Community-Based Participatory Research Evaluation Planning: Oregon's Specific Population Tobacco Prevention and Education Networks

FINAL REPORT

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EXECUTIVE SUMMARY

Oregon's Tobacco Prevention and Education Program (TPEP) is a comprehensive, statewide public health effort aimed at reducing the toll of tobacco-related death and disease. TPEP activities and TPEP-funded services are designed to benefit all Oregonians through education and outreach, policy development, and changes in community norms. All TPEP-funded programs work to achieve the following long-term goals, as outlined by the Centers for Disease Control and Prevention (CDC): 1) creating smoke-free and tobacco-free environments through public policy, including voluntary policy; 2) countering pro-tobacco influences such as advertising and promotion of tobacco to adults and youth; and 3) promoting quitting among adults and youth.

To address disparities in tobacco use, TPEP grants funds to five community-based organizations (CBOs) to support Tobacco Prevention and Education Networks (TPENs) and coalitions. TPENs focus on population groups within Oregon that use tobacco at higher rates than the general population or suffer disproportionately from tobacco-related diseases. TPENs develop and implement culturally reflective best practice strategies to reduce tobacco use and exposure to secondhand smoke in an effort to eliminate tobacco-related disparities. Population groups identified as disproportionately impacted by tobacco in Oregon include African Americans, Asians and Pacific Islanders, Hispanics/Latinos, urban American Indians, and Lesbian/Gay/Bisexual/ Transgender/Questioning (LGBTQ) Oregonians.

NPC Research conducted a Community-Based Participatory Research (CBPR) evaluation planning project with Oregon's specific population TPENs. This CBPR project assisted TPENs in developing community-driven evaluation plans and tools, while building capacity for program evaluation. The first step of the project was to review evidence-based practices as defined by the CDC. In our review, we found that little research documents either how best practices should be adapted to meet the needs of these cultural groups, or the extent to which these adaptations are successful. Moreover, we found little research that examines the effectiveness of the best practices, as originally developed, for these specific populations. Findings to date leave many questions about what the most effective strategies are for populations experiencing tobacco disparities, and how culturally specific elements may enhance program effectiveness.

The second step was to apply the basic principles of CBPR to develop a general framework for the evaluation. Our framework included the following series of overlapping and iterative activities: 1) information gathering, 2) information synthesis, 3) information sharing & feedback, 4) developing goals, 5) completing an evaluation plan, and 6) reviewing progress.

Third, we worked with the five TPENs to adapt the general framework to the unique needs of each community. During this step we had the parallel goals of 1) developing an evaluation plan for selected activity for each TPEN; and 2) building the capacity within each TPEN to carry out their evaluation plan and to independently do evaluation planning in the future. The TPEN's selected activities (or projects) were all vehicles for achieving policy objectives (e.g., educating business owners to encourage the adoption of voluntary smoke-free policies).

The fourth and final step was to create culturally appropriate products (i.e., materials and tools) for carrying out each TPEN's evaluation plan. Each Program Coordinator was given schematics of their evaluation plan, a logic model, evaluation questions and data sources, and a set of customized tools designed to gather information as delineated in their evaluation plan.

The TPENs will be expected to use their evaluation plans and tools to report on program performance and to document movement toward achieving objectives outlined in their grant agreements with the TPEP. It is hoped that this project will assist the TPENs in articulating their outcomes as well as their findings, successes and challenges in implementing Best Practices to community leaders, funders, and policymakers, and ultimately help build an evidence base for how Best Practices are implemented in diverse communities.

Lessons Learned

Evaluation planning within a CBPR framework was particularly appropriate for the specific population TPENs because it honors the values, traditions and priorities of historically underserved groups. Further, some of the TPEN population groups have a history of being extensively "researched," sometimes in ways detrimental to the well-being of individuals in these groups. Thus these groups often are (rightly) distrustful of evaluation efforts. CBPR is a technique that asks community members to engage in developing culturally appropriate techniques to collect information to answer the questions that these stakeholders want to know. However, CBPR is a time-intensive process that can be challenging for both practitioners and evaluators. Below we share some of the lessons learned throughout the CBPR process.

