TELL YOUR STORY:

GUIDELINES FOR PREPARING A COMPLETE, HIGH QUALITY EVALUATION REPORT

Tell Your Story

Guidelines for Preparing a Complete, High Quality Final Evaluation Report

California
Department of Health Services
tcs Tobacco Control Section

*This guide is a revision of **Tell Your Story: Guidelines for Preparing an Evaluation Report** (1998). It first highlights the critical role that evaluation plays in California's Comprehensive Tobacco Control Program. Next, it describes the value of Final Evaluation Reports for funded projects, as well as for the broader tobacco control community. **Tell Your Story** then answers a number of commonly asked questions about completing and submitting reports. The final section of the guide provides detailed guidelines for writing a Final Evaluation Report. The guide is followed by four appendices: Appendix A - a sample evaluation report; Appendix B - the rating form that states the Tobacco Control Section's (TCS) expectations for the Final Evaluation Reports and is used to score the reports; Appendix C - a checklist with the required components of the Final Evaluation Report for primary objectives; and Appendix D - an outline of the information to be included in the Brief Evaluation Report for non-primary objectives.*

The Role of Evaluation in Tobacco Control

Projects funded by the Tobacco Control Section (TCS) are required to carry out evaluation activities to assess their tobacco control efforts. Evaluation is a way of examining and understanding the relative effectiveness of various tobacco control interventions. By knowing what is working and what is not working, for whom, and in what context, TCS projects can be more successful in changing norms toward a tobacco-free California. Evaluation of TCS-funded projects helps to:

- Identify ways to improve interventions;
- Identify strategies that do not work or are too labor- or resource-intensive in relation to the outcome or sustainability of the outcome;
- Demonstrate which tobacco control practices could be usefully applied by other projects and which are unlikely to be effective elsewhere;
- Identify needs for technical assistance;
- Demonstrate the need for stronger tobacco control policy interventions;
- Galvanize community support for strong policy interventions; and
- Ensure efficient use of the tobacco tax revenue.

Usefulness of Reports

For evaluation to contribute to future tobacco control activities, evaluation results must be communicated effectively. A well-written Final Evaluation Report can be used to inform state and local stakeholders and policy-makers about the impact of your program. In addition, abstracts or full reports from other funded projects may provide promising approaches to achieving an objective or effective methods of evaluating an intervention that could be adapted for use in your own tobacco control program. Given the limited resources available for tobacco control programs, Final Evaluation Reports are a valuable tool for channeling tobacco control efforts toward the activities and interventions that have the greatest public health impact and the greatest likelihood of success.

Answers to Commonly Asked Questions

When are Final Evaluation Reports submitted? How do they differ from the Final Comprehensive Progress Report?

The *Final Evaluation Report* is a stand-alone deliverable completed for each primary objective identified in the scope of work. It is usually submitted with the Final Comprehensive Progress Report or, if completed earlier, with an interim progress report. A Final Evaluation Report addresses each of the elements in the Checklist found in Appendix C of this document, including information about the primary objective, the intervention activities conducted to achieve the objective, and the evaluation methods, findings, conclusions, and recommendations. While the Final Evaluation Report describes the evaluation of a single primary objective, the *Final Comprehensive Progress Report* describes efforts made toward completion of all deliverables in the scope of work, including the level of collaboration, coalition activities, staffing, and other project details.

What are the TCS evaluation reporting expectations for non-primary objectives?

A *Brief Evaluation Report* summarizing the main components of the intervention and evaluation findings is required for each non-primary objective. The *Brief Evaluation Report* for a *non-primary* objective must include a statement of the objective and indicator or asset number, an overview of the project, a brief description of the evaluation design and methods, and a synopsis of the evaluation results, conclusions, and recommendations. (See Appendix D for an outline of the information to be included in the Brief Evaluation Report for non-primary objectives.) The recommended length for a Brief Evaluation Report is one to three pages.

What are the evaluation reporting expectations for an evaluation that used a case study approach?

The guidelines in this document are applicable to reports of evaluations using experimental, quasi-experimental, or non-experimental designs. Case studies are one type of non-experimental design because they do not involve the use of comparison groups or pre-tests and post-tests. While the guidebook, *Using Case Studies to Do Program Evaluation*, has useful information about qualitative methods, it is not meant to be used as a guide on how to write an evaluation report.[1]

[1] Using Case Studies to Do Program Evaluation (currently available on the TCS website: http://www.dhs.ca.gov/tobacco/documents/eval/ProgramEvaluation.pdf, accessed 11/05) is being revised and reformatted into a set of online tip sheets intended to make the information about qualitative methods more accessible.

Will our project be penalized by TCS for not achieving an objective?

No. A project is not penalized if it does not achieve an objective stated in the scope of work. However, project funds may be withheld if deliverables (including Interim Progress Reports, Final Evaluation Reports, and Brief Evaluation Reports) within the scope of work are not completed or are missing critical information.

What does TCS do with the Final Evaluation Reports?

When Final Evaluation Reports are received, they are reviewed and rated for completeness and quality. (See the next section and Appendix B for details on the criteria used in rating.) Reports are then catalogued in a searchable TCS database, and those with a medium to high rating are available to TCS agencies upon request. Copies of well-written Final Evaluation Reports are also posted on TCS Web sites and shared with researchers and national organizations upon request.

How is the information in the evaluation reports used?

TCS uses information from the Final Evaluation Reports and Brief Evaluation Reports to communicate the effectiveness of funded projects to policy-makers in the California Department of Health Services and other state government agencies. Evaluation findings have influenced analysis of proposed tobacco control legislation and provided data for reports provided to the governor, state legislature, and federal agencies. The evaluation reports are also used by TCS administrators as a communication tool to justify the need for continued funding and to offer accountability to the public for the use of state taxpayer funds. The Tobacco Control Evaluation Center (TC Evaluation Center) uses the Final Evaluation Reports rated "high" as models in the technical assistance it provides to TCS-funded projects.

General Guidelines

- Submit a separate Final Evaluation Report for each primary objective and a separate Brief Evaluation Report for each nonprimary objective.

- Write the report for the general reader who may be unfamiliar with issues in tobacco control; report results in concise, straightforward language. Prepare and format the Final Evaluation Report using the section headings and subheadings displayed in the Final Evaluation Report Rating Form and the Checklist (Appendices B and C). The outline in Appendix D serves the same purpose for the Brief Evaluation Report, which is submitted for non-primary objectives.

