The Tobacco Prevention and Education Program Community Programs Evaluation Process 2010-2015: Synthesis and Next Steps

Submitted to

Tobacco Prevention and Education Program
Oregon Public Health Division
800 NE Oregon Street, Suite 730
Portland, OR 97232

Submitted by

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NPC RESEARCH

The Tobacco Prevention and Education Program Community Programs
Evaluation Process 2010-2015: Synthesis and Next Steps

HISTORY AND BACKGROUND

In 2010, the State of Oregon, Department of Human Services, Office of Disease Prevention and Epidemiology (now the Public Health Division, Health Promotion and Chronic Disease Prevention Section) embarked on a participatory program evaluation partnership with NPC Research. The goals of this effort were to work with the Department and Department partners to refine evaluation questions, develop evaluation plans, and carry out evaluation activities. The participatory approach was requested so that all partners would develop trust and ownership of the process and contribute to the evolution of the work plan. The intention was for all parties to benefit from these contractor resources to meet their varied priorities and needs, all within the larger, shared goal of better understanding how to support community programs and assess their successes and challenges.

MAIN ACTIVITIES

Over the past 5 years, through this collaborative process, a variety of activities have occurred and products have been developed.[1] See the *Tobacco Prevention and Education Program Evaluation 2010-2015: Overview* for more information on the purpose/goals of each activity and the resulting products.

Technical assistance and support

- County-level TPEP program reporting form (liaison reporting form)
- Statewide policy database, manual, & entry form
- Community programs diagram
- Evaluation questions and methods/plans
- Trouble-shooting and information-gathering

Community Readiness Assessment training activity Spring Swing, March 2015

Relationship-building

- Key stakeholder interviews
- Significant changes to reporting process/system
- Participation in state-level (CLHO-HC, HPCDP, CPI) meetings, retreats, calls, conferences
- Community Programs Evaluation Workgroup facilitation

Evaluation Activities

- Surveys and interviews (data collection, management, analysis, and reporting)
- Literature review of best practices in tobacco prevention policy development
- Community Readiness Assessment (training, implementation, analysis, and reporting)
- Funding data analysis
- Integration analysis across data sources

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[1] Additional information about any of these activities or products can be obtained by contacting Shaun Parkman, Health Promotion & Chronic Disease Prevention, (971) 673-0894, Shaun.W.Parkman@state.or.us.
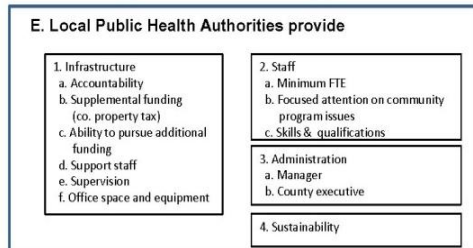
Community Programs Diagram
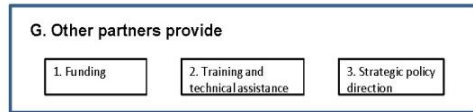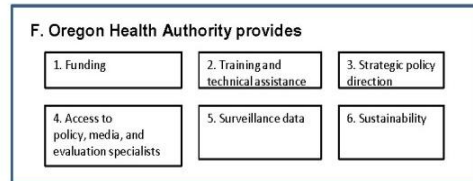
How community programs work
7/13/2011

A. Community program components

These are the evidence-based things program coordinators do:

1. Gather local data	2. Engage partners, build coalitions, and find/develop local champions	3. Plan out activities to achieve community change
4. Educate decision-makers	5. Check on progress; make adjustments [program evaluation]	6. Raise public awareness
7. Help write policies that reduce disparities	8. Coordinate with other community programs	9. Assist with policy implementation

Which leads to intermediate and longer-term outcomes:

B. Building a movement for change

1. Public awareness of health issues and community conditions
2. People understand what really works and begin using those best practices
3. Community members are engaged to change community conditions
4. Political will is built for community-level policy intervention

