

# EVALUATION ROLES

There are multiple people involved in various steps throughout the evaluation process. Each of these roles provides a unique perspective of the evaluation activities, which when combined provides a deeper understanding of how to use evaluation in tobacco control strategies.

## EXTERNAL EVALUATOR (EE)

- Someone **outside** of the agency who fulfills the requirements of the **Local Program Evaluator (LPE) Directory**.
- Provides an outside, unbiased, and objective point-of-view; therefore, the EE must be completely separate from the health department or agency that performs tobacco control interventions.
- Responsible for designing the evaluation plan and providing consultation on the entire scope of work; developing data collection instruments, protocols, and methodology; analyzing data; and preparing evaluation reports.
- For Local Lead Agencies, the EE must be budgeted at a minimum 10% FTE, which is providing 208 hours per year on evaluation.

## INTERNAL EVALUATION PROJECT MANAGER (EPM)

- Someone **within** the agency who fulfills the requirements of the **LPE Directory**.
- Responsibilities of the EPM include approving data collection instruments, data collector training, methodology, analysis, and reporting.
- The EPM ensures that evaluation is used to inform intervention activities and coordinates with team members to ensure that evaluation activities are proceeding according to the evaluation plan timeline.
- Local Lead Agencies are required to have an EPM budgeted at a minimum 10%FTE, which is providing 208 hours per year on oversight of evaluation.

## INTERNAL EVALUATOR (IE)

- Someone within the agency who fulfills the requirements of the **LPE**. Epidemiologists, health educators, or other agency staff that perform evaluation activities typically fill this role.
- IE may generate more complex analyses such as regression, multilevel modeling, Bayesian methods, multivariate analyses, or others.
- Additional activities may include data visualization, GIS mapping, or comparing evaluation data with demographic or chronic disease data.

## PROJECT DIRECTOR (PD)

- Responsible for the day-to-day functions of the whole program, managing all things related to implementing and evaluating the program's tobacco control plan, and submitting progress reports.
- For Local Lead Agencies, the PD must spend 100% of their time on tobacco control and be listed as the Primary Tobacco Contact.
- The PD may also serve as the EPM if they are current on the **LPE directory**.

## OTHER PROJECT STAFF AND INTERNAL STAKEHOLDERS

- Health educators are often involved in outreach, trainings, and materials development that are inherently linked to and informed by evaluation results, as well as in collecting data, e.g., for an observation survey.
- Administrative specialists help with scheduling, correspondence, and other aspects of planning and performing evaluation tasks.
- Program staff should also regularly use evaluation results to inform intervention and education strategies and use evaluative thinking to improve their work overall. The ultimate goal is to have many, if not all, staff able to do, consume, and use evaluation.

## ADVISORY GROUP AND EXTERNAL STAKEHOLDERS

e.g. coalition or other community members

- An advisory group with people from target populations and partner organizations can help throughout various steps of the evaluation process so that the terminology, examples, visuals, and resources are appropriate for and tailored to the population of interest.
- An advisory group can help identify the most appropriate way to collect data within a particular population, provide input on the evaluation plan, provide input into the design of data collection instruments and training materials, take part in data collection, engage in participatory data analysis, and ensure that results are shared with the community from whom data are collected.
- Advisory groups are an effective and widely used method to promote diversity inclusion and culturally competent evaluation