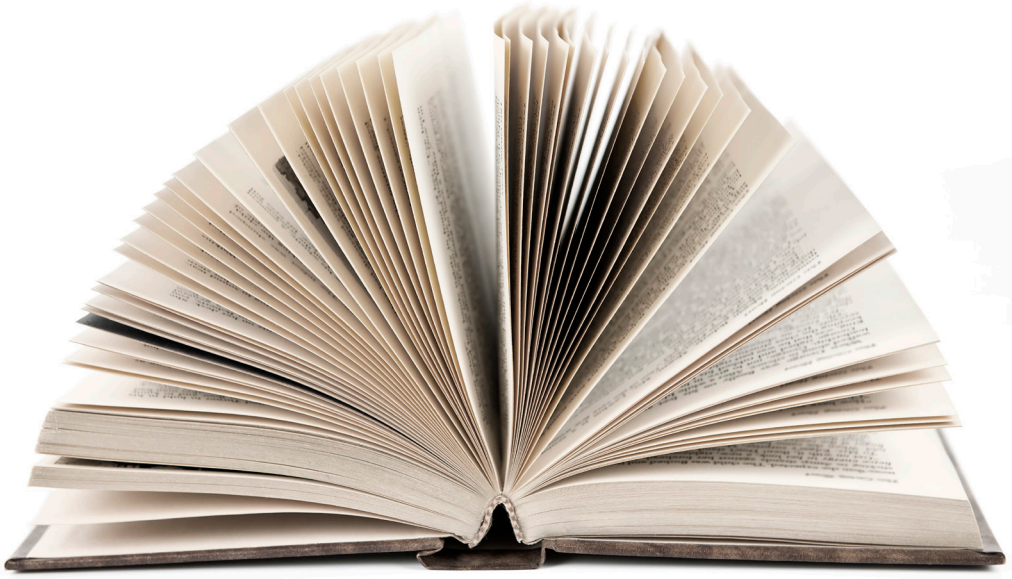
2017



Tell Your Story

Guidelines for Preparing Useful Evaluation Reports

TCEC

Tobacco Control Evaluation Center

Made possible by funds received from Proposition 99,
through the California Department of Public Health, contract #12-10499.
©2017 Tobacco Control Evaluation Center.

Table of Contents

04 **Background**
Rationale for latest revisions to Tell Your Story

07 **Submitting Reports**
Guidelines for submitting reports

08 **Instructions**
Guidelines for writing evaluation reports

11 **Sample Report**
An example final evaluation report

30 **Scoring Rubric**
Used for scoring final evaluation reports

34 **Sample Brief Evaluation Report**
An example brief evaluation report

Background

Rationale for latest revisions to Tell Your Story

Tell Your Story: Guidelines for Preparing an Evaluation Report was originally written in 1998, revised in 2006 to emphasize "Complete, High Quality" and again updated in 2017 to emphasize "Useful." California Tobacco Control staff, local program staff, and report scorers at TCEC identified ways to improve the writing, scoring, and utility of evaluation reports by revising the report guidelines, sample report, and scoring rubric. As part of TCEC's research agenda to improve evaluation report writing, TCEC conducted literature reviews, consulted with leading experts in the evaluation profession, and gathered input from CTCP and local programs in order to develop instructions and resources for writing effective and usable FERs.

These changes seek to:

Maximize utility

To make reports more useful and readable to stakeholders and projects alike, the report focuses on the activities and outcomes that moved the objective forward rather than reporting on every detail. Evaluation and intervention activities are woven together in one narrative to show that they are interdependent (which is a crucial evaluation capacity building message). The narrative tells a coherent chronological story (aided by a data visualization template that displays a timeline of activities).

Explain what made a difference

In the past, reports often lacked sufficient explanation of what strategies were used, with whom, and how effective these proved to be. With more emphasis on which intervention and evaluation activities were performed and what happened as a result, each report becomes a useful record of organizational history and source for lessons learned for other projects working on similar objectives and populations.

Make writing and scoring easier

To address common gaps in crucial information, prompts in the Guidelines point to elements that each report should address. Side bars in the sample report were added to remind report writers of what needs to be included in each section.

Reduce the burden

Few people are willing to read through 30-50 pages in order to find out what happened in the end. So instead of insisting on overly long reports that were cumbersome to write and difficult to score, the new format cut out non-essential information and no longer requires projects to report on every activity in their plan. Instead, the body of the report focuses on the primary activities and moves any additional information, such as supplemental analyses or products developed, to the appendices. This will save time for both report writers and report reviewers.

Build evaluation capacity

The field of evaluation is growing and evolving. As highlighted by the recent American Evaluation Association conference theme on Design + Evaluation, data visualization has proven to be an essential, efficient method to communicate data. Breaking information into smaller chunks, directing the eye where to look, and stating the takeaway message in a headline instead of a figure promotes the utility of evaluation for a wider range of stakeholders, because a report audience is broader than just researchers. We as evaluators, along with evaluators through the country, are taking on the challenge of revising the way evaluation is reported and used. TCEC is developing data visualization templates and gallery of examples to make this a more efficient and useful process.

Changes to the Guidelines

The content of the report guidelines is basically the same. It is just repackaged somewhat differently by combining some sections and emphasizing others. Additional prompts were included to address gaps in the story that were frequently observed in past reports.

Different headings

Some of the section headings have changed to reflect the emphasis on the most essential elements of the report and the reorganization of content.

Cut to the chase quickly

The Aim and Outcome section states the objective, whether it was achieved, and where things stand at the conclusion of the intervention so right away readers can find out what happened up front.

Intervention activities and evaluation results combined

The new Implementation and Results section promotes the inclusion of specific tactics and a discussion of their outcomes. To reiterate the message that evaluation is not an add-on but an integral part of programs—informing and/or supporting program strategies—both intervention and evaluation activities and results are discussed together.

Helpful prompts and tips

Each section has both an overview that describes what information belongs there as well as prompts that writers should attempt to address in their report narrative.

Changes to the Scoring Rubric

Changes to the scoring rubric were designed to support the emphasis on results and which intervention and evaluation activities worked/didn't work well.

Wider point range

Expanding the point range allows greater flexibility in rating elements of the reports. Maximum points are no longer given just for having all the pieces present; the report must also include adequate rationale and concrete specifics that connect together and provide an overall picture of the effort.

Emphasis on what is important

The allocation of points was redistributed so that the more important sections of the report were worth more of the total available points. For example, now the results section is worth far more than the evaluation design section.

Clarity

The new scoring rubric defines the criteria for each point breakdown so that projects can get a sense of where reporting could be improved.

Fairness

The rubric allows partial credit to be given for partial work without lowering reporting standards or ignoring what is missing. Scores allow projects to see where there is room for improvement.

Changes to the Sample Report

A sample report was developed to provide a concrete example of a useful, high quality final evaluation report. While the specific examples of intervention and evaluation activities will be unique per project, the structure and content of the sample report provides examples of narrative summaries, as well as impactful ways to use data visualization.

Embodies the latest thinking on evaluation reporting

The new sample report incorporates current evaluation reporting standards and principles:

1. Reports should be usable (serve a needed purpose for stakeholders and projects);
2. Reports should be actionable (they should clearly state what did/didn't work well); and
3. Reports should clearly articulate key findings (make it easy for readers to find and digest information quickly).

Use of call out boxes

Report writers are aided by call out boxes that reiterate what information to include in each section.

Encourages moving non-essential information into the appendix

Not every activity or data point needs to be in the body of the report. This bogs down readers and means a lot of extra writing (or cutting and pasting) for authors. Focusing just on those activities that were most pivotal to the progress or outcome of the effort makes the project's "story" easier to follow. The full range of detail from evaluation activity summaries (previously submitted in a project's progress reports) can be attached in the appendix so that readers who need more information can find it.

Demonstrates effective use of data visualization

The report demonstrates design elements that make it easier for readers to focus on key messages and findings. The strategic use of color, headlines, font, etc. support navigability and help the eye follow a designated flow. Several graphical elements like the timeline of activities, the bar graph, etc. will introduce enhanced methods for communicating key findings and can encourage projects to incorporate their own data visualizations or think about using templates that TCEC will develop. What they don't see, they won't know.

Submitting Reports

Guidelines for submitting reports

General Guidance

The Final Evaluation Report is a stand-alone deliverable completed for each primary objective identified in the scope of work. A separate Brief Evaluation Report is needed for each non-primary objective. Final Evaluation Reports and Brief Evaluation reports are submitted online through https://otis.catcp.org, the California Tobacco Control Program's Online Tobacco Information System (OTIS).

Write the report for the general reader who may be unfamiliar with issues in tobacco control using concise, straightforward language. Prepare and format the report using the section headings detailed in the Instructions and Scoring Rubric.

When Final Evaluation Reports are received, they are reviewed and rated for completeness and quality. (See the Scoring Rubric for details on the criteria used in rating.) Reports rated "Good" and "Exemplary" are then catalogued in a searchable database by the Rover Tobacco Control Library. Copies of well-written Final Evaluation Reports may also be posted on the California Tobacco Control Program (CTCP) and Tobacco Control Evaluation Center (TCEC) websites and shared with researchers and national organizations upon request.

CTCP uses information from the Final Evaluation Reports and Brief Evaluation Reports to communicate the effectiveness of funded projects to policymakers 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 CTCP 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. TCEC uses the Final Evaluation Reports to compile summary reports of effective strategies and for technical assistance it provides to CTCP-funded projects.

Usefulness of Reports

Projects funded by the California Tobacco Control Program 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, projects can be more successful in changing norms toward a tobacco-free California

For evaluation to contribute to future tobacco control activities, evaluation results must be communicated effectively. A well-written evaluation report can be used to inform state and local stakeholders and policy-makers about the impact of your program. In addition, abstracts, executive summaries, highlights, 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. 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.

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 during the process of writing an evaluation report. Reaching consensus about the interpretation of findings improves the validity, accuracy, and utility of the report.

Instructions

Guidelines for writing evaluation reports

Use the following instructions as a guideline for writing your final evaluation report. The headings should serve as the outline for your report format. The instructions under each heading are intended to guide the content for each section of your report, but don't include these instructions in your report.

Cover Page

This page identifies for readers the report's topic, authors, contact information and project time period.

The cover page includes relevant information about the project, the report and its authors. Start by giving the report a descriptive title that indicates the focus of the objective (what occurred and where it took place). Provide information about the project such as the name of the organization and project director, as well as the organizational website or contact information so readers can contact you with questions. Identify the funding cycle when the work took place. List the report authors or evaluation firm and a recommended citation. Lastly, include a California Department of Public Health attribution that identifies the contract number and funding source for this work. (This can go on the inside cover.)

Abstract

This section summarizes the key components of the report so readers can get a brief overview of project efforts on this objective. Abstracts are useful formats for submitting articles for publication, presentations at conferences, or archiving in the ROVER library.

In 350 words or less, summarize the background, methods, results, and conclusions for work on this objective.

- Succinctly state what the objective was and why it was important to work on this objective in this particular jurisdiction at this point in time.
- Describe how the project attempted to achieve the objective—include only the key intervention and evaluation methods that moved the effort along.
- Summarize key findings—what happened as a result of the intervention and evaluation activities. Include important evaluation findings that either moved the work forward or documented baseline or outcome measures.
- In the conclusion, state to what extent the objective was achieved. If not completed, explain what still needs to happen. Relate which activities proved to be most effective and make recommendations for changes or improvements.

