OTIS Evaluation Guide

California Department of Health Services, Tobacco Control Section

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This guide contains a CD—ROM with sample evaluation plans to be used in conjunction with this guide. The plans can also be found at www.tcsotis.org.

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Introduction

To facilitate the design and implementation of sound evaluation efforts, the Tobacco Control Section (TCS) has prepared the *OTIS Evaluation Guide*. TCS encourages local program evaluation through empowerment. In other words, it is in the best interest of the program that the program staff understand the evaluation process, partner with the evaluation consultant in designing the evaluation plan, and not turn the whole evaluation process over to the evaluation consultant. The reason is simple: evaluation and intervention are integrated processes. By going through the evaluation planning process with the evaluator, the program staff will be knowledgeable about the evaluation, which leads to better program planning.

The *OTIS Evaluation Guide* (the *Guide*), formerly known as the Local Program Evaluation Guide, has been revised. It contains information about evaluation, and is a "how-to" for entering your evaluation plan into OTIS. Instructions were revised to take you through the process in a step-wise manner.

The Tobacco Control Section appreciate the feedback and comments received on the earlier versions of the *Guide*. This version incorporates those comments to improve the user-friendliness.

The length of the *Guide* was decreased and the sample plans are now available on an enclosed compact disc (CD). Each sample plan is a separate file and includes screenshots from OTIS containing evaluation plan details and the evaluation plan narrative. At the end of each sample plan, we have included a narrative to explain how and why the particular evaluation design was selected and how and why the particular data collection method was used. Writing a narrative can help you think through all the details of an evaluation plan and come to an understanding of the rationale behind your decision. An introduction on writing a narrative is included in the "Developing the Evaluation Plan" chapter of the *Guide*.

Throughout the *Guide*, evaluation terms are designated with an icon ( ) alerting you to look for the definition near the end of the *Guide* instead of breaking up the flow of discussion within the text.

Dividers/tabs are provided for each section of the *Guide* so that you can easily locate items, and checklists are provided to facilitate organization of evaluation information before you enter it into OTIS.

We strongly encourage you to read the entire *Guide*, especially Chapter 1, "Perfecting Your Objective" and Chapter 2, "Understanding How the Evaluation Plan is Entered into OTIS, Version 2."

Tips for Using the OTIS Evaluation Guide (the Guide)

Please read as much of the *Guide* as possible

For project directors, we strongly recommend reading Chapters 1 and 2, "Perfecting Your Objective" and "Understanding How the Evaluation Plan is Entered into OTIS, Version 2," to obtain an overview of local program evaluation, plus selected sample evaluation plans on the CD included that could function as models for your plans.

Look for the ( ) icon to alert you to find definitions of key terms at the end of *the Guide*.

For evaluators, Chapters 2 to 4, "Understanding How the Evaluation Plan is Entered into OTIS, Version 2," "Expanding the Evaluation Design" and "Developing the Evaluation Plan" will provide the detail needed to prepare complete evaluation plans.

We strongly suggest that you gather all the information needed in Chapter 4, "Developing the Evaluation Plan," on the Checklist **before** you begin entering the plan in OTIS. This will make the data entry more efficient, and you won't lose entered data if you cannot complete the entire OTIS page at one time.

Chapter 1

Perfecting Your Objective

In this chapter:

- Examples of objectives
- The characteristics of a good objective
- A mnemonic aid to remember the components of a good objective
- An objective checklist
- Sample objectives for Communities of Excellence indicators and assets

Well-written objectives are needed in order to conduct a meaningful evaluation. Writing a good outcome objective takes skill and judgment. The time and effort spent in writing objectives will put you far ahead in program planning and evaluation. In this chapter we provide simple guidelines on writing good objectives.

A. Example Objectives

Before we get into specific tobacco control related objectives, lets take a look at an example that simply illustrates the main differences between a well-written objective and a poorly written one. Assume you are working on a multi-unit housing plan and you ask yourself, "What are we going to achieve?" or "What's our objective?"

> Your Answer #1: "We are going to talk to some apartment complex managers and owners and make some of the units smoke-free."
>
> This response doesn't really assure us that you've got a good plan for tackling this area.
>
> Your Answer #2: "By 2010, the number of apartment complexes in Anytown, CA allocating all or at least 50% of their units as smoke-free will increase from a baseline of 10 to 34."

Taking a close look, you realize that all the elements (apartments, change, etc) in the Answer #1 are also solidly planted in Answer #2. What makes you feel different?

Clearly, you want a specific objective instead of some random thoughts about what you are going to do. Answer #1 sounds aimless, vague, and not inspirational. However, with some details, Answer #2 gives you a clear (and glorious) picture. The satisfactory feeling you get from Answer #2 is exactly what your Program Consultant (PC) gets from a well-written objective.

In the next sections, we will go into detail about the components of a good objective.

B. Characteristics of a Good Objective

1. Specific:

Clearly state exactly what you plan to achieve in this objective by providing the appropriate type and amount of detail. The details can be summarized with the following "4 W's" rule:

- What is expected to change or happen (could be a number)?
- What/how much change is expected (number)?
- Where will the change occur?
- When will the change occur (number but really a date)?

Example #1: By June 30, 2010, among the 385 tobacco retail establishments in Buckstar County, sales of tobacco to minors will decrease from 13% (2006 rate) to 5% as determined by an annual youth tobacco purchase survey.

When writing and reviewing your objective, keep in mind the **4 "W's."**

- **W**hat is expected to change or happen? (Could be a number) **Sales of tobacco to minors will decrease among 385 tobacco retail establishments**
- **W**hat/how much change is expected? (Number) **13% to 5%**
- **W**here will the change occur? **Buckstar County**
- **W**hen will the change occur? By **June 30, 2010** (comparing to **2006**)

Another thing to keep in mind is that when your PC reviews your objectives, the first things that catch his or her eyes are always NUMBERS, not only because they stand out among the English letters, but also because they convey SPECIFIC information, especially an objective with a quantifiable outcome, e.g. an outcome that can be measured with numbers or percentages. One important rule to remember about providing numbers or percentages in an objective is never to write the number or percentage as a range, e.g. 5-8, 10-20%, etc.

Some objectives, such as Example #2, do not have a particular quantifiable outcome and will not have many numbers. However, the SPECIFIC feature (4 W's Rule) should be just as prominent in this type of objective.

Example #2: By **June 30, 2010**, the **City of Starry Skies** will **adopt a policy** to prohibit tobacco storefront signage within **1000 feet** of schools.

- **W**hat is expected to change or happen? **Policy to prohibit tobacco storefront signage within 1000 feet of schools**
- **W**hat/how much change is expected? **Policy adoption**

- **W**here will the change occur? **The City of Starry Skies**
- **W**hen will the change occur? By **June 30, 2010**

Although there is no way to "measure" the results of this objective in any mathematical way, we do have a specific outcome, which is the adoption of the policy, and we can observe whether the policy is adopted or not.

That leads to the second important feature of a good objective.

2. Measurable or Observable:

This describes whether the outcome stated or the change desired can be measured or observed by the project staff.

In Example #1 the **measurable outcome** is whether the tobacco retailers are selling cigarettes to minors. To measure the change that occurs, you would look at the percentage of retailers that sell cigarettes to minors and compare the results to the percentage that sold in 2006 (13%).

In Example #2, the **observable outcome** is whether the policy is adopted. To verify that the policy is indeed adopted, you can obtain official documents.

To illustrate the point further, note the following example of a poorly written objective:

An apartment complex will not allow smoking and the tenants will be happy.

First, this objective does not have specifics (except for the fact that it deals with an apartment complex). Where is the "4 Ws Rule"? We know that smoking will not be allowed, but where? Will smoking be prohibited indoors, outdoors, in common areas, etc? What will change? Will there be a policy or will it just be signage? Even worse, the objective doesn't even tell you where or when the intervention will take place.

So far, we've considered whether the objective is specific enough and measurable and/or observable. Another aspect of a good objective is whether the goal is achievable/reachable.

3. Achievable/Reachable:

This describes whether the outcome stated is realistic and not overly ambitious.

For objectives that have a quantifiable outcome, a baseline measure will assist you in estimating the level of success you might expect to achieve. Decide whether your objective is realistic by considering baseline measurements, as well as by using your knowledge and experience in this area. For example, if at the start of the program, only 40% of the stand-alone bars in your county are consistently compliant with Labor Code Section 6405.5, it may be too ambitious to set your objective at a 95% compliance rate. A compliance rate of 70% is more realistic. If the objective does not have a quantifiable outcome, such as a policy adoption objective, we still need some achievable specifications. In Example #2, if you replace "1000 feet" with "3 miles," what will happen? The objective will most likely fail because it is overly ambitious.

To avoid this pitfall, besides relying on common sense, information from the Communities of Excellence (CX) needs assessment process can be used. The benefit of CX lies in its systematic approach to assessing community needs. A good assessment of public awareness and support, media attention, existing policy, etc. helps you write an ambitious but realistic and achievable objective.

4. Meaningful and Important:

This describes whether the outcome stated addresses the indicators and assets rated as meaningful or important through the CX needs assessment.

The main purpose of CX is to assist you in determining which indicators and assets are meaningful and important to your program so that you can design objectives that address these indicators. While you have determined the most meaningful and important objectives through the CX process, sometimes you still need to change objectives because of logistical concerns. For example, a limited budget may force you to trim down the scope of the intervention activities. Therefore, you may also want to ask if the objective is **Realistic and Relevant**.

5. Time Bound:

This describes the time-frame in which to achieve the objective. By what date do you want the outcome to be achieved? This is important to establish since the type and intensity of your interventions, activities, and evaluation depend on how much time you think it will take to achieve your goal.

Keeping in mind the above five characteristics of a well-written "smart" objective will allow you to proceed with your program with a strong plan.

Did you just say "smart" objective?

C. SMART Objective

The mnemonic "SMART" is another aid to remember the characteristics of a good objective. It stands for objectives that are:

- **S**pecific,
- **M**easurable,
- **A**chievable and ambitious,
- **R**ealistic (and Relevant), and
- **T**ime-bound.

The Centers for Disease Control and Prevention uses this term to describe a "well written and clearly defined objective" for state tobacco control programs. (MacDonald G, Starr G, Schooley M, Yee SL, Klimowski K, Turner K. Introduction to Program Evaluation for Comprehensive Tobacco Control Programs. Atlanta (GA): Centers for Disease Control and Prevention; 2001.) The concept is self-explanatory and is just another way to outline the characteristics of a perfect objective.

Adapted from "Tips for Writing Outcome Objectives" developed by the Stanford Center for Research in Disease Prevention, Stanford University School of Medicine for California Department of Health Services (CDHS), Tobacco Control Section (TCS)

Recap

- Examples of good and poor objectives demonstrated how to prepare a well-written objective
- We used two slightly different methods to outline the characteristics of a good objective
- We illustrated how to write a "SMART" objective
- The following Objective Checklist summarizes this chapter, and should be useful when you prepare your objectives
- The final section of this chapter provides sample objectives for the Communities of Excellence indicators.

Objective Checklist

Use this checklist to judge whether your outcome objective meets the following criteria.

Does your outcome objective specify the "4 W's?":

- ✔ Who or what is expected to change or happen?
- ✔ What/how much change is expected?
- ✔ Where will the change occur?
- ✔ When will the change occur?

Is your objective:

- ✔ Specific?
- ✔ Measurable or observable?
- ✔ Achievable/reachable?
- ✔ Realistic and relevant (also Meaningful or important)?
- ✔ Time bound?

Adapted from "Tips for Writing Outcome Objectives" developed by the Stanford Center for Research in Disease Prevention, Stanford University School of Medicine for California Department of Health Services (CDHS), Tobacco Control Section (TCS)

Sample Objectives for Communities of Excellence Indicators

Priority Area: Counter Pro-Tobacco Influences (1)
Tobacco Marketing and Deglamorization Indicators (.1)

Definition: Addresses the: 1) marketing tactics used to promote tobacco products and their use, 2) the public image of tobacco companies, and 3) activities to counter the marketing, glamorization and normalization of tobacco use.

Community Indicator		Sample Objective
1.1.1	Number and type of in-store tobacco advertising and promotions -or- Proportion of businesses with voluntary policies that regulate the extent and type of in-store tobacco ads and promotions	• By June 30, 2010, the tobacco retail licensing ordinance for Strawberry City will be amended to include a provision that in-store tobacco ads and promotions must be removed during the period of license suspension or revocation. • By June 30, 2009, 10 independent pharmacies in Orange City will adopt a policy to eliminate all in-store tobacco advertising and promotions which will be confirmed by observations six months following the policy adoption. • By June 30, 2010, the mean number of tobacco advertising signs and functional items in convenience stores in Pear City will decrease from 10.6 items per store to no more than 5 items per store.
1.1.2	Number and type of tobacco advertising and promotions outside of stores -or- Proportion of businesses with a voluntary policy that regulates the extent and type of tobacco advertising and promotions outside of stores	• By June 30, 2010, the City of Arugula will adopt and enforce a policy to prohibit tobacco storefront signage within 1000 feet of schools. • By June 30, 2010 at least 5 "mom and pop" stores in each of three cities in Salad County will reduce the average number of indoor and outdoor tobacco advertising items by at least 25% as compared to baseline levels to be measured.(Combination objective for indicators 1.1.1 and 1.1.2)

Tobacco Marketing and Deglamorization Indicators *(continued)*

Community Indicator		Sample Objective
1.1.3	Number and type of tobacco advertisements in print media such as magazines and newspapers -or- Proportion of print media organizations (e.g., magazines and newspapers) with a voluntary policy that regulates tobacco advertising	• By June 30, 2009, two local newspapers in the city of Chocolate will adopt a voluntary policy to reject all tobacco company brand advertising. • By June 30, 2009 at least 4 newspapers and magazines that target the LGBT community in Cocoa County will adopt and implement a policy against accepting advertising from tobacco companies and will run at least one article per year about tobacco control issues. (Combination objective for indicators 1.1.3 and 1.1.13)
1.1.4	Number and type of tobacco billboards that do not exceed 14 square feet that appear on the property of retail stores	• By May 30, 2008, the number of outdoor tobacco billboards in Rosemary City that are less than 14 square feet will be reduced from 20 per square mile to 10 per square mile.
1.1.5	Number and type of Master Settlement Agreement violations by tobacco companies for outdoor advertising, print advertising, sponsorship, and promotional requirements	• By June 30, 2007, the occurrence of MSA violations and violations of Health and Safety Code Sections 118950, 17537.3, 17207, 17534 and 17535 (sampling) at 2 rodeos conducted in Basil County will be zero. (Combination objective for indicators 1.1.5 and 3.1.7)

Tobacco Marketing and Deglamorization Indicators *(continued)*

Community Indicator	Sample Objective
1.1.6 Number and type of tobacco company sponsorship at public and private events including county fairs, rodeo, motor sports, other sporting events, parades, concerts, museums, dances, festivals, business, etc. -or- Proportion of entertainment and sporting venues with a voluntary policy that regulates tobacco company sponsorship including county fairs, rodeo, motor sports, other sporting events, parades, concerts, museums, dances, festivals, business, etc. -or- Proportion of communities with a policy that regulates tobacco company sponsorship at entertainment and sporting venues such as fairgrounds, concerts, museums, and events such as dance, business, festivals, etc.	• By June 30, 2010, a minimum of 5 African American/African Immigrant college campus organizations or clubs at University School and Higher Learning City College will adopt policies against accepting tobacco industry sponsorship and will establish a written smoke-free events policy. (Combination objective for 1.1.6 and 2.2.16) • By June 30, 2010, a minimum of 10 Asian American and Pacific Islander fairs, festivals or organizations in Southern California County will adopt written policies against accepting tobacco industry contributions. • By June 30, 2010, 8 museums who previously did not accept tobacco industry funding in Thyme County will adopt a policy against accepting tobacco industry funding. • By June 30, 2010, at least 3 cities in Oregano County will adopt a policy prohibiting tobacco industry sponsorship at their community events • By June 30th, 2010, the Buffalo City Rodeo Board will adopt a policy against accepting tobacco industry contributions.
1.1.7 Number and type of tobacco company sponsorship and advertising at bars and clubs -or- Proportion of bars and clubs with a voluntary policy prohibiting tobacco-company sponsorship and advertising	• By June 30, 2010 a minimum of 4 bars frequented by African Americans/ African Immigrants in Salad County will adopt a policy not to accept tobacco industry sponsorship as a result of an advocacy campaign. • By March 17, 2010, the number of tobacco sponsored bars and club nights, that have a large AAPI clientele in Rave County, will decrease from a baseline established in 2004 by 40% as a result of a local advocacy campaign. • By May 30, 2008 8 of 20 bars or nightclubs in Brevé City that are frequented by LGBT community members will adopt and implement policies against accepting tobacco industry bar night sponsorships and free tobacco sampling. (Combination objective for indicators 1.1.7 and 3.2.4). • By May 30, 2008, 2 weekly entertainment newspapers serving Caramel City will adopt a policy against accepting tobacco ads sponsoring entertainment events and featuring tobacco company names, brands or logos.

Tobacco Marketing and Deglamorization Indicators *(continued)*

Community Indicator	Sample Objective
1.1.8 Number and type of tobacco company sponsorship and advertising at college-related events -or- Proportion of colleges with a policy that regulates tobacco company sponsorship and advertising	• By June 2009, at least two college campuses in Echo County will adopt and implement a policy prohibiting tobacco sampling on school property and prohibiting the advertising, promotion, and sponsorship of tobacco products on campus. (Combination objective for indicators 1.1.8 and 3.2.4) • By June 2008, University School will adopt a policy prohibiting participation of tobacco companies, (e.g., RJR, Altria, B&W) at job fairs. • By June 2009, at least 2 community colleges in Education County will adopt a policy prohibiting the advertising, promotion, and sponsorship of tobacco products on campus (combination of indicator 1.1.8 and 3.2.4).
1.1.9 Amount of tobacco company contributions to institutions and groups such as education, research, public health, women's, cultural, entertainment, fraternity/sorority groups, and social service institutions -or- Proportion of groups and institutions such as education, research, public health, women's, cultural, entertainment, fraternity/sorority groups, and social service institutions that have a voluntary policy prohibiting tobacco company contributions	• By June 30, 2008, at least 3 of the 6 CSU Frappaccino fraternities/sororities that took tobacco industry funding in 2003 will adopt written policies that they will not accept tobacco industry contributions. • By June 30, 2008, a minimum of 5 Pacific Islander cultural clubs and fraternities/sororities on college/university campuses in Escarole County will adopt policies that prohibit acceptance of tobacco company contributions and make their outdoor events smoke-free. (Combination objective for indicators 1.1.9 and 2.2.16) • By June 2010, the Suburban County Health Department's Women, Infant and Children's (WIC) program and the County Prop. 10 Commission will adopt conflict of interest policies that prohibit the acceptance of tobacco industry or tobacco company subsidiary funding by agencies funded by WIC and Prop 10. • By May 30, 2008, a minimum of 3 social service or cultural groups in Fern County that have accepted tobacco company contributions in the past and a minimum of 10 social service or cultural groups that have NOT accepted tobacco company contributions, will adopt voluntary policies against accepting tobacco company contributions.
1.1.10 Amount of tobacco industry contributions to support political campaigns of elected officials or political caucuses -or- Proportion of elected officials or political caucuses that have signed a pledge not to accept tobacco company contributions	• By May 30, 2008, 15 local and state elected officials from Big County will sign a pledge to reject campaign contributions from tobacco companies and their subsidiaries.

Tobacco Marketing and Deglamorization Indicators *(continued)*

Community Indicator		Sample Objective
1.1.11	Number and type of tobacco use, tobacco advertising, and secondhand smoke depiction by the entertainment industry (e.g., movies, music videos, TV, music, etc.) -or- The extent that elected officials, parent organizations, health groups, and others adopt resolutions and voluntary policies that promote a socially responsible depiction of tobacco use, tobacco advertising, and secondhand smoke by the entertainment industry (e.g., movies, music videos, TV, music, etc.)	• By June 30, 2008, at least two prominent African American celebrities will advocate against tobacco use and refuse to participate in sporting or entertainment events that promote tobacco use. • By December 31, 2007 the Hollyland County Board of Supervisors and 3 cities will pass resolutions supporting smoke-free movies including an "R" rating for movies that depict smoking, requiring a certificate of no pay-off in the credits, and halting the depiction of tobacco brands in movies. • By June 30, 2010, elected officials in three cities of Coffee County will adopt a resolution recommending the Motion Picture Association of American require the following: 1) rate any film that shows images of tobacco use with an "R" rating, 2) producers post a certificate in the closing credits declaring nobody on the production received anything of value from anyone in exchange for using or displaying tobacco, 3) studios and theaters to require a strong anti-tobacco ad to run before any film with tobacco present, and 4) stop allowing any tobacco brand identification in the film. • By June 30, 2010, all movie theaters in three cities of Coffee County will adopt a policy to run anti-smoking ads before any movie with a PG-13 rating or lower in which there is depiction of smoking present. • By June 30, 2009, at least four Hispanic/Latino youth organizations will advocate against tobacco use in G, PG, and PG-13 rated movies and will endorse the resolution that the Motion Picture Association of American should rate any film that shows images of tobacco use with an "R" rating.
1.1.12	Extent of the availability of candy look-alike tobacco products -or- Proportion of businesses that adopt a voluntary policy not to sell candy look-alike tobacco products	• By May 30, 2008, one major chain store in Progressive County will voluntarily agree in writing to stop selling candy look alike tobacco products such as bubble gum cigars/chew and candy cigarettes. • By June 30, 2008, the Arugula County Fair Board will adopt a policy to restrict smoking within 15 ft. of the family picnic area, children's amusement areas and grandstands as well as prohibit the sale of candy or toy "look alike" cigarette or chewing tobacco items. (Combination objective for indicators 1.1.12 and 2.2.16)

Tobacco Marketing and Deglamorization Indicators *(continued)*

Community Indicator		Sample Objective
1.1.13	Amount and quality of news media stories about tobacco industry practices and political lobbying	• By May 30, 2008, at least three Wine County newspapers will publish one article revealing tobacco industry deception annually.
1.1.14	Proportion of schools or school districts that have a policy regulating the display or wearing of tobacco promotional items at school	• By June 30, 2010, the 2 public school districts in Rural County will enact and enforce a policy prohibiting wearing or carrying tobacco promotional items such as t-shirts and backpacks at school

Priority Area: Counter Pro-Tobacco Influences (1)
Reduce Tobacco Industry Influence Economic Indicators (.2)

Definition: The economics community indicators address the financial incentives and disincentives that can be implemented to promote non-tobacco use norms.

Community Indicator		Sample Objective
1.2.1	Number and type of public (e.g., county and city government) and private institutions (e.g., unions; private universities) divested from tobacco stock	• By May 30, 2008, at least 3 cities in Vanilla County will bring a resolution or policy to vote to divest retirement funds from tobacco company investments and at least 1 city will initiate the divestment process. • By May 30, 2008, at least 2 private universities in Strawberry County will vote to divest retirement funds from tobacco company investments. • By May 30, 2008, at least 2 college campuses in Chocolate County will adopt and implement a policy for at least one of the following: 1) divestment of tobacco stock or 2) selective purchase policy prohibiting the purchase of tobacco subsidiary products. (Combination objective for indicators 1.2.1 and 1.2.3)

Reduce Tobacco Industry Influence Economic Indicators *(continued)*

Community Indicator	Sample Objective
1.2.2 Number and type of public and private employers that offer discounted health insurance premiums for non-tobacco users	• By May 30, 2009, in Little City at least one major public or private employer will submit a research grant application to TRDRP (or other appropriate funder) to examine the benefits and cost of offering health insurance premium discounts for non-tobacco users and produce a report for public dissemination that discusses the feasibility and policy recommendations.
1.2.3 Number and type of public school districts, public institutions (e.g., hospitals, correctional facilities, public health departments), social service agencies, or conferences that adopt a policy indicating that tobacco company subsidiary food products will not be bought or accepted as donations	• By January 30, 2008, Star City school district will adopt a selective purchase policy prohibiting the purchase of food products from tobacco company subsidiaries. • By January 30, 2008, five county-funded food shelters in Star County will adopt a selective purchase policy indicating that tobacco company subsidiary food products will not be bought or accepted as donations.
1.2.4 Proportion of communities with policies that increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)	• By January 1, 2010, Grass Fire County will adopt a cigarette butt mitigation policy that places a fee on each pack of cigarette sold with the funds earmarked for fire prevention, restoration of fire damaged areas and tobacco cessation services. *Note: Local governments do not currently have legal authority to increases excise taxes on tobacco products.

Priority Area: Counter Pro-Tobacco Influences (1)
School and Community-based Prevention Indicators (.3)

Definition: The School and community-based prevention community indicators address the availability and provision of tobacco use prevention information that impacts youths in school and youth serving programs such as the Scouts or 4-H.

Community Indicator	Sample Objective
1.3.1 Proportion of schools that provide instruction on tobacco-use prevention that meets CDC guidelines (e.g., intensive tobacco use prevention instruction in junior high/middle school years with reinforcement in high school using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills)	• By May 30, 2010, the prevalence of psychosocial tobacco use instruction reported by 6th-12th grade teachers in Valley County will increase from 60% reporting they provided such instruction in the 2007/08 school year to 90% reporting they provided such instruction in the 2009/10 school year. • By June 30, 2008, the proportion of junior high and middle school teachers in the Lovely Unified School District reporting use of a CDC approved tobacco prevention curriculum in the previous school year will increase 50% from the baseline.
1.3.2 Proportion of schools or school districts that provide tobacco use prevention specific instruction for teachers	• By June 30, 2008, the percentage of school districts in Urban County reporting that tobacco use prevention curriculum-specific training was provided to certified staff will increase from 80% in 2005/06 to 100% in 2007/08.
1.3.3 Proportion of schools or school districts that involve families in support of school-based tobacco use prevention or cessation programs	• By May 30, 2010, the percentage of 5th grade teachers in Suburban County reporting they had tried, "not too much" or "not at all" to involve parents in tobacco prevention education during the school-year will decrease from 60% in 2007 to 30% in 2010.
1.3.4 Proportion of youth serving programs (e.g., 4-H, Girl Scouts, etc.) that provide intensive tobacco use prevention instruction using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills	• By May 2010, at least 2, 4-H chapters in Rural County will adopt and implement the 4-H Project for Health Curriculum, resulting in a total of 20 trained peer educators.

Priority Area: Countering Pro-Tobacco Influences (1)
Physical Environment Indicators (.4)

Definition: The Physical Environment community indicators address the pollution and safety hazards posed to the natural environment by the production and use of tobacco products.

	Community Indicator	Sample Objective
1.4.1	The amount of tobacco-related litter at public places including parks, playgrounds, beaches, etc. -or- Proportion of communities with a policy that prohibits tobacco litter in public places including parks, playgrounds, beaches, etc.	• By May 30, 2010, a minimum of one beach city in Clambake County will enact a policy prohibiting smoking on city beaches and tobacco litter will be reduced by 30% from a baseline measure taken in July 2004. (Combination objective for indicators 1.4.1 and 2.1.16) • By May 30, 2010, the amount of cigarette-related litter found within 25 feet of smoke-free play areas, in apartment complex tot-lots and private child play areas (such as McDonalds play area) in Susanville will be reduced by 60% from a Fall 2007 baseline.
1.4.2	**Retired due to state fire safe cigarette legislation in 2006** ~~Extent that low-income housing complexes have cigarette related fire prevention policies~~	

Priority Area: Countering Pro-Tobacco Influences (1)
Global Movement Indicators (.5)

Definition: The Global Movement community indicators address 1) countering the national and international sale and promotion of tobacco products by tobacco companies in other states and countries; and 2) building the capacity of other states and countries to respond to the marketing and sales practices of tobacco companies.

Community Indicator		Sample Objective
1.5.1	Number of local resolutions in support of national policies to hold U. S. tobacco companies to the same standards in the sale and marketing of their products nationally and internationally	• By June 30, 2010, the California Democratic and Republican Platform Committees in the county will adopt resolutions to support national policies to hold US tobacco companies to the same standards internationally as used in the sale and marketing of their products in the U.S.
1.5.2	Number of local resolutions in support of national policies to hold U. S. tobacco companies to the same standards in their production of tobacco products nationally and internationally (e.g., pesticide use, genetic engineering, etc.)	• By May 30, 2008, four environmental and social justice groups in Urban County will adopt resolutions calling for US tobacco companies to be held to the same tobacco production standards internationally as they are held to in the U.S.
1.5.3	Number of local resolutions in support of the WHO Framework Convention on Tobacco Control	• By May 30, 2008, at least three major groups with a high degree of credibility such as the American Red Cross, Girl Scouts of America and Rotary Club International in Smallville will adopt resolutions in support of the WHO Framework Convention on Tobacco Control and conduct a highly publicized press conference to bring attention to the WHO Framework Convention on Tobacco Control.
1.5.4	Amount and quality of information and resources exchanged between local and national/international tobacco control efforts for the purpose of countering tobacco industry marketing and sales	• By December 31, 2009, the San Francisco Tobacco Free Coalition's Global Action Task Force (GATF) will develop an educational exchange (Intercambio) for tobacco control activists in the U.S. and abroad that will result in the development and implementation of three joint projects between San Francisco and buddy projects from abroad.

Priority Area: Reduce Exposure to Secondhand Smoke (2)
Reduce Exposure to Secondhand Smoke Enforcement/Compliance Indicators (.1)

Definition: These community indicators address enforcement and/or compliance of policies intended to reduce or control exposure to second hand smoke in indoor and outdoor settings. In the following indicators, "enforcement agencies" means those agencies that are designated by law or by a governmental agency with the authority to enforce policies, laws, and regulations. In the following indicators, multi-unit housing means those dwellings containing two or more housing units, including, but not limited to, market rate rental housing, condominiums, town homes, subsidized and affordable public housing, and single residency occupancy hotels.

