LOCAL PROGRAM EVALUATION

planning guide

ACKNOWLEDGMENTS

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LOCAL PROGRAM EVALUATION PLANNING GUIDE OVERVIEW

What is the Local Program Evaluation Planning Guide?

The time has come to build your dream tobacco control program and you've got your ideas.

After preliminary assessments using the Communities of Excellence indicators, you start

blueprinting your scope of work for the next three years. You know what areas you will work on.

You know what activities you will deliver. You know what ads you will run. You know how many

posters you will print. You even know which council members or county supervisors you should

visit. Yes, no matter if you are a journeyman or an apprentice in this health promotion

construction firm, you've got ideas on what you want to accomplish, the difference you want to

make in your community, and how you will achieve your dream tobacco control program. The

next thing you have to do is prepare your evaluation plan.

What…an evaluation plan?

Okay, we know what you're thinking. The last time you heard about how to write an evaluation

plan, the people describing it sounded like they might have been citizens of Mars. Maybe for tax

purposes, they've even required you to use at least 10% of your program budget for evaluation.

With all those odd and seemingly unnecessary requirements, evaluation seems like your worst

nightmare. And then it gets even worse. Looking at the evaluation plan, you read, "experimental design, quasi-experimental design, non-experimental design," and wonder, are they just trying to confuse me?

Actually, no, that is not our intent. We have emphasized evaluation in this relatively formal way because evaluation is key to reaching your program goal, smoothing your program activities, and providing direction for future program plans. The process of developing a good evaluation plan can significantly improve the economy of your program budget, stimulate your creativity, help you avoid unnecessary workloads, bring you national and/or international fame, and most importantly, improve your outcome. The sheer beauty and spiritual purity of an appropriate evaluation is a topic for another book. Our goal here is simply to help each other improve the quality of our tobacco control efforts.

TCS requirements state that each Tobacco Control Local Lead Agency (LLA) must designate at least three objectives in the 2001-2004 scope of work as primary. Two of the three primary objectives must be selected from the 13 core indicators specified in "Communities of Excellence in Tobacco Control: A Community Planning Guide" (CX). We have prepared this evaluation-planning guide to help LLAs address these requirements. We believe that this guide will also be useful to other agencies planning tobacco control interventions and evaluations.

The guide provides sample evaluation plans for a limited number of objectives. At least one sample objective, along with a corresponding sample evaluation plan, is provided for each of the

13 core indicators in the CX. The purpose of this guide is to make designing your program intervention evaluations less stressful by providing you with some examples.

In this guide we have provided both a "model" as well as a list of "alternates" for the study design. You can choose to do the model study design or one of the alternates. If you are working on a primary objective, a model study design is recommended, but is not required. Why so many alternates? We know that there are staff time and budgetary limitations, differences in environments, and other conditions that make it impossible to implement a perfect or an even near-perfect alternate for every one of your program objectives. From this list you can choose the alternate that best serves your needs.

In a sense, this manual is a kind of "evaluation users guide" because of its clear-cut and step-by-step instructions. However, these sample evaluation plans cannot be simply copied and pasted into your scope of work. They must be adapted to your local situation. Our goal in preparing this manual was simply to provide a "way" or style" for evaluating local tobacco control program interventions.

We hope this manual helps you build the foundation that will support your evaluation plan. And we hope your evaluation plan takes you to the top of the tobacco control skyline.

Case Study: An in-depth and extensive study of several hand picked *subjects* in a population, in order to get an idea of the behaviors of the entire population. Subjects are followed from the beginning to the end of the study and an evaluator records every activity and change relating to the program by writing an in-depth review. Subjects may be entire communities, selected businesses, or events. A case study answers the question of "what happens" with a considerable effort of scrutiny because it only gives you results on a very small percentage of the population at hand. By its very nature, a case study uses a qualitative methodology, but can contain quantitative information as well.

Census: A sampling method that recruits all eligible units in a population, (individuals, bars, stores, school, etc.) rather than a selected *sample*, for measurement and analysis. It is typically used when only a limited number of *subjects* are under investigation. For example, if there are only 25 bars in a small rural county and you were using a census sample to do compliance checks, all 25 bars would be included in the sample.

Comparison Over Time: Measures the same group of *subjects* at different points in time using the same measurement tool. The most basic type of comparison over time is using a *pre-test and post-test measurement.* Comparison over three or more time points (e.g., *pre-test,* 6 month

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interim test, and *post-test*) may provide more information than a pre-test and post-test, because an unforeseen event or trend that affects the result of the program may be detected at an intermediate point in time.

Comparison With Other Group(s): Measures different groups at the same time using the same measurement tool. A *post-test* only comparison of randomized *intervention* and *control groups* is the most basic type of this measurement. In a *quasi-experimental design*, where multiple intervention groups and/or multiple control groups are often involved, multiple comparison techniques or a regression model should be used. It is common for a comparison with other group(s) and *comparison over time* to take place simultaneously. For example, a *pre-test* and a post-test could be done with an intervention and a control group. In this situation, the difference between pre-test and post-test should be controlled in order to examine the actual difference between groups.

Control Group: The group that does not receive an intervention or receives an intervention that is not related to the program objective. A strictly defined control group (or "true" control group) should be formed by *random assignment.* Control groups are often referred to as *equivalent groups.* However, in practice, it is also common to name a *non-equivalent group*, which is not formed by random assignment, as a *control group.*

Convenience Sample: Uses individuals that are readily available instead of individuals randomly selected from the entire population. It is a practical approach used to obtain research participants when you have limited resources and little time. However, with a convenience

sample, you give up control over the selection probabilities of the units in your sample, which will result in a biased measurement.

Cross-Sectional Measurement: A one-time only measurement with no follow-up attempts. For example, a public opinion poll is a typical cross-sectional measurement. It is often used in a *non-experimental design* or at the needs assessment stage of a *formative evaluation* when no follow-up measurement is planned.

Dependent Variable: In causal statistical analyses, a variable whose change is being explained or predicted based on the variations in some other variable or set of variables (i.e. the *independent variables*). In most evaluations your outcome variables will be the dependent variables in your statistical analyses.

Example:

- Hypothesis: Student compliance with tobacco-free policies on school grounds will be increased as a function of the amount of educational materials distributed to students, teachers and administrators at the school as well as the amount of signage.

- Dependent variable (DV): Compliance with tobacco-free policies (as measured by student self-reports or teacher perceptions).

- Independent variable (IV): Amount of educational materials distributed and the amount of signage.

It is important to monitor both the IV and DV, because sometimes lack of change in the DV is not due to a faulty hypothesis regarding cause and effect, but rather is due to failure to manipulate the IV (for example, educational materials were never distributed to students).

Equivalent groups: Groups that have the same characteristics (size, demographics, etc.). Using *intervention* and *control group*s that are equivalent is a basic feature of an experimental design. *Random assignment* is the standard approach to form equivalent groups.

Evaluation or Study Design: The procedure and structure that rationalizes research. Even for projects that are not research-oriented, appropriate study designs are a desired tool to ensure the quality and reliability of the individual project and comparability among multiple projects. There are three main types of evaluation designs: *experimental*, *quasi-experimental*, and *non-experimental.*

Experimental Design: The most powerful and effective *study design* involving at least one *control group* and at least one *intervention group*, as well as *random assignment* of participants to these groups in the study. It is the best approach to draw any causal conclusion.

Focus Group: One of the most useful data collection methods for *formative research (evaluation)*. A small group of people (8-10) is gathered to provide opinions and suggestions on

a specific topic relating to either past or future program efforts. A skillful facilitator with a clear understanding of the topic is the key to conduct a successful focus group. Ensuring that informed and thoughtful participants with a varied of background are included can also improve the quality of a focus group session.

Formative Research (Evaluation): Evaluation activities that are conducted prior to, at the start of, and during the program, in order to find out the needs, feasibility, and potential quality of the program. Formative evaluation provides evidence (data) that can help program staff plan the intervention activities and *evaluation design*, and/or suggest necessary modifications to the on-going program, which may ensure the efficiency of the intervention. Needs assessments, *pilot testing*, *focus groups* and/or interviews with program staffs and participants, are some common forms of formative research. Formative research is also referred to as *process* research.

Independent Variable: Also named explanatory variable. In the analysis, this is the variable that is used to predict or explain the change in another variable (i.e. the *dependent variable*). In a given statistical analysis, the independent variables are those for which no questions are being asked about what causes their variation.

Intact Group: The same group of *subjects* that are measured both in a *pre-test* and a *post-test*. Using intact groups is ideal for *experimental* and *quasi-experimental designs* because of its control over the participants.

Intervention group: The group that receives or is impacted by an intervention in an *evaluation design*. Also known as the treatment or experimental group.

Longitudinal Measurement: Measures the same group(s) at least two different points in time using the same protocol. Following the same group over time controls for demographic changes and other factors that may conflict or substitute for intervention effects. Measurements can be done before, during, and after the intervention. It is also the case in a longitudinal measurement that several *pre-tests* or several *post-tests* can be conducted in order to determine if the baseline data or final data are accurate.

Non-equivalent Groups: A common feature of a *quasi-experimental design*. *Intervention group*(s) and *control group*(s) have similar characteristics (size, demographics, etc.), but unlike *equivalent groups*, they are not formed by *random assignment.* Using non-equivalent groups is an easy and practical way to conduct an *evaluation design*. However, rigid control is sacrificed and you cannot ensure that the groups are highly comparable on all of the relevant variables (expected and unexpected) that may affect the study's outcomes of interest.

Non-Experimental Design: A *study design* without a *control group* or multiple measures. It is useful in many situations when an experimental design is not applicable or the budget is not sufficient. No causal connections between intervention and outcome can be derived from this type of design.

Outcome Evaluation: An evaluation procedure that assesses the extent to whether an intervention affects participants and indicates changes in knowledge, beliefs, attitudes, awareness or behavior that you expect to occur as a result of your intervention.

Pilot Test: A test or trial of the evaluation tools or activities before they are formally adopted or implemented. Pilot testing of the instruments occurs during the early stages of the evaluation. Necessary modifications are made based on the pilot test results.

Pre-Test and Post-Test Measurement: Measures the same group both before and after the intervention using the same protocol. Comparisons are made using two results, analyzing the difference between pre- and post-test.

Process Evaluation: An evaluation procedure that monitors the developments during implementation of the intervention and helps to identify changes needed to improve service delivery.

Purposive Sample: A type of sampling procedure in which units are selected deliberately rather than based on a random probability process. For example, units (individuals, bars, stores, schools, etc.) might be selected purposively because they are believed to be able to provide the most information about the population based on knowledge, experience, or subjective judgment. In some purposive *samples*, the most extreme cases in a population are deliberately selected (e.g., the most successful and the least successful program sites) because they may yield the most insight on how programs can be improved.   Purposive sampling is an alternate to *random*

sampling and requires less cost and workload. It is recommended that one should be very

knowledgeable about the population before a purposive sample is used. For example, if you are

confident that Community A has demographic characteristics, cultural environment, smoking

prevalence, and other factors that are very similar to other communities within the county,

consider using this community as your sample for data collection. The data will be representative

of the entire population of the county. A *convenience sample* is another type of a non-probability

(non-random) sample, although it is not recommended because it does not produce results that

are generalizable to units outside of the sample.

Quasi-Experimental Design: The most useful and realistic design representing a compromise

between the ideal (experimental design) and the non-ideal (*non-experimental design*). *Subjects*

are assigned to either an *intervention* or a *control group.* The control group (with a non *random*

assignment) or multiple measures (*comparison over time* and *comparison with other groups*) are

used in this design to measure the effect of the intervention.

Random Assignment: The process that ensures that every *subject* in the *sample* has the same

chance of being assigned to any of the groups in the study. It defines an experimental design.

Random Cluster Sampling: A pragmatic alternative to *simple random selection.* A number of

clusters (e.g., communities, schools, street blocks) are randomly selected, and then a number of

units (individuals, households, bars, stores, schools, communities, etc.) within each cluster are

selected, either randomly or non-randomly. In some cases, it is difficult to get a list of all

possible individuals in the population for a *simple random selection.* In other cases, a simple

random selection may require endless travel because those selected units are scattered all over the county. So you can randomly select a number of clusters instead. For example, say you want to get a *sample* of 300 households with children under six years old. You probably do not have a list with all households with children under six in the county. At the same time, you don't want to use a *convenience sample* method to recruit 300 households in your neighborhood because you cannot ensure the representativeness of the county population. However, it is easy to get a list of all communities in the county. You can then select 30 communities (clusters) from the list following the rule of *random selection*. Then, all you need to do is to identify ten households with children under six in each community to get your sample ($30 \times 10 = 300$ households). It is recommended that at least 30 clusters should be used to ensure a representative sample.

Random Selection: Is a totally different concept than *random assignment*. It is the process that ensures that all potential units have the same probability to be selected (sampled) from a larger population.

Sample: A subset of units (individuals, households, bars, stores, schools, communities, etc.) selected from the total population.

Simple Random Or Simple Random Selection (SRS): A basic type of *random selection*. To get a simple random selection, one should have a list of all possible units (individuals, households, bars, stores, schools, communities, etc.) in the population, and select some using random selection, that is, all of them on the list have the same probability to be selected. In

addition, in simple *random sampling*, the selection probability of any unit in the population is not linked to the selection probability of any other unit, which differentiates SRS from other random sampling procedures such as systematic sampling, cluster sampling, or stratified sampling.

Subject: A unit (individuals, households, bars, stores, schools, communities, etc.) that is being studied in a scientific investigation.

TAC: An acronym for Technical Assistant Consultant. TACs are a group of individuals who have extensive knowledge in the areas of evaluation and tobacco control. TACs are contracted by the Tobacco Control Section (TCS) to provide technical assistance on program evaluation related tasks for Local Lead Agencies (LLAs).

Priority Area	Core Indicator	Example Objective(s) Presented in the Guide
Counter pro-tobacco influence	1. Extent of in-store tobacco advertising and promotions OR the proportion of communities with policies that control the extent of in-store tobacco advertising and promotions	• By May 30, 2004, the mean number of in-store tobacco signs in tobacco retail stores in Sundae City will decrease from 10.6 items per store to no more than 5 items per store. • By May 30, 2004, 60% of chain and independent pharmacies in Sundae City will adopt and implement a policy eliminating all in-store tobacco advertising and promotions.
	2. Extent of tobacco advertising outside retail stores OR the proportion of communities with policies that control the extent of tobacco advertising outside retail stores	• By June 30, 2003, Cheesecake City will adopt and enforce a policy to prohibit tobacco storefront signage within 1000 feet of schools. • By June 30, 2003, in the city of Cookie tobacco storefront signage will decrease from 10.7 items to 2.1 items.
	3. The extent of tobacco sponsorship at public	• By June 30, 2003, the Brownie minor league

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Priority Area	Core Indicator	Example Objective(s) Presented in the Guide
	(e.g., county fair) and private events (e.g., concert, bars) or the proportion of entertainment and sporting venues with policies that regulate tobacco sponsorship	baseball team will adopt and enforce a policy prohibiting tobacco sponsorship and advertising at all games and training sessions.
	18. Proportion of schools that provide intensive tobacco use prevention instruction in junior high/middle school years with reinforcement in high school using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills (CDC Guidelines).	• By May 30, 2004, the proportion of junior high and middle schools in Cake County who report utilizing a tobacco prevention curriculum identified by the CDC as effective, will increase from 45% to 80%. • By May 30, 2004, the prevalence of psychosocial tobacco use instruction reported by 6th-12th grade teachers in Cake County will increase from 60% reporting they provided such instruction in the 1998/99 school year to 90% reporting they provided such instruction in the 2002/03 school year.
Reduce exposure to secondhand smoke	28. Extent of enforcement/compliance of enforcement of state/local smoke-free bar & gaming law(s)	• By May 31, 2004, the proportion of bars in compliance with Labor Code 6404.5 will increase from 70% to an 85% maintenance compliance rate in the cities of Sundae, Brownie and Cookie, as determined by annual observational surveys.