C. Pass policies

1. Voluntary policies are adopted
2. Local ordinances are passed; implementation occurs equitably
3. Community programs attain additional funding to sustain activities

And eventually distal outcomes (D):

1. Improved community conditions
2. Social norm and behavior change
3. Reduced disease burden
4. Reduced disparities

Community programs are part of Local Public Health Authorities (usually county govt)

E. Local Public Health Authorities provide

1. Infrastructure
   a. Accountability
   b. Supplemental funding (co. property tax)
   c. Ability to pursue additional funding
   d. Support staff
   e. Supervision
   f. Office space and equipment

2. Staff
   a. Minimum FTE
   b. Focused attention on community program issues
   c. Skills & qualifications

3. Administration
   a. Manager
   b. County executive

4. Sustainability

Local Public Health Authorities are supported by the Oregon Health Authority (state govt)

F. Oregon Health Authority provides

1. Funding	2. Training and technical assistance	3. Strategic policy direction
4. Access to policy, media, and evaluation specialists	5. Surveillance data	6. Sustainability

G. Other partners provide

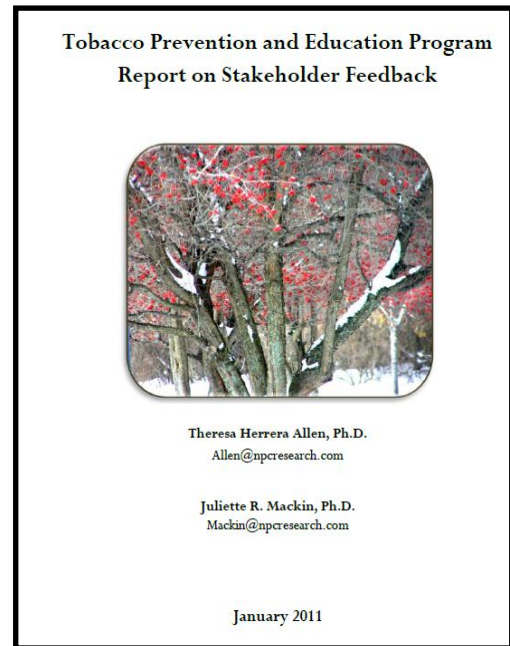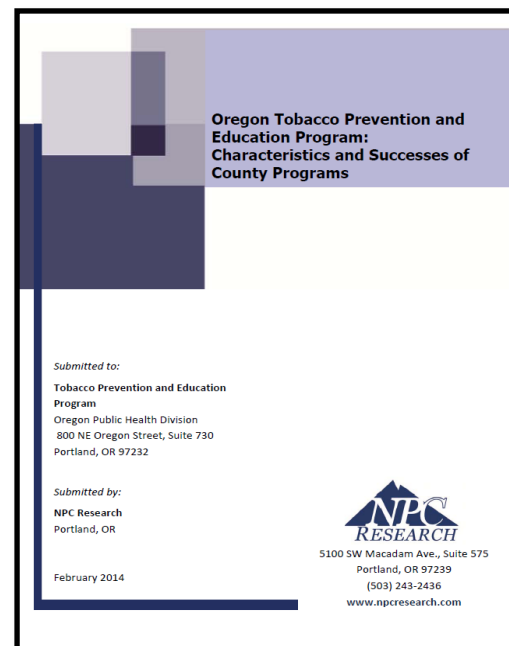|		
1. Funding	2. Training and technical assistance	3. Strategic policy direction

HIGHLIGHTS OF RESULTS AND ACCOMPLISHMENTS

Priorities identified by initial key stakeholder feedback

- Make changes to the reporting tools and process (allow open-ended stories and questions, provide feedback to counties, highlight strengths and accomplishments, prioritize outcomes of interest, share evaluation information back to communities).

- Provide resources and technical assistance: Consider implementing community readiness assessment and using results locally, ensure coordinators have access to web-based resources.

