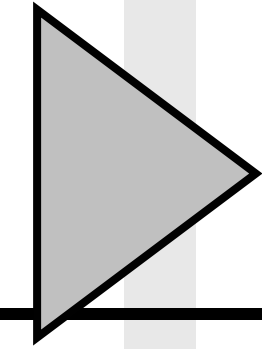


Documenting Outcomes In Tobacco Control Programs

This manual is set up to be printed back to back.

You may use the text at the left on this page to print and cut a spine label for a notebook.

A standard set of index tabs numbered 1 – 6 can be used to divide the chapters.



Documenting Outcomes in Tobacco Control Programs

^{UW}
Extension

**Cooperative Extension
University of Wisconsin-Extension**

July 2005



Program Development and Evaluation
432 N. Lake St., Rm 613
Madison, WI 53706

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, University of Wisconsin-Extension, Cooperative Extension. An EEO/Affirmative Action employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title IX and ADA requirements. If you need this information in an alternative format, contact the Office of Equal Opportunity and Diversity Programs or call Extension Publishing at (608) 262-2655.

© 2005 by the Board of Regents of the University of Wisconsin System doing business as the division of Cooperative Extension of the University of Wisconsin-Extension. Send inquiries about copyright permission to: Manager, Cooperative Extension Publishing, 103 Extension Building, 432 N. Lake Street, Madison, WI 53706.

This publication is available in PDF format on the Internet on the UW-Extension, Cooperative Extension, Program Development and Evaluation web page at: <http://www.uwex.edu/ces/pdande/>. For other Cooperative Extension publications visit the web site: <http://www.uwex.edu/ces/pubs/>

Acknowledgements

This manual has been in development for nearly two years during which time many people have contributed either directly or indirectly. We have consulted many valuable resources, research articles and web sites related to the evaluation of tobacco control programs. We have learned from working closely with public health practitioners and coalition members. In the end, this manual comes from and is for members of community coalitions across Wisconsin who want to evaluate their programs and need practical tools and methods for doing so.

The initial idea for this manual emerged in June 2003 as a set of user-friendly tools that coalitions could use to enhance their evaluation. The University of Wisconsin-Extension (UWEX) team had been providing training and technical assistance in evaluation to local tobacco-free coalitions since 2001 under contract with the Wisconsin Tobacco Control Board. It was felt that standardized protocols and common tools would facilitate local level evaluation and promote greater consistency across the state. The State Tobacco Control Program within the Division of Public Health, Wisconsin Department of Health and Family Services, had formed work teams for each topical area: smoke free environments; reducing and preventing use by youth; and treating tobacco addiction. Through the summer of 2003, a UWEX staff member worked with each team to create a logic model(s) of the statewide program. These logic models became the basis for the identification of *what* to evaluate and the development of data collection plans for each topical area. The UWEX staff then worked with coalition members and others to design tools that coalitions could use to collect data. Changes in budget prematurely ended the UWEX contract but members of the team continued to work on the manual until its completion in 2005. While the intended collaboration with coalition members and pilot testing of instruments did not occur, we believe the material in this manual will be useful, not only to tobacco-free coalitions but to others evaluating community-based programs.

Authors:

Ellen Taylor-Powell
Lynn Hrabik, Treating Tobacco Addiction
Jennifer Leahy, Reducing and Preventing Youth Tobacco Use
Bonita Westover, Smoke-Free Environments
John Klatt, Analysis and interpretation sections
Christine Dobbe, Reducing and Preventing Youth Tobacco Use

Special Thanks To:

Liz DeVos and Ellen Henert for design and production
Marla Maeder for editing
Heather Boyd for review of various sections
Larry Jones for support and encouragement to finish

Why this manual?

The purpose of this manual is to enable tobacco-free coalitions in Wisconsin to measure the outcomes of their work. Knowing what difference you are making is critical for accountability and for continuous improvement. Engaging in evaluation will help coalitions make sound decisions to achieve desired results and have important information to share with others.

Who is this manual for?

This manual is written for community coalitions – coordinators and members – who are engaged in tobacco control in Wisconsin. Others who are interested in and wanting to evaluate community level change will also find this manual useful.

What does this manual include?

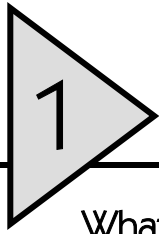
This manual provides practical procedures and tools based on best practices in community-based tobacco control. The first two sections provide the overview and standard steps in program evaluation. Then, three topical chapters focus on (1) smoke-free environments, (2) reducing and preventing youth tobacco use, and (3) treating tobacco addiction. Each includes actual logic models with descriptions and related data collection plans. For each section, you will find one complete case example that includes a ready-to-use instrument, instructions for administration, a data recording form, advice for analysis and interpretation using sample data for illustration and an example report to show you how the results might be communicated. In addition, you will find numerous other instruments that can be used to measure different aspects of your tobacco control program. These materials are ready for you to use and/or adapt to meet your local situation. We hope you find them helpful.

What can you expect to gain from using this manual?

- increased ability to document the difference you are making
- increased focus on important outcomes
- increased knowledge about what to evaluate, how and when
- improved ability to collect outcome information that is credible and useful

Table of Contents

<p>1. Overview</p>	<p>Principles of This Manual Key Definitions Bibliography</p>
<p>2. Steps In Program Evaluation</p>	<p>Step 1: Engage Stakeholders Step 2: Focus Step 3: Collect Data Step 4: Analyze and Interpret Step 5: Use</p>
<p>3. Smoke Free Environments</p>	<p>Program Description Overarching Logic Model Sub-Logic Model: Smoke-Free Worksites Data Collection Plan: Smoke-Free Worksites Data Collection Instruments: Community Activist Survey Demonstrations of Public Support Public Policy Assessment</p>
<p>4. Reducing and Preventing Youth Tobacco Use</p>	<p>Program Description Overarching Logic Model Sub-Logic Model: Youth Advocating for Policy Change Data Collection Plan: Youth Data Collection Instruments: Youth Skills Survey Youth Advocacy Youth in Policy Change</p>
<p>5. Treating Tobacco Addiction</p>	<p>Program Description Overarching Logic Model Sub-Logic Model: Treating Tobacco Addiction in Adults Sub-Logic Model: Treating Tobacco Addiction in Youth Data Collection Plan: Treating Tobacco Addiction - ADULTS Adult Data Collection Instruments: Clinical Practice Guideline Implementation Survey Worksite Cessation Support Survey Supporting Tobacco Quit Attempts: Employer Interviews Interview Instrument Data Collection Plan: Treating Tobacco Addiction - YOUTH Youth Data Collection Instruments: Community Contact Form – Youth Tobacco Cessation Cessation Support Telephone Survey Cessation Resource Utilization Assessment Cessation Program Follow-Up Survey</p>
<p>6. Additional Resources</p>	



Overview

What difference is your program making?

Are you achieving what you hoped for?

Are tobacco use and exposure declining in your community?

“Tobacco-use prevention and control programs are designed to promote social and behavioral change and create an environment that reinforces nonsmoking behaviors and supports healthy lifestyles. These changes will lead to reductions in tobacco use and exposure to ETS.” (MacDonald, et al., 2001:9)

Are tobacco use and exposure declining? For whom? What positive changes are occurring? What difference are you making? Are you achieving what you want, what you hoped for? Are resources being used wisely?

Answers to these types of questions come from evaluation. Through program evaluation, you can track progress, determine coalition and programmatic effectiveness, assess results and identify areas for improvement. **Program evaluation** is “the systematic collection of information about the activities, characteristics and outcomes of programs to make judgments about the program, improve program effectiveness and/or inform decisions about future programming.” (Patton, 1997:23)

This manual emphasizes outcomes – changes in attitudes, readiness, knowledge, skills, behavior, motivation, policies, decision-making, values, norms and environmental conditions. Outcomes usually fall along a continuum of short- to long-term change. Outcomes apply to individuals, groups, work sites or the entire community.

This manual is a how-to guide to help you evaluate your tobacco control initiatives. Its purpose is not to turn you into an expert evaluator. Rather, it will help you collect useful, credible information to share with funders and local decision-makers, and serve as a basis for adapting and improving your community work.

While the focus is tobacco control, the ideas and methods presented in this manual apply to any community-based program.

Principles of this manual

- Simple: basic, important aspects of evaluating outcomes in tobacco control.
- Practical: practical procedures for community programs with limited resources.
- Relevant: based on local coalition realities and needs.
- Evidence-based: based on principles that work in the planning and evaluation of community-based programs.

Why evaluate tobacco prevention and control programs?

- To monitor progress toward the program's goals.
- To demonstrate that a particular tobacco control program or activity is effective.
- To determine whether program components are producing the desired effects.
- To permit comparisons among groups, particularly among populations with disproportionately high tobacco use and adverse health effects.
- To justify the need for further funding and support.
- To learn how to improve programs.

Source: MacDonald, et al., 2001:9

Definition of *program*

The term *program* used throughout this manual refers to any organized public health action. For our purpose, the definition provided by the Center for Disease Control and Prevention applies. It defines *program* to include direct service interventions, community mobilization efforts, research initiatives, surveillance systems, policy development activities, outbreak investigations, laboratory diagnostics, communication campaigns, infrastructure-building projects, training and educational services, and administrative systems (Centers for Disease Control and Prevention, 1999:3) .

Standards of Evaluation

As you engage in evaluation, you will want to make sure that your evaluation meets the acceptable standards of quality. There are four standards that will help you design a “good” evaluation:

Utility

Will the evaluation be useful to you and your stakeholders? Will it provide important, relevant and timely information?

Feasibility

Will you actually be able to accomplish the planned evaluation activities? Is the expenditure of resources to conduct the evaluation justified? Will the evaluation be minimally disruptive of the program?

Propriety

Are your planned activities legal and ethical? Will the evaluation be a complete and fair assessment? Does the evaluation protect the rights of individuals and the welfare of those involved?

Accuracy

Will the evaluation ensure valid and reliable information? How will findings be communicated to guard against bias or distortion?

The *Program Evaluation Standards* (<http://www.wmich.edu/evalctr/jc/>) are an approved standard by the American National Standards Institute (ANSI, 1994) and have been endorsed by the American Evaluation Association and many other professional organizations.

Linking planning to evaluation: Using a logic model

This manual uses a **logic model** as the foundation of planning and evaluation. A logic model is a visual description of a program showing the relationship among resources, activities and desired results. It is a road map that identifies your end destination – your outcomes or goals -- and the steps necessary to get to that destination. A logic model shows the logical connections between what you invest, what you do and what results.

Behind every initiative lies a *theory of change* about how a program will work. Ideally, the theory is based on best practices and evidence from other effective programs, from research on how individuals and communities change, and from your own experience, wisdom and knowledge. A logic model makes that theory of change explicit. It helps you focus on desired outcomes and the processes needed to achieve those outcomes.

Logic models aid planning and evaluation. In planning, a logic model helps you think about end results and the series of actions needed to achieve the desired end result. In evaluation, a logic model helps you determine what and when to evaluate. Using a logic model as a framework, you will be able to link planning and evaluation.

We assume that you have engaged in some type of strategic planning and are now at the point of focusing on evaluation.

Key Definitions

Accountability – responsibility for effective, efficient program performance. Accountability measures focus on benefits for customers and supporters, and results from invested resources.

CDC: Centers for Disease Control and Prevention

Cessation benefits – insurance coverage of cessation medication and/or counseling; includes private and public coverage.

Cessation resources – evidence-based programs, services and information (diversion and cessation) designed to help people stop using tobacco. Resources may be accessed individually, in groups, or over the phone or Internet.

Clinical Practice Guideline – United States Public Health Services publication with strategies and recommendations designed to help clinicians, tobacco treatment specialists, health-care administrators, insurers and purchasers deliver effective treatments for ending tobacco use and dependence

Community-based organizations – nonprofit organizations that serve the community. Examples include youth-serving organizations (Scouts, Boys and Girls Club, FFA, 4-H, Optimist Club), faith-based organizations (religious communities, Shriner's, Knights of Columbus), philanthropic sectors and community-serving organizations (Lion's Club, Kiwanis, Service League).

Effectiveness – the degree to which a program yields desired results.

Efficiency – comparing outcomes to costs.

ETS: Environmental tobacco smoke

Evaluation – systematic inquiry to inform decision making and improve programs. The term systematic implies that the evaluation is a thoughtful process of asking critical questions, collecting appropriate information, and analyzing and interpreting data for a specific purpose.

Impact – a program's social, economic and environmental effects. Impacts tend to be long-term achievements. They can be positive, negative or neutral, intended or unintended.

Impact evaluation – an evaluation that determines the net effects of a program beyond immediate results. Impact evaluations often involve before-and-after comparisons of a program.

Indicator – an expression of what will be measured or described; evidence that signals achievement. Answers the question, "How will I know the result?"

Inputs – resources that go into a program, including staff time, materials, money, equipment, facilities and volunteer time.

Measure/measurement – a representation of quantity or capacity. In the past, these terms implied a quantitative precision and, in the field of education, were synonymous with testing and instrumentation. Today we use the term "measure" to include quantitative and qualitative information to explain phenomena under investigation.

Monitoring – ongoing assessment to see if a program is operating as planned. Assessment often involves site visits and program review by experts.

Outcome evaluation – an evaluation to determine program results and consequences.

Outcome monitoring – periodic reporting of program outcomes that stakeholders can use to judge results. Outcome monitoring is part of program design and involves frequent, public feedback on performance.

Outcomes – changes as a result of a program. Outcomes answer the questions, "So what?" and "What difference does the program make in people's lives?" Outcomes may be intended and unintended, positive and negative. Outcomes range from short-term/immediate/initial/proximal to medium-term/intermediate to long-term/final/distal, synonymous with impact.

Outputs – activities, services, events, products and participation generated by a program.

Policy initiatives – includes initiatives such as clean indoor air in restaurants, municipal buildings, and work sites; increases in tobacco vendor license fees; reducing youth access to tobacco products; changes in ad placement; eliminating industry funding/sponsorship of local events; vending machines and self-service displays; tobacco sales at certain types of establishments such as drug stores; and school policy improvements.

Populations with tobacco-related health disparities – groups identified by the Wisconsin Tobacco Control Disparities Strategic Planning Workgroup as having tobacco-related health disparities. Includes low socio-economic (income, education and occupation) groups, racial/ethnic groups, 18- to 24-year-olds and those identified by local communities.

Private policy – action taken by individuals or groups to solve a tobacco problem in their business, workplace, school, home or car. Examples of tobacco-related private policies include a hospital adopting the Clinical Practice Guidelines or a school or school system adopting the CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

Public policy – an action to eliminate risk factors or address a shared community problem. Public policy incorporates official statements of vision and judgment to protect the health and safety of a state, county or municipality. A public health policy approach involves the larger community and empowers it to establish healthy social norms. (Wisconsin Division of Public Health definition.)

Quit – successful attempt to quit using tobacco.

Quit attempt – deliberate attempt to stop using tobacco.

Reliability – the consistency of a measure over time. A measure is considered reliable if repeated measurements produce the same result.

Response Rate – the percent of respondents who provide information.

Self-evaluation – self-assessment of program processes and outcomes by those conducting the program.

Social norms – an expected behavior or behavioral standard.

http://www.webref.org/psychology/s/social_norm.htm

Tobacco industry influence – tobacco industry efforts to promote tobacco use. Includes advertising and suggested product placement in places that sell cigarettes.

Validity – the extent to which a measure captures the concept of interest.

Work site – any public or private location where employees work (restaurants, bars, manufacturing plants, offices).

Youth – individuals under 18 or still in high school.

Youth advocacy – youth arguing for, defending or recommending a cause or proposal; direct action in support of or opposition to a cause, through involvement in specific events.

Youth-serving organization – an organization with a primary focus on providing services to youth, including youth development, health and fitness, educational, substance-abuse prevention, child welfare, child protective, psychological, parenting, vocational and training, teen pregnancy, rehabilitative or residential. (S.673, *Youth Development Block Grant*, 104th Congress)

<http://www.nydic.org/nydic/devdef.html>

Bibliography

Bickman, L. and Rog D., Eds. 1998. *Handbook of Applied Social Research Methods*. Thousand Oaks, CA: Sage Publications

Centers for Disease Control and Prevention, 1999. *Framework for Program Evaluation in Public Health*. MMWR: 48 (No. RR-11)

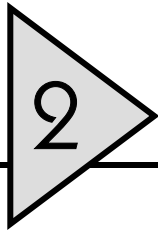
Christiansen AL, Commons JL, Olen AM & Remington, PL. 2003. *Youth Smoking in Wisconsin: An assessment of trends in use and the progression to established smoking*. Madison, WI.

MacDonald G., Starr G., Schooley M., Yee S.L., Klimowski K., Turner K. 2001. *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*. Atlanta, GA: Centers for Disease Control and Prevention.

Patton, M.Q. 1997. *Utilization-Focused Evaluation: The New Century Text*. 3rd ed. Thousand Oaks, CA: Sage Publications.

Trochim, M. 2001. *The Research Methods Knowledge Base*. Cincinnati, OH: Atomic Dog Publishing Co.

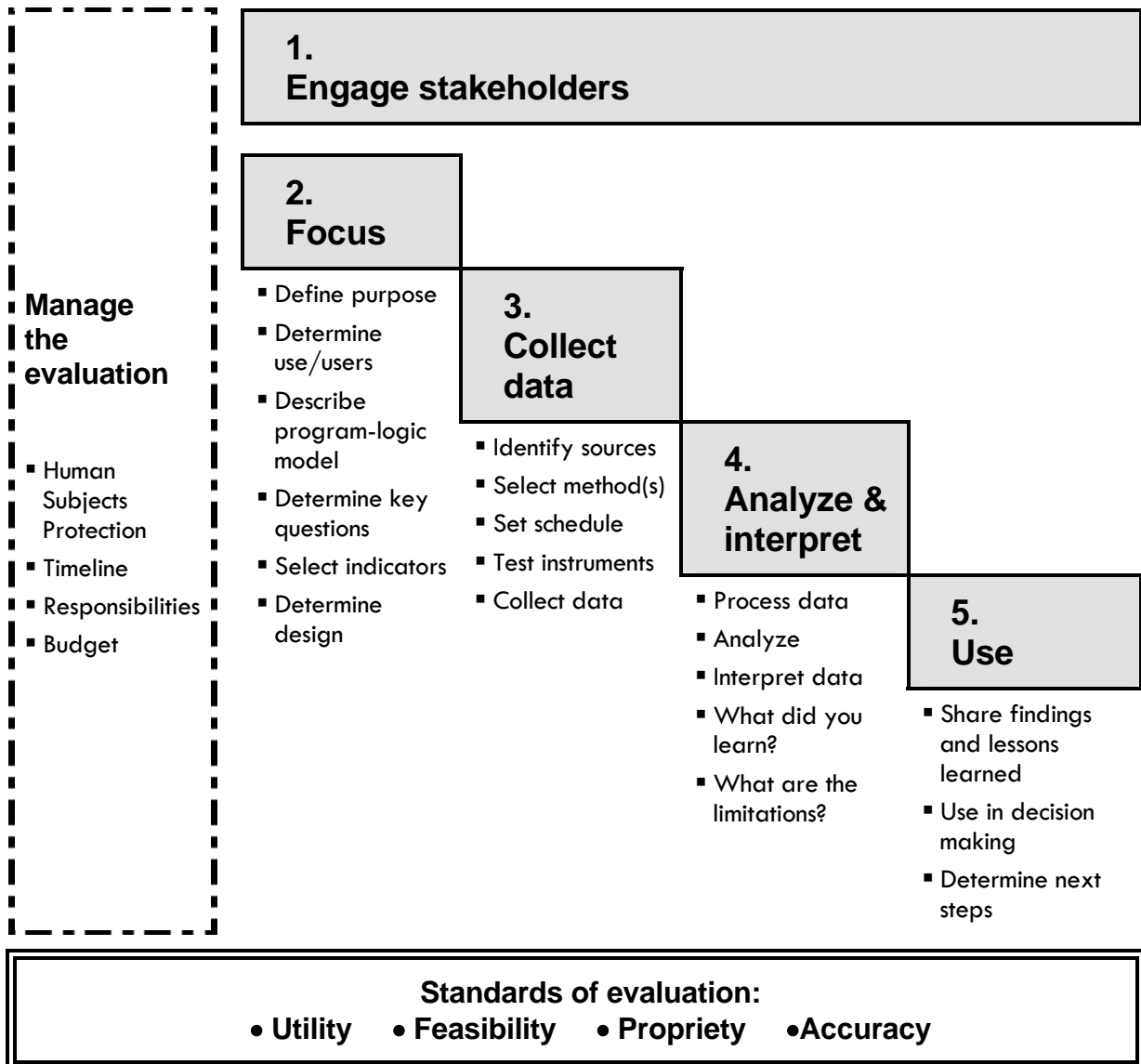
Weiss, C. 1998. *Evaluation*. 2nd ed. Upper Saddle River, NJ: Prentice Hall



Steps in Program Evaluation

This manual is organized using standard steps in program evaluation, as illustrated below.

Steps in Program Evaluation



STEP 1: Engage Stakeholders

The evaluation cycle begins by engaging **stakeholders** – the persons and organizations with an investment, or stake, in the evaluation results and subsequent initiatives. As seen in the preceding figure, it extends across the other evaluation steps since stakeholder engagement continues throughout the entire evaluation process. There may be continuing involvement of certain key stakeholders from start to finish (for example, as part of the evaluation team) and/or certain stakeholders may be engaged at specific steps (for example in data collection or analysis).

Tobacco control work involves partnerships; therefore, your evaluations need to consider and reflect your partners' value systems. By involving stakeholders, you help ensure that their perspectives are heard and understood. When stakeholders are not involved, evaluation findings might be ignored, criticized or resisted because they do not address stakeholders' questions or values. Also, stakeholders offer an important source of expertise and talent bringing a range of knowledge and skills to the evaluation tasks.

Stakeholders typically fall into the following three groups:

- 1) Those involved in program activities and operations (program managers and staff; coalition members, sponsors, collaborators, coalition partners, funders, administrators)
- 2) Those served or affected by the program, either directly or indirectly (clients, family members, neighborhood organizations, worksites, elected officials, advocacy groups, professional associations, skeptics, opponents and staff of related or competing organizations)
- 3) Primary users of the evaluation (people in a position to take action regarding your coalition's anti-tobacco program.) In practice, primary users are a subset of all stakeholders. A successful evaluation will identify primary users early on and maintain frequent contact with them so that the evaluation addresses their values and satisfies their need for specific information.

Spend time identifying your external and internal stakeholders. Plan for their engagement and a communication strategy for keeping people informed.

For additional help with engaging stakeholders, see

CDC Evaluation Working Group web site: <http://www.cdc.gov/eval/steps.htm>, retrieved 7-20-2005;

MacDonald et al., 2001: 15-18.

STEP 2. FOCUS

Define purpose

An evaluation may be conducted for a variety of purposes. In general, these purposes can be defined as judgement-oriented; improvement-oriented; or knowledge-oriented (Patton, 1997: 65-85). All three types of purposes support informed program decision making.

In practice, each purpose may break down into reasons that are more specific. For this manual, specific reasons for conducting evaluation might include:

- To determine if desired outcomes are being achieved, or are likely to be achieved.
- To identify what is working well and what needs to be changed.
- To determine what else is happening that was not expected.
- To monitor progress.
- To show that resources are being used wisely.
- To meet the funder's requirements.
- Other?

User/Use of evaluation

Who?	What do they want to know?

Utility is a core concept and standard of evaluation. No one has the time or money to engage in evaluation that will not be used. To help ensure a useful evaluation, identify the primary users and how they will use the information. These individuals are likely to be your stakeholders.

For this manual, you and your funder are considered the primary users of the evaluation information.

There are likely to be others as well who will be interested and to whom you will want to communicate the results including potential funders and program participants.

Describe the Program

This is where a logic model is helpful. A logic model describes your initiative. This description helps you identify what to evaluate and when.

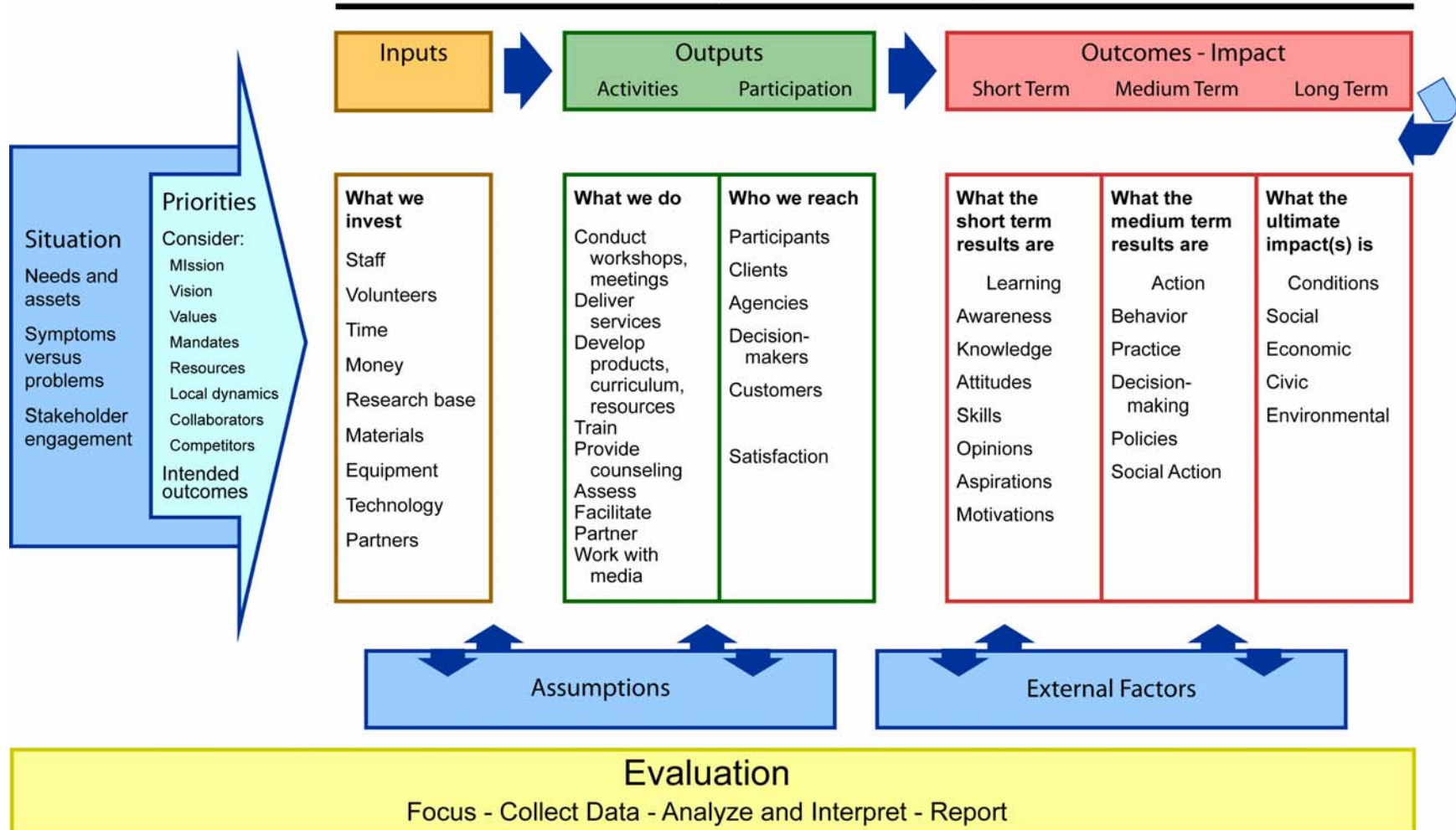
Logic model designs vary depending on personal preference. Any design will work, as long as it is clear, shows logical connections and is easily understood. In this manual we use the logic model format that is displayed on the next page. For more help with logic models, see

<http://www.uwex.edu/ces/lmcourse>

PROGRAM DEVELOPMENT

Planning – Implementation – Evaluation

Program Action - Logic Model



©2003 by the Board of Regents of the University of Wisconsin System

In the following sections, we include an overarching logic model and one or more sub-logic models for each priority area in tobacco control. The overarching logic model is the macro logic model that gives a big picture of the entire priority area. It includes a number of components that make up the priority area.

Each component within an overarching logic model can become its own logic model. In the sections that follow, you will find one or two sublogic models for each priority area. These sublogic models show more specific actions that link to the achievement of a goal. Work groups in each priority area comprised of state, regional and local tobacco control partners developed these logic models during the summer of 2003.

Logic models help determine what to measure. Without a clear description of the initiative and the hoped-for outcome, you could waste time and money evaluating inappropriate or unrealistic items.