- Keep in mind that there is often more than one way to interpret the results of a project. It is important that agency staff and the evaluator discuss the results and proposed conclusions before writing an evaluation report. Reaching consensus about the interpretation of findings improves the validity and accuracy of the report.

Elements of a High Quality Final Evaluation Report

1. Title Page

The title page provides the information needed to ensure that appropriate credit is given to the project, authors, and funding source. The specific details required for the title page are the following:

- Title of the study
- Agency Project Director's name
- Current agency name, mailing address, email address, phone number, and fax number
- Names and affiliations of report author(s)
- Date of submission to TCS
- TCS contract number and contract period
- Attribution statement: "Made possible by funds received from the California Department of Health Services, Tobacco Control Section under contract number XX-XXXX, contract term: 07/01/01-06/30/04
- Suggested citation: The citation should include the following information: author(s), year, title of report, the place where the report was produced (California), and the name of the project. Present the information in the Chicago Manual of Style format as shown in the example below.

  Smith, J. 2004. *Smoke-free entrances final evaluation report*. California: Bear County Tobacco Reduction Program.

2. Abstract

The abstract provides an overview of the entire Final Evaluation Report. It is the most widely distributed section of the report, so it is important that it is complete and concise. It is usually more efficient to write the abstract after completing all other sections of the report. The abstract should be one to two pages in length and should summarize the following information:

- Statement of the objective and indicator/asset number
- Description of the project, including project context and rationale, intervention setting(s), target(s), and activities
- Evaluation methods, including study design, sample selection and size, and data collection procedures
- Main results
- Conclusions and recommendations

See the *Local Program Evaluation Planning Guide*, California Department of Health Services, Tobacco Control Section, for a description of evaluation designs and evaluation terms. www.dhs.ca.gov/tobacco/

3. Project Description

The body of the report begins with a description of the background of the project, including a discussion of the context for the project. The rest of the project description section describes in detail what was done to achieve the objective. The following components should be included in the project description:

Background

- *Project Context*: Describe the social norms and attitudes around tobacco control that were identified during the CX or other needs assessment activities, including any relevant political, historical, and/or geographical issues in the community.

Objective

- *Project Objective and Indicator/Asset Number*: Clearly state the objective and indicator or asset number to orient the reader to all the information that follows.

- *Rationale*: Briefly state the rationale for selecting the objective, relating it to the project context.

Intervention

- *Intervention Activities*: Describe the specific activities that were carried out in order to achieve the project objective, including the development, timing, and implementation of the activities. Indicate whether the activities were fully implemented as intended. Report any unanticipated changes to the planned activities and explain why the changes were made.

- *Intervention Target(s)*: Identify *who* the activities were designed to influence (such as policy makers or merchants), and/or *what* the project was designed to change (such as stores, organizations, or events).

- *Project Setting(s)*: Describe the specific locations where the intervention activities took place, such as convenience stores, bars, worksites, or schools.

4. Evaluation Methods

The evaluation methods section needs to be detailed enough for the reader to understand all aspects of the evaluation process, including the design, sample, data collection, and data analysis.

Evaluation Design—The evaluation design provides the overall framework for the evaluation. The evaluation design section should include a description of the following:

- *Type of design*: State whether an experimental, quasi-experimental, or non-experimental design was used and explain why the evaluation design was selected. For example, a non-experimental design with a case study approach might be used to collect rich information on process in addition to documenting outcomes. As mentioned above, the case study approach is a non-experimental design because it has no comparison group and does not use pre-tests and post-tests.

- *Details of the design*: Describe the key elements of the specific evaluation design used to assess the process and/or outcome of the intervention. This description should include when (before, during, and/or after the intervention) and how often data were collected, the number of groups compared (if any), and whether intervention activities varied by group.

- *Design limitations*: Describe the limitations in the design's ability to assess whether the project activities led to the achievement of the objective. Examples may include a lack of baseline (pre-intervention) data, absence of a comparison group, or insufficient process data to understand strengths and weaknesses of the intervention.

Sample —Depending on the objective, the sample may be comprised of businesses, housing complexes, people, activities, time periods, locations, documents, organizations, or any other entity from which data were collected. The sample description should include the following:

- *Sample selection*: First, identify the population (the group from which the sample is drawn). Then, specify the characteristics on which the sample was based, including the rules used to include or exclude individuals, businesses, time periods, locations, etc. For some projects, sample selection is based on *random* selection of groups or group members using a table of random numbers. For others, it is based on *systematic* sampling (polling every 10th patron exiting a concert venue, for example). In other situations, a *purposive* sampling approach is used, such as selecting individuals for key informant interviews because they are members of the city council.[2]

- *Sample size and response rate*: State the number of units (businesses, housing complexes, people, etc.) that were selected for the sample. Then, describe the number and percentage of units from which data were actually collected (the "response rate"). For example, when describing a sample of retail stores for the Youth Tobacco Purchase Survey, the report should describe how the retail stores were selected, the number of retail stores that were selected, and how many of the selected retail stores were actually surveyed.

- *Sample limitations*: Describe sample issues that limit the strength of the evaluation, such as small sample size, low response rate, or use of a convenience sample.

Data Collection Instruments and Procedures —Describe the data collection instruments and procedures used to collect the data. This description should include information on the following:

- *The type and source of data collection instruments*: Some of the commonly used types of instruments are mail questionnaires, phone surveys, email/internet surveys, face-to-face interviews, observation forms/protocols, focus group interviews, document review forms, and public opinion polls. Sources of data collection instruments include (a) standardized instruments (such as the Youth Tobacco Purchase Survey), (b) standardized

[2] For more details on sampling methods, see the LPE Planning Guide and the TC Evaluation Center website (www.tobaccoeval.ucdavis.edu).

instruments modified by the project, (c) existing, but not standardized, instruments adapted for the purposes of the project, and (d) original instruments developed by the evaluator and/or project staff.

- *Data collection procedures*: The description of the data collection process includes who collected the data, what training was provided to data collectors, and where and when data were actually collected.

- *Limitations of the data collection procedures*: Issues in data collection that affect the quality of the evaluation include inadequate training of data collectors, poorly worded questions, inability to collect data as planned, and others.

Data Analysis—Describe how the data were analyzed and, if appropriate, the software and statistical methods used to analyze the data. The description of data analysis should be sufficiently detailed for a reader to assess whether the analysis approach was appropriate for the type of data collected. For example, a project might use content analysis for data from open-ended questions and statistical tests of significance for quantitative data (assuming the sample size is large enough for statistical tests to be meaningful).

