**“All About Relevance”**

**The FER is all ‘bout relevance, relevance, and rationale**

**All about relevance, relevance, and rationale**

**All about relevance, relevance, and rationale**

**All about relevance, relevance**

FERs need to be clear

And show connections

Tailored to your audience

With recommendations

Lessons learned and challenges faced

Why this? Why now? And why in these places?

We’ve seen some long reports

Hundred pages a pop!

Say what made a difference

And why you did not stop

If you want useful reports, just raise it up

‘Cause FERs need to be useful from the bottom to the top

Yeah TCEC is telling you, “Try the appendices”

For more details, there’s appendices

Your reader will thank you for making the read a breeze

And no you don’t have to re-port on ev-ery single thing

Useful strategies, cultural competency makes ‘em sing…

WORKSHEET B ANSWER KEY – ANSWERS PROVIDED INTERMITTENTLY THROUGHOUT THE DAY

**Tell Your Story Final Evaluation Report Requirements**

**What’s New and Different?**

| **Old Requirements** | **New Requirement** |
| --- | --- |
| **Title Page** | **Cover Page**Same |
| **Abstract (1-2 pages)** | **Abstract**Limited to 350 words |
| **--**  | **Aims and Outcomes**New section States objective and end result up front |
| **Project Description**BackgroundObjectiveIntervention | **Background**Explain need for this objective at this point in timeFrame the need with relevant characteristics and contextDescribe any previous work on this issue, what worked/ didn’t, expectations for different outcomeMention community involvement in selecting objective |
| **Evaluation Methods** Evaluation DesignSampleData Collection Data Analysis | **Evaluation Methods and Design**State how evaluation will support objectiveOverview of evaluation designDataviz table to summarize outcome and process measuresIdentify limitationsAdditional detail belongs in Results section or Appendix |
| **Evaluation Results**Report every evaluation activityResults reported separately from data collection proceduresUse tables and figures, if appropriate | **Implementation and Results**No lists of activities! Tell the storyLink evaluation and intervention activities (where relevant)Start with dataviz to summarize chronology of **key** activities (report non-key activities in appendix)SPOUT: **s**pecify what happened, **p**urpose, **o**utcomes and **ut**ility of key activitiesNo data dumping; include only **key** results Use effective data visualizations, include interpretationDocument culturally competent practices |
| **Conclusions and Recommendations**State if objective achievedAssess which strategies were effectiveResults are supported by data | **Conclusions and Recommendations** Identify which strategies were particularly +/- effectiveMake useful recommendations with specific guidance for what to replicate or do differently |
| **List of Cited Sources** | **Works Cited** Same |
| **Appendix**Data Collection Instruments | **Appendix** Description of less essential activities, educational materials/ ads/media, greater detail of relationship-building efforts, tactics deployed and responses to, high quality photographs of program activities, data collection instruments, fuller descriptions of data collector trainings, additional data analysis and interpretation of data that did not prove pivotal, added detail that adds credibility to your findings (e.g., specifics of *how* data was collected)  |
| **Optional**AcknowledgementsTable of ContentsList of Tables, Figures, AppendicesList of Acronyms/Abbreviations | **Optional** Same as at leftPlus:Executive SummaryHighlights |

WORKSHEET C ANSWER KEY

**Background Section Exercise**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **0** | **1** | **2** | **3** | **4** |
| **Provides a clear rationale for work on this objective. Describes the problem or need, community norms, context, and the demographics *relevant* to this objective.** |  |  | **X** |  |  |
| **Indicates the role of the community in assessing needs and selecting/ formulating the objective.** |  | **X** |  |  |  |
| **States whether or not any previous work has been done on this issue in the target area/region.** |  | **X** |  |  |  |
| **Comments:**It’s useful to include adult smoking rate and poverty rate, but does not explicitly tie higher than state rates to the need for this objective. Based on assumption that low income = MUH tenants.Contains some unnecessary detail about economic activities in the region that does not illuminate the scope of the problem and lacks some relevant context for this objective (INFO GAPS), such as # cities in the county and where MUH is located in “sparsely populated county”; racial demographics (especially since mentions immigrant populations); # complexes/ units, % low income, % of population that lives in MUH; and community norms re: tobacco policy. Good that it mentions the Glacier Public Health Advisory Partnership, but it doesn’t go far enough in explaining role of community in assessing/ selecting objective.Does mention that previous work has been done on this topic, but doesn’t provide any details re: What did past work on issue consist of (tactics), results, what still needs to be done. |

**Background Section Example with Comments**

**Objective –**

By June 30, 2017, at least two jurisdictions in Glacier County will adopt and implement a policy that prohibits smoking in 100% of individual units (including patios and balconies), and restricts smoking within multi-unit housing (MUH) complexes to designated smoking areas.

