California Department of Public Health
California Tobacco Control Program

WRITING A SMART CTCP APPLICATION

DECEMBER 3, 2014

CO-PRESENTED BY

THE CALIFORNIA TOBACCO CONTROL PROGRAM (CTCP)

THE LOOP

&

THE TOBACCO CONTROL EVALUATION CENTER (TCEC)

California Department of PublicHealth

California CTCP Tobacco Control Program

Housekeeping

- This webinar is being recorded
- All webinar materials will be posted on Partners and TCFOR
- Questions can be typed in the chat box at any time
- Please address your typed questions to **ALL-ENTIRE AUDIENCE**
- Questions will be answered at the end of the webinar
- Thank you for your participation in this webinar

Purpose of this Webinar

Purpose:

- Provide information and training that could help you write a strong application, including the newly released 15-100 RFA program requirements, application submission process, applicant capability, building Specific, Measurable, Attainable, Realistic & Timely (SMART) objectives and activities, how to incorporate health equity activities in project plan, evaluation planning and design, and budget development.

Creating Your Application/Plan

- Online Tobacco Information System (OTIS)

For technical assistance with using TCFOR or OTIS web applications, contact Humberto Jurado at 916-449-5474

Key Dates Reminder

E. Key Action Dates

Key activities and times for this RFA are presented below. This is a tentative schedule. Any updates to this schedule will appear as an addendum to this RFA.

ACTIVITY	ACTION DATE (all times are PST)
RFA Release Date	**November 13, 2014**
First Day to Request to Apply via OTIS	**November 13, 2014**
OTIS Open for Application Input	**November 13, 2014**
Applying in TCFOR RFA 15-100 Webinar	**November 14, 2014, 9am-10am**
RFA Informational Webinar	**November 21, 2014, 10am-12pm**
Last Day to Submit Questions	**November 24, 2014**
RFA Application Writing Webinar	**December 3, 2014, 9:30am-12pm**
Mandatory Letter of Intent Due Date	**December 9, 2014 by 5pm**
Last Day to Request to Apply via OTIS	**December 9, 2014**
Application Due Date	**January 15, 2015 by 5pm**
Notice of Award	**February 24, 2015**
Grant Start Date	**July 1, 2015**
Grant End Date	**June 30, 2020**

Agency Contact Information

- **My Agency:** Provide your agency's name, phone and fax numbers, physical and mailing addresses, Federal Employer Identification Number, and the health jurisdiction within which you as the applicant is located. The 58 counties and three cities of Berkeley, Long Beach, and Pasadena are designated as health jurisdictions.

- **Contact Information:** Provide specific contact information for: Project Director, Primary Tobacco Contact, Agency Fiscal Officer, Day-to-Day Fiscal Contact, and Official Agency Signatory.

Applicant Capability Section

Applicant Capability Section

Purpose of the Applicant Capability Section:

- Agency's demonstration of their capacity and ability to carry out requirements of the RFA (based on the scoring criteria).

Applicant Capability Section

- Program Experience
- Organizational Start-up
- Administrative/Fiscal Experience
- Equipment
- Letters of Reference

Program Experience

- Agency Mission
- Demonstrated Linkages
- Demonstrated Access
- Demonstrated Social Capital
- Program Staffing
- Demonstrated Results
- Partnerships
- Flexibility and Responsiveness to Emerging Issues

Organization Start-Up

- Demonstration of resources and capacity to carry out the grant funded project within six weeks of grant start date.

Administrative/Fiscal Experience

- Fiscal and Contract/Grant Compliance
- Audit History
- Administrative Staffing

Equipment

- Describe the office equipment, computer equipment, software, and other communication equipment that the Applicant and subcontractors and/or consultants (if applicable) have available for use under the term of the grant.

Letters of Reference

- Three (3) letters of reference
  - No more than three letters of reference will be accepted
  - If applicable one letter is required from a local, state, or federal agency
  - Letters must be addressed to applicant and on referencing agency's letterhead
  - Uploaded into OTIS

Evaluator Information

- Identify the Plan Evaluator
- Certification of Evaluator

Scope of Work (SOW)

Scope of Work

To what extent does a certain condition exist in the community?

Indicator(s)

What do you plan to accomplish?

Objective

Scope of Work (SOW)

Intervention Activities

How do you plan to accomplish the objective?

Evaluation Activities

How will you know the interventions were successful?

Narrative Summary

What is the rationale for the proposed scope of work?

SOW – Objectives

CG 15-100 Achieving Tobacco-Related Health Equity : Test Agency 2

Project Home

Application

- Application Index
- Contact Information
- Background Information
- Evaluator Information
- Scope of Work
  - Scope of Work Index
  - Objective
  - Objective
  - Objective
- Budget Information
- Additional Documents
- Application Submission

Contract Management

Administration

Reports

Other

View Objective

Page Guides

Return to Objective Index | Delete Objective

Overview | Indicator(s) | Intervention Topic(s) | Intervention Activity Plan | Evaluation Activity Plan | Narrative Summary

Edit

Who

When

Project Objective

Outcome

Objective ID: Not Yet Assigned

Completion Date: June 30, 2020

Objective: Among low income clients receiving service at the California Community Action Agency and who are predominately African American, 2500 households that allow smoking in the home will receive the Smoke-free Home intervention, and at 6 month follow-up, 40% 1000) will reporting creating a smoke-free home.

Primary Priority Area: (2) Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products

Is this a primary objective? Yes

Evaluation Plan Type: Voluntary Policy -- Adoption and Implementation

Target Audience:

Audience Group

- Adults 18 years and older
- Families
- Low SES

General Population Groups

- African American/Black

Specific Ethnic Population Groups

SOW-Objectives Continued

CG 15-100 Achieving Tobacco-Related Health Equity : Test Agency 2

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- African American/Black

Specific Ethnic Population Groups

Project Objective

Target Audience

What's wrong with this objective?

By June 30, 2017, A City Council from 1-3 jurisdictions will adopt a policy to eliminate the sale and distribution of tobacco products.