5. Evaluation Results

The evaluation results section presents the major evaluation findings. The presentation should focus on the analyses that are most relevant to the objective and most likely to be useful to the report's audiences.

- Present the details of the major evaluation findings clearly and logically by describing the results of descriptive or inferential statistics, content analysis, or other kinds of analyses. When appropriate, use tables or figures to display key data, avoiding total reliance on narrative.

- Present evaluation findings objectively; include relevant negative and positive results.

- It is important that the reader is able to follow the connection between the results described in this section and the conclusions drawn in the final section.

Sample copies of the data collection instruments must be attached to the report unless they have not been modified in any way from standardized instruments; however, the source of the instruments must be clearly referenced in the report and the process of obtaining them should be described.

6. Conclusions and Recommendations

After providing a clear description of the evaluation findings, the Final Evaluation Report comes full circle by returning to the objective that was stated at the beginning of the report. A well-written Conclusions section will meet the following standards:

- Evaluation results clearly suggest or demonstrate whether intervention activities led to the achievement of the stated objective. Results of process data collection are used to identify the strengths and weaknesses of the intervention plan and its implementation.

- Conclusions do not go beyond what the data can support, given any limitations of the evaluation methods. (For example, if the sample is a convenience sample, conclusions should not be drawn about the population as a whole.) Alternative ways in which the results might be interpreted should be considered. For example, were there events or circumstances that might have influenced the intervention target more than the intervention activities?

- Based on the process of implementing the project and on the evaluation results, recommendations for future work in tobacco control around this and similar objectives are provided. Remember that negative as well as positive results are useful in guiding future endeavors.

7. List of cited sources

Any references made in the body of the report to relevant theories, research, or data from sources other than the evaluation being described should be listed at the end of the report. Each citation should include the author(s), name of the document, year of publication, and publisher or other source. For information taken from Web sites, the name and URL of the Web site and the date the information was obtained from the Web site should be provided. It is recommended that you use *The Chicago Manual of Style* citation guide to cite sources.

Optional Elements of the Final Evaluation Report

In addition to the required sections of a Final Evaluation Report, you may want to include one or more of the following four optional components as a preface to your report:

- *Acknowledgment Section*: The acknowledgment section can be on a separate page or included on the title page. A carefully written acknowledgment may have historic value, documenting who was instrumental in the accomplishment of the project's goals. Thanking contributors for the specific skills, tasks, or qualities they brought to the project also provides proof of participation and encourages future support.

- *Table of Contents*: A table of contents makes it easy for readers to find specific sections. It is particularly useful for long reports.

- *List of Tables, Figures, and Appendices*: Lists of tables, figures, and/or appendices help the reader identify and find important information.

- *List of Acronyms or Abbreviations*: When a report uses several acronyms, providing a list that spells them out is a handy guide for the reader.

Conclusion

Evaluation reports are a valuable resource in working toward a tobacco-free California. A complete, high quality Final Evaluation Report can serve many audiences and many purposes, from sparking action and improving capacity at the local level to demonstrating effectiveness and generating support at the state level. Even when evaluation results are negative, an evaluation report can shed light on how to improve future interventions. However, to be credible and useful, the report must include complete and detailed descriptions of project activities and evaluation methods. The information in this guide will help you "tell your story" in a way that will enable you, TCS, and others to get the most out of your tobacco control efforts.

Appendix A – Sample Report

Smoke-free Entrances Final Evaluation Report
Bear County, 2001 – 2004

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Made possible by funds received from the Tobacco Tax Health Protection Act of 1988 - Proposition 99, through the California Department of Health Services, TCS contract # 0-00-00, contract term: 07/01/01 – 06/30/04

Recommended citation: Smith, J. 2004. *Smoke-free entrances final evaluation report*. California: Bear County Tobacco Reduction Program.

Abstract

The Bear County Tobacco Reduction Program (BCTRP) received numerous complaints over a period of several years about smokers congregating near doorways of public and private buildings throughout the county. These public complaints, along with other data collected during the BCTRP's Communities of Excellence (CX) needs assessment, prompted staff and coalition members to decide to address the problem of secondhand smoke exposure in entryways.

The BCTRP developed the following objective for this project: By June 30, 2004, three cities within Bear County will adopt and implement a policy to prohibit smoking within 25 feet (or more) outside of doorways, open windows, and intake vents of publicly-owned buildings and privately-owned buildings that are open to the public. This is a primary objective and addresses CX indicator # 2.2.8.

Project activities focused on city council members because they were the decision-makers with the authority to adopt and monitor implementation of smoke-free entrance policies for their cities. In the first phase of intervention, city council members in all six cities in the county were sent educational packets with information on smoke-free entrances and sample policies. As a way to focus limited resources and maximize the potential of success, the three cities expressing the most interest in adopting a smoke-free entrance policy (determined during follow-up phone calls to city council members by BCTRP staff) were selected for the second phase of in-depth intervention. In these cities:

- Project staff conducted observational surveys to document the extent of secondhand smoke in doorways and public opinion surveys to assess public support for a smoke-free entryway policy.
- Project staff presented the data on public exposure to secondhand smoke and support for the policy to the councils of each of the three cities. Information on the smoke-free entryway policy was also given. Coalition members made educational visits to individual city council members to provide additional information and answer questions that may not have been covered during the council meetings.
- Local media were provided with press releases about the results of the public opinion survey and the risks of secondhand smoke.

After the BCTRP's second phase of intervention, the three cities adopted and began implementation of smoke-free entryway policies. In those three cities, staff and coalition members held press conferences to announce the new policy and to recognize the action of the city council. In addition, the cities that adopted smoke-free entryway policies were given "no smoking" signs for placement at entryways to ensure high visibility of the new policies and tobacco receptacles to be placed beyond the 25-foot no-smoking boundaries.

Evaluation of this project was two-fold. To evaluate the effectiveness of the intervention in achieving policy adoption, the project compared cities receiving information packet and in-depth intervention and cities receiving the information packet only. The information from the initial phone calls to city council members were used to establish that the cities did not already have smoke-free entryway policies. After the interventions, reviews of city council meeting minutes and passed policies were used to assess the passage of smoke-free entryway policies in each city. Policy implementation was evaluated with a non-experimental design through data collected from cities in the intervention group only. Pre- and post-intervention data were collected for smoking behavior and signage in the intervention cities. Process data, such as public opinion surveys and key informant interviews, were also collected in these cities.