1. **Ensure TPEN Readiness for Evaluation Planning**. Evaluation planning was most efficient when there was a tangible project that was being implemented by the TPEN. It was more difficult to identify project activities and intended outcomes if the project was not well developed. The TPEN Program Coordinators were all in very different places in terms of their knowledge of evaluation, their perceptions of the utility of evaluation, and their readiness to take on an evaluation planning project. For some TPENs it was necessary to spend a great deal of time talking about the usefulness of the evaluation planning process. For other TPENs, the evaluation planning process was mysterious until the end of the project when things seemed to coalesce. Given that Program Coordinator participation and buy-in is essential for the evaluation planning process, future efforts should allot enough start-up time to address these issues before the actual planning begins.
2. **Ensure Community Readiness for Evaluation**. In addition to TPENs being ready to engage in the evaluation planning process, community stakeholders must understand the useful-

ness of evaluation. In some cases we found that community stakeholders were unsure of the value of evaluation given the TPEN's goals. This is especially problematic when using a CBPR framework, which is based on the presumption that an active group of stakeholders will take the lead in designing, and sometimes even implementing and overseeing, evaluation activities. Evaluation planning teams may need to include extra time to address this issue with community stakeholders before evaluation planning can be expected to occur. Community readiness for evaluation planning should also be discussed with the Program Coordinators when recruiting community stakeholders to gauge the amount of preparation that will be necessary before evaluation planning can begin.

3. **Recruit Appropriate Community Stakeholders**. It is important for community stakeholders to be an invested group who will either provide tangible support for evaluation activities, or represent individuals who would be taking part in the evaluation itself. A challenge for many TPEN Program Coordinators was recruiting and retaining community stakeholders for evaluation planning. This difficulty may be due to the fact that some of the TPENs do not yet have consistent coalition members focused a particular policy objective. Another reason for this difficulty is the way that the different TPENs view "coalition"—some Program Coordinators believed in gathering a group of people together for a single task, others were housed in organizations that provided them with a consistent group of partners, and still others felt it was more efficient to insert themselves in existing networks rather than creating a new one. The extent to which TPENs have an invested group of community partners should be explored more thoroughly at the start of the process in order to determine appropriate recruitment strategies and expectations for participation in evaluation planning.

4. **Engage a Versatile Evaluation Team**. In the end, there were differences between the TPENs in terms of the type and scope of core projects selected for evaluation planning, and the progress that had been made on each project. In some cases, projects were underway and very concrete, and in other cases, projects were nascent ideas. The NPC Research team had to apply a wide range of skills in order to adapt to each TPEN's current state of affairs (everything from project conceptualization to writing formulas for database reporting). Thus, the versatility of the evaluation team was quite important to address the myriad different evaluation activities developed during the planning process.

5. **Be Flexible during the Evaluation Planning Process**. Each TPEN's evaluation planning process deviated from the blueprint that we articulated at the start of the project. The evaluation planning team should be flexible and receptive to feedback from the Program Coordinators and/or communities. Interestingly, large shifts in the direction of the evaluation planning process typically occurred in the context of one-on-one meetings with the Program Coordinators. In these meetings the Program Coordinators acted as "interpreters," bringing feedback from the community to the NPC Research team. It is important for the evaluation team to be receptive to such feedback, and to spend time talking one-on-one with the Program Co-

ordinators to make sure that the process aligns with community needs.

6. **Provide Clear Next Steps**. Evaluation planning is just the first step in developing an ongoing evaluation system for each TPEN. A common question that we encountered during this process was "What is going to happen with these evaluation plans?" The purpose of this project was to facilitate the development of community-based evaluation plans and evaluation tools and to build capacity for program evaluation. The ending point of this CBPR evaluation planning project should be viewed as a starting point for integrating evaluation practices into each TPEN's daily work. Now that the TPENs have a better understanding of the importance of evaluation and how to plan for it in the context of a specific project, they will need continued technical assistance and support in order to actually start performing evaluation activities.

General Recommendations for TPENs

Although considerable progress was made in planning evaluation activities for the TPENs, each TPEN requires a number of supports to encourage their ongoing evaluation efforts. The following is a brief list generalized across all five TPENs. Specific recommendations for each TPEN can be found in their respective sections in the full report. There are several entities that could potentially provide the support described here including Oregon Department of Human Services (DHS), existing coalition partners, college or universities (i.e., providing internship opportunities for students), and volunteers (e.g., AmeriCorps).

1. **Provide resources for expanding current projects**. Several TPENs planned to evaluate projects or aspects of their projects that have not yet been realized. It is important that the TPENs are provided with the resources to launch or expand upon their current projects.

