The Science (and Art) of Evaluation

Health Educators Institute
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The Power to Amaze

As health educators you have the ability to influence people’s lives in profoundly important ways.
How Can Evaluation Help?

- By using research and evaluation to guide the development of programs or approaches.
- By using evaluation to know whether you are carrying out the programs with fidelity, accountability and with appropriate reach.
- By using evaluation in guiding you to regularly reassess your programs or approach.
- By using evaluation to know what is working (or not)...and for who, when, and where
- By using evaluation to help tell your story.
Ways to Amaze Yourself.... and the people you educate

- Consider a socio-ecological approach to what you do – go up a level!
- Use an evidence-based approach in everything you do.
What Influences Behavior?

**Individual**
Knowledge, attitudes, values, intentions

**Interpersonal**
Family, friends, peers, co-workers

**Organizational**
Rules, policies, procedures, incentives

**Community**
Social norms, social networks, standards and practices

**Public Policy**
Local, state, federal govt. policies, regulations, laws

Socioecological Model
Changing Smoking Behaviors

**Public Policy**
Local, state, and federal tobacco taxes, tobacco-free policies

**Community**
Social norms, social networks, standards and practices

**Organizational**
Tobacco-free policies at work, in public buildings, sporting venues; incentives to quit

**Interpersonal**
Support/positive role modeling from family, friends, peers, co-workers

**Individual**
Education, one-on-one counseling, 5 A’s

SOCIOECOLOGICAL MODEL
Program to Different Levels....Got It
But what’s the best approach?
Let the Evidence Guide You
TYPES OF EVIDENCE

• TYPE I
  – Established through observational research.
  – Provide evidence for a link between a preventable risk factor (e.g., sedentary lifestyle) and some specific health outcome (e.g., obesity).
  – EXAMPLE: Individuals who exercise regularly have less cardiovascular disease, diabetes, and obesity. Many studies have confirmed this relationship.
  – However, does not tell us, HOW to best help people to establish regular exercise routines.
• **TYPE II: Evidence-Based Practices**
  
  – Established through clinical or behavioral trials.
  
  – A specific intervention or approach has been found to effective in changing a behavior that has been linked to a specific health outcome.
  
  – **EXAMPLE:** A number of studies have shown that walking programs that include the use of incentives, motivational tools such as pedometers, and social support are more likely to result in participants adopting a regular walking schedule.
Type I Evidence

• Research tells us that individuals with controlled diabetes are better at identifying carbohydrates in foods than those not in control (Type I)
• How do we take this information and turn it into an intervention?
• Carb-counting educational intervention – compare carb knowledge AND A1c levels 2 months later with group that did not receive the intervention.
• If it works, that’s Type II evidence.
• If it doesn’t – there’s still Type I evidence – just not an evidence-based practice.
Another Example

Problem: High rates of diabetes and heart disease in individual living in impoverished areas.

Type I Evidence: Links between behavior and disease; links between low SES and above

Type II Evidence: Not much; a few demonstration projects.

So you try and you evaluate along the way.
How do you find the evidence?
Sources for Evidence

• Read, read, read
• Academic journals
• Govt’ websites (CDC, NIH)
• Advocacy websites
• Lay journals/mags that summarize research
• Guide to Community Preventive Services –
  http://www.thecommunityguide.org/index.html
Covers a variety of public health topics

- Legislators and Policy Makers
  - Unbiased, evidence-based findings about legal and policy options

- Community-based Organizations
  - Improve the health of your community

- Researchers
  - What needs more research and ways to improve the quality of the research

- Employers and Other Purchasers of Health Care Services
  - How to enhance employee health efficiently

http://www.thecommunityguide.org/index.html
Recommendation Summaries

Detailed Summaries of Studies Conducted

Tobacco

The systematic reviews by the Guide to Community Preventive Services (Community Guide) of the effectiveness of interventions to reduce or prevent tobacco use focused on three areas:

1. Preventing tobacco product use initiation
2. Increasing cessation
3. Reducing exposure to environmental tobacco smoke (ETS)

Interventions

Reducing Tobacco Use Initiation

- Increasing the unit price for tobacco
- Mass media education campaigns when combined with other interventions
- Restricting minors’ access to tobacco products:

Community mobilization when combined with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, retailer education with reinforcement)
Restricting minors’ access to tobacco products: sales laws directed at tobacco retailers to reduce illegal sales

Search The Community Guide

Tobacco Contents
- Interventions
- Publications
- Additional Resources

Partners
- Cancer Control PLANET

Contact Info
Community Guide Branch
National Center for Health Marketing (NCHM)
Centers for Disease Control and Prevention
1600 Clifton Road NE
Mailstop E-69
Atlanta, GA 30333

E-mail: communityguide@cdc.gov
In seven of eight studies reviewed, increases in the price of tobacco products results in decreases in both the number of people who use tobacco and the quantity they consume.

