specific core area, building on the previous year's evaluation.

2. **Q: If our technical review didn't ask for a change somewhere, should we nonetheless modify our plan if today's webinar shows how we could strengthen our plan?**

    A: Yes, if there is anything here you found helpful that strengthens your plan, please incorporate that into the revisions you will submit at the end of July.

3. **Q: [Refer to slide 15] Are these the activity descriptions that are supposed to go in Table 2 under each chosen strategy?**

    A: Yes, those would go in specific Year 1 evaluation plans. There is not a specific template to use, this is an example.

4. **Q: When will we receive guidance for the year two category B deliverable? That will help with planning what questions to include in the EPMP, because I'm not familiar with efficiency or strategy mapping.**

    A: Category B will share more detailed guidance on the Year 2 deliverable this summer.

5. **Q: [Refer to slides 27 and 28] The first slide says all 5 core areas must be addressed each year, but the deliverables slide says that we are only reporting on 4 of the 5 until year 5?**

    A: Category A is requesting a traditional comprehensive evaluation report. We would like you to develop evaluation questions for all 5 years. However, our expectation is not that you will answer all these questions each year, but rather report on the progress of implementing your evaluation plan and the analysis you have completed for that year. We are not asking for a Health Impact Statement until Year 5, but we would like you to design your evaluation so that you can build up to developing a Health Impact Statement in Year 5. You can look at all evaluation core areas throughout the years for both categories; the only difference is the reporting deliverables. For Category B, we want to make sure that we can highlight each of these specific core areas and that we are able to give those deliverables and results to our stakeholders as we build towards the Health Impact Statement in Year 5. Slide 27 was edited to clarify this.

6. **Q: If possible, could Part A and Part B Evaluator TAs, come up with examples for other strategies and distribute in time for incorporating into revisions? Concrete examples from each unit would be very helpful from multiple strategies.**

    A: For Category A, we included sample evaluation questions and indicators for each core area in the Category A EPMP guidance. Today's webinar slides include a Category B example that you can apply to the other strategies that you selected to evaluate. For each strategy, start with a clear activity description and

then walk through the who, what, how, and how many and then develop your questions to be specific to the activity. If you need any additional clarification about the questions, please follow-up with your CDC evaluation TA providers.

7. **Q: If we are planning to use an indicator for later years in the grant, but would like to start collecting information now (for baseline), should we document that anywhere in the EPMP or are multi-year questions not pertinent to the evaluation products and better suited to internal evaluation?**

   A: If this is something that you are looking at and it is related to your evaluation questions you are posing, feel free to include it in your evaluation plan.

8. **Q: Will CDC distribute templates for evaluation reports as in previous grants (e.g. 1305; 1422)?**

   A: All templates are currently in OMB clearance and as soon as they are cleared, we will share them. We shared screenshots of example key elements that should be included on past webinars (i.e. Category A EPMP Webinar) and provided detailed guidance. Please feel free to reach out to your Category A and B CDC evaluation TA provider if you would like an example of a table or a template.

9. **Q: What steps should we take if a particular evaluation core area cannot be addressed during year 1 or 2?**

   A: For Category A, please include a status update with the progress of implementing your evaluation in the annual evaluation report. For both categories, please contact your CDC evaluation TA provider to discuss any challenges with evaluation reporting.

10. **Q: Since performance measures are cumulative, how do we handle situations where there may be duplicate counts year to year? For example, if year one 100 CHWs receive a training and year 2 150 CHWs receive training, but 100 attended the training both years would we report 250 or 150 for year two?**

    A: Based on this description, you could report the number of CHWs that were trained during each reporting period, even if some of the CHWs are the same, as long as new information is being provided in the training. Since we don't have more context for this example, it would be advisable to follow up with your CDC evaluation TA provider with specific performance measure questions. Keep in mind that the question of whether the number of people can be duplicated or whether they should be unique may vary among different performance measures, so please check the performance measure definition and follow up with your CDC evaluation TA provider.

11. **Q: How are other states (or how does CDC prefer) the evaluation questions or indicators be numbered for (i.e. B.2.a.1.a)?**

    A: Please refer to the examples shown in the webinar slides.

12. **Q**: **Can you please confirm that all PMs for both Cat A and Cat B should be reported only among the priority populations/partners involved in implementation and not at the state level**?

    A: With the exception of A.7, all PMs should be reported at the level of implementation (and not at the state-level).

13. **Q**: **When will CDC provide report templates (if that is the plan)?**

    A: All templates are currently in OMB clearance and as soon as they are cleared, we will share them. We shared screenshots of example key elements that should be included on past webinars (i.e. Category A EPMP Webinar) and provided detailed guidance for both categories.

Please feel free to reach out to your Category A and B CDC evaluation TA provider if you would like an example of a table or a template.

14.   **Q: This would have been helpful 6 months ago. The discrepancy between categorical expectations is causing a lot of unnecessary burden and confusion at the state level. Why does Category A - staffed by the same teams, have such an uneven burden to the states?**

A: *(This answer is in response to Question 14 and other statements made in the chat box during the webinar).* DHDSP and DDT evaluators have provided ongoing support and guidance (jointly and separately) since the cooperative agreement was awarded (see table below for a list of guidance and resources that are available) and CDC evaluation TA providers are on all monthly calls and can be contacted at any time for assistance. If you are having difficulty with your evaluation or completing your required evaluation reporting deliverables, we encourage you to make use of these resources to assist you in your efforts.