Determine key questions

Based on your program description (shown in the logic model), you can determine what to evaluate. Evaluation consists of asking critical, meaningful questions in order to improve your programs, demonstrate accountability or add to the knowledge base of what works and what doesn't, for whom and why.

Key Questions

1. ...
2. ...
3. ...
4. ...

What do you want to know about your program? What do your key users want to know? What questions are they asking? Key questions establish boundaries for an evaluation by determining which aspects of the program will be addressed. These are the “big” questions the

evaluation will answer – not the specific questions that might go in a questionnaire or be asked during an interview.

Often, there are many questions you'd like answered. However, seldom do we have the time and resources to answer all of them. Working with stakeholders, prioritize your information needs and identify the most important questions to answer.

For example, we have identified several key questions that provide the basis for data collection. You could add to these questions depending on your situation and resources. Remember, you don't have to evaluate everything. Be strategic and systematic and focus on what's important and useful.

While your focus may be on evaluating outcomes, simply documenting outcomes isn't enough – it's necessary but not enough! Without evidence of what your coalition did, it will be hard to claim it was your work that led to the outcomes. Thus, you need to ask pertinent questions – and collect useful data – about various aspects of coalition work over the course of time to be able to link your work to the results.

In the examples that follow later, you will find at least one key question in each area of inputs, outputs and outcomes.

Indicators

Indicators are the “evidence” that answers your questions. For each key evaluation question, select indicators that represent the information you need to be able to answer that question. Several indicators are usually necessary.

Determine design

The evaluation design refers to the overall plan for data collection – who will be included, when, what comparisons will be made. Three general types of evaluation designs include: true experimental, quasi-experimental and non-experimental or observational (Bickman and Rog, 1998; Trochim, 2002). Evaluations using true experimental designs involve random assignment to one of two or more treatment groups that are equivalent; for example, random control trials. Quasi-experimental designs do not involve random assignment. Such designs include before-after, interrupted time series, nonequivalent group designs. Nonexperimental or observational designs do not involve comparison groups or multiple measurements. They include, but are not limited to, cross-sectional surveys, case studies, post-only designs.

Design decisions depend upon what the questions are, your resources, and possibilities. There is no perfect design or evaluation. The key to choosing a design depends upon “...the kind of questions raised and therefore the kind of evidence needed to provide answers.” (Weiss, 1998:87).

Based on your program description, as shown in the logic model, and your key questions and indicators, you can create a plan for collecting data to answer those questions.

STEP 3 Collect Data

Identify sources

Sources of information include people, observations or documents and materials such as photographs, newspaper articles, databases and records.

Data Collection Plan				
KEY QUESTIONS What do you want to know?	INDICATORS (EVIDENCE) How will you know it?	SOURCE (SAMPLE) Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
INPUTS				
OUTPUTS				
OUTCOMES				

You may need to tap more than one source to collect information for each indicator. Using several sources often provides a more complete understanding.

It is not always necessary to collect information from all the individuals in a group. You may want to use a **sample**, a portion or subgroup of a larger group, called a population. A sample can refer to individuals as well as units of interest, such as a sample of newspapers, a sample of city

council meetings or a sample of neighborhoods. For help with sampling, see the Sampling booklet at

http://cecommerce.uwex.edu/pdfs/G3658_3.PDF

Select method

There are a variety of data collection methods to use (see Common Methods). No one method is better than another.

Choice depends upon your purpose, resources and cultural context. Decide which method to use after you've determined your key questions and your information sources. Then you can choose the most appropriate data collection method. Often a mix of methods is preferred.

Some methods, such as surveys provide quantitative data while others, such as personal interviews, provide qualitative data. Think about which type of data will be most credible and useful. Usually, you will want a mix of quantitative and qualitative data.

Schedule

When will you collect information? You may need to consider when information will be available. The above items – key questions, indicators, information sources, data-collection methods and schedule - are the key parts of a data collection plan. You will find example evaluation plans in the following chapters.

Test instruments

Most data collection involves an instrument or device for recording the information – a questionnaire, recording sheet or tape recorder for recording interviews or group discussions. In the following sections, you will find several sample instruments that have been developed for selected, key

outcomes. These instruments are examples only. Please adapt them to meet your needs.

Note: The instruments in this manual have not been pilot tested or validated. As you gain experience using the instruments and testing them in your own communities, you will add to the research base of community evaluation.

Collect data

Who will actually collect the data – when? Is any training needed for those who will collect the data?

COMMON METHODS FOR COLLECTING EVALUATION INFORMATION

Survey: collecting standardized information using a questionnaire to generate quantitative data. Surveys may be mailed (post, email), web-based, completed on-site or conducted face-to-face or by phone.

Interview: information collected by talking with and listening to others, either face-to-face or by phone. Interviews range from tightly structured to free-flowing and conversational.

Observation: collecting information through seeing and listening, and include structured and unstructured observations.

Document Analysis: using content analysis and other techniques to analyze and summarize printed material and existing information.

Case Study: collecting in-depth information on a particular case (program, group, individual, site or location). Case studies use multiple information sources and methods to provide as complete a picture as possible.

Group Assessment: using a group process, such as nominal group technique, focus group, Delphi, brainstorming and community forums, to collect evaluation information.

Expert or Peer Review: using a review committee, expert panel or peer panel to collect information.

Testimonial: collecting solicited or unsolicited statements about people's personal responses and reactions.

Test: using established standards or criteria to assess knowledge, skill or performance.

Photograph, slides or video: using photography to capture data through visual images.

Diaries or journals: recording events, experiences, observations and perspectives.

Logs: recording brief, factual data, often in a chart or table format, such as a record of chronological events.

Data Collection Plan

KEY QUESTIONS What do you want to know?	INDICATORS (EVIDENCE) How will you know it?	SOURCE (SAMPLE) Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
INPUTS				
OUTPUTS				
OUTCOMES				

STEP 4: Analyze and Interpret

Evaluation involves more than collecting information. It includes organizing, examining and interpreting information so that you and others understand it and use it.

Process data

Usually, data you collect needs to be checked and organized, to get it ready for analysis. This may involve numbering each returned questionnaire, checking for completeness, coding the data, entering information into a computer or on a hand-tabulated analysis sheet.

Analyze

The aim of data analysis is to synthesize information to make sense out of it. You may do your analysis by hand (for smaller data sets) or use a computer program such as Excel. For the examples in the sections that follow, you will find suggested ways to analyze the data obtained from using the sample instruments. The examples mainly involve hand tabulation of data, using simple descriptive statistics.

Interpret data

Interpretation is the process of making sense of the numbers and words: What do the results mean? What have you learned? What recommendations would you make? Involving stakeholders in information interpretation often can help with developing a more complete understanding.

You will find suggestions for interpreting your data in the following sections.

STEP 5: Use

The whole point of doing evaluation is to have useful, credible information to use for decision-making, learning, accountability and program promotion. How will you use the information that it is collected, analyzed and interpreted?

Look back at whom you identified in Step 1 as key stakeholders. Think about how they and others, including the participants who provided the information, might best receive the information.

In communicating to stakeholders and others, you can choose from a variety of communication strategies, including reports, pictures, graphs, public presentations, email messages, press releases and posters.

Each chapter gives samples of various communication vehicles for using and sharing your evaluation results.

Fit the
Message
to the
USER

3

Smoke-Free (SF) Environments

Program Description

Creating smoke-free environments is a major part of a comprehensive approach to tobacco control and prevention in the community. Among

children, evidence links exposure to tobacco smoke with increased rates of respiratory illness, asthma, sudden infant death syndrome, middle ear disease, and reduced lung function growth. Among adults, secondhand smoke is responsible for lung cancer, respiratory symptoms, cardiovascular disease, and the worsening of asthma. Smoke-free air keeps our children and families healthier.

Public policy change that creates smoke-free environments in communities is the best known way to reduce secondhand smoke AND reduce and prevent smoking by individuals. That is the reason for Wisconsin's prioritized focus on public policy change. Public policy is defined as: *community-wide action undertaken to further a community's desire to change the factors that put them at risk or to address a shared problem.* Examples of tobacco-related public

policies include clean indoor air ordinances or a state law increasing the tobacco excise tax. At the community level, public policies supporting smoke-free environments cover a variety of public places, including but not limited to worksites, restaurants, municipal government buildings, grounds, and vehicles, rental properties, and public event areas.

Given Wisconsin's emphasis on public policy change to create smoke-free environments, this section only includes materials relevant for smoke-free public policy work by coalitions.

Note: In contrast to public policy, private policy is action taken by individuals or groups of individuals to solve a problem that affects them in their business, workplace, school, home or car. Examples of tobacco-related private policies include a hospital adopting the Clinical Practice Guidelines, or a school or school system adopting the CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

Program Description

- Overarching Logic Model
- Sub-Logic Model:
 - Smoke-Free Worksites
- Data Collection Plan:
 - Smoke-Free Worksites
- Data Collection Instruments:
 - Community Activist Survey
 - Questionnaire
 - Case Example
 - Data Recording Form
 - Analysis and Interpretation
 - Use - Report Example
 - Demonstrations of Public Support
 - Log for Organizations
 - Log for Businesses
 - Log for Media/Print Materials
 - Log for Doctor's Campaign
 - Observation of Yard Signs
 - Observation of Window Stickers
 - Public Policy Assessment
 - Public Policy Survey

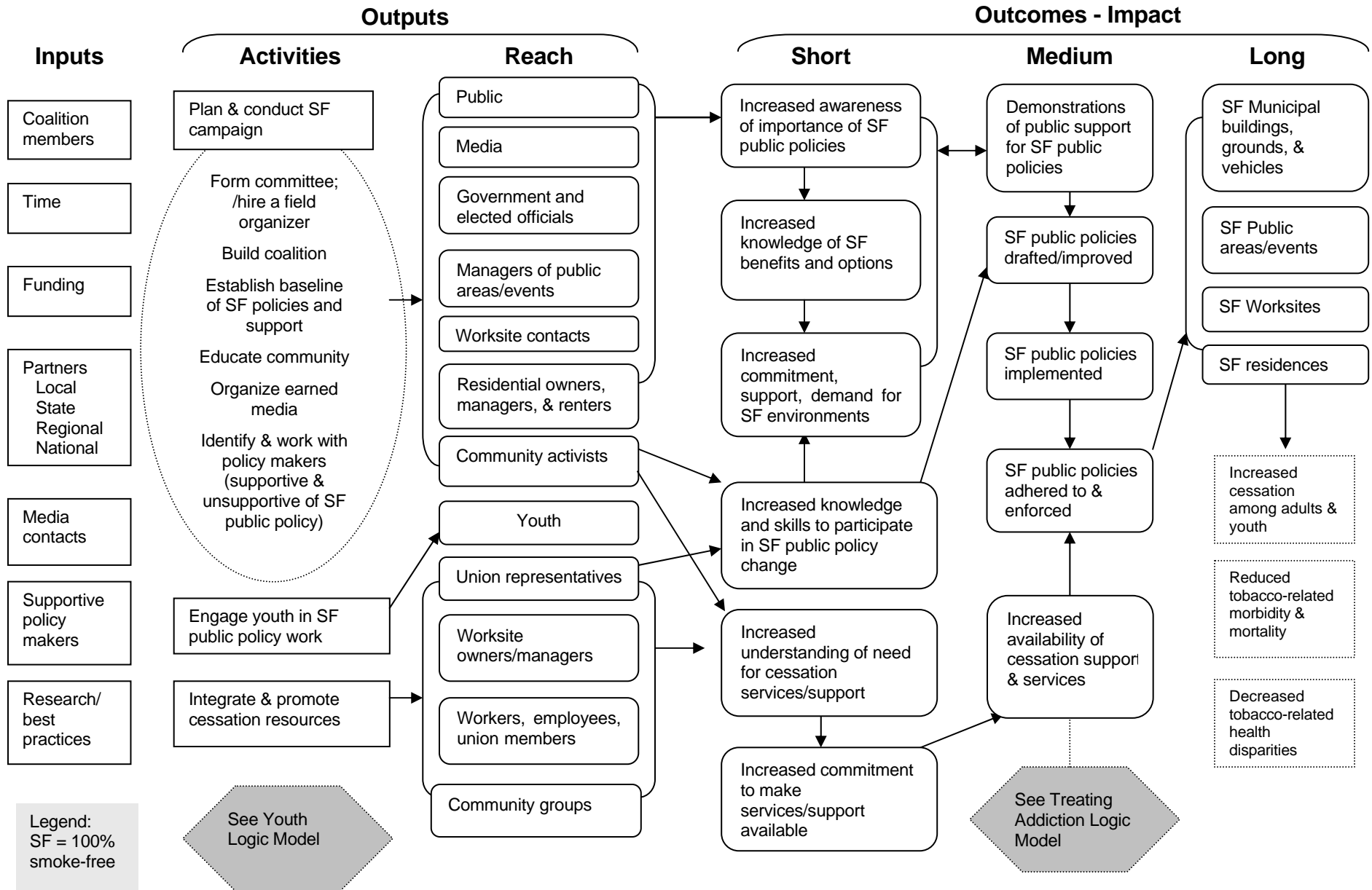
Overarching Logic Model

The overarching logic model that describes the statewide effort to create smoke-free environments shows the connections between inputs, outputs (activities and reach) and outcomes in achieving the goal of smoke-free environments. The term smoke-free environments refer to municipal buildings, grounds and vehicles, public areas and events, work sites (including restaurants) and residences. A coalition may choose to target one or several smoke-free environments.

On the left, the logic model shows resources, or inputs, invested in a project, including coalition members, funding, partners, the media, existing research and best practices, and supportive policy makers. These inputs link to three activities (1) conducting a smoke-free campaign, (2) getting youth involved in public policy work, and (3) integrating and promoting cessation.

- (1) Conducting a smoke-free campaign, includes a series of activities aimed at individuals and groups, known as “reach.” The smoke-free campaign results in short-term changes, including increased awareness of the importance of public policies; increased knowledge of smoke-free benefits and options; and increased commitment, support and demand for smoke-free environments. For community activists, short-term changes include increased knowledge and skills in participating in public policy change and increased understanding of the need for cessation services and support. These short-term outcomes link to a number of medium-term outcomes that include demonstrations of public support for smoke-free public policies; smoke-free policies drafted, implemented and enforced; and increased availability of cessation services and support. Initial demonstrations of public support generally create additional commitments, which lead to further public support (shown by the two-headed arrow) necessary for public policy change.
- (2) Youth involvement, or advocacy, is the second area of emphasis in smoke-free policy change (see Youth Logic Model). Youth form a specific target group, which is linked to the chain of outcomes as shown in the overarching logic model.
- (3) Integrating cessation resources into policy efforts is the third activity for achieving the long-term outcomes. This activity focuses primarily on helping work sites and community groups gain an understanding of the need for cessation services and support (short-term outcome). This, in turn, should lead to increased availability of such services (medium-term outcome). This theory of change is further detailed in the Treating Tobacco Addiction Logic Model.

Overarching Logic Model: Smoke-Free (SF) Environments



Sub-Logic Model: Smoke-Free Worksites

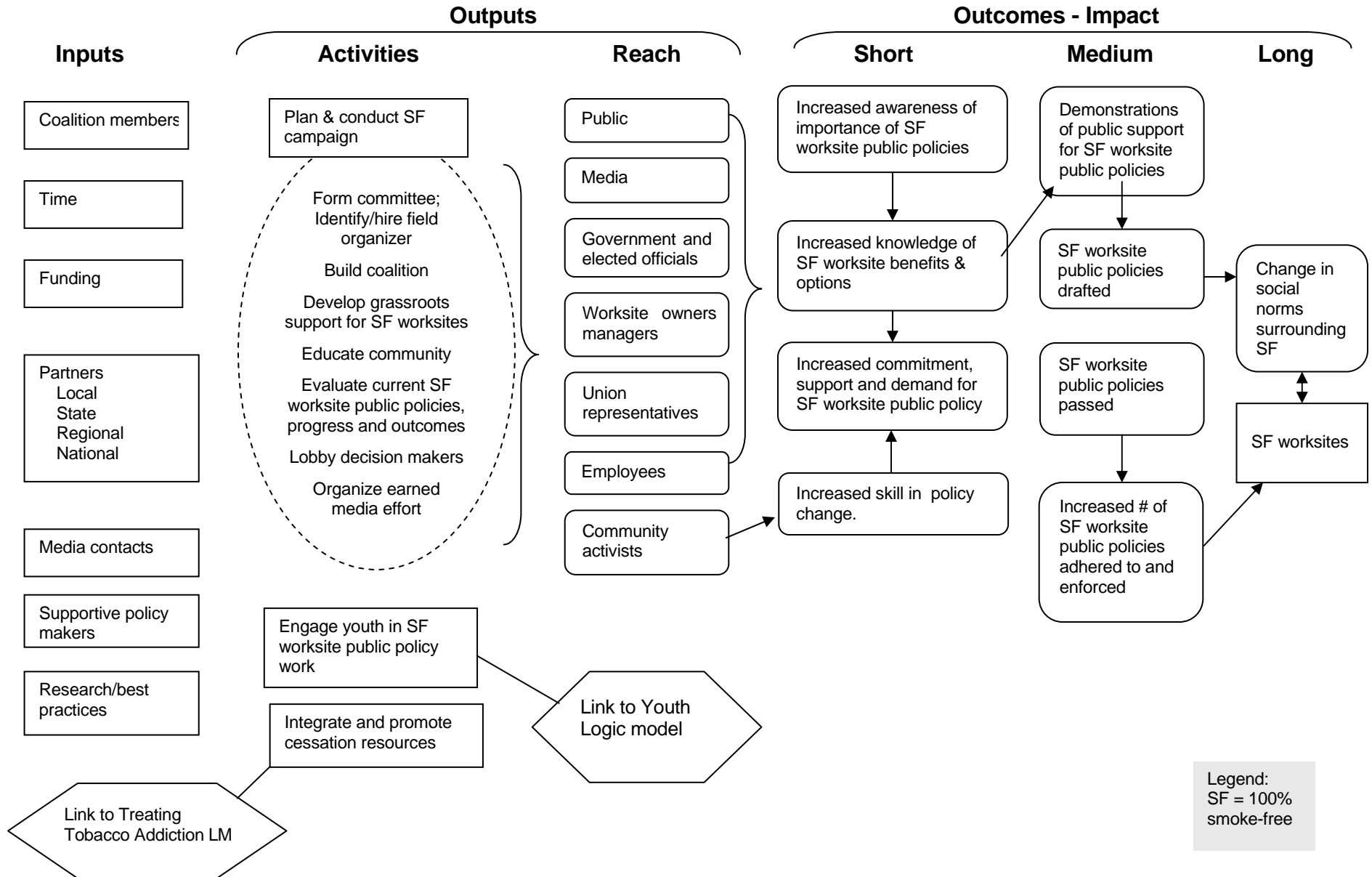
The sub logic model shows one component of a smoke-free environment initiative – smoke-free work sites. It shows the connections between inputs, outputs (coalition activities and reach) and outcomes to achieve the goal.

To achieve the long-term goal of smoke-free work sites, a coalition invests a variety of resources, including members, time, funding, partners, media contacts and the integration of research and best practices. These resources enable the coalition to engage in various activities, the primary one being to plan and conduct a smoke-free work site public policy campaign. Several key steps, such as creating a committee, hiring an organizer, developing grassroots support and developing publicity, make up the campaign. Another feature of a smoke-free public policy initiative is getting youth involved in policy change, and integrating and promoting cessation resources as part of the work site policy change. These two activities and the chain of outcomes that flow from them are shown in specific logic models for youth and treating tobacco addiction.

The theory of change as depicted in this logic model shows that the work site public policy campaign targets the public, media, government and elected officials, work site owners and managers, union representatives, employees and community activists. The campaign tailors its messages and activities to fit different audiences. As a result, these audiences should gain awareness of the benefits of smoke-free policies in the work site. This, in turn, should lead to increased commitment, support and demand for smoke-free public policy in the work site. By participating in the campaign, community activists, in particular, should gain skills that will help create policy change.

Short-term outcomes link to medium-term outcomes, mainly demonstrations of public support for smoke-free work site public policies. Such support leads to smoke-free public policies being drafted, passed and enforced. These outcomes represent a change in social norms and the desired final outcome – smoke-free work sites.

Sub-Logic Model: Smoke Free Worksites



Data Collection Plan: Smoke-Free Worksites

Based on the description of the smoke-free worksite policy change initiative as depicted in the program logic model, the following data collection plan begins to lay out key evaluation questions and possible data collection strategies.

KEY QUESTIONS What do you want to know?	INDICATORS (EVIDENCE) How will you know it?	SOURCE (SAMPLE) Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
INPUTS				
1. Were resources sufficient and provided in timely fashion as needed to implement the policy campaign?	a) amount of campaign budget; staff b) # of council members who are supportive c) position of media towards SF-policy	Coalition coordinator Partners Contacts	Log that tracks resource investments: who provides what and when	Ongoing
OUTPUTS				
2. To what extent has a SF worksite campaign been planned and conducted?	a) #, type activities conducted b) field organizer hired; plan of work c) positive assessment by experts	Coalition coordinator Smoke-Free WI, ACS, field org'izer Coalition coordinator Youth participants	<ul style="list-style-type: none"> Document review Interview Interviews 	Within first quarter of campaign and one month after close of campaign
3. To what extent have youth been involved in the campaign?	a) # youth participating in campaign activities b) type of activities youth engaged in	Coalition coordinator, CTRI field reps	<ul style="list-style-type: none"> Interview 	
4. To what extent does the campaign integrate the promotion of cessation resources?	a) Number of activities completed that promote cessation			

KEY QUESTIONS What do you want to know?	INDICATORS (EVIDENCE) How will you know it?	SOURCE (SAMPLE) Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
OUTCOMES				
5. To what extent have community member activists increased their skills in SF public policy change?	a) #, % of individuals (activists) who have been involved in one or more campaign activities and who report increased skill	Community members involved in [title of campaign]	Community Activist Survey	Within 14 days after close of campaign
6. To what extent are there demonstrations of public support for SF worksite public policies ?	a) #,% organizations/individuals publicly endorsing policy change b) # articles/editorials supporting campaign c) #,% doctors signing on to Doctor's campaign d) # homes with yard signs e) % homes displaying window stickers	Community organizations Newspaper/publications Doctors	Logs Observations	One week before vote
7. Was a SF worksite public policy passed? What else happened instead of, or in addition to the SF Worksite public policy?	a) Copy of policy document b) Reports of process; other change	Key informants Transcripts of council mtgs Press Municipal clerks	Document review Key informant interviews Survey to municipal clerks	Three months after vote on the policy
8. To what extent has the worksite SF public policy been implemented by worksites?	a) #,% worksites that adhere to policy as written			6 months after policy was enacted; yearly thereafter
9. To what extent have social norms related to SF environments changed as a result of the policy campaign?				
10. What extent has the coalition become more cohesive, more well-functioning as a result of the policy campaign?				

Community Activist Survey

Key Question

To what extent have community activists increased their skills in performing public policy change to achieve smoke-free work sites?

Purpose

Using this survey will show whether your coalition helped people gain important skills that are critical to policy change. We assume that community members involved in a smoke-free public policy campaign gain skills that (1) help create the desired smoke-free policy change (2) enhance their personal growth and (3) can be used in other other public policy work, thereby building community capacity.

Sample

All community members who have been involved in the policy change initiative should complete the survey. This includes individuals who helped prepare and distribute information packets, conducted presentations, communicated or advocated with policy makers and wrote editorials. It does not include individuals who merely signed petitions. You can determine who should receive the survey through the volunteer database maintained by the coalition coordinator and create a numbered list of names for distributing the survey.

Administration of the instrument

The survey can be administered in person or mailed; or combine methods, give the survey in person and mail it to those unable to take it in person. If you mail the survey, include a stamped, self-addressed return envelope.

Number each survey sequentially, matching the numbers with the names on your list. This way you can track responses and follow up to ensure that everyone answers. It is important that everyone who participated in the campaign complete the survey.

When to administer

Implement the survey within 14 days of the close of the campaign while campaign activities are fresh in people's minds.

Note: Add or delete survey questions to reflect your community's campaign. For example, if you did not conduct a petition drive, don't include that item on your survey. If handing out information is more descriptive of what your community activists did than preparing or disseminating information packets, change the wording on the survey. If the word "activist" makes volunteers uncomfortable, change the title from "Community Activist Survey" to "Community Involvement Survey" or whatever wording is comfortable for community members.

Community Activist Survey Questionnaire

Date: _____

The following questions concern your involvement in the [title of the campaign]. Your responses will help us understand what impact this involvement has had on you. Thanks for answering these questions.

1. Please place a check mark next to each public policy-related activity in which you have been involved during the campaign.
 - a. Preparing/disseminating information packets in support of the campaign
 - b. Conducting presentations on SF worksite public policy
 - c. Recruiting other individuals to volunteer their time/resources to the campaign
 - d. Obtaining endorsements for SF worksite public policy from community organizations
 - e. Participating in a petition drive
 - f. Communicating with policy makers
 - g. Working with the media
 - h. Writing/submitting news releases/editorials
 - i. Other. Please list _____
 - j. Other. Please list _____

2. Now, think about the skills you had prior to being involved in the campaign and the skills you have now. Then, in the table below, please check one box for each item to indicate if you have **the same amount of skill, somewhat greater skill or much greater skill** compared to before you started work on the campaign. Check one box in each row. If you were not involved in a particular activity, please check Not applicable.

	Same amount of skill	Somewhat greater skill	Much greater skill	Not applicable
a) Preparing and disseminating information packets in support of the campaign.				
b) Conducting presentations on SF worksite public policy				
c) Recruiting other individuals to volunteer their time/resources to the campaign				
d) Obtaining endorsements for SF worksite public policy from community organizations				
e) Participating in a petition drive				
f) Communicating with policy makers				
g) Working with the media in support of the campaign				
h) Writing and submitting news releases and editorials				

3. To what extent do you think that you better understand what is involved to achieve public policy change?
- a. _____ Not at all
 - b. _____ Some
 - c. _____ Quite a bit
 - d. _____ A great deal
4. To what extent do you think that working on the campaign has equipped you to be able to work on other public policy initiatives in the community? (Check one.)
- a. _____ Not at all – I could do these things before
 - b. _____ Some
 - c. _____ Quite a bit
 - d. _____ A great deal
5. What is the greatest benefit that you have gained as a result of working on the campaign?
6. Please list below anything you can think of that would help you to become a more effective community activist in the area of smoke-free worksites.

Your name (optional): _____

Thank you so much for your input!

Case Example

Following is an example using sample data to illustrate how you might analyze, interpret and use information obtained from using the Community Activist Survey.

Example

After a nine month campaign to pass a city ordinance to ban smoking in workplaces, the Tobacco Free Coalition distributes the Community Activist Survey questionnaires to the 13 people who worked on the campaign. Ten questionnaires were returned. Three people did not respond despite being contacted by telephone two times. A unique identifier number was put in the upper corner of each returned questionnaire.

The analyst reviewed each questionnaire one at a time and hand recorded the answers on a data recording form (see next page). She hand tabulated these data since there were only 13 respondents. You may prefer to use Excel or SPSS.

When recording the data, the analyst found that one respondent did not complete question 2 and the respondent's answers for question 5 were illegible. There was no name provided, so the person could not be contacted to complete those questions. Another respondent did not answer item 2e in question 2. She was careful to record the number of respondents (n) who returned the questionnaire and the number of respondents who responded to each question because these response numbers are necessary for correctly analyzing and reporting the data.

For questions 1i, 1j, 5, and 6, that included narrative comments, the analyst typed the comments for each question into a separate word processing document. She read all the comments for the question, looked for comments that were similar, grouped them together as a category, and gave a name (label) to each category that reflected the essence of the comments and was related to the question.

Next, you will find the blank data recording followed by an analysis and interpretation using sample data. Finally, you will find a sample report that shows one way to communicate your results.

Helpful Resources

Analyzing Qualitative Data

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

Analyzing Quantitative Data

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

Quick Tip # 20 Ten Steps to Make Sense of Answers to Open-ended Questions

<http://www.uwex.edu/ces/pdande/resources/pdf/Tipsheet20.pdf>

Data Recording Form

Response = # usable returned questionnaires

Response rate = # usable returned ÷ # surveys sent

Response: _____ Response rate _____

1. Please place a check mark next to each public policy-related activity in which you have been involved in during the campaign.

n = _____

- a. _____ Frequency _____ Percentage
 b. _____ Frequency _____ Percentage
 c. _____ Frequency _____ Percentage
 d. _____ Frequency _____ Percentage
 e. _____ Frequency _____ Percentage
 f. _____ Frequency _____ Percentage
 g. _____ Frequency _____ Percentage
 h. _____ Frequency _____ Percentage

n = # of people who answered the question

Frequency = # who checked the item

% = frequency ÷ n

i. and j.

