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| **Project name** | Click or tap here to enter text. | |
| **Total support requested**: Click or tap here to enter text. | | **Proposed program duration**:Click or tap here to enter text. |

**Evaluation Goal**

Provide a short statement of what you hope to determine with this evaluation and how the information will be used.

*Ex. This evaluation will determine the effectiveness of this intervention on rates of patients with uncontrolled diabetes. Additionally, we will examine how the program affects patient’s perception of their ability to self-manage their diabetes. Results of this evaluation will be used to determine which program components should be expanded and to aid in securing additional support.*

**Mobile Health Unit Team**

List the members of your team and describe their role related to this project. Add additional rows as needed.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title/Role** | **Responsibilities** |
| *Ex. Cam Smith* | *Lead Evaluator* | *Oversee all evaluation activities*  *Coordinate meetings* |
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**Data Collection Plan**

List the data that will be collected for this evaluation including the data source and how it will be collected.

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| **Measure** | **Data Source** | **Data Collection Method** |
| ***CORE DATA –*** *The following data are target core measures. If funded, SC CRPH will work with grantees to finalize data to be collected and evaluation processes.* | | |
| **Patient Information**  -Date of birth  -Gender  -Race/Ethnicity  -Zip code of residence |  |  |
| **Visit Information**  **-**Services provided  -Provider type  -Location of mobile unit |  |  |
| **Unit Information**  -Visit count  -Show rate  -Number and type of staff present  -Locations served  -Populations served (peds, etc)  -Services available |  |  |
| ***PREFFERED DATA –*** *the following data are optional and can be used as examples of additional measures to collect. The preferred data you should collect will vary based on the program you are proposing. You can pick and choose from the list below or create your own list.* | | |
| **Patient Health**  -Weight/BMI  -A1C  -Blood pressure |  |  |
| **SDOH**  -barriers to care  -food insecurity  -housing |  |  |
| ***ADDITIONAL DATA –*** *list any other data that you will collect for this evaluation. Add rows as needed.* | | |
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**Outcome Evaluation**

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| --- | --- | --- | --- | --- |
| **Evaluation questions** | **Data source** | **Evaluation methods** | **Outcome measures** | **Communication of findings** |
| **Aim 1:** | | | | |
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| **Aim 2:** | | | | |
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| **Aim 3:** | | | | |
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