See original publications for additional information.
More detailed publications
Where you will find full reviews of the literature, recommendations, and guidelines

## Publications

### Full Reports (recommendations & supporting evidence)
- **Recommendations.** *MMWR.* 2000: 49 (No. RR-12); 1-11. (with interventions table)
- **Evidence Review.** *AJPM.* 2001: 20 (2S); 16-66.
- **Guidelines Comparison.** *AJPM.* 2001: 20 (2S); 67-87.

### Commentaries
- **Note from the Surgeon General.** *AJPM.* 2001: 20 (2S); 1-1.
- **Tobacco Control Policy: From Action to Evidence and Back Again.** *AJPM.* 2001: 20 (2S); 2-5
- **Community-Level Interventions: Perspective of Managed Care.** *AJPM.* 2001: 20 (2S); 6-7.
- **State & Local Opportunities for Tobacco Use Reduction.** *AJPM.* 2001: 20 (2S); 8-9.

### Related Publications
Ok, I have the evidence
I know the best approaches
I’ve figured out how to target
multiple levels

HOW IN THE HECK DO YOU EVALUATE THIS?
SOME EXAMPLES FROM THE FIELD

• **Steps to a Healthier Cleveland**
  – is a city-wide program designed to engage all Clevelanders to live longer, better and healthier lives. The program encourages physical activity, healthy eating and tobacco-free choices. These efforts are intended to reduce the burden of diabetes, overweight/obesity and asthma in all of Cleveland’s diverse neighborhoods.

• **Ohio Tobacco Prevention Foundation Community Grants Programs**
  – 50 agencies across the state funded to administer a host of community-based, tobacco prevention and control programs.
Steps to A Healthier Cleveland

- Targeted Events
- Screenings
- Community Garden Program
- New venues for education
- Walk A Hound, Lose A Pound
- Cleveland Marathon Program
- Worksite Challenges
Steps: A Multi-Level Approach

**Public Policy**
- Cleveland Healthy Business Council
- Cleveland Marathon Program
- Worksite Wellness Programs
- Lay Health Worker Training
- Screenings

**Community**
- Walking and Biking Maps
- Cleveland Marathon Program
- Smoke-Free Concerts
- Community Gardening
- Open Airways for Schools
- School-Based Nutrition Education

**Organizational**
- Cleveland Healthy Business Council
- Cleveland Marathon Program
- Worksite Wellness Programs
- Lay Health Worker Training
- Walk a Hound, Lose A Pound

**Interpersonal**
- Food Policy Council
- Cleveland Marathon Program
- Community Gardening
- Open Airways for Schools
- School-Based Nutrition Education

**Individual**
- Food Policy Council
- Cleveland Marathon Program
- Community Gardening
- Open Airways for Schools
- School-Based Nutrition Education

**SOCIOECOLOGICAL MODEL**

- Steps: A Multi-Level Approach
STEPS FOR A HEALTHIER CLEVELAND LOGIC MODEL

**Multi-Level Program Activities**

### Inputs
- Partnerships
- Public Official
- Advocacy Groups
- Baseline Data
- Media
- Facilities
- Academics
- Funding

### Activities
- Schools:
  - Tobacco-free schools policy
  - “Open airways” Asthma education program
  - Sports and Asthma education program
  - Expand the grab and go program
  - Improve types of competitive foods
  - Nutrition education in after school programs
  - Nutritional signage
  - Public service announcements
  - Safe Routes to School
    - Map development (routes and Safe places)
    - Curriculum
  - After school safe place programs
  - Build school wellness teams
  - Pedometer competition (students and staff)
- Worksite wellness:
  - Continue worksite wellness programs at City of Cleveland
    - Newsletter
    - E-mail interventions
    - Special programs
  - Healthy Cleveland Business Council
  - Wellness activities
- Health Care Providers
  - Asthma education for HCP
  - Clinician toolkits to prevent and mange obesity/increase PA and healthy eating
  - Implementation MBI (Medicine involved in education and training)
    - Random chart audits
    - Training HCPs on diagnosis, assessment, treatment of childhood obesity
- Community
  - Community-wide campaign
  - Head Start asthma education
  - Neighborhood maps
  - Community developed interventions
  - Clean indoor air legislation
  - ETS education programs
  - Lay health promoter – (Connecting programs, Build capacity, Expand volume of reach, In-service training: Create a toolbox)

### Intended Beneficiaries
- Children
- Parents
- Staff
- Teachers
- Employees
- Employees
- Patients
- HCP
- Residents

### Short Term Outcomes
- Increase knowledge
- Change social norms
- Increase supportive environments
- Increase awareness across employers, HCPS and community
- Increase self efficacy

### Intermediate Outcomes
- Improve nutrition
- Increase physical activity
- Prevent tobacco use and exposure
- Increase tobacco cessation
- Increase identification of diabetes
- Decrease asthma complications
- More kids eating breakfast more often
- Increase Services

### Long Term Outcomes
- Prevent overweight and obesity
- Prevent diabetes
- Reduce complications of diabetes
- Improve quality of care
- Increase effective self management
- Increase identification of diabetes
TO MAXIMIZE COMMUNITY-LEVELIMPACT
– EVIDENCE-BASED APPROACH IS THE ONLY WAY TO GO

Are these based on evidence? Particularly Type II evidence?