Answer:

- **Who/what is to change:** Communities? Uses a range
- **How much change is expected?** It's not clear what products are to be eliminated, is it just mentholated and/or all flavored ENDDs products and little cigars?
- **Where is the change to occur?** No information provided.
- **When is the change expected to occur? 6/30/17**

Indicators

OTIS California Tobacco Control Program Online Tobacco Information System

Logged in as: Program Consultant

MyOTIS | My Projects | Calendar | Announcements | Quick Links | Directories | Help

CG 15-100 Achieving Tobacco-Related Health Equity : Test Agency 2

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Edit

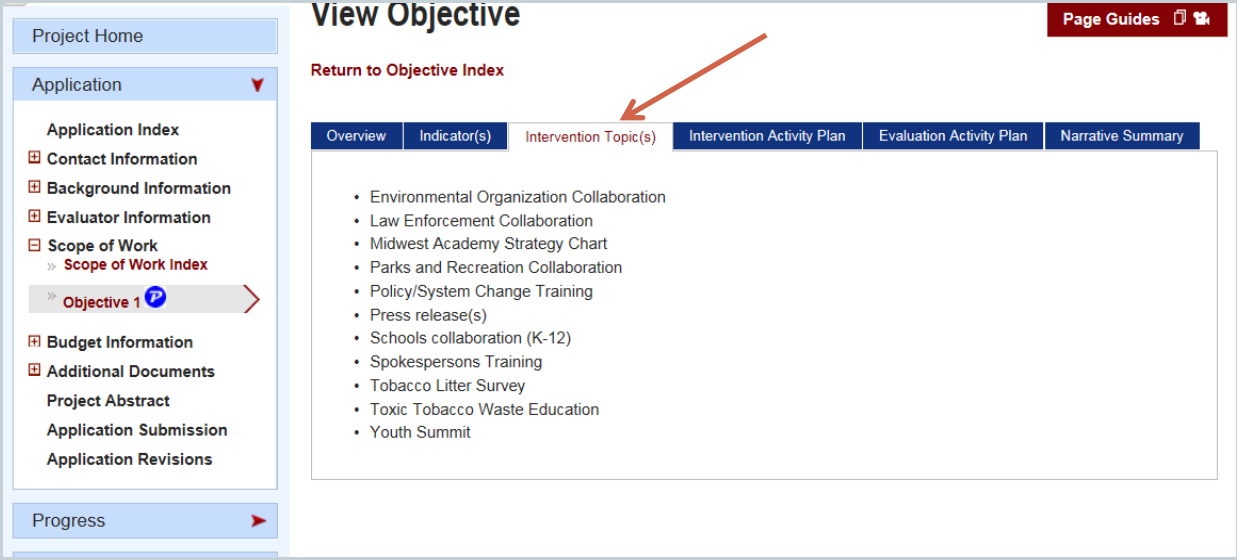
Primary

2.2.1 **Household Smoking:** The proportion of households with a voluntary policy that does not permit smoking in the home (e.g., single dwelling house, mobile home, apartment, boat).

MyOTIS · My Projects · Calendar · Announcements · Help · My Account · FAQs · Logout

Intervention Topic(s)

- These summarize the narrative activity descriptions
- Check only applicable boxes!
- Identification facilitates OTIS searches for networking/collaboration
- Recommend that you go back & look at this after completing the narrative activity descriptions in the SOW.



Intervention Activities

CG 15-100 Achieving Tobacco-Related Health Equity : Test Agency 2

Project Home

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View Intervention Activity

Page Guides

Edit Activity | Delete Activity | Return to View Objective

Objective: By June 30, 2020, Among low income clients receiving service at the California Community Action Agency and who are predominately African American, 2500 households that allow smoking in the home will receive the Smoke-free Home intervention, and at 6 month follow-up, 40% 1000) will reporting creating a smoke-free home.

Intervention Category: Community Education Activities

Activity: Annually recruit and enroll 500-600 household in the minimal Smoke-free Home intervention. California Community Action Agency clients are predominately low income and African American. Eligible participants will be 18 years of age or older, speak and understand English, be a smoker living with at least one other person in the household or be a nonsmoker living with a smoker and not have a total ban on smoking in the home. Only one participant per household will be eligible to participate.

Activity Number: Not Yet Assigned

Copyright: No

Program Deliverable Percentage: 5.00 %

Start Date Period: 07/15-12/15

Completion Date Period: 07/19-12/19

Tracking Measures Add

Tracking Measure	Submit	Actions
Project Management Tracking Report	Yes	Edit | Delete

Responsible Parties Add

Responsible Party	Budget Type	Action
Child Action Specialists	Budgeted	Delete
Project Director	Budgeted	Delete

What's wrong with this activity?

Conduct retailer education trainings with local law enforcement agencies. The training will provide in depth definition of the Stop Tobacco Access to Kids Enforcement (STAKE) Act, including scope, expectations, enforcement, and penalties associated with violations of the law.

Answer:

Lacks quantification: How many trainings will be conducted? How many will be trained? How frequent will the trainings be conducted? What is the format of the training – in person, webinar, self-taught course?

Lacks clarity: what does it mean to conduct retailer education training with law enforcement agencies? Merchant education implies this addresses how to check ID and not sell to underage youth. Would you expect that law enforcement agencies would benefit from that or would they benefit from legal training on how to conduct a compliance check, methods to collect evidence, information on support with recruiting youth decoys for compliance checks, etc.?

Percent Deliverables

- Assign to tangible products or services
- Assign in 0.5% increments
- The % deliverable is inclusive of all the collaborative/planning activities leading up to the product or service
- Used to assess portion of budget directed towards various indicators/assets

What's Wrong with this Percent Deliverable

Intervention Activity Sample:

- By June 30, 2017, 50 tobacco retailers in Sample City will be in compliance with STAKE Act signage.