Community Indicator		Sample Objective
2.1.1	Number of compliance checks conducted by enforcement agencies for violations of indoor smoke-free worksite policies, **excluding bars and gaming** policies -or- Number of warnings, citations, and fines issued for violations of indoor smoke-free worksite policies, **excluding bars and gaming** policies -or- Proportion of worksites in compliance with indoor smoke-free worksite policies **excluding bars and gaming** policies	• By June 30, 2008, at least 85% of 100 businesses in Korean Town, will demonstrate and maintain compliance with Labor Code §6404.5 as determined by an annual observational survey. • By July 2, 2008, a minimum of four private transport drivers (Raiteros), bus transports or labor contractors in Valley County will enforce no smoking in their transport vehicles. • By June 30, 2010, the number of fines issued in Rural County for violations of indoor smoke-free policies among companies employing individuals engaging in manual laborer duties will decrease by 50% compared to a baseline number to be determined by spring of 2008.

Reduce Exposure to Secondhand Smoke Enforcement/Compliance Indicators *(continued)*

	Community Indicator	Sample Objective
2.1.2	Number of compliance checks conducted by tribal enforcement agencies for violations with American Indian tribal indoor smoke-free worksite policies, **excluding gaming/leisure complexes** policies -or- Number of warnings, citations, and fines issued by tribal enforcement agencies for violations of indoor smoke-free worksite policies, **excluding gaming/leisure complexes** policies -or- Proportion of worksites in compliance with indoor smoke-free American Indian worksite policies, **excluding gaming/leisure complexes** policies	• By June 30, 2008, the Valley Tribal Council enforcement agency will achieve a 90% compliance rate with its clean indoor air policy as verified by monthly observational checks conducted at four tribal Indian worksites and no more than three complaints of non-compliance, both within a 12 month period. • By June 30, 2008, the Valley Tribal Council enforcement agency will achieve a 90% compliance rate as verified by monthly observational checks conducted at four tribal Indian worksites and no more than three complaints of non-compliance, both within a 12 month period.
2.1.3	Number of compliance checks conducted by enforcement agencies for violations of indoor smoke-free **bar and gaming** worksite policies -or- Number of warnings, citations, and fines issued for violations of indoor smoke-free **bar and gaming** worksite policies -or- Proportion of worksites in compliance with indoor smoke-free **bar and gaming** worksite policies	• By June 30, 2008, 10 of 12 Hmong restaurant-bar combinations in the Central Valley City will be in compliance with Labor Code Section 6404.5, as determined by semi-annual observational surveys. • By June 30, 2008, five stand-alone bars and all 15 restaurant-bar combinations in Rural County will be in compliance with Labor Code §6404.5 in the unincorporated areas of the county as determined by semi-annual observational surveys.

Reduce Exposure to Secondhand Smoke Enforcement/Compliance Indicators *(continued)*

Community Indicator	Sample Objective
2.1.4 Number of compliance checks conducted by American Indian enforcement agencies for violations of American Indian tribal indoor smoke-free **gaming/leisure complex** worksite policies -or- Number of warnings, citations, and fines issued by American Indian enforcement agencies for violations of American Indian tribal indoor smoke-free **gaming/leisure complex** worksite policies -or- Proportion of worksites in compliance with American Indian tribal indoor smoke-free **gaming/leisure complex** worksite policies	• By January 1, 2008, the American Indian casino in Rural County will adopt and implement a policy designating one 24 hour day per week as a totally smoke-free day within the casino as evidenced by monthly observational surveys. • By January 1, 2010, the American Indian enforcement agency will conduct compliance checks on a monthly basis in at two tribal indoor smoke-free gaming/leisure complex worksites.
2.1.5 Proportion of schools or school districts in compliance with the state law that prohibits the use of tobacco by all students, school staff, parents, and visitors in public school district-owned or leased buildings, on district grounds, and in district vehicles	• By June 30, 2009, the proportion of students within Valley High School District who believe that many people violate the school no-tobacco use policy will decrease from 20% to 10%. • By June 30, 2008, teachers' perceptions that "most or all" students comply with tobacco-free policies at Mountain High School will increase from 12% (1999 baseline) to 25%.
2.1.6 Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit smoking within 20 feet or more of doorways, windows, vents, and openings -or- Number of warnings, citations and fines issued for violations of policies that prohibit smoking within 20 feet or more of doorways, windows, vents, and openings -or- Proportion of worksites in compliance with policies that prohibit smoking within 20 feet or more of doorways, windows, vents, and openings	• By June 30, 2008 at least 70% of all public buildings in six (6) major Orange County cities will post appropriate signage at building entrances, and there will be no evidence of observed smoking within 20 feet of doorways during an annual observational scan. • By June 30, 2009, the number of warnings, citations, and fines issued for smoking violations at 15 randomly selected buildings in Strawberry County will diminish by 75% compared to 2006 rates recorded prior to program interventions being implemented.

Reduce Exposure to Secondhand Smoke Enforcement/Compliance Indicators *(continued)*

	Community Indicator	Sample Objective
2.1.7	Number of compliance checks conducted by enforcement agencies for violations of policies that regulate smoking in outdoor recreational facilities, areas, and venues such as amusement parks, beaches, fairgrounds, parks, parades, piers, playgrounds, sport stadiums, tot lots, and zoos -or- Number of warnings, citations and fines issued for violations of policies that regulate smoking in outdoor recreational facilities, areas, and venues such as amusement parks, beaches, fairgrounds, parks, parades, piers, playgrounds, sport stadiums, tot lots, and zoos -or- Proportion of outdoor recreational facilities, areas, and venues in compliance with policies that regulate smoking in places such as amusement parks, beaches, fairgrounds, parks, parades, piers, playgrounds, sport stadiums, tot lots, and zoos	• By June 30, 2008, signage will be posted at 50 playgrounds and tot lots covered by Health and Safety Code Section 104495 in Mid-Way County and an annual cigarette butt clean-up will find no more than 20 cigarette butts per playground. • By June 30, 2008, all public playgrounds and tot lots in the cities of Chocolate, Vanilla, and Strawberry in Ice Cream County will increase their compliance with AB 188, section 104495 to 95%. • By June 30, 2010, three cities in the county of Recess, will pass and implement policies to prohibit smoking at all amusement parks, fairgrounds, and zoos.
2.1.8	Proportion of communities with policies that include enforcement mechanisms in smoke-free multi-unit housing laws, such as enforcement by government agencies, enforcement by tenants and/or landlords; and enforcement by private citizens	• By June, 2010, three jurisdictions in Mountainous County will adopt policies allowing government entities (e.g. peace officers, city prosecutors, district attorneys, or code enforcement agencies) to enforce smoke-free multi-unit housing ordinances through mechanisms such as civil lawsuits or fines. • By June, 2010, five jurisdictions in Grassy County will adopt policies with an enforcement mechanism allowing private citizens to enforce smoke-free multi-unit housing ordinances through civil lawsuits.

Reduce Exposure to Secondhand Smoke Enforcement/Compliance Indicators *(continued)*

	Community Indicator	Sample Objective
2.1.9	Number of compliance checks conducted by enforcement agencies for violations of policies that regulate smoking in vehicles when minors are present –or- Number of warnings, citations, or fines issued for violations of policies that regulate smoking in vehicles when minors are present -or- Proportion of vehicles in compliance with policies that prohibit smoking in vehicles when minors are present (Please note, no such state, local, or tribal law exists as of 8/2006. This indicator is looking toward the future.)	• To be determined
2.1.10	Number of compliance checks conducted by enforcement agencies for violations of policies that regulate smoking in outdoor public areas not primarily intended for recreational use, such as walkways, streets, plazas, college campuses, shopping centers, transit stops, farmers markets, swap meets -or- Number of warnings, citations, or fines issued for violations of policies that regulate smoking in outdoor public areas not primarily intended for recreational use, such as walkways, streets, plazas, college campuses, shopping centers, transit stops, farmers markets, swap meets -or- Proportion of public places, not primarily intended for recreational use, that are in compliance with policies that regulate smoking in these places such as public walkways, streets, plazas, college campuses, shopping centers, transit stops, farmers markets, and swap meets	• By June 30, 2009, the compliance rate with the law prohibiting smoking in all outdoor shopping centers and open-air shopping plazas in the city of Outlets will average 75% as determined by monthly observations at three locations per site over a 6 month period. • By June 30, 2009, four farmers' markets will have appropriate no smoking signage posted at all market entrances.

Priority Area: Reduce Exposure to Secondhand Smoke (2)
Reduce Exposure to Secondhand Smoke Policy Indicators (.2)

Definition: These community indicators address the adoption of policies to reduce or control exposure to secondhand smoke in indoor and outdoor settings by families, agencies, organizations, businesses, boards, government bodies, and others. In the following indicators, multi-unit housing means those dwellings containing two or more housing units, including, but not limited to, market rate rental housing, condominiums, town homes, subsidized and affordable public housing, and single residency occupancy hotels.

Community Indicator	Sample Objective
2.2.1 Proportion of homes with a smoker in the household who report their home is smoke-free -or- Proportion of families with a policy that does not permit smoking in the home	• By December 2009, the proportion of smoke-free households among African American/African Immigrants, who have children that attend the Happy Daze, Creative Kids and Head Start Programs in the southern part of Urban County, will increase by 15% from a baseline that is established in September 2007 as a result of implementing the Not in Mama's Kitchen campaign. • By May 30, 2008, among students in grades K-5, ABC County Head Start homes, licensed day care and other preschool client/families, there will be an increase of 20% from a baseline determined in spring 2005 of the number of families reporting smoking is not permitted in the homes and vehicles. (Combination indicators 2.2.1 and 2.2.2). • By May 2008, there will be a 30% increase from baseline in the number of households of smokers in Escarole County reporting that smoking is not allowed inside the home as a result of a secondhand smoke educational campaign. • By May 30, 2008, among Cambodian households in Southeast Valley Town who attend family-based educational workshops and which have a smoker in the home, at least 85% will report smoking is not permitted inside the home at 3 month follow-up among a sample of the participating households.
2.2.2 Proportion of families with a smoker who report their personal vehicles are smoke-free -or- The proportion of families with a policy that does not permit smoking in their personal vehicles	• By July 2009, 90% of attendee parents in at least 25 daycare centers in the City of Oceanland will report their cars and the indoor areas of their home are smoke-free. (Combined for indicators 2.2.1 and 2.2.2).

Reduce Exposure to Secondhand Smoke Policy Indicators *(continued)*

Community Indicator	Sample Objective
2.2.3 Proportion of businesses on American Indian lands with a voluntary smoke-free workplace policy, **excluding casino/ leisure complexes**, that is consistent with protection provided to other California workers under California Labor Code 6404.5 -or- Proportion of American Indian tribes with a smoke-free worksite policy, **excluding casino/leisure complexes**, that is consistent with protection provided to other California workers under California Labor Code 6404.5	• By June 30, 2008, the Valley Tribal Council will adopt, implement and enforce a smoke-free workplace policy for all worksites on tribal land (excluding gaming), which at a minimum meets the standards of Labor Code 6404.5. (Combination objective for indicators 2.12 and 2.2.3).
2.2.4 Proportion of communities with a policy that regulates indoor worksite smoking in those areas that are exempted by the state smoke-free workplace law, such as owner operated bars and tobacco shops **(excluding hotels)**	• By June 30, 2010, in the cities of El Puente and Los Nietos, at least three Hispanic-owned and operated bars/cantinas (with fewer than five employees) will adopt voluntary policies to prohibit smoking in the worksite and within 20 feet or more of the outside doorways. (Combination objective for indicators 2.2.4 and 2.2.8). • By June 30, 2008, three cities in Gandor County will adopt policies prohibiting smoking in all enclosed worksites including those with five or fewer employees and owner-operated bars.
2.2.5 Proportion of hotels/motels with a voluntary policy that designates the following areas as smoke-free: guest rooms, guest room balconies and patios, lobbies, and outdoor common areas such as swimming pools, dining patios, reception areas, hotel entrances, etc. -or- Proportion of communities with hotel/motel policies that designates the following areas as smoke-free: guest rooms, guest room balconies and patios, lobbies, and outdoor common areas such as swimming pools, dining patios, reception areas, hotel entrances, etc.	• By June 30, 2009, five major hotels in the City of Peaches will adopt policies that designate the lobby, and common areas such as the outdoor pool and outdoor dining as smoke-free. (Combination objective for indicators 2.2.5 and 2.2.6). • By June 30, 2010, the cities of Courtyard, Sheraton, and Holiday in Travelville County will adopt a policy to prohibit smoking in all hotel areas including guest rooms, guest room balconies and patios, lobbies, outdoor pools, and outdoor dining areas. (Combination objective for indicators 2.2.5 and 2.2.6).

Reduce Exposure to Secondhand Smoke Policy Indicators *(continued)*

	Community Indicator	Sample Objective
2.2.6	Proportion of outdoor restaurant and bar businesses with a voluntary policy that designates outdoor dining and bar areas as smoke-free, including use of cigarettes, cigars, and hookahs -or- Proportion of communities with a policy that designates outdoor dining and bar areas as smoke-free, including use of cigarettes, cigars, and hookahs	• By June 30, 2010, three cities (Tallsville, Grandeville, and Ventiville) in Caffeine County will pass policies that prohibit smoking in outdoor dining, bar and patio areas, including use of cigarettes, cigars, and hookahs. • By June 30, 2010, at least 65% of 120 restaurants in Gourmet County with an outdoor dining space will prohibit smoking in these areas.
2.2.7	Proportion of non-dining outdoor worksites (e.g. construction sites, lumber mills, forests) with a voluntary policy designating the worksite as smoke-free -or- Proportion of communities with a policy that designates non-dining outdoor worksites (e.g., construction sites, lumber mills, forests) as smoke-free	• By June 30, 2009, all city building constructions sites will have a policy that designates the entire construction worksite as smoke-free. • By June 30, 2009, three cities in Bobsville County will adopt and implement a policy designating all new constructions sites be smoke-free.
2.2.8	Proportion of worksites with a voluntary policy that prohibits smoking within 20 feet or more of all doorways, windows, vents, and openings -or- Proportion of communities with a policy that prohibits smoking within 20 feet or more of all doorways, windows, vents, and openings	• By June 30, 2009, the City of Susan will enact and implement a policy prohibiting smoking within 20 ft. of doorways and operable windows of all private buildings.

Reduce Exposure to Secondhand Smoke Policy Indicators *(continued)*

	Community Indicator	Sample Objective
2.2.9	Proportion of outdoor public areas, not primarily intended for recreational use, with a voluntary policy that regulates smoking, such as walkways, streets, plazas, college campuses, shopping centers, transit stops, farmers markets, swap meets -or- Proportion of communities with a policy regulating smoking at outdoor public areas that are not primarily intended for recreational use, such as walkways, streets, plazas, school college campuses, shopping centers, transit stops, farmers markets, swap meets	• By May 30, 2009, a policy will be enacted designating the four-block quad area of the State Department of Health Services- East End Complex in the City of Sacramento as smoke-free. • By May 30, 2008, Pleasant City will adopt and enforce a policy to prohibit smoking in all outdoor shopping centers. • By June 30, 2009, all farmers' markets in Produce County will adopt a policy to prohibit smoking within 20 feet of all vendors and entrances to the market area.
2.2.10	Proportion of health care facilities, drug and rehab facilities, and residential care facilities for the elderly, developmentally disabled, or mentally disabled with a voluntary policy that prohibits smoking by employees, residents, and visitors on the premises	• By June 30, 2007, any alcohol and drug rehabilitation facility in Rainy County that receives funding from the county will adopt and implement a tobacco-free campus policy and provide tobacco cessation services to residents of the facility. (Combination objective 2.2.10 and 4.11)
2.2.11	Proportion of multi-unit housing complexes with a voluntary policy that designates common outdoor areas as smoke-free, such as playground, swimming pool area, and entrances -or- Proportion of communities with a policy that designates outdoor common areas of multi-unit housing complexes as smoke-free, such as playground, swimming pool area, and entrances, and/or resolutions encouraging owners, managers, or developers of multi-unit housing to adopt policies creating smoke-free outdoor common areas	• By June 30, 2008, at least 5 multi-unit housing (MUH) complexes in the County of Oceanland will adopt and enforce a voluntary policy that designates common outdoor areas as smoke-free (playground, pools, walkways, etc.).

Reduce Exposure to Secondhand Smoke Policy Indicators *(continued)*

Community Indicator		Sample Objective
2.2.12	Proportion of multi-unit housing complexes with a voluntary policy designating indoor common areas as smoke-free, such as laundry room, hallways, stairways, and lobby area -or- Proportion of communities with a multi-unit housing policy that prohibits smoking in indoor common areas such as laundry room, hallways, stairways, and lobby areas, and/or resolutions encouraging owners, managers, or developers of multi-unit housing to adopt policies creating smoke-free indoor common areas	• By June 30, 2009, a minimum of two property management companies in College town will adopt a policy prohibiting smoking in outdoor and indoor common areas as evidenced by a no smoking clause in the resident lease or agreement. (Combination objective for indicators 2.2.12 and 2.2.11)

Reduce Exposure to Secondhand Smoke Policy Indicators *(continued)*

Community Indicator	Sample Objective
2.2.13 Proportion of multi-unit housing owners and/or operators with a voluntary policy that restricts smoking in individual units (including balconies and patios) -or- Proportion of communities with a policy that restricts smoking in the individual units of multi-unit housing (including balconies and patios), and/or resolutions encouraging owners, managers, or developers of multi-unit housing to adopt policies creating smoke-free individual units.	• By May 30, 2008, the number of apartment complexes in Orange County allocating all or at least 50% of their units as smoke-free will increase from the baseline of 10 to 34. • By June 30, 2010, at least five multi-unit housing complexes in Latte County will adopt a smoke-free unit policy to be implemented in all new leases signed. • By June 30, 2010, three cities in Coffeeland County will have adopted and implemented policies requiring all new affordable housing developments to be 100% smoke-free. • By June 30, 2010, at least five multi-unit housing complexes in Machiatto County will adopt and implement a policy where at least 50% of their units are designated as smoke-free. • By June 30, 2009, a minimum of five multi-unit housing complexes or public housing boards with predominantly AAPI residents in Fancy City will adopt a policy that protects residents from drifting secondhand smoke between units and incorporates enforcement/compliance remedies. • By June 30, 2008, the student housing office for two colleges and universities in Urban County will adopt and implement a formal policy to solicit information from apartment owners and list in announcements whether a rental apartment provides smoke-free units, common indoor and outdoor environments. • By June 30, 2008 the "Apartments for Rent" listing magazine distributed at super markets and other public places in Broad County will include a standardized notation about each apartment complex's smoking and enforcement policy.
2.2.14 **Retired. Single resident occupancy hotel will be encompassed in the definition of multi-unit housing** ~~Extent that single resident occupancy hotel rooms designate a portion of rooms and common indoor areas as smoke-free. (e.g., laundry room, hallways, stairways, lobby)~~	

Reduce Exposure to Secondhand Smoke Policy Indicators *(continued)*

Community Indicator	Sample Objective
2.2.15 **Retired. Single resident occupancy hotel will be encompassed in the definition of multi-unit housing** ~~Extent that single resident occupancy hotel rooms adopt policies designating common outdoor areas as smoke-free, (e.g., playgrounds, swimming pool, entrances)~~	
2.2.16 Proportion of outdoor recreational facilities, areas, and venues with a voluntary policy that regulates smoking in places such as amusement parks, beaches, fairgrounds, parks, parades, piers, playgrounds, sport stadiums, tot lots, and zoos -or- Proportion of communities with a policy that regulates smoking at outdoor recreational facilities, areas, and venues in places such as amusement parks, beaches, fairgrounds, parks, parades, piers, playgrounds, sport stadiums, tot lots, and zoos	• By June 1, 2008, six community events and/or agencies in Pear County will adopt and implement smoke-free policies. (Venues such as the County Fair, County Rodeo, Mosquito Serenade, Partnership for the Public's Health agencies, Water Works Park, Renaissance Fair, etc). • By June 30, 2008, a minimum of two outdoor tobacco smoke policies will be adopted in Apple County (i.e., parks, zoos, child sensitive areas, sporting and cultural events, etc.). • By June 30, 2008, at least three venues in Seashell County (i.e. Salinas Sports Complex, Salinas Valley Fairgrounds, Seashell County Fairgrounds, Laguna Seca Raceway, Salinas Air Show) will adopt policies designating smoke-free waiting lines and smoke-free stadium seating. • By June 30, 2010, at least 10 of 20 targeted outdoor venues in the county of Frappaccino will adopt and implement policies that designate the areas as completely smoke-free or with a few designated smoking areas in low-traffic locations.
2.2.17 Proportion of *private* elementary and high schools that designate campuses as tobacco-free (*Note, state law requires public schools to be tobacco-free vs. smoke-free, which is why this indicator uses the term tobacco-free*)	• By May 30, 2008, all Catholic Schools in Sunshine County will adopt and implement policies designating the school campus tobacco-free during school and after school hours.

Reduce Exposure to Secondhand Smoke Policy Indicators *(continued)*

	Community Indicator	Sample Objective
2.2.18	Proportion of foster care homes or agencies with a voluntary policy that regulates smoking -or- Proportion of communities with a policy or resolution that regulates smoking within foster care homes	• By April 30, 2008, the foster care system in Urban County will adopt and implement an agency policy prohibiting smoking in the homes and cars of foster care parents. • By January 31, 2008 all jurisdictions served by the Brie County Department of Children and Family Services (DCFS) will adopt, implement, and enforce a policy for group homes to be 100% smoke-free indoors.
2.2.19	Proportion of businesses and venues with a voluntary policy that regulates smoking in outdoor waiting lines (e.g., movie theaters, sporting events, entertainment events, food service, restrooms, ATMs, etc.) -or- Proportion of communities with a policy that regulates smoking in outdoor waiting lines (e.g., movie theaters, sporting events, entertainment events, food service, restrooms, ATMs, etc.)	• By September 30, 2008, Brenden Theaters in Gouda County will adopt a smoke-free theater entrance policy designating no smoking within 50 feet of theater entrances. (Combination 2.2.19 and 2.2.8) • By September 30, 2009, the cities of Salt and Butter in Popcorn County will prohibit smoking in all outdoor waiting lines at movie theaters, sporting events, ATMs, food service, restrooms, and entertainment events.
2.2.20	Proportion of faith community organizations (e.g., churches, synagogues, mosques, and temples) with a policy that regulates smoking on their grounds and at events	• By June 30, 2008, at least four of temples in Serene County will adopt and implement written policies that designate their events and grounds as smoke-free as demonstrated by signage and observations conducted annually.
2.2.21	Proportion of communities with a policy that prohibits smoking in cars when minors are present	• By June 30, 2010, at least three cities in Motorville County will pass policies prohibiting smoking in cars when minors under the age of six are present.

Reduce Exposure to Secondhand Smoke Policy Indicators *(continued)*

	Community Indicator	Sample Objective
2.2.22	Proportion of communities that use zoning regulations, building codes, housing or other general plan elements, HUD consolidated plans, permitting processes, etc. to increase the amount of smoke-free indoor or outdoor areas in multi-unit housing	• By June 30, 2010, at least 50% of all new multi-unit housing permits issued by the county of Bobsville will specify that builders must designate at least 50% of the units as smoke-free. • By June 30, 2010, Sunflower City in Builder County will require all newly certified section eight housing to include a provision that prohibits smoking in at least 75% of the units.
2.2.23	Proportion of communities with a policy that requires landlords, affordable housing providers, condo associations, single residency occupancy hotels, and other similar groups to disclose the location of smoking and non-smoking units, the smoking history of a unit, and require rental vacancy listings to include a category for smoking and non-smoking units	• By June 30, 2010, at least six cities in Loftville County will adopt a policy requiring all rental publications to disclose whether units are smoking or non-smoking. • By June 30, 2010, at least six cities in Rentsville will pass a policy requiring landlords to keep a file of the location of smoke-free units and its smoking history available for access by potential renters.
2.2.24	Proportion of communities with a policy declaring non-consensual exposure to secondhand smoke as a nuisance	• By June 30, 2009, eight cities in Smoke-free County will pass a policy declaring non-consensual exposure to SHS as a nuisance.
2.2.25	Proportion of businesses with a voluntary policy that designates American Indian **casino/leisure complexes** as smoke-free to a level that is consistent with protection provided to other California workers under California Labor Code 6404.5 -or- Proportion of American Indian tribes with a policy that designates **casino/leisure complexes** as smoke-free to a level that is consistent with protection provided to other California workers under California Labor Code 6404.5	• By June 30, 2010, the American Indian tribes within Rural County will adopt and implement a policy designating casinos, including all the gaming areas, the restaurants, bars and entertainment facilities as smoke-free indoors.

Priority Area: Reduce the Availability of Tobacco (3)
Reduce the Availability of Tobacco Enforcement/Compliance Indicators (.1)

Definition: These community indicators address enforcement and/or compliance of state or local legislated policies intended to control the sale, distribution, sampling, or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use. Enforcement agencies are those that are designated by law or by a governmental agency with the authority to enforce policies, laws, and regulations.

	Community Indicator	Sample Objective
3.1.1	Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the sale of tobacco sales to minors and that require ID checking -or- Number of warnings, citations, and fines issued for violating policies that prohibit the sale of tobacco to minors and that require ID checking -or- Proportion of tobacco retailers in compliance with policies that prohibit the sale of tobacco to minors and that require ID checking	• By June 30, 2010, among the 385 tobacco retail establishments in Coast County, sales of tobacco to minors will decrease from 14% (2004 rate) to 5% as determined by an annual youth tobacco purchase survey. • By June 30, 2010, at least six of the 13 jurisdictions in Cannery County will actively enforce PC 308 (a) and cite violators as demonstrated by conducting a minimum of two PC 308 youth decoy operations annually and the issuance of citations to violators. • By June 30, 2009, the proportion of high school students in Hope County classified as regular smokers who report that it "is easy to purchase tobacco" will decrease to 25% or less.
3.1.2	Number of compliance checks conducted by enforcement agencies for violations of policies that require tobacco retailers to post the STAKE Act age-of-sale warning sign -or- Number of warnings, citations, and fines issued for violations of policies that require tobacco retailers to post the STAKE Act age-of-sale warning sign -or- Proportion of tobacco retailers in compliance with policies that require tobacco retailers to post the STAKE Act age-of-sale warning sign	• By June 30, 2008, there will be an increase from 40% (2004) to 95% among the 126 Sunshine City tobacco retailers who are in compliance with posting STAKE Act Age-of-Sale warning signs. • By June 30, 2008, 85% of 200 convenience stores, gasoline stations, mini-marts and neighborhood stores within Madera County will be in compliance with posting STAKE Act age-of-sale warning signs and Business and Professions Code 22962 (SSD restriction). (Combination objective for indicators 3.1.2 and 3.1.3). • By June 30, 2009, Philip Morris and RJ Reynolds will include in their contract agreements with retailers a requirement to post the STAKE Act signage and have tobacco retailer licenses.

Reduce the Availability of Tobacco Enforcement/Compliance Indicators *(continued)*

Community Indicator		Sample Objective
3.1.3	Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the sale of cigarettes and other tobacco products from self-service display -or- Number of warnings, citations, and fines issued for violations of policies that prohibit the sale of cigarettes and other tobacco products from self-service displays -or- Proportion of tobacco retailers in compliance with policies that prohibit the sale of cigarettes and other tobacco products from self-service displays	• By June 30, 2008, there will be 95 % compliance with the state law prohibiting cigarette self-service displays in the cities of Red, Blue and Green.
3.1.4	Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the sale of bidis to businesses where minors are not allowed access -or- Number of warnings, citations, and fines issued for violations of policies that prohibit the sale of bidis to businesses where minors are not allowed access -or- Proportion of businesses in compliance with policies that prohibit the sale of bidis to businesses where minors are not allowed access	• By May 30, 2010, at least 24 of 34 cities in Hope County will adopt a protocol to enforce Business and Professions Code 22962 (the self-serve ban), as well as Penal Code 308.1 (the bidis ban). (Combination objective for indicators 3.1.3 and 3.1.4)
3.1.5	Number of compliance checks conducted by enforcement agencies for violations of policies that restrict the placement of tobacco vending machines -or- Number of warnings, citations, and fines issued for violations of policies that restrict the placement of tobacco vending machines -or- Proportion of businesses in compliance with policies that restrict the placement of tobacco vending machines	• By January 1, 2010, 100% of businesses (n= 200) in Glacier County will be in compliance with the state law restricting placement of vending machines to adult only facilities.

Reduce the Availability of Tobacco Enforcement/Compliance Indicators *(continued)*

Community Indicator	Sample Objective
3.1.6 Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the sale of single cigarettes -or- Number of warnings, citations, and fines issued for violations of policies that prohibit the sale of single cigarettes -or- Proportion of businesses in compliance with policies that prohibit the sale of single cigarettes	• By January 1, 2008, the percentage of stores selling single-sale-cigarettes in the midtown portion of Urban City will decrease from 20% to less than 5% as determined by annual retail surveys.
3.1.7 Number and type of Master Settlement Agreement violations by tobacco companies or tobacco sale and distribution requirements	• By January 1, 2008, obtain 100% compliance with MSA tobacco distribution requirements at sporting and entertainment events in Rural County through creation of a highly publicized public monitoring system that forwards potential violations to the Attorney General's Office for possible prosecution. • By January 1, 2009, there will be 100% compliance with MSA and state requirements prohibiting the sale of cigarettes in packages of less than 20 cigarettes (kiddie packs) as documented by an annual youth tobacco survey conducted among 200 tobacco retailers in Valley County.
3.1.8 Number of agencies that include bidis, cigars, smokeless tobacco, hookah tobacco, or nicotine-related products not meant for cessation as part of compliance checks for enforcement of illegal tobacco sales to minors	• By May 30, 2010, two law enforcement agencies in Middle Earth County will adopt enforcement protocols that include youth tobacco purchase attempts of bidis, cigars and smokeless tobacco products, in addition to cigarettes, as a result of an education and training program. • By May 30, 2010, the percentage of mom and pop stores, liquor stores, health stores, tattoo parlors and tobacco stores in Urban City that sell bidi or flavored cigarettes will decrease from 5% to 1%.