Activities

Schools:
- Tobacco-free schools policy
- “Open airways” Asthma education program
- Sports and Asthma Education program
- Expand the grab and go program
- Improve types of competitive foods
- Nutrition education in after school programs
- Nutritional signage
- Public service announcements
- Safe Routes to School
  - Map development (routes and Safe places)
  - Curriculum
- After school safe place programs
- Build school wellness teams
- Pedometer competition (students and staff)

Worksite wellness:
- Continue worksite wellness programs at City of Cleveland
  - Newsletter
  - E-mail interventions
  - Special programs
- Healthy Cleveland Business Council
- Wellness activities

Health Care Providers
- Asthma education for HCP
- Clinician tools to prevent and manage obesity/ increase physical activity and healthy eating
- Implementation of the Cleveland Health Care System
  - Random chart audits
  - Training HCPs on diagnosis, assessment, and treatment of childhood obesity

Community
- Community-wide campaign
- Head Start asthma education
- Neighborhood maps
- Community developed interventions
- Clean indoor air legislation
- ETS education programs
- Lay health promoter – (Connecting programs; Build capacity; Expand reach; In-service training; Create a toolbox)

Collected via youth and adult surveillance

- Increase knowledge
- Change social norms
- Increase supportive environments
- Increase awareness across employers, HCPS and community
- Increase self efficacy

- Improve nutrition
- Increase physical activity
- Prevent tobacco use and exposure
- Increase tobacco cessation
- Increase identification of diabetes
- Decrease asthma complications
- More kids eating breakfast more often
- Increase Services

- Prevent overweight and obesity
- Prevent diabetes
- Reduce complications of diabetes
- Improve quality of care
- Increase effective self management
- Increase identification of diabetes
Process Outcomes

• IF you implement evidence-based programs, in theory, you should not need to do program-specific, outcome-based evaluation.

• However, in order to ensure that you will get the same results as the prior studies, PROGRAM FIDELITY, ACCOUNTABILITY AND REACH ARE A MUST.

• And if you implement programs with Type I evidence and not Type II evidence, then some level of outcome evaluation must take place as well as the process outcomes. How will you ensure effectiveness of your programs?
Limitations to Surveillance

• There are limitations to using surveillance data as the only evidence for effectiveness; the biggest one being no direct link to program activities.
• However, when change is observed via surveillance, the impact is generalized to the population and not just those who received programming.
• It’s also far cheaper and more efficient way to assess community-level change.
• Need multiple years to establish true change/impact.
Steps Evaluation Plan

• Multi-level programs based on evidence-based approaches and practices.
• Detailed process data is collected (SPERS)
• Youth and adult surveillance data is collected each year.
  – Not just disease-specific data or behaviors
  – Attitudes/perceptions may be more intermediate.
    (Cleveland is a healthy place to live; I have access to fresh foods and vegetables in my neighborhood; I have places to walk or exercise in my neighborhood)
**SPERS: Steps Process Evaluation Reporting System**

Standardized, centralized reporting by each grantee funded through Steps
Example: Reporting Screen for Agencies Providing Individual Training or Education

Gives us program reach, types of programming provided --- are we reaching who we said we’d reach; doing what we said we’d do?
Example: Reporting Screen for Agencies Providing Group Training or Education

Form B: Group Training and Education Reporting Form  
(complete one form for each group training)

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Center for Health Promotion Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity:</td>
<td>Data processing of Safe Routes to School</td>
</tr>
<tr>
<td>Process Outcome:</td>
<td>Provide 2 trainings Data entry and analysis of information</td>
</tr>
</tbody>
</table>

**Description of Training/Education**

1. **Provide brief description of training:**
   
2. **Date training started (DD-MON-YYYY):**
   
3. **Date training ended (DD-MON-YYYY):**
   
4. **How long was the group training/educational session?**
   - [ ] Hrs

5. **Neighborhood:**
   - Select Neighborhood

6. **Describe the Location of the training/educational program:**
   - Select Location

7. **If the Location above is 'School', how many different classrooms?**
Meeting and Networking are an Important Part of Multi-Level Approaches
The Result:
Bi-Monthly Reports that Summarizes Across All Grantees

| Table 1: SPERS Process Information - Individual, Group, and Professional Trainings |
|-----------------------------------------------|-----------------|-----------------|-----------------|
|                                               | Individual Training/Education | Group Training/Education | Professional Training/Education |
| # Agencies Reporting                         | 7                | 6               | 5               |
| # Activities Described                       | 5                | 9               | 8               |
| # Neighborhoods Targeted                     | NA               | 16              | 7               |
| Total Training/Education Hours               | NA               | 218             | 42              |
| Total Served                                 | 994              | 1,620           | 727             |