BCTRP achieved its objective: Three cities adopted and implemented smoke-free entrance policies. Observations showed that all three cities posted "no smoking" signs. Compared to pre-adoption data, significant decreases in smoking within 25 feet of entryways were also observed in those three cities. The data on public support for the policy was the most frequently cited reason given by the city council members for supporting the policy. In addi-

tion, media support was important in getting the policy accepted by the public.

Bear County Smoke-free Entrances Final Evaluation Report

Project Description

Background – Bear County is a rural community with a population of approximately 184,000 people. The county contains six small to mid-sized cities (ranging in population from 10,250 to 62,200 people). The county's economic base includes several large manufacturing plants and a substantial retail sector, as well as outdoor recreational activities that attract tourists. The Bear County Tobacco Reduction Program received numerous complaints over a period of several years regarding smokers congregating around doorways of public and private buildings and realized that this was an issue that needed to be addressed.

Objective – By June 30, 2004, three cities within Bear County will adopt and implement a policy to prohibit smoking within 25 feet (or more) outside of doorways, open windows, and intake vents of publicly-owned buildings and privately-owned buildings that are open to the public. This is a primary objective, addressing Communities of Excellence indicator # 2.2.8.

This objective was chosen by staff and coalition members through the Communities of Excellence (CX) needs assessment in January 2001. Thirty-six members of the community, including staff, adult and youth coalition members, and partners representing law enforcement, the schools, media, and youth groups participated in a three-hour community forum. Of the CX indicators discussed, attendees rated smoke-free entrances as the highest priority to be included in the upcoming comprehensive three-year county tobacco control plan. Compelling data presented at the forum included complaints received by county tobacco control project staff from people who were being exposed to secondhand smoke as a result of smokers congregating near exit doors of businesses and public buildings. Additionally, cigarette smoke was pulled into these buildings whenever the outside doors opened, exposing people inside the buildings to secondhand smoke. While some legislation already existed regarding smoking in entryways, these complaints indicated the public's awareness of the dangers of secondhand smoke and demand for stricter policies to protect their health.

At the time the intervention began in 2001, state law required a five-foot smoke-free area in front of entryways of state-owned and occupied or state-leased and occupied buildings, but no state law mandated smoke-free entryways of privately-owned buildings open to the public. Mid-way through the project, Assemblyman Juan Vargas began shepherding Assembly Bill 846 (AB 846) through the legislative process. Under the provisions of AB 846, which became effective on January 1, 2004, Government Code Sections 7596-7598 prohibit smoking within 20 feet of all main entrances, exits, and operable windows of all public buildings, including buildings on the campuses of the University of California, California State University, and California community colleges. These restrictions are limited to state and local government buildings.

Because of intervening state legislative activity, this objective evolved to have two parts: (1) to expand the state-mandated 20 foot smoke-free zone in front of entryways, operable windows, and vents of public buildings to at least 25 feet, and (2) to create a smoke-free boundary of at least 25 feet in front of entryways, operable windows, and vents of privately-owned worksites and other buildings that are open to the public.

Intervention – The intervention had two phases. The first phase targeted all six cities in the county. For this phase, educational materials regarding smoke-free entrances and sample policies were obtained from the Tobacco Education Clearinghouse of California (TECC) and Technical Assistance Legal Center (TALC), respectively. These materials were modified for Bear County by adding the appropriate local information, such as demographic data and contact information. An educational packet was sent to city council members in the six cities. Included in the packet were frequently asked questions, a sample policy, and sample signage. Letters of support were included from the American Cancer Society and from BREATH, the California Smoke-Free Bars, Workplaces and Communities Program. The educational packet was followed up with phone calls to the city council members in each city to gauge support for a smoke-free entryway policy. Based on the phone calls, the three cities whose city council members expressed the most interest in the policy were selected for the second phase of in-depth intervention. This strategy of targeting only areas expressing interest was used in order to focus limited resources and maximize the potential of success.

The second phase of the intervention targeted city council members in the three cities that seemed most likely to adopt a smoke-free entryway policy. In these cities:

- Observational surveys were conducted to document the problem of secondhand smoke in entryways.
- Public opinion surveys were conducted to document public support for a smoke-free entryway policy.
- Project staff presented the data on public exposure to secondhand smoke and support for the policy to the councils of each of the three cities. Information on the smoke-free entryway policy was also given. Presentations were augmented with individual educational visits to city council members.
- Local media were provided with press releases about the results of the public opinion survey and the risks of secondhand smoke.

In those cities that adopted a smoke-free entryway policy, press conferences were held to announce the new policy and to recognize the action of the city council, and signs were provided for placement at entryways to ensure high visibility of the new policy. Additionally, tobacco receptacles were provided for placement beyond the 25 foot no-smoking boundaries.

Evaluation Methods

Evaluation Design

The evaluation for this objective was two-fold. To evaluate the effectiveness of the intervention in achieving the policy adoption, cities receiving the information packet and the in-depth intervention were compared to the cities that received the information packet only. As described above, phone calls were made to the city council members in the six cities after the educational materials were sent. These phone calls determined that the six cities were similar in that none already had a smoke-free entryway policy and that they were dissimilar in their interest in such a policy (with three having an interest and three indicating that they were not ready for a smoke-free entryway policy). After the intervention, the three cities that received the in-depth intervention were compared to those that received the information packet only. The expectation was that the cities that received the in-depth intervention and that had expressed an interest in the policy would be more likely to pass smoke-free entryway policies than the cities in the other group.

Because of resource limitations, there was no comparison group for the assessment of policy implementation. Instead, in the cities that received the in-depth intervention, the evaluation of policy implementation consisted of the collection of pre- and post-intervention data on evidence of smoking and signage. With no comparison group and collection of data at only two times, this is a non-experimental design.

In addition to evaluating the outcomes of the intervention, the project also collected process data. Specifically, in the three in-depth intervention cities, public opinion surveys were conducted before the intervention and key informant interviews were conducted after the intervention. More information on these surveys is provided below.

The major strength of this evaluation design is the comparison of the low intensity intervention (information packet only) and the in-depth intervention (information packet, data on smoking behavior and public support for the policy, and in-person visits and presentations to the city councils). In addition, observations of signage provided evidence of implementation in the cities that adopted smoke-free entryway policies. The collection of process data from interviews with city council members is another strength of the design; it helped the project learn which aspects of the intervention were particularly effective. The major limitation of this design is that smoking behavior is measured only in the cities receiving the in-depth intervention and only once before and once after the intervention. Without a comparison group, the evaluation does not provide a strong test of whether any observed changes in smoking behavior were the result of the intervention or due to other factors.