CATEGORY	RESPONSE

2. Now, think about the skills you had prior to being involved in the campaign and the skills you have now. Then, in the table below, please check one box for each item to indicate if you have *the same amount of skill, somewhat greater skill or much greater skill* compared to before you started work on the campaign. Check one box in each row. If you were not involved in a particular activity, please check "not applicable".

	n =	Same amount of skill	Somewhat greater skill	Much greater skill	Not applicable
a) Preparing and disseminating ...					
b) Conducting presentations on SF ...					
c) Recruiting other individuals to volunteer...					
d) Obtaining endorsements for SF...					
e) Participating in a petition drive.					
f) Communicating with policy makers.					
g) Working with the media in support of ...					
h) Writing and submitting news releases...					

3. To what extent do you think that you better understand what is involved to achieve public policy change?

n = ____

- a. ____ Frequency ____ Percentage
- b. ____ Frequency ____ Percentage
- c. ____ Frequency ____ Percentage
- d. ____ Frequency ____ Percentage

4. To what extent do you think that working on the campaign has equipped you to be able to work on other public policy initiatives in the community? (Check one.)

n = ____

- a. ____ Frequency ____ Percentage
- b. ____ Frequency ____ Percentage
- c. ____ Frequency ____ Percentage
- d. ____ Frequency ____ Percentage

5. What is the greatest benefit that you have gained as a result of working on the campaign?

n = ____

CATEGORY	RESPONSE

6. Please list below anything you can think of that would help you to become a more effective community activist in the area of smoke-free worksites.

n = ____

CATEGORY	RESPONSE

Analysis and Interpretation (using sample data)

Response: 10 Response rate: 77% (# usable returned ÷ # surveys sent = 10 ÷ 13 or 77%)

1. n = 10

- | | | |
|--|----------|-------------------------|
| a. Preparing and disseminating information | <u>8</u> | Frequency = <u>80</u> % |
| b. Conducting presentations | <u>2</u> | Frequency = <u>20</u> % |
| c. Recruiting other individuals to volunteer | <u>7</u> | Frequency = <u>70</u> % |
| d. Obtaining endorsements | <u>7</u> | Frequency = <u>70</u> % |
| e. Participating in a petition drive | <u>4</u> | Frequency = <u>40</u> % |
| f. Communicating with policy makers | <u>5</u> | Frequency = <u>50</u> % |
| g. Working with the media | <u>2</u> | Frequency = <u>20</u> % |
| h. Writing and submitting news | <u>2</u> | Frequency = <u>20</u> % |

**Frequency =
who checked
the item**

**% =
frequency ÷ n**

i. and j. n = 3

CATEGORY	RESPONSE
Publicity	Developed publicity
	Organized and coordinated presentations
Team Building	Organized social event for coalition members to meet each other

Question 1 reports the number of people who participated in the various activities of the campaign. Looking at participation in the various activities helps the coalition see where improvements, if any, are needed if another campaign or policy initiative is undertaken. It will help all members know the extent to which others participated. It will help explain what level of participation is necessary for desired skill changes to be achieved.

You can look at the data in various ways.

- 1) You might order the activities by number of participants to show which activities had the most to least participation.
- 2) You might report that the majority of participants participated in 3 of the 8 activities and list these activities.
- 3) You might select particular activities that are important for one reason or another and highlight those activities. For example, the Tobacco Free Coalition was encouraged to see that 70% of the participants were involved in recruitment. Recruiting members to work on a campaign is very important and something that the coalition has been working on. On the other hand, only two individuals did public presentations and only two were involved in working with the media or writing and submitting news releases. These might be areas to work on.
- 4) You will want to make note of the additional activities that people engaged in that they considered were a part of the campaign. These indicate additional time and effort spent and potential benefit.

NOTE:

- In this question, avoid equating a low percentage with a negative interpretation. It is possible that the coalition did not need many people working on a particular task. Interpretation depends on the unique situation of the coalition.
- When you report a number, always include it along with the total number of responses for that question. Saying that “8 people participated in disseminating information packets” doesn’t mean much unless you know that it is 8 of 10 participants.

2.

ITEMS	N =	Same amount of skill	Somewhat greater skill	Much greater skill	Not applicable
a. Preparing and disseminating information packets in support of [title of your campaign].	9	1	5	2	1
b. Conducting presentations on SF worksite public policy at local meetings	9		2		7
c. Recruiting other individuals to volunteer their time/resources to the campaign	9	2	4	1	3
d. Obtaining endorsements for SF worksite public policy from community organizations	9		2	5	2
e. Participating in a petition drive	8	1	3		4
f. Communicating with policy makers	9		2	3	4
g. Working with the media in support of [title of your campaign].	9		1	1	7
h. Writing and submitting news releases and editorials	9		1	1	7
		4; 11%	20; 55%	13; 36%	

* Remember, one person did not answer any of question 2 and one person skipped item e

Question 2 addresses your main interest: To what extent have community member activists increased their skill in public policy change as a result of working on this campaign? There are two ways to analyze these data:

- 1) You can assess the self-reported skill levels for each item by **row** (i.e. a. preparing and disseminating information, b. conducting presentations, c. recruiting, etc.). Just looking at the number of responses in each row may provide the information you need. For example, you can see that for question 1 a., two of the eight people who participated in this activity reported Much greater skill, five reported Somewhat greater skill, and one reported Same amount of skill. Similarly, for question 2d, of the 7 people who participated in obtaining endorsements, 2 increased their skill somewhat and 5 reported Much greater skill. You may want to calculate the percentage for each box in order to see the results more clearly. Usually, however, if the total n is under 30, it is better to report the frequencies. If you use percentages, be sure to calculate the percentage based on the number of individuals who participated in that item/activity. For example, for item a., the percentages for Same amount of skill, Somewhat greater skill, and Much greater skill would be $1 \div 9$, $5 \div 9$, and $2 \div 9$ because there were 9 individuals who participated in this activity.
- 2) You can assess the self-reported skill levels by **column** across all the items (skills). Rather than looking by row (a specific skill), you can look by column across all the skills, relative to a particular level of skill development (same amount; somewhat greater; much greater). Calculate the frequency and/or percents. For the example above, these numbers are displayed across the bottom of the table. In this case, the percentages are calculated using 37 as the denominator because there were 37 total number of responses for all the skill areas. The column totals will allow you to report how many people felt they improved their skills as a result of the being involved in the campaign, regardless of what they were involved in.

Consider whether you want to “collapse” the data in the response choices. When you collapse data, you combine two or more categories of information. In the example above, you may want to combine data in the “Somewhat greater skill” and “Much greater skill” categories. This allows you to calculate the percentage of people whose skill improved regardless of the amount it improved. If you do this, add the number of responses (frequencies) for the two categories and then calculate the percent; do not calculate a percent by adding percents and then dividing. The result for the above data is $33 \div 36 = 92\%$.

We see that fifty-five percent of the participants self-reported that they increased their skill “Somewhat” and 36% increased “Much”. When these two categories are combined, we see that 92% of participants experienced skill improvement. Is this what you expected? Greater or less than you expected? We also see that individuals felt they gained the greatest skill in “obtaining endorsements.” For the question regarding recruitment that was of particular interest to the Tobacco Free Coalition, the results are mixed. Although seven people participated in this activity, only one developed “Much greater skill”. Again, as you look at each activity, are the reports of skill development what you had hoped for? Greater or less than expected?

Take care in interpretation. Your numbers are fairly small; that is, there are only a few individuals responding to any question. The results apply to these individuals and reflect their particular characteristics. You may find that a particular skill area had unexpectedly low improvement. If that skill area also had low participation, you may determine that there is not enough information to accurately evaluate skill development in that particular area. Interpretation depends on the unique situation of the coalition and the coalition’s particular goals and expectations. Also, remember that these are self-reports of what people believe to be their improvements. They are not measures of actual change.

These results suggest some areas that the Tobacco Free Coalition might consider for additional training so that members could develop these skills and share experiences.

3. $n = 10$

- a. 0 Frequency = 0%
- b. 2 Frequency = 20%
- c. 5 Frequency = 50%
- d. 3 Frequency = 30%

Question 3 assesses understanding about what is involved in public policy change. What do the results indicate? You might report:

- 1) # and/or percentage for each response to fully report all the results.
- 2) You might collapse all the categories and report that everyone reported increased understanding.
- 3) You might collapse two categories (c. and d.) and report that 8 of the 10 participants reported considerably greater understanding.

Are these results what you expected? Higher or lower than expected? It appears that some felt that they learned more than others. You might be interested in understanding why.

4. $n = 10$

- a. 1 Frequency = 10%
 b. 2 Frequency = 20%
 c. 4 Frequency = 40%
 d. 3 Frequency = 30%

Crosstabulation can be defined as a combination of two (or more) frequency tables arranged so that each box in the new table represents a unique combination of values
 (<http://www.statsoft.com/textbook/stathome.html>).

Besides the frequencies and percentages that have been reported in all the examples above, sometimes it is useful to look at how two questions or two characteristics relate. For example, the Tobacco Free Coalition was interested in knowing if participation in particular activities (Q1) resulted in people feeling better equipped to work on other public policy initiatives in the community (Q4). *When you look to see how two characteristics relate to each other, it is called a crosstabulation or crosstab.*

To conduct this analysis, construct a table like the following. In this example, Q 1a is the information placed in the rows on the left side of the table. There needs to be the option of YES – participated in the activity and NO – did not participate in the activity. Q 4 goes across the top with each response option (not at all, some, quite a bit, a great deal) as a different column.

Q. 1A	Q 4.			
	NOT AT ALL	SOME	QUITE A BIT	A GREAT DEAL
YES	/		////	///
NO		//		

Then, look at each individual questionnaire. You need to look at the responses for Q1a and Q 4 simultaneously. Place a tick mark in the appropriate box. For example, if the respondent checked that she participated in the activity (preparing and disseminating information packets) and checked Quite a bit to Q4, then you'd place a tick across from YES in the box under Quite a bit. Continue this process until you have recorded all the data.

Convert the tick marks to frequencies and percentages in each box. For example,

Q. 1A	Q. 4			
	NOT AT ALL	SOME	QUITE A BIT	A GREAT DEAL
YES	1, 10%	0	4, 40%	3, 30%
NO	0	2, 20%	0	0

Question 4 allows you to see whether participants think their work in this campaign will help them work on other policy change initiatives. This question was particularly important for the Tobacco Free Coalition because it expects its work will transfer to other community work in building a strong, healthy community. The coalition had hoped that at least 50% of the participants would respond with “Quite a bit” or “A great deal”. The data show that the coalition met its goal.

From the crosstab, the coalition sees how participation in each policy activity relates to the respondents' perceptions regarding how prepared they are to work on other public policy initiatives in the community. For example, the table shows that of the eight people who participated in preparing and disseminating information, four felt “Quite a bit” prepared and three felt “A great deal” prepared. In contrast, of the two respondents who did not prepare and disseminate information, neither felt “Quite a bit” or “A great deal” prepared for other public policy initiatives.

5. n = 10

CATEGORY	RESPONSE
Work With Media	How to work with the media on this type of effort
Knowledge Gained	Learning more about the research and evidence around tobacco so I can be an even better advocate
	Understanding how our local politicians operate
	Learning how to interact with and influence local leaders
	All the steps and activities involved in policy change
	An appreciation for the amount of work involved in public policy change
	I feel that I know how to do this better the next time
Sense Of Satisfaction	Working with other people who take tobacco control seriously and want our community to be healthy and safe
	I worked on a meaningful project with wonderful people
	Feeling like I am helping my community

6. n = 7

CATEGORY	RESPONSE
TIME	More time
	If I had more time
MEDIA WORK	I could use help with public speaking and presentations
	I need more computer skills especially how to make publicity
	Training on writing press releases
POLICY CHANGE	More information about how policy is actually created and changed
	Hearing how other places are being successful

Questions 5 and 6 allow respondents to provide their own input and answer questions in their own words. Make sense of these comments by grouping them into themes or categories and naming the categories. Look for areas in which the coalition is trying to improve, or look for data that surprise you. The Tobacco Free Coalition was surprised to see that 6 of the 10 respondents mentioned additional types of knowledge they felt they gained. Also, the group was interested that three participants commented about the sense of satisfaction - a sense of service - they got from participating. The coalition can use that information for recruiting others and sharing its benefits. For question 6, the coalition noticed that the most number of responses dealt with media/communications work. This could prompt a workshop or training for members.

Summary of analysis and interpretation

What does all this mean? Who should be involved in helping to analyze and interpret the information? What are your conclusions and recommendations? What did you learn? What will you do differently as a result of collecting this information?

When analyzing and interpreting data, it is useful to go back to your main question and recall why you conducted the survey. Look through all the data and ask yourself, What do these results tell us about involvement and how people changed as a result of being engaged in the campaign? The results might verify what you thought or there might be some surprises.

Limitations

It is always important to list limitations in your evaluation work. Scarce resources make it impossible to collect all of the information you might want. Furthermore, data collection is not perfect. Thus, it is helpful to identify limitations and how they might affect the results. Following are several to keep in mind as you report the results of your evaluation:

1. *Response rate.* If the response rate is low and/or unrepresentative, the data may be unreliable. You want to collect data from as many participants as possible. Usually a higher response rate (70% and above) means less chance for bias; however, it is always a good thing to look at who did not respond to check the representativeness of the response, particularly with small numbers. In this example, three did not respond. Can you tell who they are and what difference their response might make?
2. *Survey:* Another limitation could be that the survey as provided, leaves out important information for your coalition or the questions aren't well understood. Before mailing the survey, be sure that questions important to your coalition are included. Also, pilot test the questionnaire with 2-3 individuals who are similar to the intended respondents.
3. *Honest Responses:* A third limitation could be that respondents did not answer honestly; maybe they provided the answers they thought you wanted, or the ones that would make the coalition look good. Respondents sometimes answer in a socially desirable manner. Using several methods of data collection and combining data from several sources is one way to decrease this problem.

Limitations are unavoidable, but it is important to identify possible limitations and think about what they may mean for your interpretation.

Use - Report Example

The following sample report is intended as an internal report to coalition members and coordinators on the results of the Community Activist Survey. You may think of other ways to use your data.

Members Gain Valuable Skills During Smoke-Free Campaign

Running a campaign takes time and energy. In Lane County, a committed group of 13 people worked for nine months to pass a city ordinance banning smoking in county workplaces. At the end of the campaign, we asked ourselves: What keeps people engaged? What do those individuals gain? What skills do they develop that will help in other community projects?

To answer these questions and find out what skills members gained as a result of their involvement in the campaign, we gave members a "Community Activist Survey." Ten of 13 people who worked on the campaign completed the survey.

Our main goal was to see whether skills gained during the campaign would transfer to other public policy initiatives. Our survey showed that we met our goal – nine of 10 respondents reported that their work on this campaign helped them acquire skills they can use in other community work. What's more, 10 survey respondents stated they have a better understanding of the time and effort needed to achieve policy change.

Perhaps the most important survey question asked respondents to state the greatest benefit they received from campaign work. Respondents most frequently mentioned the knowledge they gained and sense of satisfaction they felt as a result of working on the campaign. They wrote: "How to work with the media," "learning more about tobacco research," "understanding how our local politicians operate," "learning how to interact with and influence local leaders" and "working on a meaningful project with wonderful people."

Another question asked respondents to list ways they could become better community activists in promoting smoke-free sites. Their comments included having more time; help with public speaking, computer skills and writing press releases; more information on how policy is created; and learning about successful smoke-free initiatives.

Remind members why we undertook this survey together; what we hoped to learn; number who participated

Highlight main survey results

Use quotes to personalize and illustrate results, showing the range of skills and depth of knowledge that coalition members gained through their work.

Add another finding that will be of interest or that you want members to focus on.

Use - Report Example, page 2

Other Specific Results:

- People were most active in preparing and disseminating information and in getting endorsements from community organizations for smoke-free work site public policy. Seven of 9 respondents said they gained greater skill in these areas.
- Five of nine members said they gained greater skill communicating with policy makers and recruiting volunteers.
- People were less frequently involved in conducting public presentations, working with the media and submitting news releases.
- 8 of 10 respondents helped prepare and distribute information; 7 of us recruited others for the campaign; 7 of us got community endorsements; 5 spoke with policy makers; 4 took part in a petition drive.
- Only 2 of our members who responded to the survey gave presentations, worked with the media or wrote news releases.

List survey results in easy-to-read bullet fashion.

Questions to facilitate conversation when results are reported:

1. What was the biggest surprise to you?
2. What did you learn from these results?
3. Is there anything you'd like to add that isn't included in these results?
4. Are there implications for our work based on what we learned from these results?

Write some questions that will help members reflect on what these results mean.

For a complete copy of the Community Activist Survey results contact Leanna White at www.coalition.tobaccofree.

Give a contact name, number and website for those who may want more information..

Demonstrations of Public Support

Key Question

To what extent does your community demonstrate public support for smoke-free public policies in the work site?

Purpose

We've included recording and observation sheets to help you document demonstrations of public support. The logic model suggests that such public demonstrations are an important step in achieving work site policy change. By systematically recording all demonstrations of public support, you will gather evidence to determine how well you were able to gain public support. You can also use this evidence to rally additional support and see where you need to focus more attention.

Sample

See administration for each instrument below.

Administration of the instruments

The coalition coordinator or other individuals within the coalition can record demonstrations of public support. You could devote a few minutes at coalition meetings to record members' observations of demonstrations of public support. The log sheets included in this section will help you document and summarize demonstrations of public support on an ongoing basis.

1) Log for organizations: Demonstrations of Public Support

Sample: All community organizations serve as the base. List names of organizations, such as schools, government agencies and nonprofit groups, in the left column. If your community is large enough that listing all organizations would be difficult, list only those that show public support (and forego computing a percentage at the bottom of the log sheet). When an organization demonstrates support, record the date and a brief description of the action.

2) Log for businesses: Demonstrations of Public Support

Sample: All community businesses serve as the base. List names of all businesses in the left column. Again, for large communities with many businesses, it may be unrealistic to list them all. In such cases, list only those that demonstrate support. When a business demonstrates support, record the date and a brief description of the action.

3) Log for media/print materials: Demonstrations of Public Support

Sample: Newspapers, editorials, billboards, signs, brochures and any other media support, including local TV and radio. Collect all print materials and store them in a file. Summarize these demonstrations of public support by filling in the log sheet.

4) Log for Doctor's Campaign: Demonstrations of Public Support

Sample: All community doctors serve as the base. Use existing campaign data that lists the names of local doctors supporting the smoke-free policy.

5) Observations of yard signs: Demonstrations of Public Support

Sample: A variety of options exist for selecting an area where you will look for yard signs. If you live in a relatively small community, know the population of your municipality and have kept track of the number of signs distributed, you might want to canvas the entire community and calculate the percentage of homes and businesses displaying signs. More likely, however, you will look for signs in a particular area – such as the neighborhoods of key council members or stakeholders. Or you might look for signs along the routes key stakeholders take to work or council meetings. You could also look for signs at businesses that may or may not support your smoke-free campaign. Schedule your observations close to an election or other pivotal event during the campaign, so you have time to distribute more signs and take advantage of the advertising power of the signs. Decide what your observation strategy will be before doing the actual observing.

6) Observations of window stickers: Demonstrations of Public Support

Sample: As with yard signs, observing window stickers lends itself to a variety of observation options. Depending on the size of your municipality, you may want to restrict the areas you look for window stickers to places where key stakeholders might see them, such as a popular downtown business district, shopping mall or day care center parking lot, in your council person's district. Look for window stickers in buildings and vehicles. As with yard signs, schedule your observations close to an election or other pivotal event during the campaign. Decide on your observation strategy ahead of time.

Note: Use the log sheets most suited to your campaign. For example, not all communities include a Doctor's Campaign. However, coalitions waging a comprehensive campaign should expect to see most of these demonstrations of public support.

See UWEX reference:

Collecting Evaluation Data: Direct Observation, G3658-5.

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

1. Log for Organizations: Demonstrations of Public Support

NAMES OF ALL ORGANIZATIONS	PUBLIC SUPPORT DEMONSTRATED – BRIEF DESCRIPTION	DATE

SUMMARY:

Number of organizations that demonstrated support: _____

% of organizations in the community: _____

4. Log for Doctor's Campaign: Demonstrations of Public Support

DATE	LIST OF DOCTORS

SUMMARY:

Number of local doctors who lent their names to the Doctor's Campaign: _____

% of community doctors: _____

Public Policy Assessment

Key question

Did your community pass a smoke-free work site public policy? What happened instead of, or in addition to, the smoke-free work site policy?

Purpose

After conducting a smoke-free public policy campaign, you should document any outcomes. Several things could occur. Ideally, your campaign resulted in a positive vote and you have a copy of the policy and the date it passed. Sometimes the desired policy change does not occur but other important changes do. For example, public policy changes could occur elsewhere in the county as an indirect result of your campaign. This survey will help you document campaign results.

Sample

Give the survey to all city/village/town clerks in your county. If you don't have a town clerk, the mayor or board chair should be able to appoint someone whose job consists of maintaining municipal records, including the specifics of any policies passed.

Administering the survey

If possible, mail the survey to each clerk with a self-addressed, stamped return envelope. If you have trouble getting clerks to respond through the mail, schedule a time to meet when you can administer the survey in person.

Public Policy Survey

About three months ago, the village/city/town of [name of municipality] introduced and/or put to a vote a Smoke-Free Work sites public policy. Other municipalities in [name of county] County may be in the process of pursuing similar smoke-free work sites public policies. You can help us measure the success of the policy in [name of municipality] and whether it resulted in any other changes in the county or other municipalities by answering the following questions.

Note: "Public policy" refers to policies that affect more than just one workplace.

1. Did the smoke-free work sites policy introduced in [name of municipality] pass?

Yes No Don't Know

2. Did you or the council receive any correspondence in support of the smoke-free work sites policy in [name of municipality]?

Yes No Don't Know

3. Did you or the council receive any correspondence opposing the smoke-free works sites policy in [name of municipality]?

Yes No Don't Know

4. During the public hearings for the smoke-free work sites policy in [name of municipality], how many persons spoke against the policy?

_____ spoke against policy

5. How many persons spoke in favor of the policy?

_____ spoke in favor of policy

6. Does your municipality currently have a public policy that addresses smoking at work sites?

Yes No Don't Know

If you answered "don't know," please share the name and contact information of the most appropriate person to answer this question.

Name _____

Phone _____

E-mail _____

If "no," please skip to question 10 and the gray shaded area.

If "yes," please continue with question 7.

7. When was your smoke-free work sites public policy first implemented?

____/____/____ ____ Check here if not yet implemented
 month/ day / year

8. What exactly does the policy cover? (Check all that apply)

- a. ____ most inside areas of buildings with some exceptions where smoking is allowed
- b. ____ all inside areas of buildings
- c. ____ all outside areas of buildings (the grounds)
- d. ____ all outside areas of buildings within a certain number of feet of an entrance
- e. ____ all business-owned work vehicles
- f. ____ all off-site locations where business is conducted (e.g., construction sites)
- g. ____ other (please specify)_____

9. Would you be willing to share a copy of your municipality's smoke-free work sites public policy with us?

__ Yes __ No

(If yes, please include a copy with this survey in the enclosed self-addressed, stamped envelope. If the policy is online, please let us know where we can download it.)

10. Are you aware of any other municipalities in the county that are currently working on smoke-free policies of any kind? If yes, please list below.

If you answered "no" to question 6, please continue the survey here.

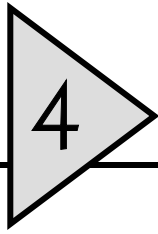
Are you aware of any smoke-free work sites public policies having been proposed in the past? Please check only one response.

- a. ____ Yes, but not passed
- b. ____ Yes, but not brought forward for review or a vote
- c. ____ No
- d. ____ Don't know

How likely do you think it is that your municipality will consider a smoke-free workplace public policy within the next 12 months?

1	2	3	4	5
Highly unlikely	Equally likely as unlikely		Highly likely	

This is the end of the survey. Please return this survey in the enclosed postage-paid return envelope. Thanks so much for your time!



Reducing and Preventing

Youth Tobacco Use

Program Description

Youth are an important part of a comprehensive tobacco control program. Because cigarette smoking and experimentation with other forms of tobacco

generally start during adolescence, reducing and/or preventing adolescent smoking will have major health and economic benefits. While youth cigarette smoking has declined in the past several years, there is still room for considerable improvement (Christiansen et al., *Youth Smoking in Wisconsin, 2003*). Healthy People 2010 sets an objective that no more than 16% of youth will smoke cigarettes by 2010.

A number of youth strategies are available and vary to the degree research has proven their effectiveness. Interventions that have been shown to be effective such as excise tax increases and mass media campaigns tend not to be feasible for local tobacco control coalitions to carry out. Tobacco control initiatives that affect the whole community have been shown

effective in preventing tobacco use among youth. These include the establishment of smoke-free environments and expansion of local clean indoor air laws (see SF section). Youth can play a critical role in a community's efforts to change public policy by participating in the local campaign and advocating for smoke-free environments. Treating tobacco dependence in youth who are using tobacco products is a critical issue (see *Treating Tobacco Addiction* section).

Note: Youth advocacy is defined as youth arguing for, defending, or recommending a cause or proposal; direct action in support of or opposition to a cause, through involvement in specific events.

Program Description

- Overarching Logic Model
- Sub-Logic Model: Youth Advocating for Policy Change

Data Collection Plan: Youth

Data Collection Instruments

- Youth Skills Survey
 - Questionnaire
 - Case Example
 - Data Recording Form
 - Analysis and Interpretation
 - Use – Report Example
- Youth Advocacy
 - Log of Youth Advocacy Activity
- Youth In Policy Change
 - Log of Community Policies

Overarching Logic Model

The overarching logic model depicts the statewide effort to reduce tobacco use among youth. It shows the interconnections of inputs, outputs (activities and reach) and outcomes. It indicates how the community goal – reductions in tobacco use by youth – is expected to be achieved.

A coalition has a number of human and physical resources that it invests to effect community change. These INPUTS include its membership, funding, partners (public health, CTRI, etc), and existing research and best practices. With these resources, the coalition is able to engage in the ACTIVITIES shown in the logic model that REACH certain individuals and groups who then can be expected to achieve certain OUTCOMES.

This model depicts four areas for preventing and reducing tobacco use by youth: 1) access to tobacco products by youth; 2) youth advocacy in public policy change; 3) school and community-based anti-tobacco programs for youth; and 4) cessation services and policies [this area is not developed here but can be found in the Treating Tobacco Addiction section of this manual]. A coalition may work on any one or several of these areas. In general, however, these areas work together and interact in achieving community change.

1) Youth access

The logic model shows that a combination of involvement and enforcement activities are targeted to the community, parents/caretakers, law enforcement, retailers, and health department. As a result, these individuals and groups can be expected to make certain changes. In the short-term, they can be expected to increase their awareness of the need to eliminate youth tobacco access to tobacco products (including knowledge of industry tactics, existing laws and noncompliance) and increase their commitment to eliminating access to and sources of tobacco. These short-term outcomes link to two medium-term outcomes: increased compliance and enforcement of laws and policies and decreased supply to minors. These link to the long-term outcome of decreased access to tobacco for minors and also lead to changes in social norms in the community.