Priority Area	Core Indicator	Example Objective(s) Presented in the Guide
		• By May 31, 2004, complaints about non-compliance with Labor Code 6404.5 in bars to Cake County health department will decrease from 250 incidences per quarter to 120 incidences per quarter. • By May 31, 2004, bar patrons' self-report non-compliance rate in Cake County will decrease from 20% to 10% as measured by a bar patron survey.
	29. Extent of compliance with the state law that prohibits the use of tobacco use by all students, school staff, parents, and visitors in public school district-owned or leased buildings, on district rounds, or in district vehicles	• By June 30, 2003, the proportion of junior high and middle school students within Cheesecake School District who smoked cigarettes on school property within the past 30 days will decrease from 40% to 15% as determined by the California Healthy Kids Survey conducted by the school district. • By June 30, 2003, teachers' perceptions that "most or all" students do not break the tobacco-free policies at Flan High School will increase from 12% to 35%.
	30. Proportion of homes with a smoker in the household who report their home is smoke-free	• By May 30, 2004, among Sundae County WIC clients identified as having a smoker in the home, 75% will report

Priority Area	Core Indicator	Example Objective(s) Presented in the Guide
		that smoking is not permitted inside the home as a result of a secondhand smoke educational campaign conducted through WIC clinics and in the community. • By March 31, 2003, 85% of households that have at least one smoker will report that smoking is not permitted inside the home, as measured by surveying adults at a local fair in Cake County.
	40. Extent of outdoor recreational facilities, e.g., fairgrounds, amusement parks, playgrounds, sport stadiums, etc., that have policies designating a proportion or all the outdoor areas as smoke-free.	• By May 31, 2004, Cake County will adopt and implement a smoking policy that designates smoking areas away from waiting lines, food, games and ride areas. • By May 31, 2004, 3 to 5 community events conducted in Cake County will adopt and implement smoke free event policies. • By May 31, 2004, the Cake County Fairboard will adopt and implement a written policy creating smoke-free zones in the grand stand bleachers, picnic areas, and children's amusement areas, during all fairs and other special events held at the fairgrounds.

Priority Area	Core Indicator	Example Objective(s) Presented in the Guide
		• By May 31, 2004, one to two parks in Cake County will adopt and implement smoke-free or tobacco-free public playground policies.
Reduce the availability of tobacco products	44. Extent of compliance with state laws prohibiting the sale of tobacco sales to minors and requiring ID checking	• By June 30, 2004, among the 385 tobacco retail establishments in Cake City, sales of tobacco to minors will decrease from 19% (1999) rate to 5% as determined by an annual youth tobacco purchase survey. • By June 30, 2003, the proportion of high school youth reporting that it "is easy to purchase tobacco" will decrease to 50% or less as determined by regional data results from the Youth Tobacco Survey.
	46. Proportion of communities with tobacco retail licensing	• By April 30, 2004, 5-6 cities in Cake County will adopt and implement tobacco retail licensing requirements.
	52. Proportion of communities that control self-service sales of tobacco	• By June 30, 2003, at least one community in Cake County will adopt and implement a vendor-assisted tobacco purchase policy.
Promote tobacco cessation services	59. Extent of the availability and use of culturally and linguistically appropriate behavior	• By March 31, 2003, a cessation program established in Sundae City will serve a number of Spanish speaking

Priority Area	Core Indicator	Example Objective(s) Presented in the Guide
	modification-based tobacco cessation services in the community.	smokers in the city and there will be a quit rate of at least 30% as measured at least one year after the intervention. • By March 31, 2003, the number of smokers using the Korean language Helpline will increase from less than 10 to more than 50 in Sundae City.
	60. Extent of public school districts that provide cessation support for students and all staff who use tobacco	• By June 30, 2004, there will be an increase from 50% to 75% in the proportion of schools that provide smoking cessation programs for faculty, staff and students.

**STEPS TO BUILDING
YOUR EVALUATION
PLANNING GUIDE**

TIPS AND EXAMPLES

Tips and Examples on How to use the Evaluation Planning Guide

The following information addresses each section of the Evaluation Planning Guide in detail.

This should help you in completing your Evaluation Plan as well as your Evaluation Summary.

Indicator

In the guide, we have included each of the 13 core Communities of Excellence indicators. The

manual is divided based upon these core indicators as well as the sample objectives that apply

to each indicator.

Objective

Each core indicator has at least one sample objective as well as a corresponding sample

evaluation plan.

Sample Activities

Listed in this section are sample activities that may assist in achieving the objective. Please

keep in mind that the activities listed here are only samples and are not the way that the

activities should be displayed in the scope of work.

What specific outcome is being measured?

This question often refers to what kind of quantitative data you are collecting (the number of tobacco ads, the number of smokers, the number of smoke free homes, etc.). It is crucial that the outcome measurements be consistent with the program goal.

TIPS AND EXAMPLES

- If your objective states that you are trying to decrease the number of tobacco ads inside grocery stores in your community and you plan to measure the knowledge and attitude of storeowners regarding tobacco signage, then what is the specific outcome that is being measured? Is it that you are measuring storeowner knowledge and attitudes regarding tobacco signage, or is it that you are measuring the number of tobacco ads? Although it is helpful to have storeowner knowledge and attitudes, this is not your outcome. Storeowner attitudes may be an intervening variable, but not the outcome variable directly related to your objective. In this case, the specific outcome that is being measured is the number of tobacco signs.
- If you are working on adopting a policy, you do not have any quantitative data, and therefore, the specific outcome that is being measured is whether or not the policy was passed.

What type of study design should you use?

Experimental design, quasi-experimental design, and non-experimental design, are names that carry more value than just the melodious effect they have when recited aloud. However, their contribution to your program is definitely something beyond their terminological beauty. As

always, you are encouraged to do a creative evaluation design if you are familiar with the concepts behind the different types of study design.

TIPS AND EXAMPLES

- **Experimental** designs require that there is either a control group or multiple waves of measures AND that there is random assignment to the intervention and control groups.
  - o If you want to see the effectiveness of your intervention on the enforcement of the STAKE Act, and you are using the Youth Purchase Survey, choose six demographically similar communities and then randomly assign them to one of two groups (intervention or control.) Three communities will be randomly assigned to the intervention group (and will receive an extensive intervention), and three will be randomly assigned to the control group (and will not receive any intervention). This is a typical experimental design.
- **Quasi-Experimental** designs require that there is either a control group or multiple waves of measures, but DOES NOT require random assignment. This is often done when your assignments have to be made based upon convenience or availability.   If you have difficulties doing a random assignment, you can try your best to match the intervention group and control group by demographic characteristics.
  - o If you have six communities in your county that are completely different in terms of population size, you should not randomly assign them to an intervention or control group, because they are not equivalent groups. After doing some research, you noticed that two of six communities are urban regions with a large population. Another two communities are suburban with a mid-size population, and the two remaining communities are rural. You select one urban region, one mid-size

suburban region, and one rural region to comprise the intervention group. The other three regions are assigned to the control group. Although this is not a random assignment, it is still a good choice because your intervention and control groups are now similar and somewhat comparable. This is a typical quasi-experimental design.

- **Non-experimental** designs have the least capability to reflect or demonstrate the success of a program. More precisely, they provide fewer controls for extraneous variables that could distort your attribution of effects (i.e., have lower internal validity). This is the case because neither control groups, nor multiple waves of measures are used.

- **Intact groups** are rooted from the same idea of using intervention groups and control groups, that is, to make your results more comparable. Using intact groups (measuring the same group of subjects both prior to and after the intervention) is a very important feature in an evaluation design and is strongly recommended. Why? Because you are removing the effects of certain extraneous variables that are introduced when different subjects are measured at different times.

- **Measurements** are also crucial to your evaluation design. Pre- and post-tests are commonly used in order to ensure reliable results, and we also recommend using multiple waves of measures for certain conditions, such as when your intervention is time sensitive. For example, smoking cessation programs can yield a quit rate as high as 40-50% at the end of an intervention, but only a 25% quit rate when measured one year following the intervention. Measurements themselves can also be very sensitive. For example, the compliance rate of a smoke-free bar law may be susceptible to numerous

factors. If a police officer visits a bar several times within one week because of a high number of bar fights, compliance with the smoke free bar law may increase dramatically, due to the presence of the police officer. Multiple measurements can improve the quality of your evaluation by increasing the analysis power. If you have the time and money, you should do multiple waves of measures (or longitudinal measures) prior to, during, and after the intervention. Thus, you can see at what point the change in the compliance rate occurred, and then decide if the intervention has contributed to this change. Longitudinal measures are especially useful when you have only one intervention group and no control group.

What instruments should be used to collect the data?

After operating for more than one decade, the tobacco control program in California has produced a storehouse of educational materials as well as a significant impact on tobacco use and the incidence of tobacco related disease in California. One of the many fruits of the program is a stack of questionnaires used to evaluate the different elements of the program. There are numerous instruments that are readily available for your evaluation purposes, some of which are appended at the end of this manual. See Appendix A. These instruments have been tested and evaluated as appropriate measurement tools, and it is highly recommended that you take advantage of them. Utilizing these instruments allows you to compare your results with statewide and/or countywide data.

TIPS AND EXAMPLES

- You can always make some modifications to previously developed instruments. For example, you can cut one or two questions to make a questionnaire shorter. However, if

the question is as important to your evaluation plan as your finger is to your hand, please don't cut it.

- If the instruments you want to use are nowhere to be found, and you have to create one yourself, you are faced with a very difficult job. If you are not a survey design specialist, please do not hesitate to find one, as people devote their entire careers to developing the proper wording, placement, and content of survey questions. Remember, a poorly developed questionnaire will waste a large portion of your budget and maybe even three years of your career, and you don't want that to happen. Pilot testing for reliability and validity should be done before any instrument is formally used. We suggest talking to your Technical Assistant Consultant (TAC) or any member of the Data Analysis and Evaluation Unit Research Team for help if you decide to develop your own survey instrument.

How should the data be collected?

There are some common methods for collecting data that include: surveys (telephone, mail, written), face-to- face interviews, and by observation.

TIPS AND EXAMPLES

- Computerized programs are often utilized to conduct telephone interviews. However, a computer assisted telephone interview is often costly, especially when you are trying to get a randomly selected sample.

- Mail-out surveys are inexpensive, but have very low response rates (from 10% to 30%), and because there is no instruction from an interviewer or instructor as with telephone and face-to-face surveys, the quality is uninsured.

- Using a written questionnaire is the most economic way to conduct a survey when your sample size is not too big, especially if it is self-administrated. All you need are some paper and pens, and you can even recycle them!

- In many cases, an observational check is appropriate. Travel will be a potential cost and extensive training for observers may be needed.

Where should the data be collected?

Data should be collected at a location that matches your objective. Obviously, if you are measuring compliance rates with the smoke free bar law, data should be collected at the bar.

When should the data be collected?

Although we did not provide a detailed timeline for each objective, we encourage you to plan ahead for your data collection schedule.

TIPS AND EXAMPLES

- Keep in mind that there are some real world situations that will affect when you should collect your data such as: 1) the number of people at stores and/or bars will be different during peak times, weekends, or holiday seasons, 2) you may not be able to survey a large number of people at outdoor events or fairs during the winter, and 3) some stand-alone bars may be dangerous after 11pm.

- If you have already assessed the Communities of Excellence indicators, you can use this data as your pre-test measurement as long as you used appropriate instruments and sufficient sample sizes. Also, make sure that you were happy with the results from your

assessments. If you use these results for your baseline data, keep in mind that you will have to compare them to future data.

- When using a post-test, you need to carefully consider when it should be administered, as it often takes time for the intervention to have an effect. For example, if you measure how many people have adopted a voluntary smoke-free home policy 10 minutes after they have attended a persuasion seminar, you may see no results of a behavior change. Your target audience may need time to digest your words, discuss the policy with their families, and investigate how this would affect their lives, before they adopt the policy.

- Data collected at the intervention and control sites should be made at nearly the same time, if not simultaneously.

How should the sample be selected?

- As an example as to how you should select a sample, let's say we are going to use the Youth Purchase Survey in order to determine STAKE Act compliance. After you have assigned six regions to either an intervention or control group, you notice there are thousands of stores selling tobacco products within each region. Several options are available to select the stores for your sample:

  o First, you can randomly select a specified number of stores in the intervention regions and the same number of stores in the control regions. As stated above, random selection implies that every store in the intervention region and control region have an equal opportunity to be selected to receive a compliance check. Using a random selection will yield an ideal sample.

- If your county territory is very large and you are a lone ranger without any available local coordinator, and flying back and forth is not an option due to limited budget, you may consider other possibilities. The second option is to randomly select several communities in the intervention regions and the same number of communities in the control regions. Then, compliance checks are conducted in the stores in these selected communities.

- Option number 3 can be chosen when there are few resources available. If you are tremendously busy or on an extremely tight budget, you may decide to randomly select a number of stores in City A in the intervention group and the same number of stores in City B in the control group. The compliance checks are conducted in these randomly selected stores.

- This next option is inferior to the other options. As opposed to randomly selecting stores in each region, community or city, you handpick stores from the intervention region, and the same number of stores from the control region.

Keep in mind you should always try to get a random sample first, and use a convenience sample only if randomization is indeed impractical.

How many should be in the sample?

Addressing the issue of sample sizes is extremely important because even if you have a great program and a high quality study design, too small of a sample size makes your evaluation meaningless.

TIPS AND EXAMPLES

- In deciding how many should be in the sample, you need to consider: the size of your population (number of adults, number of smokers, number of stores, number of bars, etc.), the margin of error you will allow, the power you want to get from the test, and the perceived proportion of positive answers. If these terms throw you – we strongly suggest that you consult with your Technical Assistance Consultant (TAC) or a statistician because the issue of sample size is a statistical problem and there is no simple rule of thumb you can apply.

What type of analyses should be done?

We provided statistical analysis plans corresponding to each study design in this manual. You will notice for each study design, several types of analyses are applicable.

TIPS AND EXAMPLES

- Keep in mind that your evaluation plan may contain modifications to our sample design. We recommend that you consult with your TAC or a statistician on what analyses you should perform and how to perform them. You will also find that an entry-level textbook in statistics (see References) is a very useful reference for some simple analyses.