Total % for all activities = 25%

Budget = $823,975 for 3 years

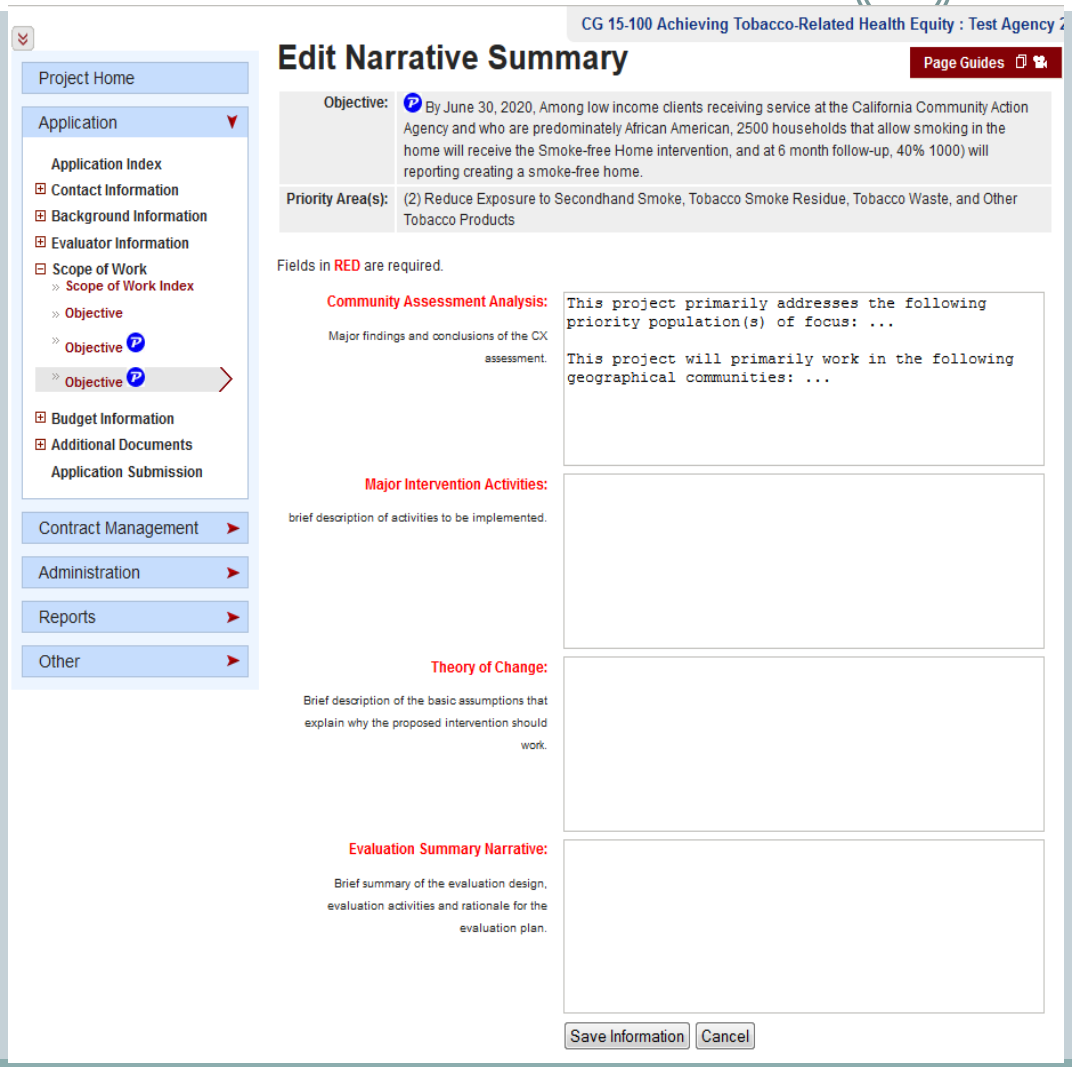
25% x $823,975 = $205, 994

$205,994/50 stores = $4,000/store to post signs

Behavior Modification Materials

- Behavior Modification Materials
  - Motivate/reinforce behavior
  - Identify the material and who may receive BMMs
  - Food may be use
  - No cash, may not be >$50 per person/year
  - Must be consistent with CDPH/CTCP guidelines
  - Shall not include gift cards that can be used to purchase tobacco or alcohol products
  - Documentation and distribution

Narrative Summary



Community Assessment Analysis

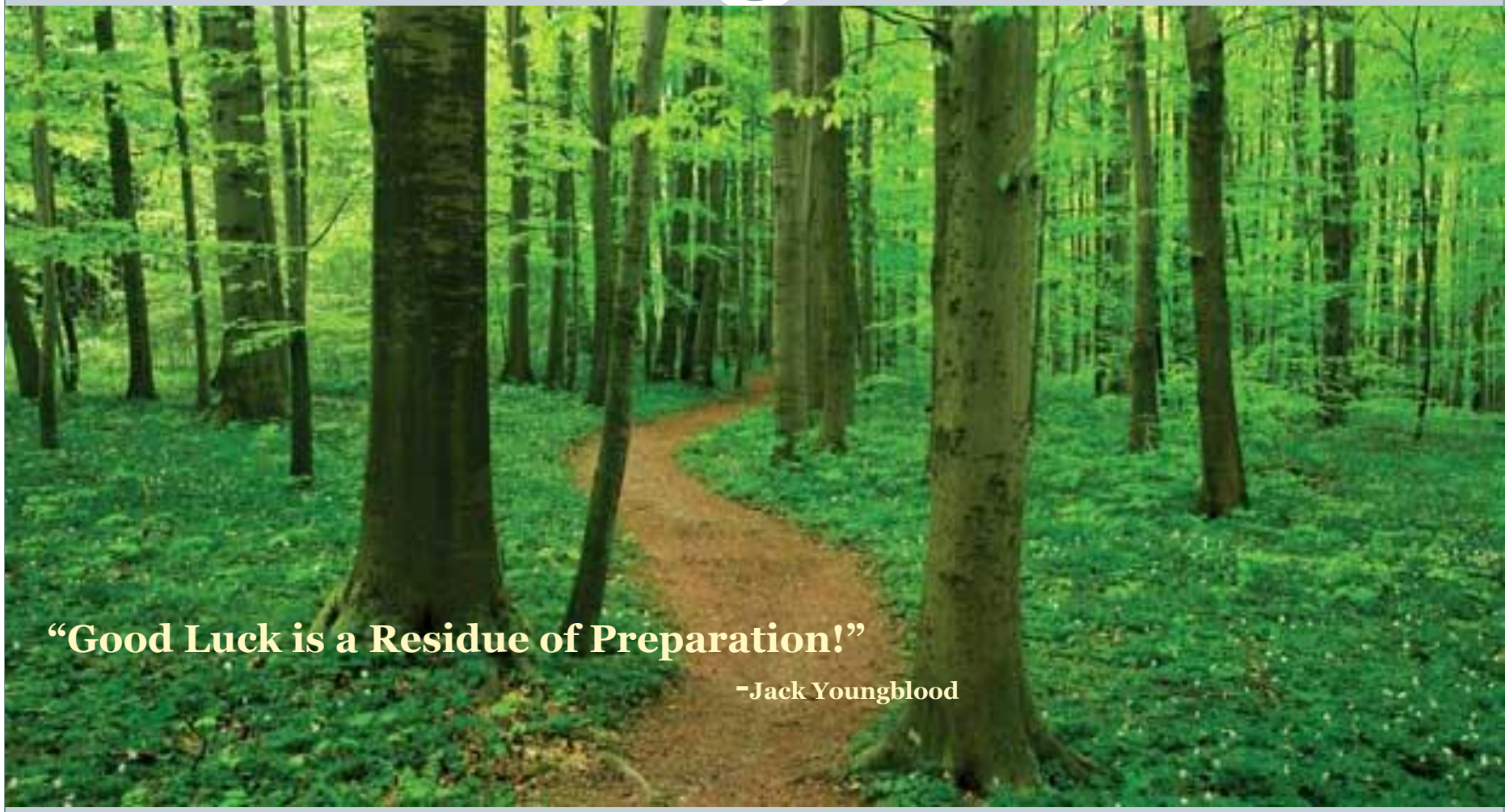
The first two sentences of the narrative are to begin as follows:

- "*This project primarily addresses the following priority population(s) of focus*: (list the populations)."
- "*This project will primarily work in the following geographical communities:* (identify the communities and describe the demographics of the community)."
- Describe needs assessment findings, data, literature, and conclusions that justify and support the population(s) of focus, the geographic area(s) of focus, and the proposed objectives and activities that address tobacco related disparities in the group(s) identified.