<table>
<thead>
<tr>
<th>Gender Breakdown</th>
<th>Individual Training/Education</th>
<th>Group Training/Education</th>
<th>Professional Training/Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>296 (30%)</td>
<td>562 (35%)</td>
<td>52 (7%)</td>
</tr>
<tr>
<td>Female</td>
<td>698 (70%)</td>
<td>670 (41%)</td>
<td>298 (41%)</td>
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<tr>
<td>Unknown</td>
<td>0 (0%)</td>
<td>388 (24%)</td>
<td>377 (52%)</td>
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</table>

<table>
<thead>
<tr>
<th>Age Breakdown</th>
<th>Individual Training/Education</th>
<th>Group Training/Education</th>
<th>Professional Training/Education</th>
</tr>
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<tbody>
<tr>
<td>0-5</td>
<td>1 (0%)</td>
<td>4 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>6-12</td>
<td>2 (0%)</td>
<td>993 (61%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>13-17</td>
<td>8 (1%)</td>
<td>76 (5%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>18-34</td>
<td>162 (16%)</td>
<td>44 (3%)</td>
<td>51 (7%)</td>
</tr>
<tr>
<td>35-54</td>
<td>370 (37%)</td>
<td>58 (3%)</td>
<td>207 (28%)</td>
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<tr>
<td>55+</td>
<td>399 (40%)</td>
<td>49 (3%)</td>
<td>92 (13%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>52 (5%)</td>
<td>405 (25%)</td>
<td>377 (52%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity Breakdown</th>
<th>Individual Training/Education</th>
<th>Group Training/Education</th>
<th>Professional Training/Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>655 (60%)</td>
<td>542 (33%)</td>
<td>278 (38%)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>219 (22%)</td>
<td>197 (12%)</td>
<td>55 (8%)</td>
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<tr>
<td>Hispanic</td>
<td>162 (10%)</td>
<td>177 (11%)</td>
<td>10 (1%)</td>
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<tr>
<td>Asian</td>
<td>2 (0%)</td>
<td>4 (0%)</td>
<td>1 (0%)</td>
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<tr>
<td>Other</td>
<td>15 (2%)</td>
<td>1 (0%)</td>
<td>6 (0%)</td>
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<tr>
<td>Unknown</td>
<td>1 (0%)</td>
<td>699 (43%)</td>
<td>377 (52%)</td>
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<table>
<thead>
<tr>
<th>Steps Focus Areas Covered</th>
<th>Individual Training/Education</th>
<th>Group Training/Education</th>
<th>Professional Training/Education</th>
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<tbody>
<tr>
<td>Smoking Cessation</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Smoking Prevention</td>
<td>--</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Exercise/Physical Activity</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Nutrition Education/Counseling</td>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Weight Management</td>
<td>✓</td>
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<td>✓</td>
</tr>
<tr>
<td>Diabetes Screening</td>
<td>✓</td>
<td>---</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes Management</td>
<td>✓</td>
<td>---</td>
<td>✓</td>
</tr>
<tr>
<td>Asthma Management</td>
<td>---</td>
<td>---</td>
<td>✓</td>
</tr>
<tr>
<td>Other</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

| Total                                          | 7 of 9 Areas    | 6 of 9 Areas    | 9 of 9 Areas    |
Provides CCPH quick summaries of whether their overall plan is on target!
Has it Worked?

- SPERS has been highly successful – ability to track accountability of programming has been greatly improved.
- Program is reaching the folks it should reach.
- Programming is being carried out across all levels – however, not equally across disease targets.
- Surveillance is underway – trends look promising in some areas; less so in other areas.
- Sustainability of programs will be the key outcomes – can the community sustain these efforts after the federal money is gone?
A Statewide, Community-Based Tobacco Prevention and Control Evaluation Model

Ohio Tobacco Research and Evaluation Center
Case Western Reserve University
School of Medicine
OTREC’S MISSION

• Monitor tobacco use among Ohio youth and adults;
• Track tobacco indicators in Ohio including but not limited to, policy development and compliance, mortality rates, healthcare expenditures and productivity losses;
• Conduct tobacco research and evaluation projects to better understand the role of community in its influence on tobacco use and control;
• Summarize and disseminate results from the above mentioned activities through reports, data briefs and publications;
• Provide leadership, training and technical assistance regarding research and evaluation of tobacco prevention and control programming in Ohio; and
• Strengthen tobacco research and evaluation capacity in Ohio and the nation.
A Primary Role

To evaluate OTPF-funded community agencies implementing prescribed tobacco use control and prevention strategies across the state of Ohio.
Who are the Community Agencies?