How should the results be disseminated?

Dissemination of results is the best part. This is where it all happens, where people get to learn of all your great accomplishments and outstanding results. Here are some factors that may help you decide where to disseminate your results:

- If you use a scientifically sound evaluation design for your program, we suggested you write-up an article and/or abstract and submit it to a peer-review journal. A formal

statistical analysis must be presented in your article. This is the highest level of recognition of your program and many others around the world can learn from your experiences.

- You can also present your results in a tobacco-related or other health-related conference or meeting. For example, the American Public Health Association (APHA) annual meeting (the biggest event for public health professionals around the United States), national tobacco control conferences, Project Directors' Meetings, Secondhand Smoke Conferences, and so forth, have both presentation and poster sessions, and would be an excellent place to present your results.

- If you want to share your experience with statewide colleagues, you can post an abstract on PARTNERS describing your results.

- If your results have potential impacts on local policy and social norms, you can put them in the newspaper or other media.

Notes

This final section contains information on process data that may be collected in order to help you in achieving your objective. The sample evaluation plans that we have written are to be used in collecting outcome data, but we also acknowledge the importance of process data collection.

SAMPLE EVALUATION PLANS

INDICATOR 1: Extent of in-store tobacco advertising and promotions OR the proportion of communities with policies that control the extent of in-store tobacco advertising and promotions.

OBJECTIVE #1: By May 30, 2004, the mean number of in-store tobacco signs in tobacco retail stores in Sundae City will decrease from 10.6 items per store to no more than 5 items per store.

Sample activities: Research existing State and local in-store advertising laws, recruit and train youth and volunteers to conduct Operation Storefront Survey of appropriate retail stores in Sundae City, and conduct a merchant/community education campaign to reduce in-store advertising through media publicizing of survey results.

What specific outcome is being measured?

- The number of tobacco signs inside the tobacco retail stores.

What type of study design should you use?

- Model: A quasi-experimental design using several intervention groups in different geographic regions and one control group, intact groups, and pre-and post-test.

- For example, tobacco retail stores in each geographic region in Sundae City will receive a different intervention and tobacco retail stores in one other region in a demographically similar city will be specified as the control and will receive no intervention. The number of tobacco signs will be identified and counted inside the tobacco retail stores in Sundae City and in the control city, both prior to and after the intervention. Using several different interventions with intact groups makes it possible to determine the performance of different types of interventions. Post-test will measure the same group of stores as in the pre-test.

- Alternate 1: An experimental design using one intervention group and one control group, intact groups with pre- and post-test (or longitudinal measurement).

  - For example, if Sundae City has 12 geographic regions, tobacco retail stores in the 12 regions will be randomly assigned to either an intervention or a control group. The number of tobacco signs will be identified and counted in the intervention and control regions, both prior to and after the intervention. The same measurement may also be performed over several different points in time. Post-test will measure the same group of stores as in the pre-test.

- Alternate 2: A quasi-experimental design, intact groups, and longitudinal measurement with intervention groups only.

  - For example, tobacco retail stores in three geographic regions are specified in Sundae City. A pre-intervention measurement (pre-test) will be taken in all geographic regions. Region 1 will receive intervention 1 and then a measurement will take place in all regions. Then, Region 2 will receive intervention 2 and after the intervention, a measurement will take place in all regions. Finally, intervention 3 will be implemented in Region 3 and a

measurement will then take place. Note that the same intervention could be used on all three regions to help determine the amount of deterioration of the intervention effect over time. Post-test will measure the same group of stores as in the pre-test.

- Alternate 3: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, tobacco retail stores in Sundae City will receive an intervention and tobacco retail stores in one other demographically similar city will be specified as the control and will receive no intervention. The number of tobacco signs will be identified and counted inside the tobacco retail stores in Sunday City and in the control city, both prior to and after the intervention. The post-test will measure the same group of stores measured in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 4: A non-experimental design using one intervention group, intact group, and pre- and post test (or longitudinal measurement).

  - For example, tobacco retail stores in all areas in Sundae City will receive an intervention. The number of tobacco signs will be identified and counted in the regions, both prior to and after the intervention. The post-test will measure the same group of stores measured in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 5: A quasi-experimental design using one intervention group and one control group, no intact groups, and a post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.

- For example, tobacco retail stores in Sundae City will receive an intervention and tobacco retail stores in another demographically similar city will be specified as the control and will receive no intervention. The number of tobacco signs will be identified and counted in Sundae City, as well as in the control city, only after the intervention.

- Alternate 6: A non-experimental design using only one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, all tobacco retail stores in Sundae City will receive an intervention. The number of tobacco signs will be identified and counted in the intervention regions, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Operation Storefront Survey instrument or a modification for the interior of the store. See Appendix A.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Observation.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Tobacco retail stores as appropriate. In addition, the objective could be changed to concentrate on specific retail environments, such as convenience stores or pharmacies.

When should the data be collected?

- Data could be collected anytime as long as it is safe. Keep in mind that the retail environment could be slightly different during the holiday season. This data could also be collected at approximately the same time as a Youth Tobacco Purchase Survey. See Appendix B.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- A simple random sample of tobacco retail stores in the area. Also, a census in a small geographic region would be possible. The tobacco retailers can be obtained through business lists, or from the Board of Equalization.

How many should be in the sample?

- Minimum sample sizes should be rather large (50+ stores) or a census of small geographic areas. Please contact your TAC or a statistician for help.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model and Alternates 1, 2, 3, and 4: Comparison over time and comparison with other groups. Use a regression model with the pre-test number used as an independent variable along with the other factors that may influence store signage (intervention, type of store,

proximity to a school, etc.). With multiple intervention groups (Model), the different

intervention(s) in each group should be included as independent variables to determine the

comparative success of the interventions.

- For Alternates 1, 2, and 3: Comparison over time and comparison with a control group. The

  post-test estimate for the intervention group will be compared to the number from the control

  group, after adjusting for the pre-test number. An adjusting Analysis of Covariance

  (ANCOVA) technique can be used for each comparison.

- For Alternates 1, 2, 3, and 4: Comparison over time. Take the differences of the

  measurements and then perform a two-sample t-test to detect differences.

- For Alternate 5: Comparison with a control group. Take the differences between two groups

  and then perform a two-sample t-test to detect differences.

- For Alternates 5 and 6: A point estimate and 95% confidence interval, and compare this to

  the result from the previous assessment using a one-sample t-test.

- For all possible designs: Comparison over time. If longitudinal measurement is used, a time-

  series curve using a smoothing technique or fitting a function to perform trend analysis. It

  may be necessary to consult your TAC or a statistician for detail.

How should the results be disseminated (local media, city council, PARTNERS, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would

  be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis

  examining differing interventions.

- Newsletters with the results can be disseminated among retailers.

Notes:

- Process data on the influence of store managers/owners would be appropriate.

OBJECTIVE #2: *By May 30, 2004, 60% of chain and independent pharmacies in Sundae City will adopt and implement a voluntary policy eliminating all in-store tobacco advertising and promotions.*

Sample activities: Provide technical assistance in the development of a model policy, conduct educational presentations to the pharmacy corporate board, provide merchant education, instigate a letter writing campaign by the coalition or community members or from students or parents and students at any nearby schools, solicit letters to the editor of the local newspaper, hold a press conference, provide public recognition to the pharmacy when the policy is adopted and implemented, research the Pharmacy Partnership Project.

Evaluation design for this objective involves two components, the adoption of the policy, and the enforcement of the policy.

What specific outcome is being measured?

POLICY ADOPTION

- If pharmacies adopt and implement a policy to remove in-store tobacco advertising. This measurement is a binary outcome for each pharmacy and will then give a proportion.

- As an integral part of the evaluation, it is necessary to collect process data that records how a policy is initiated, designed, advocated, revised, passed, amended (if applicable), and enacted.

POLICY ENFORCEMENT

- If pharmacies are enforcing a policy to remove in-store tobacco advertising. This will be measured by observing the amount of in-store tobacco advertising. A measurement before and after the intervention would be appropriate to determine the effectiveness of the policy.

What type of study design should you use?

POLICY ADOPTION

- Model: A non-experimental design using one intervention group, intact group, and pre- and post-test.
    - For example, all pharmacies in Sundae City will receive an intervention. The proportion of pharmacies that adopt a policy to remove in-store tobacco signage in Sundae City will be identified and counted, both prior to and after the intervention will be measured. Post-test will measure the same group of stores as in the pre-test.
- Alternate 1: A non-experimental design using one intervention group, no intact group, and post-test only. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.
    - For example, all pharmacies in Sundae City will receive an intervention. The proportion of pharmacies that adopt a policy to remove in-store tobacco signage in Sundae City will be identified and counted, only after the intervention.

POLICY ENFORCEMENT

- Model: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, pharmacies in Sundae City will receive an intervention and pharmacies in one other demographically similar city will be specified as the control and will receive no intervention. The number of tobacco signs will be identified and counted inside the pharmacies in Sundae City and in the control city, both prior to and after the intervention. Post-test will measure the same group of pharmacies as in the pre-test.

- Alternate 1: A non-experimental design using one intervention group, intact group, and pre- and post-test.

  - For example, all pharmacies in Sundae City will receive an intervention. The number of tobacco signs will be identified and counted inside the pharmacies in Sundae City, both prior to and after the intervention. Post-test will measure the same group of pharmacies as in the pre-test.

- Alternate 2: A quasi-experimental design using one intervention group and one control group, no intact groups, and a post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.

  - For example, pharmacies in Sundae City will receive an intervention and pharmacies in another demographically similar city will be specified as the control and will receive no intervention. The number of tobacco signs will be identified and counted inside the pharmacies in both Sundae City and in the control city, only after the intervention.

- Alternate 3: A non-experimental design using one intervention group, no intact group, and post-test only. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, all pharmacies in Sundae City will receive an intervention. The number of tobacco signs will be identified and counted inside the pharmacies in Sundae City, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

POLICY ADOPTION

- It may be of utility to determine how the policy compares to other policies or to a model policy.

POLICY ENFORCEMENT

- Operation Storefront Survey instrument for the interior of the store may be used for examining the enforcement of the policy. See Appendix A.

What data collection method should be used (survey, face-to-face interview, or observation)?

POLICY ADOPTION

- Face-to-face interview, mail or telephone survey would be appropriate for the policy.

POLICY ENFORCEMENT

- Observation for the enforcement of the policy.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Pharmacies as appropriate. In addition, the objective could be changed to concentrate on other specific retail environments such as chain drug stores, convenience stores or all tobacco retailers.

When should the data be collected?

- Data could be collected anytime. Keep in mind that the retail environment could be slightly different during the holiday season.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- Purposively select an area with a number of pharmacies that is manageable for the intervention. A census of pharmacies in the area is probably appropriate for a specified geographic area (county, city, etc.). A list of pharmacies can be obtained from the Pharmacy Partnership Project.

How many should be in the sample?

- A census of the pharmacies in the area.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

POLICY ADOPTION

- For Model and Alternate 1: Comparison over time. A Mantel-Haenszel or Chi-square procedure would be appropriate.

- Case study analysis.

POLICY ENFORCEMENT

- For Model and Alternate 1: Comparison over time and comparison with other groups. Use a regression model with the pre-test number used as an independent variable along with the other factors that may influence store signage (intervention, type of store, proximity to a school, etc.).

- For Model and Alternate 1: Comparison over time and comparison with a control group. Post-test estimate of the intervention group will be compared to the number of control group, after adjusting for the pre-test number. An adjusting Analysis of Covariance (ANCOVA) technique can be used for each comparison.

- For Model and Alternate 1: Comparison over time. Take the differences of the measurements and then perform a two-sample t-test to detect the differences.

- For Alternate 2: Comparison with control group. Take the differences between two groups and then perform a two-sample t-test to detect the differences.

- For Alternates 2 and 3: A point estimate and 95% confidence interval, and compare to the result from the previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Newsletters with the results can be disseminated among local pharmacies.

- A summary of the results can be put on pharmacy-related websites.

Notes:

Process data on the influence of store managers/owners, workers, and customers would be appropriate.

INDICATOR 2: Extent of tobacco advertising outside retail stores OR the proportion of communities with policies that control the extent of tobacco advertising outside retail stores.

OBJECTIVE #1: _By June 30, 2003, Cheesecake City will adopt and enforce a voluntary policy to prohibit tobacco storefront signage within 1000 feet of schools._

Sample activities: Research existing local signage ordinances, consult TALC and City Counsel to draft a model ordinance, engage youth and adult coalitions to cultivate ordinance support from Board of Supervisors/City Council members, and conduct community/enforcement agency education campaign about tobacco advertising that includes media.

Evaluation design for this objective involves two components, the adoption of the policy, and the enforcement of the policy.

What specific outcome is being measured?

POLICY ADOPTION

- If Cheesecake City adopts and implements a policy prohibiting tobacco storefront signage within 1000 feet of schools. If a policy was passed then measure the policy in comparison to

the model policy proposed by TALC to measure the proportion and extent of the model policy that was used.

- As an integral part of the evaluation, it is necessary to collect process data that records how a policy is initiated, designed, advocated, revised, passed, amended (if applicable), and enacted are necessary to be collected.

POLICY ENFORCEMENT

- If Cheesecake City is enforcing a policy prohibiting tobacco storefront signage within 1000 feet of schools. This will be measured by observing the amount of tobacco storefront signage within 1000 feet of schools. A measurement before and after the intervention would be appropriate to determine the effectiveness of the policy.

What type of study design should you use?

POLICY ADOPTION

- Case study.

- Formative study to collect process data.

POLICY ENFORCEMENT

- Model: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, Cheesecake City will receive an intervention and one other demographically similar city will be specified as the control and will receive no intervention. The number of tobacco storefront signs at the tobacco retail stores within 1000 feet of schools will be identified and counted outside the tobacco stores in Cheesecake City and in the control

city, both prior and after the intervention. Post-test will measure the same group of stores as in the pre-test.

- Alternate 1: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

  - For example, stores in Cheesecake City will receive an intervention. The number of tobacco storefront signs at the tobacco retail stores within 1000 feet of schools will be identified and counted outside the stores in Cheesecake City, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test.

- Alternate 2: A quasi-experimental design using one intervention group and one control group, no intact groups, and a post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.

  - For example, Cheesecake City will receive an intervention and another demographically similar city will be specified as the control and will receive no intervention. The number of tobacco storefront signs at the tobacco retail stores within 1000 feet of schools will be identified and counted outside the tobacco retail stores in both Cheesecake City and in the control city, only after the intervention.

- Alternate 3: A non-experimental design using one intervention group, no intact group, and post-test only. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.

  - For example, all stores in Sundae City will receive an intervention. The number of tobacco signage will be identified and counted outside the stores in Cheesecake City, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

POLICY ADOPTION

- It may be of utility to determine how the policy compares to the TALC model policy. See Appendix C.

- Focus group for collecting process data.