Reduce the Availability of Tobacco Enforcement/Compliance Indicators *(continued)*

	Community Indicator	Sample Objective
3.1.9	Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the distribution of free or low-cost tobacco products, coupons, coupon offers, or rebate offers for tobacco products -or- Number of warnings, citations, and fines issued for violations of policies that prohibit the distribution of free or low-cost tobacco products, coupons, coupon offers, or rebate offers for tobacco products -or- Proportion of venues and business in compliance with policies that prohibit the distribution of free or low-cost tobacco products, coupons, coupon offers, or rebate offers for tobacco products	• By June 30, 2010, 85% of 200 businesses in Fun County receiving monthly compliance checks will have received no citations or fines for violation of the policy prohibiting the distribution of free or low-cost tobacco products, coupons, coupon offers or rebate offers for tobacco products.
3.1.10	Number of compliance checks conducted by enforcement agencies for violations of policies that require tobacco retailers to post their tobacco retail license –or- Number of warnings, citations, and fines issued for violations of policies that require tobacco retailers to post their tobacco retail license -or- Proportion of tobacco retailers in compliance with policies that require tobacco retailers to post their tobacco retail license	• By June 30, 2008, the number of compliance checks for retail license postings conducted annually will increase by 50% compared to baseline data collected in 2006. • By June 30, 2009, at least 85% of 50 tobacco retailers in Americano County will have their tobacco retail licenses posted as determined by an annual observation survey.

Priority Area: Reduce the Availability of Tobacco (3)
Reduce the Availability of Tobacco Policy Indicators (.2)

Definition: These community indicators address the adoption of voluntary or legislated policies intended to control the sale, distribution, sampling, or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use.

Community Indicator	Sample Objective
3.2.1 The proportion of communities with a tobacco retail licensing policy that earmarks a portion of the license fee for enforcement activities	• By June 30, 2004, at least two cities or unincorporated areas in Chai County will adopt and implement a policy that requires all tobacco retailers to obtain a license in order to sell tobacco products and includes sufficient fees to conduct regular compliance checks. • By April 30, 2008, a minimum of three cities in Urban County will adopt tobacco retail licensing requirements that include sufficient fees to conduct compliance checks of retailers at least three times per year.
3.2.2 Proportion of communities with a zoning policy that regulates the number, location, and density of tobacco retail outlets (e.g., conditional use permits)	• By May 30, 2010, a minimum of two jurisdictions within the county will adopt and enforce a conditional use permit policy to prohibit the location of tobacco retail outlets within 1,000 feet of schools, parks and youth facilities.
3.2.3 **Retired. State legislation is very comprehensive in this area. Directing additional resources towards the few exemptions in state law would not make a sufficient public health impact.** ~~The proportion of communities with policies that prohibit the sale of all tobacco products (e.g., cigarettes, smokeless tobacco and cigars) through self-service displays and which require tobacco products to be in a locked or covered case~~	

Reduce the Availability of Tobacco Policy Indicators *(continued)*

Community Indicator		Sample Objective
3.2.4	Proportion of venues with voluntary policy that prohibits the distribution of free or low-cost tobacco products, coupons, coupon offers, or rebate offers for tobacco products -or- Proportion of communities or events with a policy that prohibits the distribution of free or low-cost tobacco products, coupons, coupon offers, or rebate offers for tobacco products	• By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupons, coupon offers or rebate offers for tobacco products at all public events in these jurisdictions.
3.2.5	The proportion of communities with a policy that eliminates all tobacco vending machine sales	• By May 30, 2009, all five cities in Big County will adopt and enforce a policy prohibiting tobacco sales from any vending machine, including those in businesses that restrict access to persons under the age of 18.
3.2.6	The proportion of communities with a policy that prohibits tobacco sales via mobile vendors	• By May 30, 2010, at least five cities in Beautiful County will adopt and enforce a policy prohibiting tobacco sales from mobile vendors such as ice cream trucks, hot dog cars and mobile food service trucks.
3.2.7	The proportion of independent and chain pharmacy stores with a voluntary policy to NOT sell tobacco products -or- Proportion of communities with a policy that prohibits the sale of tobacco products by independent and chain pharmacy stores	• By May 30, 2008, the percentage of independent pharmacies in Healthy County that voluntarily decide not to sell tobacco will increase from three (1998 baseline) to 15. • By January 30, 2008, the Progressive County Medical Society and California Pharmacists Association will adopt resolutions asking all pharmacies and drug stores to cease the sale of tobacco products. • By June 30, 2010, at least 25 of 30 independent and chain pharmacy stores in low-income neighborhoods in three cities of Americano County will adopt and implement a policy against carrying tobacco products.

Reduce the Availability of Tobacco Policy Indicators *(continued)*

Community Indicator		Sample Objective
3.2.8	Proportion of communities with a policy or resolution that regulates the sale of tobacco and nicotine containing products that are not intended to facilitate tobacco cessation, but rather are promoted as having lower health risks in comparison to traditional tobacco products or that are promoted for use in lieu of smoking where smoking is not permitted	• By April 2009, 30 prominent health agencies and organizations will adopt a resolution declaring they will not promote tobacco products and nicotine-containing products (not meant for cessation), as a healthier alternative to smoking conventional cigarettes and smoking tobacco products.

Priority Area: Reduce the Availability of Tobacco (3)
Behavior Indicators (.3)

Definition: These community indicators address individual behaviors related to controlling the sale, distribution, sampling, or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but that are not intended to result in cessation of tobacco use.

Community Indicator	Sample Objective
3.3.1 Proportion of minors reporting they have received tobacco products from a social source	• By May 30, 2008, the percent of 8th graders in Big County reporting they received their last cigarette from a social source will decrease to 40% or less as determined and illegal tobacco sales to minors will be no more than 10 percent. (Combination objective for indicators 3.3.1 and 3.1.1) • By May 1, 2009 the percent of Iu Mien adults in Valley County who refuse to give tobacco products to youth will increase 25% over a baseline to be established. • By May 30, 2010 decrease the proportion of adults who report they provide tobacco products to minors, as determined by a baseline survey of Macchiato County adults enrolled in four social/health service agency programs, will decrease by 15% from a baseline to be established in May 2008.

Priority Area: Promote Tobacco Cessation Services (4)
Provision of Cessation Services Indicators (.1)

Definition: These community indicators address the direct provision of culturally and linguistically appropriate cessation services or pharmacotherapy (not provided as part of a health insurance benefit).

Community Indicator	Sample Objective
4.1.1 Number of culturally and linguistically appropriate behavior modification-based tobacco cessation services that are available and well utilized in the community	• By June 30, 2010 at least 150 residents of Oceanside County will participate in a minimum of 24 smoking cessation programs with at least 25% of those who attend at least two sessions report being smoke-free after one year. • By June 30, 2010 at least six smoking cessation programs will be conducted for Oceanside County employees with at least 25% of participants who complete the program reporting they are smoke-free after one year. • By June 2010, Franklin AME in Big County will implement and maintain a cessation program that enrolls a minimum of 100 smokers annually with at least 25% of program completers being smoke-free at a six-month follow-up. • By June 30, 2009, the Alcohol and Drug Division of the Butternut County Health Department will routinely assess clients for tobacco use and offer referral to cessation services and/or self-help quit as demonstrated by the adoption of cessation screening protocols and an annual chart audit conducted in May of every year. • By June 30, 2010, a minimum of 60% of 100 dentists in the county will report that they routinely provide screening for tobacco use, advise patients to quit and refer patients to the Chewers' and Smokers' Helplines. • By June 30, 2010, increase the number of calls received from adults and teens to the California Smokers' and Chewers' Helpline in Mountain County from 25 to a maintenance level of at least 100 per year. • By June 30, 2010, increase the number of calls made to the California Smokers' Helpline from Fresh Air County by 20% each year (from previous year) from the fiscal 2004 baseline of 209 calls. • By June 30, 2010, increase the number of calls to the California Smokers' Helpline from African American adults for Urban County by 20% from 822 (2004) to 986 annually. • By June 30, 2010, 224 low-income/high-risk smokers will participate in behavior modification based tobacco cessation services in the community. At least 40% of those participants completing the intervention will quit smoking and of those who quit smoking, 40% will continue to be smoke-free at a six month follow-up. • By January 30, 2009, implement a proactive smoking assessment and fax referral system into five county supported prenatal and family planning clinics which will generate a minimum of 50 smokers into calling the California Smoker's Helpline counseling.

Provision of Cessation Services Indicators *(continued)*

Community Indicator	Sample Objective
4.1.2 Proportion of schools or school districts that support cessation interventions for students and staff who use tobacco (e.g., counseling for students and staff who use tobacco or referrals to tobacco cessation programs)	• By May 30, 2010, all high schools in Valley County will establish and provide at least three cessation programs per school year for students and at least two cessation programs per year for adult staff.
4.1.3 Number of tobacco cessation programs that provide free or low cost pharmacological quitting aids for cessation program participants who are not eligible for this benefit through a government or employer subsidized health insurance plan, and link the provision of free or low cost pharmacologic quitting aids to behavior modification-based tobacco cessation services	• By May 30, 2010, at least one major health care plan serving public employees in Smoke-free County will adopt and implement a comprehensive program to train and support health care provider groups to provide treatment for tobacco addiction consistent with the Public Health Service clinical practice guidelines. • By May 30, 2008, a minimum of two health care plans in Happy County will adopt provisions that enhance nicotine-dependence treatment services offered as part of the health care plan's benefits for public employees to include reimbursement for enrollment in a smoking cessation behavior modification pro gram, NRT and other cessation pharmacotherapy benefits up to two times per year.

Priority Area: Promote Tobacco Cessation Services (4)
Cessation Policy Indicators (.2)

Definition: These community indicators address the adoption of voluntary or legislated policies designed to promote the availability of behavior modification tobacco cessation services and adjunct pharmacotherapy to aid tobacco cessation.

Community Indicator		Sample Objective
4.2.1	Number of public employee health insurance purchasers that require the provision of tobacco cessation behavior and pharmacotherapy services consistent with the U.S. Public Health Service clinical practice guidelines *Treating Tobacco Use and Dependence*	• By May 30, 2009 at least three municipal or county health care purchasers in Valley County will require all vendors to provide tobacco cessation services and pharmacotherapy as part of their health benefit package to employees and their families.
4.2.2	Number of managed care organizations in the community that have implemented the U.S. Public Health Service clinical practice guidelines *Treating Tobacco Use and Dependence*	• By May 30, 2010, at least 75% of 500 medical charts audited from one managed care provider group in Mountain County will recognize addiction to tobacco products as a chronic disease risk factor as demonstrated by consistently implementing a "Vital Signs" approach to treating tobacco addiction.
4.2.3	Extent of policies that restrict or prohibit use of alternative tobacco products (e.g., smokeless tobacco) at the worksite	• By April 30, 2010, UPS offices in the Big City will adopt a company policy prohibiting smoking and smokeless tobacco use in company vehicles. (Combination 4.2.3 and 2.1.1).
4.2.4	Number of alcohol and drug treatment, mental health treatment, migrant clinics, and other health or social service agencies that have implemented the U.S. Public Health Service clinical practice guidelines *Treating Tobacco Use and Dependence*	• By April 30, 2009, all mental health treatment centers in Anytown County will also provide tobacco cessation services and pharmacotherapy as part of their treatment plan if the patient is identified as a smoker. • By April 30, 2009, all WIC Clinics in Mountain Valley County will also provide tobacco cessation services and connect clients with the California Smoker's Helpline.

Sample Objectives for Communities of Excellence Assets

Tobacco Control Funding Assets (1)

Definition: Tobacco Control Funding Assets reflect the extent funding is available for tobacco control activities.

Community Indicator		Sample Objective
1.1	Global per capita appropriation for tobacco control activities, from various sources, is consistent with the recommendations of the National Association of County and City Health Officials: ■ < 100,000 population: $8-$10/capita ■ 101,000-500,000 population: $6-$8/capita ■ > 501,000 population: $4-$6/capita Subset of Global per capital funding for school programs: ■ $4.00 to $6.00 per student regardless of student population size	• By May 31, 2010, the per capita appropriation for tobacco control in Silver County will increase from $0.99 to $2.00.
1.2	Amount of MSA funds that are appropriated for the purpose of tobacco control activities	• By May 30, 2009, at least $75,000 of Gold County's MSA allocation will be appropriated annually for tobacco control activities.
1.3	Amount of local Prop 10 funds that are appropriated for cessation and secondhand smoke education targeting pregnant women and families with young children	• By September 1, 2007, the Prop. 10 Commission will adopt an objective in its County Plan that earmarks at least 10% of the Prop 10 allocation for funding perinatal/postnatal tobacco cessation programs given that smoking during pregnancy and exposure to secondhand smoking are causes of low birth weight, SIDS, and respiratory illnesses in children.

Social Capital Assets (2)

Definition: The Social Capital Assets reflect the extent people and organizations work collaboratively in an atmosphere of trust to accomplish goals of mutual benefit.

Community Indicator	Sample Objective
2.1 Number of tobacco control advocacy trainings that are provided to youth and adults	• By May 30, 2008, annually conduct a two day youth tobacco advocacy and leadership training for a minimum of 30 youth ages 14 to 17 years old in Young County. • By May 30, 2008, a minimum of 15 adult coalition members will annually participate in at least two trainings, related to objectives in the scope of work, that address issues such as establishing smoke-free residential housing, public fund divestment, outdoor tobacco smoke, and point-of-sale tobacco advertising.
2.2 Amount of satisfaction among coalition or advisory committee members with program planning, involvement of the community, implementation activities, quality of services, and progress made by the project	• By May 30, 2008, an annual assessment of coalition satisfaction will be conducted and 80% or more of the members will indicate that they are satisfied to very satisfied with program planning, involvement of the community, implementation, quality of services and progress made by the coalition.
2.3 Amount of support by local key opinion leaders for tobacco related community norm change strategies	• By October 30, 2007, the Board of Supervisors will designate a person with tobacco control expertise to be a member of the Prop. 10 Commission. • By July 2009, obtain written support or pledges for tobacco taxes, with earmarking for tobacco control and health care services, from at least two political causes within the County as a result of local legislative information and educational visits with the Black, Latino, LGBT, Asian, and American Indian Caucus members to increase awareness of how tobacco has negatively affected the health and economics of their constituency. • By June 30, 2010, a team of at least five non-county employees will participate annually in legislative education days at the state and district levels.

Social Capital Assets *(continued)*

Community Indicator		Sample Objective
2.4	Amount of community activism among youth to support tobacco control efforts	• By September 30, 2007, a tracking system to monitor youth coalition participation in activities such as serving as media spokespersons, testifying at public hearings, writing letters, local data collection and participating at media events will demonstrate that on average each youth coalition member participated in at least three activities. • By May 30, 2010, at least 35 Wine County youth will be recruited/maintained by the Tobacco Control Program staff to participate in leadership and/or tobacco control trainings to enable them to effectively advocate for tobacco control issues in Wine County.
2.5	Amount of community activism among adults to support tobacco control efforts	• By May 30, 2008, a tracking system to monitor adult coalition participation in activities such as serving as media spokespersons, testifying at public hearings, writing letters, local data collection and participating at media events will demonstrate that on average each non-Prop. 99 funded coalition members participated in at least three activities. • By June 30, 2008, the county tobacco control program will train and support at least 10 African American/African Immigrant community activists who will provide their active leadership and support in implementing at least two of the county's advocacy campaigns. • By December 31, 2009, Lovely County LLA will identify, recruit and train a minimum of five Hispanic community based organizations, not previously involved in tobacco control work, to participate in mobilization/activism activities conducted by the LLA coalition.
2.6	Number and type of non-traditional partners participating in coalitions or advisory committees facilitates tobacco control efforts	• By September 30, 2009, identify, recruit and obtain participation from a union and law enforcement professional in the LLA coalition's tobacco control activities. • By September 30, 2009 the Salas County Tobacco Control Program will recruit an additional three non-traditional members, maintain existing membership and develop a tracking system to monitor the adult coalition membership. The coalition membership will plan and participate in two tobacco prevention activities per year. (Combination objective for assets 2.5 and 2.6).

Cultural Diversity and Cultural Competency Assets (3)

Definition: Cultural Diversity and Cultural Competency assets are behaviors, attitudes, and policies among TCS-funded projects that enable effective work in cross-cultural situations within the community. Culture refers to patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, sexual orientation, or social groups. Competence implies having the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and the community.

	Community Indicator	Sample Objective
3.1	Number and diversity (i.e., ethnic, cultural, sexual orientation) of partners participating in coalition or advisory committee is relative to their proportion in the community	• By June 30, 2009 increase the participation of non-traditional partners and ethnically/racially diverse groups in the 20 member Tobacco Prevention Coalition from 2003 baseline of 10% (2) to 40% (8). (Combination assets 3.1 and 2.6). • By January 1, 2008, the Verdugo County Tobacco Control coalition will identify, recruit, and maintain at least four representatives from the Hispanic/Latino community, which may include a key-opinion leader, a promoter (peer health advisor), community activist and a youth advocate, to regularly participate in the LLA tobacco control coalition. (Combination objective for 3.1 and 2.6). • By October 1, 2007, recruit and maintain at least three representatives from the African American community and two from the Hispanic/Latino community to regularly participate in the LLA tobacco control coalition.
3.2	**Retired. Asset 3.6 added in place of this asset to encourage a broad array of organizations to assist with ensuring that a diverse group of agencies are funded to address tobacco use.** ~~Extent to which the LLA and other TCS-funded projects in the health jurisdiction include specific objectives in their workplans/scopes of work to address cultural or ethnic/minority community or populations in relation to the demographics of the community~~	

Cultural Diversity and Cultural Competency Assets *(continued)*

Community Indicator	Sample Objective
3.3 Extent that the coalition or advisory committee by-laws and member agency mission statements promote cultural diversity and competency	• By July 1, 2008, 60% of coalition members will revise their agency mission statements to include statements that promote cultural diversity and competence.
3.4 Extent that educational and media materials used by the agency reflect the culture, ethnicity, sexual orientation, and languages of the communities served, relative to the demographics of the community	• By May 30, 2008, all press releases issued by the program will be translated and sent to Spanish, Vietnamese, and Hmong media outlets. • By June 30, 2010, develop three ethnically, culturally and linguistically appropriate educational materials for African American/African Immigrants to address secondhand smoke exposure in the home and cars and to expose the tobacco industry's targeting.
3.5 **Retired. Asset 3.7 added in place of this asset to encourage addressing diversity through a broad range of organizational practices and policies beyond having bilingual staff.** ~~Extent that bilingual staff, subcontractors and consultants are part of the LLA and TCS-funded projects in proportion to the demographics of the local health jurisdiction~~	

Cultural Diversity and Cultural Competency Assets *(continued)*

Community Indicator	Sample Objective
3.6 Extent to which culturally and ethnically diverse organizations are funded to implement community norm change-focused tobacco control efforts in the community, in proportion to the demographics of the community	• By July 1, 2008, at least three agencies serving low-income residents of Anytown County will incorporate educational materials regarding the dangers of SHS at work, in the home, or at outdoor recreational areas. • By July 1, 2008, the Anytown County LLA will partner with at least three non-traditional partners to incorporate SHS smoke educational messages in materials distributed to Hmong, Cambodian, and Laotian communities.
3.7 Extent to which a tobacco control program implements organizational policies and practices that promote and institutionalize the provision of culturally competent and linguistically appropriate services for diverse populations, including organizational values that articulate commitment to cultural competency, participatory collaborative planning, provision of community capacity building, translation policies, staff diversity, and formative research/surveillance within diverse communities	• By July 1, 2009, a policy will be adopted and implemented by the Latte County LLA requiring all materials be focus group tested in languages in which it will be translated into. • By July 1, 2009 the Latte County LLA will recruit staffs that are fluent in at least one language of ethnic groups served by the agency. • By May 30, 2008, recruit and maintain Spanish, Hmong and Cambodian language capabilities among staff, subcontractors or consultants. • By June 30, 2009, the San Ysidro County LLA will identify, recruit, train and maintain at least one bilingual (Spanish/English) and bicultural staff to outreach and provide tobacco control services to the Hispanic/Latino Community.

Chapter 2

Understanding How the Evaluation Plan is Entered Into OTIS, Version 2

In this chapter:

- The basic structure of the OTIS evaluation section
- The five types of evaluation plans
- How to identify the appropriate type of evaluation plan for your objectives
- Several examples that illustrate different types of evaluation plans

Why did we start the evaluation guide with instructions for writing good objectives? Objectives are the cornerstone of the evaluation plan and drive the evaluation information to be entered into OTIS. This chapter illustrates how the nature of the objective determines the framework on which the evaluation plan is built. Each objective has its own unique evaluation needs. The OTIS evaluation format recognizes these unique needs and uses a series of questions at critical decision points to help you enter the appropriate evaluation information for each objective.

A. Basic Structure of the OTIS evaluation section:

1. Components of the Evaluation Section

OTIS begins the process of having you enter information regarding your evaluation plan starting with your objectives, completing the evaluation plan one objective at a time. You will be asked to provide information in three inter-related components of the OTIS evaluation section. Let's take a look at how it starts.

- Begin with the OTIS Main Page
- Click on "Plan" to reach the "Scope of Work" page
- Click on "Objective" and scroll down past "Interventions" to "Evaluation."

The first screen is Figure 1, which includes three components: **Evaluation Design**, **Evaluation Activity Plan**, and **Evaluation Report**.

- The Evaluation Design section asks for information about the proposed outcome of the objective to determine the appropriate evaluation Plan Type and related study design for outcome data collection.

- The Evaluation Activity Plan asks you to describe how, where, and when the evaluation activities will occur, who the responsible personnel are, and what deliverables are involved for completing each evaluation activity. In addition, you will also be asked to enter in tracking measures and the percent effort for deliverables. The Evaluation Activity Plan will be discussed in Chapter 4, "Developing the Evaluation Plan."

- The Evaluation Report asks for information about the analysis and how the evaluation results will be disseminated. The Evaluation Report, which will be discussed in Chapter 6, represents a compilation of the data collected and analyses from all outcome and/or process evaluation activities conducted.

Figure 1

OTIS California Department of Health Services, Tobacco Control Section
Online Tobacco Information System

Local Lead Agency 04-07: Tesing Agency APPLICANT

MyOTIS | Home | Plan | Progress | Cost | Directory | Communications | Reports | Help

Plan

- Plan Index
- Contact Information
- Background Information
- Local Program Evaluator Information
- Scope of Work
  - Objective
- Budget Information
- Additional Documents
- Plan Submission

View Objective

Return to Objective Index | Delete Objective

OBJECTIVE OVERVIEW EDIT

Objective ID: Not Yet Assigned
Completion Date: May 30, 2008
Objective: the number of apartment complexes in Orange County designating all or at least 50% of their units as smoke-free will increase from the baseline of 10 to 34.
Primary Priority Area: (2) Reduce Exposure to Secondhand Smoke
Is this a primary objective? Yes
Target Audience:

Audience Group
- Multiple Housing

General Population Groups
- Non-specific/General Audience

Specific Ethnic Population Groups

INDICATOR(S) EDIT

INTERVENTION TOPIC(S) EDIT

INTERVENTION ACTIVITY PLAN ADD

EVALUATION DESIGN

Overall Design EDIT

EVALUATION ACTIVITY PLAN

Add Collection of Process Data Activity

Collection of Process Data

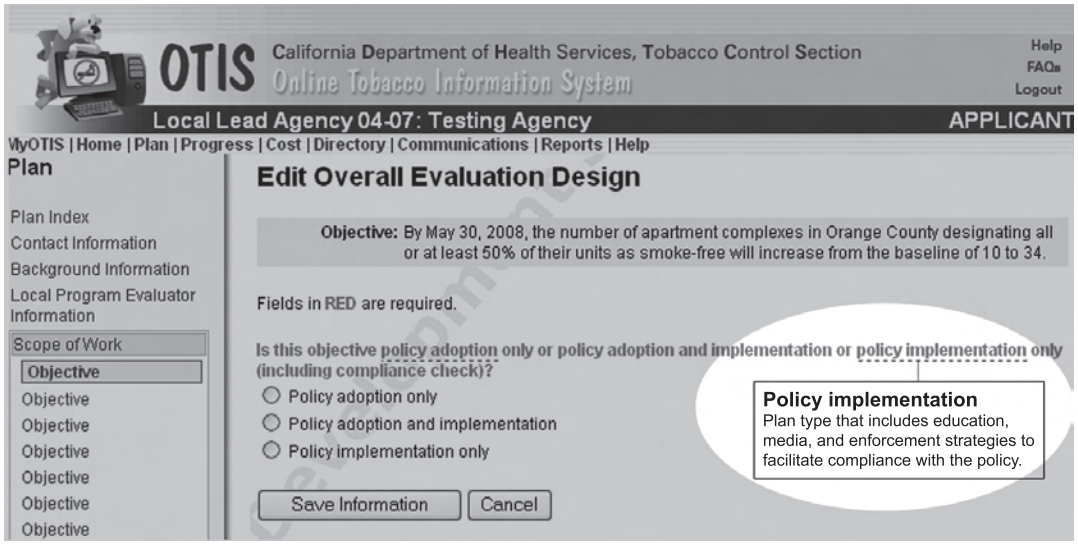
EVALUATION REPORTING

NARRATIVE SUMMARY EDIT

2. Terms

Throughout the evaluation section of OTIS, evaluation-related terms will be underlined as a signal to you that a definition is also provided. Just place your cursor over the underlined word and a "Bubble" will appear containing the definition of that term. See Figure 2 for an example.

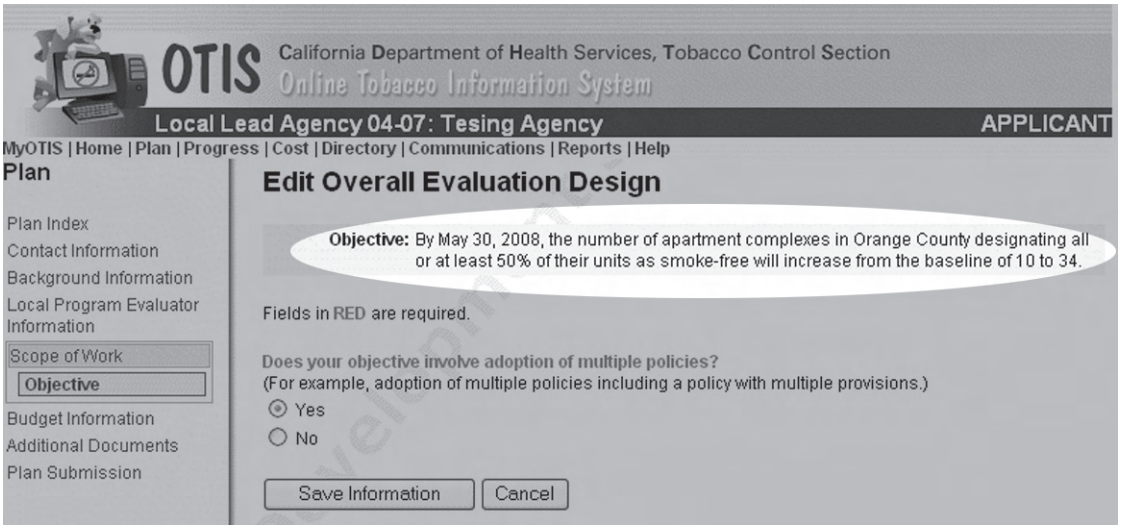
Figure 2



3. Objective

OTIS requires that you complete an evaluation plan for each objective of your SOW. The objective appears on each page of each evaluation section to remind you of which evaluation plan you are working to complete. See Figure 3 for an example.

Figure 3



B. Evaluation Design: Determining the Plan Type for Each Objective

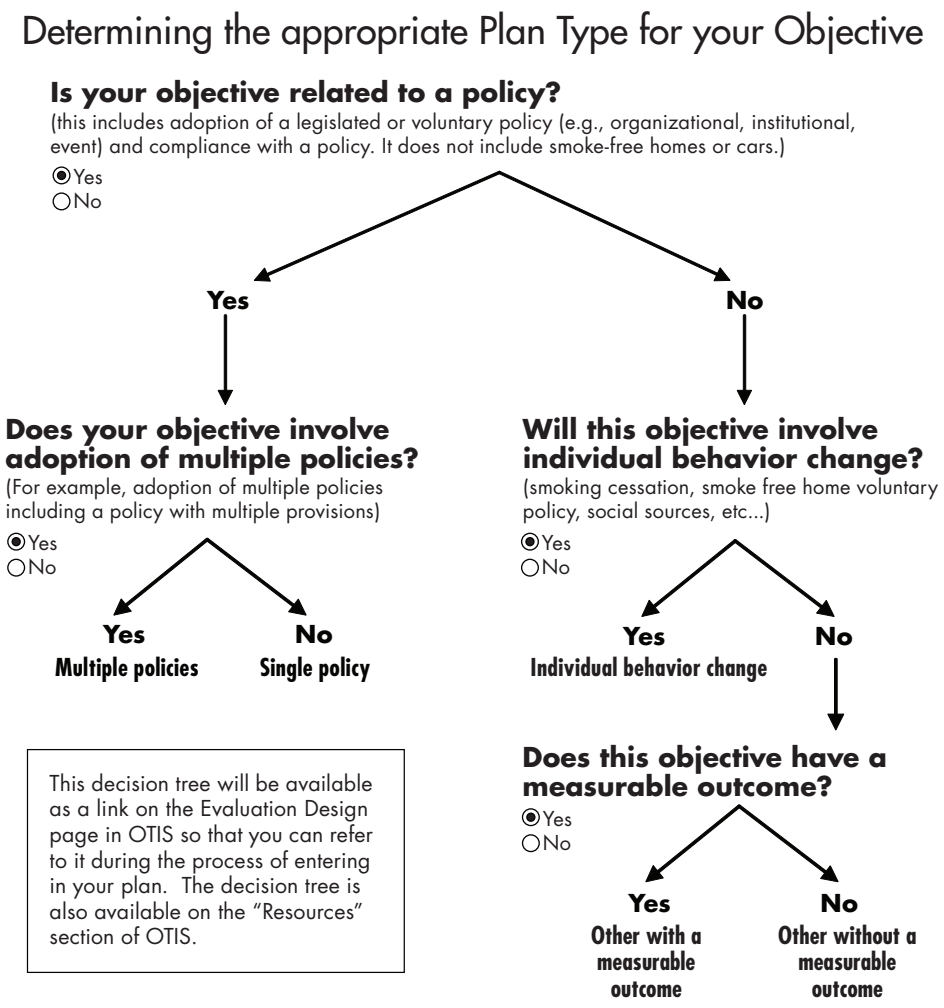
This section provides a series of questions to categorize each objective into one of the five following kinds of evaluation plan types:

1. Policy---single
2. Policy---multiple
3. Individual behavior change
4. Other with measurable outcome
5. Other without measurable outcome

The first question in the OTIS decision tree for Evaluation Design, as shown in Figure 4, relates to policy because most objectives selected by Local Lead Agencies in the 2004-2007 funding cycle were policy-related. We will walk through tions using examples that illustrate the five plan types, starting with policy objectives.