Final Tips

- Use OTIS Tutorials
- Utilize the OTIS Wizards
- Identify Evaluator early and ensure they are in the system
- Refer to the Informational Webinar
- Refer to Appendix 9: Sample SOW/Evaluation Plan
- Follow 15-100 RFA Instructions and Key Dates
- Don’t wait until the last day!

Good Luck!



Thank You!

- Peter Muñoz, MPH – Peter.Munoz@cdph.ca.gov
  - Program Consultant
  - Health Equity and Local Programs Unit

Integrating Health Equity into a SMART application

Dr. Valerie Yerger
Project Director, The LOOP

THE LOOP
Connect. Communicate. Collaborate.

UCSF
University of California
San Francisco

“Focusing efforts on the identification and elimination of tobacco-related disparities may close the gaps in prevalence of tobacco use and access to effective treatment, thus alleviating the disproportionate health and economic burden experienced by some sectors of the population.”

Source: Best practices for comprehensive tobacco control programs.

Disadvantaged and Vulnerable Populations in California

- Racial/Ethnic populations
  - African Americans and other people of African descent
  - American Indians and Alaskan Natives
  - Native Hawaiians and Pacific Islanders
  - some Asian American men
  - Latinos
- Lesbian, Gay, Bisexual, and Transgender (LGBT)
- Low-income individuals, including homeless
- Individuals w/ limited education
- Employees not protected by smokefree workplace laws
- Rural residents
- Military and Veterans
- Formerly incarcerated
- Individuals w/ behavioral health or substance abuse issues

Social Factors Shape Tobacco Use

- Availability of quality education, food, employment opportunities
- Political, social, economic forces
- Collaborating and partnering with organizations and groups that address:
  - Nutrition
  - Alcohol or other substance abuse prevention
  - Affordable/healthy housing
  - Crime prevention/economic development

Designing Scope of Work When Addressing Health Equity

Focus of CTCP 15-100

- Limit tobacco promoting influences
- Reduce exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products
- Reduce availability of tobacco, including emerging products
- Promote tobacco cessation (not to be main focus)

Assessing and Measuring Capacity Around Social Disparities

- Tobacco-related data profile
- Tobacco disparity strategic plan
- Social determinants of health considerations
- Media engagement
- Evaluation inclusion

Translating Your Concepts of Health Equity into Practice Pt. 1

State your program will lead to:

- Identifying and analyzing local health inequities
- Decreased disparate health outcomes
- Effective communication efforts
- Increased community buy-in to achieve good health for all

Translating Your Concepts of Health Equity into Practice Pt. 2

State how your program will accomplish its health equity practices by using one or more of these strategies:

- Building organizational capacity
- Engaging members of community of focus
- Developing partnerships and collaborations
- Designing and evaluating equity-oriented strategies

Make Application Relevant Pt. 1

- Link tobacco use prevention and reduction efforts to community concerns and social determinants of health
  - Use local health indicators to state your case
  - Identify potential partnerships and collaborations with organizations addressing issues that have an impact on community of focus
  - Take into account SDOH factors
- Focus on policy, system, or environmental improvement strategies

Make Application Relevant Pt. 2

- Identify and address critical needs or concerns of the community, while focusing on the strengths
- Promote interactive learning among all partners
- Acknowledge community members as the experts of their neighborhoods

What's in It for the Community?

- Communities that aren't engaged in the process can feel exploited
- We come in and go away when the funding is gone
  - How do we demonstrate our commitment?
  - Leads to trust issues and difficulty reconnecting in future
- We must communicate benefits other than fulfilling our SOW

Thinking About What Your Project Will Leave Behind….

- Hope → trust
- Increased capacity → transferable skills
- Community norm change → policy adoption
- Sustainability → keeps going without you
- Institutionalization → inoculating other entities
- Improved Community → empowered community

Community Action Model

Creating Change by Building Community Capacity

Step 1

- **Train Participants** (develop skills, increase knowledge, build capacity)
- **Name the Issue**
- **Choose Area of Focus**

Repeat the Process

Step 2

Define, Design & Do Community Diagnosis

Step 3

Analyze Results of Community Diagnosis

Step 4

Select Action or Activity & Implement

Step 5

Maintain & Enforce Action or Activity

An *ACTION* is:

- achievable
- long-term, or sustainable
- compels another entity to do something to change the environment (place people live) for the well being of all

An *ACTIVITY* is:

- An educational intervention that leads up to and supports an action.

THE LOOP Connect. Communicate. Collaborate.

The community action model: a community-driven model designed to address disparities in health.. **Hennessey Lavery** S, Smith ML, Esparza AA, Hrushow A, Moore M, Reed DF. Am J Public Health. 2005 Apr;95(4):611-6.

UCSF University of California San Francisco

Integrating Health Equity into Organizational Capacity and Collaborations

- Conduct an organizational assessment:
  - Experience with health equity
  - Success and challenges dealing with health equities
- Figure out what resources and support your organization has and what additional support you'll need for your project (e.g. trainings, TA)
- Assess if available resources are adequate

Building Alliances with Organizations Committed to Social Justice

Rapport: build, build, build

- Know this process takes time – and develops trust
- Attend their community events/meetings (with nothing on your agenda)
- Invite them to do workshops on their social justice approaches/theories/practices
- Conduct Tobacco Control 101 workshops with them and their constituents

Key Elements for Successful Partnerships

- Humility
- Respect
- Consistency
- Accessibility
- Key liaison person
- Recognition
- Communication
- Acceptance
- Flexibility
- Acknowledgment of expertise

Evaluation – Ensure Efforts are Meeting Goals Related to Health Equity

- State evaluation questions that capture how your program addresses health equities

- Include:
  - What data sources will be used to answer these questions
  - How program objectives are linked to these questions
    - <u>If room permits create a table showing linkage</u>

- State plans for **answering** health equity-based evaluation questions

The LOOP Team

- Valerie Yerger, ND – Project Director
- Godfrey Ramos, MA – Coordinator Specialist
- Robynn Battle, EdD, MPH – Project Specialist and Evaluator
- Carol McGruder, BA, DEF – Leadership Specialist
- Bettina Friese, PhD – Project Analyst
- Vera Nelson, BSHS – Project Assistant
- Michelle Connley, MS – Marketing Consultant
- Advisory Collective – 9 members

Thank You!