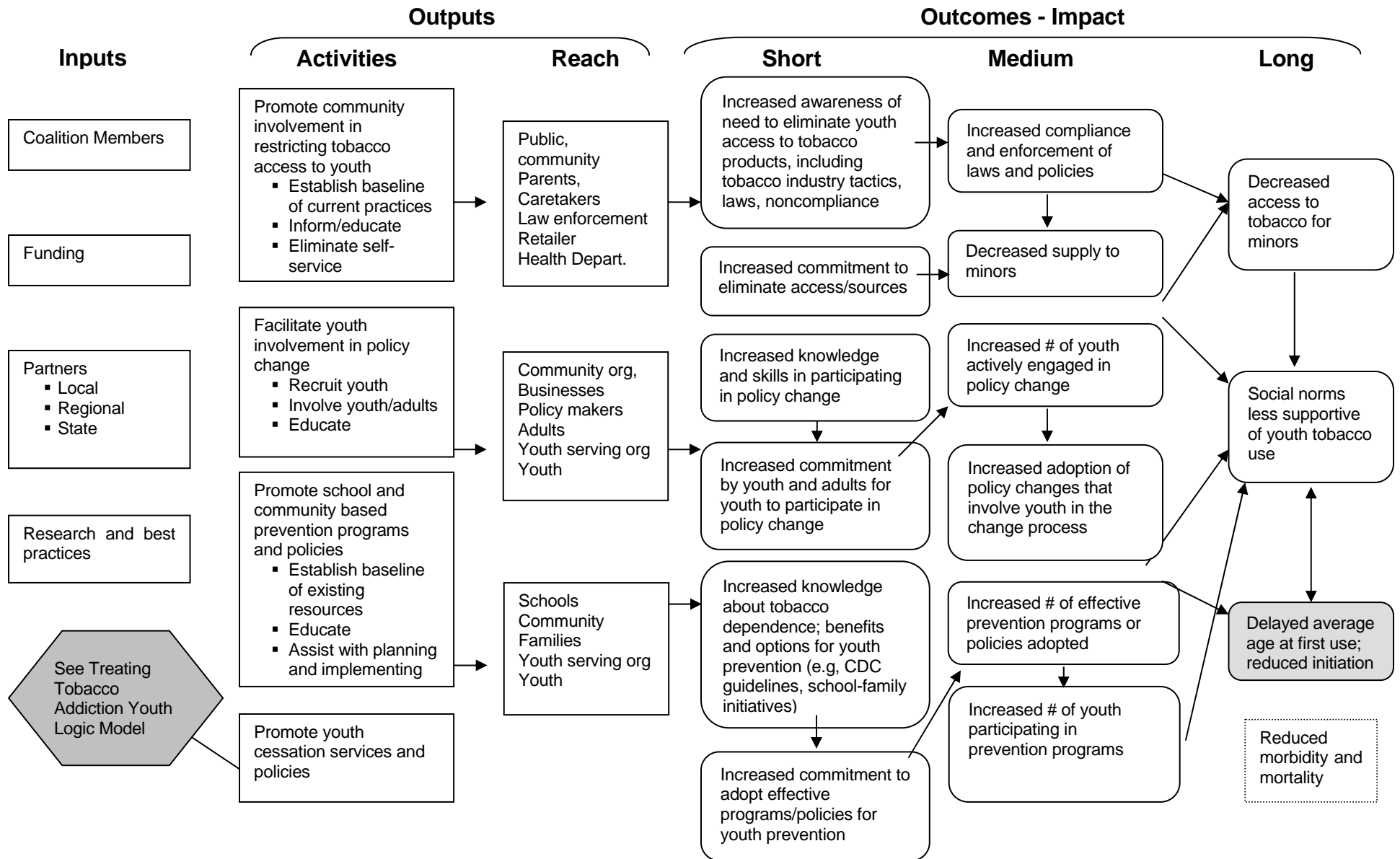
2) Youth advocacy

Activities in youth advocacy are aimed at community organizations, adults, youth serving organizations and youth themselves. As a result, these individuals and groups can be expected to increase their knowledge, skills and commitment that will enhance youth engagement in policy change work. These short-term outcomes lead to medium term outcomes—increased numbers of youth engaged in policy change and more policies having the benefit of youth involvement. These medium term outcomes then link to a long-term change in social norms.

3) School and community-based prevention programs and policies

The third activity area in the logic model features youth prevention programs and policies. The youth prevention activity area includes a variety of recommended activities such as establishment of a baseline, education and assistance with planning and implementation of programs and services both in the community and in schools. These activities are targeted to reach the schools, community and families, youth serving organizations and youth in the community. As a result, it is expected that these individuals and groups will make changes in their knowledge about and commitment to adopt effective programs/policies or participate in youth prevention (for the targeted youth). In turn, these short-term outcomes link to medium term changes including an increased number of effective programs adopted and increased participation in prevention programs by youth. These outcomes, in turn, link to the desired ultimate goal of a change in social norms and the delayed average age of first use and reduced initiation that eventually can be expected to lead to reduced morbidity and mortality and reduced disparities.

Overarching Logic Model: Reducing and Preventing Youth Tobacco Use



Sub-Logic Model: Youth Advocating for Policy Change

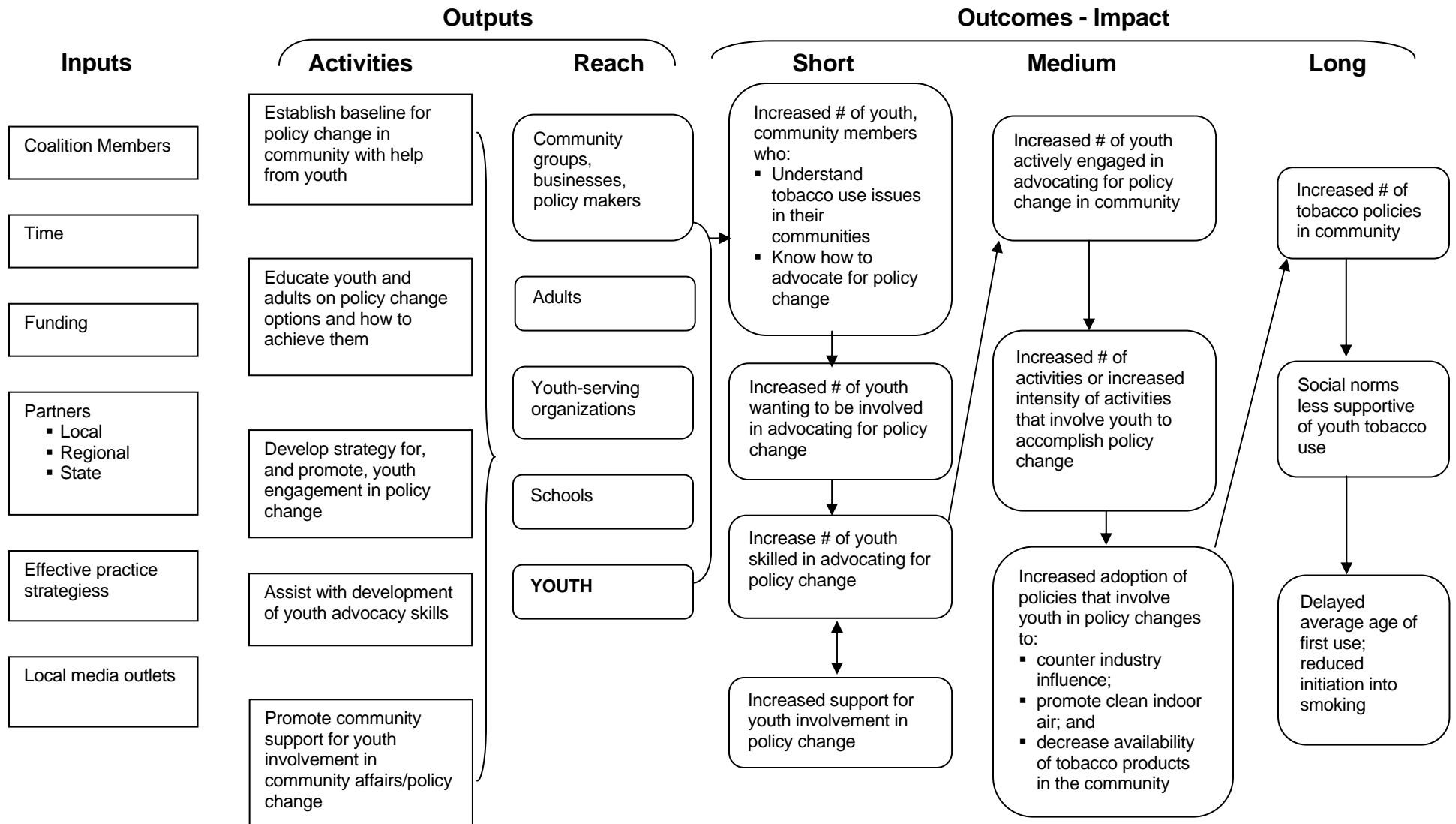
This sub logic model shows one component of a comprehensive program to prevent and reduce youth tobacco use – youth advocating for policy change. It shows the connections between inputs, outputs (what the coalition does and who it targets, also called activities and reach) and outcomes, or goals.

To achieve the long-term goal of increased anti-tobacco policies, the coalition invests a variety of resources – members, time, funding, partners, media contacts and integration of research and best practices. These resources enable the coalition to engage in activities targeting community organizations, businesses, policy makers, adults, youth-serving organizations, schools and youth themselves.

These activities result in several short-term outcomes, including greater understanding and knowledge of tobacco issues and how to advocate for change. Other short-term outcomes include more youth wanting to get involved in policy work, better youth advocacy skills and increased support for youth involvement in community policy change. These short-term outcomes link to three major medium-term outcomes – more youth actively engaged in advocating for policy change, more activities involving youth in policy change and increased adoption of policies that include youth in the policy change.

These medium-term outcomes link to the long-term outcomes of more anti-tobacco policies in the community, social norms less supportive of youth tobacco use and, ultimately, a delayed average age of first tobacco use and fewer youth smokers.

Sub-Logic Model: Youth Advocating for Policy Change



Data Collection Plan: Youth

KEY QUESTIONS What do you want to know?	INDICATORS (EVIDENCE) How will you know it?	SOURCE (SAMPLE) Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
INPUTS				
1. Were resources sufficient and timely to implement youth advocacy strategies?	Amount of staff time, funds, volunteers and other resources invested Delivered when needed	Coalition staff Members Partners	Log that tracks resource investment: who provides what and when	Ongoing
OUTPUTS				
2. To what extent has the coalition promoted the involvement of youth in policy change? Which youth are targeted?	#, type of contacts made with youth-serving organizations, schools #, type of presentations and information dissemination to youth and community Effort to recruit youth #, type of contacts made to create incentives for youth participation	Coalition staff	Log of activities (meetings, significant phone calls, presentations)	Ongoing

KEY QUESTIONS What do you want to know?	INDICATORS (EVIDENCE) How will you know it?	SOURCE (SAMPLE) Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
OUTCOMES				
3. To what extent has the number of youth increased who are skilled in advocating for policy change?	# youth involved in advocacy group or initiatives # youth who can handle interviews with media; policy makers # youth who can clearly articulate the policy initiative; know message points # youth who can respond to questions and argue for the policy # youth who can speak in public on the policy change # youth who can answer questions/respond to others about the policy and their involvement	Coalition staff, adult leaders Youth	Log of activities Youth Skills Survey	Ongoing Annually
4. To what extent has support in the community increased for youth involvement in policy change?	Amount of resources provided to facilitate youth involvement # youth invited to participate in community committees/decision-making arenas #, type public statements of commitment # adults committed as youth leaders/coordinators # schools supporting youth advocacy/activism group(s)	Coalition staff Key contacts	Logs Interviews	Ongoing
5. To what extent is there an increase in the # of youth actively engaged in advocating for policy change?	#, type of youth advocacy group(s) formed; # youth in each # youth who participate in policy change initiatives in one or more of the following ways: <ul style="list-style-type: none"> ○ prepare and disseminate information packets ○ conduct presentations 	Key contacts for each activity or advocacy group	Youth Advocacy Activity Log	Ongoing

KEY QUESTIONS What do you want to know?	INDICATORS (EVIDENCE) How will you know it?	SOURCE (SAMPLE) Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
	<ul style="list-style-type: none"> ○ write press releases; work with media ○ participate in petition drives ○ conduct ad watch ○ conduct event observations ○ communicate with elected officials (# contacts) ○ serve as spokesperson ○ recruit other youth ○ phone and personal contacts to mobilize support 			
6. To what extent is there an increase in the # of activities or intensity of activities that involve youth in policy change?	# activities/events with youth involvement: <ul style="list-style-type: none"> ○ media communications ○ meetings with policy makers ○ petition drives ○ school presentations ○ demonstrations/activism 	Key contacts for each activity	Interview Observations	Ongoing
7. To what extent is there an increase in community policies that have involved youth in the policy change?	# youth involved and type of youth involvement in such policy change initiatives as: <ul style="list-style-type: none"> ○ rejection of tobacco sponsorship ○ smoke-free environments ○ tobacco advertising and placement restrictions/bans ○ tobacco licensing fee ○ stop selling tobacco products 	Key contacts for each policy change initiative	Youth and Policy Log	Ongoing
8. To what extent have social norms changed as a result of youth advocacy?				

Youth Skills Survey

Key Question

To what extent have youth gained skills as a result of working in tobacco prevention and control?

Purpose

The purpose of the Youth Skills Survey is to document the extent to which youth have gained skills as a result of their participation in advocacy and activism around policy change. The assumption is that by being involved in community policy work, youth are gaining important skills – advocacy, communication, and leadership skills - that will enhance their development and future commitment to community well being.

Sample

ALL youth who actively participate in a tobacco policy change initiative. While different youth may participate at different levels of involvement, this questionnaire will help to link level of involvement with skill development.

Administration of the instrument

Who: Responsibility for administering the survey could rest with the coalition coordinator, members, or adult youth group leaders, in collaboration with youth.

When

Use this instrument after youth have participated in training and orientation to tobacco policy change issues and strategies and have engaged in advocacy activities or at a point in time when changes in their skills could expect to be seen. You might choose to administer this instrument annually to provide information over time. Feedback on the instrument will help identify areas where youth need or want more information or skill development and training. Documented increases in knowledge and skill development from completed surveys could help the coalition meet a contract deliverable.

How

This instrument has been formatted as a paper and pencil survey. You could pose these same questions, however, in an interview format.

Note: Carefully read the questions to determine if this instrument meets your needs. Delete or add questions or modify the survey to meet your particular needs. Engage your youth members to help ensure the instrument is relevant and useful. Invite one or two youth to pilot test the final instrument to make sure it is understandable and collects the information you want.

Additional information

To complement the information gained in this survey, you might devote a few minutes at each coalition meeting to record what members have seen or heard as evidence of youth being skilled in advocating for policy change in the community.

Youth Skills Survey Questionnaire

This is a survey from the community tobacco free coalition. We'd like to hear from you about whether working for tobacco policy change is helping you gain useful skills. The information you provide will help the tobacco free coalition and others to better work with youth on improving tobacco policies. Your responses on this survey will be kept confidential. You may refuse to answer some or all of these questions. Thanks for helping!

1. What grade are you in?	
2. What school do you go to?	
3. How old are you?	
4. Today's date	

5. What activities have you been involved in as a result of your work in tobacco prevention and control? (CHECK ALL THAT APPLY)

- a. ____ Gathering information about tobacco issues from libraries, the Internet, or other sources
- b. ____ Surveying or talking with people in schools or the community to get their opinions on tobacco use
- c. ____ Collecting information about tobacco ads from local stores or magazines
- d. ____ Talking with community leaders, local government officials, school teachers, school principals, store owners, policy makers or others about tobacco
- e. ____ Making a presentation about tobacco use or prevention
- f. ____ Finding community resources (\$, people) to help with tobacco control
- g. ____ Recruiting other youth to work in tobacco control
- h. ____ Helping to plan and work on a tobacco policy change
- i. ____ Circulating a petition about a tobacco change that is needed
- j. ____ Writing a newspaper story or letter
- k. ____ Working with the media (TV, radio, newspaper)
- l. ____ Participating in rallies or demonstrations
- m. ____ Other activity. Please describe:

6. To what extent have you developed skills in the following activities by working for prevention and control of tobacco use?	MY SKILL LEVEL						
	NOW			BEFORE			Have not done this
	Not very much	Some	Quite a bit	Not very much	Some	Quite a bit	
a. Determining the extent of a community problem such as tobacco use and exposure							
b. Presenting information to key decisions makers (community, school, local government, police, etc)							
c. Making public presentations on a community issue (tobacco)							
d. Putting together a plan for a policy change							
e. Working together with others, both youth and adults, to create change							
f. Contributing to group discussion and decision-making							
g. Knowing how to circulate a petition							
h. Recruiting others to get involved							
i. Locating resources to carry out a community project							
j. Working with the media (TV, radio, newspaper)							

7. Do you feel you have learned how to do anything else as a result of working in tobacco prevention and control?

No

Yes (please describe)

8. What is the single most important thing you learned as a result of working in tobacco advocacy?

9. Do you think you will work on similar types of issues in your community again?

No

Yes

Why or why not?

10. What is one skill you would like to develop in order to be a better advocate for change in the community?

11. What has been most helpful to you in getting the skills you need to advocate for tobacco prevention and control?

12. Do you feel like you have changed in any way as a result of working in tobacco control? If yes, how have you changed?

No

Yes

If yes, how have you changed?

Thank you very much for completing this survey

Case Example

Following is an example using sample data to illustrate how you might analyze, interpret and use information obtained from using the Youth Skills Survey. The purpose of this survey is to assess the extent to which youth gain skills as a result of their participation in tobacco advocacy work.

Example

The Tobacco Free Coalition has a group of twenty youth, in grades 6-12, working to change tobacco use behaviors in the community, particularly among other youth. After one full year of working together, members of the coalition and the youth themselves wanted to see if the youth felt that they were developing useful skills as a result of their work. They needed to report to the funder and wanted to document their work. They reviewed the questions in the Youth Skills Survey and decided not to make any changes to the instrument. Copies were made and all 20 participating youth completed the survey questionnaire at the December meeting.

One teen and the coalition coordinator were chosen to analyze and report the results of the survey. They began by putting a unique identifier number in the corner of each completed questionnaire. They checked each questionnaire to make sure all questions had been answered. They were pleased to see that all were complete. They recorded each answer on the blank recording form (see next page). You can also use a blank questionnaire or a spreadsheet.

For all the questions with narrative comments (Questions 5m, 7, 8, 9, 10, 11 and 12), the teen analyst typed all the comments by each question into a separate word processing file. She made copies for herself and the coordinator. Together, she and the coordinator read all the comments for each question. They looked for comments that were similar, grouped them together as a category, and gave a name (label) to each category. They made sure that the category name reflected the essence of the comments and was relevant to the question. Then the teen cut and pasted the category label and responses from the word processing file into the appropriate spaces on the recording form to have all the data in one place.

Next you will find the blank data recording form followed by an analysis and interpretation using sample data. Finally, you will find a sample report that shows one way to communicate your results.

Helpful Resources:

Analyzing Quantitative Data

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

Analysis of Before – After Data in a Retrospective Pre – Post Question

<http://www.uwex.edu/ces/pdande/resources/pdf/Tipsheet27.pdf>

Analyzing Qualitative Data

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

Quick Tips: Using Excel for Analyzing Survey Questionnaires

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

Data Recording Form

You will find suggestions for analyzing and interpreting the data for each question of the Youth Skills Survey. We used hand tabulation for the analysis. You may prefer to use Excel or SPSS.

Response: _____ Response rate: _____

Response = # usable returned questionnaires
Response rate = # usable returned ÷ # surveys sent

1. What grade are you in?

n = ____

GRADE	RESPONDENTS	
	Frequency	Percentage

2. What school do you go to?

n = _____

NAME OF SCHOOL	RESPONDENTS	
	Frequency	Percentage

3. How many youth were from each grade in each school?

GRADE	SCHOOL	SCHOOL	SCHOOL	SCHOOL

4. How old are you?

n = _____

AGE	RESPONDENTS	
	Frequency	Percentage

Today's date _____

5. What activities have you been involved in as a result of your work in tobacco prevention and control? (CHECK ALL THAT APPLY)

n = _____

ACTIVITY	# OF PARTICIPANTS	% OF PARTICIPANTS
a. Gathering information about tobacco from libraries, the Internet, or other sources		
b. Surveying or talking with people in schools or the community to get their opinions on tobacco use		
c. Collecting information about tobacco ads from local stores or magazines		
d. Talking with community leaders, local government officials, school teachers, school principals, store owners, police, or others about tobacco		
e. Making a presentation about tobacco use or prevention		
f. Finding community resources (\$, people) to help with tobacco control		
g. Recruiting other youth to work in tobacco control		
h. Helping to plan and work on a tobacco policy change		
i. Circulating a petition about a tobacco change that is needed		
j. Writing a newspaper story or letter		
k. Working with the media (TV, radio, or newspaper)		
l. Participating in rallies or demonstrations		
m. Other activity.		

Other activity – narrative responses

CATEGORY	RESPONSE

6. As a result of your involvement in tobacco prevention and control activities, what, if any, skills do you think you've developed?

TO WHAT EXTENT HAVE YOU DEVELOPED SKILLS IN THE FOLLOWING ACTIVITIES...?	N	MY SKILL LEVEL						HAVE NOT DONE THIS
		NOW			BEFORE			
		Not very much	Some	Quite a bit	Not very much	Some	Quite a bit	
a. Determining the extent of a community problem such as tobacco use and exposure.								
b. Presenting information to key decision makers (community, school, local government, police, etc.)								
c. Making public presentations on a community issue (tobacco)								
d. Putting together a plan for a policy change								
e. Working together with others, both youth and adults, to create change								
f. Contributing to group discussion and decision-making								
g. Knowing how to circulate a petition								
h. Recruiting others to get involved								
i. Locating resources to carry out a community project								
j. Working with the media (TV, radio, or newspaper)								

7. Do you feel you have learned how to do anything else as a result of working in tobacco prevention and control?

n = _____

	FREQUENCY	PERCENTAGE
NO		
YES		

If Yes – please describe

CATEGORY	RESPONSE

8. What is the single most important thing you learned as a result of working in tobacco advocacy?

n = _____

Category	Response

9. Do you think you will work on similar types of issues in your community again?

n = _____

	FREQUENCY	PERCENTAGE
NO		
YES		

Why or why not?

Category	Response

10. What is one skill you would like to develop in order to be a better advocate for change in the community?

n = _____

Category	Response

11. What has been most helpful to you in getting the skills you need to advocate for tobacco prevention and control.

n = _____

Category	Response

12. Do you feel like you have changed in any way as a result of working in tobacco control? If yes, how have you changed?

n = _____

Category	Response

Analysis and Interpretation (using sample data)

Response: 20 Response rate: 100%

(Response rate = # useable returned (response) ÷ number surveys distributed)

1. n = 20

Grade	Respondents	
	Frequency	Percentage
6	2	5%
7	4	20%
8	3	15%
9	4	25%
10	2	5%
11	4	25%
12	1	5%

Middle school : 45%

High school: 55%

2. n = 20

Name of school	Respondents	
	Frequency	Percentage
Hamilton	4	20%
Jefferson	5	25%
East	5	25%
West	6	30%

Questions 1 and 2 (also 3) provide information about your participants. With only 20 youth, you probably know this information already. However, including these questions allows you to make comparisons with other questions and information gained through this survey. For example, are there differences in the types of activities in which youth engage in different schools and grades? Is there a difference in skill development? Analysis for these types of questions is discussed later.

You might wish to reconfigure the data from Questions 1 and 2 in a table such as follows in order to report the distribution of youth across the various schools.

Grade	Hamilton	Jefferson	East	West
6	2	-	-	-
7	2	2	-	-
8	-	3	-	-
9	-	-	2	2
10	-	-	-	2
11	-	-	3	1
12	-	-	-	1

These data indicate that there is fairly equal representation across schools and grades. There are slightly more high school participants than middle school participants. You might summarize these data or select aspects to highlight.

Note: When you report a number, include it along with the total number of responses for that item. Saying that 9 youth were middle school students does not mean much unless you know that it is 9 of 20 youth participants.

3. n = 20

Age	Respondents'	
	Frequency	Percentage
11 years	2	10%
12 years	4	20%
13 years	3	15%
14 years	4	20%
15 years	2	10%
16 years	4	20%
17 years	1	5%

Question 3 asks about participant age. To summarize, you might combine the data into age groupings as shown below. We see that participants represent nearly equal numbers from each of three age groupings. Are these numbers what you expected? Hoped for?

Age	# of respondents
11, 12 years	6
13, 14 years	7
15, 16, 17 years	7

4. Today's date December 14, 2004

This question merely records the data the questionnaire was administered. You may want to administer the survey again one day.

5. n = 20

Activity	# of participants	% of participants
a. Gathering information about tobacco from...	12	60%
b. Surveying or talking with people in schools...	10	50%
c. Collecting information about tobacco ads...	3	15%
d. Talking with community leaders, local ...	2	10%
e. Making a presentation about tobacco use ...	4	20%
f. Finding community resources (\$, people) to...	10	50%
g. Recruiting other youth to work in tobacco ...	7	35%
h. Helping to plan and work on a tobacco ...	10	50%
i. Circulating a petition about a tobacco...	5	25%
j. Writing a newspaper story or letter	4	20%
k. Working with the media .	4	20%
l. Participating in rallies or demonstrations	10	50%
m. Other activity.	5	25%

This question describes in which activities youth participate. The assumption is that youth gain skills as a result of being involved during their tobacco control work. Therefore, it is important to know in which activities they are involved. The frequencies and percentages tell you how many youth were involved in each activity. To summarize the results from this question, you might:

1. report the number and percentage of youth involved in each of the activities as listed above.
2. order the activities by level of participation to show which activities were more popular and which had less participation.
3. cluster the activities and list those that had 75% or more of the youth participating; 50-75% participation; 25-50% participation and less than 25% participation. Perhaps, you only need to report the activities in which 50% or more of the 20 youth participated.
4. average the number of activities in which youth participated. To do this, add the numbers in

the frequency column and divide by the number of youth respondents (82 ÷ 20). We see that, on average, youth participated in 4 tobacco control activities.

Are the numbers of participation what you expected for the various activities? Are there areas where you would like to see greater participation? Avoid equating a low percentage with a negative interpretation. It is possible that the coalition did not need or intend for many youth to work on a particular task. Interpretation depends upon your particular situation.

5 m. Other activity n = 4

Category	Response
Goal Setting	I helped set our goals
Goal Setting	Goal setting
Communications	Made a phone directory for group members
Membership	Helped organize a social event for new participants

From the narrative responses, we see that two relate to goal setting, one is categorized as communications and one relates to membership. These are activities that you may want to monitor and include in the future.

You may be interested in comparing what activities youth participate in by school: does participation differ for students at different schools? This involves cross-tabulation – comparing responses from two or more different questions. In this case, we will compare information from question 2 (schools) with information in question 5 (activities). We have hand tabulated this as seen in the table below. This is done by looking at questions 2 and 5 simultaneously on each individual questionnaire and placing a tick mark in the appropriate cell. For example, if a participant attending East School indicated that she participated in gathering information (5a), you would place a tick mark in the cell corresponding to the column labeled “East” and in the row labeled “Gather Information”. (This example only shows the first three responses for question 5).

	Hamilton	Jefferson	East	West
5a. Gather information				
5b. Surveying / getting opinions of others				
5c. Collecting information about tobacco use from local stores and magazines			-	-

Then look at each individual questionnaire. Look at the responses for questions 2 and 5 simultaneously. Next convert the tick marks to frequencies.

	Hamilton	Jefferson	East	West
5a. Gather information	3	2	2	5
5b. Surveying	1	2	4	3
5c. Collect Information	1	-	1	1
5d. Talk to community leaders	-	-	1	1
5e. Presentations	-	2	1	1
5f. Finding community resources	2	1	4	3
5g. Recruiting	-	3	2	2
5h. Helping to plan / work on policy change	2	1	3	4
5i. Petition	-	3	2	-
5j. Write newspaper article or letter	1	-	2	1
5k. Media	1	-	1	2
5l. Rallies	2	2	3	3
5m. Other	-	1	2	2

This crosstabulation allows you to organize the participation data based on the school the youth attend. You can now find important information. For example, Hamilton did not have participants recruiting new youth advocates. What does this mean for future participation? Also note that only East and West had youth talking to community leaders about tobacco issues. Does the coalition need youth in the other schools talking to their community leaders? Crosstabulating results will provide your coalition with more detailed information. You can crosstabulate the data from any combination of two questions that are meaningful to your coalition.

6.

To what extent have you developed skills...	n	My skill level						Have not done this
		NOW			BEFORE			
		Not very much	Some	Quite a bit	Not very much	Some	Quite a bit	
a. Determining the extent of a community ...	20	-	6	4	7	3	-	10
b. Talking to key decision makers about needed...	20	-	3	1	4	-	-	16
c. Making public presentations on a ...	20	-	3	1	4	-	-	16
d. Putting together a plan for a policy change	20	-	5	5	10	-	-	10
e. Working together with others, both youth and ...	20	-	8	12	3	15	2	-
f. Contributing to group discussion and ...	20	1	3	16	6	10	4	-
g. Knowing how to circulate a petition	20	-	1	4	2	3	-	15
h. Recruiting others to get involved	20	-	-	7	7	-	-	13
i. Locating resources to carry out a community...	20	-	8	2	8	2	-	10
j. Working with the media (TV, radio, or newspaper)	20	-	6	2	5	3	-	16
Total frequency		1	43	54	56	36	6	
Percent		1%	44%	55%	57%	37%	6%	

Question 6 addresses one of your main interests: To what extent have skills developed as a result of working in tobacco prevention and control? There are several ways to analyze these data:

Group level analysis:

1. You can look at the self-reported skill level for each activity NOW and BEFORE for all the youth participants. For example, for item a – determining the extent of a community problem, 4 youth reported “quite a bit” of skill NOW compared to no one reporting that level of skill prior to this work. Or, 7 youth reported “not very much” skill BEFORE whereas NOW all participants reported skill in this area.
2. You might wish to combine skill levels by collapsing data. For example, you might combine “some” and “quite a bit” by adding together the number of responses in each category. After the categories are combined for both the NOW and BEFORE sections of the survey, you compare them in the same manner described above. For example, in working with the media, 8 participants reported some or quite a bit of skill NOW and 3 did BEFORE.
3. You might select certain activities to report. Perhaps, those that show the greatest and least levels of skill change; or those that you think are most important.