50 agencies throughout Ohio including:

• City/County Health Departments
• Health Systems
• Minority –Focused Coalitions
• Agencies Focused on Individuals with Special Needs (ie, the Deaf)

All with varying levels of resources, experience and technical capacity
Ohio’s Evaluation Plan: Basic Assumption

Community Level

TOBACCO RELATED OUTCOMES
- Tobacco use among youth and adults (type, freq, amount)
- Quit attempts and success rate
- Public awareness of tobacco as a public health hazard
- Public acceptance of public, outdoor and worksite smoking policies
- Public awareness of tobacco prevention and cessation services

For this to work: THREE THINGS MUST HAPPEN

OUTCOMES MUST BE RIGOROUSLY AND CONSISTENTLY COLLECTED

Ohio Tobacco Research and Evaluation Center at Case Western Reserve University
Ohio’s Evaluation Plan: Basic Assumption

OTPF APPROVED ACTIVITIES

- Coalition development
- Community leaders relations
- Local marketing efforts
- Promotion of Ohio Quits
- PREVENTION: Life Skills; TNT; Project Alert; Word of Mouth; Stamp
- Intensive cessation interventions that meet the 10 pt. criteria
- School, worksite and public tobacco policies

SURVEILLANCE OUTCOMES

- Tobacco use among youth and adults (type, freq, amount)
- Quit attempts and success rate
- Public awareness of tobacco as a public health hazard
- Public acceptance of public, outdoor and worksite smoking policies
- Public awareness of tobacco prevention and cessation services

TARGETED PROGRAM EVALUATION

- Intent to Treat Cessation Evaluation.
- Evaluation of promising approaches.

FIDELITY, ACCOUNTABILITY AND TARGETED REACH

Start here??

No, here
Focus of CGIII Evaluation

- Only OTPF approved (evidence-based or promising) programs and approaches
- Accountability (consistent and standardized reporting across all activities)
- Assessment of targeted reach (most at risk receiving the programming; geographic distribution?)
- Assessment of fidelity (how well facilitators can/do keep to published curriculum)
- Centralized and standardized reporting that provide real time data to OTPF and agencies
Evaluating 17 Program Strategies

• Four programmatic goals
  – Prevention (youth) – 6 strategies
    • Evaluating Fidelity
    • Accountability
    • Program Reach
  – Cessation (adult) – 6 strategies
    • Program Reach
    • Evaluating Outcomes
  – Secondhand smoke – 2 strategies
    • Evaluating Process Activities and Outcomes
  – Community awareness – 3 strategies
    • Evaluating Process Activities and Outcomes
CGIII Evaluation

SOCIOECOLOGICAL MODEL

Public Policy
- Tobacco-Free Schools
- Tobacco-Free Worksites
- Policy Change within Health Systems
- Comm Leader Relations
- Coalition Development
- Tobacco-Free Worksites
- Tobacco-Free Schools

Community
- Prevention
- Promotion Ohio Quits
- Stand Team
- Tobacco-Free Worksites
- Tobacco-Free Schools

Organizational
- Prevention
- Promotion Ohio Quits
- Stand Team
- Tobacco-Free Worksites
- Tobacco-Free Schools

Interpersonal
- The 5 A’s
- Stand Team
- Tobacco-Free Worksites
- Tobacco-Free Schools

Individual
- The 5 A’s
- Intensive Cessation
- Prevention
- Tobacco-Free Worksites
- Tobacco-Free Schools

Knowledge, attitudes, values, intentions
- Family, friends, peers, co-workers
- Rules, policies, procedures, incentives
- Social norms, social networks, standards and practices
- Local, state, federal govt. policies, regulations, laws
How to get 50 agencies to keep track of their program activities in the same way, using the same criteria, on the same schedule...
Each agency was required to identify one individual who would be responsible for evaluation reporting and serving as the primary contact for OTREC.

RE coordinators in large agencies minimum of .50 FTE. In smaller agencies .25 FTE.

All communication regarding evaluation and reporting goes through the RE Coordinators – thus must be familiar and connected to programming.
The Ohio Tobacco Prevention Foundation funded 50 CGIII Community Grantees to implement 17 tobacco control strategies. These strategies fall under four main goal areas of tobacco control.