Figure 4

OTIS Decision Tree for Evaluation Design



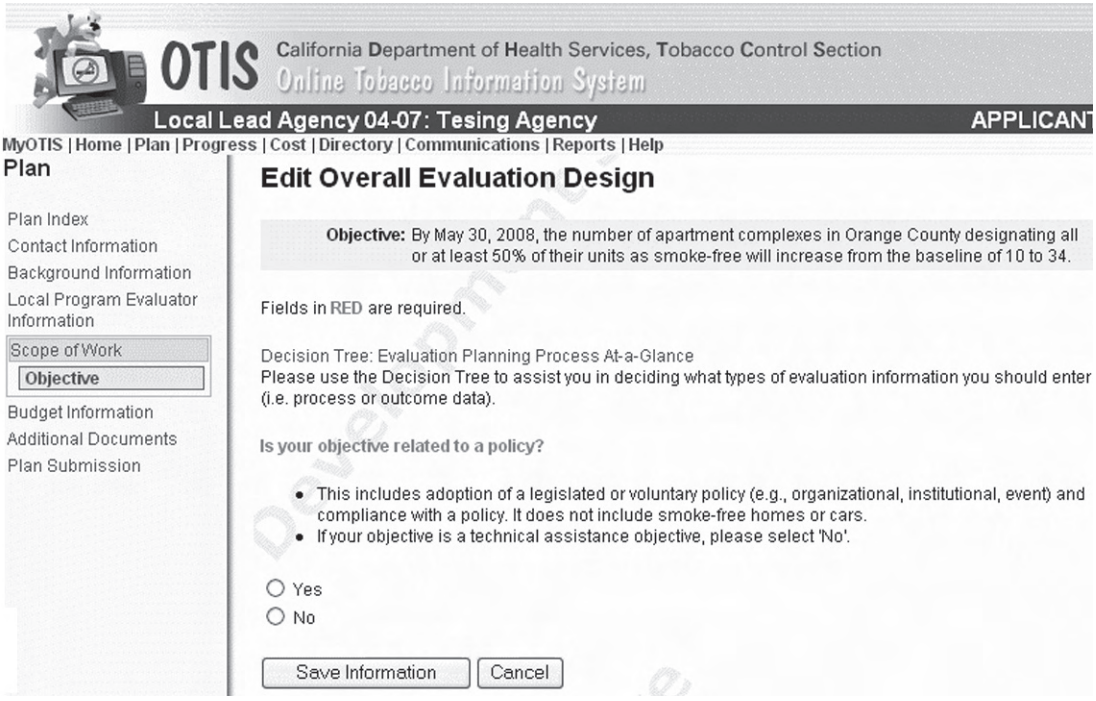
1. Policy Plan Types (Single and Multiple Policies):

Objectives related to policy include the adoption and/or implementation of a legislated policy or voluntary policy. Some examples of voluntary policies include, but are not limited to: business policy on doorway smoking; pharmacy or grocery chain's policy on tobacco sales; multi-unit housing policy to designate non-smoking units; retirement fund divesting of tobacco stock; organizational policy to refuse funding from the tobacco industry or tobacco-funded foundations; a policy that permits smoking in designated areas at a stadium or amusement park etc.

- Go to the "Scope of Work/View Objective" page (Figure 1)
- Under "Evaluation Design" find "Overall Design" and click on "Edit" to reach the first Evaluation Design question in Figure 5.
  - **Is your objective related to policy adoption?**

Please note: *If your objective relates to an individual's smoke-free home or car policies, even though it may*

Figure 5



seem counter-intuitive, answer "No" to this question. OTIS is programmed to categorize home policies as individual behavior change in order to build an appropriate evaluation plan that includes outcome data for the home and car policies, which would not occur if you answer "Yes" to this question.

"Yes" response

You should select "yes" if your objective involves policy adoption. A "yes" response tells OTIS to move to the next question which asks whether the objective involves the adoption of multiple policies (Figure 6a-6b).

OTIS selects a "**Multiple Policies**" Plan Type for a "Yes" answer to the question in Figure 6b.

OTIS selects "**Single Policy**" Plan Type for a "No" answer to the question in Figure 6b.

Figure 6a

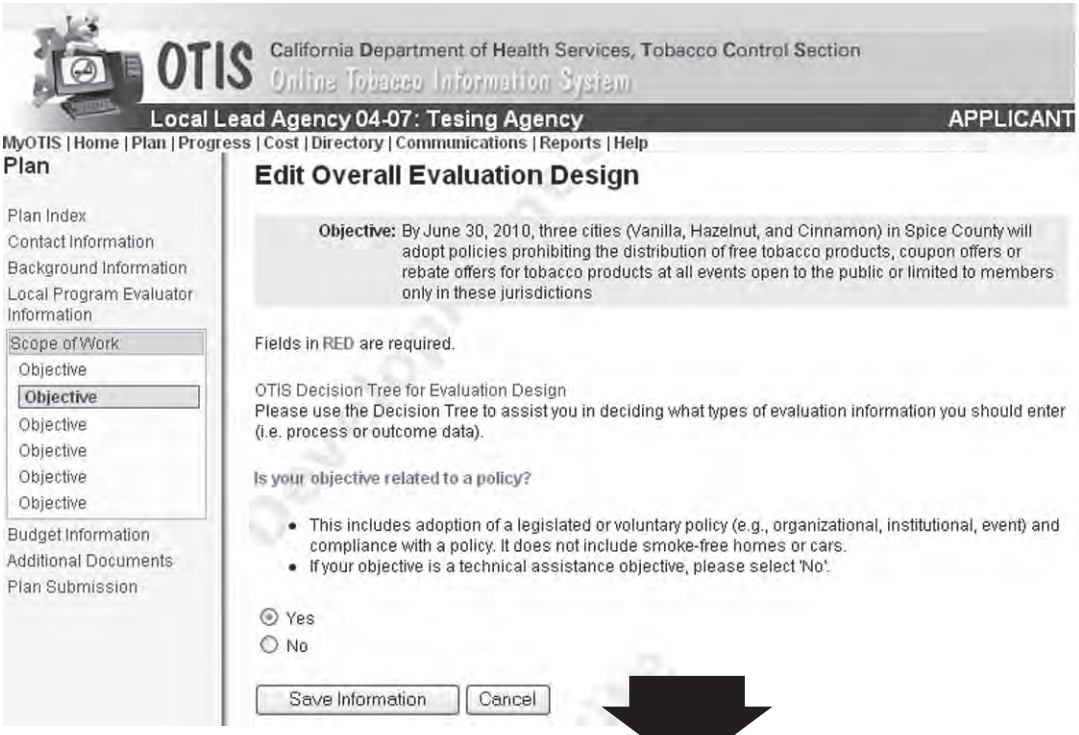
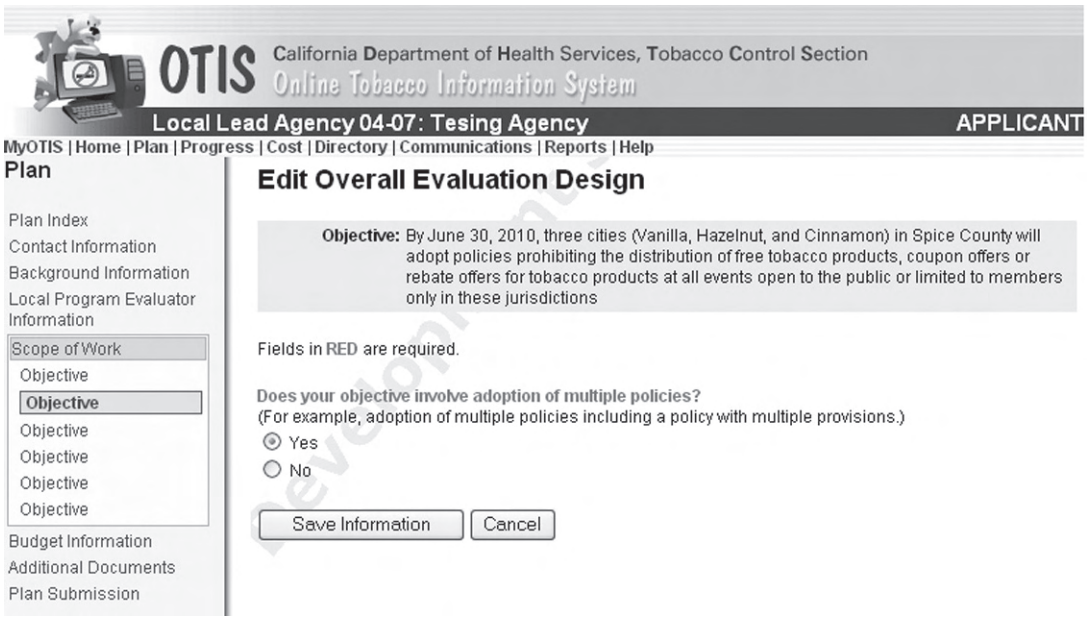


Figure 6b



In general, we encourage you to pursue only one policy per objective. However, sometimes it is strategically necessary to combine multiple related provisions into one policy proposal. If you are doing this, you have a "Multiple Policies" plan type. If you are trying to get the same policy type adopted in multiple locations, this would not be categorized as a "Multiple Policies" plan type, but as a "Single Policy" plan type instead.

Please note that multiple policies are usually closely related, such as retailer licensing, conditional use permits, and tobacco product promotion bans. If the multiple policies you are considering have little in common, it would be best to break them into separate objectives. An objective dealing with multiple policies requires a different type of plan than an objective that addresses a single policy.

"No" response

If your objective is not related to policy adoption OR deals with the provision of training and technical assistance, OTIS asks whether your objective concerns individual behavior change (Figure 7a-7b). See the next section for more explanation of Individual Behavior Change plan types.

Figure 7a

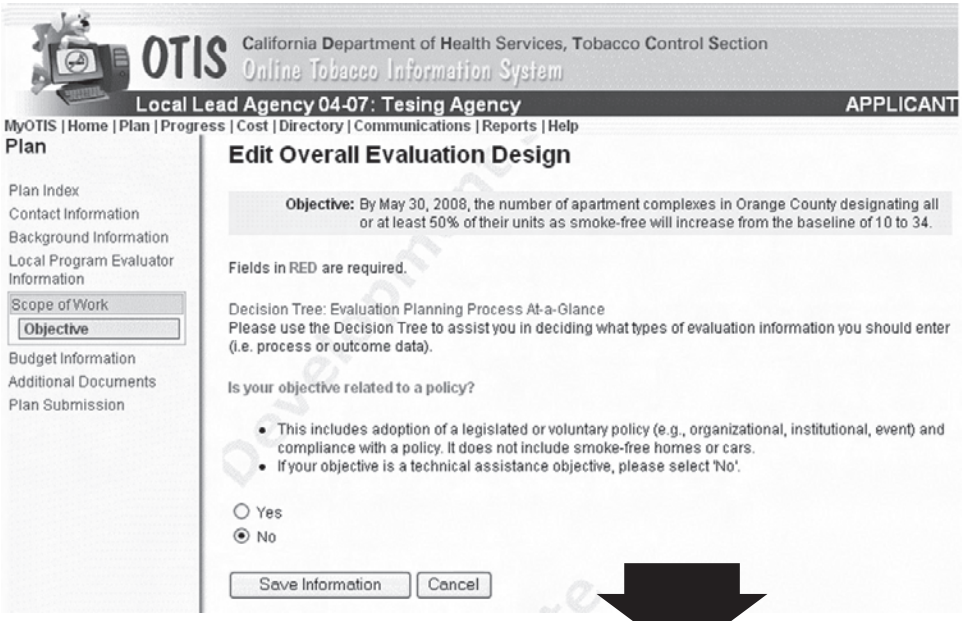


Figure 7b

2. Individual Behavior Change Plan Type:

If you answered "No" to the policy question in Figure 5, OTIS leads you to Figure 7. Since you answered that your objective is not policy-related, you will be asked the question:

- **Will this objective involve individual behavior change?**

"Yes" Response

If your objective will result in individual behavior change, such as individual smoking cessation or family smoke-free policies, answer "Yes."

If you answered "Yes," this is clearly an "individual behavior change" evaluation Plan Type.

"No" Response

If your objective will not result in individual behavior change, select "No."

Again, if your objective deals with the provision of training and technical assistance, you should answer "No" to this question.

3. Other Plan Types:

In previous years, most objectives have involved either policy adoption or individual behavior change. If you answered "No" to the question in Figure 7, the objective does not fall into one of those common categories. What kind of objective will this be? Some general examples are asset-related objectives and service-related objectives.These objectives are defined as "Other" in the OTIS evaluation plan. An example is the proportion of local Proposition 10 funds that are appropriated for prenatal/postnatal tobacco cessation programs.

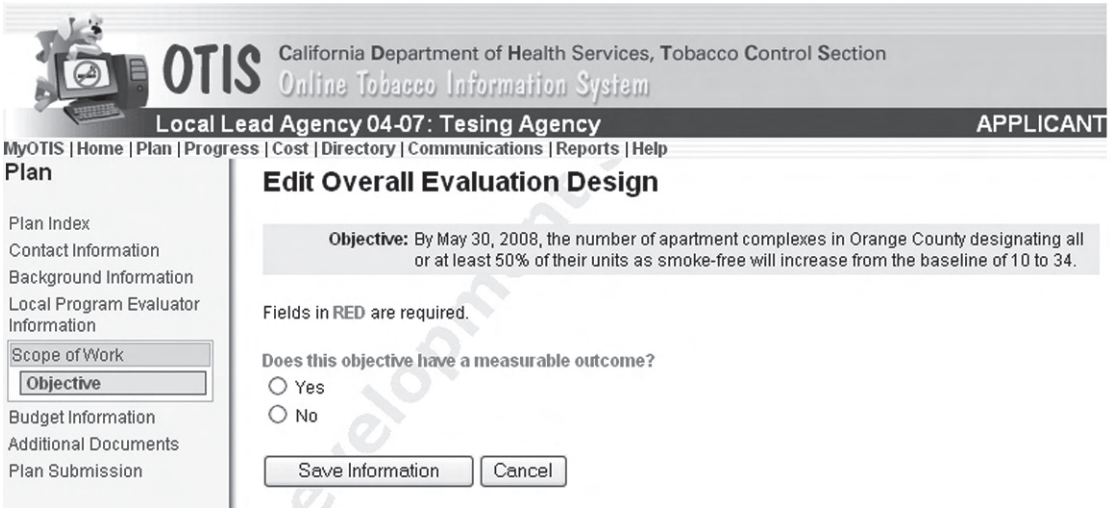
- Some objectives fall into the "Other" category and have a measurable outcome, such as coalition members' degree of satisfaction with new coalitions. In these cases, quantitative outcome data will be needed to evaluate the objectives.

- Some objectives fall into the "Other" category and **do not** have a measurable outcome. Process data would need to be collected to evaluate them.

The question in Figure 8 distinguishes between these two "Other" Plan Types.

A "Yes" answer will categorize the objective as an "**Other with a measurable outcome**" evaluation Plan Type. Conversely, a "No" answer makes the objective an "**Other without a measurable outcome**" Plan Type.

Figure 8



Recap:

The OTIS evaluation design at this point has categorized your objective into one of the five types of Plans below:

1. Single Policy
2. Multiple Policies (refers to several different types of policies in one objective)
3. Individual Behavior Change
4. Other with Measurable Outcome
5. Other without Measurable Outcome

A review of the flow chart in Figure 4 summarizes the process you just completed.

Chapter 3

Expanding The Evaluation Design

In this chapter:
How to add more details to the "Evaluation Design" section, using the five plan types described in the previous chapter:

- Single Policy
- Multiple Policies
- Individual Behavior Change
- Other with Measurable Outcome
- Other without Measurable Outcome

OTIS helps create the evaluation design for your specific objective

Glossary

- **Outcome evaluation**: An evaluation procedure that assesses the extent to which an intervention actually produces change in people or communities. For example, outcomes of interest might include the knowledge, beliefs, attitudes, awareness or behaviors of participants, funding levels within communities, etc.

- **Policy adoption**: Includes activities to facilitate enactment of a policy.

- **Policy implementation**: Includes educational, media and enforcement strategies to facilitate compliance with a policy.

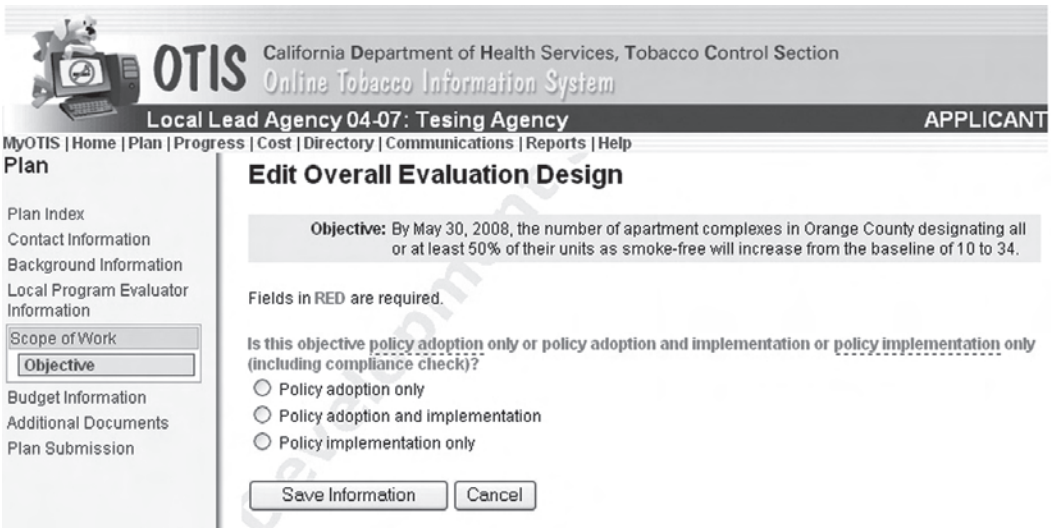
- **Process evaluation**: An evaluation procedure aimed at describing and/or understanding how an intervention is implemented, the factors that influenced implementation in a positive or negative way; satisfaction with various activities; the demonstration of the problem's magnitude; and/or the demonstration of public awareness or support for an issue. Process evaluation can help to identify changes needed to improve the design or delivery of the intervention.

A. Single Policy

Objectives related to the adoption and/or implementation of a **single** policy are very common ("No" answer to the question in Figure 6b). If the objective is a single policy objective, the next question OTIS asks is:

- **Is this objective policy adoption only or policy adoption and implementation or policy implementation only (including compliance check)?** See Figure 9

Figure 9



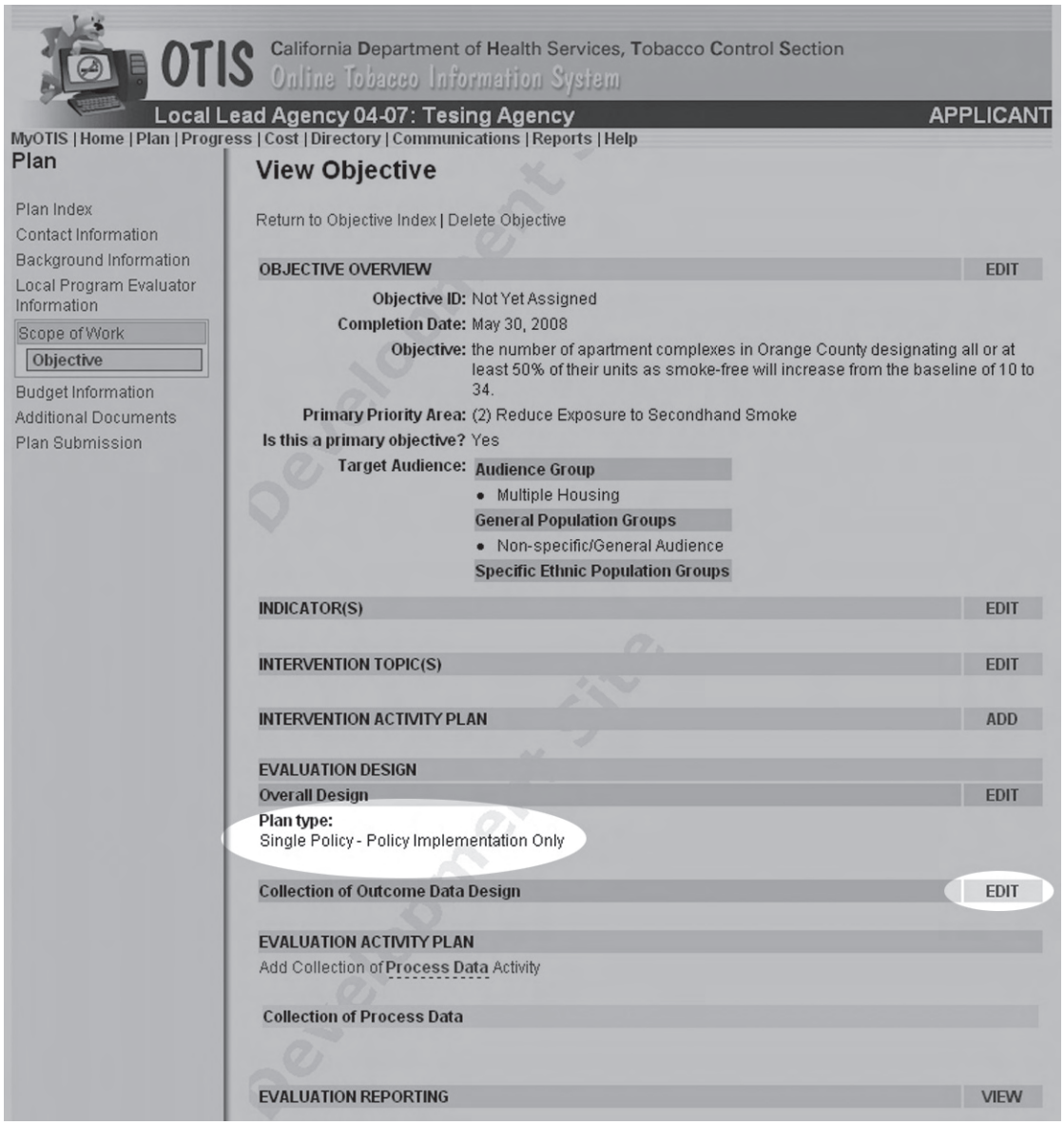
If you choose "Policy implementation only", this completes your data input in the "Evaluation Design" section. OTIS will take you back to the "Scope of Work Objective View" screen to complete a series of questions related to outcome data. Those questions will be explained fully in the next chapter.

Note that compared to the "Scope of Work Objective View" screen you saw when you first began to input evaluation information (Figure 1), OTIS has now entered in text that reads, "Single Policy- Policy Implementation Only," to reflect the information you just entered (Figure 10).

Regardless of the evaluation plan type you have selected, you will always have the option of entering in process data collection information. Note that the "Add Collection of Process Data Activity" link appears under the "Evaluation Activity Plan" section of the screen seen in Figure 10. Before you can begin entering in process data collection information, you must first answer another question that will be explained below.

Evaluation of policy implementation objectives normally measures the level of compliance with, or support for, an enacted policy. For long-standing policies, such as the STAKE Act or Labor Code Section 6404.5, compliance checks or other enforcement results can be used for evaluation purposes. Information on how you will collect this data can be entered after clicking on the "edit" link on the "Collection of Outcome Data Design" line (Figure 10).

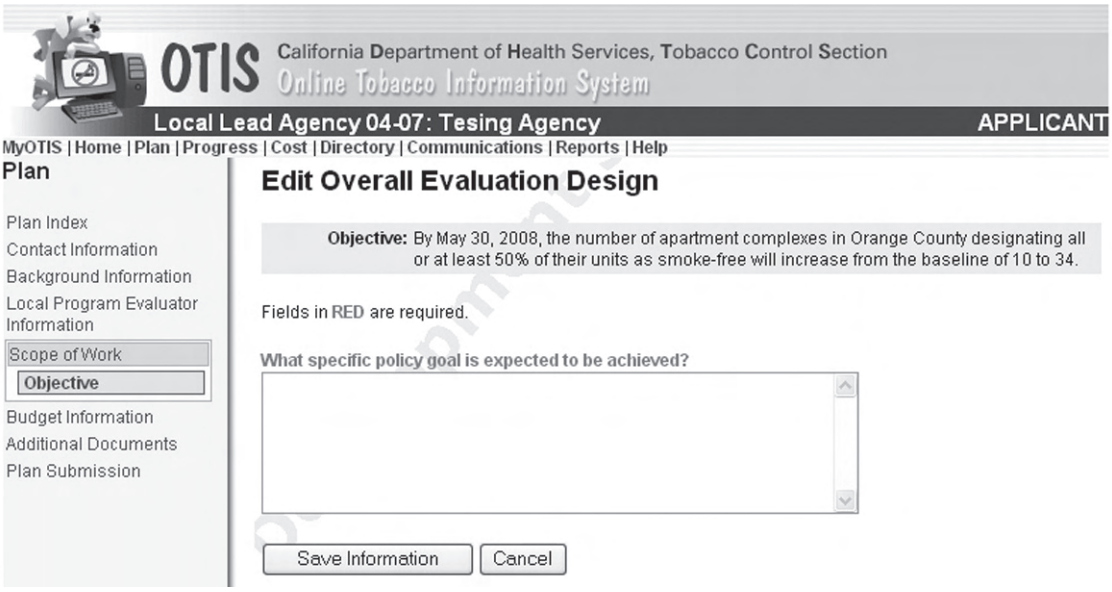
Figure 10



If you choose "Policy adoption only" or "Policy adoption and implementation", OTIS will ask the question:

- **What specific policy goal is expected to be achieved?** Figure 11

Figure 11



To answer this question, you may simply reiterate your policy goal in this text box. For example, you might enter the adoption of a policy that prohibits the promotion of tobacco products. The purpose of this question is to underscore the fact that the true goal of a policy adoption objective is simply whether or not the policy is adopted. Other related factors, such as increased awareness of the public and key opinion leaders or high volume media coverage on your policy issue, are also important to accomplish the policy adoption even though they are not the policy goal of your objective. OTIS recognizes that they should also be included in the evaluation because they provide information explaining the process, barriers or key contributions to the adoption of a policy and automatically sets up a series of questions to collect this process information. These questions will be detailed in the next chapter.

Note that if your "Plan Type" is "Policy Adoption Only," your "Scope of Work Objective View" should look like Figure 12. However, if your "Plan Type" is labeled "Policy Adoption and Implementation," OTIS will have added a "Collection of Outcome Data Design" link (Figure 13) where you can click on "Edit" to begin answering several questions regarding study design for outcome data collection activities.

Figure 12

OTIS California Department of Health Services, Tobacco Control Section
Online Tobacco Information System

Local Lead Agency 04-07: Tesing Agency APPLICANT

MyOTIS | Home | Plan | Progress | Cost | Directory | Communications | Reports | Help

Plan

- Plan Index
- Contact Information
- Background Information
- Local Program Evaluator Information
- Scope of Work
  - Objective
- Budget Information
- Additional Documents
- Plan Submission

View Objective

Return to Objective Index | Delete Objective

OBJECTIVE OVERVIEW EDIT

Objective ID: Not Yet Assigned
Completion Date: May 30, 2008
Objective: the number of apartment complexes in Orange County designating all or at least 50% of their units as smoke-free will increase from the baseline of 10 to 34.
Primary Priority Area: (2) Reduce Exposure to Secondhand Smoke
Is this a primary objective? Yes
Target Audience:

Audience Group
- Multiple Housing

General Population Groups
- Non-specific/General Audience

Specific Ethnic Population Groups

INDICATOR(S) EDIT

INTERVENTION TOPIC(S) EDIT

INTERVENTION ACTIVITY PLAN ADD

EVALUATION DESIGN

Overall Design EDIT

Plan type:
Single Policy - Policy Adoption Only

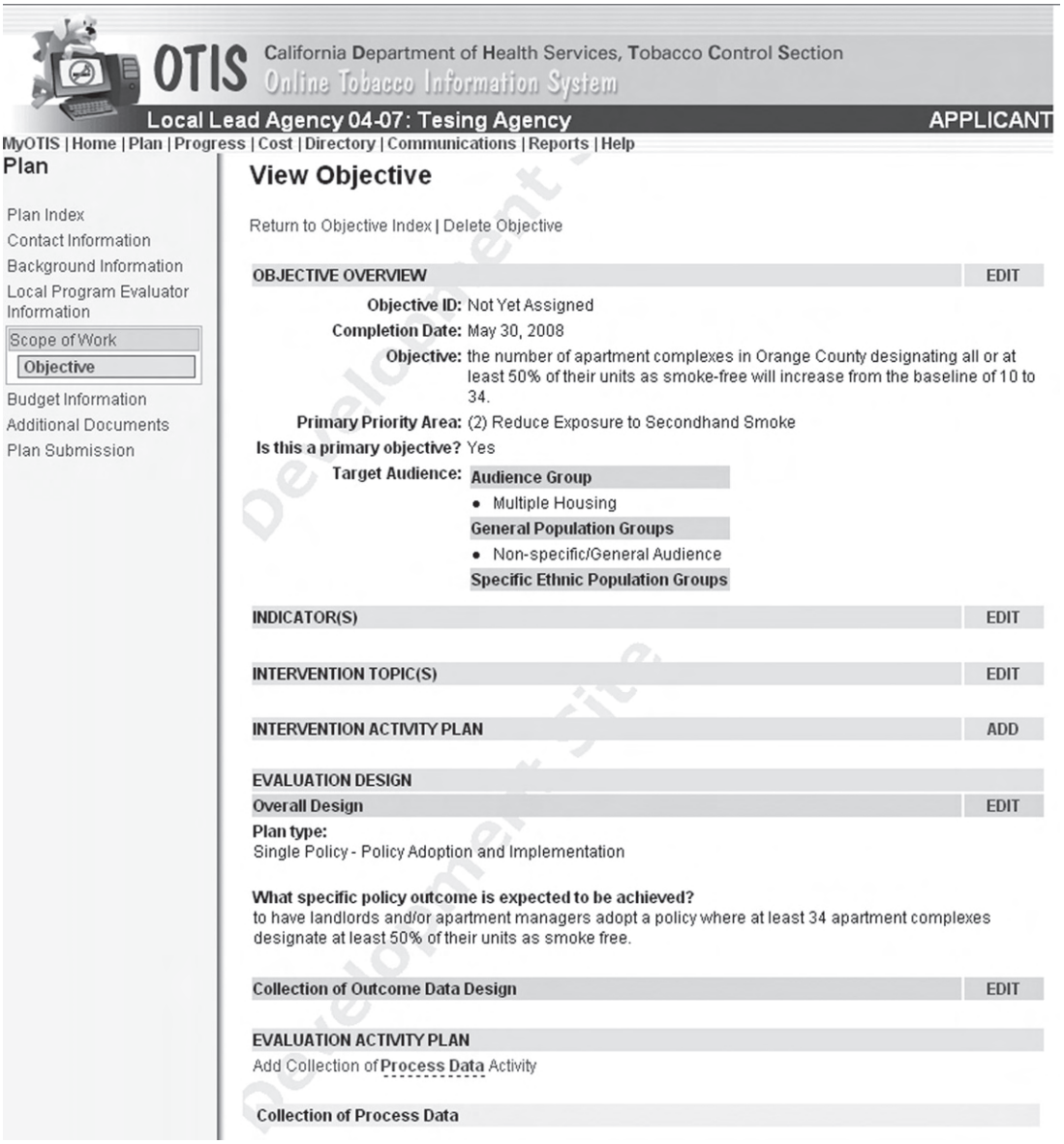
What specific policy outcome is expected to be achieved?
to have landlords and/or apartment managers adopt a policy where at least 34 apartment complexes designates at least 50% of their units as smoke-free.