4. You might wish to look at skill levels for all activities. Rather than looking across the rows by activity, look down the columns by skill level: Not very much; Some; Quite a bit. Then, compare skill levels at NOW and BEFORE. Do youth feel that they've gained skills as a result of working in tobacco control? Add the numbers in each column and calculate the percentage for all responses (in this case, use 98 as the denominator since there are a total of 98 responses for the three skill levels at NOW and BEFORE). The column totals and percentages are displayed across the bottom of the table. For ease of reporting you might want to collapse the data in the SOME AND QUITE A BIT columns. These results might be reported as follows: *For the 20 youth participating this year in our tobacco control work, 99% reported some or quite a bit of skill in areas related to tobacco control and community change compared to 43% who reported these skill levels BEFORE they became involved.* NOTE: This type of summary statement combines all activities and masks the detail and understanding provided by the other analyses.

Individual level analysis

You can also describe the individual's change. To do this, compare each individual's NOW and BEFORE responses to each question. You will need to look at the individual questionnaires. Rather than combining responses that may mask individual variation, look at each individual's responses to each question. For example, if a participant answered Some for NOW and Not very much for Before, the participant progressed one level. If she answered "Quite a bit" for NOW, she progressed two levels. This analysis is sensitive to the degree to which individuals developed their skill.

Once you have recorded each individual's level of change, you may wish to summarize for the group as a whole. To do this, create a table like below. List the skill domains in rows on the left. Create column headings that reflect the number of levels a participant could move (i.e. from "Not very much" to "Some" or "Some" to "Quite a bit" = one level, "Not very much" to "Quite a bit" = two levels). A partial table is displayed below.

	Stayed the Same	Progressed 1 level	Progressed 2 levels
a. Determining the extent of a community problem such as tobacco use and exposure.	-	6	4
b. Talking to key decision makers about needed change (local officials, schools, police, etc.)	-	3	1
c. Making public presentations on a community issue (tobacco)		3	1

We do not recommend calculating an average change score or percent change.

As you look at your data, are these results what you had hoped for? Are there any surprises? In which areas did youth seem to increase their skills the most? The least?

7. n = 20

	Frequency	Percentage
NO	15	75%
YES	5	25%

Question 7 provides the opportunity for the youth to indicate anything else that they feel they have learned as a result of working in tobacco control. In this case, 5 indicated that they had but did not offer any specific comments in the space provided. It may be important to realize that 25% of the youth felt they learned something additional. You may wish to follow-up and ask them what they felt they learned in addition to the items in question 6. These might provide important insights and be included in future work.

8. n = 16

Category	Response
Tobacco effects	How bad tobacco is
	What tobacco does to you and others
	How addictive tobacco is
	What tobacco companies have done to get kids to smoke
	What addiction means and what you can do about it
Hard work	How hard community work is
	Talking to people is hard
	This is hard work
	It takes a lot of time; isn't easy
Opinions of people	What people think about tobacco
	People don't want to change
	Some people just really don't want to quit
Research available	The amount of research that has been done about tobacco – all the information that is available
Uncertain	Don't know
	Can't think of just one thing
	Don't know

Question 8 asks the youth to identify the most important thing they learned. Their comments were typed, all were read and then clustered into categories of similar items. A category label was given to each cluster that best described the essence of the comments. You might summarize and report these comments as follows:

1. Indicate how many youth provided a usable comment
2. Indicate the number and types of lessons youth learned, e.g., as described in the category labels.
3. Provide selected comments from each category as examples of the youths' real comments. Be sure that the individual's identify cannot be determined.

Are their responses what you had expected? Did they identify benefits that you had not thought about?

9. n = 20

	Frequency	Percentage
NO	2	10%
YES	18	90%

Narrative responses – why/why not?

Category	Response
Fun	It was fun
Fun	I like this kind of work – its fun!
Fun	Working on this policy initiative was fun
Issue	I liked working on something that will help my community
Issue	I liked researching tobacco issues.
Issue	It makes me feel like I'm helping
Issue	I like helping my community.
Issue	I think smoking is bad for people and want to prevent it.
Issue	I want people to be healthy, so I will continue to work with this group.
Process	I got to do a lot of things and really see how things work
Process	I like community organizing.
People	I made friends with others involved.
People	I like the other people.
People	It is fun to meet and work with these people
Career	I hope to be a journalist and writing press releases is great
Career	I want to be a politician and this kind of things helps me.
Career	It will help with my college applications.
Obligation	My parents want me to.

9. NO responses

Category	Response
Time	I am involved with a lot of activities at my school and do not have time
Interest	Don't find tobacco control interesting

Question 9 helps you estimate future participation and indicates the youth's overall reactions. The results indicate that 90% of the youth will pursue such community work again. If the NO response had been high, you would want to find out why.

Analysis of the narrative responses indicates why these youth like to be engaged in this type of community work. You might summarize the narrative comments in one of the following ways:

1. Indicate the number of youth who responded in each category.
2. Indicate that youth work on these types of issues for six different reasons and list those reasons (the categories) in order of reported frequency.
3. Select one or two responses from each category to provide examples of “real” comments from the youth.
4. Order the categories to indicate frequency of the comments. Some people count the number of responses in each category and report these numbers to indicate relative importance. These counts can reveal general patterns but are not suited to statistical analysis.

The two “NO” responses indicate lack of time and lack of interest as barriers to youth involvement.

10. n = 5

Category	Response
Media	How to work with the media
Change	How to get more kids to quit
Change	How to really change people's ideas
Media	How to write really good newspaper articles
Change	How to get more people involved

Question 10 provides youth the opportunity to indicate, in their own words, what skill(s) they want to develop. Five youth provided written comments. Analyze these comments by clustering them into categories. In this case, we have identified two categories: work with the media and creating change. These are areas the coalition may wish to provide additional training and support for youth.

11. n = 15

Category	Response
School program	Talking about tobacco and its terrible effects at the school program
School program	The school program
School program	Research and presentations we put together for the school program
School program	Working on the school program – that was great!
School program	Putting the school program together
Conference	Attending the conference
Conference	The conference
Conference	Going to the conference – that was really fun
Everything	Everything
Everything	Don't know – it was all good
Everything	All of it
Interactions	Working with others
Interactions	Talking to people
Peer learning	Learning from the kids who've been doing this
Petition drive	Going door to door

Question 11 is another open-ended question giving youth the opportunity to provide information in their own words. To analyze this question, count the number of youth who responded; n = 15. Their responses have been written down and categorized into themes with category labels provided for each. Summarization and reporting would be similar to question 9.

12. n = 20

	Frequency	Percentage
NO	2	10%
YES	18	90%

Narrative responses. n = 3

Category	Response
Increased knowledge	I feel like I know a lot more about tobacco and what it does to people
Increased knowledge	I understand better what it takes to change things here
Attitude	Hate tobacco more than ever

Question 12 seeks to find out if youth feel that they have changed in any way as a result of their work in tobacco control. You will want to report the number who replied to this question as well as the percentages. Is this what you had hoped for? Is it important to understand why two of the youth feel that they have not changed? If so, you may wish to ask some questions and try to find out. Not many youth provided narrative comments. You may wish to summarize the few that were provided and include or not.

Summary

Data analysis and interpretation involves making sense of the information you collected. What do all these data mean? Go back to your main question and recall why you conducted this survey. Look through all your data and ask yourself, What do these results tell us about youth involvement? What have we learned? What will we do differently as a result of these findings? What do we need to know that we haven't learned yet?

Limitations

It is always important to list limitations in your evaluation work. Scarce resources make it impossible to collect all of the information you might want. Furthermore, data collection is not perfect. Thus, it is helpful to identify limitations and how they might affect the results. Following are several issues to keep in mind as you report the results of your evaluation:

1. *Response Rate:* If the response rate is low and/or unrepresentative, the data may be unreliable. You want to collect data from as many participants as possible. Usually a higher response rate (70% and above) means less chance for bias; however, it is always a good thing to look at who did not respond to check the representativeness of the response, particularly with small numbers.
2. *Survey Clarity:* Another limitation could be that the survey as provided, leaves out important information for your coalition or the questions aren't well understood. Before using the survey, be sure that questions important to your coalition are included. Also, pilot test the questionnaire with 2-3 individuals who are similar to the intended respondents.
3. *Honest Responses:* A third limitation could be that respondents did not answer honestly; maybe they provided the answers they thought you wanted or wanted to make the coalition look good. Respondents sometimes answer in a socially desirable manner. Using several methods of data collection and combining data from several sources is one way to decrease this problem.

Limitations are unavoidable, but it is important to identify possible limitations and think about what they may mean for your interpretation.

Use – Report Example

Sample report to the Division of Public Health on the results of the Youth Skills Survey

Results from the Youth Skills Survey

Background: In 2005 the Tobacco-Free Coalition of Swan County contracted with the Division of Public Health for two youth-related objectives. What follows is our coalition’s report on how we achieved those objectives.

Objective #1: Recruit young people to work in the Tobacco-Free Coalition of Swan County.

Objective #2: As a result of working with our coalition, youth will acquire skills needed by community activists and organizers working in tobacco prevention and control. Skills include organizing events, planning for policy changes, finding resources to carry out community projects, working with the media, circulating petitions, making public presentations, talking to decision makers, recruiting volunteers, and working with other youth and adults to bring about change.

Overall outcome: In 2005, we successfully achieved our target goal of recruiting 20 youth, representing our community’s middle and high schools, to work with our Tobacco-Free Coalition. We now have nine middle and eleven high school students helping us achieve our goal of keeping young people from starting to smoke and getting existing smokers to quit. Two students have previous experience in tobacco prevention and control; 18 are new to this type of work. Their level of interest and commitment indicate that they will continue to be strong advocates.

Process: To find out whether we achieved our goals of recruiting youth and helping them develop skills, each student completed a "Youth Skills Survey." The survey consisted of 12 close- and open-ended questions, including one retrospective question asking students to compare their skill level in tobacco control activities before and after working with the coalition. All 20 completed and returned the survey.

Two coalition members – one teen and the coalition coordinator – analyzed the survey and reported results. They checked each questionnaire for completeness and recorded the answers on a blank recording form. For questions with narrative comments, the teen analyst typed all comments into a word-processing file and worked with the coordinator to analyze those comments.

Introduce your report; give a brief background statement to your report.

State objectives.

Present actual data showing accomplishment of the objective.

Describe the survey process used to collect evidence of the results.

Use – Report Example, page 2

Survey results: The following bullet points summarize the students' responses:

- 99 percent of the students reported gaining some or quite a bit of skill in tobacco prevention-and-control activities after a year of working with our coalition.
- They gained the most skill in working with others to create change, and contributing to group discussion and decision-making. All 20 youth participated in these two activities.
- The least amount of improvement occurred in areas where there was also the least youth participation. There was the least amount of improvement in talking to key decision-makers about policy change, giving public presentations and working with the media. Four youth (20 percent) participated in each of these activities.
- Twenty five percent, or five students, said they learned other skills as a result of working with the coalition.
- 90 percent, or 18, said they plan to work on similar community issues in the future.
- Asked why they want to continue working on tobacco-related issues, six young people said they want to stay involved because of interest in the issue. Three said they do it for fun. Another three said they enjoy working with people. And another three hope to use the experience in a career.

We will use these results to continue growing youth involvement in our tobacco control work.

This summary report was produced by
Jenny Marsh of the Tobacco-Free Coalition of Swan County.

List key survey results, showing the skills youth gained. Use bullets to highlight key results.

Youth Advocacy

Key Question

To what extent are youth actively engaged in advocating for policy change?

Purpose

This log tracks the number of youth and the type of activity in which youth are involved in the community. It tracks involvement by individual youth so that over time you can determine if more youth are engaging in tobacco advocacy, if the same youth continue to be involved, if involvement declines and which activities youth engage in most.

Sample

All youth involved in tobacco advocacy in your community. Youth advocacy is defined as youth arguing for, defending or recommending a cause or proposal. If you use a different or expanded definition of youth advocacy, please clarify your definition and the behaviors you will document as evidence of youth advocacy.

Administration

Identify a “contact person” for each youth advocacy group/policy change initiative that involves youth. Distribute copies of the log to each contact person. You may need to make additional copies depending upon the number of youth involved. Request that the contact person fill in the log each time a youth engages in an activity. Check or use a ‘hatch mark’ to indicate the activity in which the youth participated. Collect the logs every 6 months and tally the information.

Analysis

Count and record the total number of youth participating. Break down the total into number of girls participating and number of boys participating. Count and record the total numbers in each column to indicate level of participation by activity. Sum the totals of each column to provide an overall picture of the total activity level. Keep track of level of activity by participant to indicate who is participating more, less, or at the same level of involvement.

Possible Limitations

Keep these issues in mind as you report the results of your logs:

- Did the contact person record all of the youth participants and their activities? If there is missing information, the data may be unreliable.
- Does the log leave out important information for your coalition? Before distributing the log, be sure that it collects information important to your coalition.

Log of Youth Advocacy Activity

Time period:		Type of policy initiative	Writing media releases/working with media?	Preparing/disseminating information packets?	Conducting ad Watch?	Conducting presentations?	Communicating with elected officials (ENTER # OF	Conducting event observations?	Serving as a spokesperson?	Participating in petition drives?	Recruiting other youth?	Getting endorsements supporting the tobacco policy from community	Making contracts to mobilize support?	Participating in rallies or demonstrations?	Developing human billboards or other public signs or notices?	Participating in tobacco control coalition meetings?	Other: Please describe:
Youth advocacy group/initiative:																	
Name of youth:		Type of policy initiative	Writing media releases/working with media?	Preparing/disseminating information packets?	Conducting ad Watch?	Conducting presentations?	Communicating with elected officials (ENTER # OF	Conducting event observations?	Serving as a spokesperson?	Participating in petition drives?	Recruiting other youth?	Getting endorsements supporting the tobacco policy from community	Making contracts to mobilize support?	Participating in rallies or demonstrations?	Developing human billboards or other public signs or notices?	Participating in tobacco control coalition meetings?	Other: Please describe:
FIRST	LAST																

Youth in Policy Change

Key Question

To what extent is there an increase in community policies that have involved youth in the policy change?

Purpose

This log is intended to keep track of how many and what types of community policies have been implemented that involve youth advocacy and the number of youth that have been involved in each. Over time you can examine the frequency and type of youth involvement in tobacco policy change to determine if an increase in youth involvement is occurring or not.

Sample

Every policy (public and private/voluntary) where youth played a part in the policy discussion, adoption and/or implementation.

Examples:

- Community events enacting a policy to not accept tobacco sponsorship
- Organizations enacting a policy to not accept tobacco sponsorship
- Organizations enacting a policy for smoke-free environments
- Municipality enacting a policy for smoke-free environments
- Businesses enacting a policy on tobacco advertising and placement restrictions
- Businesses enacting a policy on tobacco advertising and placement bans
- Organizations enacting a policy on tobacco advertising and placement restrictions
- Organizations enacting a policy on tobacco advertising and placement bans
- Municipality increasing tobacco license fee
- Businesses that stop selling tobacco products

Administration

This log will be completed by a designated member of the coalition who is aware of youth activities in policy change in the community. This individual will be responsible for noting whenever a policy change takes place, how many youth were involved, and the way that youth were involved. It can be completed “as you go”; when a policy is implemented, note it on this log.

Be as specific as possible in citing the ways in which youth are involved in the effort (the fourth column on the log). Examples of youth involvement might include:

- Preparing or disseminating information or materials
- Conducting presentations on the policy change at local meetings
- Engaging/recruiting other youth to volunteer for the initiative
- Getting endorsements supporting the tobacco policy from community organizations or businesses
- Participating in a petition drive
- Communicating with policy makers
- Writing media releases/Working with the media
- Participating in rallies or demonstrations
- Developing human billboards or other public signs and notices
- Participating in tobacco control coalition meetings
- Conducting Ad Watch
- Conducting event observations
- Serving as a spokesperson
- Making contacts to mobilize support
- Other

Log of Community Policies

Community: _____

Dates: From: ____/____/____ To ____/____/____

Policy change (e.g., smoke-free municipality, community events not accepting tobacco sponsorship, etc...)	Name of business, organization, municipality, sponsor, etc...	How many youth were involved?	How were youth involved (i.e. Wrote letters to media, spoke with policy makers, etc...)?

5

Treating Tobacco Addiction

Program Description

In 2000, more than one million young people and adults smoked in Wisconsin. More than 70 percent of smokers report wanting to quit, and

almost 50 percent make serious attempts to quit every year. Unfortunately, few smokers succeed in quitting. Although some smokers quit on their own, the vast majority of unaided quit attempts, between 90 and 95 percent, end in failure¹.

Research suggests that resources targeted to helping smokers quit can produce a greater short-term public health benefit than any other component of a comprehensive tobacco-control program². Even so, a successful tobacco-control program should include several components.

Many Wisconsin tobacco control coalitions have chosen to address cessation by identifying, promoting, developing and implementing resources, policies and benefits to treat tobacco addiction.

Benefits are defined as insurance coverage of cessation medication and /or counseling, and include private and public insurance coverage.

Resources are defined as evidence-based programs, services and information (diversion and cessation) that motivate or help in quit attempts, or support abstinence from tobacco

Program Description

- Overarching Logic Model
- Sub-Logic Model:
Treating Tobacco Addiction In Adults
- Sub-Logic Model:
Treating Tobacco Addiction In Youth

Data Collection Plan:

Treating Tobacco Addiction - ADULTS

Adult Data Collection Instruments

- Clinical Practice Guideline Implementation Survey
 - Questionnaire
 - Case Example
 - Analysis and Interpretation
 - Use – Report Example
- Worksite Cessation Support Survey
 - Sample Cover Letter
 - Questionnaire
- Supporting Tobacco Quit Attempts: Employer Interviews
 - Interview Instrument

Data Collection Plan:

Treating Tobacco Addiction - YOUTH

Youth Data Collection Instruments

- Community Contact Form – Youth Tobacco Cessation
 - Contact Form
- Cessation Support Telephone Survey
 - Questionnaire
 - Contact Log
- Cessation Resource Utilization Assessment
 - Ten Questions
- Cessation Program Follow-Up Survey
 - Questionnaire

¹UW- Center for Tobacco Research and Intervention, Wisconsin Tobacco Control Board, & UW-Comprehensive Cancer Center. Insights: Smoking in Wisconsin, How Smokers are Quitting, Action Paper number 3. January, 2003.

²Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs. August 1999.

products. These may be accessed individually, in groups, over the phone or on the Internet.

Policies are defined as private policies – action taken by individuals or groups to solve a problem in their business, workplace, school, home or car. Examples of tobacco-related private policies include a hospital adopting the Clinical Practice Guideline³, or a school or school system adopting the CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

Note: We have included two sublogic models and two separate sections with sample instruments and analysis plans, for adults and for youth, as there are vast differences in motivational techniques and educational methods for adult and youth tobacco users.

While efforts such as higher cigarette prices, smoke-free policies, restricted youth access, mass media campaigns and prevention education may boost tobacco quit rates, they are not included in this section. Readers interested in these types of efforts should see the “Smoke-Free Environments” and “Youth Prevention” sections of this manual.

³ Clinical Practice Guideline: United States Public Health Services publication that contains strategies and recommendations designed to assist clinicians; tobacco dependence treatment specialists; and health care administrators, insurers and purchasers in delivering and supporting effective treatments for tobacco use and dependence

Overarching Logic Model

The overarching logic model for *treating tobacco* addiction shows how coalitions can help treat tobacco addiction and how communities can achieve the goal of getting more people to quit using tobacco. It shows the connections between inputs, outputs (coalition activities and reach), and outcomes, or goals.

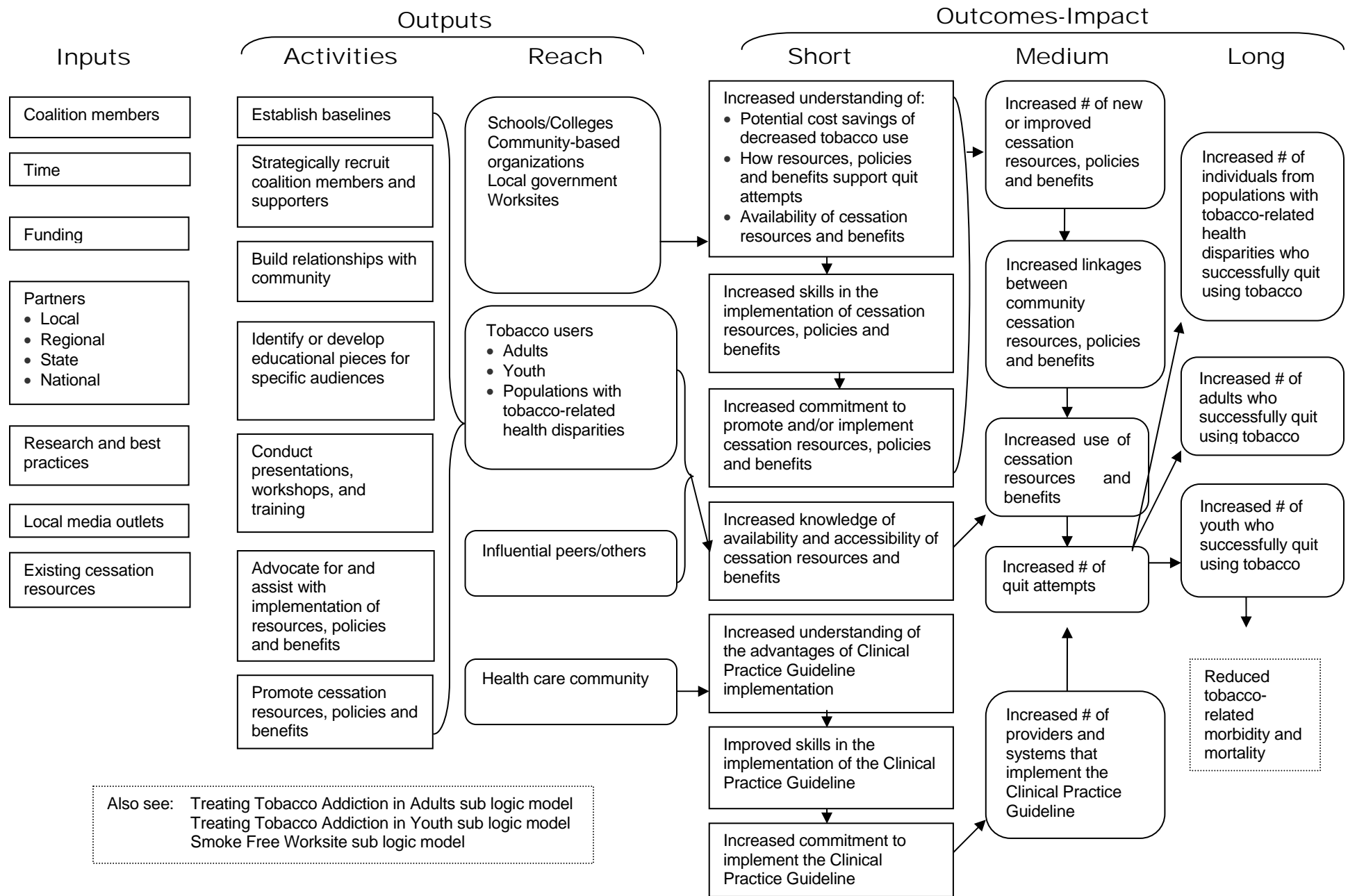
To achieve the long-term goal of fewer smokers, a coalition invests a variety of resources, or inputs, including members, funding, community partners, and existing research and best practices. These inputs enable the coalition to conduct activities targeted to individuals and groups, who could then be expected to achieve the desired outcomes.

Ideally, coalition activities should make schools, colleges, community-based organizations, local government and work sites (the first cluster under reach) more aware of the potential cost savings of decreased tobacco use; how resources, policies and benefits within their own organizations can support quit attempts; and of resources and benefits available in the community. This increased awareness should lead to better skills in implementing cessation resources, policies and benefits, and greater commitment to supporting tobacco cessation within their own organizations. These short-term outcomes lead to medium-term outcomes of an increase in new or improved cessation resources, policies and benefits, and more links between these in the community. These medium-term outcomes link to other medium-term outcomes (in the second cluster) – greater use of cessation resources and benefits, and more quit attempts.

The second group under “reach” includes tobacco users from all ages and walks of life, their peers and other influences. Coalition activities should result in these individuals gaining knowledge of the availability of community cessation resources and benefits. These short-term outcomes link to medium-term outcomes that include increased use of cessation resources and benefits, and more quit attempts. These medium-term outcomes link to our long-term goal of having more individuals successfully quit using tobacco.

Activities targeted to the health-care community (the last cluster under “reach”) should lead to greater understanding of the advantages of implementing the Clinical Practice Guideline and greater skill and commitment to implementing the Guideline among health care workers. These short-term outcomes should lead to the medium-term goal of having more providers implement the Clinical Practice Guideline. Ultimately, these medium-term outcomes should lead to the long-term goal of more youth and adults successfully quitting tobacco.

Overarching Logic Model: Treating Tobacco Addiction



Sub-Logic Model: Treating Tobacco Addiction in Adults

This sub logic model shows how coalitions can achieve the long-term goal of getting more adults to stop using tobacco. It shows the connections between inputs, outputs (activities and reach) and outcomes, or goals.

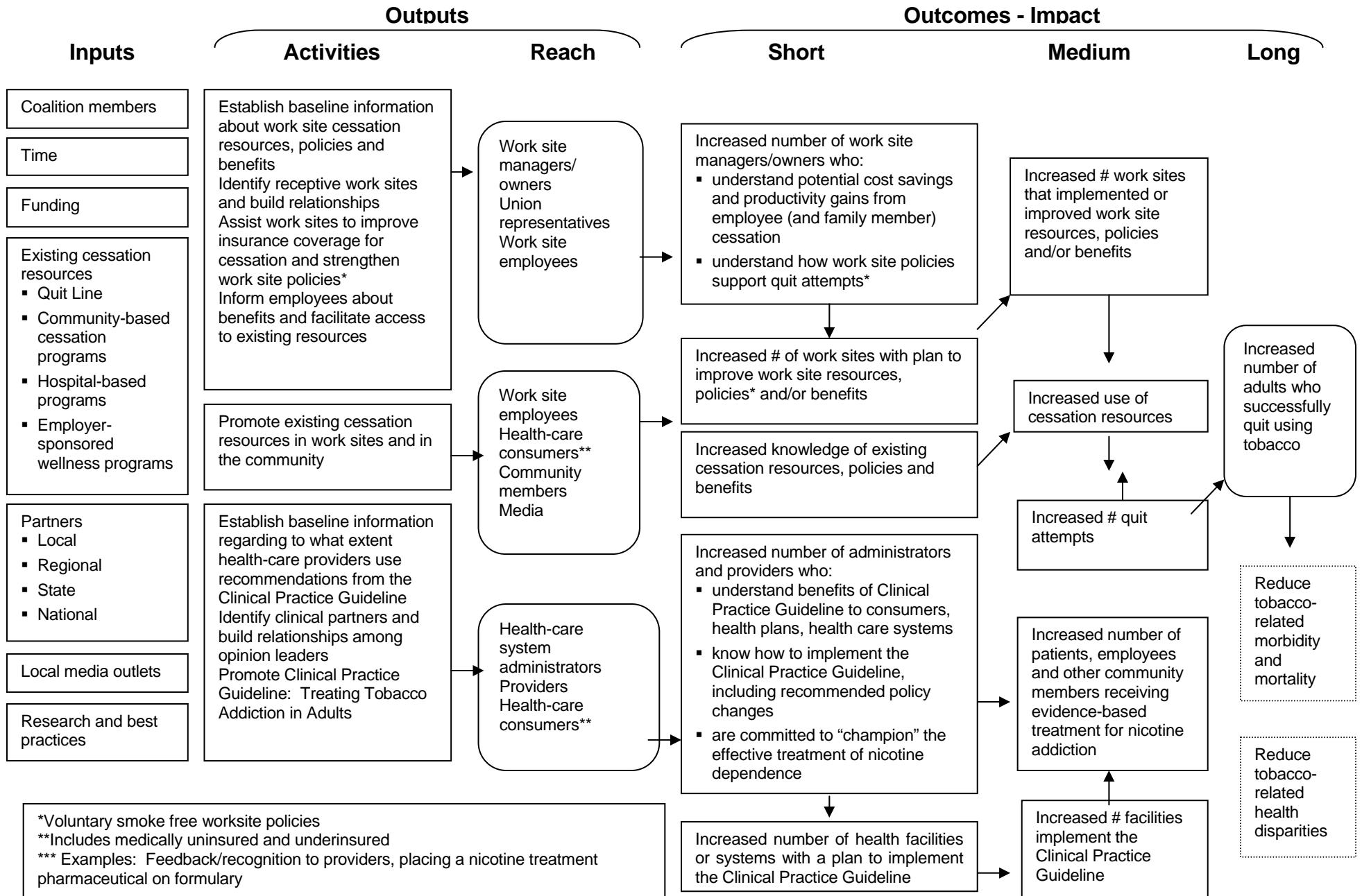
To achieve the goal, a coalition invests resources including members, time, funding, cessation resources, community partners, media outlets and research and best practices. These inputs enable the coalition to conduct activities targeted to individuals and groups, who can then be expected to achieve the desired outcomes.

