

a. Describe the current evaluation team or propose a plan to establish the evaluation team using criteria such as prior work experience, professional training, and academic degrees.

b. Describe the current evaluation plan or propose an evaluation plan that includes clearly stated evaluation objectives with a time line for the collection of data throughout the project.

c. Describe the current database or propose a database that details data elements, methods for data management, the creation of unique identifiers, methods for identifying women who need immediate treatment, and other important data procedures.

6. *Evaluation—(Enhanced Program):* Submit an evaluation design to: (1) Examine the impact of chronic disease risk factor intervention(s) on lowering blood pressure, improving cholesterol levels (lowering total cholesterol levels and raising HDL cholesterol levels), and improving other risk factors such as poor nutrition and inadequate physical activity at six and twelve months after intervention and program strategies. The plan for effectiveness should include:

a. The extent to which a university or Prevention Research Center will be involved in the evaluation design.

b. The preliminary evaluation questions to be answered.

c. The type of evaluation design (e.g. randomized controlled design) and rationale for using this type of design.

d. Length of follow-up and measurement intervals.

e. Protocol used to ensure that the maximum number of women will return for each evaluation.

f. Statistical techniques that will be used to analyze the data with preliminary estimates of the sample size needed to achieve adequate statistical power. To obtain the statistical power to evaluate the intervention, the program should add cholesterol and blood pressure screenings (and other optional screenings, if desired) to a sufficiently large number of State or Territorial BCCEDP sites to provide adequate statistical power for evaluating program effectiveness. States or Territories may want to consider including a total of at least 20 sites. The study design for this type of evaluation might include women from a number of sites assigned to intervention (i.e., the special intervention group) compared to women from a number of sites assigned to usual standard practice (i.e., the usual care group or comparison group). Other study designs may be proposed including randomizing women to each of arm of the study. A method of collecting information for the purpose of

program evaluation should be developed and implemented. Voluntary reporting of Minimum Data Elements is recommended as part of the program evaluation. The plan for translation and transferring successful strategies should include:

(1) The extent to which the evaluation team includes staff with expertise in translation and transfer activities;

(2) Clear objectives regarding translating strategies into products using lay language, compiling information in clear, user-friendly format, testing of the translation package for usability;

(3) Methods for providing technical assistance, orientation and training on implementing and ensuring fidelity with regard to implementing the translation package;

(4) Methods for evaluating and refining the translation package and plans for dissemination of the final package;

(5) A timeline with regard to translation and transfer activities. Some important resources for understanding the scope of these translation and transfer activities are found at <http://www.replication.org/infores.html> and <http://www.replication.org/pdf/tool.pdf>.

7. *Collaborative Efforts.* Provide a concise collaboration plan that addresses program methods and analyzing and publishing data with CDC and others. The following areas should be addressed:

a. Meeting and teleconferences attendance for the purpose of developing forms, tracking systems, measurements, policy, etc.

b. Analyzing data and co-authoring abstracts and publications; sharing information with CDC and its contractors (stripped of identifying information) on a twice-yearly basis.

c. Plans to collaborate with other health promotion experts in the health agency including nutritionists, physical activity experts, tobacco control experts, and others who promote a healthy lifestyle through better eating, weight management, physical activity, and smoking cessation.

d. For Enhanced projects, plans for developing a monograph and/or training on methods to help other projects adopt successful program practices (See example "Integrating Cardiovascular Disease Prevention into Existing Health Services: The Experience of the North Carolina WISEWOMAN Program" at <http://www.hdpd.unc.edu/wisewoman/manual.htm>).

8. *Budget and Justification:* Provide a detailed budget and line-item justification that is consistent with the stated objectives, purpose, and planned activities of the project. Applicants

should note the following budget-related issues:

a. Budget for the following travel:

(1) Up to two persons to attend the Nutrition and Public Health Course that is sponsored by the University of North Carolina Prevention Research Center and the Centers for Disease Control and Prevention. This is a five-day course. For more information see <http://www.hdpd.unc.edu/nph>. Future topics and place to be determined. This is a mandatory training course that provides training with regard to WISEWOMAN Best Practices.

(2) Up to two persons to participate in the annual WISEWOMAN Project Directors Meeting that is held in conjunction with NCCDPHP Annual Chronic Disease Conference (four days) or other CDC Conferences. Details are provided at <http://www.cdc.gov/nccdpdp/conference/index.htm>. This is a mandatory meeting for the purpose of sharing projects successes and challenges.

(3) One person to attend the Physical Activity and Public Health Course that is sponsored by the University of South Carolina Prevention Research Center and the Centers for Disease Control and Prevention. This is an eight-day Postgraduate Course on Research Directions and Strategies and a six-day Practitioner's Course on Community Interventions. See <http://prevention.sph.sc.edu/seapines/index.htm>. Or one person to participate in a non-CDC sponsored professional meeting directly relevant to the program. (A tobacco cessation training course is highly recommended.)

(4) Cost Data and Minimum Data Elements: Budget for collecting and reporting cost data and minimum data elements. (See WISEWOMAN Guidance Document at <http://www.cdc.gov/wisewoman> for list of minimum data elements.) Section 1505 [42 U.S.C. 300n–1] requires that applicants provide assurance that the grant funds be used in the most cost-effective manner.

G.3. Evaluation Criteria

Applications received from current grantees that are funded under program announcements 00115, 99135, and 01098 will be reviewed utilizing the Technical Review process. For applicants that apply competitively as Standard Demonstration Projects or Enhanced Projects, an independent objective review group appointed by CDC will evaluate each application individually using the following criteria:

1. *Program Plan (35 points).* The extent to which the applicant has addressed Recipient Activities 1.a