<table>
<thead>
<tr>
<th>Goal: Prevention</th>
<th>Prevention Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>100% Tobacco Free Schools</td>
</tr>
<tr>
<td>programming</td>
<td>School-based Youth Prevention</td>
</tr>
<tr>
<td>efforts</td>
<td>Community-Based Youth Prevention</td>
</tr>
<tr>
<td>focus</td>
<td>Prevention Curricula Training</td>
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<tr>
<td>on</td>
<td>Support an Existing stand Team</td>
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<tr>
<td>eliminating</td>
<td>Work to Establish a New stand Team</td>
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<tr>
<td>youth</td>
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<tr>
<td>exposure</td>
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<tr>
<td>to</td>
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<tr>
<td>tobacco</td>
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<td>and</td>
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<td>minimizing</td>
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<tr>
<td>youth</td>
<td></td>
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<tr>
<td>initiation</td>
<td></td>
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<tr>
<td>of</td>
<td></td>
</tr>
<tr>
<td>tobacco use.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal: Cessation</th>
<th>Cessation Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cessation</td>
<td>Intensive Adult Cessation Counseling</td>
</tr>
<tr>
<td>programming</td>
<td>Training Health Professionals in Brief Interventions</td>
</tr>
<tr>
<td>includes</td>
<td>Policy and Brief Intervention Within Health Systems</td>
</tr>
<tr>
<td>providing</td>
<td>Employer Support for NRT</td>
</tr>
<tr>
<td>cessation</td>
<td>Distribution of Quit Kits</td>
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<tr>
<td>counseling</td>
<td>Promotion of Ohio Quits</td>
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<td>to</td>
<td></td>
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<tr>
<td>tobacco-using</td>
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<tr>
<td>adults</td>
<td></td>
</tr>
<tr>
<td>attempting</td>
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<tr>
<td>to quit</td>
<td></td>
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<tr>
<td>and</td>
<td></td>
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<tr>
<td>assisting</td>
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<tr>
<td>health</td>
<td></td>
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<tr>
<td>professionals</td>
<td></td>
</tr>
<tr>
<td>and</td>
<td></td>
</tr>
<tr>
<td>health systems</td>
<td></td>
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<tr>
<td>in</td>
<td></td>
</tr>
<tr>
<td>cessation</td>
<td></td>
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<tr>
<td>support</td>
<td></td>
</tr>
<tr>
<td>efforts.</td>
<td></td>
</tr>
<tr>
<td>Promotion of the statewide Ohio Quits cessation support services is also part of this goal area.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal: Secondhand Smoke</th>
<th>Secondhand Smoke Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondhand Smoke</td>
<td>Outdoor Tobacco-Free Environment</td>
</tr>
<tr>
<td>goals</td>
<td>Tobacco-Free Worksites</td>
</tr>
<tr>
<td>focus</td>
<td></td>
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<tr>
<td>on</td>
<td></td>
</tr>
<tr>
<td>working</td>
<td></td>
</tr>
<tr>
<td>toward</td>
<td></td>
</tr>
<tr>
<td>tobacco-free</td>
<td></td>
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<tr>
<td>policies for</td>
<td></td>
</tr>
<tr>
<td>worksites and outdoor environments in the community.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal: Community Awareness</th>
<th>Community Awareness Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program efforts in Community Awareness include involving elected officials in tobacco control efforts, working with a coalition to help mobilize tobacco control, and conducting surveillance data collection in the community.</td>
<td>Community Leader Relations</td>
</tr>
<tr>
<td></td>
<td>Coalition Development</td>
</tr>
<tr>
<td></td>
<td>Surveillance Data Collection</td>
</tr>
</tbody>
</table>
Step 2- Develop Standardized Evaluation Tools

- Standardized data collection tools
- Standardized and centralized data collection mechanisms
- Standardized protocols
- Centralized reporting
Three components to youth prevention evaluation

• **Curriculum fidelity**
  – How well do facilitators keep to published curriculum
  – What can and can’t they do
  – Year of exploration – stress that this is not an evaluation of the facilitator

• **Program accountability**
  – Assesses intervention dosage, program satisfaction.

• **Program reach**
  – How many you reach (# of surveys completed) and who (demographics)?
Facilitator Fidelity Checklists

OTPF LifeSkills Training: Middle School Year 1 (6th/7th) Facilitator Fidelity Checklist

- Completed by facilitator

Curriculum and Grade Specific

Instructions: Please complete the appropriate section after completion of each session. Indicate the date the session was completed, how many minutes were spent on covering that session, and indicate which of the session objectives were completed. If any session objectives were not completed, please explain why. In the notes section at the end of the survey, please include any comments you have about any session including changes you may have made to the curriculum materials.

<table>
<thead>
<tr>
<th>SESSION</th>
<th>DATE COMPLETED TIME TO COMPLETE (MIN)</th>
<th>TOPICS/ACTIVITIES COVERED</th>
<th>CURRICULUM ATTAINMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Self-Image and Self-Improvement</td>
<td>Date Completed Minutes</td>
<td>Ground Rules / How I See Myself (WSI) / Taking Stock (WSI) / Setting and Achieving Personal Goals / Self Improvement Project / Recording My Progress (WS2) / Session Summary</td>
<td>How closely did you keep to the curriculum as written for this lesson?</td>
</tr>
</tbody>
</table>

Ohio Tobacco Research and Evaluation Center at Case Western Reserve University
- Completed by the classroom teacher or community leader
- One form per classroom.
OTPF Youth Prevention Survey

- Completed by each student in the class.
- Provides program reach information.
Submitting Data

- Once classroom data (fidelity, teacher report, study surveys) are collected.

