

Evaluation Rubric: Chronic Disease Prevention Grants

	Community Need (25%)	Equity (25%)	Effectiveness + Efficiency (25%)	Sustainability + Feasibility (25%)
<b>Excellent (9-10)</b>	<p>Clearly identifies and addresses a high-priority chronic disease or modifiable risk factor in a community of significant need.</p> <p>Targets priority population cohorts (e.g., Aboriginal and Torres Strait Islander people, rural/remote areas, socioeconomically disadvantaged groups).</p> <p>Demonstrates a strong understanding of the local health needs using robust data.</p>	<p>Explicitly focuses on reducing health inequities in underserved or priority populations.</p> <p>Incorporates patient-centered approaches that are culturally appropriate and accessible.</p> <p>Plans to enhance the patient experience through clear strategies like shared decision-making or innovative care models.</p>	<p>Demonstrates clear and measurable outputs, such as number of participants, screenings conducted, or risk assessments completed</p> <p>Comprehensive approach to achieving and measuring patient outcomes, with evidence supporting the likelihood of success.</p> <p>Outputs are delivered within a structured timeline, ensuring optimal use of resources.</p> <p>Includes innovative strategies for delivering services (e.g., telehealth, group care) as needed.</p>	<p>Demonstrates sufficient capacity (e.g., staffing, infrastructure) to implement the initiative effectively.</p> <p>Detailed planning for long-term sustainability of the initiative</p> <p>Includes robust evaluation measures (e.g., PROMs, PREMs, clinical outcomes) to track and demonstrate impact.</p> <p>Proposes partnerships to support long-term sustainability (e.g., with local organizations, insurers, or national advocacy groups).</p>
<b>Very Good (6-8)</b>	<p>Focuses on a relevant chronic disease or risk factor in a community of moderate need.</p> <p>Includes some focus on priority populations, though with less depth or breadth.</p> <p>Adequately informed by local data and community needs.</p>	<p>Addresses health inequities and includes some patient-centered strategies.</p> <p>May lack a robust or fully detailed plan for enhancing patient experience.</p>	<p>Outputs are well-defined and achievable, though some details (e.g., timeline or resource allocation) could be improved.</p> <p>Likely to achieve meaningful outcomes, though the link between intervention and long-term impact requires further detail.</p>	<p>Available staff capacity and facilities to provide care</p> <p>Sufficient eligible patients to support service utilisation</p> <p>Basic plan for long-term sustainability of the initiative</p> <p>Includes basic evaluation measures with potential for impact tracking.</p>
<b>Good (3-5)</b>	<p>Addresses a general chronic disease or risk factor but lacks specificity in targeting community or population needs.</p> <p>Limited focus on priority populations or local health challenges.</p>	<p>Acknowledges health inequities and patient needs but lacks specific strategies to address them effectively.</p>	<p>Outputs are basic and achievable but lack alignment with innovative practices or optimization of resources.</p> <p>Outcomes are moderate or somewhat unclear, with limited evidence of sustainability or long-term impact.</p>	<p>Basic feasibility with minimal planning for partnerships or provider engagement.</p> <p>Minimal planning for long-term sustainability of the initiative</p>
<b>Inadequate (0-2)</b>	<p>Weak alignment with community needs or population health priorities.</p> <p>Little or no consideration of priority cohorts or local data.</p>	<p>Limited or no focus on equity and priority populations</p>	<p>Outputs are vague, unrealistic, or poorly planned.</p> <p>Outcomes are poorly defined or unlikely to be achieved.</p>	<p>Lacks feasibility due to insufficient capacity or relationships.</p> <p>No clear plan for sustainability or evaluating long-term impact.</p>

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