POLICY ENFORCEMENT

- Operation Storefront Survey instrument for the exterior of the store may be used for examining the enforcement of the policy. See Appendix A.

What data collection method should be used (survey, face-to-face interview, or observation)?

POLICY ADOPTION

- Observation for the policy.

- Focus group discussion about the readiness, feasibility, and acceptance of a policy to prohibit tobacco storefront signage within 1000 feet of schools.

- Telephone survey to key opinion leaders.

POLICY ENFORCEMENT

- Observation for the enforcement of the policy.

- Number of complaints and/or citations.

- Interviews with the enforcement agency to identify compliance check protocols.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

POLICY ADOPTION

- City Council records.

- Health departments for focus group discussion.

- Over the phone for key opinion leader survey.

POLICY ENFORCEMENT

- Tobacco retailers within 1000 feet of schools.

When should the data be collected?

POLICY ADOPTION

- As a formative evaluation procedure, focus groups, and key opinion leader surveys are conducted before the intervention.

- County council records are collected before and after the passage of the policy.

POLICY ENFORCEMENT

- Prior to and after the policy has been enacted.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

POLICY ADOPTION

- Convenience and purposive sample for focus group and key opinion leader surveys.

POLICY ENFORCEMENT

- A census of all the retailers in Cheesecake City within 1000 feet of schools or a sample of schools could be selected with all tobacco retailers within 1000 feet of them.

How many should be in the sample?

POLICY ADOPTION

- All key opinion leaders, including members of the city council.

POLICY ENFORCEMENT

- Will depend on the size of the city, the precision of the estimates, the power of the study, and other factors. Please contact your TAC and a statistician to discuss this issue.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

POLICY ADOPTION

- Case study analysis

POLICY ENFORCEMENT

- For Model and Alternate 1: Comparison over time and comparison with other groups. Use a regression model with the pre-test number used as an independent variable along with the other factors that may influence store signage (intervention, type of store, proximity to a school, etc.).

- For Model and Alternate 1: Comparison over time and comparison with a control group. Post-test estimate of the intervention group will be compared to the number of control group,

after adjusting for the pre-test number. An adjusting Analysis of Covariance (ANCOVA) technique can be used for each comparison.

- For Model and Alternate 1: Comparison over time. Take the differences of the measurements and then perform a two-sample t-test to detect differences.

- For Alternate 2: Comparison with control group. Take the differences between two groups and then perform a two-sample t-test to detect differences.

- For Alternates 2 and 3: A point estimate and 95% confidence interval, and compare to the result from the previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Newsletters with the results can be disseminated among local stores.

Notes:

Process data about the efforts of obtaining the policy in the case study should be collected.

Process data about how enforcement was implemented: police, fire, and health departments, resources, hotline, and so forth, should also be collected.

Focus group discussion about the readiness, feasibility, and acceptance of prohibiting tobacco storefront signage within 1000 feet of the school would be useful process data.

OBJECTIVE #2: By June 30, 2003, the mean number of tobacco storefront signs in Cookie City will decrease from 10.7 items per store to 2.1 items per store.

Sample activities: Conduct a campaign to educate merchants about tobacco storefront signage to the following stores: gas stations, convenience stores, mom and pop stores, and liquor stores; recruit and train students from local schools and youth groups to be spokespersons for advertising restrictions outside retail stores; write letters to the editor denouncing advertising of tobacco products outside retail stores.

What specific outcome is being measured?

- The number of tobacco storefront signs outside the tobacco retail stores.

What type of study design should you use?

- Model: A quasi-experimental design using several intervention groups in different geographic regions and one control group, intact groups, and pre-and post-test.
  - For example, tobacco retail stores in each geographic region in Cookie City will receive a different intervention and tobacco retail stores in one other demographically similar city will be specified as the control and will receive no intervention. The number of tobacco storefront signs will be identified and counted in Cookie City and in the control city, both prior to and after the intervention. Post-test will measure the same group of stores as in

the pre-test. Using several intervention groups with intact groups can determine the performance of different types of interventions.

- Alternate 1: An experimental design using one intervention and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, if Cookie City has 12 geographic regions, regions will be randomly assigned to intervention and control groups. The number of tobacco storefront signs will be identified and counted outside of tobacco retail sites in the intervention regions and in the control regions, both prior to and after the intervention. The same measurement may also be performed over several different points in time. Post-test will measure the same group of stores as in the pre-test.

- Alternate 2: A quasi-experimental design, intact groups, and longitudinal measurement.

  - For example, tobacco retail stores in three geographic regions are specified in Cookie City. A pre-intervention measurement (pre-test) will be taken in all geographic regions. Region 1 will receive intervention 1 and then a measurement will take place in all regions. Then, Region 2 will receive intervention 2 and after the intervention, a measurement will take place in all regions. Finally, intervention 3 will be implemented in Region 3 and a measurement will then take place. Note that the same intervention could be used on all three regions to help determine the amount of deterioration of intervention strategy over time. Post-test will measure the same group of stores as in the pre-test.

- Alternate 3: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, tobacco retail stores in Cookie City will receive an intervention and one other demographically similar city will be specified as the control and will receive no

intervention. The number of tobacco storefront signs will be identified and counted at tobacco retail stores in Cookie City and in the control city, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 4: A non-experimental design using one intervention group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, tobacco retail stores in all areas in Cookie City will receive an intervention. The number of tobacco storefront signs will be identified and counted outside tobacco retail stores in the intervention regions, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 5: A quasi-experimental design using one intervention group and one control group, no intact groups, and post-test only. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.

  - For example, tobacco retail stores in Cookie City will receive an intervention and tobacco retail stores in another demographically similar city will be specified as the control and will receive no intervention. The number of tobacco storefront signs will be identified and counted outside of the tobacco retail stores in both Cookie City and control city, only after the intervention.

- Alternate 6: A non-experimental design using one intervention group, no intact groups. and post-test only. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.

- For example, tobacco retail stores in all areas in Cookie City will receive an intervention. The number of tobacco storefront signs will be identified and counted outside the tobacco retail stores in intervention regions, only after the intervention is completed.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Operation Storefront Survey instrument or a modification of it for the exterior of the store. See Appendix A.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Observation.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Tobacco retail outlets as appropriate. In addition, the objective may be changed to concentrate on specific retail environments such as convenience stores or pharmacies.

When should the data be collected?

- Data could be collected anytime as long as it is safe. Keep in mind that the retail environment could be slightly different during the holiday season.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- A simple random sample of tobacco retail stores in the area. Also a census in a small geographic region would be possible. The list could be drawn from business lists or the Board of Equalization.

How many should be in the sample?

- Will depend on the size of the city, the precision of the estimates, the power of the study, and other factors. Please contact your TAC and a statistician to discuss this issue.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model, Alternates 1, 2, and 3: Comparison over time and comparison with other groups. Use a regression model with the pre-test number used as an independent variable along with the other factors that may influence store signage (intervention, type of store, proximity to a school, etc.). With multiple intervention groups (Model), one would include them as independent variables to determine the comparative success of interventions.
- For Alternates 1, 2, and 3: Comparison over time and comparison with a control group. Post-test estimate for the intervention group will be compared to the number of control group, after adjusting for the pre-test number. An adjusting Analysis of Covariance (ANCOVA) technique can be used for each comparison.
- For Alternates 1, 2, 3, and 4: Comparison over time. Take the differences of the measurements and then perform a two-sample t-test to detect differences.

- For Alternate 5: Comparison with control group. Take the differences between two groups and then perform a two-sample t-test to detect differences.

- For Alternate 5 and 6: A point estimate and 95% confidence interval, and compare this to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Newsletters with the results can be disseminated among local stores.

Notes:

- Process data on the influence of store managers/owners would be appropriate.

INDICATOR 3: The extent of tobacco sponsorship at public (e.g., county fair) and private events (e.g., concert, bars) or the proportion of entertainment and sporting venues with policies that regulate tobacco sponsorship.

OBJECTIVE #1: By June 30, 2003, the Brownie minor league baseball team will adopt and implement a policy prohibiting tobacco sponsorship and advertising at all games and training sessions.

Sample activities: Collect letters of support and endorsements from community groups, conduct a letter writing campaign to event organizers, solicit letters to the editor of the local newspaper, conduct educational presentations to the event organizers or board, hold a community rally to generate media interest or hold a press conference, conduct surveys of key opinion leaders and/or community members to document local support for your efforts, provide public recognition when the policy is adopted.

The evaluation design for this objective involves two components, the adoption of the policy and the enforcement of the policy.

What specific outcome is being measured?

POLICY ADOPTION

- If the Brownie minor league baseball team adopts and implements a policy prohibiting tobacco sponsorship and advertising at all games and training sessions. If a policy was passed then measure the policy in comparison to the model policy proposed by TALC. Measure the proportion and extent of the model policy that was used.

- As an integral part of the evaluation, process data that records how a policy is initiated, designed, advocated, revised, passed, amended (if applicable), and enacted are necessary to be collected.

POLICY ENFORCEMENT

- If the Brownie minor league baseball team is enforcing a policy prohibiting tobacco sponsorship and advertising at all games and training sessions. This will be measured by identifying and counting the number of tobacco ads at games and training sessions. A measurement before the intervention and after the intervention would be appropriate to determine the effectiveness of the policy.

What type of study design should you use?

POLICY ADOPTION

- Case study.

- Formative study for process data.

POLICY ENFORCEMENT

- Model: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

- For example, the Brownie minor league baseball team will receive an intervention. The amount of tobacco sponsorship and advertising will be identified and counted, both prior to and after the intervention. Post-test will measure the same team as in the pre-test.
- Alternate1: A non-experimental design using one intervention group, no intact group, and post-test only. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test.
  - For example, the Brownie minor league baseball team will receive an intervention. The amount of tobacco sponsorship and advertising will be identified and counted at the Brownie minor league baseball teams games and training sessions, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

POLICY ADOPTION

- It may be of utility to determine how the policy compares to the TALC model policy. See Appendices D and E.
- Focus groups and key opinion leader surveys for collecting process data.

POLICY ENFORCEMENT

- Project SMART$ Event Observation form. See Appendix F.

What data collection method should be used (survey, face-to-face interview, or observation)?

POLICY ADOPTION

- Observation for the adoption of the policy.

- Focus group discussion about the readiness, feasibility, and acceptance of prohibiting tobacco sponsorship at minor league baseball games and training sessions.

- Telephone survey to key opinion leaders.

POLICY ENFORCEMENT

- Observation for the enforcement of the policy.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

POLICY ADOPTION

- Other minor league baseball teams.

- Health departments for focus group discussion of baseball fans.

- Over the phone for key opinions leaders survey.

POLICY ENFORCEMENT

- Minor league baseball games and training sessions.

When should the data be collected?

POLICY ADOPTION

- As a formative evaluation procedure, focus groups, and key opinion leader surveys are conducted before the intervention.

POLICY ENFORCEMENT

- Prior to and after the policy is enacted, during the baseball season.

- Data should be collected in the daylight in order to ensure that observers can identify the tobacco ads.

How should the sample be selected (simple random, random clusters, purposive, convenience,

etc.)?

POLICY ADOPTION

- Convenience and purposive sample for focus groups and key opinion leader surveys.

POLICY ENFORCEMENT

- Convenience sample.

How many should be in the sample?

POLICY ADOPTION

- Focus group of 8-10.

- All key opinion leaders, including baseball team managers and managers of outdoor

  recreational facilities.

POLICY ENFORCEMENT

- The Brownie minor league baseball team.

What type of analysis should be done (comparison over time, comparison with other groups,

comparison with a control group, etc.)?

- For Model: Comparison over time. Take the differences of the measurements and then

  perform a two-sample t-test to detect the differences.

- For Alternate 1: A point estimate and 95% confidence interval, and compare it to the result

  from the previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media (e.g., sports column) would be viable options with a pre- and post-test analysis.

- A brief in a professional journal or paper based upon the case study.

- Informational posters or handouts posted at the games and training sessions.

Notes:

Process data about the efforts of obtaining the policy in the case study should be collected.

Data on how the enforcement was implemented: officials, players, fans, health departments, resources, hotline, and so forth should also be collected.

Process data (using Project SMART$ evaluation instruments) on the community's/baseball fan's knowledge and attitudes about tobacco sponsorship and corporate giving would be appropriate. See Appendix F.

INDICATOR 18: Proportion of schools that provide intensive tobacco use prevention instruction in junior high/middle school years with reinforcement in high school using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills (CDC Guidelines).

OBJECTIVE #1: By May 30, 2004, the proportion of junior high and middle schools in Cake County who report utilizing a tobacco prevention curriculum identified by the CDC as effective, will increase from 45% to 80%.

Sample activities: Research Center for Disease Control (CDC) recommendations for tobacco control curricula for junior high and middle school youth, engage tobacco control coalition to conduct letter writing campaign supporting use of CDC recommended tobacco prevention curriculum, collaborate with Cake County School District(s) administrators, teachers, and Tobacco Use Prevention Education (TUPE) coordinators for support of CDC recommended tobacco prevention curriculum, attend and promote CDE regional trainings to educate administrators, teachers, and TUPE coordinators about CDC recommended tobacco control curriculums, and educate administrators of potential funding sources to obtain curriculum.

What specific outcome is being measured?

- The proportion of junior high and middle schools utilizing a CDC approved tobacco prevention curriculum.

What type of study design should you use?

- Model: A quasi-experimental design using one intervention group and one control group, intact groups, and pretest and post-test (or longitudinal measurement).

  - For example, school administrators from one group of junior high and middle schools in Cake County will receive an intervention and another group of school administrators from schools that are demographically similar to those schools receiving the intervention will be specified as the control and will receive no intervention. The proportion of schools utilizing a CDC approved tobacco prevention curriculum will be identified and counted in Cake County and in the control schools, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 1: A non-experimental design using one intervention group, intact groups and pre- and post-test (or longitudinal measurement).

  - For example, school administrators from one group of junior high and middle schools in Cake County will receive an intervention. The proportion of schools utilizing a CDC approved tobacco prevention curriculum will be identified and counted both prior to and after the intervention. Post-test will measure the same group of school administrators as

in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 2: A quasi-experimental design using one intervention group and one control group, no intact groups, and post-test only. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, school administrators from one group of junior high and middle schools in Cake County will receive an intervention and another group of school administrators from schools that are demographically similar to those schools receiving the intervention will be specified as the control and will receive no intervention. The proportion of school utilizing a CDC approved tobacco prevention curriculum will be identified and counted, only after the intervention is completed.

- Alternate 3: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, school administrators from one group of junior high and middle schools in Cake County will receive an intervention. The proportion of schools utilizing a CDC approved tobacco prevention curriculum will be identified and counted, only after the intervention is completed.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Survey.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Written survey or face-to-face interview with teachers, school administrators, and TUPE coordinators.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Junior high and middle schools as appropriate

When should the data be collected?

- During the school year

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- A simple random sample of junior high and middle schools
- A census of junior high and middle schools

How many should be in the sample?