Aim and Outcome

This section identifies the purpose of the project and outcome of the objective.

Don't keep your readers in suspense. Start off the body of the report by stating what the project was trying to achieve (the objective and indicator) as well as the end result (the degree to which the objective was achieved). Knowing this up front makes the rest of the report easier to follow.

Background

This section provides the rationale for working on the objective.

Explain why you chose this objective. Provide some context for the choice. Don't just state that the indicator rated highly during the Communities of Excellence (CX) process.

- Describe the need for this objective—why this topic was appropriate for this target jurisdiction at this point in time. The rationale may include noting the tobacco use rates and norms of your community, key demographics or other related factors. Avoid just listing irrelevant elements from the county profile. Whatever pieces of information you include should

serve as the rationale for this objective. For example, with a tobacco retail licensing objective it would be appropriate to discuss the characteristics and size of the target jurisdiction, the number of tobacco retailers, recent illegal sales rates of tobacco products to minors, and community norms about government regulation and youth access to tobacco, etc.
- State whether or not any previous work had been done on this issue in the target jurisdiction or nearby. Describe where and how recently work took place, with what effect, and why there was reason to hope that efforts in this contract period would be more successful.
- Lastly, discuss the role of the community in assessing needs and selecting and formulating the objective. In a sentence or two, mention something about your CX decisionmaking processes—the number of participants involved, the number of indicators assessed, and why this objective was determined to be a high priority.

Evaluation Methods and Design

This section provides an outline of the key components of the evaluation plan. Based on its logic, appropriateness and rigor, readers can make a determination about the quality of your findings.

Describe your overall plan for using evaluation to support this objective and/or for measuring outcome. It is not necessary to mention all the evaluation activities you conducted, just those that were most significant. (Less essential activities can be in the appendix.)

This section should address the following:

- Describe key process and outcome measures. Relate the purpose and method of each activity.
- Describe how you ensured data quality. For example, how were data collectors trained?
- Summarize how quantitative and qualitative data were analyzed. Describe the statistical tools used to analyze quantitative data (e.g., descriptive statistics, chi-square, etc.) and your method used for analyzing qualitative data (identifying themes, content analysis, etc.). You don't need to state the analysis type for each evaluation activity separately.
- Lastly, state potential design limitations. For example, due to limited resources, the public opinion survey sample size was too small to be fully representative.
- Add a table that summarizes the process and outcome evaluation activities that were conducted along with their purpose, sample size, and timing.

Implementation and Results

The purpose of this section is to document how your project worked to achieve this objective. With a coherent narrative, detail the approaches and strategies deployed as well as the successes and barriers you encountered along the way.

Rather than reporting intervention and evaluation activities separately, provide a chronology of activities that shows how they fit together and supported each other. Summarize what happened as a result for intervention as well as evaluation activities. Describe how data and lessons learned informed next steps.

It's not necessary to include every activity from your plan or every evaluation finding in the body of the report. Focus on those that proved to be important—either for the progress they contributed or for the challenges encountered and lessons learned. Less essential activity descriptions and supplemental results can be reported in the appendix (or not at all).

Be sure to address the following:

- Describe activities that took place early in the cycle to lay the groundwork for achieving the objective, midway through to capitalize on that foundation, and towards the end to either push the objective through or to implement it. Include specifics about who the activity targeted, how many participated, what the activity consisted of, when it took place, how long it lasted, and who led the activity. Explain what strategies were used and how effective they were at achieving their goals. What support or barriers did you encounter? If something didn't work as well as expected, why do you think that was? What did you learn from the activity? What would you do differently next time?
- Relate what happened as a result of the activity and how those results may have informed next steps. For example, "Early meetings with policymakers indicated that they were hesitant to restrict perceived individual liberties, such as smoking, except when it came to environmental issues. As a result, we were able to frame the issue of smoking in public places as harmful

to the environment because tobacco litter ended up in nearby water sources and surrounding riparian habitat. This argument proved to be successful in overcoming their concerns and a majority of council members ended up supporting the measure and adopting a policy to prohibit smoking in the downtown district."

- Follow a similar process for recounting key evaluation activities. Describe the purpose, the timing, the location, the number of waves, the sample size and composition, who collected the data, and the response rate of the data collection. If more than one person was involved in collecting the data, in a few sentences explain how data collectors were trained and assessed.
- Communicate key evaluation results from data collection. Highlight important findings with no more than five impactful charts, graphs or other ways to visually represent data. Be sure to provide interpretation of the data; say what the results indicate. Explain how the data was used. For example, did it inform the timing or content of education activities? Or was it used in presentations to the community or decisionmakers? How did it make a difference?
- Include a timeline (template provided) that summarizes intervention and evaluation activities in chronological order by year. This makes it much easier for readers to follow your story.
- Discuss how activities, materials, data collection instruments, and data analysis were specifically tailored to different stakeholders in the community. What culturally competent practices did the project use to approach, engage and incorporate the viewpoints of populations of interest during the process of working on this objective? Describe how results were communicated and shared back with the public and other relevant parties.
- State how community members were involved in the collection of data and/or interpretation of results, how you shared evaluation results along the way, and how you plan to disseminate the final evaluation report.

Conclusions & Recommendations

This section is an opportunity to reflect on efforts toward achieving the objective—to assess how things went and how far the endeavor got.

- Although you already stated whether you achieved your objective in the Aim and Outcome section, restate the degree to which the project achieved the objective here. If it wasn't acheived, summarize barriers that hampered success. Explain where things stand now and what still needs to be done.
- Assess key activities, strategies or approaches employed. Which proved particularly effective or useful? Which were less useful or effective?
- From the lessons learned along the way, make useful recommendations that provide clear advice about specific tactics to try. Avoid generic or obvious statements like "Incorporate youth in activities." Instead, transform this into an Aha! statement like: Policymaker informants said that council members respond better to presentations made by youth than adults because "No one wants to be the jerk who says 'No' to a kid." Train a dedicated core of youth volunteers to be spokespersons who can give a personal face to the issue you are asking policymakers to consider.

Appendix

Attach relevant data collection instruments and more detailed intervention and evaluation activity descriptions, materials or results in the appendix. This allows readers to seek more detail if they wish. Appropriate documents can include: educational materials (information packets, fact sheets, presentations, infographics), media pieces (ads, social media posts, press releases, letters to the editor), images, data visualizations, training activity descriptions, additional evaluation results or complete evaluation activity summaries. (However, you do not need to attach all evaluation activity results you wrote up for progress reports.)

Tobacco Retail Licensing in Antelope County

Final Evaluation Report 2014-2017



Antelope County Department of Public Health
Tobacco Control Program
Julie Gamepreserve, *Project Director*
100 Africa Way
Zebra, CA 95482
(107) 222-1317
www.co.antelope.ca.us/publichealth
jgamepreserve@co.antelope.ca.us

Report Authors:
Julie Gamepreserve, *Project Director*
Jean Wildgirl, *Evaluator, Antelope Research Company*

Report Submitted: June 30, 2017

The Antelope County Tobacco Control Program would like to thank the Healthy Communities Coalition members and area youth volunteers for their continued support and efforts toward making the retail environment in our neighborhoods healthier for all. We'd also like to recognize our policy advocates in the Savannah City Council and Chamber of Commerce, Beatrice Mboko and Franco Caravan.

Recommended Citation: Wildgirl, J. and J. Gamepreserve. 2017. *Tobacco Retail Licensing in Antelope County, Final Evaluation Report 2014-2017*. California: Antelope County Department of Public Health Tobacco Control Program.

Made possible by funds received from Proposition 99,
through the California Department of Public Health, contract #12-10499.
©2017 Tobacco Control Evaluation Center.

On February 5, 2017, the city of Savannah adopted and implemented a tobacco retail license policy that earmarks a portion of the license fee for enforcement and restricts the amount of exterior signage on clear doors and windows. One other targeted city shows promise to adopt a similar policy in the near future.

350 word maximum

A brief abstract like this is often required when submitting presentations to conferences or articles for publication.

Your abstract will also be used by CTCP and Rover for archiving your evaluation report and/or sharing it with other agencies.

To communicate report highlights to other stakeholders, you may also want to use an Executive Summary or Highlights format (see Appendix for examples).

Just keep in mind that the Abstract is a CTCP requirement for Final Evaluation Reports (but not for Brief Evaluation Reports)

Abstract

Illegal tobacco sales rates to minors in Antelope County were high—at 17% compared to the state rate of 9%. In an effort to limit youth access and exposure to tobacco products and advertising, the Antelope County Tobacco Control Program worked to get at least two cities to adopt and implement a Tobacco Retail Licensing (TRL) policy by June 30, 2017 that earmarked a portion of the license fee for enforcement activities and restricted exterior signage of tobacco and electronic smoking device retailers to no more than 15% of each window and clear door. The objective was partially met when one target city, Savannah, passed a TRL policy.

The project had been working on a licensing objective since 2010, but in a rural county where policymakers were reluctant to impose restrictions on small businesses it was difficult to gain much traction. In 2014-2017, besides doing educational outreach and key informant interviews with decisionmakers regarding tobacco retail licensing, the county also conducted data collection and media activities as part of the statewide Healthy Stores for a Healthy Community campaign. Store observations, public opinion surveys, key informant interviews and media activity records documented the prevalence of unhealthy products being sold, public support for related policies, lawmakers' views on policy options, and the extent of media coverage on the issue. A Youth Tobacco Purchase Survey in 2013 indicated that the rate of illegal tobacco sales to minors was 17%, much higher than the state average. Public support for a TRL policy to reduce youth access was high—72% of intercept survey respondents in Savannah and 67% in Serengeti were in favor.

The evidence and increased public attention made the issue of illegal sales to minors hard for policymakers to ignore. When youth volunteers spoke at city council about how easily minors obtain tobacco/vape products, one councilmember championed the issue, tipping the balance of support enough to pass a policy that required retailers to obtain a license to sell tobacco and electronic smoking device products, and limit exterior content-neutral signage to less than 15% of clear windows and doors. Compelling data presented at press conferences, youth involvement, and insider advocates made all the difference.

Aim and Outcome

In order to limit youth access to tobacco and electronic smoking device products and exposure to marketing, the Antelope County Tobacco Control Program set the following objective:

> *By June 30, 2017, at least two Antelope County cities will adopt and implement a Tobacco Retail Licensing (TRL) policy that earmarks a portion of the license fee for enforcement activities and restricts exterior signage of tobacco/ESD products to no more than 15% of the square footage of each retailer's window and clear door. The corresponding Communities of Excellence indicators are 3.2.1 and 1.1.2.*

By the end of the 2014-2017 scope of work period, the objective was partially met: one city, Savannah, adopted a TRL policy on February 5, 2017 and began collecting fees and issuing licenses to tobacco retailers. Moreover, local law enforcement has conducted one sting operation, resulting in fines issued to five tobacco retailers for selling tobacco products to minors.

Background

Antelope County is a rural county of 114,000 people located in the central portion of California with three small to mid-sized incorporated cities in the county (ranging in population from 5,250 to 22,200 people), as well as unincorporated areas home to approximately 37,500 people. The population is a mix of 64% non-Hispanic Whites, 18% Hispanics, 9% African Americans, 5% Asian/ Pacific Islanders, and 4% Native Americans, with a fairly large portion (38%) under the age of 18.