DHDSP and DDT evaluation teams have coordinated and provided consistent guidance on the overarching evaluation approach and evaluation questions, the five core evaluation areas, the reporting timelines and submission processes for evaluation reporting deliverables, provision of technical assistance, performance measure templates (in OMB clearance), DMP reporting, and the basic elements of EPMPs. It is accurate that the divisions are asking for different formats to provide your evaluation results and therefore there are some differences in the information requested in the EPMPs for Category A and Category B. This cooperative agreement has two separate funding streams for DHDSP and DDT with different sets of strategies and different outcomes for which each division is accountable.

Based on lessons learned from previous combined cooperative agreements, when some states were unable to provide outcomes for each division from which they received funding, each division worked with their stakeholders to determine the best way to document and report outcomes for their division. Each division wants to ensure that they are accountable for effectively describing the activities that are being implemented with their funding and how those activities are contributing to short and long term outcomes. DHDSP determined that briefing documents modeled after the 1305 and 1422 Health Impact Statements would be most beneficial and useful for stakeholders since the Health Impact Statements were well received and included in reports to Congress, analyzed and used in manuscripts and other reports. DDT determined that a full evaluation report each year that described efforts and results for all core areas was needed to effectively describe results to their stakeholders.

Even with these differences, as noted in answers to previous questions and discussed on technical assistance calls with states, if it makes sense to combine any evaluation efforts, such as data collection (e.g, a survey that asks about CVD and diabetes outcomes), states should feel free to do so, as long as outcomes for each can be reported separately. Similarly, if states want to evaluate all core areas every year for Category A and B, they may do so, but Category B is only requiring the stepwise approach for annual reporting. As evidenced by the information in this webinar, the information contained in an evaluation plan is consistent and the guidance and resources below should help with all of your evaluation efforts.

As always, please reach out to your CDC evaluation TA providers for any assistance as you make any revisions to your plan, conduct your evaluations, and report your evaluation and performance measure deliverables. If you think it would be beneficial to meet with your Category A and Category B evaluation TA providers on one call, contact them and your Project Officers to arrange a call.

Table of available DP18-1815 evaluation resources

Webinars, Guidance and Resources	Description of resource
1815 Kick-off Evaluation Webinar	• Webinar presented October 11, 2018 • Evaluation Kick-off Webinar PowerPoint Slides and Q and A sent via email on October 12, 2018
Category B EPMP Guidance and draft Performance Measure Guidance and Definitions	• Distributed via email October 18, 2018 • Final version (V2) of Category B EPMP guidance (minor clarifications based on recipient questions and suggestions) available on AMP • Category B Final 1815 Performance Measure Guidance and Definitions (V3) available on AMP. Includes refinements made based on discussions with performance measure action teams
Category B EPMP webinar	• Webinar presented November 27th, 2018 • Provides guidance on Cat B EPMP, including an example table • Webinar slides, recording and Q and A sent via email November 30th, 2018. Also available on AMP.

DMP Webinar	• Webinar presented on December 13th, 2018
	• Includes an overview of DMP requirements for both categories and 3 cooperative agreements
	• Slides, recording, and Q and A sent out via email December 19th, 2018.
	   a. 1815 1817 WISEWOMAN DMP Presentation_Final_12.13.18
	   b. 1815 1817 WISEWOMAN DMP Webinar QA_Final_12.13.18
	   c. Webinar Recording: https://adobeconnect.cdc.gov/p8xac24ezkn9/

1815 Category A National Evaluation and Performance Measure Plan Webinar	• Webinar presented January 15, 2019 • 1815 Evaluation and PM Overview_FINAL Slides_1-15-19 • CAT A EPMP Webinar QA_1.16.19_FINAL • Webinar Recording: https://adobeconnect.cdc.gov/puw40jddsz90/
1815 Category B National Evaluation and Performance Measure webinar	• Webinar presented January 17th, 2019 • Slides, recording, and Q and A distributed via email on January 23rd, 2019 • Available on AMP
1815 Category A EPMP Webinar	• DP18-1815 Cat A EPMP Webinar_Final_2-28-19 • DP18-1815 Cat A EPMP Webinar QA_2-28-19_Final • Webinar Recording: https://adobe0connect.cdc.gov/paaygtw55fnl/

1815/1817 Recipient meeting evaluation sessions	• Recipient meeting March 26-28, 2019
	• All slides provided and available
	   a. 1815 Category A Deep Dive Session Recipient Meeting A Deeper Dive into Category A
	   b. Considerations for Implementing a Rigorous Evaluation" on March 27 at 10:45am
	   c. The Bottom Line: Strategies for conducting cost analysis and cost-effectiveness analysis in program evaluation
	   d. Practical Strategies for Measuring and Evaluating Health Equity
	   e. Working with Health Care Systems Data for Heart Disease
	   f. 1815/1817 Category A and B Performance Measure roundtable (notes and summary)

Cat A: Keep on Rockin' and Reporting! Webinar and DPRP Quarterly Report (April 2019)	• 1815+1817 DPRP State Report 1-16-19 Webinar_for 508 • State-level Report – April 2019 • ZipCode Report – April 2019
Emails describing how to submit original and revised EPMPs (both categories)	• Emails sent March 6th, March 29th, and May 2nd to provide submission guidance and remind recipients of process.
Email with overview of reporting deliverables, timelines, and guidance for submitting Year	• Email sent June 5th, 2019 • Category A and Category B guidance documents attached to email. Also available on AMP. Additional technical assistance tools or tables available upon request.

evaluation results (reporting deliverable)	
1815 Cat A and Cat B EPMP feedback webinar	- Webinar presented June 20th, 2019 to review good practices for writing evaluation plans, with examples - Slides, recording and Q and A distributed and will be added to AMP