Sampling, Data Collection, and Analysis

Data were collected from all three cities that received the in-depth intervention. In each of these cities, observational surveys, public opinion surveys, and key informant interviews were conducted. The samples, data collection procedures, and data analyses for each method are described in detail below.

Observational survey – To assess the implementation of the 25-foot policy, observations of smoking, tobacco litter, and signage near entryways of public, non-governmental buildings were made prior to and following policy adoption and implementation. The pre-intervention observations took place two weeks before meeting with city council members. Post-intervention observations were conducted three months after the policy was adopted.

In each city, five locations were purposively selected based on where the largest proportions of the public were likely to be exposed to secondhand smoke in entryways. The locations included major employers, movie theaters, shopping centers, and shopping mall/department stores.[3] Project staff made observations during 15-minute intervals at two different times on the same day for each location selected. Times for data collection were selected in order to observe when smoking activity was likely to be high. For example, at the businesses where employees work a standard business day and at the shopping centers that the public visit during a lunch break or after work, observations took place during the lunch hour (approximately 12:00 - 12:15 pm) and again at the end of the day (approximately 5:00 - 5:15 pm). At movie theaters, observations took place when people were most likely to be standing in line waiting for tickets or to get into the theater. Therefore, for each city targeted, data were collected at two different times in five locations throughout the city both before and after the intervention, for a total of 10 observations per city pre-intervention and 10 observations per city post-intervention. All observations were done on weekdays. In each city, pre- and post-observations were conducted at the same locations and at roughly the same period during the day so that pre-intervention and post-intervention comparisons would be appropriate.

The same observation form was used both pre-intervention and post-intervention. The form was developed by the local evaluator with assistance from the Tobacco Control Evaluation Center (TC Evaluation Center). Information collected through the observational survey included the following:

- amount and location of tobacco litter;
- any smoking behavior observed (yes/no) within 25 feet of entryways and/or windows;
- presence and location of "no smoking" signs;
- presence and location of tobacco receptacles.

This observation form, along with other data collection instruments used, is attached to this report.[4] The evaluator developed instructions for using the observation form and then provided training to the project staff who conducted the observations. The training included a review of the observation protocol and form, and an activity where staff members practiced observations until they felt comfortable with the form and the evaluator was confident that they would be able to use the form consistently.

[3] NOTE: If it would add useful information about the type or geographic distribution of the sample, a report could include a list of the specific locations in an appendix.

[4] NOTE: In your report, the data collection instruments (observation instrument, public opinion survey, and key informant interview questions) would be included as appendices. However, for this sample report, data collection instruments are not attached. Please

contact the TC Evaluation Center (www.tobaccoeval.ucdavis.edu) if you would like assistance developing data collection instruments.

After the observations were completed, staff entered the data into a spreadsheet developed by the evaluator. Data from the pre-intervention observations were used in presentations to city council members to describe the problem of smoking at building entrances. Post-intervention data were used to assess signage and smoking behavior after the policy was adopted. Data on signage were dichotomous: signs were either present or absent. Data on smoking activity during each observation period were also analyzed as a yes/no variable, with "yes" indicating that smoking had been observed within 25 feet of the entryway during the observation period and "no" indicating that it had not been observed.

Frequencies and percentages were calculated and a chi-square analysis was used to assess statistical significance of the difference between the smoking behavior before and after the intervention. Data from the observations were analyzed using the Statistical Package for the Social Sciences (SPSS).

Public opinion survey – Public opinion surveys were conducted in each of the three cities targeted for in-depth intervention activities. The surveys were conducted in May and June 2002, prior to the presentations to the city councils so that the data could be part of the presentation. The samples for the public opinion surveys were obtained from the same locations that the observations were conducted. These locations had already been identified as places where large numbers of people either worked or congregated, so it was efficient to go there to get people to answer the surveys. In addition, the locations were in various neighborhoods in the cities so the responses represented a cross-section of the public. Surveys were conducted the week after the observations so that they would not affect the behavior that was being observed. Altogether, 473 surveys were completed (147 in Bear City, 165 in Gold Town, and 161 in Pacific Canyon).

The public opinion survey was developed by the local evaluator in partnership with the TC Evaluation Center. Respondents to the survey were asked whether smoking outside business entrances bothered them, whether they supported implementing a 25-foot smoke-free entrance policy, and whether they currently smoke. Survey protocol and instructions were developed by the evaluator, with training provided to the project staff that collected the data from members of the public. Project staff entered survey data into a spreadsheet developed by the evaluator.

Data from the public opinion surveys were analyzed by calculating frequencies and percentages for yes/no questions. Responses were analyzed for the three cities individually, as well as combined for an overall indication of support.

Key informant interviews – Key informant interviews were conducted with city council members in each of the three targeted cities three months after policies were adopted. Of the 15 city council members (five in each city), project staff were able to interview only eight (three in Bear City, three in Gold Town, and two in Pacific Canyon), for an overall response rate of 53 percent.

The surveys were conducted by telephone. The questions, which were developed by the local evaluator, asked about key factors in deciding to support or oppose the policy; barriers to and facilitators of policy adoption/implementation; and suggestions for other cities implementing similar smoke-free entryway policies.

Content analysis of the open-ended responses was used to identify strengths and weaknesses of the project's intervention, and recommendations for the future.

Evaluation Results

Adoption and Implementation of Smoke-free Entrance Policies (Outcome Data) – As shown in Table 1, all three of the cities that received the in-depth intervention passed and implemented the policy by the end of the project period. One of the comparison cities (Green Valley) that received the information packet only contacted the Bear County Tobacco Reduction Program (BCTRP) staff on their own and is contemplating the adoption of a smoke-free entryway policy. Table 1 also reports results from the post-adoption observations of signage in the three targeted cities. (Due to limited resources, observation data were only collected in cities that received the in-depth intervention.) As can be seen, all three cities that adopted the policy were found to have "no smoking" signs posted at the post-intervention observations.