EVALUATION ACTIVITY PLAN

Add Collection of Process Data Activity

Collection of Process Data

Figure 13



In summary:

- **Policy adoption only**

  This plan type **requires only process data** collection in its evaluation design. Click on the "Add Collection of Process Data Activity" link to enter different types of process data collection (focus groups, key informant interviews, etc.). Figure 12

- **Policy adoption and implementation**

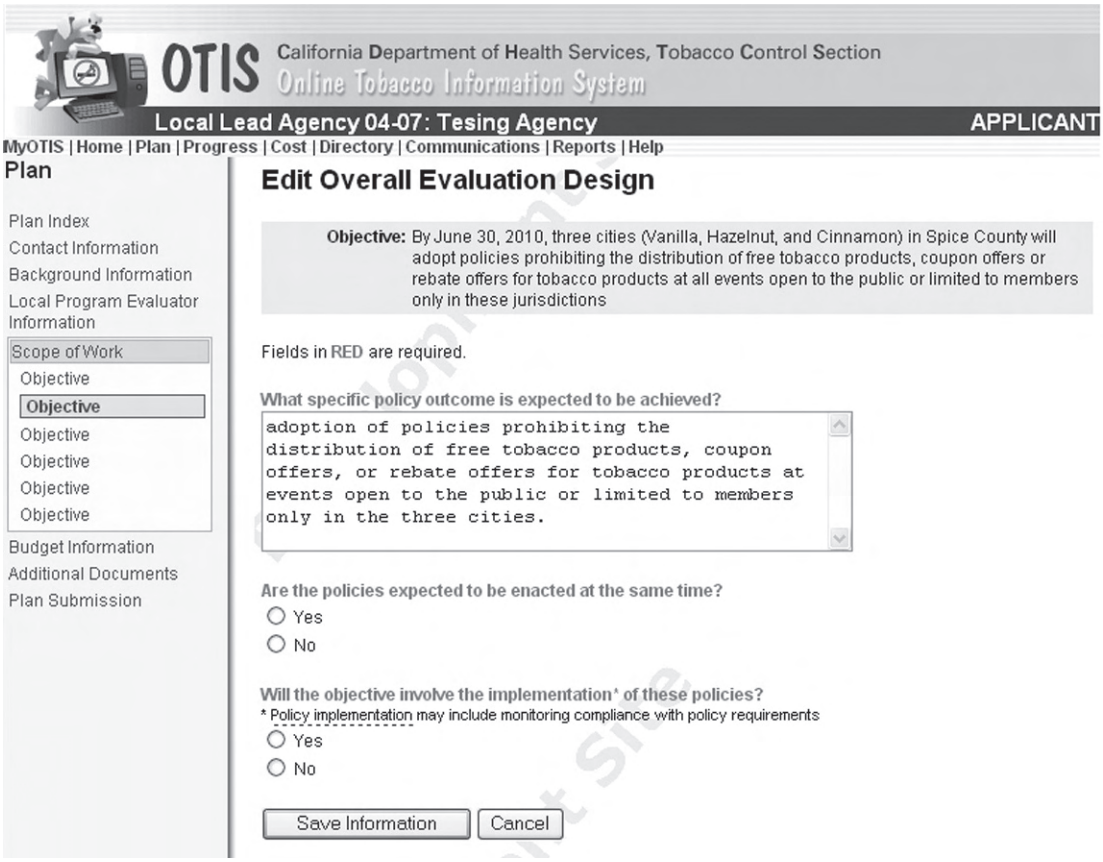
  This plan type requires you to describe how you will collect **process data** (for policy adoption) **and outcome data** (for policy implementation) in its evaluation design. The next chapter provides details on how to complete questions in the "Add Collection of Process Data Activity" and "Collection of Outcome Data Design" links. Figure 13

- **Policy implementation only**
  This plan type requires you to describe how you will **collect outcome data** regarding the implementation of a policy. You may choose to collect process data on the implentationof the policy, but it is not required. You should see the same links as described above. (Figure 10)

B. Multiple Policies

If your objective involves the adoption of Multiple Policies ("Yes" answer to the question in Figure 6), such as a tobacco retail licensing policy accompanied by a ban on the distribution of free tobacco samples or coupons for free tobacco products, OTIS will lead you to Figure 14 to provide more information.

Figure 14



What specific policy outcome is being measured?

As with Single Policy objectives, the purpose of the first question is to underscore the fact that the goal and the outcome of the objective is adoption of the policy instead of other factors such as increased public awareness.

Are the policies expected to be enacted at the same time?

This question is unique to Multiple Policies objectives. If your objective is a new initiative, it will be difficult to determine when all the policies or all the components of a policy will be adopted. Your answer to this question will be guided by many factors, including, but not limited to:

- level of public support for the policies,
- understanding of the political climate for the respective policies,

- the degree to which the policies are related (closely related policies such as retailer licensing and prohibiting tobacco product promotions or several secondhand smoke policies bundled together have a higher likelihood of being adopted at the same time). If you are not sure, you should answer "No" to this question.

On the other hand, if the Multiple Policies objective is based on a solid advocacy campaign from the previous funding cycle, you may be confident that all policies will be enacted at the same time. Then you should feel free to answer "Yes" to this question.

It is important to answer this question correctly so that your evaluation plan is entered appropriately. The extent of your outcome and process data collection activities (discussed further in Chapter 4) will depend on whether you will evaluate the adoption (and possibly the implementation, see next question) of one or multiple policies.

Will the objective involve the implementation of these policies?
If you expect that multiple policies will be adopted in the first half of the funding cycle, you may have enough time to implement them and evaluate the implementation. Otherwise, it will not be realistic to pursue policy implementation.

If you answer "Yes" to this question, OTIS will lead you back to the "Scope of Work Objective View" screen and will show answers to the questions posed above (Figure 15).

If you answer "No" to this question, the "Scope of Work Objective View" evaluation section will appear as in Figure 16.

Figure 15

OTIS California Department of Health Services, Tobacco Control Section
Online Tobacco Information System

Local Lead Agency 04-07: Tesing Agency APPLICANT

MyOTIS | Home | Plan | Progress | Cost | Directory | Communications | Reports | Help

Plan

Plan Index
Contact Information
Background Information
Local Program Evaluator Information
Scope of Work
Objective
Objective
Objective
Objective
Objective
Objective
Objective
Objective
Objective
Objective
Budget Information
Additional Documents
Plan Submission

View Objective

Return to Objective Index | Delete Objective

OBJECTIVE OVERVIEW EDIT

Objective ID: Not Yet Assigned
Completion Date: June 30, 2010
Objective: three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt and implement policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions
Primary Priority Area: (1) Counter Pro-Tobacco Influences
Is this a primary objective? Yes
Target Audience:

Audience Group
- Adults 18 years and older

General Population Groups
- Non-specific/General Audience

Specific Ethnic Population Groups

INDICATOR(S) EDIT

INTERVENTION TOPIC(S) EDIT

INTERVENTION ACTIVITY PLAN ADD

EVALUATION DESIGN

Overall Design EDIT

Plan type:
Multiple Policy - Policy Adoption and Implementation

What specific policy outcome is expected to be achieved?
the adoption of policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these cities.

Are the policies expected to be enacted at the same time?
Yes

Will the objective involve the implementation of these policies?
Yes

Development Site

Figure 16

OTIS California Department of Health Services, Tobacco Control Section
Online Tobacco Information System

Local Lead Agency 04-07: Tesing Agency APPLICANT

MyOTIS | Home | Plan | Progress | Cost | Directory | Communications | Reports | Help

Plan

Plan Index
Contact Information
Background Information
Local Program Evaluator Information
Scope of Work
Objective
Objective
Objective
Objective
Objective
Objective
Budget Information
Additional Documents
Plan Submission

View Objective

Return to Objective Index | Delete Objective

OBJECTIVE OVERVIEW EDIT

Objective ID: Not Yet Assigned
Completion Date: June 30, 2010
Objective: three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions
Primary Priority Area: (1) Counter Pro-Tobacco Influences
Is this a primary objective? Yes
Target Audience:

Audience Group
- Adults 18 years and older

General Population Groups
- Non-specific/General Audience

Specific Ethnic Population Groups

INDICATOR(S) EDIT

INTERVENTION TOPIC(S) EDIT

INTERVENTION ACTIVITY PLAN ADD

EVALUATION DESIGN

Overall Design EDIT

Plan type:
Multiple Policy - Policy Adoption Only

What specific policy outcome is expected to be achieved?
adoption of policies prohibiting the distribution of free tobacco products, coupon offers, or rebate offers for tobacco products at events open to the public or limited to members only in the three cities.

Are the policies expected to be enacted at the same time?
Yes

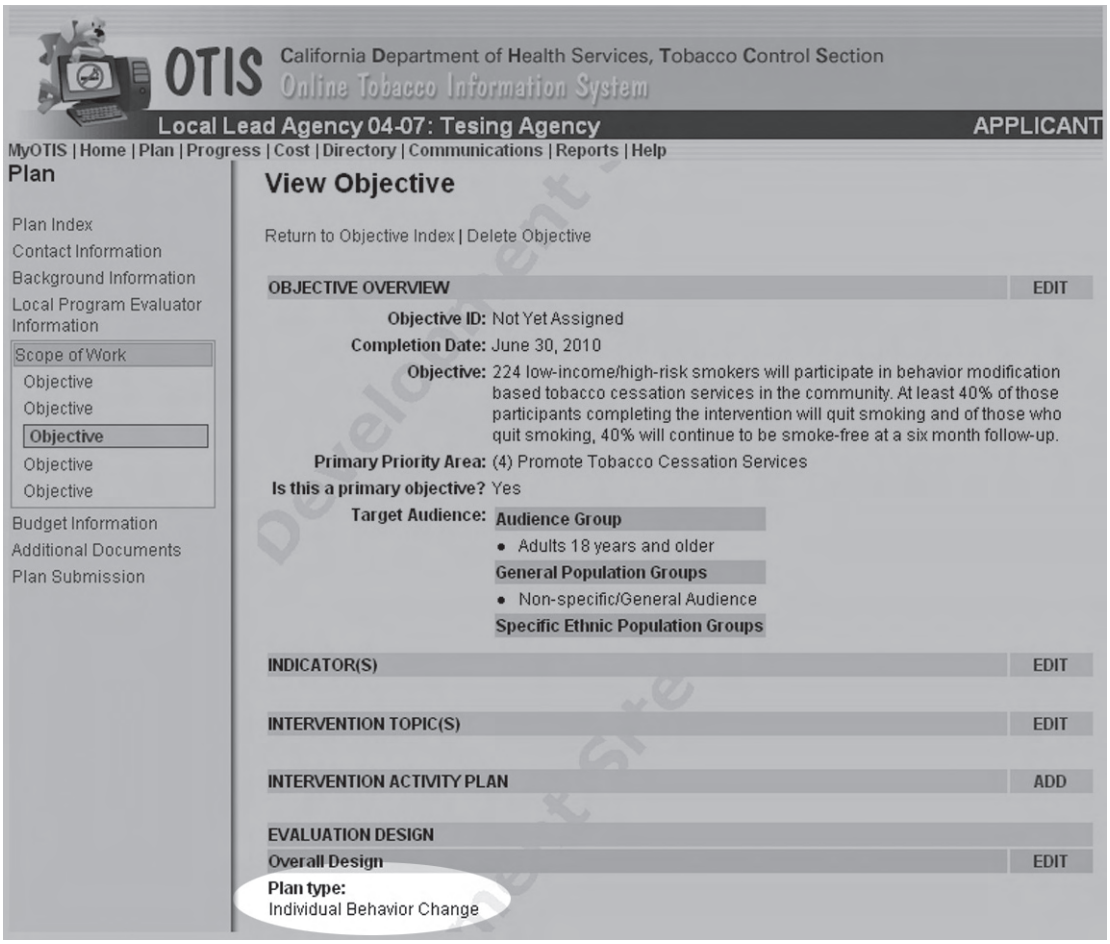
Will the objective involve the implementation of these policies?
No

Development Site

C. Individual Behavior Change

The evaluation design for Individual Behavior Change is quite straightforward. After you answer "Yes" to the question in Figure 7 ("Does this objective involve individual behavior change?"), OTIS will lead you to the "Scope of Work Objective View" page, and the evaluation section now looks like Figure 17.

Figure 17

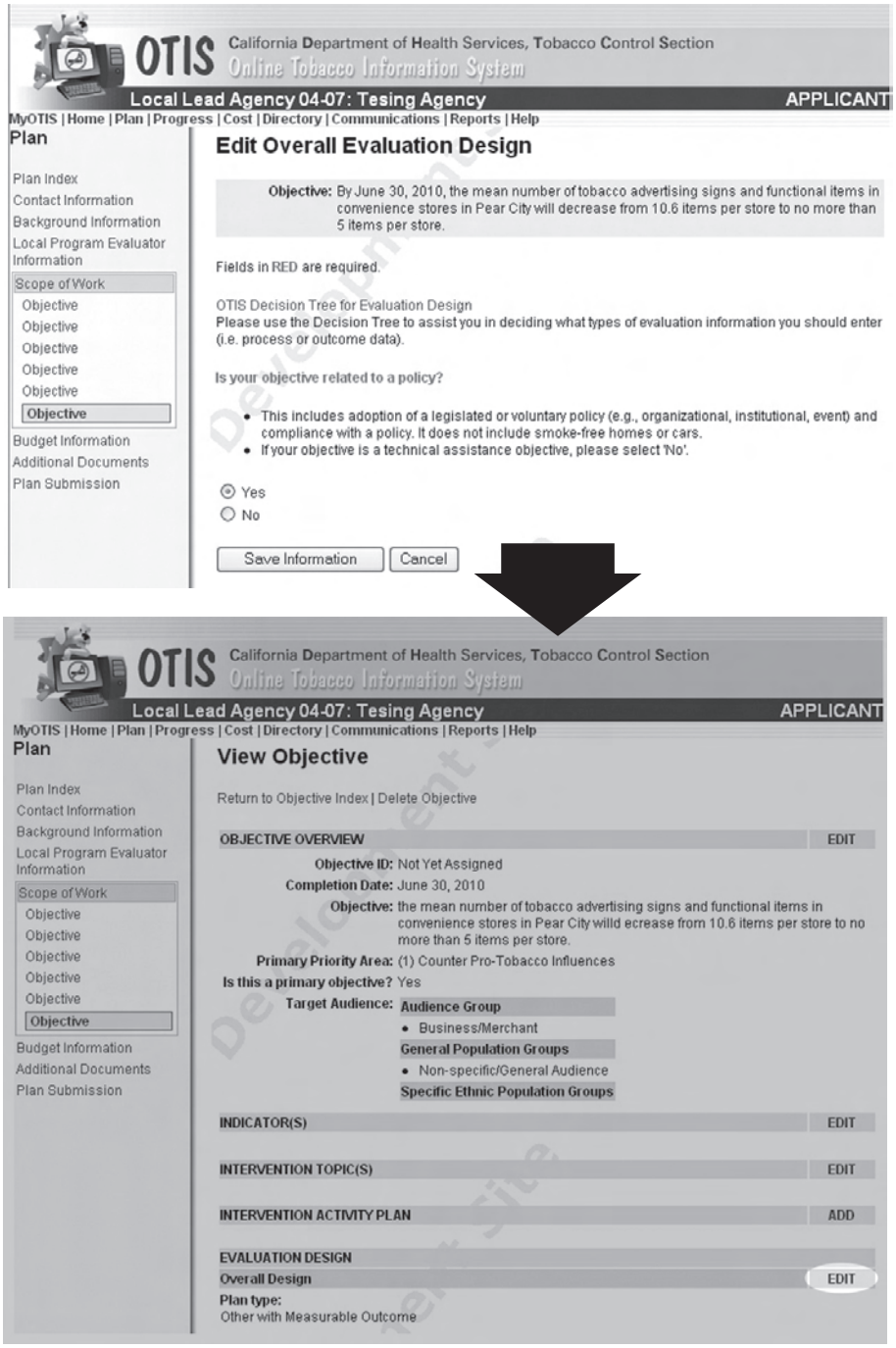


D. Other with Measurable Outcome

Non-policy related objectives that do not result in individual behavior change might have a measurable outcome, such as some asset-related objectives (e.g., increased per capita spending for local tobacco control activities).

If you responded "Yes" to the question of whether you have a measurable outcome, OTIS takes you to the "Scope of Work Objective View" page, where the "Evaluation Design" section includes collection of outcome data design, as shown in Figure 18.

Figure 18



E. Other without Measurable Outcome

If you answer "No" to the question in Figure 8, OTIS takes you to the "Scope of Work Objective View" evaluation section. Objectives that are asset-related but do not have a measurable outcome, such as collaboration with other community partners to assess CX indicators. You are only prompted to enter different process data collection activities, such as satisfaction surveys or key informant interviews.

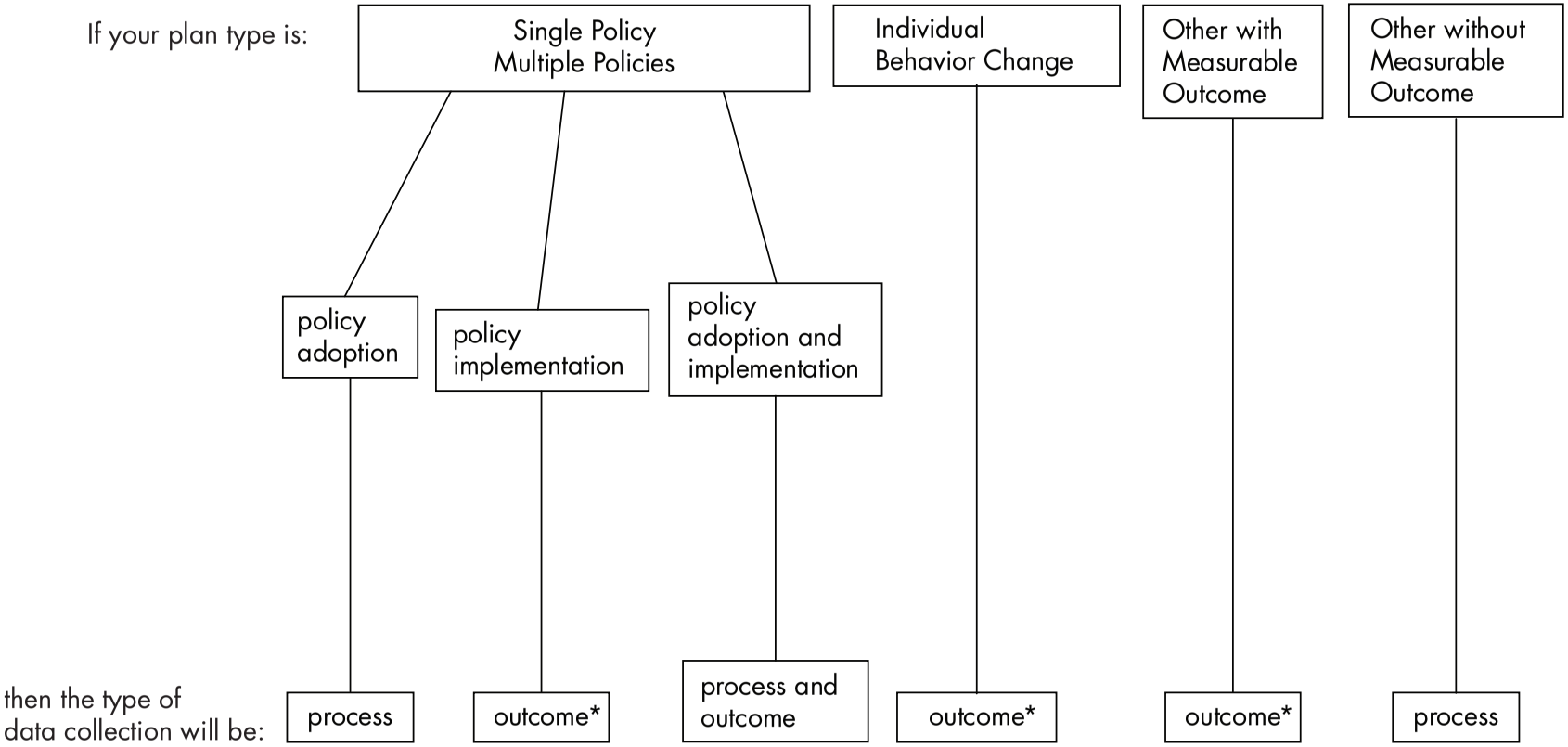
Recap:

Sequential steps allowed you to add more detail to your evaluation design.

OTIS uses a programmed decision tree to categorize your information and customize the evaluation plan to meet the needs of your objective (e.g. selecting outcome data collection for an objective that addresses policy implementation only).

Completed data entries in the "Evaluation Design" section are now displayed in the "Scope of Work Objective View" screen.

Decision Tree: Data Collection by Plan Type



*Projects may also include process data collection, but it is not required.

Chapter 4

Developing The Evaluation Plan

In this chapter we will discuss:

- The rationale and structure for completing your evaluation plan in OTIS
- How to determine the appropriate study design and build its components
- Instruments and methods to collect data
- Sampling plans and selection of appropriate sample size
- How to identify the type of analysis to be done and how to disseminate results
- Helpful checklists for process data collection and outcome data collection information

Glossary

The following terms will be discussed in their respective sections of this chapter:

census
comparison with other groups
convenience sample
experimental design
intercept survey
key informant interview
purposive sample
random assignment
simple random sample
study design
comparison over time
control group
focus group
intact group
intervention group
non-experimental design
quasi-experimental design
random cluster sample
stratified sample

In addition, terms that are defined in more detail will have an icon next to it, signaling you to look for the definitions at the end of the chapter.

If you've been waiting for more evaluation theory—the meaty stuff—this is the chapter for you. Additional evaluation resources and technical assistance (TA) is available to TCS-funded projects from the TC Evaluation Center (TC Evaluation Center; http://www.tobaccoeval.ucdavis.edu). If you are a competitive grantee applicant, you should consult with an evaluator for help.

In addition to instructions for entering information in OTIS, this chapter provides a rationale for the evaluation framework employed by OTIS. You will be asked to analyze this information and answer more complex OTIS questions in order to build your evaluation plan.

On the other hand, if you're not into theory, it's good to know that OTIS will prompt you through to the correct part of the program to build your evaluation plan. You are safely absolved from knowing all the details behind the OTIS data entry screens, leave that stuff to the people designing OTIS.

The evaluation plan for every objective leads to outcome data collection, process data collection, or both. Therefore, we organized this hefty chapter in four parts according to the type of data collection required, how OTIS asks you to discuss your evaluation analysis and dissemination plan, and finishing with instructions for writing an evaluation narrative.

The four parts are as follows:

- **Part A: Outcome Data Collection**:
  OTIS organizes this part into two sections: Collection of Outcome Data Design and Collection of Outcome Data Activity. The answers you provide initially will help determine follow-up questions and data entry fields to be completed.

- **Part B: Process Data Collection**:
  OTIS does not ask questions about study design here because it automatically categorizes process data collection as a non experimental study design. The questions in Part B of this chapter relate to the nine common types of process data collection methods (plus a category for "other"). They also assist you in establishing the purpose and criteria for the data collection, instruments, sample size, frequency of data collection, analysis and dissemination methods.

- **Part C: Evaluation Report**:
  The questions in Part C of this chapter ask you to specify the data analysis plan for the outcome data as well as process data, and the dissemination methods for the results.

- **Part D: Evaluation Narrative**:
  Part D of this chapter describes how to write a narrative that summarizes your evaluation plan, and provides the rationale for the assumptions and decisions the evaluation plan is built upon.

Part A. Outcome Data Collection

OTIS organizes outcome data collection into the following two sections:

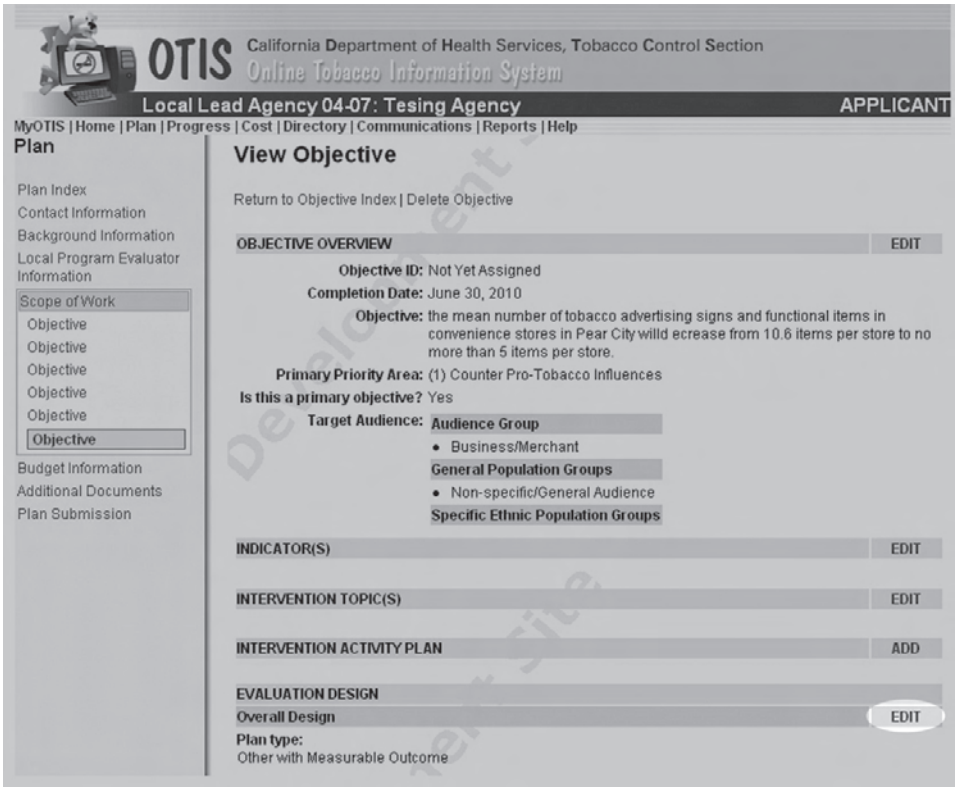
- **Collection of Outcome Data Design**
  In this section, OTIS asks questions regarding outcome measures, study design, intervention and control groups, and frequency of measurements. The questions asked in this section address the broader picture of how your outcome evaluation will be conducted, whereas details regarding how the outcome data design will be executed are provided in the next section titled, "Collection of Outcome Data Activity."

- **Collection of Outcome Data Activity**
  This section is located under the "Evaluation Activity Plan" portion of the "Scope of Work Objective View" and asks questions regarding data collection instruments, sample size, data collection methods and resources, types of analysis, and methods to disseminate results.

We prepared a "Checklist for Outcome Data Collection" that can help you organize your information before you enter it in OTIS. The Checklist is located at the end of Part A. Because you must complete the entire "Outcome Data Collection" page for a particular objective before OTIS will allow you to save it, we strongly suggest that you gather all the information on the "Checklist" before you begin entering it in OTIS. This will make the data entry easier and faster.

If the "Collection of Outcome Data Design" subtitle does not appear in the "Evaluation Design" section, your objective does not require outcome data collection and you will go to the "Add Collection of Process Data Activity" link, which will be discussed in the next section. Otherwise, click on the "edit" link as shown below (Figure 18b).

Figure 18b



1. Collection of Outcome Data Design

Design

Using the appropriate study design helps you to detect and measure the changes that occur over the course of the intervention, and also provides evidence that those changes are likely to be the result of the intervention itself. The "Collection of Outcome Data Design" section of OTIS asks seven questions to help you determine your study design. The first two questions can be seen in Figure 19 and are:

- **What specific outcome is being measured?**
- **What type of study design will be used?**

Figure 19

What specific outcome is being measured?

This question often refers to what kind of quantitative data is being collected (the number of tobacco ads, the number of smokers, the number of smoke free homes, etc.). It is crucial that the outcome measured is consistent with the goal specified in the objective.

For example, if the objective states that you are **trying to decrease the number of tobacco ads inside grocery stores in your community**, then what is the specific outcome that is being measured? Is it that you are measuring storeowner knowledge and attitudes regarding tobacco signage, or is it that you are measuring the number of tobacco ads? Although it is helpful to have information about storeowner knowledge

and attitudes, this is not your outcome measure. Storeowner attitudes may be a useful intervening variable to help you plan, monitor, and modify your intervention, but it is not the outcome variable directly related to your objective. In this case, the specific outcome to be measured is the **number of tobacco ads**.

What type of *study design* will be used?