2. **Provide support and motivation for using and reviewing the tools**. Although tools were developed in the context of specific projects for specific communities, we recommend that certain tools (e.g., Community Power Map, contact and event tracking sheets) be used for all future TPEN projects. We also encourage the various TPENs to share each other's tools (e.g., the LGBTQ TPEN can share media campaign tools should the AA TPEN decide to take on such a project). As the tools are being used, we suggest that the TPENs engage in ongoing dialogue with each other and Oregon DHS about whether 1) the tools are generating enough (or too much) information, 2) the right questions are being asked/answered, and 3) the tools are appropriate for their respective communities. We encourage the TPENs to modify or discontinue use of the tools as necessary.

3. **Provide ongoing technical assistance in data collection**. Most of the TPEN Program Coordinators, while enthusiastic about the tools that were developed, have little training in evaluation and/or data collection, and often have service delivery and coalition development (appropriately) as their primary focus. It will be important as they begin to use the tools for technical assistance to be provided to ensure that data collection is being conducted, and conducted correctly.

4. **Provide resources for database development, management, and data use and reporting**. Collecting infor-

mation is not helpful unless that information can be compiled, managed, interpreted, and used. All TPENs need resources to handle the demands of ongoing data collection and analysis. Moreover, the TPENs may need assistance in interpreting data once analyzed, and understanding how to use the information to target their educational efforts or to present to larger audiences.

In sum, a CBPR evaluation planning process is an appropriate method for achieving a range of evaluation objectives. In addition to the development of evaluation plans and tools, this CBPR evaluation accomplished several evaluation objectives:

1. **Provided Program Advocacy**. A basic assumption of the CBPR framework is that communities are the experts. The evaluation planning process encouraged the TPEN communities to take control of what to evaluate and how to evaluate it. It also legitimized different ways of knowing that were meaningful to the communities, which lead to increased interest in evaluation.
2. **Built Evaluation Capacity**. The evaluation planning process was designed to equip the TPENs with the basic knowledge and skills required to plan and conduct their own evaluation. The process served as a blueprint that can be adapted to future evaluation efforts.
3. **Encouraged Program Documentation**. In addition to understanding the importance of documenting their work, the TPEN Project Coordinators now have tools to do so that can be modified and shared.
4. **Identified Key Community-Specific Processes**. By examining a specific activity undertaken by each TPEN, it was possible to learn more about how to attain policy objectives within a specific community. For example, we learned that coalition building is an essential first step in mobilizing a community around tobacco-specific policy. Communities often lack a shared understanding of the problem and/or do not prioritize tobacco-related issues. Each TPEN now understands the importance of coalition building and has tools to evaluate their efforts. Thus, examining what works within each community will improve our understanding of what it takes to achieve policy objectives.
5. **Encouraged the Development of a Community Knowledge Base**. Over time, program documentation and evaluation efforts will lead to the development of a knowledge base about how to do tobacco prevention and education work in various communities. The TPENs now understand how their work can contribute to building a foundation of knowledge around community-specific practices for tobacco prevention and education.

INTRODUCTION

Tobacco claims the lives of over 430,000 Americans every year, making it the most preventable cause of death and disease in the United States (Centers for Disease Control and Prevention, 1999). Tobacco control has gradually emerged as a critical issue in public health policy, especially among specific populations that disproportionately experience the negative health effects of tobacco use.

Oregon's Tobacco Prevention and Education Program (TPEP) is a comprehensive, statewide public health effort aimed at reducing the toll of tobacco-related death and disease. TPEP activities and TPEP-funded services are designed to benefit all Oregonians through education and outreach, policy development, and changes in community norms. All TPEP-funded programs work to achieve the following Best Practices, as outlined by the Centers for Disease Control and Prevention: 1) creating smokefree and tobacco free environments through public policy, including voluntary policy; 2) countering pro-tobacco influences such as advertising and promotion of tobacco to adults and youth; and 3) promoting quitting among adults and youth.

To address disparities in tobacco use, TPEP grants funds to five community-based organizations (CBOs) to support tobacco prevention and education networks (TPENs) and coalitions. TPENs focus on population groups within Oregon that use tobacco at higher rates than the general population or suffer disproportionately from tobacco-related diseases. TPENs develop and implement culturally reflective best practice strategies to reduce tobacco use and exposure to secondhand smoke in an effort to eliminate tobacco-related disparities. Population groups

identified as disproportionately impacted by tobacco in Oregon include African Americans, Asians and Pacific Islanders, Hispanics/Latinos, urban American Indians, and Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) Oregonians.

NPC Research conducted a Community-Based Participatory Research (CBPR) evaluation planning project with Oregon's specific population TPENs. The CBPR project was generated to assist TPENs in the development of community-driven evaluation plans and evaluation tools, while building capacity for program evaluation. This report presents how NPC Research executed a CBPR evaluation planning project with the TPENs. The initial CBPR plan was based on an application of CBPR methods, and this report

details how our approach was tailored to the unique needs of each TPEN. CBPR is typically an iterative and responsive process that is flexible to changes in programs and program contexts.