- Fidelity Checklist
- Teacher Reporting Form
- Student Surveys

GWiz

OTREC

Ohio Tobacco Research and Evaluation Center at Case Western Reserve University
Three components to intensive adult cessation evaluation

• Adult Cessation Survey
  – Consent Form (info and permission for call center to contact them 3 and 6 months following program).
  – Baseline Survey (tobacco history; use).

• Class/Batch Information
  – Program, location, intervention dosage, etc.

• Attendance Log
  – Keep track of # of sessions
  – Keep track of 30 day relapse prevention call.
Baseline Survey w/ Consent

CONSENT FORM

BASELINE SURVEY
• Class/Batch Information Sheet

• Provide info about the class (date, time, facilitator, etc)

• If Individual Cessation – group individual evaluation data together in batch.
### Attendance Log

- Keeps track of # of sessions and completion of 30 days relapse prevention call.

```
<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Participant Name</th>
<th>Please Mark the Box Below for Each Session Attended</th>
<th>30 Day Call/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>[ ] [ ] [ ]</td>
<td>Y/N</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>[ ] [ ]</td>
<td>Y/N</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>[ ] [ ]</td>
<td>Y/N</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>[ ] [ ]</td>
<td>Y/N</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>[ ] [ ]</td>
<td>Y/N</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>[ ] [ ]</td>
<td>Y/N</td>
</tr>
</tbody>
</table>
```

Please use additional forms as needed.
Submitting Data

- Once class/batch data (consent forms, baseline surveys, class/batch info form, attendance) are collected.
• OTREC created an on-line data management system, OTREC-DM in order to communicate with grantees regarding the flow of data collected.
• OTREC-DM creates unique identifiers for prevention and cessation classes.
• Communicates receipt of all faxed data
• Facilitates data entry for a 13-question Youth Prevention Survey with an expected reach of 40,000 surveys this year.
• Once a class is registered, the RE coordinator can track it through OTREC-DM.
• Ability to sort list of classes by ID, districts, school, facilitator etc.

### Prevention Class Assignments

<table>
<thead>
<tr>
<th>Class ID</th>
<th>Program</th>
<th>District</th>
<th>School</th>
<th>Grade</th>
<th>Class Period</th>
<th>Teacher</th>
<th>Facilitator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5714</td>
<td>LST</td>
<td>Orange City School Dist</td>
<td>Gund School-Beech Brook</td>
<td>6:7</td>
<td>3</td>
<td>Smith</td>
<td>Jones</td>
<td>Incomplete</td>
</tr>
<tr>
<td>5716</td>
<td>LST</td>
<td>Solon</td>
<td>Arthur Read Elementary School</td>
<td>6:7</td>
<td>2</td>
<td>Smith</td>
<td>McMann</td>
<td>Incomplete</td>
</tr>
<tr>
<td>5718</td>
<td>WOM</td>
<td>Orange City School Dist</td>
<td>Moreland Hills Elementary School</td>
<td>4</td>
<td>2</td>
<td>Bisko</td>
<td>Jones</td>
<td>Incomplete</td>
</tr>
<tr>
<td>5720</td>
<td>WOM</td>
<td>Orange City School Dist</td>
<td>Moreland Hills Elementary School</td>
<td>4</td>
<td>4</td>
<td>Thomas</td>
<td>Jones</td>
<td>Incomplete</td>
</tr>
</tbody>
</table>

Spread Sheet

1 - 4
Once the required forms have been submitted to OTREC (fidelity, teacher report, study surveys) the date is confirmed in OTREC-DM. This allows the RE Coordinator to track the submission of data.
Reporting in G-Wiz

G-Wiz: Ohio Tobacco Prevention Grant Wizard

• Centralized on-line reporting system with multiple grant management purposes

• “Evaluation Tab” allows for overall management of each strategy, including work plans and bi-monthly Progress and Activity Reports for each work plan.

• Data managed by OTREC is uploaded into G-Wiz for real-time evaluation results.
Grantee Reporting in G-Wiz

Select "New Report" to submit a Progress Report

Select "New Report" to submit an Activity Report

G-Wiz Progress and Activity Report Portal

Allows grantees to report reach numbers and summarize programmatic activities.

<table>
<thead>
<tr>
<th>Progress Report for School-based Youth Prevention (G-Wiz Manual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Number</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>How many schools did you implement this curriculum?</td>
</tr>
<tr>
<td>How many youth did you reach in the 6th Grade?</td>
</tr>
<tr>
<td>How many youth did you reach in the 7th Grade?</td>
</tr>
<tr>
<td>How many youth did you reach in the 8th Grade?</td>
</tr>
</tbody>
</table>

Cumulative Target Reached this Period

Percentage Completed

Target Number Reached this Period
**G-Wiz Evaluation Entry Portal**

Allows OTREC to summarize data from grantees and feed back into G-Wiz for real-time viewing by grantees and OTPF.