OTIS offers you three possible answers to this question:

- Experimental design
- Quasi-experimental design
- Non-experimental design

These are names that carry more value than just the melodious effect they have when recited aloud. Familiarity with the concepts behind them will give you the opportunity to incorporate the type of rigorous evaluation design in your plan that can best serve your objective.

• **Experimental** design is the most powerful and effective study design. By definition, it involves at least one *control group* and at least one *intervention group*, as well as *random assignment* of participants to these groups in the study. It is the best approach to be used in supporting any causal conclusion.

For example, if you want to see the effectiveness of your intervention on the enforcement of the STAKE Act, and you are using the Youth Tobacco Purchase Survey, choose six demographically similar communities and then randomly assign them to one of two groups (intervention or control.) Three communities will comprise the intervention group (and will receive an extensive intervention), and three will comprise the control group (and will not receive any intervention). This is a typical experimental design.

Another example would be if you wanted to assess the effectiveness of an Internet-based smoking cessation program compared to a face-to-face cessation program. You could randomly assign smokers who called for assistance to either the Internet or the face-to-face program and compare the difference in quit attempts or other smoking-related behaviors.

• **Quasi-Experimental** designs require either a control group or multiple measurements (*comparison over time* and *comparison with other groups*), but DO NOT require random assignment. This is often done when assignments have to be made based upon convenience or availability. If you have difficulties doing a random assignment, you can match the intervention group and control group by demographic characteristics.

For example, if you have six communities in your county that are totally different in terms of population size, you should not randomly assign them to an intervention or control group, because they are not equivalent groups. After doing some research, perhaps you notice that two of six communities are urban regions with a large population. Another two communities are suburban with a mid-size population, and the two remaining communities are rural. You select one urban region, one mid-size suburban region, and one rural region to comprise the intervention group. The other three communities are assigned to the control group. Although this is not a random assignment, it is still a good choice because your intervention and control groups are now similar and somewhat comparable. This is just one example of a typical quasi-experimental design.

However, in a real world setting, it may be difficult for you to decide which communities or cities should receive the intervention and which should not. To avoid this possible ethical dilemma, you can use the so-called "switching replications design." In this type of quasi-experimental design, intervention activities are

provided to Group A, with no intervention in Group B. After a certain time period, the same intervention activities are delivered to Group B, with no intervention in Group A. Thus, the original "intervention group" and "control group" actually switch their roles. Measurements are made at the beginning of the program, before the switching, and after the switching at the end of the program.

• **Non-experimental** designs have the least capability to reflect or demonstrate the success of a program. This type of design does not use control groups or random assignment; therefore, at best, it can provide only a weak indication of a possible connection between intervention and outcome. However, it is useful in many situations when a stronger design is not applicable or the budget is not sufficient.

Let's look at an example that is not clear-cut in order to illustrate the rationale for determining the appropriate study design. One of the most commonly used designs is a pre- and post-test only with one intervention group. Difference or change can be detected by comparing the pre- and post-test results. Is this a quasi-experimental or a non-experimental design? This question is still under debate.

- In our opinion, if only one set of pre- and post-tests is conducted, the design should be classified as non-experimental. This is because any number of unanticipated events other than the intervention activities may also produce the desired change, but the design is not capable of detecting their influence. Therefore, extraneous factors cannot be controlled for in the analysis.

- However, if there is more than one pre-test and more than one post-test, the design should be called quasi-experimental because it uses multiple measurements before, during and after the intervention. In this situation you virtually treat the only group as both intervention and control group. Any anecdotal event (other than the intervention activities) that results in a change may be detected during the multiple measurements. You can determine when the anecdotal event and change occurred, and control for it in the analysis to determine if the intervention has contributed to this change.

Groups

If you answered "experimental or quasi-experimental" in Figure 19, OTIS requests information about the number of intervention and/or control groups, and whether your design contains an intact group (Figure 19):

Number of Intervention Groups and Number of Control Groups:

To answer this question, consider this scenario: 40 bars in three cities will receive the intervention and 40 bars in another three cities will receive no intervention. What do you enter for the number of intervention groups and the number of control groups? 40? 3?

The answer is "1" intervention group and "1" control group. Multiple intervention groups only exist when multiple, different intervention strategies are given to different communities. If each of these communities has its own control community, then we have multiple control groups as well.

Intact group:

This strategy is rooted in the same rationale for using intervention groups and control groups, that is, to increase comparability among different groups. An intact group is the same group of people who are measured with both a pre-test and a post-test. An advantage to using intact groups for experimental or quasi-

experimental designs is that you can account for and therefore remove various participant characteristics that existed before and after an intervention. As a result, you are better able to determine if in fact it was the intervention that made an impact on your target group.

Measurements and study design narrative

The next two questions discussed will be the last ones required for this section (Figure 19):

- Measurements: (drop-down menu)
- Describe your study design: (text box)

Measurements:

Measurements are also crucial to your evaluation design. Pre- and post-tests are commonly used, and we also recommend using multiple measurements for certain conditions, such as when your intervention is time-sensitive.

- For example, smoking cessation programs can yield a quit rate as high as 40-50% at the end of an intervention, but only a 25% quit rate when measured one year following the intervention. These results are determined by multiple post-tests.

- Measurements themselves can also be very sensitive. For example, the compliance rate of a smoke-free bar law may be susceptible to numerous factors. If a police officer visits a bar several times within one week because of a high number of bar fights, compliance with the smoke free bar law may increase dramatically. In this case, the presence of the police officer is an influencing extraneous factor.

- Multiple measurements can improve the quality of your evaluation by increasing the analysis power. If you have the time and resources, you should do multiple measurements prior to, during, and after the intervention. In this way, you can see at what point the change in the compliance rate occurred, and then decide if the intervention has contributed to this change.

- Multiple measurements are especially useful when you have only one intervention group and no control group.

Describe your study design:

We strongly encourage you to use designs that go beyond a simple one-group pre- and post-test design in order to strengthen the value of the findings to others and to contribute answers to the "what works?" question. You have the option to describe your design in more detail in the text box.

This completes the information for the study design. After you submit the answer, OTIS will lead you back to the "Scope of Work/View Objective" page. As you can tell from Figure 20, the study design information you entered appears under the subheading "Collection of Outcome Data Design".

Figure 20

OTIS California Department of Health Services, Tobacco Control Section

Local Lead Agency 04-07: Tesing Agency APPLICANT

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View Objective

Return to Objective Index | Delete Objective

OBJECTIVE OVERVIEW EDIT

Objective ID: Not Yet Assigned
Completion Date: June 30, 2010
Objective: the mean number of tobacco advertising signs and functional items in convenience stores in Pear City will decrease from 10.6 items per store to no more than 5 items per store.
Primary Priority Area: (1) Counter Pro-Tobacco Influences
Is this a primary objective? Yes
Target Audience: **Audience Group**
- Business/Merchant

General Population Groups
- Non-specific/General Audience

Specific Ethnic Population Groups

INDICATOR(S) EDIT

INTERVENTION TOPIC(S) EDIT

INTERVENTION ACTIVITY PLAN ADD

EVALUATION DESIGN

Overall Design EDIT

Plan type:
Other with Measurable Outcome

Collection of Outcome Data Design EDIT

What specific outcome is being measured?
decrease the mean number of tobacco advertising signs and functional items in convenience stores.

What type of study design will be used?
Experimental

Number of Intervention Groups:
1

Number of Control Groups:
1

Intact Group:
Yes

Measurements:
Pre- and Post-test

Describe your study design:
In order to determine the aspects of our interv. that are most effective in reducing signage, we will use an experimental design. We will randomize half a sample of convenience stores

2. Collection of Outcome Data Activity

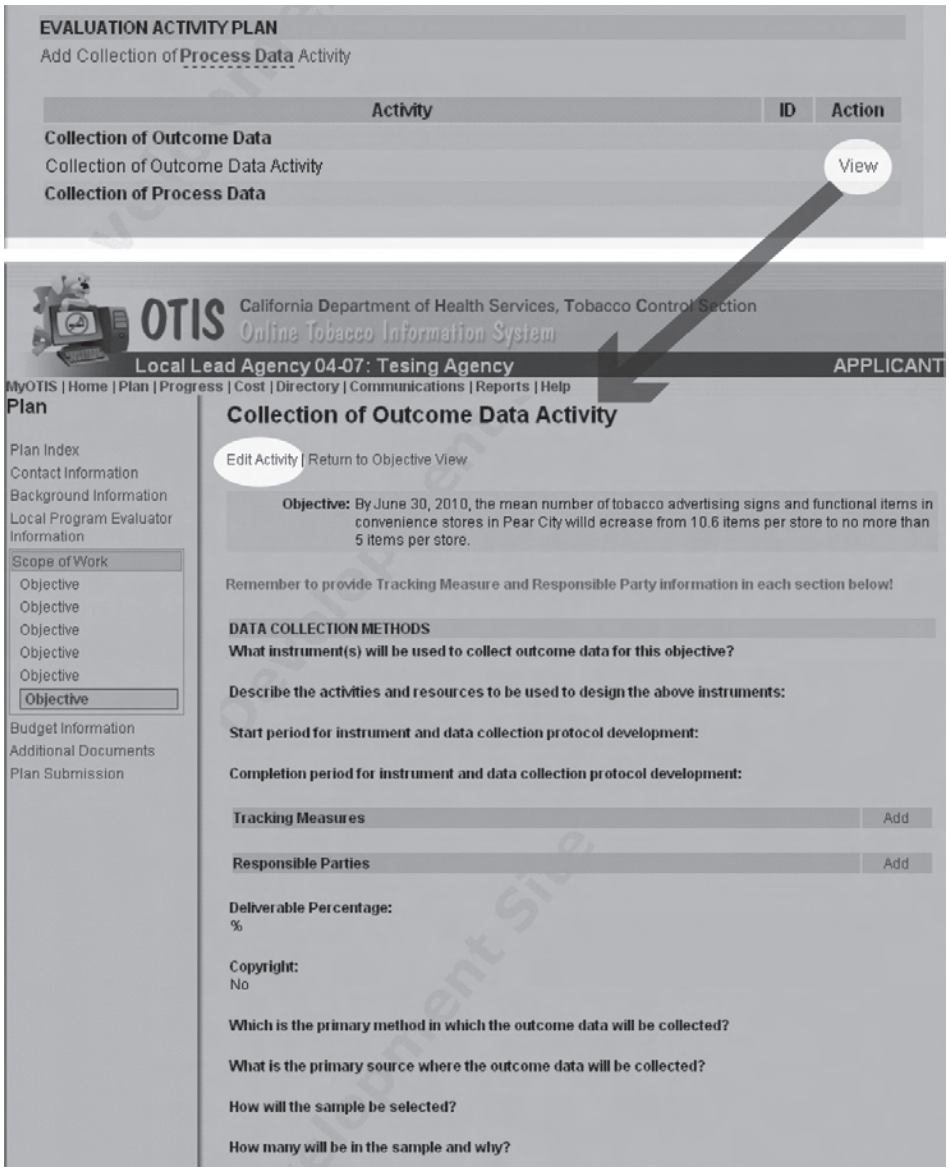
To complete the next set of questions in OTIS, note the following steps:

- Start at the "Scope of Work Objective View"
- Locate the word "Activity" under the heading titled, "Evaluation of Activity Plan"
- Locate the subheading titled, "Collection of Outcome Data Activity"
- Click on "View" next to the subheading which will take you to the view seen in Figure 21.

Figure 21 is an overview of all the outcome data collection questions without answers. To complete these questions:

- Click on "Edit Activity" link in the upper left of the page.
- The above step leads you to the "Edit Collection of Outcome Data Activity" page that asks you to describe how, where, and when data will be collected.

Figure 21



Monitoring

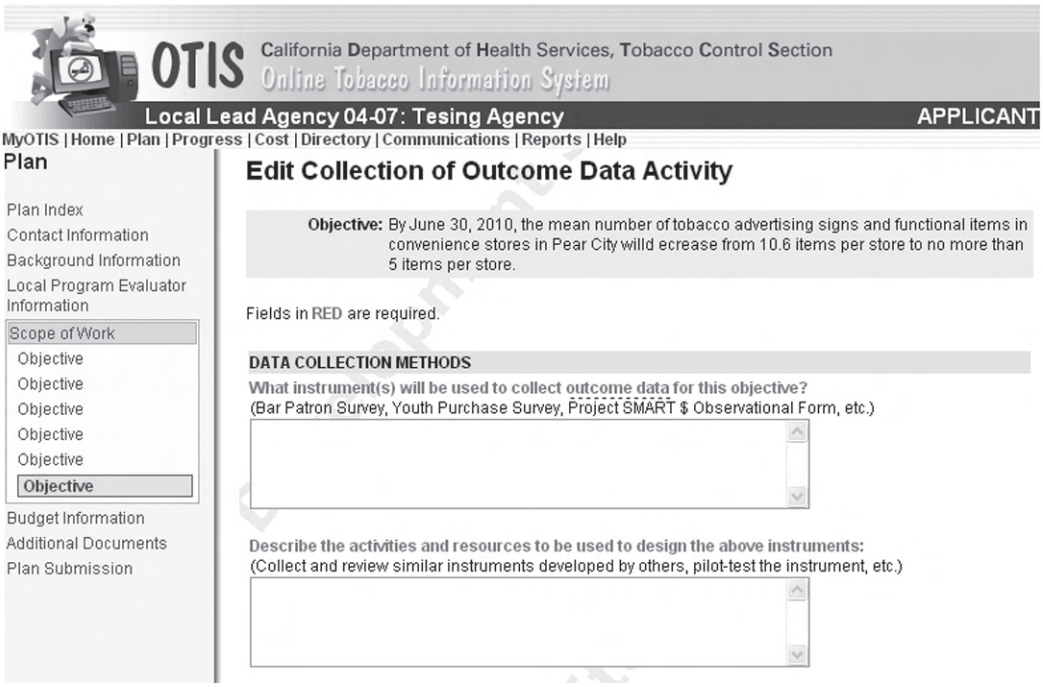
Some of the questions simply gather information that will facilitate the monitoring process, such as the timeframe selection, deliverable percentages, and copyright. These items will not be discussed here.

Data Collection Instruments

The following questions may be crucial to the success of your evaluation plan, and begin with the following two questions (see also Figure 22):

- What instrument(s) will be used to collect the data for this outcome objective? (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART Money Observation Form, etc.)
- Describe the activities and resources to be used to design the above instrument: (Collect and review similar instruments developed by others, pilot-test the instruments, etc.)

Figure 22



What instruments will be used to collect the data for your outcome objective?

The tobacco control program in California has funded the TC Evaluation Center to assist funded programs with their evaluation-related questions. The TC Evaluation Center is also home to a repository of data collection instruments that can be helpful to your evaluation needs. Some of these instruments can also be found on the County and Statewide Archive of Tobacco Statistics (C-STATS) website (www.cstats.info). These instruments have been tested and evaluated as appropriate measurement tools, and it is highly recommended that you take advantage of them. Utilizing these instruments allows you to compare your results with statewide and/or countywide data. You can always make some modifications to previously developed instruments. For example, you can delete one or two questions to make a questionnaire shorter.

Please specify the name of the instrument you are going to use and/or briefly describe the main purpose of the instrument, for example, Youth Tobacco Purchase Survey (YTPS), bar observational survey, etc. Some data collection tools may not be included in the drop-down menu because they do not involve OUTCOME data (e.g. an existing key informant interview or an opinion poll instrument).

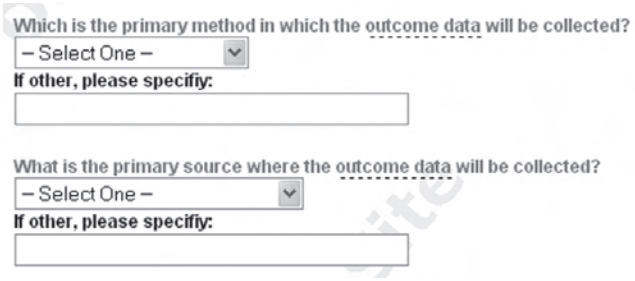
Describe the activities and resources to be used to design the above instruments
If the instruments you want to use are nowhere to be found, and you have to create one yourself, you are faced with a difficult job. If you are not a survey design specialist, please do not hesitate to use an existing one or contact an Evaluation Associate at the TC Evaluation Center, who may be able to recommend questions from various sources to best meet your needs. Remember, a poorly developed questionnaire might waste a large portion of your budget. Pilot testing should be done before any instrument is formally used.

Methods for Collecting Data

Once you have described your data collection instruments, OTIS asks you to describe your methods for collecting the data with the following two questions (see Figure 23):

- Which is the primary method in which the outcome data will be collected?
- What is the primary source where the outcome data will be collected?

Figure 23



Which is the primary method in which the outcome data will be collected?
Common methods for collecting data include: telephone surveys, mail surveys, group-administered surveys, face-to- face interviews, and observations. Each method has its pros and cons.

- **Mail surveys** are very inexpensive, but tend to have very low response rates (from 10% to 30%) unless intensive follow-up is applied. Because there are no instructions from an interviewer or instructor, as in telephone surveys and face-to-face surveys, the quality may be compromised. The pros of this method include giving respondents more time to think about their answers and enables you to collect data from a large group of people from a wide geographical area.

- **Written questionnaires** are the most economical way to conduct a survey when your sample size is not too large, especially if it is self-administrated. All you need are some paper and pens. However, this approach may compromise the representativeness of the sample.

- **Face-to-face surveys** are very useful for complicated questions where probing by the interviewer and/or clarification is needed by both parties. They may also be necessary to collect information from subjects with low literacy or other special needs. Unlike written questionnaires, interviewers record the answers from the respondents. Travel and training are associated costs to be considered.

- **Telephone surveys**: Computerized programs are often utilized to conduct telephone interviews. However, a computer assisted telephone survey is often costly, especially when you are trying to get a randomly selected sample. If you decide to do telephone surveys without the help of computer programs and the sample size is manageable, this method can be less expensive than face-to-face surveys. The response rate is better than a mail survey but may be worse than face-to-face surveys.

- **Observations** are the primary data collection method for compliance checks (bars, sales to minors, in-store advertising, etc.) Travel will be a potential cost, and extensive training for observers may be needed. However, the method is flexible in that it allows you to record an unexpected event as it happens.

- **Internet surveys**: This type of survey has similar issues discussed for mail surveys (see above). However, an additional advantage is that you can reach a large number of people at once and inexpensively with one email. The number of people you send the internet survey to depends on your audience. Your target audience may not have access to computers or the Internet. You will also need to consider whether your program has the capacity to design and monitor the data that is returned.

You can find more information about how to select the best data collection method (more than what is listed above) for your project from the TC Evaluation Center's Tips & Tools series located on their website at www.tobaccoeval.ucdavis.edu.

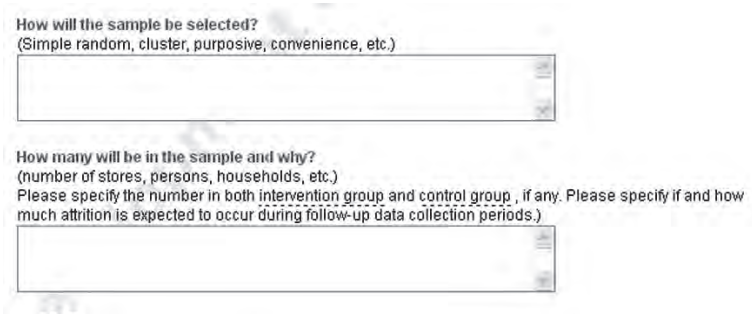
What is the primary source where the outcome data will be collected?
Data should be collected at a location that matches your objective. If you are measuring compliance rates with the smoke free bar law, data should be collected at bars. In addition, if you choose to mail a survey or collect data via the Internet from health or law enforcement agencies, the primary source of data are these agencies and NOT the "mail or computer." The group the survey was sent to should be the source of the outcome data. You will find a long list of locations (arranged alphabetically) from the drop down menu provided. If you cannot find the location where you plan to collect data, you can choose "Other" and specify in the text box.

Sampling method and procedures

The approach you take to select your sample and how you determine the size will depend on the level of detail you are interested in and the type of comparisons you would like to make. In addition, the level in which you would like to draw conclusions, e.g. neighborhood level, city level, county level, etc., will also impact the sample size. OTIS will ask you to provide information about how you will draw your sample with the following two questions (see Figure 24):

- How will the sample be selected? (Simple random, cluster, purposive, convenience, etc.)
- How many will be in the sample and why? (number of stores, persons, households, etc. Please specify if and how much attrition is expected to occur during follow-up data collection periods. Also specify the number in both the intervention group and control group, if any.)

Figure 24



How will the sample be selected?

Census, simple random sampling, cluster sampling, stratified sampling, purposive sampling, and convenience sampling are common sampling methods. Please see definitions alongside the page for more details about these sampling methods. We'll use an example that illustrates several of these sampling methods. Let's say you are going to use the Youth Tobacco Purchase Survey in order to determine STAKE Act compliance. After you have assigned six communities to either an intervention or control group, you notice there are thousands of stores selling tobacco products within each community. You realize that it is impossible to conduct the survey for all the stores (a census) because you only have limited resource. Having a limited resource could also be problematic if some stores were located far apart and would require extensive travel time.

Several options are available to select the stores for your sample:

- **Random sample of stores (*simple random sample*)**: First, you can randomly select a specified number of stores in the intervention communities and the same number of stores in the control communities. Random selection implies that every store in the intervention community and control community has an equal opportunity to be selected to receive a compliance check. Using a random selection will yield an ideal sample.

- **Random cluster of communities (*random cluster sample*)**: In another scenario, your county territory is very large and you are a lone ranger without any available local coordinator, and flying back and forth is out of the question due to your limited budget. In this case, you may want to consider possibilities other than a simple random sample. Another option is to randomly select several communities in the intervention regions and the same number of communities in the control regions and then conduct compliance checks in the stores in these selected communities.

- ***Purposive sample* of stores**: A third option may be preferable when there are few resources available. You purposively select stores from City A and City B because you know they have the best representation of the county. The compliance checks would be conducted in these purposively selected stores.

- ***Convenience sample* of stores**: This next option is inferior to the other three options and should only be used as a last resort. As opposed to randomly selecting stores in each region, community or city, you handpick stores from the intervention region, and the same number of stores from the control region. You should always try to get a random sample first, and use a convenience sample only if randomization is indeed impractical. Sometimes a non-random sample is the only choice. For example, if you plan to conduct a survey at a local health fair, you may need to get as many participants as you can.

- ***Stratified sample***: This is an interesting alternative. If you have some previous knowledge that the rate of the STAKE Act violation varies depending on the type of store, you may consider "stratifying" all the stores in the county as either a small store (e.g., convenience store, mom-and-pop store, etc.) or a large store (e.g., chain store). You can then take a random sample from the group of small stores and large stores separately.

How many will be in the sample and why?

Addressing the issue of sample sizes is extremely important because even if you have a great program and a high quality study design, a too-small sample size will weaken your evaluation considerably.

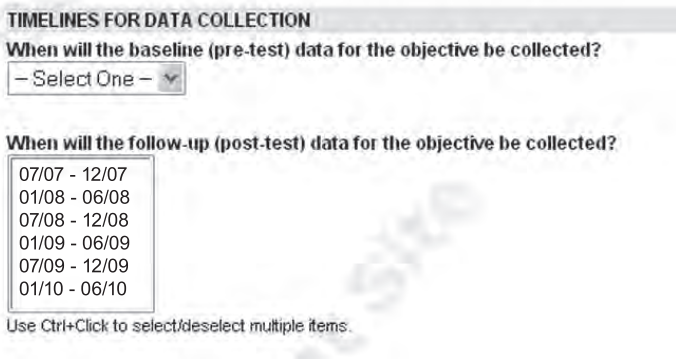
In deciding how many should be in the sample, you need to consider the type of sampling methods, the size of your population (number of adults, number of smokers, number of stores, number of bars, etc.), the margin of error you will allow, the power you want to get from the test, and the perceived proportion of positive answers. If these terms throw you, we strongly suggest that you consult with an evaluation associate at the TC Evaluation Center or a statistician because the issue of sample size is a statistical problem and there is no simple rule of thumb you can apply.

Furthermore, please tell us if and how much attrition, or the extent you expect participants (stores, persons, households, etc.) to drop out, during follow-up data collection periods and why.

Timelines

OTIS asks you to provide information for when you will collect baseline and follow-up data (pre-test and post-test) for your objective (Figure 25). Select one date range for the baseline data. However, OTIS will allow you to select more than one date range for the follow-up data collection since you may choose to collect information at multiple time points.

Figure 25



Tracking and responsible parties

OTIS brings up a summary screen for the information you have just entered for outcome data collection. Scroll down and enter your information in the two sections about:

- **Tracking measures**
  Tracking measures represent the activities that you have conducted. They include such things as educational materials, press releases, training materials, sign-in-sheets, and survey instruments. Tracking measures are items that verify the completion of activities and deliverables. In general it is recommended that you identify no more than two tracking measures per activity. For each tracking measure that you identify, you will designate the item as something that will be submitted with the progress report or "Kept on File" in your office for review by CDHS/TCS if there is a site visit or an audit is done of the project.

- **Responsible parties**
  Responsible parties are staff members who are assigned to work on and complete various tasks for activities.

Process data collection

Your objective is outcome-based, and process data is not required. However, we highly recommend that you collect some process data to develop an understanding of major issues that facilitated or hindered achievement of the objective. This information will help to improve your intervention, monitor the process, and facilitate the outcome data collection. For example, the basic evaluation design of a STAKE Act implementation objective is collecting outcome data using the Youth Tobacco Purchase Survey. However, you may plan to conduct key informant interviews or opinion polls to understand the compliance/non-compliance knowledge, attitudes and behaviors among tobacco retailers in order to find the right "message" or intervention activities to improve compliance. This information will likely be useful if you conduct trainings for youth volunteers on how to conduct the purchase survey.

Before you wrap up answering questions about your outcome data collection design and activities, you should ask yourself the following question:

> **"Will we conduct any process data collection activity such as focus group, key informant interview, poll, media activity record collection, training, etc.?"**

If you said, "Yes" to this question, complete the following steps:

1. Use the link at the top of the summary screen to return to the "Scope of Work/View Objective."

2. Click on "Add Collection of Process Data Activity" to begin entering information about the process data collection (Figure 26, described in Part B of this chapter).**

** OTIS has been revised to allow you to enter process data collection at any time. The link to enter this data will always be there in case you want to go back and enter in this information at a later time.

Figure 26

Part A: Checklist for Outcome Data Collection

The following checklist is provided to help you ensure that you have all the information needed to respond to the OTIS Outcome Data Collection fields.

Objective:
Collection of Outcome Data Design

Information Requested	Response Type	Notes
Study Design	Experimental, Quasi-Experimental, Non-experimental	
Intervention Groups	Numeric value	
Control groups	Numeric value	
Use of Intact Groups	Yes/No	
Measurements	Post-test Only, Pre & Post-Test, Multiple Measurements	
Study Design Description	Narrative	

Collection of Outcome Data Activity

Information Requested	Response Type	Notes
Description of Instruments to Collect Outcome Data	Narrative	
Description of activities and resources to design data collection instruments	Narrative	
Start Period for instrument and data collection protocol development	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Completion Period for instrument and data collection protocol development	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable Percentage for data collection instrument and protocol development	Numeric value, not less than 0.5%	
Copyright	Yes/No	
Primary Method of Data Collection	Face-to-face interview Mail survey Observational survey Telephone survey Written survey Internet Other	

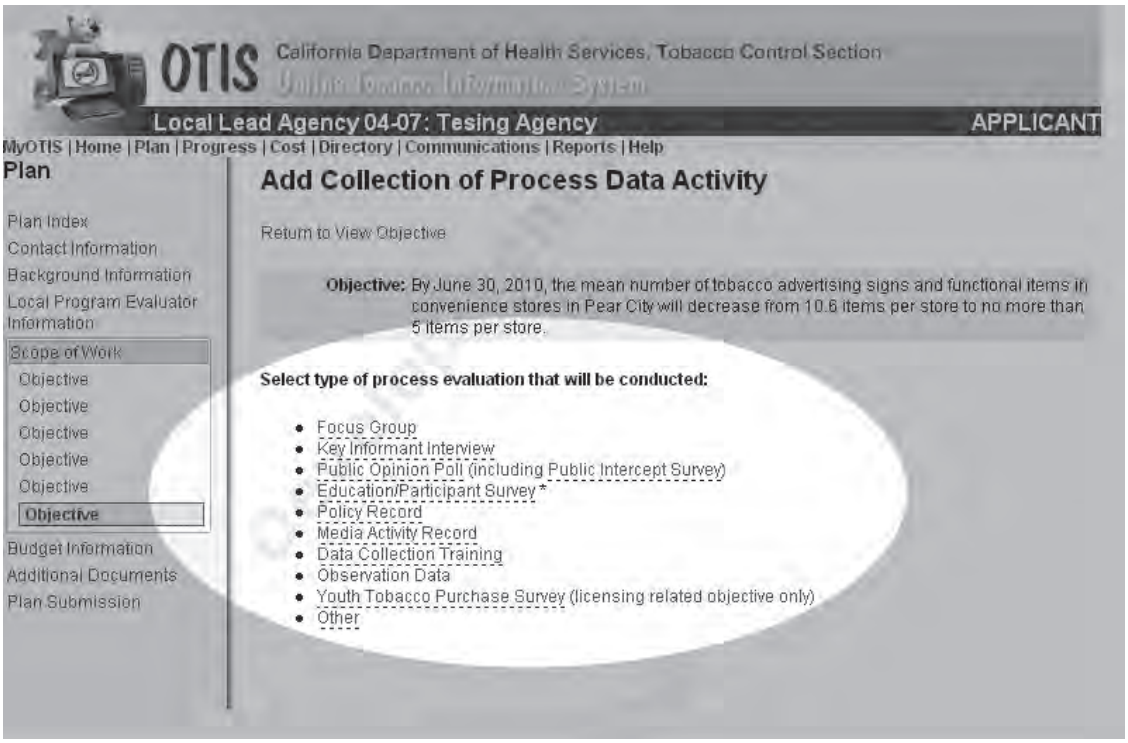
(continued next page)

Information Requested	Response Type	Notes
Primary source of Data Collection	Bar/nightclub Beaches California smoker's helpline College County building/facilities Dental office Elementary school Entertainment event Head Start Health clinic/physician office High School Home Hospital Hotel/motel Indian casino Indian reservation Law enforcement agency Magazines/newspapers Mail Middle school Movies Multi-unit housing Non-profit organization Offices Outdoor public areas Outdoor waiting lines Outdoor worksite Park/playground Pre-school Restaurant Rodeo Sporting event	

(continued next page)

Information Requested	Response Type	Notes
Primary source of Data Collection (continued)	Tobacco retail outlet Vehicles Vocational school WIC clinic	
Timelines for Data Collection	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Sample Selection Method	Narrative	
Sample Size (for control and intervention groups)	Narrative	
Progress Report Period for Receiving Data Analysis Report	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Will any Process Data be collected to augment the Outcome data collection	Yes/No. Yes response requires Process Data Collection fields to be completed.	
Identify Tracking Measures and Who is Responsible for Activities		

Figure 27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Add Collection of Process Data Activity
Return to View Objective
Objective: By June 30, 2010, the mean number of tobacco advertising signs and functional items in convenience stores in Pear City will decrease from 10.6 items per store to no more than 5 items per store.
Select type of process evaluation that will be conducted:
Focus Group
Key Informant Interview
Public Opinion Poll (including Public Intercept Survey)
Education/Participant Survey *
Policy Record
Media Activity Record
Data Collection Training
Observation Data
Youth Tobacco Purchase Survey (licensing related objective only)
Other

Part B. Process Data Collection

Process data collection is essential with objectives that do not have a quantifiable outcome, such as the adoption of a policy. The purpose of this type of data collection is to provide an in-depth look at certain issues that may help or hamper the success of the program. Process data can be used to design and modify the intervention plan. The information gathered from focus groups, key informant interviews, or media activity records will not only help shape the intervention, but also provide insight into why progress has or has not been made. Some examples follow:

- We can use focus groups and public opinion polls to understand the public awareness and their knowledge about the upcoming policy objective.