**Background –**

Glacier County Health Agency’s Tobacco Education Program was designed to address the needs of residents of rural communities in Northern California’s Glacier County where high numbers of adults and youth use tobacco products.

Glacier County is a geographically large (3,000 square miles), sparsely populated county of approximately 51,286 residents living at the eastern end of Mountain Valley (U.S. Census Bureau 2015 population estimate). The once thriving timber industry is fading as a source of jobs for local families. Instead, the area’s primary industry has turned to agriculture, with almond and walnut orchards growing throughout the fertile Rushing River valley. Cattle ranches are nestled among the Mountain Vista foothills, and safflower is grown in the more marginal soils to the west. Glacier County’s median household income of $36,443 (U.S. Census Bureau Quick Facts, 2012-2015) is 59% lower than the state average of $61,632.

Much of the population subsists on the bottom rung of California’s growing population of immigrants and the working poor. Approximately 20.6% of the individuals living in Glacier County are below poverty level, (U.S. Census Bureau, 2012-2015) as compared to 14.4% in California. The adult smoking rate for Glacier County is 18.7%, higher than the state rate of 13.2% (C-STATS, 2014).

During the 2010-2013 Scope of Work, the focus was on the adoption of smoke-free policies for common areas or for complexes to adopt a smoke-free policy for 50% of the units. There are currently 12 low income apartment complexes in Glacier County with 10 or more units. The Glacier County Public Health Advisory Partnership concluded that there was a continued need to provide further public education on the dangers of secondhand smoke. Therefore, this continued to be an area of focus for the 2013-2017 Scope of Work.

**Corrected Background Section**

Glacier County Health Agency’s Tobacco Education Program was designed to address the needs of residents of rural communities in Northern California’s Glacier County where high numbers of adults and youth use tobacco products.

Glacier is a geographically large, sparsely populated county of 51,286 residents living at the eastern end of Mountain Valley (U.S. Census Bureau 2015 population estimate). Two incorporated cities, Alpine Meadows and Shady Pines, are home to 51% of the population. The other 49% are scattered across a patchwork of small communities and homesteads that dot the land.

The county’s population is less diverse, less wealthy and less healthy than the state average. The majority (74%) are white, with 17% Hispanic/Latino, 3% Native American, 1% African American, 2% Asian/Pacific Islander and 3% other/multi-racial (U.S. Census Bureau Quick Facts, 2012-2015). Eleven percent speak a language other than English at home. The median household income of $36,443 is 59% lower than the state average of $61,632. Approximately 20.6% of the individuals living in Glacier County are below poverty level, as compared to 14.4% in California (U.S. Census). Lower income populations are three times as likely to smoke and be exposed to secondhand smoke as higher socioeconomic status groups (California Tobacco Control Program 2010). The adult smoking rate for Glacier County is 18.7%, higher than the state rate of 13.2% (C-STATS, 2014).

The once thriving timber industry is fading as a source of jobs for local families. Instead, the area’s primary industry is now agriculture, with almond and walnut orchards growing throughout the fertile Rushing River valley. This has drawn migrant farmworkers from Mexico and Central America who cluster in low income multi-unit housing complexes in Alpine Meadows and Shady Pines as well as on-farm dormitories further away from town centers.

There is a shortage of affordable housing in the region. Although almost 25% of the population lives in rental housing, there are only 283 multi-family complexes in the county, a total of 1,736 units. Overcrowding among farm workers, especially in on-site housing, is prevalent. Drifting secondhand smoke is a particular problem, especially where housing conditions are sub-standard. Asthma and other respiratory-related illness rates are higher than normal among the county’s low income populations, particularly in those who are exposed to pesticides and dust. A smoke-free MUH ordinance could help improve the lives of low income residents by reducing the amount of tobacco smoke they breathe while at home.

To address this problem, Glacier County has been working on smoke-free housing issues since 2010. During the 2010-2013 Scope of Work, the focus was on the adoption of smoke-free policies for common areas or for complexes to adopt a smoke-free policy for 50% of the units with the thought that providing a wider leeway would make it easier to pass a policy. Tenant survey data showed that 71% of respondents favored both smokefree areas and units, but the idea was met with resistance from both city councils who preferred to limit government “interference” in the private sector. Since that time, though, with language for designated smoking areas within complexes included in the new model policy language from ChangeLab Solutions, we have seen other jurisdictions able to get a variety of MUH ordinances passed. Their experience shows that having ***all*** units in a complex be smoke-free makes the ordinance much easier for owners/managers to enforce.