- Will depend on the size of the city, the precision of the estimates, the power of the study, and other factors. Please contact your TAC and a statistician to discuss this issue.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model and Alternates 1: Comparison over time and comparison with a control group. The proportion of schools utilizing a CDC approved tobacco prevention curriculum in the intervention group will be compared to the estimate of the control group, after adjusting for the pre- and post-test results using chi-square test.

- For Model and Alternates 1: Comparison over time. The proportion of schools utilizing a CDC approved tobacco prevention curriculum in pre- and post-test will be measured using a chi-square test to detect differences.

- For Alternate 2: Comparison with control group. The proportion of schools utilizing a CDC approved tobacco prevention curriculum in the intervention group and the control group will be measured using a chi-square test to detect differences.

- For Alternates 2 and 3: A point estimate and 95% confidence interval, and compare to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal or paper based upon the more complex analysis.

- Letter submitted to CDC based on the findings.

- Newsletter about the results can be disseminated among schools administrators and parents.

Notes:

Process data (using the Independent Evaluation School Site Administrator Survey and Teacher Survey) may be collected from the teachers, school administrators, school board members, and TUPE coordinators in regards to the CDC approved curricula and how the curriculum that they currently use compares to the approved curricula. This would also be a good time to collect data on school administrators, school board members, and teachers' thoughts on the importance of tobacco prevention education lessons as well as what materials are covered in the lessons. See Appendices G and H.

OBJECTIVE #2: By May 30, 2004, the prevalence of psychosocial tobacco use instruction reported by 6th-12th grade teachers in Cake County will increase from 60% reporting they provided such instruction in the 1998/99 school year to 90% reporting they provided such instruction in the 2002/03 school year.

Sample activities: Collaborate with Cake County School District(s) administrators, 6th – 12th grade teachers, and Tobacco Use Prevention Education (TUPE) coordinators, provide 6th – 12th grade teacher training emphasizing the importance of teaching tobacco prevention curriculum with recommended fidelity, provide grant writing trainings to encourage additional applications for TUPE competitive grant funding, and engage tobacco control coalition in letter writing campaign emphasizing the importance of tobacco prevention instruction in grades 6 - 12 and advocating for district wide policy requiring such.

What specific outcome is being measured?

- The percentage of 6th-12th grade teachers in Cake County who report that they provide instruction on psychosocial tobacco use.

What type of study design should you use?

- Model: A quasi-experimental design using one intervention group and one control group, intact groups, and pre-test and post-test (or longitudinal measurement).

  - For example, 6th-12th grade school administrators and TUPE coordinators in one school in Cake County will receive an intervention and 6th-12 grade school administrators and TUPE coordinators from another school that is demographically similar will be specified as the control and will receive no intervention. The percentage of 6th-12th grade teachers who report that they provide instruction on psychosocial tobacco use will be identified in both the intervention schools and in the control schools, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 1: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

  - For example, 6th-12th grade school administrators and TUPE coordinators at one school in Cake County will receive an intervention. The percentage of 6th-12th grade teachers who report that they provide instruction on psychosocial tobacco use will be identified in Cake County both prior to and after the intervention. Post-test will measure the same group of teachers as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 2: A quasi-experimental design using one intervention group and one control group, no intact groups, and post-test only. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, 6th-12th grade school administrators and TUPE coordinators in one school in Cake County will receive an intervention and 6th-12 grade school administrators and TUPE coordinators in another school in a different demographically similar county will be specified as the control and will receive no intervention. The percentage of 6th-12th grade teachers who report that they provide instruction on psychosocial tobacco use will be identified and counted, only after the intervention is completed.

- Alternate 3: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, 6th-12th grade school administrators and TUPE coordinators in one school in Cake County will receive an intervention. The percentage of 6th-12th grade teachers who report that they provide instruction on psychosocial tobacco use will be identified and counted, only after the intervention is completed.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- The Independent Evaluation School Site Administration Survey and/or Teacher Survey should be used. See Appendices G and H.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Written survey or face-to-face interview.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- 6th-12th grade schools as appropriate

When should the data be collected?

- During the school year.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- A simple random sample of 6th-12th grade schools
- A census of 6th-12th grade schools

How many should be in the sample?

- Consult with your TAC.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- Model: Comparison over time and comparison with a control group. The proportion of teachers providing instructions in the intervention group will be compared to the estimate of the control group, after adjusting for the pre- and post-test results using chi-square test.

- Model: Comparison over time. The proportion of teachers providing instructions in pre- and post-test will be measured using a chi-square test to detect differences.

- For Alternate 1: Comparison with control group. The proportion of teachers providing instructions in the intervention group and the control group will be measured using a chi-square test to detect differences.

- For Alternates 1 and 2: A point estimate and 95% confidence interval, and compare to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal or paper based upon the more complex analysis.

- Newsletter about the results can be disseminated among schools administrators, TUPE coordinators, teachers, and parents.

Notes:

Process data could be collected on which tobacco prevention education curriculum (if any) is used, what topics are covered, and how much time is spent on the curriculum. Also, parents' thoughts on the importance of tobacco prevention education could be collected.

INDICATOR 28: Extent of enforcement/compliance of enforcement of state/local smoke-free bar & gaming law(s).

Objective #1: By May 30, 2004, the proportion of bars in compliance with Labor Code Section 6404.5 will increase from 70% to an 85% maintenance compliance rate in the cities of Sundae, Brownie and Cookie, as determined by annual observational surveys.

Sample activities: Conduct community education campaign to motivate routine enforcement of Labor Code Section 6404.5 among bars through media publicizing non-compliance, letter writing to public officials, and local newspapers.

What specific outcome is being measured?

- The proportion of bars in compliance with Labor Code Section 6404.5. Bar compliance rate is measured by observing people smoking in the bar over a thirty-minute time period over three specified days in a weeklong period. The actual number of people smoking is preferred as opposed to observing ashtrays.

What type of study design should you use?

- Model: A quasi-experimental design using several intervention groups in different cities and one control group, intact groups, and pre-and post-test.

    - For example, each city will receive a different intervention and another city that is demographically similar to Sundae, Brownie, and Cookie will be specified as the control and will receive no intervention. Compliance checks will be conducted in a census or a sample of bars in the cities of Sundae, Brownie and Cookie City, as well as in the control city, both prior to and after the intervention. Using several intervention groups with intact groups makes it possible to determine the performance of different types of interventions. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 1: A quasi-experimental design, intact groups, and longitudinal measurement.

    - For example, a pre-intervention measurement will be taken in all cities. Intervention 1 will be implemented in Sundae City and then a measurement will take place in all cities. Intervention 2 will be implemented in Brownie and then a measurement will take place in all cities. Finally, intervention 3 will be implemented in Cookie City and a measurement will then take place. Note that the same intervention could be used on all three cities to help determine the amount of deterioration of intervention strategy over time.

- Alternate 2: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

    - For example, the cities of Sundae, Brownie and Cookie will receive an intervention and another demographically similar city will be specified as the control group and will receive no intervention. Compliance checks will be conducted in a census or a sample of bars in

the cities of Sundae, Brownie and Cookie, as well as in the control cities, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 3: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

    - For example, the cities of Sundae, Brownie and Cookie will receive an intervention. A compliance check will be conducted in a census or a sample of bars in the cities of Sundae, Brownie and Cookie, both prior to and after the intervention. Post-test will measure the same group of bars as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 4: A quasi-experimental design using one intervention group and one control group, no intact groups, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

    - For example, the cities of Sundae, Brownie, and Cookie will receive intervention and three other demographically similar cities will be specified as the control and will receive no intervention. A compliance check will be conducted in a sample of bars in the cities of Sundae, Brownie and Cookie, as well as in control cities, only after the intervention.

- Alternate 5: A non-experimental design using one intervention group, no intact group, and post-test measurement. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

    - For example, the cities of Sundae, Brownie and Cookie will receive the intervention. A compliance check will be conducted in a sample of bars in cities of Sundae, Brownie and Cookie, only after the intervention is completed.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Stand-Alone Bar Observation Checklist. See Appendix I.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Observation.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Data will be collected in the bars.

When should the data be collected?

- Data should be collected during the evening when most bars are likely to violate the law.
  - For example, data collectors should go to the same bars on Tuesday, Thursday, and Saturday within one week to observe the compliance rates. However, due to safety issues some bars may need to be sampled in the daylight.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- Model: A census of bars can be selected in each city if the total number of bars is feasible to measure at each time point. Otherwise a random sample would be appropriate. A list of

bars can be obtained from business lists, Board of Equalization lists or Alcohol and Beverage Commission lists.

How many should be in the sample?

- Model: A census of bars in the intervention cities and control cities will be included in the sample as long as the total number of bars is not too large (e.g., 50-60 bars).

- Alternate: The sample size should be collected based upon costs, estimated effect size, and margin of error. Typical sample size calculations with a finite population can be used.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model, Alternates 1, 2, and 3: Comparison over time and comparison with other groups. Use a logistic regression using factors that may influence compliance (pre- or post-test, intervention, type of bars, etc.) as independent variables. Compliance (yes or no) will be used as the outcome variable. Multiple intervention groups (Model) would be included as separate independent variables to determine the comparative success of interventions.

- For Model, Alternates 1, 2, and 3: Comparison over time and comparison with a control group. The compliance rate of the intervention group will be compared to the estimate of the control group, after adjusting for the pre- and post-test results using chi-square test.

- For Alternates 1, 2 and 3: Comparison over time. Compliance rate of intervention group in pre- and post-test will be measured using a chi-square test to detect differences.

- For Alternates 4: Comparison with control group. Compliance rates of intervention group and control group will be measured using a chi-square test to detect differences.

- For Alternates 5: A point estimate and 95% confidence interval, and compare to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Newsletters with the results can be disseminated among bars and restaurants.

Notes:

- Always consult your TAC or a statistician if help is needed on a sample size issue and/or data analysis.

- Opinion leader survey, law enforcement survey, bar patrons survey, bar-owner and bartender interviews could be conducted providing information related to this objective.

Objective #2: By May 31, 2004, complaints about non-compliance with Labor Code Section 6404.5 in bars to Cake County health department will decrease from 250 incidences per quarter to 120 incidences per quarter.

Sample activities: Conduct a baseline onsite observation survey of all bars and bar/restaurants; educate bar owners/managers, including stand-alone bars, regarding Labor Code Section 6404.5 by providing educational and promotional materials; conduct a news conference on survey results; send informational mailings to all agencies charged with enforcing Labor Code Section 6404.5, including information such as: the current status of enforcement, positive outcomes as a result of the law, and levels of public support.

What specific outcome is being measured?

- The number of complaints about non compliance with the smoke-free bar law.

What type of study design should you use?

- Model: A quasi-experimental design using several intervention groups in different geographic regions (cities) and one control group, intact groups, and on-going data collection.
    - For example, each geographic region in Cake County will receive a different intervention and one other region in a demographically similar city will be specified as the control and will receive no intervention. Quarterly complaint records are measured to monitor the change. Using several intervention groups with intact groups design can determine the performance of different type of interventions.

- Alternate 1: A quasi-experimental design with one intervention group and one control group, intact groups, and on-going data collection.
  - For example, because complaint records are collected countywide, the intervention can be delivered to frequently complained bars in order to improve the cost-efficiency of the program. After examining the existing complaint record, a number of bars that contribute 85% of the complaints (at least 5 cases each quarter for each bar) will be selected as the intervention group and receive an intensive intervention. Other bars in the county (excluding bars selected as intervention group) are assigned as the control group and will receive no intervention. A quarterly complaint record is measured to monitor the change.
- Alternate 2: A non-experimental design using one intervention group, intact groups, and on-going data collection.
  - For example, all bars in Cake County will receive an intervention. A quarterly complaint record is measured to monitor the change.
- Alternate 3: An experimental design with one intervention group and one control group, intact groups, and on-going data collection.
  - For example, after examining the existing complaint record, a number of bars (say that they contribute 85% of the complaints or at least 5 cases each quarter for each bar) will be randomly assigned to either the intervention or control group. Bars in the intervention group will receive an intensive intervention. Bars in the control group will receive no intervention. A quarterly complaint record is measured to monitor the change.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Complaint record.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Observation of the complaint records.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Data should be collected at health departments (or the police department).

When should the data be collected?

- Data should be collected on an on-going basis. Complaint records will be summarized quarterly.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- Complaints against any bars in the Cake County will be recorded.

How many should be in the sample?

- The intervention group will include bars that had the most complaints. Other bars in the county will be specified as the control group.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model, Alternates 1 and 3: Comparison over time and comparison with a control group. It is necessary to draw the plot graph of the number of complaints by quarter and observe the change. Cross-tabulating the count of complaints with groups (intervention vs. control) by quarter and using Mantel-Haenszel chi-square test can examine the trend and difference between groups overtime. It may be necessary to consult your TAC or a statistician for detail.

- For all possible designs: Comparison over time. Using a quarterly complaint count, a time-series curve using a smoothing technique or fitting a function to perform trend analysis. It may be necessary to consult your TAC or a statistician for detail.

- For all possible designs: Comparison over time. Multiple comparisons can be conducted on the number of complaints between any two time-points.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Newsletters with the results can be disseminated among bars.

Notes:

- Always consult your TAC or a statistician if help is needed on a sample size issue and/or data analysis.

- Opinion leader survey, law enforcement survey, bar-owner and bartender interviews could be conducted providing information related to this objective.

Objective #3: By May 31, 2004, bar patrons' self-report non-compliance rate in Cake County will decrease from 20% to 10% as measured by a Bar Patron Survey.

Sample activities: Conduct a baseline onsite observation survey of all bars and bar/restaurants, educate bar owners/managers, including stand-alone bars, regarding Labor Code Section 6404.5 by providing educational and promotional materials, conduct a news conference on survey results, send informational mailings to all agencies charged with enforcing Labor Code Section 6404.5, including information on: the current status of enforcement, positive outcomes as a result of the law, and levels of public support.

What specific outcome is being measured?

- The proportion of self-reported compliance rates from bar patrons who currently smoke.

What type of study design should you use?

- Model: A non-experimental design using one intervention group, no intact groups, and pre- and post-test. For example, two bar patron surveys will be conducted both prior to and after the intervention.
- Alternate: A non-experimental design using one intervention group, no intact groups, and post-test. This is based on having data from a recent previous compliance rate and it can

serve as the pre-test result. For example, a bar patron survey will be conducted, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Bar Patron Survey. See Appendix J.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Telephone or face-to-face survey.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Over the phone for a telephone survey or at local bars and nightclubs.

When should the data be collected?

- Data can be collected anytime as long as it is safe.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- Model: Countywide random digit dialing for a telephone survey can provide a randomly selected sample or a convenience sample of attendees at local bars and nightclubs.

How many should be in the sample?

- Census or random sample selection of bars and nightclubs.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- Comparison overtime. Chi-square with compliance (yes or no) by time (pre- or post-test).

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Newsletters with the results can be disseminated among retailers.

Notes:

- Always consult your TAC or a statistician if help is needed on a sample size issue and/or data analysis.

- Opinion leader survey, law enforcement survey, bar-owner and bartender interviews could be conducted providing information related to this objective.