Table 1. Status of Policy Adoption and Implementation by City

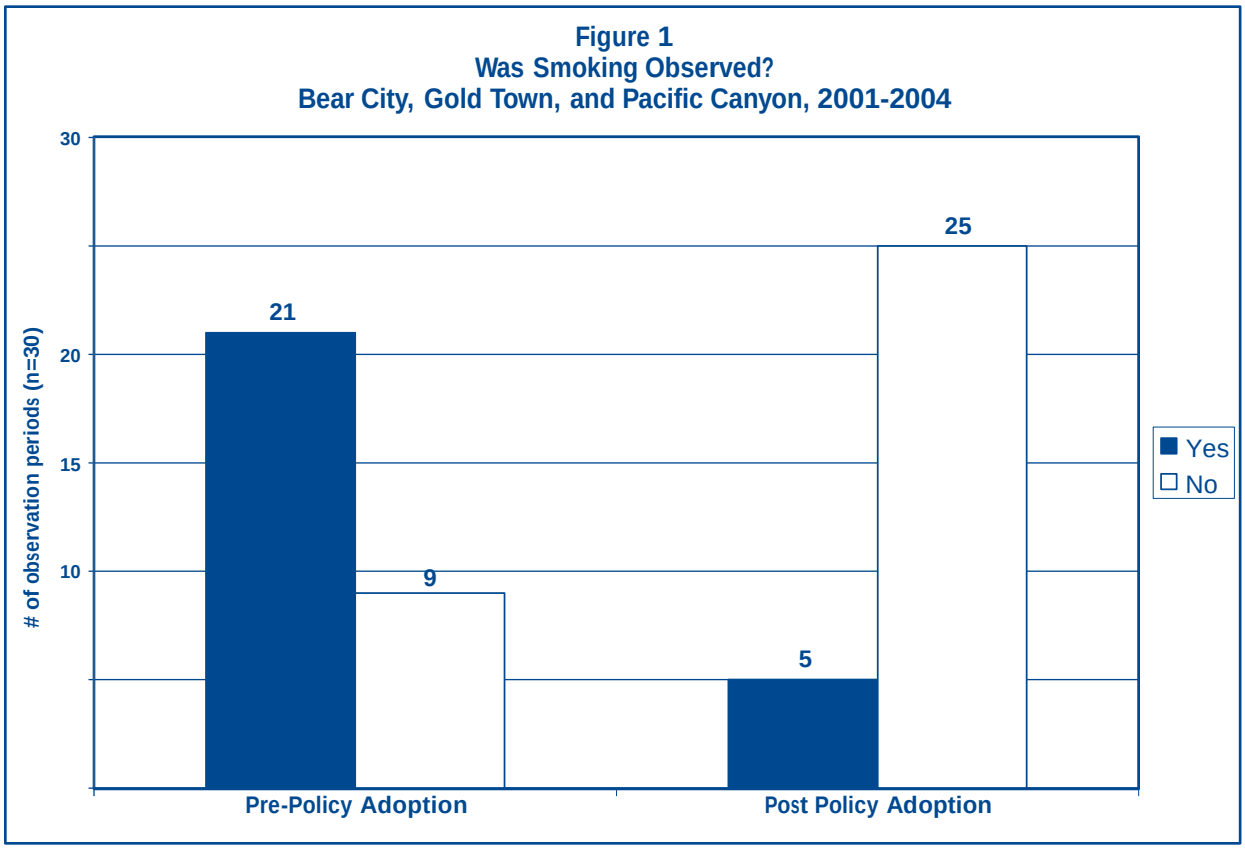
City	Policy Adopted?	Signage Posted?
In-Depth Intervention		
Bear City	Yes	Yes
Gold Town	Yes	Yes
Pacific Canyon	Yes	Yes
Education Materials Only		
Green Valley	No*	N/A**
Middleton	No	N/A**
Pine Creek	No	N/A**

*Green Valley is considering adoption of the policy and is currently working with BCTRP staff.
** Not Applicable

Observations of smoking behavior before and after the intervention provide information about public compliance with the new policies. As described in the Evaluation Methods section, observations were made in five locations in each city and were conducted twice at each locations. A total of 10 observations per city were made prior to the intervention and again following the intervention. A total of 30 observations were made in the pretest and 30 in the posttest.

Figure 1 compares the number of observations in which smoking was observed before and after the policy combined across the three cities. A chi-square analysis of these data indicates a statistically significant difference between pre-intervention and post-intervention observations of smoking ($X2= 17.38$, $df(1)$, $p<.001$). Breaking the post-intervention data out by city, smoking was seen in 1 of the 10 observations in Bear City, 1 of the 10 observations in Gold Town, and 3 of the 10 observations in Pacific Canyon.

Figure 1. Observations of Smoking at Pre-Adoption and Post-Adoption (All 3 Cities Combined)



Process Results

Public Opinion Survey – Pre-adoption public opinion surveys were completed by 473 respondents (3 targeted cities combined). Many of the respondents were bothered by smoking near entrances and windows, and reported a high level of support for adopting the smoke-free entrance policy. Overall, 68 percent of the respondents reported that smoking outside building entrances, windows, or vents bothered them. Slightly more, 72 percent, said that they supported a city-wide 25-foot smoke-free entrance, window, and vent policy. Nine percent of the respondents identified themselves as smokers. Table 2 shows the data broken out by city.

Table 2. Extent of Support for Smoke-free Entrances by City

	Number and Percent of "Yes" Responses			
Survey Questions	Bear City (n=147)	Gold Town (n=165)	Pacific Canyon (n=161)	Total (n=473)
Does smoking outside building entrances, windows or vents bother you?	95 (65%)	112 (68%)	115 (71%)	322 (68%)
Do you support a city-wide 25 foot smoke-free entrance, window and vent policy?	99 (67%)	111 (67%)	130 (81%)	340 (72%)
Do you currently smoke?	16 (11%)	20 (12%)	7 (4%)	43 (9%)

The information on smoking status was used to examine support for the policy by smoking status. With 29 (68%) of the 43 smokers and 293 (68%) of the 430 nonsmokers, equal proportions of smokers and nonsmokers reported that they were bothered by smoking outside building entrances, windows, or vents. Although a somewhat higher proportion of nonsmokers (73%) than smokers (65%) reported supporting a city-wide policy, the fact that a majority of both groups favored the policy helped generate support from the city councils in the targeted cities.

Key Informant Interviews – The responses to the key informant survey from the eight city council members were analyzed, and the findings are summarized below. (Note that respondents may have given more than one answer to a question.)