The logic model has three main activity clusters. The first cluster targets work site managers and owners, union representatives and employees. Successfully completing the activities should lead the targeted individuals to a greater understanding of the potential cost savings from employee cessation and how work site policies can support quit attempts. These goals should lead more employers to develop a plan to improve work site resources, policies and benefits. These short-term outcomes link to medium-term outcomes that include more work sites with improved policies, resources and benefits. This, in turn, should lead to greater use of cessation resources and increased quit attempts.

The second activity cluster targets work site employees, health-care consumers, community members and the media. Successfully promoting existing cessation resources should result in greater knowledge of existing cessation resources, policies and benefits. This short-term outcome links to medium-term outcomes that include greater use of cessation resources and more quit attempts. This medium-term outcome links to the long-term goal of more adults successfully quitting tobacco.

The third activity cluster targets health-care administrators, health-care providers and health-care consumers. Successfully completing these activities should result in: a) a greater understanding of the benefits of the Clinical Practice Guideline; b) greater skill in implementing the Clinical Practice Guideline; and 3) greater commitment to implement the Guideline. These short-term outcomes link to medium-term outcomes of more patients, employees and other receiving evidence-based treatment for nicotine addiction and more facilities using the Clinical Practice Guideline. This, in turn, should lead to the long-term outcome of more adults successfully quitting tobacco.

Sub-Logic Model: Treating Tobacco Addiction in Adults



Sub-Logic Model: Treating Tobacco Addiction in Youth

This sub logic model shows one component of treating tobacco addiction – helping youth stop using tobacco. It shows the connections between inputs, outputs (what the coalition does and who it targets, also known as activities and reach), and outcomes, or goals.

To achieve the long-term goal of getting young people to stop smoking, a coalition invests resources, or inputs, including members, funding, community partners, youth, media, and existing research and best practices. These inputs allow the coalition to conduct activities targeted to individuals and groups, who could then be expected to achieve the desired outcomes.

This logic model contains two main activity areas as indicated by the brackets separating the two clusters. The first cluster lists activities directed to the health-care community, schools, colleges, community-based organizations, local government and work sites that interact with youth. Successfully completing these activities should lead the targeted individuals to a greater understanding of a) the prevalence of youth tobacco use, motivators and barriers to quitting, b) potential cost savings from decreased youth tobacco use and c) availability of best-practice cessation resources for youth.

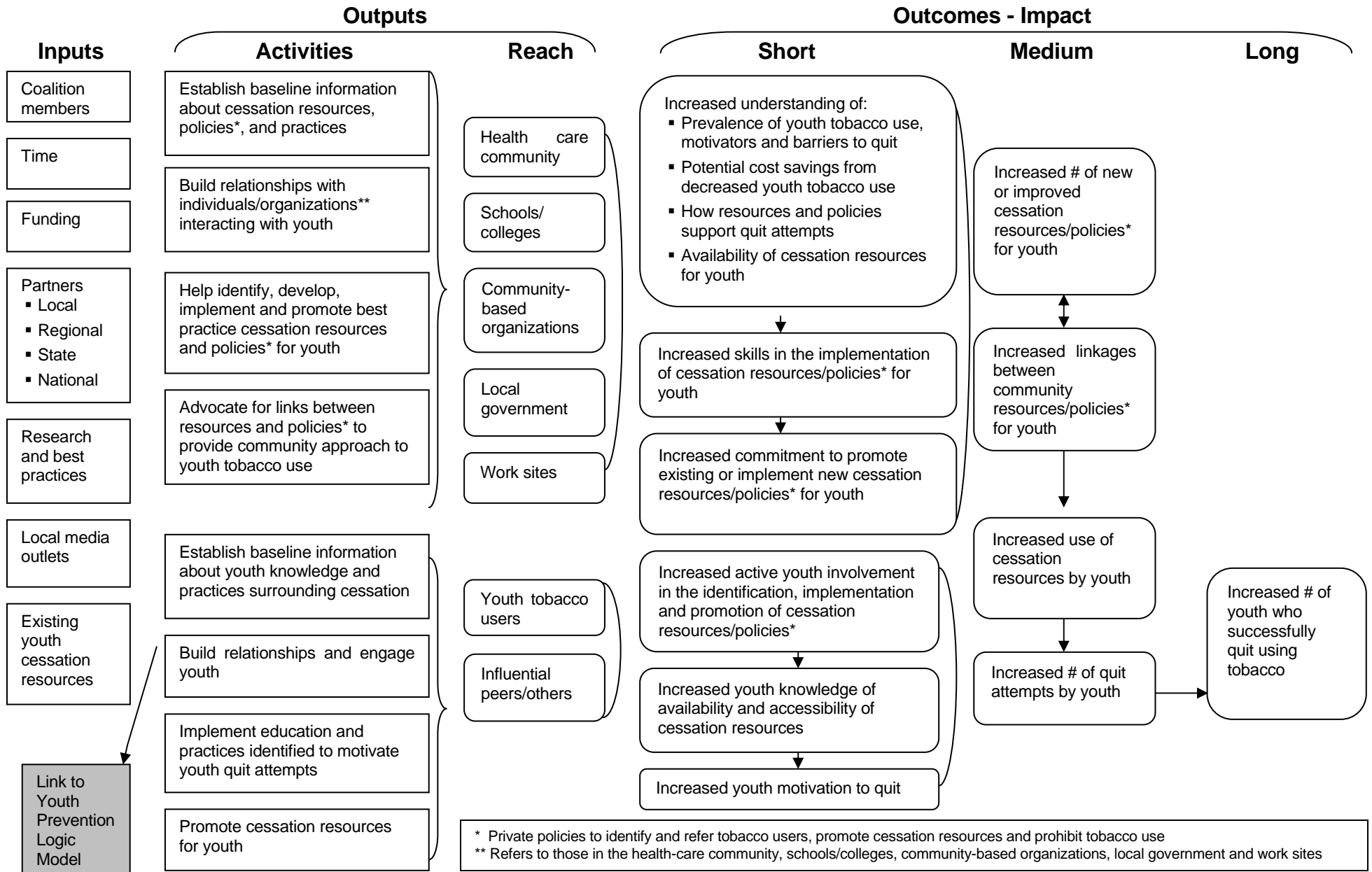
Greater understanding of problems and solutions, along with continued coalition support and education, should lead to increased skills in implementing youth cessation resources and policies. This should lead to greater commitment by individuals and organizations to promoting existing cessation resources or implementing new resources and policies that support youth in quitting tobacco. These short-term outcomes link to medium-term outcomes – more new or improved cessation resources and policies, and more links between community resources and policies, to allow for a community approach in helping youth quit using tobacco. The logic model links these medium-term outcomes to additional medium-term outcomes in the bottom cluster – greater use by young people of cessation resources and more quit attempts – and ultimately to the long-term outcome of more youth successfully quitting tobacco.

The second cluster of activities focuses on youth tobacco users, their peers and other influences. Successfully completing these four activities should lead to more youth identifying, implementing and promoting best-practice cessation resources and policies. Making young people a part of this process should boost their knowledge of community cessation resources and how to access them. By educating young people about tobacco use, involving them in making cessation resources more available and ensuring that those who want to quit know where to get help, we can expect to see more youth motivated to quit. This short-term outcome of increased motivation links to

the medium-term outcomes of greater use of cessation resources and more quit attempts. This, in turn, should lead to the long-term outcome of more young people successfully quitting tobacco.

NOTE: This logic model focuses on making best-practice cessation resources available to youth, while changing private policies to promote their use. This model assumes that other policy and community initiatives are already in place to help change social norms and combat tobacco acceptance among youth. We address youth access restrictions, changes in social norms, tobacco prevention and smoke-free policies in the “Youth Prevention Logic Model” and the “Smoke-free Environments Logic Model,” which complement this logic model.

Sub-Logic Model: Treating Tobacco Addiction in Youth



Data Collection Plan: Treatment of Tobacco Addiction – ADULTS

KEY QUESTIONS What do you want to know?	INDICATORS-EVIDENCE How will you know it?	SOURCE – SAMPLE Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
INPUTS				
1. Were resources available as needed to implement the program?	Quantity and quality of resources invested	Records, receipts, budgets Coalition members, health system partners	- Document Review - Interviews	Ongoing logs, quarterly summary Annual
OUTPUTS				
2. To what extent did the coalition help work sites improve coverage and implement smoke free policies? 3. To what extent did the coalition assist clinical facilities to implement the <i>Clinical Practice Guideline: Treating Tobacco Use and Dependence</i> ?	a) # meetings/presentations with worksites; b) #, % work sites contacted c) #, type of materials provided to work sites a) # meetings/presentations with clinical facilities; b) #, % of facilities contacted c) #, type of materials provided to clinical facilities	Activity log File of materials	Document review	Ongoing log, annual summary
OUTCOMES				
4. To what extent have work site managers or company owners increased their understanding and knowledge of: a) Cost savings and productivity gains from employee cessation b) How smoke-free policies support quitting c) Changes they can take in their own work site	a) #, % who report change in knowledge about potential cost savings/productivity gains b) #,% who report change in knowledge about effect of work site policy on smoking behavior c) #, % who can identify three changes they can make to improve cessation resource	Managers or owners	Telephone survey	Annual, third quarter

<p>5. To what extent have work site managers or company owner made plans to improve cessation resources and/or improve SF policies?</p>	<p>a) #, % who report plans to provide cessation resources or improve smoke-free policies</p>	<p>Managers or owners</p>	<p>Telephone survey</p>	<p>Annual</p>
<p>6. To what extent have employees learned more about existing resources to help them stop using tobacco?</p>	<p>a) #, % of worksite employees who report an increase in knowledge about existing resources available to them</p>	<p>Employees</p>	<p>Employee questionnaire</p>	<p>Annual</p>
<p>7. To what extent do health-system administrators and providers: a) understand benefits of Clinical Practice Guideline to consumers, health plans and health systems? b) know how to implement the Clinical Practice Guideline, including recommended policy changes?</p>	<p>a) #, % of administrators or providers who report an increase in knowledge... b) #, % administrators or providers who can list steps, key components, and recommended policy changes in the Clinical Practice Guidelines</p>	<p>Administrators and providers</p>	<p>Survey</p>	<p>Annual</p>
<p>8. To what extent have health-care facilities implemented the Clinical Practice Guideline?</p>	<p>#, % of health-care facilities or health systems who report practices consistent with Clinical Practice Guideline recommendations</p>	<p>Administrators and providers Clinical opinion leaders (MDs or nurse managers)</p>	<p>- Telephone survey - Clinic Guideline - Checklist - Observations</p>	<p>Annual</p>

*The Clinical Practice Guideline for Treating Nicotine Dependence in Adults includes recommendations for policy changes that promote cessation. Examples include providing feedback to providers about their treatment patterns, recognizing providers who adhere to the Guideline, or placing a nicotine treatment pharmaceutical on the formulary.

Clinical Practice Guideline Implementation Survey*

Key Question

To what extent have health care facilities implemented the Clinical Practice Guideline: Treating Tobacco Use and Dependence?

Note: The key question references the Clinical Practice Guideline: Treating Tobacco Use and Dependence. However, there has been research published since the publication of the Clinical Practice Guideline that identifies best practice in the treatment of tobacco addiction. Lessons from that research have been incorporated into coalition work, training and technical assistance provided, and this instrument.

Purpose

This survey measures to what extent system changes recommended in the Clinical Practice Guideline on treating tobacco use and dependence are being implemented at a given health care facility. (Note: This survey is meant to measure changes that have occurred because of *focused training or technical assistance* around how to effectively implement system changes recommended in the Guideline. Simply distributing copies of the Guideline or providing minimal assistance throughout the year should not be expected to produce the types of changes this survey measures.) This survey may also serve as an educational tool for facilities by providing a menu of system change options that support the treatment of tobacco addiction.

Sample

Health care facilities that have received focused training and/or technical assistance to implement the Clinical Practice Guideline.

Administration

This evaluation is designed as a pre-post telephone survey to capture system changes before and after the provision of training and assistance to a health care facility over a designated period of time.

Note: Many coalitions have been providing some level of training and technical assistance to healthcare providers around the Guideline for years. Therefore, collecting data before any training and technical assistance may not be possible. In these instances, the pre-test survey can serve as a baseline measure for future goals. In the event that significant training and technical assistance around the Guideline has been provided, it is

* References:

- 1- HMOs Investigating Tobacco (HIT) Survey (2000), Cancer Research Network
- 2- Clinic Guideline Use Systems Checklist (2001), University of Wisconsin Center for Tobacco Research and Intervention
- 3- Rigotti, N.A., Quinn, V.P., et al. , Tobacco-Control Policies in 11 Leading Managed Care Organizations: Progress and Challenges, *Eff Clin Pract.* 2002;5:130-136.
- 4- Solberg, L.I. Incentivising, facilitating, and implementing an office tobacco cessation system, *Tobacco Control* 2000;9(Suppl I):i37-i41.

recommended that the questionnaire be adapted to a post-then-pre survey design.

Pre-test

Step 1: List the health care facilities the coalition plans to assist in the implementation of the Clinical Practice Guideline. For each facility, determine the person (administrator or health care provider) that will: a) likely know the most about the types of steps the clinic has taken to implement the Guideline, and b) be most willing to talk with someone from the coalition.

Note: In a particularly large practice (such as a multi-specialty group practice), surveying more than one person may provide a clearer picture of the extent to which the facility has adopted the Guideline. Where there are specialty clinics, administer the survey with an individual from each of the clinics.

Step 2: Complete as much identifying information on the survey questionnaire form as possible (these questions appear at the beginning of the survey in the grey shaded box). The caller will save time on the telephone if this information can simply be confirmed rather than recorded during the call.

Step 3: Identify one or more members/volunteers who will be responsible for conducting telephone survey. Depending on their level of comfort and familiarity with the recommendations in the Clinical Practice Guideline, additional training or technical assistance may be required.

Step 4: Prior to administering the survey, send a brief note to the individual who will receive the call, informing him/her of the purpose of the call, the time it will require, an estimate of when the call will happen, how important their participation is, and how the survey results will be used. Send the note so that they receive it a few days to one week before the call.

Step 5: Administer the pre-test survey during normal business hours when a provider or an administrator who is familiar with the current clinical practice is available to answer the questions.

Post-test

Step 1: To the extent possible, conduct the post-test with the same individuals who answered the pre-test, and use the same administration methods.

Note: A post-test introduction has been provided for you. Insert the following question on the post-test questionnaire:

23. How much has the _____ Tobacco-free Coalition influenced your facility to take steps toward more effectively treating tobacco use and dependence? Would you say...[READ ALL THE ANSWERS, THEN LET RESPONDENT CHOOSE]

- a) Not At All
- b) Not Very Much
- c) Some
- d) A Great Deal
- e) Don't Know

Limitations: This evaluation is assessing the system changes that are in place to support implementation of the Clinical Practice Guideline. It does not assess the level of provider awareness or compliance with the systems that are in place. However, the survey questions serve as good markers for whether the facility has taken key steps toward long-term implementation of and adherence to the Guideline.

For additional help with designing and implementing a survey, see

Collecting Evaluation Data: Surveys that can be downloaded free at http://cecommerce.uwex.edu/pdfs/G3658_10.PDF

Clinical Practice Guideline Implementation Survey Questionnaire

Instructions: The purpose of this telephone survey is to determine to what extent the health care facility implements system changes recommended in the Clinical Practice Guideline: Treating Tobacco Use and Dependence. Read the introduction and survey questions as they are written. Circle the appropriate response to each question. Do not read aloud items in capital letters. For questions that ask for additional detail, please write the response clearly.

Pre-Test Introduction

Hello. My name is _____ (*FIRST AND LAST NAME*) and I am a volunteer for the _____ Tobacco Free Coalition. We are talking with health care administrators and providers about steps facilities are taking to implement the US Public Health Service's Clinical Practice Guideline to treat tobacco use and dependence. Could I please speak with _____, or an administrator or a provider who is familiar with current clinical practice policies related to tobacco use?

APPROPRIATE PERSON ANSWERS THE CALL

Hello. My name is _____ (*FIRST AND LAST NAME*) and I volunteer for the _____ Tobacco Free Coalition. Our coalition, in partnership with University of Wisconsin Center for Tobacco Research and Intervention staff, works with healthcare facilities to help implement the US Public Health Service's Clinical Practice Guideline to treat tobacco use and dependence. We are talking with facilities to better understand how the Guideline is being implemented in order to improve our strategies and report to our funders. The information gathered will be kept confidential and no health care facility or staff person will be individually identified. The survey will be collected again in 12 months to determine any progress made on coalition goals. This survey should not take more than ten minutes.

Do you have time now to answer a few questions?

IF YES: Great. Thank you. Before I ask the first question, I would like to confirm the following: (*GO THROUGH ITEMS 1-5 IN THE SHADED BOX AND EITHER CONFIRM THE INFORMATION ALREADY WRITTEN DOWN OR ASK FOR IT WITH THE INDIVIDUAL YOU ARE SPEAKING WITH. MAKE CORRECTIONS ON THE QUESTIONNAIRE, AS APPROPRIATE.*)

IF NO: Can I make an appointment to call you back? (*DOCUMENT DATE AND TIME OF APPOINTMENT IN LINE 6 OF THE QUESTIONNAIRE.*)

Post-Test Introduction

Hello. My name is _____ (*FIRST AND LAST NAME*) and I am a volunteer for the _____ Tobacco Free Coalition. Could I please speak with _____ (*PRE-TEST RESPONDENT*).

PRE-TEST RESPONDENT IS NO LONGER EMPLOYED BY FACILITY

In _____ (*MONTH, YEAR OF PRE-TEST*), we spoke with _____ about steps your facility is taking to implement the US Public Health Service's Clinical Practice Guideline to treat tobacco use and dependence. Today we are following up with the respondents of our survey. Could I please speak with an administrator or a provider who is familiar with current clinical practice policies related to tobacco use?

APPROPRIATE PERSON ANSWERS THE CALL

Hello. My name is _____ (*FIRST AND LAST NAME*) and I volunteer for the _____ Tobacco Free Coalition. Our coalition conducted a survey in _____ (*MONTH, YEAR OF PRE-TEST*) with your facility in order to better understand how the Clinical Practice Guideline: Treating Tobacco Use and Dependence was being implemented in your facility. Thank you again for your participation.

Today we are following up with the respondents of our survey in order to determine if any changes have been made in clinical practices around the treatment of tobacco use and dependence. The information gathered will be kept confidential and no health care facility or staff person will be individually identified. The results of the survey will be used to improve our strategies and report to our funders. This follow-up survey should not take more than ten minutes. Do you have time now to answer a few questions?

IF YES: Great. Thank you. Before I ask the first question, I would like to confirm the following: (*GO THROUGH ITEMS 1-5 IN THE SHADED BOX AND EITHER CONFIRM THE INFORMATION ALREADY WRITTEN DOWN OR ASK FOR IT WITH THE INDIVIDUAL YOU ARE SPEAKING WITH. MAKE CORRECTIONS ON THE QUESTIONNAIRE, AS APPROPRIATE.*)

IF NO: Can I make an appointment to call you back? (*DOCUMENT DATE AND TIME OF APPOINTMENT IN LINE 6 OF THE QUESTIONNAIRE.*)

Telephone Survey Questions

1. Facility name:
2. Contact name:
3. Contact position:
4. Phone:
5. Mailing address:
6. Date and time of survey:

7. **Has your facility adopted a clinical practice guideline concerned with tobacco dependence treatment?**
- a) NO
 - b) YES
 - c) DON'T KNOW
8. **Some facilities have a Tobacco Cessation Specialist or Department. Does your facility have a staff member, department or team responsible for providing direct tobacco dependence treatment assistance?**
- a) NO
 - b) YES
 - c) DON'T KNOW
9. **Does your facility have an individual, workgroup or committee that is responsible for addressing the quality of tobacco dependence treatment provided to all patients?**
- a) NO
 - b) YES
 - c) DON'T KNOW
10. **Does your facility have a system to identify patients' tobacco use status? (A vital sign stamp is one example.)**
- a) NO
 - b) YES
 - c) DON'T KNOW
11. **Does your facility use standard intake forms to record provider interventions with tobacco users such as the assessment of readiness to quit, advice, medications, and referrals for counseling?**
- a) NO
 - b) YES
 - c) DON'T KNOW

12. **Has your facility adopted a clinical practice guideline concerned with tobacco dependence treatment?**
 - a) NO
 - b) YES
 - c) DON'T KNOW

13. **Some facilities have a Tobacco Cessation Specialist or Department. Does your facility have a staff member, department or team responsible for providing direct tobacco dependence treatment assistance?**
 - a) NO
 - b) YES
 - c) DON'T KNOW

14. **Does your facility have an individual, workgroup or committee that is responsible for addressing the quality of tobacco dependence treatment provided to all patients?**
 - a) NO
 - b) YES
 - c) DON'T KNOW

15. **Does your facility have a system to identify patients' tobacco use status? (A vital sign stamp is one example.)**
 - a) NO
 - b) YES
 - c) DON'T KNOW

16. **Does your facility use standard intake forms to record provider interventions with tobacco users such as the assessment of readiness to quit, advice, medications, and referrals for counseling?**
 - a) NO
 - b) YES
 - c) DON'T KNOW

17. **Does your facility have self-help tobacco cessation materials on-site?**
 - a) NO
 - b) YES
 - c) DON'T KNOW

18. **Does your facility contract to utilize the Fax to Quit program with the Wisconsin Tobacco Quit Line?**
 - a) NO
 - b) YES
 - c) DON'T KNOW

19. **Does your facility have coding for nicotine dependence or tobacco use disorder on encounter or billing forms?**
 - a) NO
 - b) YES
 - c) DON'T KNOW

20. **Approximately what proportion of providers at your facility have received training to implement the Clinical Practice Guideline on treating tobacco use and dependence? Would you say...[READ ALL THE ANSWERS, THEN LET RESPONDENT CHOOSE]**

- a) NONE
- b) LESS THAN 1/3
- c) FROM 1/3 TO 2/3
- d) MORE THAN 2/3
- e) ALL
- f) DON'T KNOW

21. **Approximately what proportion of Registered Nurses or other support staff at your facility have received training to assist providers in implementing the Clinical Practice Guideline on treating tobacco use and dependence? Would you say...[READ ALL THE ANSWERS, THEN LET RESPONDENT CHOOSE]**

- a) NONE
- b) LESS THAN 1/3
- c) FROM 1/3 TO 2/3
- d) MORE THAN 2/3
- e) ALL
- f) DON'T KNOW

The last few questions relate to how your facility reviews or encourages adherence to the tobacco dependence treatment recommendations in the clinical setting. I will pose the question and then give you several options to which you can answer Yes, No, or Don't know. **(READ RESPONSE OPTIONS. CHECK A BOX FOR EACH LETTER A-D)**

22. **Does your facility use any of the following strategies to monitor if providers assess patients' tobacco use status?**

- a) Chart or medical record audits NO YES DON'T KNOW
- b) Patient surveys NO YES DON'T KNOW
- c) Provider surveys NO YES DON'T KNOW
- d) Is there any other strategy your facility uses to monitor if patients' tobacco use is being assessed? NO YES DON'T KNOW
- e) [IF YES ON ITEM D], Please describe that to me:

23. **Does your facility use any of the following strategies to monitor if providers advise patients who use tobacco to quit?**

- a) Chart or medical record audits NO YES DON'T KNOW
- b) Patient surveys NO YES DON'T KNOW
- c) Provider surveys NO YES DON'T KNOW
- d) Is there any other strategy your facility uses to monitor if patients' tobacco use is being assessed? NO YES DON'T KNOW
- e) [IF YES ON ITEM D], Please describe that to me:

24. Does your facility use any of the following strategies to monitor if providers offer or provide tobacco dependence treatment assistance including counseling and medications?

- a) Chart or medical record audits NO YES DON'T KNOW
- b) Patient surveys NO YES DON'T KNOW
- c) Provider surveys NO YES DON'T KNOW
- d) Is there any other strategy your facility uses to monitor if providers offer or provide tobacco dependence treatment assistance including counseling and medications? NO YES DON'T KNOW
- e) [IF YES ON ITEM D], Please describe that to me:

25. Does your facility use any of the following strategies to monitor if providers arrange for follow-up with patients who are ready to quit using tobacco?

- a) Chart or medical record audits NO YES DON'T KNOW
- d) Patient surveys NO YES DON'T KNOW
- b) Provider surveys NO YES DON'T KNOW
- c) Is there any other strategy your facility uses to monitor if providers arrange for follow-up with patients who are ready to quit using tobacco? NO YES DON'T KNOW
- e) [IF YES ON ITEM D], Please describe that to me:

26. Does your facility use any of the following strategies to encourage providers to comply with the tobacco dependence treatment recommendations?

- a) Feedback on provider performance NO YES DON'T KNOW
- b) Public recognition or awards NO YES DON'T KNOW
- c) Financial incentives NO YES DON'T KNOW
- d) Is there any other strategy your facility uses to encourage providers to comply with tobacco dependence treatment recommendations? NO YES DON'T KNOW
- e) [IF YES ON ITEM D], Please describe that to me:

27. Are there any other policies or practices related to the treatment of tobacco addiction that your facility implements that have not been captured by the questions above?

This concludes the survey. Thank you for your time!

Case Example

Following is an example using sample data to illustrate how you might analyze information obtained from using the Clinical Practice Guideline Implementation Survey.

Example

The Tobacco Free Coalition contracted to increase the number of health care facilities that implement the Clinical Practice Guideline: Treating Tobacco Use and Dependence. Coalition members identified that there were five health care facilities in the county. All five locations were sent a survey in January, 2004 to determine their baseline. All surveys were returned after follow-up phone calls were made to two of the facilities. The data were analyzed to determine how to proceed with training and technical assistance, and shared with state partners. Facilities were then provided training and technical assistance by the coalition and other state partners in implementing the Clinical Practice Guideline throughout the year.

A survey was sent to all five health care facilities in January, 2005. All surveys were returned after follow-up. The data from the post-test survey were analyzed and compared to the data of the pre-test survey. Results were shared with coalition members and funders.

Next, you will find the hypothetical data summarized in tables. These data were entered into a Microsoft Excel file, however, you may prefer to summarize the data by hand. After the hypothetical pretest and posttest data, you will find a sample codebook corresponding to the hypothetical data. Finally, you will see frequency tables presenting the analysis of two questions from the Clinical Practice Guideline Implementation Survey.

The following tables summarize the hypothetical data from the example. You can see answers from each of the five respondents. Notice that the multiple choice answers have been changed to numeric scores. For example, in question 7, respondents choose “NO”, “YES”, or “DON’T KNOW”, which were recorded as a 1, 2, or 8 respectively (a list of the numeric codes for each response is provided in the sample codebook following the data tables).