Tobacco product prevalence in the county is evidenced in several ways. Use rates of both adults and minors, at 16% and 24% respectively, are higher than the state rates of 11.7% and 7.7% (BRFSS and YRBS, 2016). Given that over 43,000 minors in the county are potentially at risk, curbing the tobacco use and uptake among that burgeoning population is a priority.

Illegal sales of tobacco products to minors have been an issue for a number of years throughout the county. Despite education and outreach to retailers, repeated waves of Youth Tobacco Purchase Surveys (YTPSs) conducted by the Antelope County Tobacco Control Program have documented a high rate of tobacco sales to minors. In the most recent survey in 2013, the rate of illegal sales among the county's 160 tobacco retailers was 17%, compared to 9% statewide, with the sales rate ranging from 15% in the incorporated areas of the county to 23% in the unincorporated areas (Wildgirl, 2013).

As of 2016, 167 cities throughout California have been working to reduce youth access to tobacco products by passing a tobacco retail licensing ordinance. The license requires retailers to pay an annual fee, which is then typically used to fund retailer education programs and enforcement of tobacco laws, including prohibiting tobacco sales to minors. With a tobacco retail license policy in place, a retailer who is found selling tobacco to minors can have their license suspended or revoked. According to the Centers for Disease Control and Prevention (CDC), "Applying penalties to business owners, who generally set hiring, training, supervising, and selling policies, is considered essential to preventing the sale of tobacco to minors." Because the sale of tobacco products is quite lucrative for many retailers, the potential loss of these sales provides an incentive to follow applicable laws.

Since 2010, the Antelope County Tobacco Control Program (ACTCP) has been advocating the need for local jurisdictions to adopt tobacco retail licensing policies that earmark a portion of the license fee for enforcement. In addition to conducting Youth Tobacco Purchase Surveys (YTPS) and educating retailers since then, the program attempted to leverage public support into policymaker action by conducting a Public Intercept Survey (PIS) in three cities in 2014. The convenience sample of 320 residents showed that 63% were in favor of tobacco retail license ordinances. Even so, policymakers were hesitant to pass a policy for fear of hurting the local economy by imposing fees on small businesses. By the end of the 2010-2014 contract period, although progress was made

in finding allies in city councils that were sympathetic to the issue, there were not enough votes to carry the policy. As of June 2014, no tobacco-related policies had been passed in any of the jurisdictions in the county.

There was potential that this would change, though, with the November 2014 elections when a number of seats on the city councils were up for re-election. ACTCP hoped that with new blood, the views of the voting body would shift to become a bit more open to community concerns about protecting youth from tobacco influences. This was factored into our Communities of Excellence (CX) needs assessment process to determine priorities for the 2014-2017 workplan. Thirty-two members of the community—including staff, adult and youth coalition members, and partners representing health agencies, law enforcement, schools, media and youth groups—took part in the process. Of the 13 indicators assessed, tobacco retail licensing and reducing exterior retail signage were two of the most highly rated, based on need and probability of success. Given the need to curb the illegal sales rate to minors and the investment the county had already made toward this effort, the ACTCP opted to continue its pursuit of TRL policies in the two cities where inroads had been made previously, but this time with provisions that also restricted the amount of signage and external tobacco advertising.

Evaluation Methods and Design

The evaluation plan provided both formative data to inform intervention activities and strategies along the way, and outcome data to confirm the adoption and implementation of the new policy that requires all tobacco retailers to have a license to sell tobacco. Specifically, it used a non-experimental design with a post-test measure. Both outcome and process measures were utilized, as Table 1 illustrates.

The outcome—implementation of the policy—was measured by comparing the number of retail licenses that had been issued to the list of known tobacco retailers in the targeted jurisdictions and by reviewing law enforcement and city licensing records to check for citations, fines and suspensions that were issued. The signage component was confirmed by an observation of exterior window/door coverage in a small random sample of stores in Savannah post-intervention with an instrument that differed slightly from the HSHC store survey to capture the specific 15% area target of the objective.

Process data were collected from six evaluation activities. Key Informant Interviews of policymakers and key staff in year 1 focused on identifying facilitators and barriers to policy adoption in the two targeted jurisdictions. Healthy Stores for a Healthy Community (HSHC) Store Observations in year 2, and a Public Intercept Survey (in English and Spanish), Key Informant Interviews, and a Media Activity Record in year 3 were part of a statewide data collection effort. Quantitative data were analyzed through descriptive statistics and qualitative data were analyzed through a content analysis.

One data collection training was conducted with 17 adult and youth surveyors to prepare for the Store Observation Survey and to ensure high quality data was obtained. Project staff personally collected the Public Intercept Survey data and were trained by the Tobacco Control Evaluation Center at a regional training event.

These evaluation activities provided, respectively, information on the availability of tobacco products in stores, public and policymaker opinions on various tobacco control issues, as well as the type and amount of media coverage of the statewide press event and related tobacco topics. For more information on each of these evaluation activities, see Table 1.

Limitations

The major limitations of this design are: 1) not having a comparison group to provide another perspective in assessing the intervention's impact; and 2) the convenience public intercept survey may have represented the views of those who chose to participate rather than the wider county population.

The table provides an overview of evaluation activities and parameters

Table 1: Key Outcome and Process Evaluation Activities

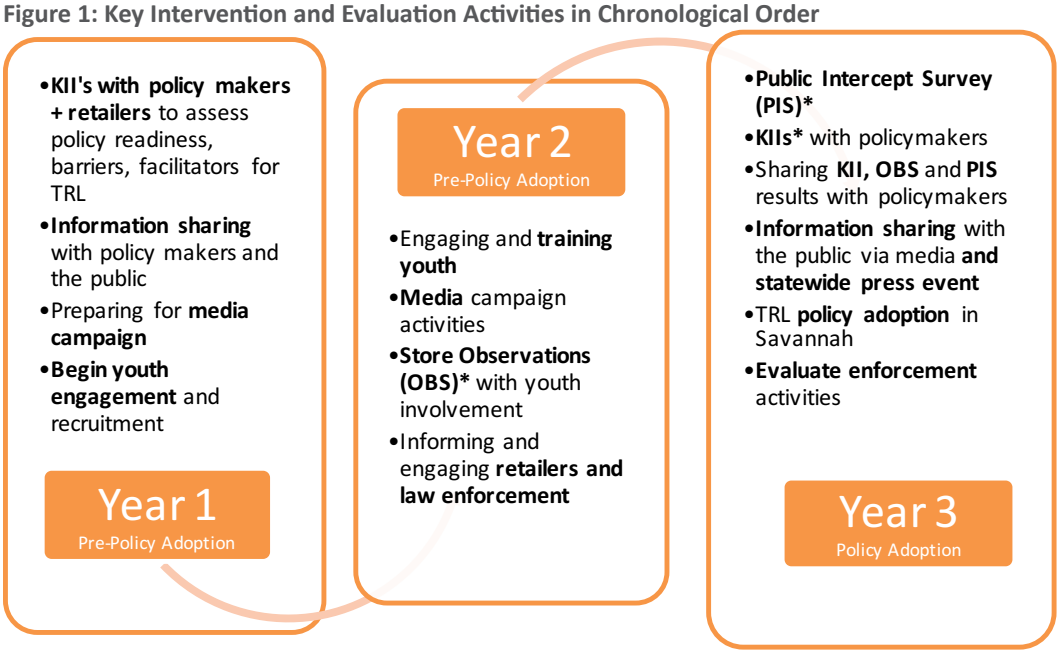
Evaluation Activity	Purpose	Sample	Instrument Source	Analysis Method	Timing/ Waves
Outcome					
Document/Record Review of county records showing collection of tobacco retail license fees + fines	Measure evidence of enforcement, fines or suspensions	Census of all licenses issued + compliance records in the city of Savannah	Evaluation Consultant	Tally of licenses, fines, and suspensions issued	Year 3 1 Wave
Store Observations of signage	Measure evidence of enforcement of signage area	Random sample of 40 stores	Project Staff	Tally	Post adoption 1 Wave
Process					
Key Informant Interviews with city council members and retailers re: licensing policy	Measure the level of support and opposition to TRL; identify facilitators and barriers to policy adoption	Purposive sample of 10 (5 in each of 2 cities)	Evaluation Consultant	Content analysis	Year 1 1 Wave
Statewide HSHC Store Observations	Measure the availability of various tobacco products and marketing	Census of 160 retailers (optimal sample size)	Stanford University	Descriptive statistics	Year 2 1 Wave
Statewide HSHC Public Intercept Survey	Measure public opinion on policy issues in the retail environment	Convenience sample of 200 (100 in each of the 2 cities) English & Spanish	Tobacco Control Evaluation Center	Descriptive statistics	Year 3 1 Wave
Statewide HSHC Key Informant Interviews with city council members, supervisors and staff	Measure the level of support and opposition to a variety of tobacco control issues	Purposive sample of 8 (2 in each of 4 jurisdictions)	Tobacco Control Evaluation Center	Descriptive statistics and content analysis	Year 3 1 Wave
Statewide HSHC Media Activity Record	Measure the level of support or opposition, as well as reach	Census of all 6 print, radio and online media outlets in the area	Tobacco Control Evaluation Center	Descriptive statistics and content analysis	Year 3 1 Wave

Implementation and Results

This section weaves the intervention and evaluation activities together in chronological order. Provide a roadmap for report users by explaining strategies and tactics used, as well as what happened as a result. Key findings are presented as narrative and data visualizations (where warranted), accompanied by interpretation of the results.

The sequence of intervention and evaluation activities was designed so that early actions laid the foundation for progress forward, informing the timing, messaging and strategies of activities that followed. Figure 1 provides an overview of the project activity timeline.

Figure 1: Key Intervention and Evaluation Activities in Chronological Order



*Evaluation activity that was part of a statewide data collection effort coordinated by the California Tobacco Control Program among all Local Lead Agencies in California.