As the Glacier County Public Health Advisory Partnership set policy priorities during the Community Needs assessment, members felt that protecting MUH residents from drifting smoke remained a high area of community need. They thought that additional educational outreach to decisionmakers about the more accommodating model MUH policy language and examples of successful implementation in nearby jurisdictions had a good probability of tipping the balance of favor toward passing MUH ordinances in the two target city councils. For this reason, the Partnership selected this as a primary objective for the 2013-2017 Scope of Work.

WORKSHEET D ANSWER KEY

**Implementation and Results Section Exercise**

**Activity Instructions**

1. Read the section
2. Use the rubric to score the section
3. Identify information that could be moved to the appendix or cut entirely
4. When directed, indicate your score for each measure by raising your hand.

Keeping in mind what we just covered, score the section using the rubric. Note any feedback you would give the report authors in the comments section.

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

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

|  |
| --- |
| **Comments:**1. Description of intervention activities look like a cut and paste from plan that doesn’t provide sufficient detail about *how/when/with whom* each activity was carried out and its intended purpose. However, evaluation activities do have some of this information.
2. Interventions lack any description of what happened as a result and how activity supported/informed next steps. Some evaluation activities report results (media activity doesn’t do this well), but none explain how this data was used to support the objective.
3. Results are not presented efficiently nor effectively. Data visualizations don’t clearly communicate key findings and are used when not necessary (chart 3). Poor labeling makes it difficult to interpret graphs. Much of the data collection training description and results belongs in the appendix. There was no interpretation of the results to explain their import to the effort.
4. Good mention of how observation data were triangulated with other data sources and used to draw conclusions about policy implementation. But not enough demonstration of utility. Without a timeline or any mention, it was hard to see any connection between activities.
5. In the description of the data collector training, indicates that the project understands community realities and made efforts to tailor intervention and materials in a culturally competent manner. But would need to see that reflected in more activities in order to get a perfect score.
6. No mention of how findings were communicated to stakeholders or community.
 |

**Objective –**

By June 30, 2017, at least one public housing authority in Glacier County will adopt and implement a policy that prohibits smoking in individual units (including patios and balconies), and restricts smoking within multi-unit housing (MUH) complexes to designated smoking areas.

**Implementation and Results –**

To accomplish this objective, TEP staff engaged in a variety of activities, as specified in the SOW. For example, TEP staff:

* Contacted 2-4 LLAs that have had success in smoke-free multi-unit housing policy advocacy.
* Contacted statewide organizations such as the Center for Tobacco Policy and Organizing to obtain tools and information that can be utilized during the campaign.
* Annually coordinated 6-8 Tobacco Advisory Board meetings to discuss local policy efforts.
* Met with 5-7 representatives from local Fair Housing, Chamber of Commerce, elected officials and other collaborative partners to educate about tobacco prevention issues.
* Provided a total of 50-100 minutes of technical assistance to members of the public who contact the TEP complaining about drifting smoke.
* Conducted 3-6 presentations to educate 6-9 collaborative partners about secondhand smoke and related issues.
* Assembled and disseminated an educational packet to various housing officials and staff.
* Developed and delivered a 10-15 minute presentation about secondhand smoke issues in multi-unit housing complexes to the appropriate Housing Commission.
* Annually placed 1-2 paid advertisements in local publications.
* Annually appeared on local radio and TV programs do discuss smoke-free policies in multi-unit housing complexes.

Media Activity Record:

Throughout the grant period, a media activity record has been used to document any media generated in the form of articles and editorials/letters published as well as press releases submitted to local news outlets. Tracking media activity allowed for the assessment of environmental/community awareness of and response to this intervention.

July 1, 2010-June 30, 2011

During the first year of the project, discussions were held with the Glacier County coalition regarding which newspapers and media outlets would be the most appropriate for submitting future “Letters to the Editor” and stories regarding public housing becoming smoke-free. Members identified the Venerable Times Standard and Glacier Community News as the most read and most accessible papers in the region for “Letters to the Editor’ submittal and general news stories about smoke-free living spaces. The TEP project director met with the County Public Health Officer and after a fairly lengthy discussion, Dr. Saysalot agreed to be quoted in articles regarding smoke-free living over the next two years. Two "Letters to the Editor" were written. They were signed by Glacier County Tobacco Control Coalition members and were submitted in the fall (October) 2011 to the “Times Standard" and “Community News”.

In order to collect outcome data, there was a training for volunteers to conduct the MUH observations. The project saw this as an opportunity to educate, recruit and mobilize tenants in key neighborhoods around the issue. The SOW calls for 15 volunteers to be trained. Two trainings were held for this activity. The first training, held on September 10, 2014, had only two volunteers attend. Because the timing proved problematic to people who worked during the day, a second training was held in the evening on October 28, 2014. Six more volunteers were trained at that time. Several topics were covered in the training, including: approaching site managers, requesting a copy of the lease language, what to observe, addressing potential questions asked by tenants, and how to secure the data collection forms until delivery to the project evaluator. Before the training, materials were tested with low socioeconomic and non-native English speakers to ensure that the meaning would come across clearly to the tenants of the buildings in target areas.