Helpful Resources

Using Excel for Analyzing Survey Questionnaires

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

Analyzing Quantitative Data

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

Analyzing Qualitative Data

<http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html>

Sample Data: Pre-test (5 respondents)

	Q1	Q2	Q3	Q4	Q5a	Q5b	Q6a	Q6b
UniqueID	Facility	Name	Position	Phone	Address1	Address2	Date	Time
001	St. Elizabeth	Joe Smith	ER Physicia	920-424-17	1020 Richm	Appleton, W	1/25/2004	9:15
002	St. Luke Ho	Randy Jone	Registered	920-423-11	644 Dugan	Appleton, W	1/25/2004	10:25
003	Memorial C	Jane Doe	Tobacco Sp	920-424-34	1233 Rose	Appleton, W	1/23/2004	15:20
004	Valley Care	Shirley Tho	Family Prac	920-424-98	1592 Militar	Appleton, W	1/24/2004	16:00
005	Fox Valley	James King	Human Res	920-423-22	923 Jackso	Appleton, W	1/24/2004	11:10

Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
AdoptCPG	Specalty	QualCont	Status	StanForm	Material	Fax2quit	Coding	PvdTrain
2	2	2	2	2	1	1	2	3
1	1	2	1	2	1	1	1	2
2	2	1	1	1	2	1	2	2
2	1	1	2	2	2	1	2	3
1	1	1	2	1	2	1	1	1

Q16	Q17a	Q17b	Q17c	Q17d	Q17e	Q18a	Q18b	Q18c
SptTrain	Audits1	PtSrvey1	PvSrvey1	AsesOthr	AsesDsc	Audits2	PtSrvey2	PvSrvey2
3	2	1	1	8	9	2	2	1
2	1	1	1	1	9	1	2	1
3	1	1	1	1	9	1	1	1
2	1	2	1	1	9	1	2	1
1	1	1	1	1	9	1	1	1

Q18d	Q18e	Q19a	Q19b	Q19c	Q19d	Q19e	Q20a	Q20b
AdvSOther	AdvDscr	Audits3	PtSrvey3	PvSrvey3	AsstOthr	AsstDscr	Audits4	PtSrvey4
1	9	2	1	1	1	9	2	1
1	9	1	1	1	8	9	1	1
1	9	1	1	1	1	9	1	1
1	9	1	2	1	1	9	1	1
1	9	1	1	1	2	Health ins	1	1

Q20c	Q20d	Q20e	Q21a	Q21b	Q21c	Q21d	Q21e	Q22
PvSrvey4	ArngOthr	ArngDscr	Audits5	PtSrvey5	PvSrvey5	CmplOthr	CmplDscr	Comments
1	1	9	1	1	1	1	9	9
1	1	9	1	1	1	1	9	9
1	1	9	1	1	1	1	9	9
1	8	9	1	1	1	8	9	9
1	1	9	1	1	1	1	9	We provic

Sample Data, Post-test

	Q1	Q2	Q3	Q4	Q5a	Q5b	Q6a	Q6b
UniqueID	Facility	Name	Position	Phone	Address 1	Address 2	Date	Time
001	St. Elizab	Joe Smith	ER Physi	920-424-	1020 Rich	Appleton,	12/4/2004	12:45
002	St. Luke H	Randy Jo	Register	920-423-	644 Duga	Appleton,	12/4/2004	14:00
003	Memorial	Jane Doe	Tobacco	920-424-	1233 Ros	Appleton,	12/5/2004	9:35
004	Valley Ca	Shirley Tr	Family Pr	920-424-	1592 Milit	Appleton,	12/4/2004	10:20
005	Fox Valle	James Kir	Human R	920-423-	923 Jacks	Appleton,	12/15/2004	15:40

Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
AdoptCP G	Specalty	QualCon t	Status	StanFor m	Material	Fax2quit	Coding	PvdTrain
2	2	2	2	2	2	2	2	3
2	1	2	1	2	2	1	1	5
2	2	1	2	2	2	2	2	4
2	1	2	2	2	2	2	2	4
1	1	1	2	1	2	1	1	1

Q16	Q17a	Q17b	Q17c	Q17d	Q17e	Q18a	Q18b	Q18c
SptTrain	Audits1	PtSrvey1	PvSrvey 1	AsesOthr	AsesDsc r	Audits2	PtSrvey2	PvSrvey 2
4	2	1	1	1	9	2	2	1
2	2	1	1	1	9	2	2	1
4	1	1	1	1	9	1	1	1
3	1	2	2	1	9	1	2	1
1	1	1	1	1	9	1	1	1

Q18d	Q18e	Q19a	Q19b	Q19c	Q19d	Q19e	Q20a	Q20b
Advsothr	Advsothr	Audits3	PtSrvey3	PvSrvey 3	AsstOthr	AsstDscr	Audits4	PtSrvey4
1	9	2	1	1	1	9	2	1
1	9	1	1	1	1	9	1	1
1	9	1	1	1	1	9	1	1
1	9	2	2	2	1	9	2	2
1	9	1	1	1	2	Health ins	1	1

Q20c	Q20d	Q20e	Q21a	Q21b	Q21c	Q21d	Q21e	Q22	Q23
PvSrvey 4	ArngOthr	ArngDscr	Audits5	PtSrvey5	PvSrvey 5	CmplOthr	CmplDscr	Comm nts	CltnInfl
1	1	9	2	1	1	1	9	Thanks fo	4
1	1	9	1	1	1	1	9		3
1	1	9	1	1	1	1	9		3
2	1	9	1	1	1	1	9		4
1	1	9	1	1	1	1	9		1

Sample Codebook

	UNIQUE ID	ENTER NUMBER ASSIGNED 001 - ?
1	Facility	Enter text 9 = no response
2	Name	Enter text 9 = no response
3	Position	Enter text 9 = no response
4	Phone	Enter number 000-000-0000 9 = no response
5	Address1 Address2	Enter text 9 = no response
6	Date	Enter number 00/00/0000 9 = no response
7	AdoptCPG	1 = no 2 = yes 8 = don't know 9 = no response
8	Specalty	1 = no 2 = yes 8 = don't know 9 = no response
9	QualCont	1 = no 2 = yes 8 = don't know 9 = no response
10	Status	1 = no 2 = yes 8 = don't know 9 = no response
11	StanForm	1 = no 2 = yes 8 = don't know 9 = no response
12	Material	1 = no 2 = yes 8 = don't know 9 = no response
13	Fax2quit	1 = no 2 = yes 8 = don't know 9 = no response
14	Coding	1 = no 2 = yes 8 = don't know 9 = no response
15	PvdTrain	1 = none 2 = less than 1/3 3 = from 1/3 to 2/3

		4 = more than 2/3 5 = all 8 = don't know 9 = no response
16	SptTrain	1 = none 2 = less than 1/3 3 = from 1/3 to 2/3 4 = more than 2/3 5 = all 8 = don't know 9 = no response
17a	Audits1	1 = no 2 = yes 8 = don't know 9 = no response
17b	PtSrvey1	1 = no 2 = yes 8 = don't know 9 = no response
17c	PvSrvey1	1 = no 2 = yes 8 = don't know 9 = no response
17d	AsesOthr	1 = no 2 = yes 8 = don't know 9 = no response
17e	AsesDscr	Enter text 9 = no response
18a	Audits2	1 = no 2 = yes 8 = don't know 9 = no response
18b	PtSrvey2	1 = no 2 = yes 8 = don't know 9 = no response
18c	PvSrvey2	1 = no 2 = yes 8 = don't know 9 = no response
18d	AdvSOther	1 = no 2 = yes 8 = don't know 9 = no response
18e	AdvSDscr	Enter text 9 = no response
19a	Audits3	1 = no 2 = yes 8 = don't know 9 = no response
19b	PtSrvey3	1 = no 2 = yes 8 = don't know

		9 = no response
19c	PvSrvey3	1 = no 2 = yes 8 = don't know 9 = no response
19d	AsstOthr	1 = no 2 = yes 8 = don't know 9 = no response
19e	AsstDscr	Enter text 9 = no response
20a	Audits4	1 = no 2 = yes 8 = don't know 9 = no response
20b	PtSrvey4	1 = no 2 = yes 8 = don't know 9 = no response
20c	PvSrvey4	1 = no 2 = yes 8 = don't know 9 = no response
20d	ArngOthr	1 = no 2 = yes 8 = don't know 9 = no response
20e	ArngDscr	Enter text 9 = no response
21a	Audits5	1 = no 2 = yes 8 = don't know 9 = no response
21b	PtSrvey5	1 = no 2 = yes 8 = don't know 9 = no response
21c	PvSrvey5	1 = no 2 = yes 8 = don't know 9 = no response
21d	CmplOthr	1 = no 2 = yes 8 = don't know 9 = no response
21e	CmplDscr	Enter text 9 = no response
22	Comments	Enter text 9 = no response
Post-test only (23)	CltInfl	1 = not at all 2 = not very much 3 = some 4 = a great deal

Once the data are summarized, you can begin the analysis. Items 1 – 6 do not need to be analyzed, they are for record keeping purposes. The analysis for items 7 – 23 are identical, so only two examples are provided. Below you will find two frequency tables, one for question 7 and one for question 15. To analyze the data in this survey, create tables like those provided below. For each item, calculate the frequency and percentage each response occurred for both the pretest and posttest.

Sample Frequency Tables

Q7

Has your facility adopted a clinical practice guideline concerned with tobacco dependence treatment?

Code	Response item	Pre measure		Post measure	
		Frequency	Percent	Frequency	Percent
1	No	2	40%	1	20%
2	Yes	3	60%	4	80%
8	Don't know	0	0%	0	0%
9	No response	0	0%	0	0%
Total		5	100%	5	100%

Q15 Approximately what proportion of providers at your facility have received training to implement the CPG?

Code	Response item	Pre measure		Post measure	
		Frequency	Percent	Frequency	Percent
1	None	1	20%	1	20%
2	Less than 1/3	2	40%	0	0%
3	From 1/3 to 2/3	2	40%	1	20%
4	More than 2/3	0	0%	2	40%
5	All	0	0%	1	20%
8	Don't know	0	0%	0	0%
9	No response	0	0%	0	0%
Total		5	100%	5	100%

Analysis and Interpretation (using sample data)

Compare the frequencies and percentages to assess the change that occurred between the pretest and posttest. For example, in the data for question 7, you can see that between the pre and post tests, the “No” category decreased by one and the “Yes” category increased by one. In the example for question 15, you can see that at the pretest no respondents selected the “More than 2/3” category, however, at the posttest, 2 of the 5 respondents selected “More than 2/3”. You can apply this two step process (construct a frequency table and compare frequencies and percentages) for questions 7 - 23.

Has there been progress implementing the guidelines? If so, how much? Are clinics making the type of progress you had hoped? For example, in the sample data for question 15, at the pretest, none of the respondents indicated that “More than 2/3” or “All” of the providers at their facility had received training to implement the CPG. However, at the posttest, 3 of the 5 responses were in one of these two categories. This exceeded the Tobacco Free Coalition’s expectations. The coalition expected that after the training and support 3 of the 5 clinics would select “From 1/3 – 2/3”. The coalition therefore interpreted their training and assistance to be successful and that area clinics are making satisfactory progress in this particular part of implementing the CPG.

A few questions allow the respondents to provide written comments. For these questions, type the narrative comments for each into a separate word processing document. Read all the comments for each question looking for comments that are similar. Then, group similar comments together as a category, and give a name (label) to each category that reflects the essence of the comments and relates to the question. Finally, create a table like the one below, record the number of individuals who provided a comment to this question in the space labeled “n”, and cut and paste the category label and narrative responses from the word processing file into the appropriate spaces. Or, simply attach the word processing file.

n =

CATEGORY	RESPONSE

Go back to your main question and recall why you conducted this survey. Look through all your data and ask yourself, What do these results tell us about the implementation of the Clinical Practice Guidelines?

Limitations

It is always important to list limitations in your evaluation work. Scarce resources make it impossible to collect all of the information you might want. Furthermore, data collection is not perfect. Thus, it is helpful to identify limitations and how they might affect the results. Following are several to keep in mind as you report the results of your evaluation:

Response rate

If the response rate is low and/or unrepresentative, the data may be unreliable. You want to collect data from as many participants as possible. Usually a higher response rate (70% and above) means less chance for bias; however, it is always a good thing to look at who did not respond to check the representativeness of the response, particularly with small numbers. In this example, three did not respond. Can you tell who they are and what difference their response might make?

Survey depth

Another limitation could be that the survey as provided, leaves out important information for your coalition or the questions aren't well understood. Before mailing the survey, be sure that questions important to your coalition are included. Also, pilot test the questionnaire with 2-3 individuals who are similar to the intended respondents.

Accuracy of responses

A third limitation could be that respondents did not answer honestly; maybe they provided the answers they thought you wanted or wanted to make the coalition look good. Respondents sometimes answer in a socially desirable manner. Using several methods of data collection and combining data from several sources is one way to decrease this problem.

Limitations are unavoidable, but it is important to identify possible limitations and think about what they may mean for your interpretation.

Use – Report Example

Coalition helps health-care facilities identify and treat tobacco users

Five facilities increased by 55 percent the proportion of staff trained to use the Clinical Practice Guideline. In one facility, all providers have been trained. Many recommended strategies have been adopted to help tobacco users overcome addiction.

For more information on the Tobacco-Free Coalition or the results of this project, contact Tom Smith: http://www.ctri.wisc.edu/Home/Quit_Line/QL_Impact.html

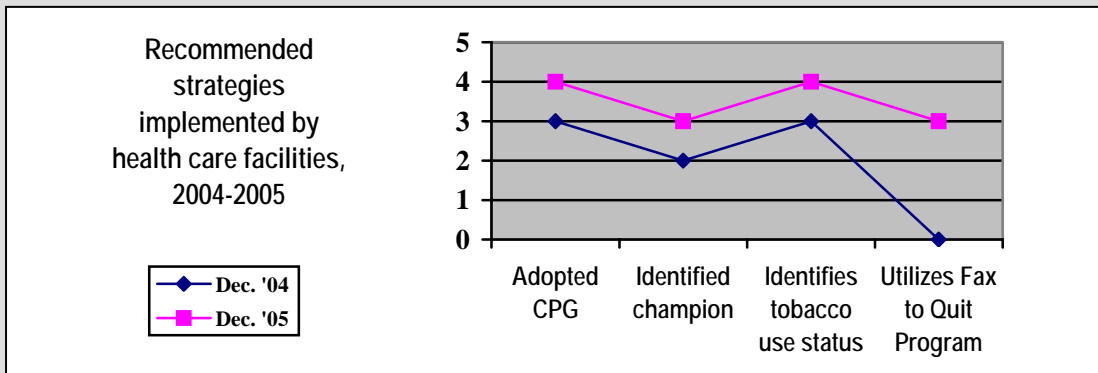
Plan of action: The Frame County Tobacco-Free Coalition contracted to help five area hospitals and clinics implement the "Clinical Practice Guideline: Treating Tobacco Use and Dependence." We had help from UW-Center for Tobacco Research and Intervention staff for this project.

Why should we care if local health-care facilities adopt and use the guideline? Because it helps health-care practitioners identify and treat tobacco users. It offers an evidence-based set of actions, processes and strategies to help tobacco users overcome their addiction. To find out how many facilities actually made changes as a result of these efforts, we surveyed the five facilities before and after they received our assistance.

Assistance yields many positive changes: Did our efforts make a difference in helping health-care facilities identify and treat tobacco addiction in our community? Survey results show the coalition did indeed make a difference.

For example:

- One facility officially adopted the Clinical Practice Guideline, a huge step in identifying and treating tobacco users.
- Four facilities made a total of nine improvements in their policies and practices. Improvements include:
 - creating a system to identify patients using tobacco;
 - using standard intake forms to record interventions with tobacco users; and
 - having tobacco cessation materials on site.
- Overall, the five facilities increased by 55 percent the proportion of staff trained to use the Clinical Practice Guideline. One facility said all providers have been trained to use the guideline since the coalition’s intervention. Two facilities said more than two-thirds of staff had been trained – major improvements from before the pre-assistance survey.
- Three facilities made a total of nine improvements in their strategies for monitoring intervention with tobacco users. Improvements include:
 - using audits of charts and medical records to monitor whether providers advise patients to quit using tobacco;
 - surveying health-care providers to see whether they offer tobacco treatment counseling and medication; and
 - checking on whether providers follow up with patients who want to quit smoking.



Worksite Cessation Support Survey

Key Question

To what extent have worksites improved or implemented new policies that support employee tobacco quit attempts?

Purpose

There are many options available to worksites that are interested in implementing policies to support employee tobacco quit attempts. Policy changes tend to occur in small steps, and local coalitions are supporting worksites in their efforts to move along this continuum. The purpose of this instrument is to assist coalitions in determining how worksites have changed their policies and practices to better support tobacco addiction treatment in the workplace. The types of policies addressed in this instrument include a) Coverage of medications and counseling in health insurance benefits, b) Tobacco-free worksite policies, c) Promotion and/or reimbursement of cessation resources, and d) Employee access to tobacco cessation counseling.

Sample

All worksites in the community that have been assisted by the coalition in improving or implementing new policies that support employee tobacco quit attempts.

Administration

This is designed as a pre-post mail survey, and should be administered after focused training and technical assistance to document changes in worksite policies and practices. The survey should be completed by the worksite owner, manager, or human resources professional who is the most knowledgeable about employee insurance plans and tobacco-related benefits and policies. The instrument can also be administered face-to-face during individual meetings with the above-mentioned worksite professionals.

Note: Many coalitions have already begun providing some level of training and technical assistance to worksites. Therefore, collecting data before any training and technical assistance may not be possible. In these instances, the pre-test survey can serve as a baseline measure for future goals. In the event that significant training and technical assistance has been provided around how worksites can support their employees' quit attempts, it is recommended that the questionnaire be adapted to a post-then-pre survey design.

Step 1: List the worksites the coalition plans to assist in implementing new or improved policies. For each worksite, determine the person that will likely know the most about the worksite's policies and practices to support employee tobacco quit attempts.

Step 2: Adapt the survey cover letter and questionnaire so that it meets your needs. Questions can be added or deleted based upon the types of policy changes that coalitions are focusing on with local worksites.

Step 3: Depending upon the resources available, the coalition may want to identify some methods they will use to increase the response rate of the mail survey. Some options include:

Prior to administering the survey, send a brief note to the individual who will receive the questionnaire, informing him/her of the purpose of the survey, an estimate of when the survey will arrive, how important their participation is, and how the survey results will be used. Send the note so that he/she receives it a few days to one week before the survey.

Utilize letterhead of an agency or organization that is familiar to the local business community on the cover letter accompanying the survey questionnaire.

Personalize the survey by hand-writing mailing addresses and cover letter signatures.

Include self-addressed, stamped envelopes along with the survey questionnaire and cover letter.

Send additional copies of the survey and reminder post-cards after two-week intervals.

Post-Test

Step 1: To the extent possible, conduct the post-test with the same individuals who answered the pre-test, and use the same administration methods. Address the post-test envelope to the individual who answered the pre-test.

For additional help with designing and implementing a survey, see *Collecting Evaluation Data: Surveys* that can be downloaded free at http://cecommerce.uwex.edu/pdfs/G3658_10.PDF

Worksite Cessation Support Survey

Sample Cover Letter

[logo / letterhead]

The _____ Tobacco Free Coalition, in partnership with University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) staff, is working with _____ County worksites to help implement policies that support employee tobacco quit attempts. Training and technical assistance will be provided over the next few months. Attached please find a survey that will help determine current policies and practices in your worksite. Your participation is voluntary and confidential. We greatly appreciate your truthful response. The survey will be conducted again in twelve months, and we will use the results to determine future needs. The results of the survey will be shared with you.

Please take a few moments to **complete this survey**, and return it in the self-addressed stamped envelope **by** _____. It should take less than 8 minutes to complete.

Questions on this survey can be directed to _____ at _____.

Thank you,

xyz

_____ County Tobacco Free Coalition

enc

Worksite Cessation Support Survey Questionnaire

Read the survey questions carefully, and circle the appropriate response to each question. For questions that ask for additional detail, please write the response clearly.

Contact Information

1. Business name:
2. Business location:
3. Contact name:
4. Contact position:

Health Insurance Benefits

5. Does your worksite offer employees a health insurance plan?

- Yes
- No →
- Don't know/Not sure →

Go to question 12

6. Does your worksite health insurance plan(s) cover any type of tobacco addiction treatment such as medications or counseling to help tobacco users quit?

- Yes
- No →
- Don't Know/Not sure →

Go to question 12

Please indicate if the following tobacco addiction treatment options are covered under your worksite health insurance plan(s) by checking Yes or No in the first column. If Yes, please continue with the questions in the shaded columns. If No, please go to the next row.

Does your health insurance plan cover...		Answer only if covered by insurance plan		
		Free to covered individual?	Limits on cost of coverage?	Limits on length of coverage?
7. Bupropion: Wellbutrin/ Zyban	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Prescription Nicotine Replacement Therapy (Nicotine inhaler, nasal spray, patch)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Over-the-counter Nicotine Replacement Therapy (nicotine gum, patch, lozenge)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Counseling by healthcare professional	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Other: (please list)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Policies: Employee Tobacco Use

12. Does your worksite have verbal/informal or written/formal policies addressing employee tobacco use on worksite property?

- Yes
 - No →
 - Don't know/Not sure →
- Go to question 17

Please answer the following questions about worksite policies addressing employee tobacco use by checking the box corresponding to the type of policy at your worksite. If Verbal/Informal or Written/Formal policies exist, please continue and answer the question in the shaded area. If None, please go to the question in the next row.

TYPE OF POLICY?		Answer only if policy exists
		INCLUDED IN THE POLICY? (CHECK ALL THAT APPLY)
13. Does your worksite have a policy addressing employee use of smoking tobacco INSIDE of buildings? (Smoking tobacco includes cigarettes, cigars, bidis and hookahs)	<input type="checkbox"/> None <input type="checkbox"/> Verbal/Informal <input type="checkbox"/> Written/Formal	<input type="checkbox"/> Allowed anywhere indoors <input type="checkbox"/> Allowed only in designated areas <input type="checkbox"/> Prohibited everywhere indoors
14. Does your worksite have a policy addressing employee use of smoking tobacco OUTSIDE on worksite grounds?	<input type="checkbox"/> None <input type="checkbox"/> Verbal/Informal <input type="checkbox"/> Written/Formal	<input type="checkbox"/> Allowed anywhere on outdoor grounds <input type="checkbox"/> Allowed only in designated areas <input type="checkbox"/> Prohibited on outdoor grounds
15. Does your worksite have a policy addressing employee use of chewing tobacco INSIDE of buildings? (Chewing tobacco includes snuff, dip and chew)	<input type="checkbox"/> None <input type="checkbox"/> Verbal/Informal <input type="checkbox"/> Written/Formal	<input type="checkbox"/> Allowed anywhere indoors <input type="checkbox"/> Allowed only in designated areas <input type="checkbox"/> Prohibited everywhere indoors
16. Does your worksite have a policy addressing employee use of chewing tobacco OUTSIDE on worksite grounds?	<input type="checkbox"/> None <input type="checkbox"/> Verbal/Informal <input type="checkbox"/> Written/Formal	<input type="checkbox"/> Allowed anywhere on outdoor grounds <input type="checkbox"/> Allowed only in designated areas <input type="checkbox"/> Prohibited on outdoor grounds

Policies: Promotion/Reimbursement of Tobacco Addiction Treatment Resources

17. Does your worksite have verbal/informal or written/informal policies addressing the promotion or reimbursement of tobacco cessation resources?

- Yes
- No
- Don't know/Not sure

Go to question 22

Please answer the following questions about policies addressing tobacco cessation resources at your worksite by checking the box corresponding to the type of policy at your worksite. If Verbal/Informal or Written/Formal policies exist, please continue with the question in the shaded area. If none, please go to the question in the next row.

TYPE OF POLICY?		Answer only if policy exists
		WHAT RESOURCES ARE PROMOTED? <i>(CHECK ALL THAT APPLY)</i>
18. Does your worksite have a policy to promote cessation resources to employees? (via bulletin boards, newsletters, pay stubs, etc.)	<input type="checkbox"/> None <input type="checkbox"/> Verbal/Informal <input type="checkbox"/> Written/Formal	<input type="checkbox"/> Cessation resources covered under health insurance plan <input type="checkbox"/> Employer-sponsored cessation resources <input type="checkbox"/> Community-based cessation resources <input type="checkbox"/> WI Tobacco Quit Line
Type of policy?		What costs are reimbursed? <i>(CHECK ALL THAT APPLY)</i>
19. Does your worksite have a policy to identify and refer tobacco users to cessation resources?	<input type="checkbox"/> None <input type="checkbox"/> Verbal/Informal <input type="checkbox"/> Written/Formal	<input type="checkbox"/> Cessation resources covered under health insurance plan <input type="checkbox"/> Employer-sponsored cessation resources <input type="checkbox"/> Community-based cessation resources <input type="checkbox"/> WI Tobacco Quit Line
Type of policy?		What costs are reimbursed? <i>(CHECK ALL THAT APPLY)</i>
20. Does your worksite have a policy that offers employee reimbursement of the cost of cessation medications not covered under the worksite health insurance plan?	<input type="checkbox"/> None <input type="checkbox"/> Verbal/Informal <input type="checkbox"/> Written/Formal	<input type="checkbox"/> Prescription medications <input type="checkbox"/> Over-the-counter medications <input type="checkbox"/> Employee only <input type="checkbox"/> Employee and spouse
Type of policy?		What costs are reimbursed? <i>(CHECK ALL THAT APPLY)</i>
21. Does your worksite have a policy that offers employee reimbursement of the cost of cessation counseling programs not covered under the worksite health insurance plan?	<input type="checkbox"/> None <input type="checkbox"/> Verbal/Informal <input type="checkbox"/> Written/Formal	<input type="checkbox"/> On-site programs <input type="checkbox"/> Off-site programs <input type="checkbox"/> Employee only <input type="checkbox"/> Employee and spouse

Employee Access to Cessation Programs

22. Does your worksite assist employees to access any tobacco cessation programs or resources (such as counseling, WI Tobacco Quit Line, or on-line resources)?

- Yes
- No
- Don't know/Not sure

Do not continue. You have completed the survey.

Please indicate if the following tobacco cessation programs and resources are available to employees by checking Yes or No. If Yes, please continue with the questions in the shaded area. If No, please go to the question in the next row.

		Answer only if offered	
		Type of counseling?	Provided during paid time?
23. Employer-supported tobacco cessation counseling offered on-site	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Employer-supported tobacco cessation counseling offered off-site	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. On-site access to the WI Tobacco Quit Line	<input type="checkbox"/> Yes → <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
26. On-site access to on-line tobacco cessation resources	<input type="checkbox"/> Yes → <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for taking the time to complete this survey!
Please return to X at X by X date.

Supporting Tobacco Quit Attempts: Employer Interviews

Key Questions

To what extent do work site or company managers:

- understand potential cost savings and productivity gains from employee (and family member) cessation?
- understand how work site nonsmoking policies support quit attempts?
- know what changes could be implemented to improve cessation resources?
- plan to improve cessation resources and nonsmoking policies?

Purpose and use of instrument

This instrument is designed to measure whether coalition activities have changed short-term knowledge, attitudes and commitment among managers or employers toward improving work site cessation resources. Coalitions can use this information to report outcomes to funding agencies, local health authorities and coalition members and supporters.

Sampling and administration

Sampling option 1: Interview all work sites the coalition plans to contact during the following year.

Method

Pre-post survey interview: Administer the questionnaire in person or by phone, depending on the number of work sites and coalition resources. To capture baseline knowledge and attitudes, administer the questionnaire before providing information and assistance to work sites.

Step 1: Identify work sites the coalition will work with during the following year.

Step 2: A week before the survey, send a brief letter to the work sites indicating that you would like to speak with (or visit the site to meet with) someone knowledgeable about company benefits to ask a few questions about support for employee smoking cessation.

Step 3: Call and ask for a manager or owner or someone who administers company benefits. (If conducting the interview in person, make an appointment to meet with the respondent on site.) If the appropriate person is unavailable, ask about a time to call back, then follow up. Administer the questionnaire and record the respondent's answers. At the end of the interview, ask if you could follow up with a similar set of questions later in the year.

Step 4: Tabulate results.

Step 5: In the third or early fourth quarter of the year, administer the questionnaire again with the same respondent. Tabulate and analyze results, and compare answers from the two sets of data.

Sampling option 2: intervention and comparison groups: Selecting and measuring change with a comparison group strengthens the validity of evaluation results. Here's an example why. The local tobacco-free coalition worked to improve cessation support among 10 large manufacturers during the year. During the same year, a local trade union implemented a wellness program that emphasized smoking cessation as a way to reduce health-care premiums and improve productivity. Evaluating change among sites the coalition worked with as well as those the coalition did not work with is more likely to reveal true program effects, rather than changes due to some other factor, such as the union's wellness program.

Method

Pre-post survey interview. Administer the questionnaire in person or by phone, depending on the number of work sites and coalition resources.