Approaching city councils

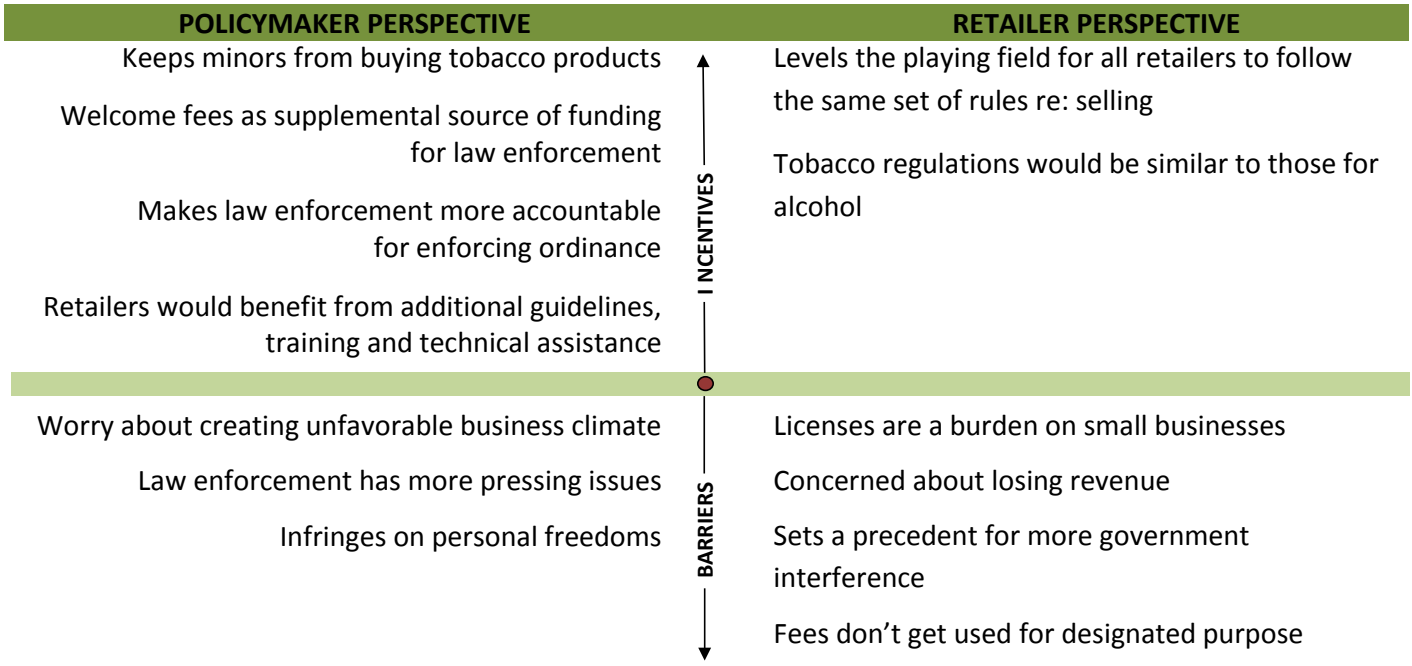
In December 2014, after the elections, ACTCP met with policymakers to conduct key informant interviews to explore their views on tobacco retail licensing and signage requirements. They were given factsheets from the Center for Tobacco Policy and Organizing which showed that many other cities in California—including in rural counties—had adopted licensing ordinances in the past three years. This information highlighted the fact that the targeted cities were behind the curve. Moreover, to alleviate fears of government overreach (which was often cited as a reason for opposition), local, regional and statewide results from the 2013 Healthy Stores campaign were also included to show that tobacco retail licensing was part of a larger movement, and one that many businesses supported. (A copy of the Key Informant Interview instrument is provided in Appendix A.)

Overall, we found that of the 10 selected city councilmembers and retailers interviewed in the two targeted jurisdictions (Savannah and Serengeti), six informants were in favor, three were against, and one was undecided about a TRL policy. Informants in the two cities expressed a range of reasons for and against the notion of a licensing ordinance. (Figure 2)

Those in favor of the concept were supportive primarily for two reasons: The high local sales rate to minors, which they hoped would be reduced by creating an incentive not to sell; and the fact that everyone's health is impacted by the tobacco consumption promoted by tobacco product advertising. Here is a quote that encapsulates this point of view:

Figure 2

Policymakers and retailers have mixed feelings about tobacco retail licensing.



"We desperately need a mechanism to enforce what should be a 'no-brainer': Don't sell tobacco products to kids! Adding a punitive element to the mix is the only way to get retailers to take that law seriously."

As expected, those opposed felt that government should not impose more taxes on small businesses. They expressed doubt that a TRL would have the desired effect of lowering the sales rate to minors. One council member said,

"...businesses have a hard time finding reliable help that will follow instructions. So, you tell them what to do, and they mess up. If the business then loses its license, it doesn't help anyone; not the owner, not the clerk who may lose his job, and not those who want to buy the stuff. So then it ends up looking like it's just another nuisance tax."

Those who were undecided felt they lacked enough information. They had concerns about law enforcement attention being drawn away from more important issues like crime, and wanted to know more about what enforcement would require. Project staff were able to talk about how other jurisdictions implemented a licensing requirement and pointed out the various pieces of information in their packets that addressed these issues to a large degree.

The interviews also yielded some useful suggestions from informants. One source said that the city council was particularly sensitive to public discourse in the local media, so to get their attention we should try to get media coverage of our issue. Another said it would help to get local organizations involved—especially those serving youth—since the council respected the opinions of those community leaders. The project was quick to incorporate these suggestions into its plan of action.

Local media

Based on the information gathered from the key informant interviews, ACTCP strengthened its focus on local media. The project had already planned to place ads in local papers, but decided to go further and produce a spot for the local radio that highlighted the connection between TRL and reducing sales to minors, as well as two billboards with a visual and the words "Selling tobacco products to minors is illegal. It's time to enforce the law with a local tobacco retailer license requirement." With some staff turnover, production of these media pieces took longer than expected and were not rolled out until years 2 and 3.

To assess how our messaging was coming across, questions about the media pieces were added into the Public Intercept Survey conducted in September 2016. (For more details regarding the survey, please see page 10). The survey questions asked whether the public had seen any of the health department's ads, their reactions to the ads, and whether or not the ads made a difference in how they thought about TRL. Twenty percent of people responding to the survey had noticed either a billboard or a radio ad. Some mentioned that the ads had helped them understand the connection between licenses and reducing illegal sales to minors. However, the majority did not have any reaction to the ads or declined to comment. This made us question whether investing time and resources in producing paid media was worth it.

Youth involvement

Knowing that involving youth in data collection efforts and reporting can be crucial in an advocacy campaign, early in the first program year ACTCP established relationships with three youth organizations in the two targeted cities: Friday Night Live and 4-H in Savannah, and Faith in Youth, a Serengeti-based non-denominational organization that serves youth from various faiths, teaches religious tolerance and works on community projects. After consulting with the California Youth Advocacy Network (CYAN), project staff approached each of the groups by requesting an initial meeting with leaders to discuss potential collaboration, covering the various health and policy-related topics they would learn about; the data collection, presentation and advocacy skills they would acquire; and activities they could take part in. All three youth groups were interested, so our health educator subsequently made one hour presentations once every four months on tobacco-related activities and subjects ("The dangers of tobacco use," "Electronic cigarettes – not as harmless as they seem," "How the tobacco industry is trying to get you hooked," and "Forget 'flavor' – stick to real fruit and bubble gum") to between 8-11 youth participants per group.

In the spring of 2016, ACTCP invited youth from all three organizations to a four-hour data collector training to learn how to conduct the store observations, which included learning about various tobacco products and signage. The instrument and training resources were provided by the California Tobacco Control Program as part of the statewide data collection effort. A total of 15 youth and 2 adult chaperones participated. Trainers used a tobacco product display and Kahoot! quizzes for hands-on practice. It was not possible to do field practice in actual stores because the training was conducted in one of the targeted cities and traveling to another city with the youth participants was not practical. During the training, participants were assessed for accuracy so that trainers could correct common mistakes until sufficient inter-rater reliability was achieved. The adult participants had a more difficult time using smart phones and tablets than the youth, so additional practice on these devices was provided.

Store observations

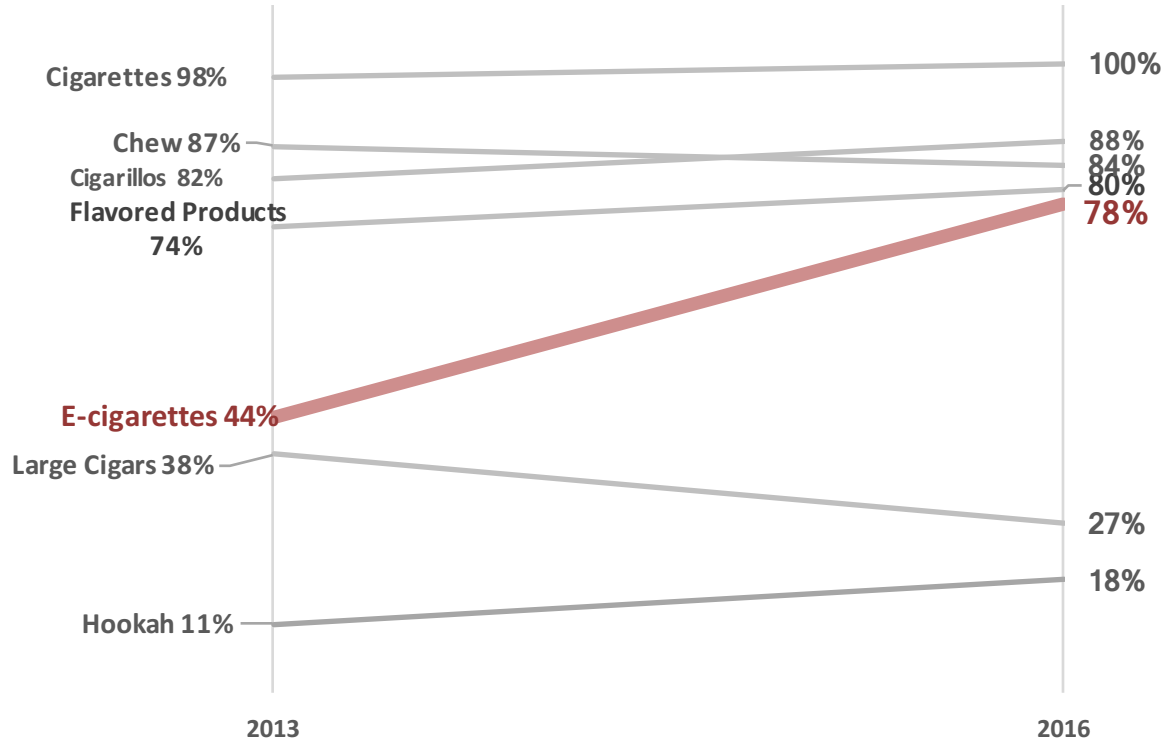
With the help of the trained volunteers, in May 2016 ACTCP conducted the Healthy Stores for a Healthy Community store observations in a census of the 160 tobacco retailers throughout the county. Pairs of data collectors used handheld devices to document the presence and placement of tobacco products, alcohol and healthy foods and ads in tobacco retailers. The project opted to include every store in the sample to allow for comparisons between the 2013 baseline and 2016 follow-up round of observations. This also provided a more accurate picture of the local retail environment which would be more compelling to policymakers than just a portion of stores.

What was noteworthy, though, was an alarming **80% increase in the availability of e-cigarettes** between 2013 and 2016, jumping from 44% to 78% of stores selling the product in just 3 years.

Once data collection was concluded and the data had been cleaned and analyzed, youth volunteers, coalition members and community partners were invited to a "data party" in order to make sense of and interpret the results. It was no surprise to see that in 2016 every retailer sold cigarettes and most also sold chewing tobacco. What was noteworthy, though, was an alarming 80% increase in the availability of e-cigarettes between 2013 and 2016, jumping from 44% to 78% of stores selling the product in just 3 years (Figure 3). There was also an increase in the number of stores carrying flavored tobacco products, cigarillos and hookah. At the same time, there was a decline in the proportion of stores carrying large cigars and chewing tobacco. These trends seem to point to an intensity in efforts to market to younger clientele, whose tastes lean toward more unconventional products that incorporate the use of a wide variety of flavors. (Full results are attached in the appendix.)

Figure 3

Percentage of stores selling e-cigarettes has almost doubled since 2013.