INDICATOR 29

INDICATOR 29: Extent of compliance with the state law that prohibits the use of tobacco use by all students, school staff, parents, and visitors in public school district-owned or leased buildings, on district rounds, or in district vehicles.

OBJECTIVE #1: By June 30, 2003, the proportion of junior high and middle school students within Cheesecake School District who report that they smoked cigarettes on school property within the past 30 days will decrease from 40% to less than 10% as determined by the California Healthy Kids Survey conducted by the school district.

Sample activities: Collaborate with Cake County School District(s) and junior high and middle school administrators to increase enforcement on school campuses, assist in identifying funds for enforcement officers, engage tobacco control coalition in a letter writing campaign and community education campaign to motivate routine enforcement of state law that prohibits the use of tobacco on school campuses.

What specific outcome is being measured?

- The proportion of students who smoked cigarettes on school property within the past 30 days.

What type of study design should you use?

- Model: An experimental design using one intervention and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

    - For example, if Cake County has a total of 4 schools, they will be randomly assigned to either an intervention group or a control group. The proportion of junior high and middle school students who smoked cigarettes on school property within the past 30 days will be identified and counted in the interventions schools and in the control schools, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 1: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

    - For example, one group of junior high and middle schools in Cake County will receive an intervention and another demographically similar group of schools will be specified as the control and will receive no intervention. The proportion of junior high and middle school students who smoked cigarettes on school property within the past 30 days will be identified and counted in the interventions schools and in the control schools, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 2: A non-experimental design using one intervention group, intact group, and pre-test and post-test (or longitudinal measurement).

- For example, one group of junior high and middle schools in Cake County will receive an intervention. The proportion of junior high and middle school students who smoked cigarettes on school property within the past 30 days will be identified and counted both prior to and after the intervention. Post-test will measure the same group of schools as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 3: A quasi-experimental design using one intervention group and one control group, no intact groups, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, one group of junior high and middle schools in Cake County will receive an intervention and another demographically similar group of schools will be specified as the control and will receive no intervention. The proportion of junior high and middle school students who smoked cigarettes on school property within the past 30 days will be identified and counted, only after the intervention is completed.

- Alternate 4: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, one group of junior high and middle schools will receive an intervention. The proportion of junior high and middle school students who smoked cigarettes on school property within the past 30 days will be identified and counted, only after the intervention is completed.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Healthy Kids Survey. See Appendix K.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Written survey.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Junior high and middle schools as appropriate

When should the data be collected?

- During the school year.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- A simple random sample of junior high and middle schools
- A census of junior high and middle schools

How many should be in the sample?

- Will depend on the size of the city, the precision of the estimates, the power of the study, and other factors. Please contact your TAC and a statistician to discuss this issue.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model and Alternates 1 and 2: Comparison over time and comparison with a control group. The proportion of students who smoke in the intervention group will be compared to the estimate of the control group, after adjusting for the pre- and post-test results using chi-square test.

- For Model and Alternates 1 and 2: Comparison over time. The proportion of students who smoke in the pre- and post-test will be measured using a chi-square test to detect differences.

- For Alternate 3: Comparison with control group. The proportion of students who smoke in the intervention group and the control group will be measured using a chi-square test to detect differences.

- For Alternates 3 and 4: A point estimate and 95% confidence interval, and compare to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal or paper based upon the more complex analysis.

- Newsletter about the results can be disseminated among schools administrators, TUPE coordinators, and parents.

Notes:

Process data may be collected from the teachers, school administrators, and TUPE coordinators in regards to the number of students who they think smoke cigarettes. Data may also be collected from parents as to their knowledge of tobacco related issues such as diseases, environmental tobacco smoke (ETS), and the influence of the tobacco industry.

Please do not perform your own in-school survey, as the testing/survey burden on the school is substantial.

OBJECTIVE #2: *By June 30, 2003, teachers' perceptions that "most or all" students do not break the tobacco-free policies at Flan High School will increase from 12% to 35%.*

Sample activities: Encourage Flan High School administrators to increase campus enforcement of the statewide law prohibiting the use of tobacco on public school campuses, conduct a pre- and post intervention teacher survey, and engage tobacco control coalitions in a letter writing campaign and community education campaign to motivate routine enforcement of the statewide law.

What specific outcome is being measured?

- The proportion of teachers who perceive that "most or all" students do not break the tobacco-free policies.

What type of study design should you use?

- Model: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, Flan High School will receive an intervention and another high school that is demographically similar to Flan High School will be specified as the control school and will receive no intervention. The proportion of teachers who perceive that "most or all" students do not break the tobacco-free policies at Flan High School will be identified and counted in both the intervention schools and the control schools, prior to as well as after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 1: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

  - For example, Flan High School will receive an intervention. The proportion of teachers who perceive that "most or all" students do not break the tobacco-free policies at Flan High School will be identified both prior to and after the intervention. Post-test will measure the same group of students as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 2: A quasi-experimental design using one intervention group and one control group, no intact groups, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, Flan High School will receive an intervention and another high school that is demographically similar to Flan High School will be specified as control and will receive no intervention. The proportion of teachers who perceive that "most or all" students do not

break the tobacco-free policies will be identified and counted, only after the intervention is completed.

- Alternate 3: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.
  - For example, Flan High School will receive an intervention. The proportion of teachers who perceive that "most or all" students do not break the tobacco-free policies will be identified and counted, only after the intervention is completed.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Independent Evaluation Teacher Survey. See Appendix H.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Written survey or personal interview.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- High schools as appropriate

When should the data be collected?

- During the school year.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- A simple random sample of high schools

- A census of high schools

How many should be in the sample?

- Will depend on the size of the city, the precision of the estimates, the power of the study, and other factors. Please contact your TAC and a statistician to discuss this issue.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model and Alternate 1: Comparison over time and comparison with a control group. The proportion of teachers' perception of students' compliance in the intervention schools will be compared to the estimate of the control schools, after adjusting for the pre- and post-test results using chi-square test.

- For Model and Alternate 1: Comparison over time. The proportion of teachers' perception of students' compliance in the pre- and post-test will be measured using a chi-square test to detect differences.

- For Alternate 2: Comparison with control group. The proportion of teachers' perception of students' compliance in the intervention group and the control group will be measured using a chi-square test to detect differences.

- For Alternates 2 and 3: A point estimate and 95% confidence interval, and compare to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal or paper based upon the more complex analysis.

- Newsletter about the results can be disseminated among schools administrators, TUPE coordinators, and parents.

Notes:

Process data may be collected from teachers regarding the school tobacco policies such as: to whom does the school's no tobacco policy apply, to what extent is it being enforced, and what happens to students who are caught smoking cigarettes.

INDICATOR 30: Proportion of homes with a smoker in the household who report their home is smoke-free.

Objective #1: *By May 30, 2004, among Sundae County WIC clients identified as having a smoker in the home, 75% will report that smoking is not permitted inside the home as a result of a secondhand smoke educational campaign conducted through WIC clinics and in the community.*

Sample activities: Develop a videotape which discusses the hazards of secondhand smoke to children which would be aired in the waiting rooms of WIC clinics, have parents of WIC clients sign a contract that they will not smoke inside the home, develop and distribute secondhand smoke educational materials to WIC parents, provide cessation counseling resources.

What specific outcome is being measured?

- The proportion of WIC clients who have a smoker in the home that report that smoking is not permitted inside the home.

What type of study design should you use?

- Model: A quasi-experimental design using several intervention groups in different geographic regions and one control group, intact groups, and pre-and post-test.

  - For example, each geographic region in Sundae County will receive a different intervention and one other region will be specified as the control and will receive no intervention. The proportion of smoke-free home policies will be identified and counted in the intervention regions and in the control regions, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. Using several intervention groups with intact groups design can determine the performance of different type of interventions.

- Alternate 1: An experimental design using one intervention and control group, intact groups with pre- and post-test (or longitudinal measurement).

  - For example, if Sundae County has 12 geographic regions, 6 of them will be randomly assigned to intervention group, and 6 other regions will be assigned to the control group. The proportion of smoke-free home policies will be identified and counted in the intervention regions and in the control regions, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test.

- Alternate 2: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, certain population groups targeted by WIC will receive intervention and other population groups will be specified as control. The proportion of smoke-free home policies will be identified and counted in the intervention group and in the control group,

both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test.

- Alternate 3: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

    - For example, all WIC targeted population in Sundae County will receive intervention. The number of smoke-free home policies will be identified and counted, both prior to and after the intervention. The post-test will measure the same households as in the pre-test.

- Alternate 4: A quasi-experimental design using one intervention group and one control group, no intact groups with only a post-test. This is based on having data from a recent previous assessment of the smoke-free home policy that can serve as the pre-test result.

    - For example, certain population groups targeted by WIC will receive an intervention and other population groups will be specified as control. The proportion of smoke-free home policies will be identified and counted in the intervention group and in the control group, only after the intervention.

- Alternate 5: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment of the smoke-free home policy that can serve as the pre-test result.

    - For example, all WIC targeted population in Sundae County will receive an intervention. The proportion of smoke-free home policies will be identified and counted, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Survey.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Face-to-face interview or telephone survey.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- At the sites of the community service agencies or over the phone

When should the data be collected?

- Data can be collected anytime as long as it is safe.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- For face-to-face survey interviews use a convenience sample from the sites of the community service agencies.
- For telephone surveys, use a random selection from the list (of enrollment to the services).

How many should be in the sample?

- Census of all participants in the program.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model, Alternates 1 and 2: Comparison over time and comparison with other groups. Use a logistic regression model using factors that may influence the adoption of smoke-free home policy (pre- or post-test, intervention, smoker's characteristics, etc.) as independent variables. Adopting smoke-free home policy or not will be used as dependent variable. With multiple intervention groups (Model), one would include them as independent variables to determine the comparative success of interventions.

- For Alternates 1 and 2: Comparison over time and comparison with a control group. The proportion of respondents who report having smoke-free home policy in the intervention group will be compared to the estimate of the control group, after adjusting for the pre- and post-test results using chi-square test.

- For Alternates 1, 2, and 3: Comparison over time. The proportion of respondents who report having smoke-free home policy in the pre- and post-test will be measured using a chi-square test to detect differences.

- For Alternate 4: Comparison with control group. The proportion of respondents who report having smoke-free home policy in the intervention group and the control group will be measured using a chi-square test to detect differences.

- For Alternates 4 and 5: A point estimate and 95% confidence interval, and compare to the result from the previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Newsletters about the results can be disseminated to WIC participants.

Objective #2: By March 31, 2003, 85% of households that have at least one smoker will report that smoking is not permitted inside the home, as measured by surveying adults at a local fair in Cake County.

Sample activities: Train medical and dental professionals to educate their patients who smoke on the hazards of secondhand smoke exposure to children in their homes. Include cessation materials and local cessation programs, as well as the Helpline #, write letters to the editor on the hazards of secondhand smoke exposure to children; participate in community events involving local media.

What specific outcome is being measured?

- The proportion of self reported smoke-free home policies.

What type of study design should you use?

- Model: A quasi-experimental design using several intervention groups in different geographic regions and one control group, intact groups, and pre-and post-test.

  - For example, each geographic region in Cake County will receive a different intervention and one other region will be specified as the control and will receive no intervention. The proportion of smoke-free home policies will be identified and counted in each intervention region and in the control region, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. Using several intervention groups with intact groups design can determine the performance of different type of interventions.

- Alternate 1: An experimental design using one intervention and one control group, intact groups with pre- and post-test (or longitudinal measurement).

  - For example, if Cake County has 12 geographic regions, 6 of them will be randomly assigned to the intervention group, and 6 other regions will be assigned to the control group. The proportion of smoke-free home policies will be identified and counted in the intervention regions and in the control regions, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test.

- Alternate 2: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

  - For example, Cake County will receive an intervention. The proportion of smoke-free home policies will be identified and counted, both prior to and after the intervention. Post-test will measure the same people (households) as in the pre-test.

- Alternate 3: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment of the number of smoke-free home policies that can serve as the pre-test result.

- For example, Cake County will receive an intervention. The proportion of smoke-free home policies will be identified and counted in the intervention group, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Interview.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Face-to-face interview.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Local fairs.

When should the data be collected?

- Data can be collected anytime as long as it is safe.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- Convenience sample of fair participants whose household has at least one smoker.

How many should be in the sample?

- The sample size should be collected based upon costs and margin of error. Typical sample size calculations with a finite population can be used.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model and Alternate 1: Comparison over time and comparison with other groups. Use a logistic regression model using factors that may influence the adoption of a smoke-free home policy (pre- or post-test, intervention, smoker's characteristics, etc.) as independent variables. Adopting smoke-free home policy or not will be used as dependent variable. With multiple intervention groups (Model), one would include them as independent variables to determine the comparative success of the interventions. For Alternate 1: Comparison over time and comparison with a control group. Proportion of smoke-free home policies in the intervention group will be compared to the estimate of the control group, after adjusting for the pre- and post-test using chi-square test.

- For Model and Alternates 1: Comparison over time and comparison with a control group. The proportion of respondents who report having a smoke-free home policy in the intervention group will be compared to the estimate of the control group, after adjusting for the pre- and post-test results using chi-square test.

- For Alternates 1 and 2: Comparison over time. The proportion of respondents who report having smoke-free home policy in the pre- and post-test will be measured using a chi-square test to detect differences.

- For Alternate 3: A point estimate and 95% confidence interval, and compare to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

Notes:

- Always consult your TAC or a statistician if help is needed on a sample size issue and/or data analysis.

INDICATOR 40: Extent of outdoor recreational facilities, e.g., fairgrounds, amusement parks, playgrounds, sport stadiums, etc., that have policies designating a proportion or all the outdoor areas as smoke-free.

Objective #1: By May 31, 2004, Cake County will adopt and implement a smoking policy that designates smoking areas away from waiting lines, food, games and ride areas.

Objective #2: By May 31, 2004, 3 to 5 community events conducted in Cake County will adopt and implement smoke-free event policies.

Objective #3: By May 31, 2004, the Cake County Fairboard will adopt and implement a written policy creating smoke-free zones in the grand stand bleachers, picnic areas, and children's amusement areas, during all fairs and other special events held at the fairgrounds.

Objective #4: By May 31, 2004, one to two parks in Cake County will adopt and implement smoke-free or tobacco-free public playground policies.

Sample activities: Create an educational media campaign around ETS, targeted to the specific public events you are working on, conduct a letter writing campaign to event organizers, solicit letters to the editor of the local newspaper, conduct educational presentations to the event organizers or board, hold a community rally to generate media interest or hold a press conference, conduct surveys of key opinion leaders and/or community members to document local support for your efforts, providing technical assistance including providing sample policies, assistance in developing signage and assistance in developing an enforcement protocol.

Evaluation design for this objective involves two components, the adoption of the policy, and the enforcement of the policy.

What specific outcome is being measured?