Group 1: All work sites the coalition plans to contact during the following year.

Group 2: Comparable work sites the coalition does not plan to contact (no intervention).

Step 1: Identify sites the coalition will work with during the following year. At the same time, select a group of comparable work sites to interview as a control group. Match the control group with the intervention group (the group who will receive information and assistance) according to the number of employees (the number should be within 10 percent of each other) and type of industry.

Step 2: A week before the survey, send a brief letter to the work sites indicating that you would like to speak with (or visit the site to meet with) someone knowledgeable about company benefits to ask a few questions about support for employee smoking cessation.

Step 3: Call and ask for a manager or owner or someone who administers company benefits. (If conducting the interview in person, make an appointment to meet with the respondent on site.) If the appropriate person is unavailable, ask about a time to call back, then follow up. Administer the questionnaire and record the respondent's answers. Do the same with the control group. At the end of the interview, ask the respondent if you can follow up with a similar set of questions later in the year.

Step 4: Tabulate results.

Step 5: In the third or early fourth quarter of the calendar year, administer the questionnaire again with the same respondent. Tabulate and analyze results, and compare answers from the two sets of data and between the control and intervention groups. The key question is whether the intervention group experienced greater changes in knowledge, attitude and intent than the control group.

Note: After giving the survey, educate the respondent about cost savings and productivity gains from improving cessation resources for employees. Work with the employer or work site to develop – and ideally implement – a plan to improve cessation support for employees. Report changes or differences between groups as real numbers, not as “statistically significant” or “significant” differences.

For example: Respondents from both the intervention and control groups started the year with few or no plans to improve employee cessation support. By the third quarter, six of 10 employers in the intervention group had plans to improve or have already improved cessation support, while only one employer in the control group made improvements.

Supporting Tobacco Quit Attempts

Interview Instrument

(Person responsible for managing company benefits and/or smoking policies)

Name of work site: _____

Number of employees: _____

Respondent's name: _____

Date of interview: _____

Introduction to the interview: Hello. I am calling from (name of coalition). We are contacting area employers about work site smoking issues. I wondered if you might answer a few questions about how employee smoking affects your company. This will take only about five minutes of your time. Your responses will help us determine steps to help people in our community quit smoking.

1. What is your best guess of the number of employees at your work site who smoke? Would you say: less than 10 percent, about one in 10, one in four, one in three, half or more than half?

- a) Less than 10% of employees smoke
 - b) One in ten (10%)
 - c) One in four (25%)
 - d) One in three (33%)
 - e) Half (50%)
 - f) More than half of employees smoke
 - g) Don't know
-

2. What is your best guess of the percentage of Wisconsin adult smokers that want to quit? Would you say: one in five, one in three, half, two-thirds, or four out of five?

- a) One in five (20%)
 - b) One in three (33%)
 - c) Half (50%)
 - d) Two-thirds (66%)
 - e) Four in five (80%)
 - f) Don't know
-

3. Do you believe that employee smoking affects your company in any way?

- a) Yes
 - b) No (Skip to #5)
 - c) Don't know
-

4. **[If yes]** Can you describe to me how you believe employee smoking affects your company?

-
5. Do you believe that there are things that your work site has done in the past, or can do in the future, to help employees quit smoking?
- a) Yes
 - b) No (Skip to #8)
 - c) Don't know
-
6. **[If yes]** Can you describe to me things that your work site has done in the past to help employees quit smoking?
-
7. **[If yes]** Can you describe to me things that your work site can do in the future to help employees quit smoking?
-
8. Does your worksite plan to take any steps to help employees quit smoking in the next 6 months?
- a) Yes
 - b) No (Skip to #10)
 - c) Don't know
-
9. **[If yes]** Can you describe to me how your worksite plans to take steps to help employees quit smoking in the next 6 months?
-
10. The _____ Coalition has worked with other worksites in our area to help employees quit smoking by providing ideas, resources, and technical assistance to support employee quit attempts. What can the _____ Coalition do to help your worksite at this time?

Thank you for taking the time to talk with me.

Your responses will help us determine steps to help people in our community quit smoking.

Data Collection Plan: Treating Tobacco Addiction – YOUTH

Based on the description of treating and preventing tobacco addiction among youth as depicted in the logic model (page 5-9), the following data collection plan lays out key evaluation questions and possible data collection strategies.

KEY QUESTIONS What do you want to know?	INDICATORS-EVIDENCE How will you know it?	SOURCE – SAMPLE Who will have this information?	METHODS How will you gather the information?	SCHEDULE When will the information be collected?
INPUTS				
1. Were resources available as needed to implement the program?	#, brief description of resources (time, money, contacts, etc.) Each member, partner, supporter provided	Coalition members	Log that tracks resource investments: who provides what and when	Ongoing documentation, annual summary
OUTPUTS				
2. To what extent has the coalition helped individuals in the health-care community, schools/colleges, community-based organizations, local government and work sites improve best-practice cessation resources and policies for youth?	#, of individuals and organizations contacted; #, length of contacts made by purpose type #, type of materials distributed	Coalition members	Community Contact Form: Youth tobacco cessation	Ongoing documentation, quarterly summary
3. To what extent has the coalition promoted cessation resources to youth, including youth from populations with tobacco-related disparities?	#, type of marketing activities completed; #, type of venues used to promote resources; # of youth potentially reached by marketing	Coalition members Marketing venue contacts	Coalition media log; copies of marketing pieces; Circulation estimates for youth of marketing venues utilized	Ongoing documentation, quarterly summary

OUTCOMES				
4. To what extent have community organizations*: <ul style="list-style-type: none"> ▪ Increased their understanding of youth tobacco use, motivators and barriers to quitting, potential cost savings of youth cessation, and how resources and policies within their organization can support quit attempts? ▪ Gained skills to implement specific cessation programs or policies? 	#, % of participants in coalition-sponsored events who: <ul style="list-style-type: none"> ▪ Report increased understanding of youth tobacco use, motivators and barriers to quitting, potential cost savings of youth cessation, and how resources and policies within their organization can support quit attempts ▪ Report increased skill level to implement programs or policies 	Key contacts within targeted health-care community, schools and colleges, organizations, local government and work sites	End-of-session questionnaire	Immediately following sponsored events
5. To what extent have community organizations* implemented new or improved cessation resources and policies for youth?	# of new or improved resources and policies implemented; Description of change in resource/policy	Key contacts within targeted health-care community, schools, colleges, organizations, local government and work sites	Cessation Support Telephone Survey; Copy of resource or policy implemented	Completed before extensive work with organization to establish baseline; Completed again within 12 months
6. To what extent have community organizations* implemented new or improved cessation resources and policies for youth?	# of new or improved resources and policies implemented; Description of change in resource/policy	Key contacts within targeted health-care community, schools, colleges, organizations, local government and work sites	Cessation Support Telephone Survey; Copy of resource or policy implemented	Completed before extensive work with organization to establish baseline; Completed again within 12 months
7. To what extent have youth increased their knowledge of the availability and accessibility of community cessation resources?	#, % of youth participants who demonstrate increased knowledge of available cessation resources and how to access them	Youth participants in an intervention marketing cessation resources	End-of-session questionnaire	Immediately following intervention
8. To what extent have youth tobacco users increased their use of cessation resources?	#, % of youth participants who report accessing cessation resources	Youth participants in an intervention to motivate youth quit attempts and promote cessation resources	Cessation Resource Utilization Assessment	Before and 6 months after completion of intervention
9. To what extent have youth tobacco users increased quit attempts?	#, % of youth participants who report a quit attempt in previous 6 months	Youth participants in a cessation program	Cessation Program Follow-up Survey	6 months after completion of program

Community Contact Form – Youth Tobacco Cessation

Key question

To what extent has the coalition helped individuals in the health-care community, schools, colleges, community-based organizations, local government and work sites improve best-practice cessation resources and policies for youth?

Purpose

This form allows you to keep track of communication between coalition members and targeted organizations* about youth cessation resources and policies. For stakeholders, the form provides a record of the extent of contact between coalitions and local organizations, individual contacts, topics discussed and materials distributed. The form also allows coalitions to monitor the result of contacts and follow up on action items. For example, you can keep a record of such items as “individual to attend next coalition meeting,” “draft youth cessation policy completed,” or “work site owners to discuss promoting a youth cessation program.”

* Refers to individuals within the health-care community, schools, colleges, community-based organizations, local government and work sites that interact with youth.

Sample

Include all direct contacts made with targeted organizations, including presentations, meetings, conversations and written messages pertaining to youth tobacco cessation.

Administration of the instrument

Every time a coalition member makes a direct contact with a targeted organization on youth cessation, the member should complete the form. To capture the most relevant information, complete the form as soon as possible after the contact. Keep the completed forms in one location to review as needed, and analyze on a quarterly basis for reporting purposes.

Community Contact Form

1. **Contact organization/work site**

2. **Contact name**

3. **Contact title**

4. **Date of communication**

5. **Method** phone e-mail in-person

6. **Completed by**

7. **Purpose of communication:**

- Build or maintain relationship
- Establish baseline information about resources/policies
- Educate about effective cessation resources for youth
- Educate about effective cessation policies for youth
- Help identify, develop, implement or promote cessation resources or policies
- Other _____

8. **Number of individuals reached/ in attendance**

9. **Materials distributed (#, type)**

10. **Results of communication** (*attach materials developed, if applicable*)

Cessation Support Telephone Survey

Key question

To what extent have community organizations implemented new or improved cessation resources and policies for youth?

Purpose

This telephone survey will help determine the extent to which community organizations working with the coalition have developed or improved resources or policies to support youth cessation.

Sample

Respondents should sample key contacts of organizations that have worked with the coalition to improve youth cessation practices. To determine the effectiveness of coalition efforts, randomly sample organizations contacted during the year or interview all organizations.

Administration of the instrument

This survey was designed as a phone questionnaire, with the interviewer reading questions exactly as they appear.

A companion *Survey Log*, which follows this questionnaire, can help interviewers track the number of interviews completed as well as the number of improved resources and policies that have been implemented.

The following steps will help guide the interview process:

Step 1: List the organizations you plan to contact. For each one, determine the person who has had contact with the coalition and can best speak to the organization's policies and resources concerning youth tobacco use.

Step 2: To save time, fill out as much identifying information on interview forms as possible before the interview. That way, you can simply be confirm the facts rather than writing them down during the interview.

Step 3: Identify members or volunteers who have knowledge about best practice-resources and policies for youth to conduct the phone interviews. Interviewers should have strong interpersonal skills, training in interviewing basics and practice using the questionnaire.

Step 4: If possible, send a note before the interview to individuals you plan to call, informing them of the purpose of the call, the time it will take and an estimate of when you will call.

Step 5: Give the questionnaire during normal business hours. To establish baseline and follow-up data, complete the interviews (excluding question #24) before working with the contact organization. Interview the same respondent after your coalition has worked with the contact for about a year

to find out whether the organization has improved policies or cessation resources. Make sure to ask the respondent if it would be okay to contact them later in the year to follow up.

Note: Local organizations may contact your coalition to ask for help in identifying, developing, implementing or promoting youth cessation resources and policies. If so, try to complete the interview before giving help.

Note: The term “community organizations” refers to the health-care community, schools, colleges, community-based organizations, local government and work sites interacting with youth.

Note: The term “cessation resources” refers to evidence-based programs, services and information that encourage youth to try to quit or abstain from tobacco products. Resources may be accessed individually, in groups, over the phone or on the Internet. The term “cessation policies” refers to private policies that identify and refer tobacco users, promote cessation resources and prohibit tobacco use.

Cessation Support Telephone Questionnaire

Interviewer instructions: This telephone interview is designed to determine what policies and resources the organization has to support youth tobacco cessation. Circle the respondent's answer to each question. *Do not read aloud items in capital letters.* For questions that ask for additional detail, please write the responses clearly.

Introduction: [Coalitions should write an introduction to guide interviewers on how to start the conversation. Highlight the purpose, the coalition's mission, how the organization has worked with the coalition in the past and how the coalition plans to use the information.]

1. Contact organization

2. Contact name

3. Contact title

4. Date of interview

5. Time of interview

6. Interviewer initials

7. Has your organization implemented a written policy regarding youth tobacco use?

- a) YES (**GO TO QUESTION 10**)
- b) NO
- c) DON'T KNOW

IF NO OR DON'T KNOW, ASK THE FOLLOWING TWO QUESTIONS.

8. What does your organization do if a youth is using tobacco?

9. Does your organization plan to implement a written policy?

- a) YES
- b) NO
- c) DON'T KNOW

GO TO QUESTION 17

10. When was the policy implemented or most recently amended?

DATE:

11. Which of the following best describes your youth tobacco policy? Would you say tobacco use is prohibited both indoors and outdoors at all times, prohibited indoors but permitted outdoors, prohibited indoors except during designated times or in designated areas, or allowed indoors at any time?

- a) PROHIBITED BOTH INDOORS AND OUTDOORS AT ALL TIMES
- b) PROHIBITED INDOORS BUT PERMITTED OUTDOORS
- c) PROHIBITED INDOORS EXCEPT DURING DESIGNATED TIMES OR IN DESIGNATED AREAS
- d) ALLOWED INDOORS AT ANY TIME
- e) DON'T KNOW
- f) OTHER: Please describe your policy to me.

Does the policy:				Comments:
12. ...include provisions for enforcement?	YES	NO	DON'T KNOW	
13. ...specify consequences for the youth tobacco user?	YES	NO	DON'T KNOW	
14. ...detail procedures to communicate the policy to staff and youth?	YES	NO	DON'T KNOW	
15. ...promote access to youth cessation resources?	YES	NO	DON'T KNOW	
16. Would you be willing to share a copy of the policy with the coalition?	YES	NO	DON'T KNOW	

Now I would like to ask you a few questions about efforts to facilitate cessation among youth.

17. Has your organization implemented a cessation or diversion program for youth tobacco users? (Cessation and diversion programs are designed to motivate a quit attempt or help in the quitting process.)

- a) YES (GO TO QUESTION 19)
- b) NO
- c) DON'T KNOW

18. Does your organization plan to implement a youth tobacco cessation or diversion program in the future?

- a) YES (GO TO QUESTION 21)
- b) NO (GO TO QUESTION 21)
- c) DON'T KNOW (GO TO QUESTION 21)

19. Does the program follow an existing published curriculum or did someone create it specifically for your organization? (An example of a published curriculum is the American Lung Association's Not-On-Tobacco Program.)

- a) FOLLOWS PUBLISHED CURRICULUM
- b) CREATED SPECIFICALLY FOR THE ORGANIZATION
- c) DON'T KNOW

- 20. Would you be willing to share information about your program with the coalition?**
- a) YES
 - b) NO
 - c) DON'T KNOW
- 21. Does your organization provide youth tobacco users on-site access to individual counseling from a health-care professional to motivate a quit attempt or assist in the quitting process?**
- a) YES
 - b) NO
 - c) DON'T KNOW
- 22. Does your organization provide youth tobacco users on-site access to phone the Wisconsin Tobacco Quit Line?**
- a) YES
 - b) NO
 - c) DON'T KNOW
- 23. Does your organization provide youth tobacco users on-site access to Internet-based programs designed to motivate a quit attempt or assist in the quitting process, such as Stomp Out Smokes (S.O.S.) or GottaQuit?**
- a) YES
 - b) NO
 - c) DON'T KNOW
- 24. Has working with the coalition changed the way you think about youth tobacco use and ways to help youth quit? Would you say: Yes, a great deal; Yes, some; No, not very much; or No, not at all?**
- a) YES, A GREAT DEAL
 - b) YES, SOME
 - c) NO, NOT VERY MUCH
 - d) NO, NOT AT ALL
 - e) DON'T KNOW
- 25. Is there anything else that you would like to share with me about your organization's approach to youth tobacco use or your experience working with the coalition?**

*Thank you for your time.
Your feedback will help us improve youth cessation resources in the community.*

Cessation Support Telephone Survey – Contact Log

Unique Identifier	Contact organization	Contact name	Phone number	Call 1: date & time	Call 2: date & time	Call 3: date & time	Interview complete (yes/no)	# of new/improved resources/policies	Notes	Interviewer initials
001										
002										
003										
004										
005										
006										
007										
008										
009										
010										
011										
012										
013										

Cessation Resource Utilization Assessment

Key question

To what extent have youth tobacco users increased their use of cessation resources?

Purpose

This instrument is designed to measure the extent to which youth tobacco users increase their use of community cessation resources following a coalition intervention to motivate youth quit attempts and/or promote cessation resources.

Sample

The sampling frame for this questionnaire depends on the number of youth participating in an intervention to motivate quit attempts and/or promote cessation resources. You may want to evaluate:

- Students from a school that received an intervention
- Participants in a diversion program
- Youth in a community group or organization that participated in an intervention

If you decide to evaluate smaller youth groups, we recommend giving the survey to all young people in the groups. If, on the other hand, you decide to evaluate larger groups, we recommend randomly sampling individuals within groups.

Administration of the instrument

Obtain parental/guardian consent before giving the survey to youth under 18. This survey is best used in the schools because schools are familiar with parental consent requirements. However, schools receive many requests to conduct surveys, and unless the coalition has developed relationships with area schools, it may be difficult to give the survey during school hours. Youth-focused organizations may offer a good alternative.

To find out whether youth are making greater use of cessation resources, give the questionnaire before the intervention and repeat it six months after the intervention.

Note: Results of this survey are further validated when reports from cessation resources show an increase in the number of youth using the programs. Examples include an increase in teen callers to the Quit Line or a jump in the number of youth completing local cessation programs.

Note: If you want to find out the type of tobacco product students use, insert the following questions in place of question 4. Then re-number the questionnaire to reflect the change, and alter the name of the survey to

“Fifteen questions about tobacco use.” Use the same response options as in question 4.

4. Smoke cigarettes?

5. Smoke cigars, cigarillos or little cigars?

6. Smoke tobacco in a pipe?

7. Smoke bidis or kreteks?

8. Use chewing tobacco, snuff or dip?

Also, if giving the survey only to certain grades, delete the other grade levels in question 2.

Cessation Resource Utilization Assessment: Ten Questions

- This questionnaire is about tobacco use and will help determine how many youth are using programs and other resources to help them quit using tobacco.
 - DO NOT write your name on this survey. Your answers will be kept confidential.
 - Completing the survey is voluntary.
 - Read every question, then **circle the response** that best fits your answer. Unless instructed otherwise, please check **only one answer for each question**. When you are finished, follow the instructions of the person giving the survey.
-

1. What is your gender?

- a) Female
- b) Male

2. What grade are you in?

- a) 9th
- b) 10th
- c) 11th
- d) 12th
- e) Ungraded or other grade

3. Which one of these groups best describes you?

- a) American Indian or Alaska Native
- b) Asian
- c) Black or African American
- d) Hispanic or Latino
- e) Native Hawaiian or Other Pacific Islander
- f) White

4. During the past 30 days, how many days did you use tobacco?

- a) 0 days
- b) 1 or 2 days
- c) 3 to 5 days
- d) 6 to 9 days
- e) 10 to 19 days
- f) 20 to 29 days
- g) All 30 days

5. How many times during the past 6 months have you stopped using tobacco for 1 day or longer because you were trying to quit?

- a) I have not tried to quit
- b) 1 time
- c) 2 times
- d) 3 to 5 times
- e) 6 to 9 times
- f) 10 or more times
- g) I did not use tobacco during the past 6 months (If you answered "g", you have completed the questionnaire and may skip the rest of the questions. Thank you!)

Continue on next page

- 6. During the past 6 months, have you participated in a program to help you quit using tobacco such as Not-On-Tobacco (N-O-T) or Tobacco Awareness Program (T.A.P)?**
- a) Yes
 - b) No (Skip to question 8.)
- 7. If you answered YES to question 6, please name the program: _____**
- 8. During the past 6 months, have you called the Wisconsin Tobacco Quit Line to help you quit using tobacco?**
- a) Yes
 - c) No
- 9. During the past 6 months, have you participated in an online program to help you quit using tobacco such as Stomp Out Smokes (S.O.S.) or GottaQuit?**
- a) Yes
 - b) No
- 10. In the past 6 months, have you used any of the following resources to help you quit smoking? (Please circle all that apply)**
- a) Medications (such as Zyban, a nicotine inhaler or nasal spray, nicotine gum, the patch, or a nicotine lozenge)
 - b) Individual counseling from your doctor or another health-care professional
 - c) Individual counseling from a school nurse, guidance counselor or other adult at your school
 - d) Other: Please describe _____

This is the end of the survey - Thank You!

Cessation Program Follow-Up Survey

Key question

To what extent have youth tobacco users increased quit attempts?

Purpose

This survey is designed is to determine how many youth have made a quit attempt after participating in a youth cessation program.

Sample

The number of youth completing a tobacco cessation program is typically very small. Therefore, we recommend having all participants complete the questionnaire.

Administration of the instrument

Obtain parental/guardian consent before giving the survey to youth under 18. You may want to get consent to complete the survey while obtaining consent for participation in the cessation program. The survey should be administered at the beginning of the program (excluding the final question), and again six months after the program ends to find out how many youth have made quit attempts since participating in a cessation program. Giving this survey in person to the entire group of youth participants at one time would result in the highest survey response rate. However, few programs require participants to meet at set intervals after a program. Mailing the survey, along with a cover letter stating the purpose and instructions, may be your next best option. Make sure to include a self-addressed, stamped envelope.

Note: Coalitions are not encouraged to conduct youth tobacco cessation programs themselves, but rather to facilitate others in the community to do so. This tool can be provided to community partners to assess the outcomes of their program, if applicable.

Cessation Program Follow-Up Questionnaire

(Please circle one answer for each question)

-
- 1. What is your grade in school?** Not applicable 9 10 11 12
-
- 2. What is your gender?** Female Male
-
- 3. How many cigarettes/pipes/cigars do you typically smoke per week?**
 0 10 or fewer 11 – 20 21 or more
-
- 4. How often do you typically use smokeless tobacco (dip, chew, snuff) per week?**
 0 days 1 day a week 2 to 5 days a week 6 to 7 days a week
-
- 5. Do you know where to find people or other resources to help youth quit using tobacco?** Yes No
-
- 6. Have you made a deliberate attempt to cut down or quit using tobacco in the past 6 months?** Yes (Go to #7) No (Skip to #9)
-
- 7. What was the number one reason you decided to make an attempt to cut down or quit using tobacco? (Please circle one answer)**
- a. Health effects of tobacco
 - b. Tobacco industry manipulation
 - c. Cost of tobacco
 - d. Friends/Family
 - e. Other: Please describe _____
-
- 8. Which of the following techniques did you use to help you cut down or quit using tobacco? (Please circle all that apply)**
- a. Switch the brand or type of tobacco
 - b. Gradually cut back use
 - c. Use medication (Zyban, nicotine gum, patch, nasal spray or lozenge)
 - d. Avoid situations where there would be a temptation to use tobacco
 - e. Gain support of friends/family
 - f. Participate in new or different activities (exercise, school/community events, etc.)
 - g. Substitute other things (gum, food, ice, straws, etc.) for tobacco when having a craving
 - h. Other: Please describe _____
-
- 9. What best describes your intentions to quit using tobacco? (Please circle one answer)**
- a. Never expect to quit
 - b. May quit in the future
 - c. Will quit in next 6 months
 - d. Will quit in the next month
 - e. Will quit in the next week
 - f. Have already quit
 - g. Don't know
-
- 10. How can the Tobacco Cessation Program be changed so that it is more helpful to youth who want to quit using tobacco?**
-

6

Additional Resources

Tobacco Companies, Products, and Subsidiaries

Tobacco Company	Tobacco Brands (domestic)	Subsidiaries/Products	Programs/MATERIALS
Altria (formerly Philip Morris)	Marlboro, Basic, Virginia Slims, L&M, Parliament, Merit, Benson & Hedges, Lark, Chesterfield, Cambridge	Major Wisconsin employers: Miller Brands (including Miller Genuine, Miller Lite, Lowenbrau, and Milwaukee's Best) Leinenkugel's Beer Oscar Mayer Tombstone Frozen Pizza Kraft Foods Nabisco	"Peer Pressure and Smoking" and "Raising Kids Who Don't Smoke" brochures for parents "Smokers Advocate" newsletter
BATUS (British American Tobacco – U.S.)	Kool, Belair, Viceroy, Lucky Strike, Pall Mall, Raleigh, Carlton, Raleigh, Capri, Barclay	Brown and Williamson Tobacco Co.	"Sly's Unwise Surprise (A book for children ages 4-8)" "Generation Risk - A New Book for Parents Parenting" video "Are Your Kids Sending You Smoke Signals?" brochure
Lorillard	Newport, True, Kent, Old Gold, Spring, Triumph		"Tobacco is Whacko If You're A Teen" and "Butt Out Now" youth anti-smoking program materials include website, computer games, sweepstakes, cards, magazine and TV ads, sports sponsorship "Take 10: Start Talking So Your Kids Don't Smoke" parent education materials "Teen HIP" grants and scholarship program "We Card" retailer program
R.J. Reynolds	Camel, Winston, Salem, Vantage, Doral, More, Now	Tobacco companies: R.J. Reynolds Tobacco Co. Santa Fe Natural Tobacco Co.	"Right Decisions, Right Now" youth prevention program with study guides for educators, bumper stickers, posters, videos
U.S. Smokeless Tobacco Co.	Copenhagen, Skoal		
Vector Tobacco, Inc.	Quest, Omni		

Event Observation Form

Everyone's help is needed to document the activities of tobacco companies at community events. Information asked for in this form is designed to help the coalition monitor and watch for tobacco marketing tactics. Besides filling out this form, event observers are encouraged to collect ads and tobacco promotion merchandise and to take pictures documenting the marketing tactics. Observers may want to talk with event organizers after the event to collect more information.

Event title _____ Event site _____

City _____ Date(s) of event _____

Date/time of observation _____ Observer _____

Type of event: (circle)

1 – Festival

4 – Rodeo/Horse

7 – Other (describe)

2 – County/District/State Fair

5 – Auto/Racing

3 – Music/Performance

6 – Sport show/banquet

Sponsors

Is any tobacco brand (e.g., Kodiak, Marlboro, Camel) or tobacco company or subsidiary (e.g., Altria, RJReynolds, Kraft, Miller) involved in this event? (Involvement could include event sponsorship, prize money, competitor sponsorship, tobacco signs or booths, or corporate donations.)

Yes (please fill out section below)

No

Don't know

If yes, list all tobacco brands or tobacco companies or subsidiaries and describe type of involvement.

Tobacco brands, companies, subsidiaries: _____

Tobacco Ads, Signs, & Materials

Were there any tobacco ads, signs, or materials at the event?

- Yes (please complete table below)
 No
 Don't know

Check all present	Tobacco brand & company (list all)	Where located at the event?	Explain what you see
Signs, banners, scoreboards			
Booths			Proof of ID required? <input type="checkbox"/> Y <input type="checkbox"/> N Are names and addresses being collected? <input type="checkbox"/> Y <input type="checkbox"/> N
Smoker survey, sign-up raffle, or contest entry			Proof of ID required? <input type="checkbox"/> Y <input type="checkbox"/> N Are names and addresses being collected? <input type="checkbox"/> Y <input type="checkbox"/> N
Sale or distribution of brand-name merchandise (lighters, T-shirts, etc.)			Proof of ID required? <input type="checkbox"/> Y <input type="checkbox"/> N Are names and addresses being collected? <input type="checkbox"/> Y <input type="checkbox"/> N
Free tobacco product give-aways (smokeless, cigarettes, cigars)			Proof of ID required? <input type="checkbox"/> Y <input type="checkbox"/> N Are names and addresses being collected? <input type="checkbox"/> Y <input type="checkbox"/> N
Other			

Attendance

Did community, political, or business leaders (e.g., mayor, head of a civic group, elected state representative) help plan the event or appear on the program?

- Yes (please list below)
 No
 Don't know

If yes, whom?

Estimate the percentage of youth and adults attending at the time you were there:

Under 18 _____ 18 and over _____

What was the estimated total attendance at the event at the time you observed?

Media Coverage Log for Youth Advocacy

Recorder:

Media Coverage Please attach copies of newspaper articles, photographs, etc.			
Date	Topic of Media Coverage (e.g., rally to decrease tobacco advertising at quick-stop)	Media Type (newspaper, TV, Radio, etc.)	Comments (e.g., did interview stay on message, did youth respond to questions?)

Community Events with Possible Tobacco Sponsorship

Prepared by _____ Coalition

<i>Event Name</i>	<i>Site, City</i>	<i>Contact Phone #</i>	<i>Start Date</i>	<i>End Date</i>	<i>Tobacco Sponsor</i>	<i>Action to be taken by Coalition</i>