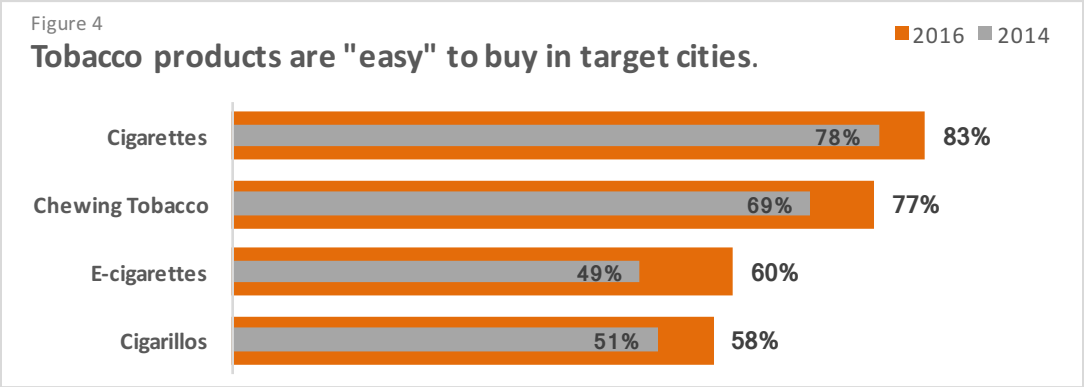
Also important to our workplan was a measure of the amount of tobacco advertising and overall signage on store exteriors. In the targeted jurisdictions of Serengeti and Savannah, 85% of tobacco retailers had more than 1/3 of their window and clear door area covered with ads and other signage—far more than the desired 15% area. Where stores were located near schools, this meant that children passing by were exposed to tobacco marketing messages on a regular basis. Our community presentations and fact sheets used these findings to illustrate the need for licensing ordinances that limit exterior ads and enforce underage sales bans.

Public opinion

To explore public sentiment about a variety of tobacco policy options, ACTCP conducted a Public Intercept Survey in September 2016 as part of another statewide data collection process. The project was unable to get permission from parents to involve youth in survey because of the condom-related questions. For that reason, two project staff conducted intercept surveys in English and Spanish in downtown public places in each of the two targeted cities in September 2016. A total of 26 items were assessed including the availability of cigarettes, chew and other products. Figure 4 shows the perception of availability of products from a convenience sample of 230 survey participants (120 from Savannah; 110 from Serengeti) compared to 2014. A comparison of results between the store observations and the opinion survey points to a discrepancy between perceived availability and actual presence of products. Only 60% of respondents thought that e-cigarettes were readily available in stores. However, the store observations indicated that 78% of the stores in the same jurisdictions carried these products. This information showed a need for more education to raise awareness among the general public. (A summary of the full set of results is available in the appendix.)

ACTCP also asked respondents in the two targeted cities whether or not they would support a TRL policy. Eighty-nine percent (89%) of respondents were “very concerned” about youth tobacco uptake. Figure 5 shows a rise in support for a retail license when comparing the 2016 survey results to the baseline survey conducted in 2014. This information seemed to indicate public momentum for a policy to address illegal sales of tobacco products to minors that policymakers would likely find difficult to ignore.

Figure 4



Retailers

With sufficient evidence that the two targeted cities in our county had a problem with illegal sales to minors, and public support for a tobacco retail licensing ordinance, ACTCP sent letters to all retailers with information about the Healthy Stores campaign, the results of the public intercept survey and the 2013 youth tobacco purchase survey. The materials emphasized the positive role many retailers were already playing in preventing youth from adopting unhealthy behaviors, and the opportunity to be a front runner by joining forces with the Health Department and supporting a tobacco retail license. The letters included an invitation to an informational event hosted by the public health department. The purpose of the event was to educate tobacco retailers about the problem with illegal sales to minors, to assess support/opposition to tobacco retail licensing, and address any issues or concerns among the retailers.

Six retailers, two from Savannah and four from Serengeti, attended. Although this was far fewer participants than we hoped, the gathering still produced some useful outcomes. In discussions, the retailers said the only way to create a level playing field for those who refused to sell tobacco products to minors was for a licensing ordinance to be uniformly enforced. A TRL was the way to ensure that those who did not obey would suffer consequences. Four of the retailers signed a letter of support for a TRL ordinance. ACTCP included this information in a summary report to the city council members along with the results of the public opinion, youth tobacco purchase and store observation surveys to show there was widespread support for a tobacco retail license.

Law enforcement

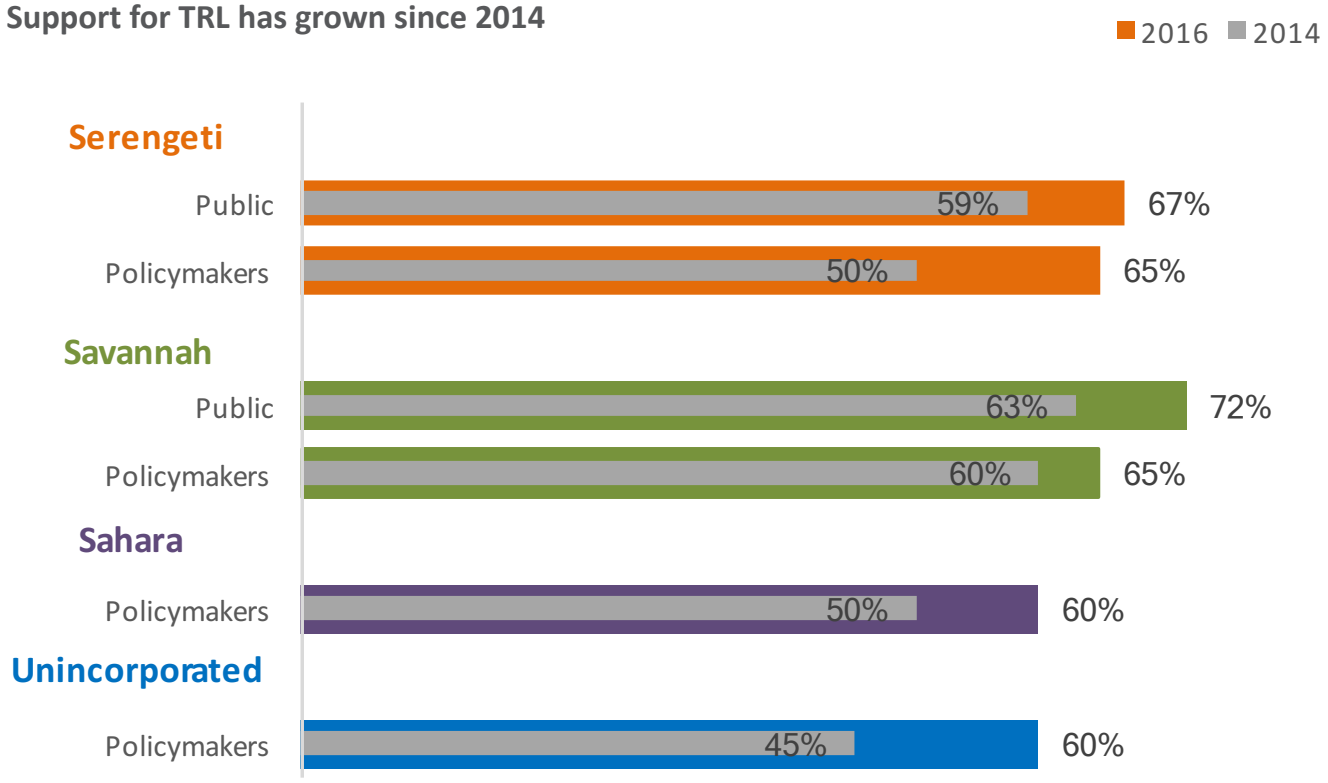
From the start we knew that we needed to get law enforcement on board with the idea of licensing tobacco retailers. In the previous funding cycle, ACTCP had heard from city council members that the enforcement of the policy was going to be a challenge, mainly because it would draw resources away from the more pressing issue of combatting crime. For these reasons, project staff suggested a policy that would include a license fee high enough to cover enforcement costs. If the police department saw tobacco retail licensing as an additional revenue stream, the concept might be more appealing. Team members tried to speak with police chiefs in both targeted cities in the first year, but were only granted appointments in Savannah. Serengeti law enforcement said an increase in crime, such as burglary, was their top priority and they would not be able to support our efforts at this time, especially since the added revenue would not be enough to cover an additional full-time person. The other city viewed our undertaking favorably and promised support. In fact, the Savannah Police Chief provided a letter of support for a TRL which was used later when project staff re-approached the city council.

Comparing attitude changes over time

In October 2016, ACTCP conducted a second round of key informant interviews with policymakers as part of the Healthy Stores statewide data collection effort. These interviews covered a variety of policy questions, not just those specific to tobacco retail licensing. For this reason, policymakers were purposively selected in each of the four jurisdictions in the county, city council members and supervisors, two each from Savannah, Serengeti, Sahara and Antelope County for a total of eight. Each were asked 15 questions including whether or not government should play a role in making the retail environment healthier and support or opposition to specific policies. This information was compared to the 2014 baseline interviews, as well as with the Public Intercept Survey results, to identify support or opposition to tobacco retail licensing (Figure 5) in the two targeted cities. Across the board, there was an increase in support for tobacco retail licensing among policymakers and the public since 2014. However, the level of support among informants lagged

Figure 5

Support for TRL has grown since 2014



behind that of the survey respondents. When it comes to tobacco control issues, public concern usually leads the way for policymaker action.

This pattern held true about other retail-related policy areas as well. The greatest level of support was expressed for a law to prevent stores near schools from selling tobacco. Although some policymakers expressed similar reservations in both points in time, an increasing number were willing to consider a law to restrict where tobacco products could be sold in order to reduce youth access. In 2016, 68% of policymakers and 92% of survey respondents favored such a policy. To a lesser degree, there was also support for including electronic smoking/vaping devices in local tobacco laws 63% of lawmakers and 81% of survey respondents. Greater public support provided the additional leverage to re-approach the city councils in Savannah and Serengeti about passing a licensing policy. (A summary of results from the key informant interview and public intercept surveys on other policy topics are included in the appendix.)

Media and the statewide press event

Media efforts were successful in generating positive coverage about tobacco control issues in local media. Project staff sent out press releases to all six media outlets in our area (including online) and took part in the coordinated regional press event in March 2017 to release findings from the Healthy Stores for a Healthy Community store observations. Youth spokespersons attracted the attention of reporters who were struck by their personal stories of friends who find easy access to tobacco and vape products in local stores. Five of the six outlets picked up the story, framing the issue as problematic due to illegal sales of tobacco products to youth, sneaky tobacco marketing tactics aimed at kids, and the amount of alcohol and tobacco advertisements kids are exposed to, pointing to the need for regulating marketing and tobacco retail licensing. From March through June 2017, a total of 11 pieces on the topic appeared in the media. As a result of this coverage, a potential audience of 235,000 in our region may have been reached with this news. This created a lot of momentum which ACTCP tried to leverage into policymaker action on the issue.

Re-approaching city councils

In December 2016, ACTCPs Tobacco Control Coalition organized city council appearances of our youth advocates in both targeted cities. Beforehand, project staff worked with youth on public speaking and developing effective power point presentations. The presentations included data from store observations, public opinion surveys, and personal testimony of youth explaining how easy it was to buy tobacco products, how many of their classmates do so, and their desire/expectation to be more protected from harmful products. In addition, volunteers from our Tobacco Control Coalition presented on the effectiveness of licenses as a leveraging tool to reduce the amount of illegal sales to minors. Moreover, documents were presented to city council members with sample policies from other jurisdictions and various options for policy language, which were obtained from Change Lab Solutions. In Savannah, policymakers were also presented with a letter of support for the policy from law enforcement and a number of local retailers.