Also, pursuant to the evaluation SOW, a post-training evaluation was administered to the volunteers to determine how much they learned from the training and how the training could be improved in the future. (See Appendix II for the full post-training evaluation report.) The post-training evaluation form asked:

*We would like to get your feedback on the training you had today regarding the MUH observation for the Tobacco Education Program. We would like you to answer the following questions. There are no “right” or “wrong” answers. We just want your true feelings in order to improve the trainings for the future.*

All eight of the persons trained completed the post-training evaluation form. (The evaluation form was provided in both Spanish and English.) The results are shown below.

1. Did you learn enough about the reason for this observation?

|  |  |  |
| --- | --- | --- |
|  | **N** | **%** |
| Yes | 7 | 87.5 |
| No | 1 | 12.5 |

2. Did you learn enough about how to approach subjects?

|  |  |  |
| --- | --- | --- |
|  | **N** | **%** |
| Yes | 7 | 87.5 |
| No | 1 | 12.5 |

3. Did you learn enough about answering any questions by subjects?

|  |  |  |
| --- | --- | --- |
|  | **N** | **%** |
| Yes | 6 | 75.0 |
| No | 2 | 25.0 |

Finally, there were three open-ended questions: What did you like best about the training? What questions do you still have? How could this training be improved. Among the responses were the following. (Note: the Spanish language responses have been translated into English.)

* *I learned a lot of new things. About how there is a program to fight against smoking.*
* *Learning about how to do a survey.*
* *I liked the opportunity to get a gift card for Target. I need it.*
* *The role playing was hard at first.*
* *It was kind of embarrassing.*
* *I think we should have more role playing. It is important because we have to talk to the public.*

Outcome data

In order to determine whether or not the Glacier County Public Housing Authority successfully implemented and adopted a policy whereby all affordable multi-unit housing facilities operated under its authority will prohibit smoking in a minimum of 75% of contiguous individual units, including balconies and patios, TEP used a non-experimental evaluation design. Following policy adoption, a purposive sample of 3 public housing multi-unit housing facilities (25-30% of total) were randomly sampled, based on recommendations of the Glacier County Healthier Living Partnership. Those sampled were observed using an on-site observational survey to assess compliance with policy (including observance of signage and smoking) and the lease language was reviewed for wording about smoke-free units. Results were analyzed using simple frequencies combined with narratives grouped by common themes. Observation data combined with results from key informant interviews and lease reviews were used to draw conclusions about how well the policy adoption was received, implemented and carried forward.

A review of the leases used by the Happy Valley Public Housing complex confirmed that the smoke-free language has been integrated into the wording of the lease. The lease language included inside individual units as part of the “prohibited area.” According to the lease language “the smoke-free areas” addendum is effective immediately for newly signed leases.

The observation survey form was adapted utilizing the expertise of the TCEC and its data collection tools (Attachment 7). The survey consisted of five areas; the first was “Demographic Data” included date, time of day, weather conditions, MUH name and address; the second section collected data on what areas were observed (such as parking lots, pool areas, patios/balconies, etc.).; the third section documented whether smoking was observed and if so, where it was taking place; the fourth section measured the presence and location of no smoking signage; and the last section measured the presence of additional evidence of smoking (such as tobacco litter, ashtrays and the smell of tobacco smoke).



A total of 10 observations were completed over five days in March 2013 at three different sites chosen for variety in types of housing such as more senior oriented and family. The weather conditions were consistently overcast throughout the observation period. A wide variety of areas were observed at each housing site (Chart 2).

Complex walkways, parking lots, grassy areas, courtyards, and designated smoking areas were observed during all 10 observations. Playgrounds were observed during six of the observations (listed under “other common areas”). Pool areas were not observed because the chosen sites did not have swimming pools. Laundry areas were observed if they were accessible without a key. All observed sites had designated smoking areas.

All surveys recorded the observance of “no smoking” signage. Twenty-two signs in total were observed in all (sites ranged from 1 to 3). Signage was observed in the following locations: walkways, near main office, near parking lot, near playgrounds. The presence of tobacco litter was noted during 50% of observations. Thirty percent of surveys noted the presence of ashtrays - all of which were in designated smoking areas. Only 10% of recorders noted the smell of tobacco smoke.

Three surveys indicate that smoking was observed. All observed smoking took place in a designated smoking area (Chart 3).