- We can use key informant surveys to learn the potential obstacles to the enactment of a policy objective.

- Process data collection with measurable objectives, can also add considerably to the evaluation of interventions such as increasing compliance with the STAKE Act or Labor Code Section 6404.5, promoting smoke-free home policies, or promoting smoking cessation.

It is very important to distinguish the outcome of an objective from the process information related to it. For example, in a cessation objective, you conduct an education/participant survey immediately after a cessation service session. The survey assesses how well the content was grasped, as well as the participants' willingness to quit and their quit plan. Although important, these data are not your outcome measurements, but process information. In this case, the outcome of the objective is either the quit rate of participants or their continued abstinence over a certain time period.

Begin by clicking on the "Add Collection of Process Data Activity" link from the "Scope of Work/View Objective" screen. This will take you to the screen shown in Figure 27. As we did for outcome data collection, we have prepared an individual "Checklist for Process Data Collection" for each process data method that you may find useful in organizing your information before entering it in OTIS. The Checklist is located at the end of Part B of this chapter. Because you must complete the entire "Add Collection of Process Data Activity" page for a particular objective before OTIS will allow you to save it, we strongly suggest that you gather all the information on the "Checklist" before you begin entering it in OTIS. This will make the data entry easier and faster.

This screen lists the nine most commonly used process data collection activities. If you have process data collection other than these listed, you can click "Other" and describe your activities.

After you click any item shown in Figure 27, OTIS will ask several questions about the process data collection methods. You can keep adding types of process data collection activities by returning to the "Scope of Work Objective View" screen and clicking on "Add Collection of Process Data Activity" link after you complete all the questions for the previous type of process data collection.

Each process data collection form will be described below. Some forms may have similar questions while some may have questions that are specific to that type of process data collection. However, the final steps of every process data collection form will ask you to enter information for the following bolded items:

Figure 28

OTIS California Department of Health Services, Tobacco Control Section
Online Tobacco Information System

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Add Collection of Process Data Activity
Focus Group

Objective: By June 30, 2010, the mean number of tobacco advertising signs and functional items in convenience stores in Pear City will decrease from 10.6 items per store to no more than 5 items per store.

Instructions:
This form must be completed for each focus group that has a different discussion topic or *distinct group* (e.g. adults and teenagers). If the same focus group will be conducted multiple times, please specify the number of times in the second question below.

Fields in RED are required.

What is the discussion topic(s) or purpose for this focus group?

How many times will this focus group be conducted?

What are the criteria to select the participants or who will be in the group(s)?

How many participants will be in this focus group?
— Select One —

How will the results be analyzed and interpreted?

Progress report period(s) in which the focus group will be conducted:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Progress report period(s) in which the focus group results will be analyzed and disseminated:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Copyright:
- Yes
- No

Deliverable Percentage:
%

Current Total Deliverable Percentage: .00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

Save Information | Cancel

- **Percent Deliverables**
  The program deliverable percentage reflects a combination of staff and budget resources needed to complete the deliverable. In general, a program deliverable is a tangible product or service developed or conducted as part of the scope of work. A program deliverable percentage is assigned to activities to produce tangible product or service in the Intervention Activity Plan, the Evaluation Activity Plan, and the Final Evaluation Report. A deliverable is inclusive of all the coordination, planning and collaboration activities that lead to accomplishment of a tangible product or service.

When you complete all the questions for each process data collection form, OTIS will bring up a summary screen for you to review the information you entered. If you plan to use one or more additional process data collection methods, scroll down and complete the sections in the process data collection summary screen (focus group, key informant, policy record, etc.) that ask you to identify the following:

- **Tracking measures**
  Tracking measures represent the activities that you have conducted. They include a wide variety of items such as summaries of focus groups, copies of surveys developed, or protocols developed for data collection trainings. Tracking measures are items that verify the completion of activities and deliverables. In general it is recommended that you identify no more than two tracking measures per activity. For each tracking measure that you identify, you will designate the item as something that will be submitted with the progress report or "Kept on File" in your office for review by CDHS/TCS if there is a site visit or if an audit is done of the project.

- **Who is responsible for the process data collection activity**
  Responsible parties are staff members who are assigned to work on and complete various tasks for your data collection activities.

- Then use the link at the top of the summary screen to return to the "Scope of Work Objective View" page.

- Click on "Add Collection of Process Data" and begin your entries for the additional process data collection methods. Repeat as necessary.

Note: The final steps outlined above are the same for each of the different types of process data collection methods described in Items 2-10 below.

1. Focus Group

Below are the questions that OTIS would like to know regarding conduction of your *focus groups*. To begin, click the "Focus Group" link as shown in Figure 27, and OTIS will lead you to the questions shown in Figure 28.

What is the discussion topic(s) or purpose for this focus group?

Defining a good discussion topic is the most important step towards a meaningful focus group discussion. You will not only ask "why do we need this focus group?", but also fine-tune the topic in order to help participants of the group better understand the issue being discussed.

Figure 29

OTIS California Department of Health Services, Tobacco Control Section
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Add Collection of Process Data Activity
Key Informant Interview

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Instructions:
This form must be completed for each wave of interviews.

Fields in RED are required.

What existing instrument will be used for the interview? If there is no existing instrument, please describe the main topic(s) and question(s) for the interview.

How many waves of the interviews will be conducted?
— Select One —

Who will be the key informants?

How many key informants will be in this interview?

What is the primary method in which the interview will be conducted?
— Select One —

How will the results be analyzed and interpreted?

Progress report period in which the interview will be conducted:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Progress report period in which the interview results will be analyzed and disseminated:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Copyright:
- Yes
- No

Deliverable Percentage:
%

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

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How many times will this focus group be conducted?
If necessary, the same discussion topic can be repeated among different groups, particularly if you want opinions from diverse groups such as those discussed in the question below. However, if you want to have one or more focus groups to discuss a different topic:

- Click "Add Collection of Process Data Activity"
- Click "Focus Group" again to add detailed information about the new focus group.

What are the criteria to select the participants or who will be in the group(s)?
Based on your discussion topic, you may want criteria that identify individuals by smoking behavior, age group, gender, ethnic background, geographic location (urban, rural, suburban), education level, marital status, whether or not they have children, etc. Using your criteria, you can then recruit participants randomly (e.g., through help wanted ads) or purposefully. If you know a group of people who have the best knowledge and appropriate background for the discussion topic, you can use a less common approach, such as purposely inviting them to form a focus group.

How many participants will be in this group?
This question can be answered by selecting the appropriate number from a drop down menu. The question specifically asks for the number of participants in the focus group being discussed, **not** the total number of participants in all focus groups to be conducted. Normally, a focus group consists of 8-10 participants. Too large a group will distract the discussion and discourage some minority opinions, while too small a group will result in less discussion.

How will the results be analyzed and interpreted?
Normally, a content analysis will be carried out to summarize participants' individual points of view as well as identify common themes. Displaying the data in a table with percentages is helpful visually. The results of a focus group discussion serve many needs; therefore, the interpretation should focus on how the opinions shed light on future interventions. For example, focus group results can be used as part of an in-depth needs assessment, a tool for program planning, an indicator of needed program modifications (on intervention activities), or an aid to developing messages or materials.

2. Key Informant Interview

The questions in the "*Key Informant Interview*" form can be seen in Figure 29. Note that some of the questions and answers are similar to those for focus groups.

What existing instrument will be used for the interview? If there is no existing instrument, please describe the main topic(s) and question(s) for the interview.
Most likely, your program has to develop its own instrument for the key informant interview. The key informant interview is more flexible than the focus group in its aspect of allowing multiple topics. It is preferable that all the questions and topics are related so the informant has the knowledge of all your inquiries. The topics can be related to the planning, as well as monitoring, of intervention activities.

How many waves of the interviews will be conducted?
Key informant interviews are often part of an in-depth needs assessment, but can be conducted in multiple waves. The purpose of two or more waves is to compare responses before and after intervention in order to determine if there is a difference.

Figure 30

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Add Collection of Process Data Activity
Public Opinion Poll (Including Public Intercept Survey)

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Instructions:
This form must be completed for each wave of a poll.

Fields in RED are required.

What existing instrument will be used for the poll? If there is no existing instrument, please describe the main topic(s) and question(s) for the poll.

How many waves of the poll will be conducted?
— Select One —

How will the sample be selected? (e.g., simple random telephone sample, convenience sample from community organization or county fair, etc.)

How many will be in the sample?

What is the primary method in which the poll will be conducted?
— Select One —

How will the results be analyzed and interpreted?

Progress report period in which the poll will be conducted:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Progress report period in which the poll results will be analyzed and disseminated:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Copyright:
- Yes
- No

Deliverable Percentage:
%

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

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Who will be the key informants?
Key informants are rarely randomly selected. In most cases, you or your colleagues have a list of people you want to interview. The basic criterion for the selection is that you are fairly certain the candidates will have some answers to your questions. In other words, they are relevant stakeholders, gatekeepers, program staff, program participants, beneficiaries, and so on. Variety is highly desirable because that gives you multiple views of the issue.

How many key informants will be in the interview?
There is no limit on the number of key informant interviews. Too few interviews provide such a small number of results you cannot analyze them adequately. At the same time, you are not expecting every person in town to be a "key" informant for a specific tobacco control related issue. It is common to see a sample size of 10-20 key informants for a local program.

What is the primary method in which the interview will be conducted?
As with other types of surveys or interviews, key informant interviews can be conducted in person, over the phone, or in writing. Mail surveys or written surveys are not highly recommended because the key informant interview depends heavily on open-ended questions.

How will the results be analyzed and interpreted?
Similar to the focus group, a content analysis will be carried out to summarize participants' individual points of view as well as common themes. Descriptive or statistical analysis on multiple-choice questions can detect the difference among the participants. The findings can help you make decisions about the major recipients of your interventions. The interpretation should focus on how the responses shed light on the current state of the program or targeted policy, as well as future interventions. The results of a key informant interview may be used as part of an in-depth needs assessment, a tool for program planning, an indicator of needed program modifications (on intervention activities), or even a presentation that can be disseminated to assist the interventions.

3. Public Opinion Poll (including public intercept survey)

The questions in the "*Public Opinion Poll* (including public intercept survey" form can be seen in Figure 30.

What existing instrument will be used for the poll?
There are some existing instruments, such as the Bar Patron Survey (see C-STATS website, www.cstats.info). Most likely, you will need to develop your own opinion poll. If there is no existing instrument, please describe the main topic(s) and question(s) for the poll. Similar to key informant interviews, the poll can also cover more than one topic.

How many waves of the poll will be conducted?
This depends on the needs of your objective. The purpose of two or more waves is to compare responses at different points in time, such as before and after an intervention, in order to determine if there is a difference.

How will the sample be selected?
As with other types of surveys, sampling for a public opinion poll should be carefully considered. Two examples of sampling techniques include using a simple random telephone sample or convenience sample from a community organization or county fair. A public opinion poll with a random sample can provide you with a snapshot view of the general public's awareness and knowledge of a certain issue, such as a policy. How-

Figure 31

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Add Collection of Process Data Activity Education/Participant Survey

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Instructions:
This form must be completed for each wave of a survey. Examples of education/participant surveys include those used during or after a smoking cessation course or training. Do not use this form for data collection trainings.

Fields in RED are required.

What existing instrument will be used for the survey? If there is no existing instrument, please describe the main topic(s) and question(s) for the survey.

How many waves of the survey will be conducted?
— Select One —

How will the sample be selected?

How many will be in the sample?

What is the primary method in which the survey will be conducted?
— Select One —

How will the results be analyzed and interpreted?

Progress report period in which the survey will be conducted:
- ☐ 07/04-12/04
- ☐ 01/05-06/05
- ☐ 07/05-12/05
- ☐ 01/06-06/06
- ☐ 07/06-12/06
- ☐ 01/07-06/07

Progress report period in which the survey results will be analyzed and disseminated:
- ☐ 07/04-12/04
- ☐ 01/05-06/05
- ☐ 07/05-12/05
- ☐ 01/06-06/06
- ☐ 07/06-12/06
- ☐ 01/07-06/07

Copyright:
- ○ Yes
- ◉ No

Deliverable Percentage:
%

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

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ever, conducting a random sample can be costly. A public intercept survey (at a fair or other public event) is an alternative, but you will not be able to claim that these convenience sample results reflect the opinion of the general public.

How many will be in the sample?
Addressing the issue of sample sizes is extremely important because even if you have a great program and a high quality study design, a too-small sample size will greatly weaken your evaluation.

In deciding how many should be in the sample, there are multiple factors you need to consider such as: sampling methods, the size of your population (number of adults, number of smokers, number of stores, number of bars, etc.), the range of values your results fall between (margin of error), the power you want to get from the test (how good is the test at detecting a difference?), and the perceived proportion of positive answers. TCS strongly encourages contacting the TC Evaluation Center or a statistician to get help determining the most appropriate sample size. Since there are multiple factors influencing your sample size, including those not listed above, there is no simple rule of thumb you can apply.

What is the primary method in which the poll will be conducted?
You have the choice of telephone, face-to-face, and pen-to-paper polls, including mail surveys. You should decide which method is the most efficient and cost-effective

How will the results be analyzed and interpreted?
The analysis of a public opinion poll will be quantitative in nature. In other words, it will entail you coming up with "counts." Statistical analysis should be performed to see if differences in opinions exist among the general population. The findings can help you make decisions on the major recipients of your interventions and sometimes serve as evidence of program progress. The interpretation should focus on how the responses shed light on the current state of the program or targeted policy, as well as future interventions. As with other process data collection methods, the results of a public opinion poll may be used as part of an in-depth needs assessment, a tool for program planning, an indicator of needed program modifications (on intervention activities), or material that can be presented or disseminated to assist interventions.

4. Education/Participant Survey

The questions in the "*Education/Participant Survey*" form can be seen in Figure 31.

This process data collection activity occurs when you conduct a class or seminar for your target population. For example, you may use a survey (or quiz) on the knowledge and attitudes regarding smoking and quit attempts among the participants of a cessation class, or a survey of attitudes regarding compliance among the retailers who have received a series of educational materials.

*Do not use this form if you are training people to collect data. Instead use the "Data Collection Training" form, which will be described below, instead.

What existing instrument will be used for the survey? If there is no existing instrument, please describe the main topic(s) and question(s) for the survey.

The survey instrument should contain questions that are relevant to the intervention (i.e., items taught in the class or presented in educational materials).

Figure 32

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Add Collection of Process Data Activity Policy Record

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Instructions:
Use the policy record form to describe any policy related records that will be collected and analyzed as part of the evaluation such as city, county, tribal, board or association agenda items, meeting minutes, voting records, resolutions, etc.

This form must be completed for each wave of a poll.

Fields in RED are required.

What is the topic of the policy record you are collecting?

How will findings from the policy record be analyzed?

How will the policy record be used to advance your objective?

Progress report period(s) in which the policy record will be collected:
- ☐ 07/04-12/04
- ☐ 01/05-06/05
- ☐ 07/05-12/05
- ☐ 01/06-06/06
- ☐ 07/06-12/06
- ☐ 01/07-06/07

Deliverable Percentage:
_____ %

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

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How many waves of the survey will be conducted?
This depends on the needs of your objective. The purpose of two or more waves is to compare responses at different points in time, such as before and after an intervention, in order to determine if it made a difference in their attitude, knowledge, and/or behavior.

How will the sample be selected?
Most likely, the sample will be all the participants, unless the number of participants is too large (e.g., more than 500 tobacco retailers in a very large county). In the case of a large number of participants, a random sample should be used.

How many will be in the sample?
It will be either the total number of participants or a sample of a large number of participants.

What is the primary method in which the survey will be conducted?
In many cases, the survey can be conducted on-site immediately after the intervention. For educational activities that do not have face-to-face contact, surveys can be mailed to the participants, but you should be prepared for a low response rate.

How will the results be analyzed and interpreted?
The analysis of an education/participant survey will probably be quantitative (e.g. measurable, numbered) in nature. However, if you also include open-ended questions, it can allow you to get a better idea of their thoughts and opinions (qualitative data). A pre- and post-survey is highly desirable because you can detect the immediate difference on attitude and intention as a result of your intervention. It is important to keep in mind that these results describe important program attributes, but they are not the outcome for your objective. Statistical analysis should be performed to see if there is a difference between responses before and after the intervention/education activity. The findings can add to your understanding of the quality of the intervention/education efforts and sometimes can demonstrate the progress of the program.

5. Policy Record (Formerly called "City or County Council" form)

The questions in the "*Policy Record*" form can be seen in Figure 32.

What is the topic of the policy record you are collecting?
Obviously you are interested in, and will want to collect, all official records and reports of member voting or discussion related to your policy objective.

How will findings from the policy record be analyzed?
A thorough content analysis should be conducted. This analysis, along with the findings from your other homework, can be used by your coalition to identify who or what special interest groups may oppose or be behind the opposition of the passage of the ordinance. Sometimes these results identify the messages or intervention activities that have not yet had an impact, and they can prompt you to investigate "why?"

How will the policy record be used to advance your objective?
If any policy record collection is conducted in the middle or early stage of your funding cycle, you may use the analysis results to modify or generate new intervention strategies. The challenge is to make sure that the

Figure 33

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Add Collection of Process Data Activity
Media Activity Record

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Instructions:
Use the Media Activity Record to describe media records that will be collected and analyzed to document media efforts to raise awareness and the news coverage obtained.

Fields in RED are required.

What type of media activity record will be collected (e.g., # of flyers, # of news pitch letters being sent out, # of PSA or ads, frequency of the PSA or ads, # of audience, coverage, etc.)?

How will the media activity record be used to advance your objective?

Progress report period(s) in which the media activity record will be collected:

- ☐ 07/04-12/04
- ☐ 01/05-06/05
- ☐ 07/05-12/05
- ☐ 01/06-06/06
- ☐ 07/06-12/06
- ☐ 01/07-06/07

Deliverable Percentage:

%

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

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members are fully educated about the issue. For example, based on your local environment and the content analysis of the record, you can decide whether to leave it to your coalitions to educate/persuade council members directly, or through some other, broader educational effort in the community.

6. Media Activity Record

Questions for the "*Media Activity Record*" form can be seen in Figure 33.

What type of media activity record will be collected?

Please name all the collectable media activity records here. A few examples of these kinds of records include the number of flyers, the number of news pitch letters being sent out, public service announcements (PSA) or ads, frequency of the PSA or ads, the number of audience members, media coverage area, the number of news releases, or the circulation and distribution of a local newspaper issue containing your tobacco-related story.

How will the media activity record be used to advance your objective?

Collecting media activity records is especially helpful when you want to know if your media activities have enough intensity. In general, media activity is a very expensive intervention. Even a big-budget media activity can yield a mediocre result if the execution is poor. With the media activity record findings, you can decide whether to intensify the media intervention, or divert the resources to other interventions. For example, an overly ambitious, cover-all type of media operation may be modified to more focused, narrower media activities that you may be more efficient.

Figure 34

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Add Collection of Process Data Activity
Data Collection Training

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Instructions:
This form must be completed for each data collection training that has a different purpose. If the same training will be conducted multiple times, please specify the number of times, in the second question below.

Fields in RED are required.

What is the purpose of this training?

How many times will this training be conducted?

What is the length of the training?

How many trainees will be in this training?

How will the trainees be selected? (Who are the trainees?)

How will the training be evaluated?

Progress report period in which the training will be conducted:
- ☐ 07/04-12/04
- ☐ 01/05-06/05
- ☐ 07/05-12/05
- ☐ 01/06-06/06
- ☐ 07/06-12/06
- ☐ 01/07-06/07

Copyright:
- ○ Yes
- ◉ No

Deliverable Percentage:
%

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

Save Information | Cancel

7. Data Collection Training

Questions for the "*Data Collection Training*" form can be seen in Figure 34.

What is the purpose of this training?

You will most likely have multiple data types that require your staff to be specifically trained to collect. As a result, you may have several trainings, each with a different purpose. Data collection methods such as face-to-face interviewer, phone interviews, or observations each require different training strategies and should be delineated using this form. As a result, OTIS requires you to describe the purpose each different type of data collection training on separate forms.

How many times will this training be conducted?

This question asks for the number of times the training will be conducted if you are conducting the same training, e.g. has the same purpose described above, multiple times.

What is the length of the training?

For this question, OTIS asks you to enter information such as the length of time it will take to train the trainees (hours, day-long, multiple days, throughout a specified time period, etc.). Different types of data collection strategies will require varying levels of training intensity and should be reflected in the information you enter here. For example, you may want to consider more intense or longer training periods for more difficult data collection strategies.

How many trainees will be in this training?

You will already have determined how many trainees need to attend the training when you determine the data collection procedure needed for your sample size. The extraordinary situation is that you have a very large-scale data collection plan and need many interviewers. In this case, you should consider the trainer-to-trainee ratio, and you may want to have multiple trainings.

How will the trainees be selected?

You should aim to select the most qualified people (in terms of data collection). The trainees can be from your staff, coalition members, and even recruited through help-wanted ads.

How will the training be evaluated?

An evaluation form, a quiz, or even a role-playing practice can be used to evaluate the skills of both the instructor and the trainees.

Figure 35

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Add Collection of Process Data Activity Observation Data

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Fields in RED are required.

Please describe the instrument to be used or developed for observation and what/who will be observed.

How many will be in the sample?

What is the primary method for conducting the observations?
— Select One —

How will the observational data be analyzed?

Progress report period(s) in which the observations will be conducted:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Progress report period(s) in which the observation results will be analyzed and disseminated:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Deliverable Percentage:
%

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

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8. Observation Data

Questions for the "*Observation Data*" form can be seen in Figure 35.

Please describe the instrument to be used or developed for observation and what/who will be observed.

The instrument you use to collect observational information can help you to determine how a policy was implemented or to document tobacco-related issues associated with the intervention site or group, e.g. retailer, park, outdoor event, smokers, non-smokers, multi-unit housing complexes or managers, casinos etc. Observations do not necessarily entail physically going to a location. You may also want to count the number of tobacco ads that have been run in your community and categorize them into specific groups. If so, your instrument should be developed to record this type of information.

How many will be in the sample?

Similar to discussions for the Public Opinion Poll form, there are multiple factors you need to consider such as: sampling methods, the size of your population (number of adults, number of smokers, number of stores, number of bars, etc.), the range of values your results fall between (margin of error), the power you want to get from the test (how good is the test at detecting a difference?), and the perceived proportion of positive answers. The type of sampling method you choose will depend on these factors and the amount of resources you have committed to recording these observations. TCS strongly encourages contacting the Evaluation Center or a statistician to get help determining the most appropriate sample size.

What is the primary method for conducting the observations?

OTIS asks you to select either in-person/on-site, face-to-face, pen-to-paper, or other. If you are going to an actual location and recording observations you see, you would select "in-person/on-site" as your primary method. However, as discussed above, there are multiple types of observations. You may ask a person to complete survey or diagnostic, and in addition to the information you get from that instrument, you may also record what you observe as they complete the first survey. In this case, you would select, "face-to-face." However, if you are recording the number of tobacco-related ads that were run in a community and placing them into separate categories (also known as "coding out"), then you would utilize a "pen-to-paper" method.

How will the observational data be analyzed?

The analysis of observational data will most likely be quantitative (e.g. measurable, numbered) in nature as they may consist of counts of a specific activity. However, your data may also consist of narratives describing the observations, which then may be coded into categories by theme. Observational data collected before and after an intervention may be most useful because statistical analysis can help you detect the immediate difference due to your program's activities. It is important to keep in mind that these results describe important program attributes, but they are not the outcome for your objective. The findings can add to your understanding of the quality of the intervention/education efforts and sometimes can demonstrate the progress of the program.

Figure 36

OTIS California Department of Health Services, Tobacco Control Section
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Add Collection of Process Data Activity
Youth Tobacco Purchase Survey (Licensing Related Objective Only)

Objective: By June 30, 2010, at least two cities or unincorporated areas in Chai County will adopt and implement a policy that requires all tobacco retailers to obtain a license in order to sell tobacco products and includes sufficient fees to conduct regular compliance checks.

Fields in RED are required.

Please describe the Youth Tobacco Purchase Survey instrument you will use. State if you are using a Tobacco Control Section Youth Tobacco Purchase Survey survey instrument, an adaptation of a Tobacco Control Section Youth Tobacco Purchase Survey instrument or another instrument.

Which Youth Tobacco Purchase Survey protocol will you use?
- Standard (consummated)
- Lying Variation
- Flash ID
- Other

If you indicated above that you will be using an 'Other' Youth Tobacco Purchase Survey protocol, please describe it:

How will the store sample be selected? (e.g., simple random, cluster, purposive, convenient, etc.)

How many will be in the sample and why?

How will the results be analyzed and interpreted?

Progress report period(s) in which the survey will be conducted:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Progress report(s) period in which the survey results will be summarized and disseminated:
- 07/04-12/04
- 01/05-06/05
- 07/05-12/05
- 01/06-06/06
- 07/06-12/06
- 01/07-06/07

Copyright:
- Yes
- No

Deliverable Percentage:
%

Current Total Deliverable Percentage: 17.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

Save Information | Cancel

9. Youth Tobacco Purchase Survey (YTPS)

Questions for the *Youth Tobacco Purchase Survey* process data collection form can be seen in Figure 36. Utilize this data collection form if you are conducting a licensing related objective ONLY. The data collected by the YTPS may be used as formative research to better understand the extent tobacco products are being sold to minors in your community.

Please describe the Youth Tobacco Purchase Survey instrument you will use.

When using the YTPS instrument, it is important that you clearly describe the version you are using. You may choose between using a version developed by the Tobacco Control Section, an adaptation of the Tobacco Control Section YTPS, or another version all together.

Which Youth Tobacco Purchase Survey protocol will you use?

Please state whether you are using the standard (consummated), lying variation, flash ID or any other protocol. This information is especially useful during data analysis since the method in which information was collected may help explain some of your results. If you indicated that your protocol was "Other," you will also be asked to describe the protocol in a text box following this question.

How will the store sample be selected?

As with other types of surveys, sampling for the YTPS should be carefully considered. Since it may require a great deal of time and resources to survey every store in your community, i.e. a census, you may choose to utilize one of several options to select the stores. These options have been described in detail in Part A.2 of this chapter on pages 82-84.

How many will be in the sample and why?

Similar to discussions for the Public Opinion Poll form, there are multiple factors you need to consider such as: sampling methods, the size of your population (number of stores), and the range of values your results fall between (margin of error). The type of sampling method you choose will depend on these factors and the amount of resources you have committed to recording these observations. TCS strongly encourages contacting the TC Evaluation Center or a statistician to get help determining the most appropriate sample size.

How will the results be analyzed and interpreted?

The analysis of the YTPS will be quantitative (e.g. measurable, numbered) in nature. The findings should add to your understanding of the extent of the problem in your community. As a result, the data can help you formulate convincing arguments for the adoption and/or implementation of your licensing policy.

Figure 37

OTIS California Department of Health Services, Tobacco Control Section
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Add Collection of Process Data Activity
Other

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Fields in RED are required.

Please describe other process evaluation activities: (e.g., collect and analyze letters of support or opposition, testimony, correspondence, website usage statistics, etc.):

Deliverable Percentage:
%

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

Save Information | Cancel

10. Other

The previous nine examples are the most popular process data collection activities. You may have other, creative, process data collection methods, so please help us appreciate them by describing them in the text box shown in Figure 37. For example this form should be completed if you have a website as part of your intervention. In this case, you should also describe how you will track and monitor website usage. Please notice that the process data collection activity should be related to evaluation. In other words, look at all the activities that will help you conduct evaluation, monitor the progress of the program, or provide information for you to modify and improve your program.

Recap:

- Part B of this chapter helped you enter your information in the "Add Collection of Process Data Activity" section of the OTIS evaluation planning process.

- You learned that OTIS prepares a separate summary sheet for each type of process data collection method. This differs from the outcome data collection summary sheet, which includes all the outcome data information on one screen.

- Filling out the "Checklist for Process Data Collection" can assist you in having all the information in one place before you sit down to enter your information in OTIS. A separate checklist is provided for each type of process data method:
  - Focus Group
  - Public Opinion Poll (including public intercept survey)
  - Policy Record
  - Data Collection Training
  - Youth Tobacco Purchase Survey
  - Key Informant Interview
  - Education/Participant Survey
  - Media Activity Record
  - Observational Data
  - Other (e.g. for website usage)

Part B: Checklist for Process Data Collection

The following checklist is provided to help you ensure that you have all the information needed to respond to the OTIS Process Data Collection fields.