Right after the city council meetings, ACTCPs Tobacco Control Coalition arranged appointments to discuss policy readiness with the same city council members included back in 2014. While there was praise for the presentations, skepticism still prevailed. However, one council member in Savannah, who also had close ties with the local Chamber of Commerce and numerous retailers, made a commitment to pursue the issue on the council. Over the next few months, this council member became a spokesperson for our campaign, making public statements in favor of the license and arguing for the cause during subsequent council meetings. On February 5, 2017, the city of Savannah adopted a TRL policy that earmarks a portion of the license fee to enforcement activities and restricts the amount of exterior signage to no more than 15%. However, Serengeti, the other target city, still had not passed a tobacco retail ordinance by the end of the funding cycle. This was at least partly due to lack of time to build on the momentum created by the youth appearance at the council meetings. When ACTCP spoke with city council members in Savannah after policy adoption, most stated that Youth Tobacco Purchase Surveys and the youth testimony at city council meetings had been compelling and hard to ignore.

Enforcement

In the remaining months of the funding cycle, project staff monitored the number of tobacco retail licenses obtained after the ordinance went into effect on March 5. By June 15, 85% of existing retailers in Savannah had purchased a license. Law enforcement records also showed that five citations had been issued to retailers who had sold tobacco products to minors during a law enforcement sting operation. Because the policy was implementation almost at the end of our three-year scope of work, there was not enough time after retailers obtained a license to conduct a survey to observe signage.

Sharing results

Key findings were shared to audiences throughout the process in the form of community presentations, fact sheets in educational outreach kits, press releases, web posts, etc. The passage of the Savannah policy was announced in the main Savannah newspaper, The Lonely Roadrunner. In addition, Tobacco Control Coalition members each received a copy of this report and discussed it at the last coalition meeting of the funding cycle. The project also posted highlights of the effort on our website for anyone to see.

Conclusions and Recommendations

ACTCPs goal of passing a local tobacco retail license in two cities was partially met. A TRL ordinance was passed in Savannah but not Serengeti. While efforts were made equally in both cities, the deciding factor was the composition of city councils and their readiness or reluctance to pass an ordinance. The difference between the two targeted communities was that a spokesperson on the city council in Savannah emerged, while in Serengeti the political will, while growing, did not produce a champion, and the votes were not sufficient to pass a licensing policy.

Narrative states whether or not objective was met, partially met or not met.

Several factors were instrumental in building political will in Savannah: the strong investment in youth skill-building and their continued involvement in project activities, the support of those directly affected by the policy (some retailers and law enforcement), an ally among city council members, and demonstrated support of the public. Using paid media to create awareness was less effective than hoped, but the release of store observation findings at the HSHC media event garnered a good amount of local coverage which drew attention to the licensing issue.

Conclusions are not overstated.

The timing of intervention activities is of great importance. Our paid media spots might have been more effective following rather than preceding the regional media event. As it was, our budget could not support sufficient frequency of the ad placement to impress our messaging into public consciousness. On the positive side, getting youth involved early and keeping them engaged in fun yet educational activities tailored to their interests helped build a core group of youth that became committed to the cause and stayed on for most of the work. Having youth make presentations and share personal testimony to policymakers was key to securing an ally on the Savannah city council. The evidence documented by the store observations and public opinion survey helped to shift decisionmaker opinion as well.

The activities which proved crucial as well as those that didn't work as planned.

The issue of enforcement remains a challenge, even though a portion of license fees can be built in to support enforcement efforts. This is largely due to the fact that most law enforcement agencies feel maxed out on assignments, and revenues from TRL may not be sufficient to hire additional personnel in jurisdictions that don't really have enough retailers to generate sufficient funds for this. In future, ACTCP should explore various options for splitting compliance monitoring and implementation duties between the tobacco program, law and code enforcement agencies so that enacting a licensing policy would be more feasible. However, the overall support by law enforcement agencies for a policy was encouraging, and early enforcement activities are a sign that the implementation is working.

Make recommendations that are specific, concrete and real AHAs!

Since the policy passed in Savannah, ACTCP is confident that a tobacco retail licensing policy can be passed in Serengeti with the momentum begun during this scope of work period. The project also hopes to expand its outreach to the other incorporated city, Sahara, in the next funding cycle. Based on what worked well in this project, ACTCP will continue to involve youth in collecting data and presenting to policymakers, seek the support of law enforcement, and focus on public outreach to make both the public and retailers aware of how a local tobacco retail ordinance can reduce illegal tobacco sales rates to minors.

Next steps are identified.

Works Cited

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. 2015. BRFSS Prevalence & Trends Data [online]. [accessed Mar 16, 2017]. URL: https://www.cdc.gov/brfss/brfssprevalence/.

Kann L, McManus T, Harris WA, et al. 2015. Youth Risk Behavior Surveillance — United States, 2015. MMWR Surveill Summ 2016;65(No. SS-6):1–174. Atlanta: Centers for Disease Control (CDC). DOI: http://dx.doi.org/10.15585/mmwr.ss6506a1

Wildgirl, J. 2013. *Antelope County Store Observation Survey.* California: Antelope County Department of Public Health Tobacco Control Program.

Wildgirl, J. 2016. *Antelope County Store Observation Survey.* California: Antelope County Department of Public Health Tobacco Control Program.

Appendix

In order to keep the body of the report free of unnecessary detail that detracts from the essential facts of your "story", you can attach additional descriptions and results related to your intervention and evaluation activities in the appendix.

Data collection instruments are required to be included in the appendix (except for standardized statewide data collect instruments).

Optional pieces of information you also may want to include are:

- Evaluation activity summaries that include fuller descriptions of sampling methodologies, data collection protocols followed, descriptions of data collector training, analysis techniques and more complete sets of results.
- Additional detail about turning point events. These could include internal or external factors that smoothed the way for achieving or blocking the objective (such as interactions with officials, turnover in project staff, community comments or actions, unexpected economic developments, elections, etc.)
- Informational fact sheets
- Press releases
- Key media pieces – PSAs, social media posts, articles
- Photographs of activities

This is an example of a somewhat traditional Executive Summary format which can be used to convey a bit more detail about key strategies and their results on the objective.

Depending on the intended audience, the recommendations can focus on what worked/ what didn't (for tobacco control projects) OR make calls to action/next steps (for the general public or decisionmakers).

Executive Summary

Aim and outcome

In an effort to limit youth access and exposure to tobacco products and advertising, the Antelope County Tobacco Control Program set out to achieve the following objective:

By June 30, 2017, at least two Antelope County cities will adopt and implement a Tobacco Retail Licensing (TRL) policy that earmarks a portion of the license fee for enforcement activities and restricts exterior signage of tobacco/ESD products to no more than 15% of the square footage of each retailer's window and clear door. The corresponding Communities of Excellence indicators are 3.2.1 and 1.1.2.

The objective was only partially met; just one of the target cities, Savannah, adopted and implemented a TRL policy that earmarks part of the license fees for enforcement and restricts exterior signage to 15%.

Rationale

This TRL focus was a continued effort from two previous funding cycles when the groundwork was laid by raising the issue with decisionmakers and the idea gained some momentum, but ultimately did not succeed in getting a policy passed. In 2013, a youth tobacco purchase survey (YTPS) found that 17% of the county's 160 retailers sold tobacco products illegally to youth, compared to 9% statewide. Moreover, the public seemed ready for policy adoption—63% of a 2013 public intercept survey sample in two polled cities supported the idea of tobacco retail licensing. Given the high illegal sales rate and the investment the county had already made toward this effort, continued pursuit of tobacco retail license policies in primary cities seemed appropriate and feasible.

Key Intervention and Evaluation Activities

Key informant interviews with policymakers in 2014 found them still reluctant to consider a licensing policy that would affect small businesses. Some suggested that the council often pays more attention when public opinion and youth are involved. This led to the subsequent recruitment and training of young volunteers for involvement in data collection and spokesperson activities. To build public momentum, the project launched radio ads and billboards to educate the public about the connection between illegal tobacco sales to minors and need for local TRL policies. This was followed by a public intercept survey in year 3 to assess support for a range of tobacco policy options. The survey found that 67% of the convenience sample were in favor of a TRL policy and 89% stated they were "very concerned" about youth tobacco uptake. These data were later shared with policymakers.

Another factor that proved influential was data collected from store observations as part of the statewide Healthy Stores for a Healthy Community campaign. Comparing 2016 results to the 2013 baseline, the number of stores selling e-cigarettes had increased from 44% to 78%! Also, most (85%) neighborhood stores continue to be blanketed with exterior ads promoting e-cigarettes, traditional tobacco products and other unhealthy products, covering more than 33% of their exterior window space. Findings were shared at a coordinated media event which generated a lot of coverage in the local news outlets.

Project staff and coalition members also reached out to key stakeholders. They shared results of the intercept survey and the 2013 YTPS with retailers. The project hosted a forum where retailers had the opportunity to voice their opinions and concerns which resulted in gaining a number of allies from the business community willing to write letters of support for a licensing policy. In meetings with the police chiefs of the two targeted cities, the health department solicited law enforcement buy in for the plans. The Savannah chief lent his support.

To leverage all of this evidence into policy action, young volunteers gave the data a personal face at public council meetings. Finally, one councilmember in Savannah was moved to advocate for the need for a policy within the council. This, paired with public pressure—including the support of a number of retailers who realized that a license would distinguish law-abiding retailers from those giving retailers a bad reputation—resulted in a TRL ordinance passing in Savannah on February 5, 2017. License fees were subsequently collected. A sting operation by law enforcement resulted in the suspension of five retailers' licenses due to sales to minors.

Where things stand

After successful adoption and implementation of TRL in Savannah, the Antelope Tobacco Control Program hopes to have enough momentum to pass policies in the other two cities, Serengeti and Sahara, in the next funding cycle. Several city council members in both cities were in favor of a local TRL, and more might support the effort after seeing that the result in a decrease in the illegal rate of sales to minors through annual youth tobacco purchase survey monitoring.

Recommendations

Several factors were instrumental in building political will in Savannah: the strong investment in youth skill-building and their continued involvement in project activities, the support of those directly affected by the policy (some retailers and law enforcement), an ally among city council members, and demonstrated support of the public. Using paid media to create awareness was less effective than hoped, but helped to some degree.

Getting youth involved early and keeping them engaged in fun educational activities tailored to them helped build a core group of youth that became committed to the cause and stayed for most of the work. Their involvement in collecting and interpreting store observation data made them ready advocates and communicators of findings. Having youth make presentations and share personal testimony to policymakers was key to securing an ally on the Savannah city council. The evidence documented by store observations and public opinion survey helped to shift decisionmaker opinion as well.

Highlights

When communicating results to the other stakeholders—such as the local community, partner agencies or busy policymakers, consider condensing key points to a one page document that features key findings broken into digestible chunks of information. Instead of making recommendations, specify desired actions or next steps.

Pursuing Tobacco Retail Licensing in Antelope County

Report Highlights **June 2017**

In order to limit youth access to tobacco and electronic smoking device products and marketing, the Antelope County Tobacco Control Program worked on getting at least two local cities to adopt and implement a Tobacco Retail Licensing (TRL) policy by June 30, 2017. The policies were to earmark a portion of the license fee for enforcement activities and restrict exterior signs and advertising to no more than 15% of the window and clear door area.

There are 160 retailers in the county that sell tobacco or vape products. Many of those products are designed to appeal to youth.