- Dedicate time to partnerships and planning: assess and explore relationships between State and county programs, improve and clarify communication, share information about new topics and emergent issues, tailor conference sessions to county interests, discuss funding priorities and allocations, synchronize TPEP planning and reporting with other processes, simplify grant process and ensure all expected tasks are included in work plan.

Tobacco Prevention and Education Program
Report on Stakeholder Feedback

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January 2011

Characteristics and Successes of TPEPs

- TPEP coordinators and administrators agree that administrator attitudes affect TPEP success.

- Boards of Health and county administrators were viewed as placing a low priority on tobacco activities.

- Many coordinators shared funding and responsibilities with other community programs, which had positive aspects (e.g., building skills across areas) and negative aspects (e.g., tobacco policy is less of a focus).

- Coordinator position needs to be adequately funded (increased funding is needed).

- TPEP funding is essential for tobacco prevention activities to continue.

- Community members with awareness of or exposure to TPEP activities are more supportive.

Oregon Tobacco Prevention and Education Program: Characteristics and Successes of County Programs

Submitted to:
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Community readiness for addressing tobacco prevention efforts

- Oregon counties (2014) are generally in the *preplanning* phase (score of 4 on scale of 1 to 9), though Metro region counties were slightly higher (*preparation* – score of 5 on a scale of 1 to 9).

- While community members are beginning to understand more about tobacco issues, there are a number of specific issues (e.g., smokeless tobacco, e-cigarettes, the local impact of tobacco) on which the community has less understanding.

- Findings suggest that community members are beginning to know more about the impact of tobacco use in their community. However, as the *Community Climate* dimension scores suggest, community members are still wary of tobacco prevention efforts despite their knowledge.
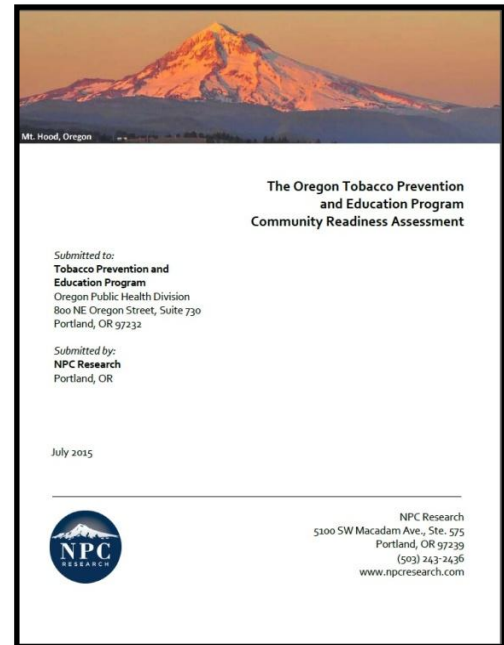
TPEP Characteristics, Funding, and Community Readiness

- Higher-funded programs were also more likely to have higher community readiness.

- Lower funding may inhibit TPEPs from increasing community readiness.

- Higher funding alone is likely not sufficient to increase readiness without other key program and contextual elements also present.

- Coordinator tenure positively relates to both funding and community readiness.

- More counties in the higher community readiness stage do not share funding and responsibilities with other community programs indicating that TPEPs allowed to concentrate on tobacco prevention activities have greater success in elevating the community readiness of their jurisdictions.

- Integration with other LPHA activities increases by CRA stage. TPEP may make most impact on the community readiness when coordinators devote all of their time to TPEP yet work in coordination with other programs.

- Counties with more access to skills and specializations generally come from higher funding tiers and higher community readiness stages.