### Teacher Reporting Forms
- Number of Teacher Reporting Forms received in this reporting period: 0
- Total number of students enrolled in all classes: 0
- Average number of sessions presented: 0
- Average number of minutes in each session: 0

### Teacher Satisfaction Survey
- Number of teachers providing consent for the Teacher Satisfaction Survey: 0
- Number of teachers completing the Teacher Satisfaction Survey: 0

**Teacher satisfaction with implemented program:**
- Very Satisfied: 0
- Satisfied: 0
- Not Satisfied: 0
- Missing: 0
Reach Reports in G-Wiz

Reach Reports in G-Wiz provide a bi-monthly update of all agencies’ total reach, by strategy.
Step 3- Develop a User Manual

Ohio Tobacco Prevention Foundation
Community Grants III
Reporting Manual

Overview of G-Wiz
Step 4- Training

Ohio Tobacco Research and Evaluation Center at Case Western Reserve University
Step 5: Maintaining A Working System

Statewide Field Coordinators

RE Coordinators

Ohio Tobacco Research and Evaluation Center at Case Western Reserve University
Step 5: Maintaining A Working System

• OTREC developed a database that houses contact information for 50 agencies.

• Also contains an comprehensive Communication Log that allows Statewide Field Coordinators to keep track of interactions (phone, email, etc) with the agencies.

• Allows any OTREC staff member to be familiar grantee’s program in a brief amount of time.
Step 5:
Maintaining A Working System

Ohio Tobacco Research and Evaluation Center at Case Western Reserve University
Step 5: Maintaining A Working System

100 % Tobacco Free Schools

- Activity Report Worksheet

School-based Youth Prevention

- Activity Report Worksheet
- School-based Youth Prevention Evaluation Protocol
- Supplement to School-based Youth Prevention Protocol for use with 3rd grade students (The Supplement was added on January 18th to assist those programming with 3rd grade students. Please be sure to also download the updated Youth Prevention Survey below.)
- OTREC-DM Instructions for Youth Prevention
- Prevention "Cheat Sheet"

Evaluation Tools
- Teacher Reporting Form (Updated on January 8th to include more space for the teacher’s email address. Please note that older versions of the Teacher Reporting Form will continue to be accepted.)
- Youth Prevention Survey (Youth Prevention Survey was updated on January 18th to include 3rd grade as an option. If programming with 3rd grade students please use this version along with the Supplemental 3rd grade Protocol above. Please note that older versions of the Youth Prevention Survey will continue to be accepted.)
- Youth Prevention Survey (Spanish)
- Youth Prevention: Instructions for Youth Prevention Curriculum facilitators (If programming with 3rd grade students, make sure to use the Instructions for Youth Prevention Facilitators found in the Supplemental Protocol above).

Fidelity Forms
- LifeSkills 3/4
- LifeSkills 4/5
- LifeSkills 5/6
Step 5: Maintaining A Working System

- Monthly electronic newsletter created to communicate with RE Coordinators at each of the Community Grant Agencies

- Newsletter Content:
  - Important announcements
  - Deadline reminders
  - Strategy-specific content
  - Messages from OTPF
Surveillance

- Local, state and national data
- Key Indicators
- Data briefs
HAS IT WORKED?
Results

• Some strategies have worked better than others. Some need additional evidence and better planning in implementation.
• Smoking rates across the state continue to slowly decline.
• Coalitions have been built; tobacco-free schools and worksite policies are no longer questioned.
• Nearly 60% of Ohio smokers made at least one quit attempt in the past year; about 10% actually quit.
Cigarette Smoking in Cuyahoga County

1 Adults (18-98) who report smoking cigarettes every day or some days
2 The BRFSS is a state-based system and therefore does not provide a national estimate. However, as suggested by the CDC, the median prevalence across the 50 state can be used.
Percentage of Homes and Work Where Smoking was NOT Permitted

SOCIAL NORMATIVE CHANGE IN ACTION!!
Take Home Messages

1. At minimum, all programming should be based on Type I evidence – and increasingly more on Type II.

2. In order to change behavior at the individual level – the social context of behavior must be considered, and multiple levels engaged.

3. Evaluation is more than a pre- and post-test; there are many different approaches to determining effectiveness.

4. If you use evidence-based programs, the need for program specific, rigorous evaluations (pre-post, control group) may be less necessary.

5. If you used evidence-based programs, fidelity, accountability and program reach are your outcomes.

6. Having a good story is great for PR – but not a substitute for evidence

7. Evaluators cannot and should not be outsiders.

8. You have the power to amaze your clients, your patients, your participants….and most of all, yourself!