Significant Data Points

17% of Antelope County retailers were caught selling tobacco products to minors compared to 9% across the state

85% of stores in target cities had twice as much exterior signage and ads than state law allows

77% Increase in the number of stores selling vape devices/e-cigarettes in the last three years

24% of youth in Antelope County uses tobacco products but only 7.7% statewide do

70% of respondents favor tobacco retail licensing

Key Findings

Illegal sales of tobacco products to youth is a problem in our county. Despite CA's STAKE Act law, 17% of Antelope's retailers were caught selling products to minors in 2013.

Parents are concerned about youth access and exposure to tobacco products and advertising.

Storefronts promote unhealthy products by covering more than 33% of window/clear door space with exterior advertisements and signage, breaking the state-mandated Lee law.

Some retailers are in favor of a licensing policy, but without enforcement those who follow the law are at a disadvantage.

Law enforcement is supportive of the measure but worry monitoring duties would detract from priority focus on crime.

Call to Action

More than 170 cities and counties throughout California have a tobacco retail licensing policy. **It's time that Antelope County communities get the same protection.**

Pay attention to how the tobacco industry is targeting young people with its products and marketing. Take photos of ads in your neighborhood that kids view on a daily basis in local stores.

If you don't like what you see, ask retailers to stop carrying and promoting harmful products aimed at youth.

Policymakers find it harder to say no to youth than to adult constituents. Train youth to be spokespersons at city council meetings and **ask policymakers to pass a tobacco licensing law**.

In April 2017, Savannah became the first city in the county to adopt a tobacco licensing policy. We hope this trend continues in the next three years as other cities consider doing the same.



Scoring Rubric

Used for scoring final evaluation reports

Scores

0 points	The section is completely missing.
1 point	Minimal required information is provided but almost all of it is unclear, illogical or inaccurate.
2 points	Some required information is provided but much of it is unclear, illogical or inaccurate.
3 points	Most required information is provided but a small portion is unclear, illogical or inaccurate.
4 points	All required information is present, clear, logical and accurate.

Cover Page

Measure	0	1	2	3	4
The cover page includes relevant information about the project, the report and its authors: a descriptive title, name of the organization and project director, organization's website or contact information, funding cycle, report author(s)/ evaluation firm, CDPH attribution, submission date, and recommended citation.					

Abstract

Measure	0	1	2	3	4
In 350 words or less, the abstract provides a clear overview of the background, methods, results, and conclusions for work on this objective. Succinctly describes the problem/need for this objective, what the project was trying to achieve, strategies used (key intervention and evaluation activities), key findings, to what extent the objective was achieved, and conclusions/ recommendations about the effectiveness of strategies used.					
Comments:					

Aim and Outcome

Measure	0	1	2	3	4
The report states up front what the project was trying to achieve (the objective and indicator) as well as the end result (whether the objective was achieved).					

Background

Measure	0	1	2	3	4
Provides a clear rationale for work on this objective. Describes the problem or need, community norms, context, and the demographics ***relevant*** to this objective.					
Indicates the role of the community in assessing needs and selecting/ formulating the objective.					
States whether or not any previous work has been done on this issue in the target area/region.					
Comments:					

Evaluation Methods and Design

Measure	0	1	2	3	4
The evaluation design and methods are a good fit for the objective and intervention activities. For example, if the objective includes policy implementation, is an outcome evaluation activity included?					
Section states the outcome and/or process measures, the purpose of each data collection activity, sample, number of waves, and how data were analyzed.					
Comments:					

Implementation and Results

Measure	0	1	2	3	4
Clearly describes the purpose, timing and scope of key intervention and evaluation activities.					
Clearly describes the results of key intervention and evaluation activities, including facilitators/barriers.					
Represents results effectively, using data visualization principles where appropriate. Interpretation of data is provided.					
Demonstrates the utility of the data/lessons learned. In a chronological narrative, makes linkages between activities, showing how they supported each other or informed next steps.					
Demonstrates that cultural competency (or tailoring to target audiences) was applied in the intervention and evaluation.					
Explains how findings were communicated to different stakeholders and the wider community.					
Comments:					

Conclusions and Recommendations

Measure	0	1	2	3	4
Restates to what degree the objective was met and provides insights into why things worked out the way they did.					
Draws conclusions about which strategies or activities were most helpful or effective and makes recommendations for how things could be improved for this project or others.					
Comments:					

Appendix

Measure	0	1	2	3	4
Data collection instruments and supplemental intervention and evaluation activity descriptions, materials or results are appropriately attached as appendices rather than in the body of the report.					
Comments:					

Total Scores

Unacceptable	**0 to 16 points**
Poor	**17 to 33 points**
Fair	**34 to 50 points**
Good	**51 to 59 points**
Exemplary	**60 to 68 points**

Sample Report

An example brief evaluation report

Guidelines for writing Brief Evaluation Reports

- Follow the same general guidelines and headings as specified in the 2017 *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports*, except no abstract is required.
- Provide enough detail to document the significant approaches, tactics and activities used while working toward the objective. Additional information could be attached in the appendix, if desired.
- Brief Evaluation Reports (BERS) tend to be shorter and less complex than Final Evaluation Reports (FERS) because non-primary objectives often utilize fewer intervention and evaluation activities, resulting in less content to report on.
- Program consultants at the California Tobacco Control Program (CTCP) will review the BERS and provide feedback to projects.
- Brief evaluation reports should be uploaded into OTIS as part of a project's final progress report. Upload each data collection instrument as a separate Word file.
- To see a sample BER, visit the Tobacco Control Evaluation Center's Analysis & Reporting web page http://programeval.ucdavis.edu/analysis-reporting/ReportingResults.html.

Tobacco Retail Licensing in Two Rhino County Cities — High Plateau and Grassland

Sample Brief Evaluation Report 2014-2017

Rhino County Department of Public Health
Tobacco Control Program
Janine Safarist, Project Director
200 Waterhole Road
High Plateau, CA 99551
107-223-1713
jsafarist@co.rhino.ca.us

Report Authors:
Janine Safarist, Project Director
Jason Lionhead, Evaluator

Report submitted: June 30, 2017

Recommended Citation: Wildgirl, J. and J. Gamepreserve. 2017. *Tobacco Retail Licensing in Two Rhino County Cities, Sample Brief Evaluation Report 2014-2017*. California: Rhino County Department of Public Health Tobacco Control Program.

Made possible by funds received from the Tobacco Tax Health Protection Act of 1988 – Proposition 99, through the California Department of Public Health, California Tobacco Control Program (CTCP) Contract # 0-00-00, Contract Term 7/01/14 – 6/30/17.

Aim and Outcome

Due to the easy access and high rate of illegal sales of tobacco products to minors in the region, the Rhino County Tobacco Control Program focused its efforts on getting two cities to adopt tobacco retail licensing ordinances that covered the cost of monitoring compliance in the hope that this would deter businesses from selling tobacco products to minors:

> *By June 30, 2017, the cities of High Plateau and Grassland will adopt a tobacco retail licensing policy with sufficient fees to pay for enforcement. This is a non-primary objective addressing CX indicator # 3.2.1.*

Rhino County Tobacco Control Program (RCTCP) did not achieve its objective to get a tobacco retail license adopted in either of the two target cities. With additional evidence on increased illegal sales rates and better community mobilization among low income communities, the project hopes to reach policy adoption in the coming years.

Background

Rhino County began has been working on the issue of tobacco retail licensing since 2010 when we attempted to build public support for a licensing ordinance in at least one jurisdiction. In the previous funding cycle, focus groups with youth had revealed that school kids were very knowledgeable about tobacco products, products were easy to obtain, and growing numbers admitted to using the products. A Youth Tobacco Purchase Survey (YTPS) in 2011 revealed that of the county's 286 tobacco retailers, 21% in High Plateau and 26% in Grasslands were caught selling to minors as compared to 15-18% elsewhere in the county. Despite this data, we were unable to get any of the county's four city councils to consider a tobacco retail licensing (TRL) policy in that period. However, with illegal sales rates so much higher than the state average of 5.6%, we were not ready to give up. The need was even more pressing in low-income neighborhoods, where the sales rate was 10% higher than in medium-to-high income areas. For these reasons, our tobacco control coalition decided during the CX process to continue to pursue tobacco retail licensing policies as a strategy to reduce illegal sales to minors, especially in low income neighborhoods.

Table 1: Summary of Key Evaluation Activities

Evaluation Activity	Purpose	Sample	Instrument Source	Analysis Method	Timing/ Waves
Process					
Youth Tobacco Purchase Survey	Established the sales rates to minors	100 randomly selected stores (50 in each target city)	Evaluation Consultant	Descriptive statistics	Year 1 1 Wave
Key Informant Interviews with city council members and key staff re: licensing policy	Measure the level of support and opposition to TRL; identify facilitators and barriers to policy adoption	Purposive sample of 10 (5 in each target city)	Evaluation Consultant	Content analysis	Years 1, 3 2 Waves
Focus groups with store owners/ managers	Understand retailer views and concerns about TRL	Invite census of tobacco retailers in High Plateau and Grasslands	Evaluation Consultant	Content analysis	Year 2
Media Activity Record	Measure the reach and reaction to our media messaging	Census of four print, radio and online media outlets in area	Tobacco Control Evaluation Center	Descriptive statistics and content analysis	Years 2, 3 2 Waves

Evaluation Methods and Design

Since the plan type was policy adoption only, there was no outcome evaluation; only process data were collected. This included a YTPS in 2014 to document the sales rates to minors in the two targeted cities and to use the data to inform policymakers. A group of 16 and 17 year old decoys were trained to use an attempted buy protocol in a four hour presentation and practice session. Key informant interviews with policymakers and their staff were conducted early on to gauge policy readiness. There was also to be a second round in year three to explore incentives and barriers for passage of the policies, but these interviews did not occur because no policy was passed. Focus groups with retailers provided insight into their views on licensing provisions and how a TRL ordinance would impact their businesses. Since a media campaign was part of the strategy, a media activity record was conducted to capture the reach and public reaction to campaign messaging. Quantitative YTPS and media activity record data were analyzed using descriptive statistics. The focus group and key informant interviews were analyzed for content and summarized into patterns and themes. Table 1 provides an overview of how evaluation activities were used to support the objective.

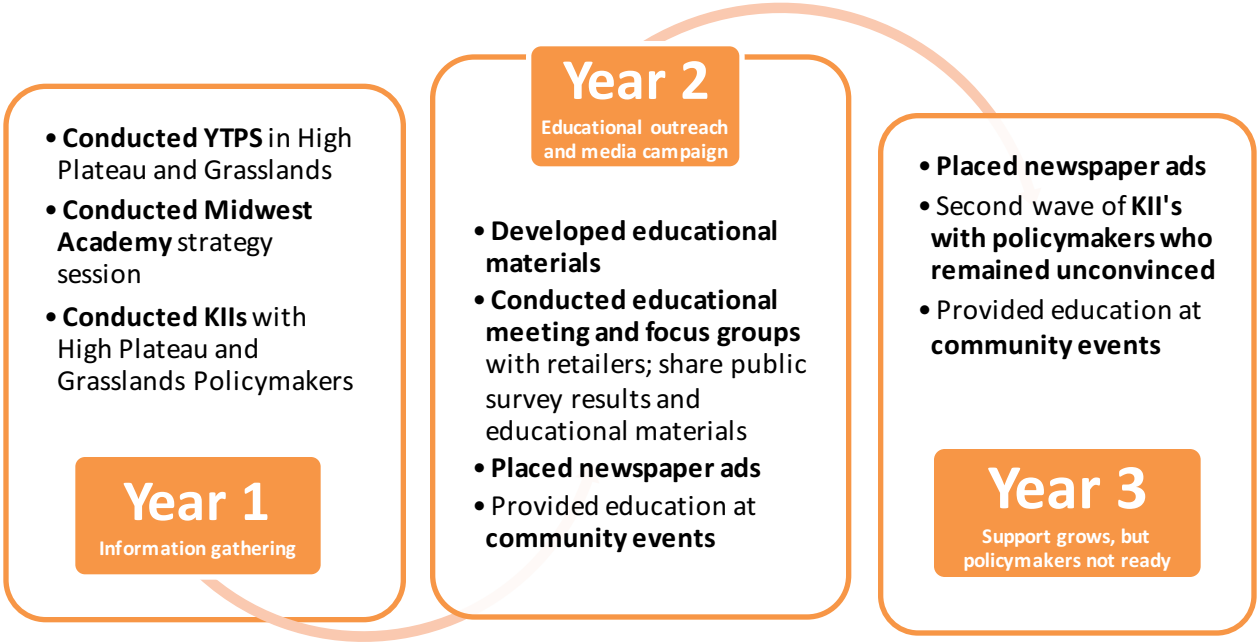
Implementation and Results

There were a number of key implementation and evaluation activities that moved the effort along, as is evidenced in the timeline below.