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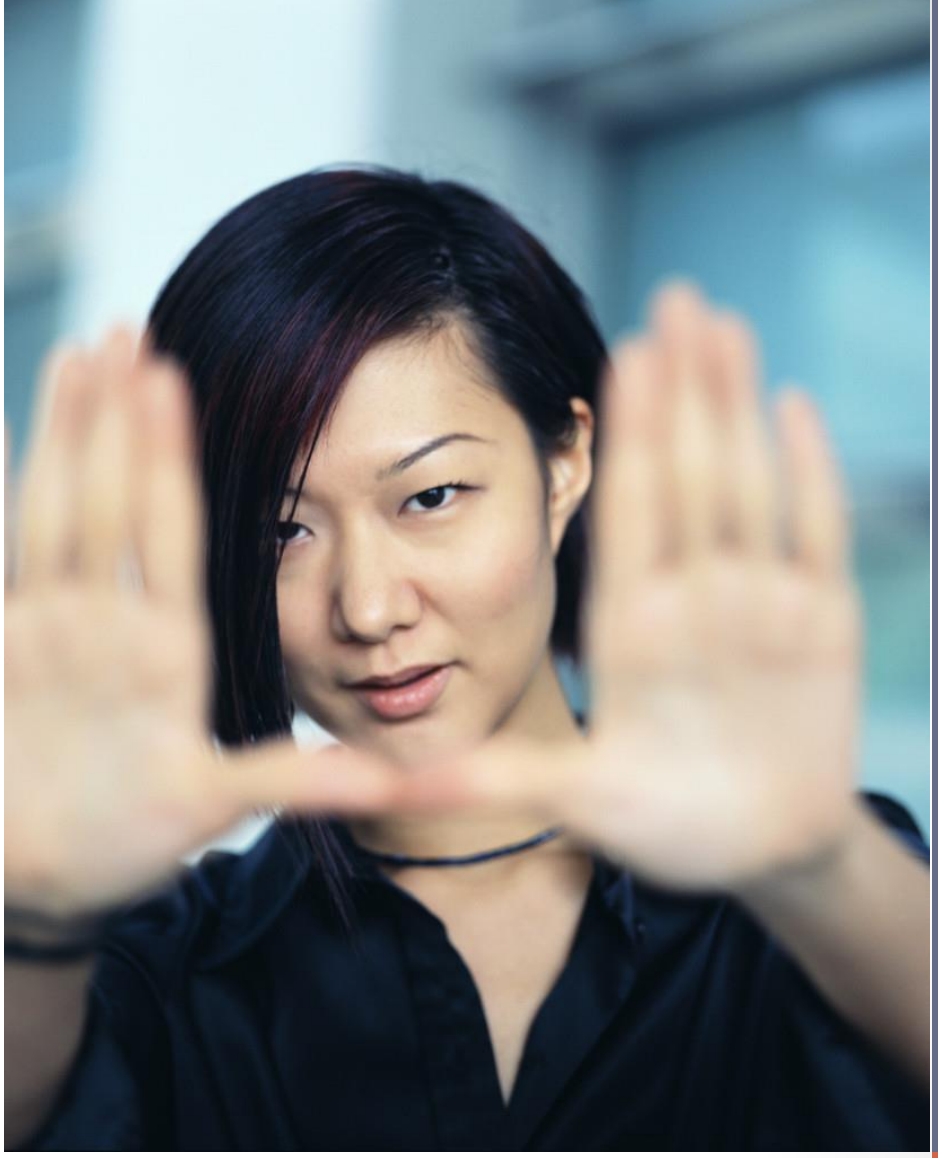
Creating a Smart Evaluation Plan

Jeanette Treiber, PhD
Project Director

Robin Kipke, MS
Evaluation Associate



impact

CENTER FOR EVALUATION AND RESEARCH

TOBACCO CONTROL EVALUATION CENTER

Overview of Presentation

- Evaluation Design Type
- Decision Guide
- Process Versus Outcome
- Evaluation Reporting
- Data Analysis
- Dissemination
- Limitations
- Evaluation Summary Narrative

Some Rules Up Front

- At least 10% of the total deliverables and budget must be allocated to evaluation
- Evaluation plans must receive at least four hours of consultation by a qualified local program evaluator (LPE)
- Every plan requires certification that must be completed prior to submission.

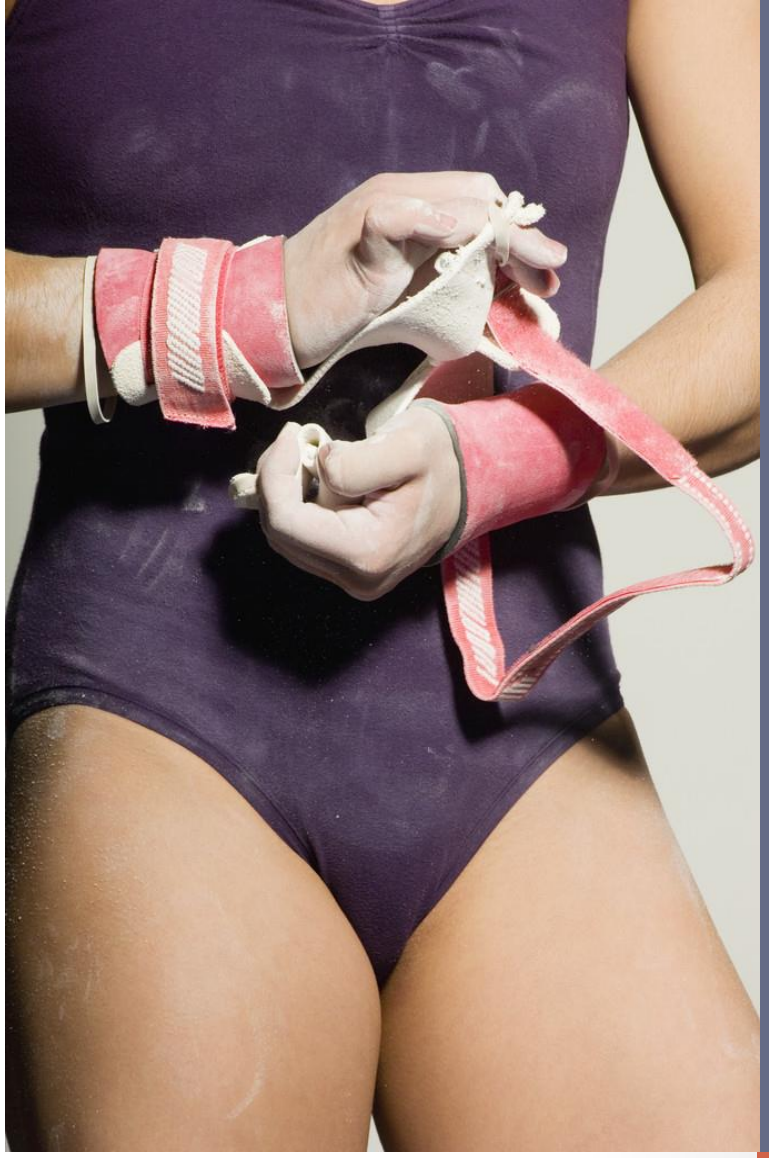
Local Program Evaluator (LPE)