POLICY ADOPTION

- Objective #1: If Cake County adopts and implements a policy that designates smoking areas away from waiting lines, food, games and ride areas. Objective #2: If 3 to 5 community events conducted in Cake County adopt and implement smoke free event policies. Objective #3: If the Cake County Fairboard adopts and implements a written policy creating smoke-free zones in the grand stand bleachers, picnic areas, and children's amusement areas, during all fairs and other special events held at the fairgrounds. Objective #4: If one to two parks in Cake County adopt and implement a smoke-free or tobacco-free public playground policies.

- As an integral part of the evaluation, process data that records the footage of how a policy is initiated, designed, advocated, revised, passed, amended (if applicable), and enacted are necessary to be collected.

POLICY ENFORCEMENT

- If Cake County is enforcing policies that designate a proportion or all the outdoor areas as smoke-free. This will be measured by observing the number of smoking incidents and cigarette butts in these areas. A measurement before the intervention and after the intervention would be appropriate to determine the effectiveness of the policy.

What type of study design should you use?

POLICY ADOPTION

- Case study.

- Formative study for process data.

POLICY ENFORCEMENT

- Model: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

    - For example, outdoor area facilities in Cake County will receive an intervention. The number of smoking incidents will be observed both prior to and after the intervention. Post-test will measure the same designated areas as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

    - For example, outdoor area facilities in Cake County will receive an intervention. The number of smoking incidents in the designated areas will be observed, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

POLICY ADOPTION

- It may be of utility to determine how the policy compares to other policies or to a model policy.

- Focus group and key opinion leader survey for collecting process data.

POLICY ENFORCEMENT

- Observation.

What data collection method should be used (survey, face-to-face interview, or observation)?

POLICY ADOPTION

- Observation for the policy.

- Focus group discussion about the readiness, feasibility, and acceptance of outdoor smoke-free area policy.

- Telephone survey to key opinion leaders.

POLICY ENFORCEMENT

- Observation for enforcement of the policy.

- Record of enforcement actions.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

POLICY ADOPTION

- City Council records or policy acting agencies such as facility manager's office.

- Health department for focus group discussion.

- Over the phone for key opinion leader's survey.

POLICY ENFORCEMENT

- In the designated smoke-free areas.

When should the data be collected?

POLICY ADOPTION

- As a formative evaluation procedure, focus group, and key opinion leader's survey are conducted before the intervention.

- City council records are collected before and after the passage of the policy.

POLICY ENFORCEMENT

- Prior to and after the policy has been enacted, when fairs and events are held.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

POLICY ADOPTION

- Convenience and purposive sample for focus group discussion and key opinion leader's survey.

POLICY ENFORCEMENT

- If designated smoke-free areas are large and multiple, (e.g., stadium, amusement park, etc.) one populated area in each section should be selected. If designated smoke-free areas are small and limited, all areas should be observed.

How many should be in the sample?

POLICY ADOPTION

- All key opinion leaders, including members of city council, managers of outdoor recreational facilities.

POLICY ENFORCEMENT

- Depends on the size of designated smoke-free areas. If smoke-free areas are large and multiple, at least 20-30 observations should be made. If smoke-free areas are small and limited, all areas should be observed.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model: Comparison over time and comparison with a control group. Number of smoking incidences in the intervention group will be compared to the estimate of control group, after adjusting for the pre- and post-test using chi-square test.

- For Model: Comparison over time and comparison with a control group. Poisson regression analysis could be employed by using smoking incidence, different group (intervention and control), and pre- and post-test as analyzing variables.

- For Alternate: A point estimate and 95% confidence interval, and compared to the results from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order based on a case study.

- Newsletters about the policy and the evaluation results can be disseminated among policy makers and key opinion leaders.

Notes:

Always consult your TAC or a statistician if help is needed on a sample size issue and/or data analysis.

INDICATOR 44

INDICATOR 44: Extent of compliance with state laws prohibiting the sale of tobacco sales to minors and requiring ID checking.

OBJECTIVE #1: By June 30, 2004, among the 385 tobacco retail stores in Cake City, sales of tobacco to minors will decrease from a 19% (1999) rate to 5% as determined by an annual Youth Tobacco Purchase Survey (STAKE Act).

Sample activities: Establish a tobacco purchase survey protocol, recruit and train youth and volunteers to conduct tobacco purchase survey, collaborate with enforcement agencies for support and increased enforcement, conduct merchant educational campaign providing PC 308 and Stake Act educational packets, and conduct community educational campaign to motivate consistent legal sales of tobacco through media praise of stores selling legally.

What specific outcome is being measured?

- The proportion of tobacco retail stores who sell tobacco to minors.

What type of study design should you use?

- Model: A quasi-experimental design using several intervention groups in different geographic regions and one control group, intact groups, and pre-and post-test.

  - For example, tobacco retail stores in each geographic region in Cake City will receive a different intervention and tobacco retail stores in one other demographically similar city will be specified as the control and will receive no intervention. The proportion of tobacco retail stores who sell tobacco to minors will be identified and counted at the tobacco retail stores in both Cake City and in the control city, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. Using several intervention groups with intact groups design can determine the performance of different type of interventions.

- Alternate 1: An experimental design using one intervention and control group, intact groups with pre- and post-test (or longitudinal measurement).

  - For example, if Cookie City has 12 geographic regions, regions will be randomly assigned to intervention and control groups. The proportion of tobacco retail stores who sell tobacco to minors will be identified and counted in the intervention regions and in the control regions, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 2: A quasi-experimental design, intervention groups only, intact groups with longitudinal measurement.

  - For example, tobacco retail stores in three geographic regions are specified in Cake City. A pre-intervention (pre-test) will be taken in all geographic regions. Region 1 will receive intervention 1 and then a measurement will take place at tobacco retail stores in all

regions. Then, region 2 will receive intervention 2 and after the intervention, a measurement will take place in all regions. Finally, intervention 3 will be implemented in region 3 and a measurement will then take place. Note that the same intervention could be used on all three regions to help determine the amount of deterioration of intervention strategy over time.

- Alternate 3: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, tobacco retail stores in Cake City will receive an intervention and tobacco retail stores in one other demographically similar city will be specified as the control and will receive no intervention. The proportion of tobacco retail stores who sell tobacco to minors will be identified and counted in Cake City and in the control city, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 4: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

  - For example, tobacco retail stores in all areas in Cake City will receive intervention. The proportion of tobacco retail stores who sell tobacco to minors will be identified and counted in the intervention regions, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 5: A quasi-experimental design using one intervention group and one control group, no intact group with only a post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.

- For example, tobacco retail stores in Cake City will receive an intervention and another demographically similar city will be specified as the control and will receive no intervention. The proportion of tobacco retail stores who sell tobacco to minors will be identified and counted in Cake City and in the control city, only after the intervention.

- Alternate 6: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.

  - For example, all areas in Cake City will receive an intervention. The proportion of tobacco retail stores who sell tobacco to minors will be identified and counted in Cake City, only after the intervention is completed.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Youth Tobacco Purchase Survey (STAKE Act). See Appendix B.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Observation.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Tobacco retail stores as appropriate.

When should the data be collected?

- Data can be collected anytime as long as it is safe.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- A random sample of tobacco retail stores could be drawn from a list. The list could be drawn from business lists, the Board of Equalization, or from TCS's list of retail stores.

How many should be in the sample?

- The number of stores that are surveyed varies depending on the size the city or county due to sampling in a finite population.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model, Alternates 1, 2, and 3: Comparison over time and comparison with other groups. Use a logistic regression model using factors that may influence selling tobacco to kids (per- or post-test, intervention, type of store, age of youth, etc.). Sales of tobacco to minors will be used as the dependent variable. Note that the age of the child is the most important factor to control for in any analysis. With multiple intervention groups (Model), one would include them as independent variables to determine the comparative success of interventions. It is recommended to consult with your TAC and a statistician about data analyses for this design.

- For Alternates 1, 2, and 3: Comparison over time and comparison with a control group. The compliance rate in the intervention group will be compared to the estimate of the control group, after adjusting for the pre- and post-test results using chi-square test.

- For Alternates 1, 2, 3, and 4: Comparison over time. The compliance rate in the pre- and post-test will be measured using a chi-square test to detect differences.

- For Alternate 5: Comparison with control group. The compliance rate in the intervention group and the control group will be measured using a chi-square test to detect differences.

- For Alternate 5 and 6: A point estimate and 95% confidence interval, and compare this to the result from the previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Newsletters with the results can be disseminated among retailers.

- Results can be posted on nearby school boards and in parent newsletter.

Notes:

A separate manual exists for youth compliance checks. It provides much more detail and should be examined before conducting a youth purchase survey.

INDICATOR 46: Proportion of communities with tobacco retail licensing.

OBJECTIVE #1: By April 30, 2004, 5-6 cities in Cake County will adopt and implement tobacco retail licensing requirements.

Sample activities: Get local citizens to sign a petition to adopt tobacco retail licensing requirements for those businesses selling tobacco, meet with city council members in to educate them on the merits of tobacco licensing and to share with them the results of the petition, once adopted, conduct trainings to local law enforcement to educate them on the laws regarding tobacco licensing.

Evaluation design for this objective involves two components, the adoption of the policy, and the enforcement of the policy.

What specific outcome is being measured?

POLICY ADOPTION

- If cities in Cake County adopt and implement a tobacco retail licensing policy. If a policy was

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passed then measure the policy in comparison to the model policy proposed by TALC. The proportion and extent of the model policy that was used.

- As an integral part of the evaluation, it is necessary to collect process data that records how a policy is initiated, designed, advocated, revised, passed, amended (if applicable), and enacted.

POLICY ENFORCEMENT

- If cities in Cake County are enforcing a tobacco retail licensing policy. This will be measured by observing the proportion of tobacco retailers that are licensed. Longitudinal measurement after the intervention would be appropriate to determine the effectiveness of the policy.

What type of study design should you use?

POLICY ADOPTION

- Case study.
- Formative study to collect process data.

POLICY ENFORCEMENT

- Model: A non-experimental design using one intervention group, no intact group, and longitudinal measurement. After the intervention, the proportion of tobacco retailers that are licensed will be measured four times at semi-annual basis.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco

Purchase Survey, Project SMART$ Observation Form, etc.)?

POLICY ADOPTION

- It may be of utility to determine how the policy compares to the TALC model policy. See Appendix L.

What data collection method should be used (survey, face-to-face interview, or observation)?

POLICY ADOPTION

- Observation for the policy.

POLICY ENFORCEMENT

- Observation for the enforcement of the policy.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

POLICY ADOPTION

- City Council records.

POLICY ENFORCEMENT

- Tobacco retailers as appropriate.

When should the data be collected?

- Data could be collected anytime as long as it is safe.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

POLICY ENFORCEMENT

- A random sample of retailers or census could be examined. The possession of a tobacco retailer license could be checked at the same time that a Youth Tobacco Purchase Survey is being conducted.

How many should be in the sample?

POLICY ENFORCEMENT

- The number of stores that are surveyed varies depending on the size the city or county due to sampling in a finite population.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

POLICY ENFORCEMENT

- Comparison over time and comparison with other groups. Use a logistic regression with the pre-test number used as an independent variable along with the other factors that may influence store possession of a license (type of store, location, etc.).
- Chi-square test on number of licensees before and after the intervention by group.
- A point estimate and 95% confidence interval.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or summary of the evaluation results on PARTNERS and the local media.
- A brief describing the procedure of the policy development and enforcement in a professional journal.

- Newsletters with the results can be disseminated among retailers.

Notes:

Process data about the efforts of obtaining the policy in the case study should be collected.

Also, process data about how enforcement was implemented: police, fire, and health

departments, resources, hotline, etc.

INDICATOR 52

INDICATOR 52: Proportion of communities that control self-service sales of tobacco.

OBJECTIVE #1: By June 30, 2003, at least one community in Cake County will adopt and implement a vendor-assisted tobacco purchase policy.

Sample activities: Educate City Council members regarding tobacco sales to minors within the community and the merits of self-service display bans, train law enforcement on the laws regarding self-service display bans, train youth to be spokespersons for youth access issues, develop a letter writing campaign from local youth to present to council members, conduct a press conference to highlight the success.

Evaluation design for this objective involves two components, the adoption of the policy and the enforcement of the policy.

What specific outcome is being measured?

POLICY ADOPTION

- If a community in Cake County adopts and implements a vendor-assisted tobacco purchase policy.

- As an integral part of the evaluation, process data that records how a policy is initiated, designed, advocated, revised, passed, amended (if applicable), and enacted are necessary to be collected.

POLICY ENFORCEMENT

- If a community in Cake County is enforcing a vendor-assisted tobacco purchase policy. This will be measured by observing the self-service displays. A measurement before the intervention and after the intervention would be appropriate to determine the effectiveness of the policy.

What type of study design should you use?

POLICY ADOPTION

- Case study.

- Formative study to collect process data.

POLICY ENFORCEMENT

- Model: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

  - For example, at least one community in Cake County will receive an intervention and one other demographically similar community will be specified as the control and will receive no intervention. The number of tobacco self-service vending displays will be identified and counted inside the stores in both the intervention community and the control city, prior to as well as after the intervention. Post-test will measure the same group of stores as in the pre-test.

- Alternate 1: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).
  - For example, at least one community will receive an intervention. The number of tobacco self-service displays will be identified and counted inside the stores in the community, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test.
- Alternate 2: A quasi-experimental design using one intervention group and one control group, no intact groups with only a post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.
  - For example, at least one community will receive an intervention and another demographically similar community will be specified as the control and will receive no intervention. The number of tobacco self-service displays will be identified and counted inside the stores in the intervention community and control community, only after the intervention.
- Alternate 3: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test measurement.
  - For example, at least one community will receive an intervention. The number of tobacco self-service displays will be identified and counted, only after the intervention.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

POLICY ADOPTION

- It may be of utility to determine how the policy compares to other policies or to a model policy.

What data collection method should be used (survey, face-to-face interview, or observation)?

POLICY ADOPTION

- Observation for the policy.

POLICY ENFORCEMENT

- Observation for the enforcement of the policy.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

POLICY ADOPTION

- City Council records.

POLICY ENFORCEMENT

- Tobacco retail stores as appropriate.

When should the data be collected?

- Data can be collected anytime as long as it is safe.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

POLICY ENFORCEMENT

- A random sample of retailers or census could be examined.

How many should be in the sample?

POLICY ENFORCEMENT

- A large sample or census depending on the size of the city.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

POLICY ENFORCEMENT

- For Model and Alternate 1: Comparison over time and comparison with other groups. Use a regression model with the pre-test number used as an independent variable along with the other factors that may influence self-service vending displays (intervention, type of store, etc.).

- For Model and Alternate 1: Comparison over time and comparison with a control group. Post-test estimate of intervention group will be compared to the number of control group, after adjusting for the pre-test number. An adjusting Analysis of Covariance (ANCOVA) technique can be used for each comparison.

- For Model and Alternate 1: Comparison over time. Take the differences of the measurements and then perform a two-sample t-test to detect differences.

- For Alternate 2: Comparison with control group. Take the differences between two groups and then perform a two-sample t-test to detect differences.

- For Alternates 2 and 3: A point estimate and 95% confidence interval, and compare to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or summary of the evaluation results on PARTNERS and the local media.

- A brief in a professional journal based upon a case study.