- While other staff besides administrators may be providing resources to TPEPs, the direct involvement and contact between administrators and coordinators may improve the community readiness.
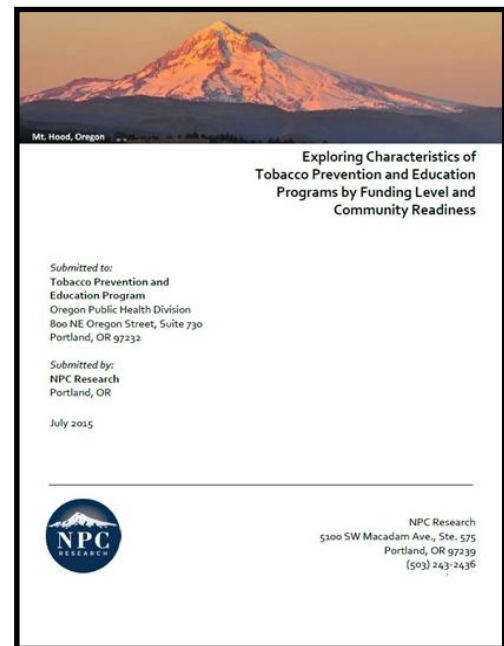
RECOMMENDATIONS & NEXT STEPS FOR TPEP

For the Program

- Use CRA results to inform TPEP prevention efforts.
- Use CRA results to tailor technical assistance.
- Consider raising base funding amount to Tier 3.
- Focus on ways to increase community program coordinator tenure.
- Help counties in lower funding tiers and in earlier stages of readiness focus more of their time on engaging partners, building coalitions, and finding or developing local champions.
- Ensure that communities are encouraged and supported to apply for external funding.
- Work toward having coordinators focus specifically on tobacco prevention activities, and coordinate with other programs, but not have Community Programs responsibilities outside of TPEP.
- Work to ensure programs have access to skills and specializations they need to be successful.
- Continue to work on communication between all partners.

For the Evaluation

- Create a dashboard for the coordinator's reporting form to allow information from liaison reporting forms to be readily accessible.
- Conduct a qualitative analysis of recent community readiness key respondent interviews to explore emergent themes.
- Examine change over time in community readiness.
- Use CRA process to explore specific populations and topics specific to local needs and interests.
- Explore additional analyses related to the relationship between funding, community readiness, and program characteristics.
- Explore coordinator turnover.
- Explore differences between administrator and coordinator knowledge about TPEP activities and whether communication (or knowledge) gaps are a detriment to TPEP functioning.
- Explore what makes a TPEP successful when applying for external funding.
- Explore moderating impacts of other elements that may impact the relationship between program success and higher community readiness (e.g., political environment, population characteristics, events outside of TPEP).
- Describe patterns of policy changes (by county, by policy type, etc.) in the policy database data.
- Explore relationships between program characteristics, community readiness, funding level, and success at passing policies.
- Review the community programs diagram and identify the next round of areas for evaluation focus.

SUMMARY AND CONCLUSIONS

The TPEP community programs participatory evaluation efforts over the past 5 years have engaged a large number of partners statewide in discussions and decisions about what they wanted evaluation and consultation to look like and their criteria for feeling comfortable sharing information. Initial data collection efforts reinforced the need for building trust and relationships, and helped illustrate how data could be useful. State and county staff, with their contractors, spent time and effort developing a collaborative and interactive reporting system, a data infrastructure (policy database), and a diagram of community programs. This model helped illustrate for all partners the key elements of TPEP community programs, how the various funders and administrative agencies support TPEP, and what the shorter and longer term goals of the program are. This effort helped bring parties to the same page, and served as a foundation for talking about and understanding evaluation efforts and their purpose and focus. The model became the foundation for discussions about evaluation possibilities and prioritizing those areas where all parties felt comfortable exploring evaluation questions and participating in data collection. The evaluation began to dive deeper into questions about what makes a successful TPEP, while keeping in mind the community context, technical assistance needs, practical application of results, participation at all levels, and relationship-building strategies. Over the past 5 years, the TPEP community programs evaluation efforts and collaboration have resulted in useful qualitative and quantitative data, system changes, increased evaluation capacity, increased readiness for evaluation and appreciation of data, and increased knowledge about Oregon's TPEP community programs and what is needed to boost their success in the future. Continued partnership, communication, and evaluation will serve local programs, enhance the statewide network, and facilitate Oregon's contribution to tobacco policy work nationally.