- Your evaluator can be…
  - Someone within your organization
  - Outside consultant

- The evaluator must be registered in the Local Program Evaluator Directory

Before You Start

1. What is the objective?
2. Do we need process and/or outcome data?
3. Can we consult similar plans for ideas?



Evaluation Plan Components

- Evaluation Design – Determining the appropriate evaluation plan type & related study design
- Evaluation Activity Plan – How, where, when evaluation activities will occur, responsible parties, deliverables, tracking measures, percent effort for each activity
- Evaluation Report – How evaluation findings will be shared to key stakeholders
- Evaluation Narrative – Create a narrative of your plan that ties everything together. Aim for readability.

Evaluation Plan Type Decision Tree

Objective Type?

Voluntary/Legislated Policies & Resolutions

This includes adoption of a legislated or voluntary policy (e.g., organizational, institutional, event) and compliance with a policy. It does not include smoke-free homes or cars.

NOT if your objective is a technical assistance objective

Policy Adoption

Includes activities to facilitate enactment of a policy

Policy Implementation

Includes educational, media, and enforcement strategies to facilitate compliance with a policy

Policy Adoption & Implementation

Includes activities to facilitate enactment of a policy
&
Includes educational, media, and enforcement strategies to facilitate compliance with a policy

Individual Behavior Change

(Smoking cessation, smoke free home voluntary policy, social sources, etc.)

NOT if your objective is a technical assistance objective

Other with Measurable Outcome

Non-policy related objectives that do not result in individual behavior change such as some asset-related objectives

Other w/o Measurable Outcome

Objectives that are asset-related but do not have a measurable outcome such as collaboration with other community partners to assess CX indicators

Type of Data Collection?

Process

Description of process evaluation that provides an in-depth look at specific issues that may help or hamper the success of a program

Refers to qualitative data that can help identify changes needed to improve the design or delivery of the intervention

Outcome

Refers to quantitative data or data that is countable.

Examples include knowledge, beliefs, attitudes, awareness, or behaviors of participants, funding levels within communities, etc.

Process & Outcome

Outcome

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Examples include knowledge, beliefs, attitudes, awareness, or behaviors of participants, funding levels within communities, etc.

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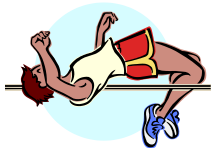
Process

Description of process evaluation that provides an in-depth look at specific issues that may help or hamper the success of a program

Refers to qualitative data that can help identify changes needed to improve the design or delivery of the intervention

Plan Type: Voluntary or Legislated Policy

Policy adoption → Process



Policy implementation → Outcome

Adoption & Implementation → Process **AND** Outcome

- Objective to address Indoor Worksite Labor Code Exemptions (Indicator 2.2.4)

Plan Type: Individual Behavior Change

Outcome evaluation

- Behavioral Health Cessation Treatment program objective (Indicator 4.2.4)
- Plans with cessation objectives must include comprehensive population-based strategies PLUS one other non-cessation objective as well

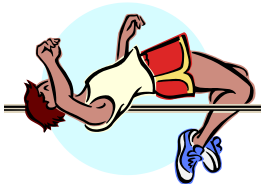
Plan Type:
Other WITH Measurable Outcome

Outcome Evaluation

- Healthy Community Incentives (Indicator 1.2.8)

Plan Type:
Other WITHOUT Measurable Outcome

Process Evaluation



Training and Skill-building (Asset 2.1)

Outcome Data

Outcome Evaluation Design

Experimental

- is never used in CTCP plans

Quasi-experimental

- has either a control group or multiple measurement, e.g. over time

Non-experimental

- no control group, only one pre-post, anecdotal evidence

Things to keep in mind

- Stay realistic (no experimental designs)
- Designs with a control group that do NOT have random assignment are quasi-experimental
- One pre-/post measure is NOT quasi-experimental (it's non-experimental)
- Cessation outcome needs multiple measures

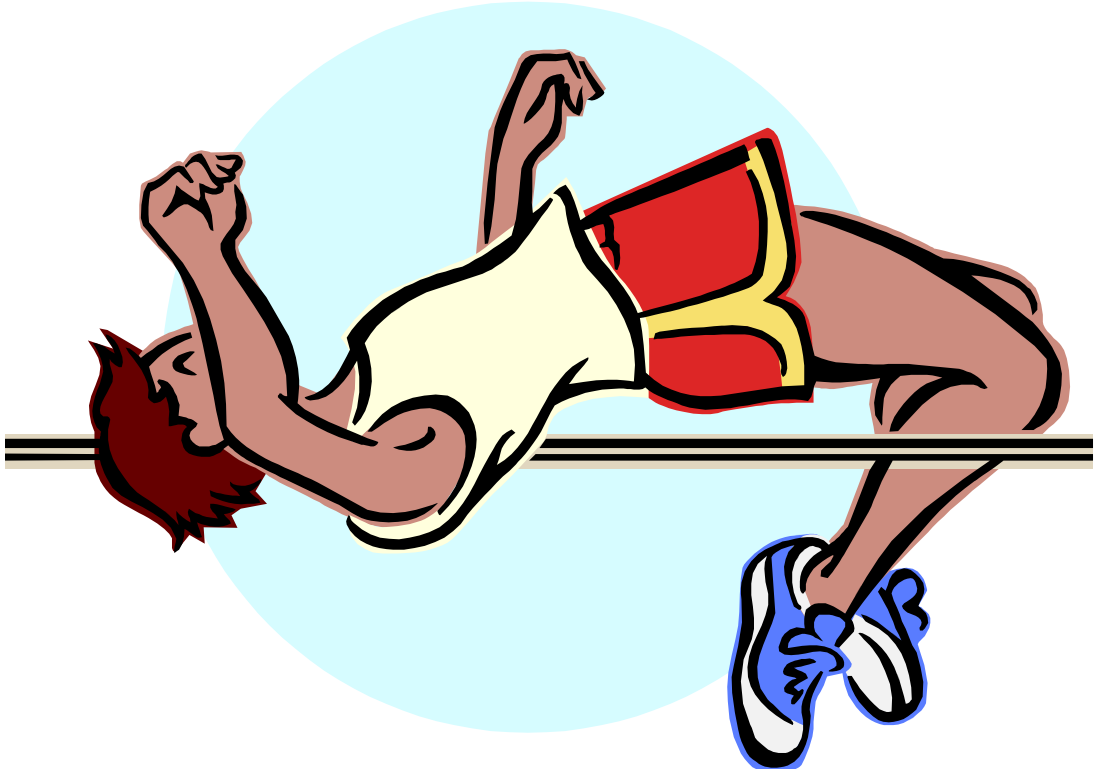
Evaluation Activities to Measure Outcome