- Newsletters with the results can be disseminated among retailers.

Notes:

Process data about the efforts of obtaining the policy in the case study should be collected.

Also, process data about how enforcement was implemented: police, fire, and health

departments, resources, hotline, etc.

INDICATOR 59: Extent of the availability and use of culturally and linguistically appropriate behavior modification-based tobacco cessation services in the community.

Objective #1: By March 31, 2003, a cessation program established in Sundae City will serve a number of Spanish speaking smokers in the city and there will be a quit rate of at least 30% as measured at least one year after the intervention.

Sample activities: Document need for adding a Spanish language element to the existing cessation program through community surveys or research on the demographics of smokers in Sundae City. Work with the established cessation program to expand the program to include Spanish language cessation services. Work with appropriate community agencies (community center, churches, ESL classes, medical service institutions) to make information on cessation services available to their clients. Publicize information about available and appropriate cessation classes in community newsletters and Spanish language print, radio, and television advertising.

Evaluation design for this objective involves two components, the establishment of the cessation program (establishment and recruitment), and the result of the cessation program (quit rate).

What specific outcome is being measured?

CESSATION PROGRAM ESTABLISHMENT AND RECRUITMENT

- If Sundae City has a cessation program.

- If the cessation program serves a number of Spanish speaking smokers in the city.

CESSATION PROGRAM QUIT RATE.

- If the cessation program achieves at least a 30% quit rate as measured at least one year after the intervention.

What type of study design should you use?

CESSATION PROGRAM ESTABLISHMENT AND RECRUITMENT

- Case study.

- Formative study for process data.

CESSATION PROGRAM QUIT RATE

- Model: An experimental design using several intervention groups and one control group, intact groups, and longitudinal measurement.

  - For example, smokers who are recruited will be randomly assigned to one of three intervention groups or to a control group. Smokers in the intervention groups will receive one of three different curricula, and smokers in the control group will receive no intervention. Quit rate will be measured in the intervention groups and in the control

group after the intervention, and measured semi-annually for one year. Follow-up measurements will measure the same group of stores as in the pre-test. Using several intervention groups can determine the performance of different types of interventions. Note that this design is most appropriate when a large number of smokers are recruited. After the evaluation, smokers in the control group should receive the intervention if it proves to be effective.

- Alternate 1: An experimental design using one intervention and control group, intact groups with longitudinal measurement.

  - For example, smokers who are recruited will be randomly assigned to an intervention group or control group. Smokers in the intervention groups will receive an intervention and smokers in the control group will receive no intervention. Quit rates will be measured in both the intervention groups and in the control group after the intervention, and measured semi-annually for one year. After the evaluation, smokers in the control group should receive the intervention if it proves to be effective.

- Alternate 2: A quasi-experimental design using one intervention group and one control group, intact groups, and longitudinal measurement.

  - For example, smokers recruited will receive an intervention and a group of smokers that do not attend the cessation program will be specified as control and will receive no intervention. Quit rate will be measured in the intervention group as well as in the control group, only after the intervention, and measured semi-annually for one year.

- Alternate 3: A non-experimental design using one intervention group, intact group, pre- and post-test, and longitudinal measurement. For example, smokers who are recruited will

receive an intervention. Quit rate will be measured in the intervention group, both prior to

and after the intervention, and measured semi-annually for one year.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco

Purchase Survey, Project SMART$ Observation Form, etc.)?

- Smoking cessation survey.

What data collection method should be used (survey, face-to-face interview, or observation)?

CESSATION PROGRAM ESTABLISHMENT AND RECRUITMENT

- Observation for the existence of the cessation program and number of smokers recruited.

- Focus group discussion about the readiness, feasibility, and acceptance of a smoking

  cessation program.

CESSATION PROGRAM QUIT RATE.

- Telephone survey.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics,

etc.)?

CESSATION PROGRAM QUIT RATE.

- Data can be collected at home.

When should the data be collected?

CESSATION PROGRAM QUIT RATE.

- Data could be collected at six months and 12 months after quitting.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

CESSATION PROGRAM QUIT RATE.

- Purposive.

How many should be in the sample?

CESSATION PROGRAM QUIT RATE.

- All participants recruited in the cessation program. Target sample size is 300.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model, Alternates 1 and 2: Comparison over time and comparison with other groups. Use a logistic regression with the time point used as an independent variable along with the other factors that may influence the cessation (intervention, smoker's characteristics, etc.). With multiple intervention groups (Model), one would include them as separated independent variables to determine the comparative success of interventions.

- For Alternates 1 and 2: Comparison over time and comparison with a control group. Proportion of participants who successfully quit in intervention group will be compared to the estimate of control group, after adjusting for the pre- and post-test (or longitudinal measurement) using chi-square test.

- For Alternates 1, 2, and 3: Comparison over time. Differences of the proportion of participants who successfully quit in the intervention group will be measured longitudinally using Mantel-Haenszel chi-square test.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal may be in order with the more complex data analysis examining differing interventions.

- Fliers with the results can be disseminated to individuals who participated in local fairs or through other channels.

Notes:

- Always consult your TAC or a statistician if help is needed on a sample size issue and/or data analysis.

- Opinion leader survey, focus group discussion and other program monitoring interviews could be conducted providing information related to this objective.

Objective #2: By March 31, 2003, the number of smokers using the Korean language Helpline will increase from less than 10 to more than 50 in Sundae City.

Sample activities: Conduct an educational media campaign to promote the Korean language Helpline, work with key organizations in the community (WIC, community center, churches, ESL classes, medical service institutions) to incorporate helpline information into what they already provide to the community.

What specific outcome is being measured?

- The number of calls made to the Korean language Helpline from Sundae City.

What type of study design should you use?

- A non-experimental design with an intervention group and on-going data collection.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- Regional data from Korean language Helpline.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Data is collected by the California State Helpline. Regional data will be required at the end of each quarter from the Helpline to determine how many calls were made from Sundae City.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- California Smokers' Helpline.

When should the data be collected?

- On an on-going basis (collected at the end of each quarter).

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- All calls made to Korean language Helpline.

How many should be in the sample?

- All calls made to Korean language Helpline will be counted.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- Comparison over time of Helpline usage by Koreans from the intervention area, before, during and after the promotion of Helpline. Draw the plot graph of Helpline usage by time.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in professional journal may be in order with the more complex data analysis examining differing interventions.

- Fliers with the results can be disseminated to individuals who participated in local fairs or through other channels.

Notes:

- Opinion leader survey, focus group discussion and other program monitoring interviews could be conducted providing information related to this objective.

INDICATOR 60: Extent of public school districts that provide cessation support to students and all staff who use tobacco.

OBJECTIVE #1: By June 30, 2004, there will be an increase from 50% to 75% in the proportion of schools that provide smoking cessation programs to faculty, staff and students.

Sample activities: Document the need for a cessation program through student/faculty surveys. Have coalition members write letters to the school board and parent groups regarding the need to provide cessation services for students, faculty and staff. Work with appropriate agencies to provide cessation services to students and staff. Work with school to publicize information about available and appropriate cessation classes in school newspapers, morning announcements, and/or health classes.

What specific outcome is being measured?

- The proportion of schools that provide smoking cessation programs to faculty, staff, and students.

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What type of study design should you use?

- Model: A quasi-experimental design using one intervention group and one control group, intact groups, and pre- and post-test (or longitudinal measurement).

    - For example, school administrators from one group of junior high and middle schools will receive an intervention and another group of school administrators in demographically similar schools will be specified as the control and will receive no intervention. The proportion of school administrators who perceive that their school provides smoking cessation programs for faculty, staff and students will be identified and counted in the intervention group and in the control group, both prior to as well as after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 1: An experimental design using one intervention and control group, intact groups with pre- and post-test (or longitudinal measurement).

    - For example, if Cake County has a total of 4 schools, school administrators from these schools will be randomly assigned to either an intervention group or a control group. The proportion of school administrators who perceive that their school provides smoking cessation programs for faculty, staff and students will be identified and counted in the intervention group and in the control group, both prior to and after the intervention. Post-test will measure the same group of stores as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 2: A non-experimental design using one intervention group, intact group, and pre- and post-test (or longitudinal measurement).

- For example, school administrators from one group of junior high and middle schools in Cake County will receive an intervention. The proportion of school administrators who perceive that their school provides smoking cessation programs for faculty, staff and students will be identified and counted both prior to and after the intervention. Post-test will measure the same group of school administrators as in the pre-test. The same measurement may also be performed over several different points in time.

- Alternate 3: A quasi-experimental design using one intervention group and one control group, no intact groups with only a post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, school administrators from one group of junior high and middle schools in Cake County will receive an intervention and another group of school administrators in demographically similar schools will be specified as the control and will receive no intervention. The proportion of school administrators who perceive that their school provides smoking cessation programs for faculty, staff and students will be identified and counted only after the intervention is completed.

- Alternate 4: A non-experimental design using one intervention group, no intact group, and post-test. This is based on having data from a recent previous assessment for the objective that can serve as the pre-test result.

  - For example, school administrators from one group of junior high and middle schools in Cake County will receive an intervention. The proportion of school administrators who perceive that their school provides smoking cessation programs for faculty, staff and students will be identified and counted, only after the intervention is completed.

What instruments should be used to collect the data (Bar Patron Survey, Youth Tobacco Purchase Survey, Project SMART$ Observation Form, etc.)?

- CDC's School Administrators Survey and the Independent Evaluation School Site Administrator Survey and/or Teacher Survey (soon to be replace with the California Student Tobacco Survey (CSTS) Administrator Survey.) See Appendices G, H and M.

What data collection method should be used (survey, face-to-face interview, or observation)?

- Written survey.

Where should the data be collected (home, mail, school, tobacco retail stores, events, clinics, etc.)?

- Junior high and middle schools as appropriate

When should the data be collected?

- During the school year.

How should the sample be selected (simple random, random clusters, purposive, convenience, etc.)?

- A simple random sample of junior high and middle schools
- A census of junior high and middle schools

How many should be in the sample?

- Will depend on the size of the city, the precision of the estimates, the power of the study, and other factors. Please contact your TAC and a statistician to discuss this issue.

What type of analysis should be done (comparison over time, comparison with other groups, comparison with a control group, etc.)?

- For Model and Alternate 1 and 2: Comparison over time and comparison with a control group. Post-test number of intervention group will be compared to the number of control group, after adjusting for the pre-test number. An adjusting Analysis of Covariance (ANCOVA) technique can be used for each comparison.

- For Model and Alternate 1 and 2: Comparison over time. Take the differences of the measurements and then perform a two-sample t-test to detect differences.

- For Alternate 3: Comparison with control group. Take the differences between two groups and then perform a two-sample t-test to detect differences.

- For Alternates 3 and 4: A point estimate and 95% confidence interval, and compare to the result from previous assessment.

How should the results be disseminated (paper submitted to a professional journal, PARTNERS, local media, etc.)?

- An abstract or a summary of the evaluation results on PARTNERS and the local media would be viable options with a pre- and post-test analysis.

- A brief in a professional journal or paper based upon the more complex analysis.

- Newsletter about the results can be disseminated among schools administrators, TUPE coordinators and parents.

Notes:

Process data could be collected in regards to who pays for the smoking cessation programs, what type of information is shared at the sessions, if there are peer helpers or counselors available, or if there are tobacco cessation clinics in their community for youth who want to quit using tobacco.

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RESOURCES TO HELP YOU

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BOOKS

EVALUATION BOOKS

Evaluation: A Systematic Approach
Rossi & Freeman (1999)
- The most comprehensive book on evaluation. It provides many real-world examples to address almost all aspects of program evaluation. It is easy to understanding and very practical.

How to Design a Program Evaluation
Fitz-Gibbon & Morris (1988)
- A book that provides a simple introduction to program evaluation with some simple and practical examples.

STUDY DESIGN BOOKS

Experimental and Quasi-Experimental Designs for Research
Campbell & Stanley (1966)
- The most important book on research design. It is the most powerful reference for real-world practitioners as well as academic researchers.

Quasi-Experimentation: Design and Analysis Issues
Cook & Campbell (1979)
- An extended review and discussion of quasi-experimental design, which is the most popular and important tool for practitioners. It details a variety of quasi-experimental approaches suitable to real world research, together with statistical techniques applicable to each.

STATISTIC BOOKS

Basic statistical procedures and concepts
A First Course in Statistics
McClave, Sincich, & McClave

- A decent book for an introduction to statistics containing all the formulas for very basic statistical methods.

Seeing Through Statistics
Utts
- An introduction to the concepts of statistics in real situations. It is not formula based, but concentrates on practical ideas and big picture concepts. This is not the book needed for instruction on performing statistical techniques.

Sampling
Elementary Survey Sampling
Scheaffer
- Very basic textbook for people with limited statistical backgrounds. Lots of formulas and very cookie cutter.

Survey Sampling
Kish
- If you are really interested in sampling, this is the classic book. Very valuable learning tool and reference source.

More advanced analyses
Applied Logistic Regression
Hosmer and Lemeshow
- This is THE book on logistic regression.

Applied Linear Statistical Models
Kutner, Nachtschiem, Wasserman, Neter
- A huge book on all kinds of linear regression techniques covering ANOVA, regression, diagnostics, etc.

Bar Patron Survey

CDC School Administrator Survey

Healthy Kids Surveys

Independent Evaluation School Administration Survey

Independent Evaluation Tobacco Use Prevention Education Evaluation Teacher Survey

Independent Evaluation Law Enforcement Survey

Independent Evaluation Opinion Leader Survey

Operation Storefront

Project SMART$ Tools

Youth Tobacco Purchase Survey/STAKE Act Survey

Stand-Alone Bar Observation Form

TALC Model Policies (Tobacco Sponsorship, Smoke-Free Grounds, etc.)

CDC Youth Tobacco Survey

California Tobacco Survey (CTS)

California Adult Tobacco Survey (CATS)

California Youth Tobacco Survey (CYTS)

California Student Tobacco Survey (CSTS)

*Please contact California Department of Health Services, Tobacco Control Section, Data Analysis and Evaluation Unit if surveys mentioned above are not included in the Appendix.

Action on Smoking and Health, http://ash.org/

Americans for Nonsmokers' Rights, http://www.no-smoke.org/

California Department of Finance, http://www.dof.ca.gov/

California Department of Health Services, Center for Health Statistics, (vital statistics query system), http://www.dhs.ca.gov/hisp/applications/vsq/vsq.cfm

California Department of Health Services, Tobacco Control Section Home, http://www.dhs.ca.gov/tobacco/

California Healthy Kids Survey, http://www.cdc.gov/tobacco/nyts2000.htm

California Student Survey of Substance Use and Other Behaviors, http://www.wested.org/css/

Campaign for Tobacco-Free Kids, http://tobaccofreekids.org/

Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/

CDC Evaluation, http://www.cdc.gov/eval/evalcbph.pdf

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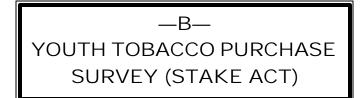http://trochim.human.cornell.edu/kb/desintro.htm

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