- Of the eight respondents, six supported the smoke-free entryway policy in their city. They cited the following factors as helping them support the policy:
  - –Public opinion data in support of the policy that came from across the city (five respondents)
  - –The sample policy in the informational packet (three respondents)
  - –A strong awareness of the dangers of secondhand smoke before the project (two respondents)
  - –Information about other California cities that had already passed similar ordinances (one respondent)

- The two respondents who did not support the policy identified the following reasons for their opposition:
  - –Doubt that the policy would be enforceable (two respondents)
  - –Belief that such policies violate personal freedoms (one respondent)
  - –Lack of interest in health-related policies at the local level (one respondent)

- Respondents cited the following as facilitators of policy implementation:
  - –No-smoking signs (seven respondents)
  - –Public support after media announcements (four respondents)

- Three of the respondents said that they could not identify any barriers to implementing the policy. The other five identified the following potential barriers:
  - –Public resistance to the policy (four respondents)
  - –Cold or rainy weather (two respondents)
  - –People defacing the no-smoking signs (one respondent)

- The council members made the following suggestions for other cities considering a smoke-free entrance policy:
  - –Ask for public input first (four respondents)
  - –Provide a comfortable place for smokers outside the 25-foot boundary (three respondents)
  - –Use the media to get public support (two respondents)

Conclusions and Recommendations

The objective of getting three cities to adopt and implement smoke-free entryway policies was met. Three cities adopted and implemented policies prohibiting smoking within 25 feet of all doorways, open windows, and intake vents. In addition, the evaluation shows that, in the locations selected for observation, "no smoking" signs had been posted and a decrease in smoking was observed. Because the cities that received the in-depth intervention adopted smoke-free entryway policies and the cities that did not receive the in-depth intervention did not adopt smoke-free entryway policies, it seems clear that the intervention activities were responsible for the change in policy. However, a stronger evaluation design would be needed to conclude that the intervention caused the decrease in smoking behavior that was observed.

Lessons learned from this project and recommendations for future projects include the following:

- Of the six potential cities for the intervention, only the three cities that expressed interest in the policy received the full intervention. Targeting cities that are interested in adopting the policy can be advantageous to the project: It increases the likelihood of a positive outcome and is less likely to waste resources.

- Targeting cities that are already interested in the policy raises the question of whether the in-depth intervention was needed. However, the key informant interviews indicate that the intervention was effective. For example, the data on public support for the policy was the most frequently cited reason given by the city council members for supporting the policy.

- Media support was important in getting the policy accepted by the public, but public interest may decrease as the newness of the policy fades. Future interventions may want to build in some kind of ongoing support for policy implementation.

- The evidence of the effect of the policy on exposure to secondhand smoke was weak. Stronger evaluation designs would help strengthen the statements that can be made about the impact of intervention activities. For example, designs could be strengthened by including data on exposure to secondhand smoke in entryways in the comparison cities, gathering information on the process of implementation from other stakeholders, such as business leaders, and conducting a post-intervention public opinion survey to measure public awareness of the new policy.

This project shows that city councils are open to adopting and implementing policies that ban smoking within 25 feet of doorways, open windows, and intake vents. According to the key informant interviews, the intervention activities used in the project can be influential in getting these policies passed. Future work should focus on educating other local governments about smoke-free entrance policies. The lessons learned from this project would be useful in accomplishing this goal.

Your evaluation report is to include two components that are not included in this sample report. First, any sources that you cited should be included in a list of references at the end of the report. Second, the data collection instruments used in the evaluation should be attached to the report. In addition, copies of ordinances, photos of signs, or other documentation of the results of the project can be added as additional appendices.

Appendix B - Rating Form

Final Evaluation Report Rating Form

Auto Fill by Online Tobacco Information System (OTIS)			
Project Name:			
Indicator or Asset:	Auto Fill by OTIS		
Contract #:	Auto Fill by OTIS	Contract Term:	Auto Fill by OTIS
Report Title		Date report submitted to OTIS by the Contractor	Auto Fill by OTIS
Report Reviewer:	Auto Fill by OTIS	Date review submitted by TCEC:	Auto fill by OTIS

The following scale will be used to rate the key elements of a high quality evaluation report:

0=Not addressed 1=Partially addressed 2=Fully addressed

1. Title Page	⓪	①	②
▪ Title of the study ▪ Agency Project Director's name ▪ Current agency name, mailing address, email address, phone number and FAX number ▪ Names and affiliations of report authors ▪ Date of submission to TCS ▪ TCS contract # and contract period ▪ DHS attribution ▪ Suggested citation			
2. Abstract: *One to two pages, summarizing the following information:*			
▪ Statement of objective and indicator/asset number ▪ Project description, including project context and rationale; and intervention setting(s), target(s), and activities	⓪	①	②
▪ Evaluation methods, including study design, sample selection and size, and data collection procedures	⓪	①	②
▪ Main results ▪ Conclusions and recommendations	⓪	①	②
3. Project Description			
Background ▪ Brief description of project context, including relevant aspects of the political/historical background, geographical considerations, and social norms/attitudes around tobacco control of the community in which the intervention took place	⓪	①	②
Objective ▪ Clear statement of objective and indicator/asset number ▪ Logical connection between project context and rationale for choosing the objective	⓪	①	②
Intervention Intervention activities, including any changes in planned activities that took place during the implementation of the program Intervention target(s) (*who* or *what* the activities are designed to influence or change) Project setting (the specific locations where the intervention activities took place)	⓪	①	②

Rater Comments for sections 1-3:

4. Evaluation Methods			
Evaluation design ▪ Type of design (experimental, quasi-experimental, or non-experimental) ▪ Reason for selecting the design used ▪ # of times data are collected, when data are collected (pre-tests, during the intervention, and/or post-tests), # of groups compared (if any), and whether activities varied by group ▪ Any limitations to the design as a way to assess the intervention process and/or outcome	⓪	①	②
Sample(s) from which data were collected ▪ The population (could be people, places, times, etc.) from which sample was drawn ▪ The process used to select the sample ▪ Sample size ▪ Response rate (if appropriate, such as for the Youth Tobacco Purchase Survey) ▪ Any limitations of the sample (e.g., small sample size, low response rate, or use of a convenience sample)	⓪	①	②
Data collection instruments and procedures ▪ The type and source of the data collection instrument ▪ Who collected the data, what training was provided to the data collectors, and where and when data were collected ▪ Limitations of data collection procedures (such as inability to collect data as planned, sources of bias in data collection instruments) ▪ If appropriate, sample copies of all data collection instruments are attached to the report. Unmodified standardized instruments need not be attached. For unstructured instruments, the topics covered should be described as part of the type and source of the instrument.	⓪	①	②
Data analysis: The description of data analysis is sufficiently detailed for a reader to assess whether the analysis approach was appropriate for the type of data collected (e.g., content analysis of qualitative data, statistical tests of significance or descriptive statistics for quantitative data).	⓪	①	②
5. Evaluation Results			
▪ Details of the main evaluation findings are clearly and logically presented in a narrative summary. This may involve descriptive or inferential statistics, the results of content analysis, or other kinds of analyses. Tables and figures are used when appropriate and are clearly labeled.	⓪	①	②
▪ Presentation of evaluation findings is objective and includes relevant negative and positive findings.	⓪	①	②
6. Conclusions and Recommendations			
▪ Findings of outcome evaluation are discussed in terms of whether they suggest or demonstrate that intervention activities led to the achievement of the stated objective. Findings of process evaluation describe the strengths and weaknesses of the intervention activities, and/or other aspects of the implementation of the intervention.	⓪	①	②
▪ Conclusions do not go beyond what the data can support, given any limitations of the evaluation methods. (For example, if the sample is a convenience sample, conclusions should not be drawn about the population as a whole.)	⓪	①	②
Based on the process of implementing the project and on the evaluation results, recommendations for future work in tobacco control around this and similar objectives are provided.			