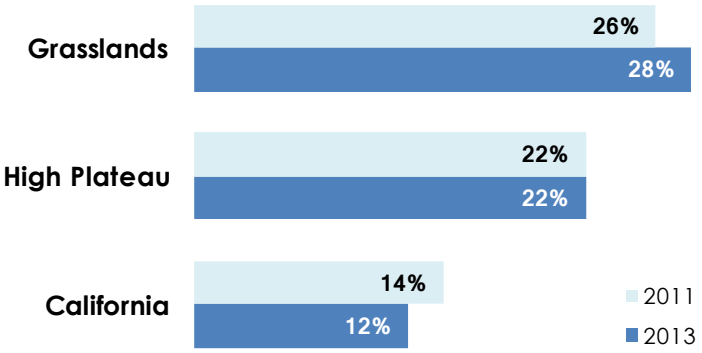
Gathering and demonstrating evidence

Working with local high school students who had volunteered with us before, RCTCP conducted a youth tobacco purchase survey in the first three months of the project in the two targeted cities. The youth were trained to use an attempted buy protocol in a four hour sessions conducted by the health educator until all data collectors were able to confidently ask for cigarillos from a "clerk" and accurately record data onto the mobile survey. Buy attempts were made in 50 stores of each target city. The results showed that the sales rate in High Plateau had held steady at 22% in compared to 2011, while in Grasslands it had increased slightly from 26% in 2011 to 28% in 2013. The fact that more than ¼ of tobacco retailers in the sample were willing to sell products to minors despite the state law signaled a real need for a licensing ordinance with a local enforcement component. We thought the evidence would be just as compelling to policymakers.

Timeline of Key Intervention and Evaluation Activities in Chronological Order



Illegal sales of tobacco in target cities outstrip state average.



However, when RCTCP presented these results to city council members in Grasslands and High Plateau, they remained unconvinced that a TRL was needed. Their top priority was protecting the business climate of their city. This statement by one informant captures their sentiment, "This is not a good time to put any burdens on small businesses. We need to de-regulate rather than put more restrictions on entrepreneurs. We already have laws in place against selling tobacco to minors. If laws are being broken, you should bring this to the attention of the authorities." After encountering such solid opposition, the project had to rethink its strategy for going forward and look for some allies elsewhere.

Working with retailers

Project staff contacted the Tobacco Education Clearinghouse of California (TECC) for help with developing educational materials for retailers to make them aware of the Healthy Stores for a Healthy Community campaign results and provide suggestions for how retailers could help to make the community a healthier place. The project then sent the information packet to all 286 tobacco retailers in the county. In year 2, RCTCP followed up by inviting retailers from the two targeted cities to an informational meeting on January 27th.

Twenty-four retailers came—12 from each city. However, none of the participants were from stores that served low-income neighborhoods. The county health officer talked the retailers through the educational materials the project had previously sent them and then divided the participants into three focus groups. Each group was asked to discuss a set of six questions that explored the need for enforcement, licensing options, readiness for a TRL, and potential healthy store incentives. The focus group results were mixed. Many retailers (16) were strongly opposed to a TRL saying, "We do not need to have yet another layer of government regulation." This stood in stark contrast with the concerns that some retailers (8) had about sellers who put profit above the safety and health of minors in their communities by selling tobacco products to them despite the law. They felt, "Those people are giving all of us a bad reputation in the community!" In one group, discussants initially blamed the problem on parents ' poor educational and child-rearing skills, there was in the end an acknowledgment that tobacco stores also had a responsibility to make sure tobacco was not sold to young people. One participant even said, "I would be willing to accept a TRL since we don't have anything to fear, and those who do frequently sell to minors should be weeded out and get their license revoked."

After the event, a health officer personally visited 10 stores in High Plateau and 6 stores in Grasslands that were considered to be in low-income neighborhoods to solicit store manager input. Of the stores visited, a total of five managers spoke to the health officer. Four voiced opposition to a licensing fee and did not feel that it would deter young people from attempting to buy tobacco products; just one person voiced support for a TRL regulation. In response to the YTPS results indicating the high illegal sales rate to minors, the managers all said that they conduct trainings for their clerks, but that it is hard to find good employees that stay on for any long period of time. The project used this information later on when it came time to frame its messaging for talking with policymakers.

Using media

In order to get awareness and buy-in from the general public, the tobacco control program next started a media campaign. Timed to begin running during summer vacation, we placed semi-weekly ads for eight weeks in the two area newspapers that read "Some stores don't mind selling tobacco products to our kids. Make it stop. Ask your city council to protect children with a tobacco retail licensing law." This was accompanied by a picture of a young boy walking out of a tobacco store with a pack of flavored cigarillos in his hand. With distribution to 12,450 subscribers of the *High Plateau News* and 21,000 via the *Grasslands Sentinel*, we hoped the ads would reach a wide local audience. Project staff monitored the newspapers for any related stories or reactions to the ads and found three letters to the editor of the *High Plateau News* that were in strong support of a TRL. There was also one story in the *Grasslands Sentinel* that reported

on the county results of the HSHC store observation and the current efforts of the county health department to get a TRL ordinance passed. There was no talk on the only local radio station about the issue, but several local youth and community organizations commented on the issue on their Facebook pages. Community comments were generally favorable, although there were a few disparaging comments posted by trolls.

Posters, postcards and other educational materials were also distributed by coalition members who staffed information booths at several community events: a marathon in Grasslands in early 2015, a health fair in High Plateau in the summer of 2015, and at farmers' markets in both cities throughout the summer and fall of 2015 and into 2016. This gave us the opportunity to maintain a visible presence in the communities and talk to people about the need for a TRL, explain how an ordinance works, and promote actions that individuals could take to urge their council members to act. We handed out 568 fact sheets and collected 313 signed postcards of support which we later gave to policymakers.

In March 2016, RCTCP started a new media campaign, again posting ads in the two area newspapers. This time we focused on flavored tobacco and its marketing to young people. The ad read: "Bubble gum flavored tobacco is not favored by adults. Guess who it's for?" The ad showed a child with a pack of bubble gum in one hand and a pack of bubble gum flavored cigarillos in the other. This time the health department received numerous calls from concerned citizens, mainly parents, wanting to know more about bubble gum-flavored tobacco products. Project staff followed up by sending out information packets to them which explained how a TRL could help prevent their kids from buying these products.

Convincing policymakers

With the data collected from the YTPS, the focus groups with retailers, public reaction to the media campaign, and signed postcards of support, RCTCP made appointments with the same city council members in the two cities visited in 2013 to share our information and talk about the need for a licensing ordinance. While the uptick in constituent calls on the topic had begun to get their attention, the majority were still not ready to move on crafting a TRL policy, stating, among other reasons:

> *"I acknowledge that there is a problem in our county with selling tobacco to youth, but a local license is not going to fix that."*

> *"I am a Chamber of Commerce board member, and I can tell you that the mood among retailers is one of annoyance with the health department for wanting to bring more regulation to the city."*

> *"I am with you in principle, and maybe we can try in a few years, but right now is not the right time to put this on the table." When pressed for reasons, the council member said, "We currently have a very conservative group of people in the lead, but I think that we are in for a change at the next local elections, so keep going with your work, and let us re-consider when we have a better chance of getting this passed."*

The project concluded that if we were going to get council members on board, we would need an overwhelming groundswell of public and retailer support and do a better job of showing how tobacco retail licensing has been successfully implemented in nearby jurisdictions, resulting in lower illegal sales rates.

Conclusions and Recommendations

Rhino County's goal of passing a tobacco retail licensing policy in two cities was not met. In the end, our efforts were just not successful in convincing policymakers that a licensing ordinance would not harm local business nor result in lower illegal sales rates. However, our data have shown that the public (concerned parents in letters to newspaper editors, some retailers in the focus group, and public voices in the media) are more open to the idea. We plan to continue this work in the next contract period.

The two waves of media activity worked to some degree. As indicated by the response from the different ads, we can see that hitting upon the right messaging makes a big difference. TRL is a complex issue that many see as outside of the priorities they care about, but when framed as a way to protect children, it resonates—especially with parents. A more aggressive media campaign could help mobilize the community and key community groups to actively support a TRL policy solution.

Outreach to more retailers may also be necessary next time to get these stakeholders on board since there were at least some retailers in favor of a TRL. RCTCP will especially need to address retailers in low income neighborhoods with education and to get them involved. We plan to also invite retailers to join our tobacco prevention coalition. Moreover, more public support may be gathered by conducting a public intercept survey that could show to what extent constituents would support a TRL.

Next time, we need to build community partnerships with youth-serving and faith-based organizations, and perhaps frame the issue in terms of health disparities and retailer density in low income neighborhoods. Also we could collect local data from middle school and high school kids to illustrate that youth purchase access is commonplace. Having committed youth and community voices make presentations to policymakers might have had more impact. By only having the health department speak with policymakers, they did not feel the pressure from their constituents to take the danger seriously that tobacco poses to our youth. A stronger case using public voices should be made next time.

While the project did work with youth in collecting data for the HSHC campaign, we did not involve them during other times throughout the funding cycle. While not supported by our data, it is possible that youth trained in public speaking could make a difference when appearing in front of city council. We will plan to do some outreach and develop a youth task force to pursue TRL in the future.

The political situation in a county or city can make or break a policy campaign. Meetings with policymakers in High Plateau and Grasslands showed that there is no great support for policies that could be seen to interfere with business as usual. However, in the end at least one city council member stated she was ready to support us in the future. We plan to work closely with her in the hope that she will become a spokesperson and ally.

RCTCP shared results of the YTPS early on with retailers, policymakers and the public through information packets and media pieces. We need to do a better job of sharing the results of our work along the way with our coalition and volunteers to keep them motivated and informed of project outcomes.

The political situation in a county or city can make or break a policy campaign. Meetings with policymakers in High Plateau and Grasslands showed that there is no great support for policies that could be seen to interfere with business-as-usual. However, in the end at least one city council member stated she was ready to support us in the future. We plan to work closely with her in the hope that she will become a spokesperson and ally.

RCTCPstaff plan to disseminate the findings from this report to policymakers, the local Tobacco Prevention Coalition, the students who helped collect data, and to the local papers in the two cities.