- Written questionnaire
- Internet survey
- Telephone survey
- Observations
- Key informant interview

Sampling for Outcome Activity

- The sampling method and size need to be convincing to decisionmakers
- For sampling strategies see the sampling tool on the TCEC website
  - http://programeval.ucdavis.edu/documents/tipsandtools9-2009_000.pdf
- For calculating sample sizes, use a reputable online sample size calculator
  - http://www.surveysystem.com/sscalc.htm

Process Data



Process Evaluation Activities

- 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

Things to Keep in Mind

- When more than one person will collect data in an evaluation activity, add a data collector training to the evaluation plan

- If the intervention includes a training activity, add an education/participant survey to the evaluation plan

- When the intervention includes a media activity, add a media activity record to the evaluation plan

Evaluation Reporting

- Each objective requires a separate reporting activity
- Primary objectives require writing a FINAL evaluation report; non-primary objectives require a BRIEF report
- See "*Tell Your Story - Guidelines for Preparing a Complete, High Quality Final Evaluation Report*"

Analysis Plan

- State how you will analyze your quantitative data
  - Using Excel or SPSS or other software?
  - Descriptive statistics?
  - Statistical significance test?
- State how you will analyze qualitative data
  - Content analysis for themes such as?
  - Summarize findings?

Dissemination Plan

Who will you share reports/results with?

- Coalition and key community members
- Peer reviewed journals
- Tobacco related conferences
- Share with other tobacco control programs
- Share in local media
- Share via social media
- Presentations at City Council or BOS

Limitations

- Mention any possible limitations that you can foresee
  - Low survey response rates
  - Results may not be representative of general population
  - Policy adoption achieved late in the period; no chance to implement it
- Suggest a back-up plan

Evaluation Summary Narrative

- Explain rationale – why this design and the suggested activities were chosen
- Describe how the findings will help further progress toward achieving the objective
- State how the outcome will be determined
- Tell a “story” – don’t just cut and paste
- Describe the plan in chronological order

Example

By June 30, 2014, the city of Dreams will adopt and implement a legislated policy that requires tobacco retailers to purchase a license. Licenses for new retailers will not be issued if they are within 1000 feet of a school.

Outcome and Process Evaluation Activities

- To show outcome (+ document the problem)

  YTPS (2 pre, one post policy adoption + data collector training and training satisfaction survey)

  Review of new licenses (location of retailer)

- To gain public support for the campaign

  Public Opinion survey (+ data collector training and training satisfaction survey)

- To understand decision maker's stand on the issue

  2 waves of KII's with decision makers (county board of supervisors, city council members of it's for a city)

- To monitor public discourse on the subject

  Media record review

- To document the policy adoption

  Policy record review (examine policy language)

Example

- By June 30, 2014, the City of Nutrius will recruit at least 3 retailers to its “Replacing Tobacco with Healthy Foods Coalition” that actively participate in healthy retailer and tobacco control activities

Process Evaluation Activities

To help recruit
- KII's with retailers

To document recruiting efforts
- Satisfaction survey of retailer education intervention

To show recruitment of new members
- Record review: Review coalition membership list over time
- Track attendance record of new members

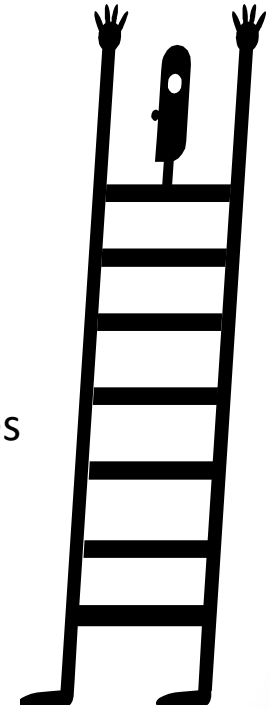
To show activity level of new members
- KII's with newly recruited members

Considerations

- Use evaluation activities strategically to help advance your objective or show outcome
- Make sure your evaluation activities produce useful and usable data
- Use activities that are manageable with the resources and time you have
- Adhere to OTIS instructions and make the evaluation plan fit your intervention plan

Steps to Follow

- Check objective and decide plan type (measurable outcome?)
- Outcome and/or Process?
- Choose outcome design type
- Choose outcome evaluation activities
- Choose process evaluation activities
- Describe analysis of evaluation activities
- Acknowledge limitations
- Write narrative



Theory of Change

- Where?
  - In the narrative summary
- Purpose
  - Provide a rationale for the objective and your course of action
- Resource
  - “Theory at a Glance”

Theory of Change Sourcebook

Theory at a Glance – A Guide For Health Promotion Practice (Second Edition)

- *Theory at a Glance* describes influential theories of health related behaviors, the process of shaping behaviors, and the effects of ecological factors on behavior. The guide addresses the ways in which theory and models can be used in the planning, implementation, and evaluation of health promotion programs.
- Year of Publication: 2005
- http://sbccimplementationkits.org/demandrmnch/ikitresources/theory-at-a-glance-a-guide-for-health-promotion-practice-second-edition/

Commonly Referred to Theories

Health Belief Model

e.g., Strategizing around the belief that secondhand smoke is harmless

Diffusion of Innovation

e.g., building on policy achievements in surrounding counties or cities

Stages of change

e.g., cessation services (pre-contemplation, contemplation, preparation, action, maintenance)

Social Norm Change Theory

e.g., rights of non-smokers in apartment buildings

Example: outdoor air policy

- This tags onto policy efforts in other cities, thus continuing the same work in the same county but at a different site
- People used to be against the policy but it looks like public opinion is shifting
- Media used to be on the side of the nay-sayers but it looks like media has been reporting more positively on the proposed policy

- Diffusion of Innovation
- Norm Change Theory

impact

CENTER FOR EVALUATION AND RESEARCH

TOBACCO CONTROL EVALUATION CENTER

The Evaluation Center has online resources about:

- Matching objective to evaluation design type
- Choosing appropriate evaluation activities
- Sample evaluation plans
- Recorded webinars on evaluation planning

www.tobaccoeval.ucdavis.edu

Budget & Budget Justification

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California Tobacco Control Program

Today we will review:

- Most frequent reviewer comments
- Reviewer comments by budget category
- Tips for a smart Budget Justification