Focus Group Process Data Collection

(Complete for each different type of Focus Group)

Objective:

Information Requested	Response Type	Notes
Discussion topics or purpose of focus group	Narrative	
Number of times focus group will be conducted	Numeric value	
Number of focus group participants	Menu of 6 to 15	
Criteria for selecting focus group participants	Narrative	
Method to analyze and interpret focus group findings	Narrative	
Period the focus group will be conducted	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Period the focus group results will be analyzed and disseminated	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable percentage for focus group activities	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible for Focus Group Activities		

Key Informant Interview Process Data Collection

(Complete for each different type of Key Informant Interview)

Objective:

Information Requested	Response Type	Notes
Description of instrument to be used or developed for key informant interviews	Narrative	
Number of key informants to be interviewed	Numeric value	
Description of key informants	Narrative	
Method for conducting interviews	Telephone Face-to-face Pen-to-paper Other	
Method to analyze and interpret key informant interview findings	Narrative	
Period key informant interviews will be conducted	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Period the interview results will be analyzed and disseminated	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable percentage for key informant interviews	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible for key informant interviews		

Public Opinion Poll/Public Intercept Survey Process Data Collection

(Complete for each different type of Public Opinion Poll/Public Intercept Survey)

Objective:

Information Requested	Response Type	Notes
Description of instrument to be used or developed for public opinion/public intercept survey	Narrative	
Number to be sampled	Numeric value	
Method for conducting public opinion poll/public intercept survey	Telephone Face-to-face Pen-to-paper Other	
Method to analyze and interpret public opinion poll/public intercept survey findings	Narrative	
Period the public opinion poll/public intercept survey will be conducted	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Period the poll results will be analyzed and disseminated	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable percentage for public opinion poll/public intercept survey	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible for public opinion poll/public intercept survey		

Education/Participant Survey Process Data Collection

(Complete for each different type of Education/Participant Survey)

Objective:

Information Requested	Response Type	Notes
Description of instrument to be used or developed for the education/participant survey	Narrative	
Number to be sampled	Numeric value	
Method for conducting the education/participant survey	Telephone Face-to-face Pen-to-paper Other	
Method to analyze and the education/participant survey findings	Narrative	
Period the education/participant will be conducted	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Period the education/participant results will be analyzed and disseminated	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable percentage for the education/participant survey	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible education/participant survey		

Policy Record Process Data Collection

Objective:

Information Requested	Response Type	Notes
Description of the topic of the council records	Narrative	
Method to analyze the council records	Narrative	
Description of how the council records will advance the objective	Narrative	
Periods the council records will be collected	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable percentage for the council records	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible for the council records		

Media Activity Record Process Data Collection

Objective:

Information Requested	Response Type	Notes
Description of the media records to be collected	Narrative	
Description of how the media record activities will advance the objective	Narrative	
Periods the media records will be collected	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable percentage for the media records	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible for the media records		

Data Collection Training Process Data Collection

(Complete for each different type of Data Collection Training)

Objective:

Information Requested	Response Type	Notes
Purpose of the training	Narrative	
Number of times the training is to be conducted	Numeric value	
Length of training	Narrative	
Number of trainees	Numeric value	
Description of how trainees are selected and who they are	Narrative	
Method for evaluating the training	Narrative	
Period for conducting the training	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable percentage for the training activity	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible for training activities		

Observation Data Process Data Collection

(Complete for each type of observation made)

Objective:

Information Requested	Response Type	Notes
Description of instrument to be used or developed for the observational survey	Narrative	
Number to be sampled	Numeric value	
Method for conducting the observations	In-person/on-site Face-to-face Pen-to-paper Other	
Method to analyze the observational survey findings	Narrative	
Period the observations will be conducted	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Period the observational data will be analyzed and disseminated	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Deliverable percentage for the observational survey	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible observational survey		

Youth Tobacco Purchase Survey (YTPS)

(For licensing related objective only)

Objective:

Information Requested	Response Type	Notes
Description of Youth Tobacco Purchase Survey Instrument	Narrative	
Type of Youth Tobacco Purchase Survey protocol	Standard Lying Variation Flash ID Other	
"Other" Protocol	Narrative	
Method for selecting the store sample	Narrative	
Number of stores to be sampled	Narrative	
Method to analyze and interpret the YTPS data	Narrative	
Progress report period(s) in which survey will be conducted	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Progress report period(s) in which survey results will be summarized and disseminated	07/07 -12/07 01/08 - 06/08 07/08 -12/08 01/09 - 06/09 07/09 - 12/09 01/10 - 06/10	
Copyright	Yes/No	
Deliverable percentage for the YTPS	Numeric value, not less than 0.5%	
Identify Tracking Measures and Who is Responsible for Activities		

Other Process Data Collection

Objective:

Information Requested	Response Type	Notes
Description of any other type of process data collection	Narrative	
Deliverable percentage for other type of data collection	Numeric value, not less than 0.5%	
Tracking Measures and Who is Responsible for other types of process data collection		

Part C. Evaluation Reporting

After you complete the Collection of Outcome Data and/or Collection of Process Data sections, OTIS will ask you to talk about your final product, the Final Evaluation Report (FER) or the Brief Evaluation Report (BER). The FER is a report that is written for primary objectives and requires a more in-depth evaluation plan compared to non-primary objectives. The BER is written for non-primary objectives and only requires a 1-3 page summary of evaluation activities. Both types of reports coalesce and capture data and analyses from all the different outcome and/or process evaluation activities conducted.

For more information on how best to write these reports, please refer to, *Tell Your Story: Guidelines for Preparing a Complete High Quality Final Evaluation Report*. In addition, there are links to a series of tools developed by the TC Evaluation Center to help you with an evaluation of policy-related objectives. These tools include:

1) Writing and organizing interview questions
2) Conducting the interviews
3) Focus group interviews
4) Qualitative methods
5) Content Analysis
6) Record Review

In the meantime, OTIS will ask you questions relating to the FER or BER.

- Go to the "Scope of Work/View Objective" page
- Click on the "View" link of the "Evaluation Reporting" section
- On the blank "View Evaluation Reporting" page (Figure 38), click on the "Edit Evaluation Reporting" link
- See Figure 39 to see how the following questions look on the page

What type of analysis will be done?

The statistical analysis should correspond to the evaluation design of the objective. We provide suggested statistical analysis methods in the chapter on Sample Evaluation Plans, and you will notice for each study design, several types of analyses are applicable. There are many analysis options--such as simple frequency, Chi square, regression, comparison over time, comparison with other groups, comparison with a control group, etc.

Keep in mind that your evaluation plan may contain modifications of the sample designs in OTIS. We recommend that you consult with the TC Evaluation Center or a statistician on what analyses you should perform and how to perform them. You will also find that an entry-level textbook in statistics (see References) is a very useful reference for some simple analyses.

Figure 38

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View Objective

Return to Objective Index | Delete Objective

OBJECTIVE OVERVIEW EDIT

Objective ID: Not Yet Assigned
Completion Date: June 30, 2010
Objective: three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions
Primary Priority Area: (1) Counter Pro-Tobacco Influences
Is this a primary objective? Yes
Target Audience: **Audience Group**
- Adults 18 years and older

General Population Groups
- Non-specific/General Audience

Specific Ethnic Population Groups

INDICATOR(S) EDIT

INTERVENTION TOPIC(S) EDIT

INTERVENTION ACTIVITY PLAN ADD

EVALUATION DESIGN

Overall Design EDIT

Plan type:
Multiple Policy - Policy Adoption Only

What specific policy outcome is expected to be achieved?
the adoption of policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at events open to the public or limited to members only in the three cities.

Are the policies expected to be enacted at the same time?
Yes

Will the objective involve the implementation of these policies?
No

EVALUATION ACTIVITY PLAN

Add Collection of Process Data Activity

Collection of Process Data

EVALUATION REPORTING VIEW

NARRATIVE SUMMARY EDIT

How will the results be disseminated?

Dissemination of your results—this is the best part. This is where people get to learn about your great accomplishments and outstanding results. Here are some factors that may help you decide how to disseminate your results:

- If you use a scientifically sound evaluation design for your program, we suggest you write an article and/or abstract and submit it to a peer-review journal. A formal statistical analysis must be presented in your article. This is the highest level of recognition of your program and the best way to help others learn from your experiences.

- Written documentation allows for wide dissemination of your results. A resource listed in the Resources section of this Guide can help you prepare a thorough report: *Tell Your Story: Guidelines for Preparing a Complete High-Quality Final Evaluation Report*.

- You can also present your results at a tobacco-related or other health-related conference or meeting such as the National Conference on Tobacco or Health or the TCS Project Directors' Meetings. Both presentation and poster sessions are available and would be an excellent place to present your results.

- If you want to share your experience with colleagues in California, you can post an abstract describing your results on PARTNERS.

- If your results have potential impacts on local policy and social norms, you can put them in the newspaper or other media.

What if any limitations or challenges do you foresee with the evaluation?

Conducting program evaluation is never easy. Just like day-to-day life experiences, money can run out faster than expected, while progress may come more slowly than you had hoped. For example, the policy you want to evaluate might never be enacted. If you have some uncertainties regarding the outcome data collection plan, you should answer this question and think of a back-up plan.

Figure 39

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Edit Evaluation Reporting

Objective: By June 30, 2010, three cities (Vanilla, Hazelnut, and Cinnamon) in Spice County will adopt policies prohibiting the distribution of free tobacco products, coupon offers or rebate offers for tobacco products at all events open to the public or limited to members only in these jurisdictions

Primary Objective: Yes

Instructions:
Describe how you will analyze and disseminate results collected for each objective.

- For a **primary objective**, the evaluation report should be more extensive in nature. Please see Tell Your Story: Guidelines for Preparing an Evaluation Report for details on how to write an evaluation report.
- For a **policy-related objective**, you may find a series of tools, developed by the TC Evaluation Center, useful when conducting your evaluation. These tools cover areas such as:
  1. Writing and organizing interview questions
  2. Conducting the interviews
  3. Focus group interviews
  4. Qualitative methods
- For a **non-primary objective**, an extensive report is not required. In addition, select dates when interim reports (optional) will be submitted for each type of objective, as well as limitations and/or challenges that are foreseen with evaluating each objective.

Fields in RED are required.

What type of analysis will be done?
(Comparison over time, comparison with other groups, comparison with a control group, etc.)

How will the results be disseminated?

During which Progress Report period(s) will TCS receive interim evaluation report(s) describing the results of data analysis?

07/04-12/04
01/05-06/05
07/05-12/05
01/06-06/06
07/06-12/06
01/07-06/07

During what Progress Report period will TCS receive the Final or Brief Evaluation Report describing the results of data analysis?

– Select One –

Deliverable percentage:

%

Current Total Deliverable Percentage: 1.00 %
Cannot Exceed 100% for entire Scope of Work

What if any limitations or challenges do you foresee with the evaluation?

Save Information | Cancel

Part D. Writing an Evaluation Summary Narrative

The evaluation narrative serves two purposes: 1) it provides a rationale for the major components of your evaluation plan, and 2) it embellishes details about the evaluation design and activities that are not covered in the OTIS evaluation questions. To illustrate, a sample Narrative follows each sample evaluation plan in the accompanying CD. Here are some tips to help you write the Narrative.

1. The Opening Paragraph

A brief rationale statement on why you chose the particular objective and intervention activities will help the readers (reviewers) to understand your evaluation plan. The type of evaluation design not only depends on the type of objective, but also, evaluation activities related to the intervention activities selected to achieve the objective. Then, in one or two sentences summarize the type of plan and type of data collection you plan to conduct.

2. Chronologically Describe the Evaluation Activities

When you make your evaluation plan, most likely you will follow a timeline to think through all the steps. Similarly, a chronological description of your plan in the Narrative will help the readers to appreciate your evaluation design in an easy-to-follow format. For example, you may want to start with describing the study design, followed by survey instrument development, sampling consideration, and preparation efforts (e.g., trainings) that are related to the data collection.

3. Outcome Data Collection and Process Data Collection

For an objective that requires data collection of both outcome and process data, which one should be described first? The answer is "it depends."

- If your objective is only dealing with policy implementation or individual behavior change such as cessation, you may also have process evaluation activities that can help you design or improve your intervention plan. In this case, you may want to talk about the process data collection after the outcome data collection.

- If you have process evaluation activities that are related to the outcome data collection, such as training for interviewers or a focus group to design the survey instrument, you should chronologically describe them while you talk about outcome data collection.

- If your objective deals with policy adoption AND policy implementation, you should describe all the process data collection activities that relate to policy adoption first.

4. Rationale, Rationale, Rationale

Usually, you don't have many opportunities to specify the rationale for your evaluation plan in the OTIS Scope of Work. This narrative is the best place to introduce the background, theory, and assumptions on which your evaluation plan is built. An excellent resource to help you describe how your approach or "theory of change" helps move tobacco control forward is, "Theory at a Glance- A Guide for Health Promotion Practice" that is put out by the National Institutes of Health (NIH).

This document can be found here:
http://www.cancer.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf (accessed March 2007)

Besides the rationale of the objective selection, you can also specify the rationale behind your particular study design, selection data collection activity, sampling, and data analysis. Actually, writing down your rationale may even help you improve your evaluation plan because all the thinking you put into it will help you decide what makes sense and what does not.

5. Sample outline of a Narrative

- Opening paragraph: the background for selecting the objectives, the plan type (policy, individual behavior change, etc.), and a brief description of the outcome measurement.
- Basic study design for outcome data collection: the rationale of the design, number of groups, number of measurements.
- Or the types of process data collection activities and why
- What data collection instrument(s) will be used; what modifications will be made. If there is no existing instrument, how are you going to develop it?
- Rationale for the sampling methodology, how to select the sample, how to decide the sample size
- How to analyze the data, and why
- How to disseminate the results
- Limitations and challenges
- Individual process data collection activity: purpose of the data collection, instrument, how to use the results

Additional Terms

Study design: The procedure and structure that rationalizes research. Even for projects that are not research-oriented, appropriate study designs are a desired tool to ensure the quality and reliability of the individual project and comparability among multiple projects.

Control group: The group that does not receive an intervention or receives an intervention that is not related to the program objective. A strictly defined control group (or "true" control group) should be formed by random assignment.

Random assignment: The process of assigning people or other units to one group or another based on a statistically random procedure. It ensures that every subject in the sample has the same chance of being assigned to any of the groups in the study, and defines an experimental design.

Intervention group: The group that receives or is impacted by an intervention in an evaluation design.

Comparison over time: Measures the same group of subjects at different points in time using the same measurement tool. The most basic type of comparison over time uses a pre-test and post-test measurement. Comparison over three or more time points may provide more information than one pre-test and one post-test, because an unforeseen event or trend that affects the result of the program may be detected at an intermediate point in time.

Comparison with other groups: Measures different groups at the same time using the same measurement tool. It is common for a comparison with other group(s) and comparison over time to take place simultaneously. In a quasi-experimental design, where multiple intervention groups and/or multiple control groups are often involved, multiple comparison techniques or a regression model should be used.

Census: A method that aims to collect data from all individuals or units in the population.

Simple random sample: A basic type of random selection. To get a simple random selection, one should have a list of all possible units (individuals, households, bars, stores, school communities, etc.) in the population, and select some using a random selection process, such as a table of random numbers. All of them on the list have the same probability to be selected. In addition, in simple random sampling, the selection probability of any unit in the population is not linked to the selection of any other unit.

Random cluster sample: A pragmatic alternative to simple random selection. A number of clusters (e.g., communities, schools, street blocks) are randomly selected, and then a number of units (individuals, households, bars, stores, schools, etc.) within each cluster are selected, either randomly or non-randomly. In some cases, it is difficult to get a list of all possible individuals in the population for a simple random selection. In other cases, a simple random selection may require endless travel because those selected units are scattered all over the county. So you can randomly select a number of clusters instead.

Purposive sample: A type of sampling procedure in which units are selected deliberately rather than on a random probability process. For example, units (individuals, bars, stores, schools, etc.) might be selected purposively because they are believed to be able to provide the most information about the population based on knowledge, experience, or subjective judgment. In some purposive samples, the most extreme cases in a population are deliberately selected (e.g., the most successful and the least successful program sites) because they may yield the most insight on how programs can be improved. Purposive sampling is an alternate to random sampling and requires less cost and workload. We recommend that one should be very knowledgeable about the population before a purposive sample is used.

Convenience sample: This type of sample uses individuals or units readily available instead of ones randomly selected from the entire population. It is a practical approach used to obtain participants when you have limited resources and little time. However, with a convenience sample, you give up control over the selection probabilities of the units in your sample, which will result in a biased measurement.

Stratified sample: Stratification is the process of grouping members of the population into relatively homogeneous subgroups before sampling when sub-populations (stratum) vary considerably. The strata should be mutually exclusive; every element in the population must be assigned to only one stratum. The strata should also be collectively exhaustive, and no population element can be excluded. Then random sampling is applied within each stratum.

Resources

A. Books

Books pertaining to program evaluation topics may be available for loan through the Tobacco Education Clearinghouse of California (TECC).

Evaluation Books

Evaluation: A Systematic Approach (7th Edition)
Rossi, Lipsey, & Freeman (2004)
The most comprehensive book on evaluation. It provides a large number of real-world examples to address almost all aspects of program evaluation. It is easy to understanding and very practical.

How to Design a Program Evaluation
Fitz-Gibbon & Morris (1988)
A book of a simple introduction of program evaluation. It also provides some simple and practical examples.

Process Evaluation for Public Health Interventions and Research
Steckler & Linnan (2002)
The first comprehensive book to address the ever increasing needs for process evaluation.

Study Design Books

Experimental and Quasi-Experimental Designs for Generalized Causal Inference
Shadish, Cook, & Campbell (2002)
A comprehensive update of Campbell & Stanley (1966) and Cook & Campbell (1979). Probably the best current reference on research design.

Experimental and Quasi-Experimental Designs for Research
Campbell & Stanley (1966)
The most important book on research design from a historical point of view. Although there have been many developments since 1966, this is still a quick read, clearly written, and extremely instructive.

Quasi-Experimentation: Design and Analysis Issues
Cook & Campbell (1979)
An extended review and discussion of quasi-experimental design, which is the most popular and important tool for practitioners. It details a variety of quasi-experimental approaches suitable to real world research, together with statistical techniques applicable to each.

Statistics Books

Basic statistical procedures and concepts
A First Course in Statistics, 9th Edition
McClave, Sincich, & McClave (2005). A decent book for an introduction to statistics and has all the formulas for very basic statistical methods.

Seeing Through Statistics
Utts (2004)
An introduction to the concepts of statistics in real situations. It is not formula based, but concentrates on practical ideas and big picture concepts. This is not the book needed for instruction on performing statistical techniques. The 2004 version includes a CD-ROM and IntroTrac.

Sampling
Elementary Survey Sampling
Scheaffer, Mendenhall, and Ott (2006)
Very basic textbook (now available on paperback) for people with limited statistical backgrounds. Lots of formulas and very cookie cutter.

Survey Sampling
Kish (1995)
If you are really interested in sampling, this is the classic book. Very valuable learning tool and reference source.

More advanced analyses
Applied Logistic Regression
Hosmer & Lemeshow (2000)
This is THE book on Logistic Regression.

Applied Linear Statistical Models
Kutner, Nachtschiem, Wasserman, & Neter (1996)
A huge book on all kinds of linear regression techniques covering ANOVA, regression, diagnostics, etc.

B. Survey Instrument and Tools List

The following instruments or tools can be found at http://www.cstats.info.

- Operation Storefront
- Youth Tobacco Purchase Survey (STAKE Act)
- TALC Model Policy for Regulating Tobacco Advertising
- TALC Model Policy for State and Local Fair Boards: Non-Acceptance of Tobacco Sponsorship and Smoke-Free Grounds
- TALC Model Policy for Rodeos: Prohibiting Tobacco Sponsorship and Requiring Smoke-Free Grounds
- Project SMART$ Tools
- Independent Evaluation School Administration Survey
- Independent Evaluation Tobacco Use Prevention Education Evaluation Teacher Survey
- Stand-Alone Bar Observation Form
- Bar Patron Survey
- Healthy Kids Survey
- TALC Model Policy Requiring a Tobacco Retailer License
- School Administrator Survey

C. Websites

- Action on Smoking and Health, http://ash.org/
- Americans for Nonsmokers' Rights, http://www.no-smoke.org/
- California Department of Finance, http://www.dof.ca.gov/
- California Department of Health Services, Center for Health Statistics, (vital statistics query system), http://www.dhs.ca.gov/hisp/applications/vsq/vsq.cfm
- California Department of Health Services, Tobacco Control Section Home, http://www.dhs.ca.gov/tobacco/
- California Healthy Kids Survey, http://www.cdc.gov/tobacco/nyts2000.htm
- California Student Survey of Substance Use and Other Behaviors, http://www.wested.org/css/
- Campaign for Tobacco-Free Kids, http://tobaccofreekids.org/
- Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/
- CDC Evaluation, http://www.cdc.gov/eval/evalcbph.pdf
- CDC, Office of Smoking and Health, State Tobacco Activities Tracking and Evaluation (STATE) System, Data and statistics, publications, cigarette prevalence, tobacco use among adults and youth, legislation, and the medical costs related to tobacco use, http://www.cdc.gov/tobacco/statehi/statehi.htm
- CDC State Browse System, (cigarette use, demographics by state) http://www2.cdc.gov/nccdphp/osh/state/browse_index.htm#Behaviors
- CDC Tobacco Information and Prevention Service (TIPS), http://www.cdc.gov/tobacco/nyts2000.htm
- Community Tool Box, http://ctk.ku.edu/index.jsp
- Monitoring the Future, http://monitoringthefuture.org/
- National Center for Health Statistics, http://www.cdc.gov/nchs/sites.htm
- National Conference on Tobacco or Health, http://www.tobaccocontrolconference.org
- National Institute of Health, Combined Health Information Database, http://chid.nih.gov/
- National Network of Libraries and Medicine, http://nnlm.gov/evaluation/tools
- PCG Evaluations: program evaluation resources page http://www.smartprogramevaluation.com/HTML/Links/social-science-program-evaluation.html
- Research and Evaluation Links, http://www.social-marketing.com/RschLinks.html
- Smokeless States, http://ama-assn.org/ama/pub/category/3229.html
- Smokescreen Action Network, http://www.smokescreen.org/list/det.cfm
- Smoke-free Air for Everyone, http://www.pacificnet.net/~safe/
- Smoke-free Movies, http://smokefreemovies.ucsf.edu/
- Surgeon General's Report, http://www.cdc.gov/tobacco/sgr_forwomen.htm
- The State Tobacco Information Center, http://www.stic.neu.edu/
- Technical Assistance Legal Center, http://www.phi.org/talc/talclinks.htm
- To Search California Bill, http://leginfo.ca.gov
- Tobacco Control Resource Center, http://tobacco.neu.edu/
- Tobacco Control Evaluation Center (TC Evaluation Center), http://www.tobaccoeval.ucdavis.edu
- U.S. Census Bureau, Population Estimates, http://www.census.gov/population/www/estimates/popest.html
- U.S. Food and Drug Association, Children and Tobacco, http://www.fda.gov/opacom/campaigns/tobacco/default.htm
- Youth Risk Behavior Survey, (YRBSS Surveillance System), http://www.cdc.gov/nccdphp/dash/yrbs/
- Youth Risk Behavior Trends, http://www.cdc.gov/nccdphp/dash/yrbs/trend.htm
- Some basic concepts and introduction of study design, http://trochim.human.cornell.edu/kb/desintro.htm

All websites accessed March 2007

D. How To Find A Local Program Evaluator

You may find many ways to land a qualified evaluator for your program. The easiest thing to do, of course, is to re-sign the evaluator you worked with in the previous funding cycle, or to appoint a staff member in your program.

However, if you want to identify a new evaluator, a little homework may be necessary. Following are some tips to help you locate your dream evaluator.

1. Using the Local Program Evaluator Directory

TCS has an on-line Local Program Evaluator Directory (http://icswebdev.esp.fsu.edu/development/LPEDirectory/site/). Interested evaluators can set an account in the directory and enter their information. A "search" function that enables local program staff to search the entire directory with any keywords. For example, if a project director wants to find an evaluator who has experience with Hispanic/Latino populations as well as secondhand smoke related projects, she can type in "Hispanic" or "Latino" and "secondhand smoke" in the textbox for searching. There will be a great chance that the names of evaluators who meet both the criteria will be shown on the results page.

The directory is a powerful tool to quickly locate and get background information of evaluators with specific requirements. However, the directory only provides one-dimensional information about your future evaluator. How good is he or she in a real project?

2. Communicating with peers

Word of mouth communication provides you with some insights that are not retrievable from the directory. It is very common that program directors recommend evaluators to peers based on a satisfactory experience. They will tell you how easy it is to work with a particular evaluator; how reliable the evaluator is; how flexible the evaluator is; and so on. Such information adds another dimension to your decision-making process. However, experience and opinion from other people cannot predict what your experience will be.

3. Optimizing the "First Contact"

Before making any decision, it will be in your best interest to have a brief interview with your evaluator candidates. Just like a job interview, you will not only get a sense of the quality of the candidates, but also build some rapport with the potential partner. How do you find out whether the candidate is qualified or not, besides a general impression? One tool we recommend is the Local Program Evaluation Planning Guide (the Guide). If, as a project director, you have read the first half of the Guide and familiarize yourself with some evaluation "lingo", you might be able to ask some interesting questions related to your efforts.

After these three steps, you should feel confident that you have a 3-D view of your future evaluator.

No matter how you select the evaluator, it is recommended that the evaluator should have the following qualifications:

Recommended minimum requirements:

- One course in study design or one year of experience determining the study design for an evaluation. The skills needed include sample size calculations, sampling scheme and data collection methods.
- One course in evaluation or one year of experience planning and implementing an evaluation. The skills needed include knowledge of process, impact, and outcome evaluation.
- Two courses in statistics or one year of experience analyzing data for an evaluation. The skills needed include descriptive and inferential statistics, use of computer software for database management, and use of computer packages for analysis.

E. Rating Final Evaluation Reports

Since 1996, the California Department of Health Services, Tobacco Control Section (CDHS/TCS) has required local program contractors to submit evaluation reports that describe their findings resulting from implementation of local interventions. An updated and revised guide called, *Tell Your Story, Guidelines for Preparing a High Quality and Complete Final Evaluation Report*, has been developed and is available to local projectsto assist them in preparing their final evaluation reports. The guide can be located on the CDHS/TCS website at: http://www.dhs.ca.gov/tobacco/documents/eval/TellYourStory.pdf. In addition, the TC Evaluation Center has developed a series of Tips and Tools to help projects with conducting the evaluation of their projects. This series can be accessed in OTIS, V2 or on the TC Evaluation Center's website at http://www.tobaccoeval.ucdavis.edu.

Since we began receiving the reports, more than 300 local program evaluation reports have been abstracted and entered into a database by CDHS/TCS. CDHS/TCS has used the database of local program evaluation reports to identify final evaluation reports describing successful interventions to post on The STORE Campaign website, share with national partners, and to prepare information for the Tobacco Education Research Oversight Committee about local program successes.

The local program evaluation reports are a valuable resource. However, the quality of the reports varies widely despite the guidelines provided to contractors. The local program evaluation reports that are available to contractors are only those of medium to high quality. Projects who would like to have copies of these reports should contact the Tobacco Education Clearinghouse of California (TECC) and the librarian will conduct a search relating to your topic of interest.

In order to make the most useful information available to contractors, only those reports with a "Medium" or "High" quality rating will be provided when reference searches are done. The rating tool used to rate the reports is consistent with the guidelines previously provided to contractors. Rating consistency was validated in a blind test of several local program evaluation reports.

The following are offered as reminders about local program evaluation reports:

- CDHS/TCS expects its contractors to produce a quality final evaluation report for each primary objective. The report is to be consistent with the guidelines provided in CDHS/TCS documents previously described. Primary objectives are those objectives that the contractor agreed to direct more of its evaluation resources toward. For all other objectives, a final evaluation report should be submitted that is either consistent with the CDHS/TCS guidelines or at a minimum at least summarizes the intervention, any measurable outcomes and lessons learned.
- As described above, the document, Tell Your Story: Guidelines for Preparing a High-Quality and Complete Final Evaluation Report is available from CDHS/TCS or at http://www.dhs.ca.gov/tobacco/documents/eval/TellYourStory.pdf.
- CDHS/TCS prefers to receive one report per objective versus one report that addresses a variety of diverse objectives.

Sample Evaluation Plans

Enclosed is the OTIS Evaluation Guide CD of sample evaluation plans. In this CD, you will find 10 files of sample evaluation plans – one for each of the nine Communities of Excellence core indicators and one asset. The sample evaluation plans should only be used as a guide when creating your plans. The evaluation designs or evaluation activities that you have (or the manner in which they are conducted) may differ. The difference will depend on how much you want to be able to say about the impact of your interventions, your resources, your target population and/or the characteristics of your jurisdiction.

Each sample plan file consists of the following components:

1. Cover sheet:
- a. Indicator number and description of the indicator
- b. Sample objective
- c. Plan type.

2. OTIS summary screens for the plan for the following sections:
- a. Evaluation Design
  - i. Scope of Work/Objective View
- b. Evaluation Activity Plan
  - i. Outcome Data Collection and/or Process Data Collection, depending on the type of objective
  - ii. Evaluation Reporting
- c. Evaluation Summary Narrative

  This component follows guidelines outlined in Chapter 4, part D. The evaluation summary narrative provides the rationale for the major components of your evaluation plan and embellishes details about the evaluation design and activities that are not covered in the OTIS evaluation questions. This section is different from the narrative summaries for 1) Community Assessment Analysis, 2) Major Intervention Activities and 3) Theory of Change.

Please note that the Guide was designed to help you answer the evaluation questions in OTIS only. If you should have any questions about intervention activities, we recommend that you consult with the online OTIS User Guide (http://www.tcsotis.org/index.cfm?fuseaction=help.documentsIndexmain), *Communities of Excellence in Tobacco Control, Module 4: Developing a Tobacco Control Intervention and Evaluation Plan* or your assigned Program Consultant.

If you should require further evaluation assistance, you can contact the TC Evaluation Center at www.tobaccoeval.ucdavis.edu or at 530-297-4659.