Rater Comments for sections 4-6:

Total score: _____(out of 32 possible points)

Rating: _____ High (32-24) _____Medium (23-16) _____Low (15-0)

Overall Assessment:

Would you recommend this report to someone interested in:

1) The **intervention** activities used for the objective? _____ Yes _____No _____Maybe

2) The **evaluation** used for the type of objective? _____ Yes _____No _____Maybe

Appendix C - Final Evaluation Report Checklist

Checklist for Final Evaluation Reports (for Primary Objectives)

1. **Title Page**
   - ☐ Title of the study
   - ☐ Agency Project Director's name
   - ☐ Current agency name, mailing address, email address, phone number and FAX number
   - ☐ Names and affiliations of report authors
   - ☐ Date of submission to TCS
   - ☐ TCS contract # and contract period
   - ☐ DHS attribution
   - ☐ Suggested citation
2. **Abstract** (One to two pages)
   - ☐ Statement of objective and indicator/asset #
   - ☐ Project description, including project context, rationale, and intervention setting(s), target(s), and activities
   - ☐ Evaluation methods, including study design, sample selection and size, and data collection procedures
   - ☐ Main results
   - ☐ Conclusions and recommendations
3. **Project Description**
   - ☐ Brief description of project context (relevant political/historical background, geographical considerations, and social norms/attitudes around tobacco control in the community)
   - ☐ Statement of objective and indicator/asset #
   - ☐ Rationale for the chosen objective stated, logically linking the objective to the project context
   - ☐ Intervention activities, including any changes in planned activities that took place during the implementation of the program
   - ☐ Intervention target(s) (who or what the project was designed to influence or change)
   - ☐ Project setting (specific locations where the intervention took place)
4. **Evaluation Methods**

   Evaluation design
   - ☐ Type of design (experimental, quasi-experimental, or non-experimental) and reason for selecting the design
   - ☐ Details of the design (# of times data are collected, when data are collected (pre-tests, during the intervention, and/or post-tests), # of groups compared (if any), and whether activities varied by group)
   - ☐ Limitations of the design in assessing the process or outcome of the intervention

   Sample(s) from which data were collected
   - ☐ The population (could be people, places, times, etc.) from which the sample was drawn
   - ☐ The process used to select the sample
   - ☐ Sample size and, if appropriate, response rate
   - ☐ Limitations to the sample (e.g., small sample size, low response rate, or use of convenience sample)

Data collection instruments and procedures

- ☐ The type and source of the data collection instrument
- ☐ Data collection procedures (including who collected the data, what training was provided for data collectors, and where and when data were collected)
- ☐ Limitations of data collection procedures (e.g., inability to collect data as planned, sources of bias in data collection instruments)
- ☐ Sample copies of data collection instruments attached to the report, except as described in the "Required Elements" section of the guide

Data analysis

- ☐ Description of how the evaluation data were analyzed

5. **Evaluation Results**
   - ☐ Clear, logical narrative summary of main evaluation findings
   - ☐ Use of tables and figures when appropriate (clearly labeled)
   - ☐ Objective presentation of evaluation findings, including relevant negative as well as positive findings
6. **Conclusions and Recommendations**
   - ☐ Discussion of whether the outcome evaluation findings indicate that intervention activities led to the achievement of the stated objective; or, for process evaluation, the strengths and weaknesses or aspects of the implementation of the intervention activities
   - ☐ Conclusions appropriately qualified, given any limitations of the evaluation methods
   - ☐ Recommendations for future work in tobacco control
7. **Citations**
   - ☐ List of sources for any references made in the body of the report to relevant theories, research, or data from sources other than the evaluation being described

Appendix D - Brief Evaluation Report Checklist

Brief Evaluation Report Checklist (for Non-Primary Objectives)

Suggested length: Three pages, plus the title page.

1. **Title Page**
   - ☐ Title of the study
   - ☐ Agency Project Director's name
   - ☐ Current agency name, mailing address, email address, phone number and FAX number
   - ☐ Names and affiliations of report authors
   - ☐ Date of submission to TCS
   - ☐ TCS contract # and contract period
   - ☐ DHS attribution

2. **Brief Report**
   - ☐ Brief description of the project context – i.e., relevant aspects of the community's:
     - ➢ Political/historical/geographical background
     - ➢ Social norms/attitudes around tobacco control
   - ☐ Statement of objective and indicator/asset number
   - ☐ Brief description of the rationale for choosing the objective
     - ➢ Why the objective was selected; logical connection made with project context
   - ☐ Overview of the intervention activities
     - ➢ What the activities were and where they took place
     - ➢ Who or what the activities were designed to influence or change
   - ☐ Brief description of the evaluation design
     - ➢ Whether it was non-experimental, quasi-experimental, or experimental
     - ➢ Sample selection and size
     - ➢ Instrument(s) and procedures used for data collection
     - ➢ How data were analyzed (i.e., content analysis of qualitative data, descriptive statistics and/or statistical tests of significance of quantitative data)
   - ☐ Synopsis of main evaluation findings
     - ➢ Results of data analysis presented in a brief narrative or in a table or figure
   - ☐ Conclusions and recommendations
     - ➢ The extent to which the findings indicate achievement of the objective, in light of any limitations in the intervention or evaluation methods
     - ➢ What was learned that might be useful for others working on similar objectives