Top 5 Most Frequent Reviewer Comments and Topics

- RFA Instructions
- Budget and Scope of Work Activities
- Budget Narratives and Justifications
- Formula Calculations
- Personnel and Consultant Rates

8 Line Item Budget Justification

- Personnel Costs
- Fringe Benefits
- Operating Expenses
- Equipment
- Travel/Per Diem and Training
- Subcontracts and Consultants
- Other Costs
- Indirect Costs

Personnel Costs

- Position titles are not consistent with SOW Responsible Parties fields
- Missing information on the lead staff responsible for overseeing evaluation activities
- Salary formula calculations are incorrect or missing
- Provide narrative descriptions for each position
- Salary rates are higher than the Comparable State Civil Service Classifications

Example of Personnel Cost

Title:
Project Director (from the Responsible Parties field in the SOW)

Salary Calculation:
$2,503-3,284 semi-monthly x 100% FTE x 24 pay periods per year

Duties Description:

Responsible for the overall planning, development, and completion of project goals, objectives, and SOW deliverables such as _____. Supervises agency staff, project consultants, and subcontractors. Responsible for the fiscal accountability of the project budget. Responsible for the general coordination of the day-to-day operations and reporting progress at scheduled intervals to CTCP. Maintains liaison with the CTCP Program Consultant and Procurement Manager. Responsible for invoice, staff changes, consultant contracts, ensures timely progress on grant obligations, and other duties as required. Designated lead and devotes 10% of effort (or equivalent to 4 hours/week) to oversee the implementation of project evaluation and supervision of the evaluation consultant.

Fringe Benefits

- Provide a description of Fringe Benefits
- Fringe benefits are not adequately justified

Example of Fringe Benefits

- At approximately 18%-25% of Total Personnel Costs, Fringe Benefits includes the following:

At approximately 18% - 25% of Total Personnel Costs, Fringe Benefits include the following: FICA –Social Security and Medicare 7.65%; SUI-State Unemployment Insurance 8% on the first $7,000 of pay or $560 per employee; SDI-State Disability Insurance 0.00%; Employee Health, Dental and Vision 4%-14.5%; Workers' Compensation Insurance 0.7% - 0.9%; Employee Retirement Benefits 2.9-3.1%; Other-Deferred Compensation match 0.00%-0.25%; and Other-Retired Medical 1.2%. Life insurance - 0.2-0.3%

FY 2015/2016: $65,225 total personnel costs x 22.5% fringe benefit rate = $14,676

Operating Expenses

- Formulas are incorrect or missing
- Justifications are missing or inadequate
- Items need to be consistent with the SOW

Example of Operating Expense: Space Rent/Lease

- Title: Space Rent/Lease

  Description (Formula):
  FY 2015/16: July 2015-June 2016
  3.0 FTE x 150 sq. ft. + 100 sq. ft. (common area) x
  $1.00/sq. ft. x 12 months = $6,600

  Typical common space includes shared work areas, walkways, conference room, facilities, and storage

Equipment

- Justify purchases
- Compliance with Computer Software Minimum Specifications

Example of Equipment Purchase

Hewlett-Packard LaserJet Pro 450 color Printer M451dn will be purchased in the first year of the project, for 2 program staff, as other available printers may not be accessible to program staff when needed. Overview of this printer: prints professional-quality documents on a low-cost easy-to-use HP LaserJet; print speeds up to 21 ppm letter; get the same black cost per page as a black-and-white HP LaserJet printer; up to 300 sheets capacity standard automatic two-sided printing. Printer is in compliance with "Computer Software Minimum Specification" requirements.

FY 2015/2016: 1 printer x $1,000= $1,000

Subcontracts and Consultants

- Formulas are missing or incorrect
- Consultants rates are high
- Duties of consultants are missing, incomplete, or vague
- Titles are not listed in the SOW

Subcontracts and Consultants Example

- Title: Evaluation Consultant

Description: The Evaluation Consultant (EC) will meet with staff to develop the evaluation plan at the beginning of the project period and monitor status of evaluation activities to the end of project period. The EC will conduct monthly consultations with the Executive Director on implementation of the evaluation component. The EC will assist project staff on preparing and developing evaluation instruments, such as the observational survey, key informant interviews, and focus group interviews. The EC will train and monitor project staff on data collection, including outcome as well as process data. The EC will organize a tracking system for all data collection. Qualitative data analysis will be utilized for the key informant surveys. The results of the analysis will be shared with the agency staff and CTCP. The EC will prepare the necessary evaluation progress reports and submit reports according to required timeline. The final evaluation report will be generated and ready for submission according to required timeline.

Fiscal Year 2015/2016 costs are calculated at:

$40.50 per hour x 92 hours = $3,726

Travel/Per Diem and Training

- Travel should be budgeted in the correct subcategories
- Required travel items should be listed in the correct FY
- Formulas are missing or incorrect
- Justification detail is missing or incorrect
- Did not match up with SOW activities

Required Travel Subline Item

- Title:

  Required Travel/Training

  Description:
  FY 2015/2016: 1 staff member(s) to attend Project Directors Meeting; Lodging: 1 project traveler x $95/per traveler x 2 nights= $190; per diem: 1 project traveler x $40/per person per day x 3/days= $120; Registration: $250 per person; mileage: 1 project traveler x 400 x .56 per mile= $224; for a total of $784. Costs are less expensive than the recommended rate in the RFA instructions due to our agencies proximity to Sacramento.

Other Costs

- Lacks detail in description
- Use correct subcategories

Educational Materials Subline Item

- Title: Educational Materials

  Description:

  In FY 2015/2016 project will purchase:

  50 tobacco control fact sheets (activity 3-5-1) x $2.00 each=$100

Indirect Expenses

- Narrative lacked detail
- Indirect Costs are miscalculated
- Incorrect indirect cost rate used (for local health departments only)
- Indirect Expenses must not exceed a maximum of 25 percent of total personnel services

Indirect Expenses Example

- At approximately 15% of Personnel and Fringe Benefits. Indirect costs include administrative expenses such as overhead accounting support and payroll services, utilities, building and equipment maintenance, janitorial services, insurances costs, dues and subscriptions, and annual audit expenses.

FY 2015/2016: $70,000 (Total Personnel/Fringe) x 15%= $10,500

Application Best Practices

- Propose a budget justification that follows instructions per the procurement to which you are applying
- Check math and spelling
- Provide thorough descriptions
- Connect staff positions to the SOW

Application Best Practices

- Propose expenses that will directly support staff and assist to satisfactorily complete all SOW activities
- Indirect Cost rate should comply to requirements
- Provide sufficient detail and justify proposed budget line items
- Reference Appendix 15: Budget Justification Instructions

Q&A

- Please type your question into the Chat Box