This report is organized as follows. First, we present a brief overview of evidence-based practices as defined by the Centers for Disease Control and Prevention (CDC), and show how these practices align with each TPEN's activity selected for evaluation planning. Second, we review the basic principles of CBPR. Third, we describe our initial framework for carrying out a CBPR evaluation planning process with the five specific population TPENs. Fourth, we outline an evaluation plan and an accompanying set of customized evaluation tools for each TPEN.

BEST PRACTICES AND ADAPTATIONS FOR SPECIFIC POPULATIONS

The State of Oregon has charged the specific population TPENs with building community-based coalitions that will implement evidence-based, culturally relevant tobacco prevention and education projects. This overview is meant to support TPEN efforts by summarizing the nine best practices recommended by the CDC, and when possible providing evidenced-based suggestions for adapting the best practices for five populations experiencing disparities in tobacco use (Urban American Indian, Asian and Pacific Islander, Latino, LGBTQ, and African American).[1] We also describe how each TPEN's current projects align with best practices.

The CDC has developed a set of nine evidenced-based best practices for comprehensive tobacco control programs. These practices are: 1) community programs, 2) chronic disease programs, 3) school programs, 4) enforcement, 5) statewide tobacco control programs, 6) countermarketing, 7) cessation programs, 8) surveillance and evaluation, and 9) administration and management. Use of best practices supports the national tobacco control goals of preventing the initiation of tobacco use among young people, eliminating exposure to secondhand

smoke, promoting quitting among young people and adults, and reducing the disparate effects of tobacco use within specific population groups (Centers for Disease Control and Prevention, 1999). The CDC's best practices for comprehensive tobacco control programs emerged from evidence-based analyses of states' tobacco control efforts. "Evidence" refers to peer-reviewed published studies of tobacco control programs. The tobacco control efforts of the pioneering states, California and Massachusetts, also provide evidence for what works in terms of large-scale state tobacco prevention and control programs.

To date, best practices for comprehensive tobacco control programs have been developed based on research involving primarily White/Caucasian individuals. Little is known about how to adapt them in specific populations that are disproportionately affected by tobacco use. Historically, the primary adaptation was translating materials into languages other than English. More recent research has shown that for best practices to be appropriate for specific populations, they need to be more broadly adapted to the population's culture (e.g., historical context, current needs of specific populations; Ellis, Reed, &

[1] The primary source of information on adaptations described in this report came from the 1998 Surgeon General report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups: African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics* (U.S. Department of Health and Human Services (USDHHS), 1998), which contains an overview chapter of the various approaches used to prevent and control tobacco use among four racial and ethnic minority groups in the United States.

Scheider, 1995). Marin (1993) recommended that for a best practice to be considered culturally appropriate, it must be based on cultural values and reflect the cultural attitudes, expectations, norms, and behavioral expectations of the group.

Barriers exist for specific populations interested in implementing culturally appropriate tobacco control programming. First, research to date on tobacco control in various racial/ethnic populations has focused on a limited number of best practices (youth access to tobacco, school-based programs, media, and smoking cessation), possibly because ethnic communities have received fewer resources to address tobacco use and prevention (Robinson, Shelton, Hodge, Lew, Lopez, Toy, et al., 1995). Second, scant research addresses tobacco control in cultural groups that are not based on race/ethnicity. For example, there is little information regarding tobacco use among LGBTQ youth and adults. This lack of information impedes the development of effective prevention and cessation programs, as it limits what is known about the factors that lead these youth to start smoking, and what the norms are related to tobacco use within this subgroup (Remafedi & Carol, 2005). Indeed, considerable work remains to ensure that the CDC's general best practices are, in fact, effective within a variety of populations facing tobacco disparities.

Best Practice #1: Use Community Programs to Reduce Tobacco Use

According to the CDC, it is best practice to establish and support local, grassroots, community-oriented programs that cover a wide range of activities designed to curb tobacco use. Community programs should 1) increase the number of entities involved in implementing educational programs, 2) use counter-marketing campaigns to deliver pro-health messages to the community, 3) encourage public and private tobacco control policies, and 4) measure their outcomes. Such activities include working with young people to develop tobacco control interventions, developing partnerships with local organizations, conducting educational programs, supporting policies that promote clean indoor air, restricting tobacco access, and providing insurance coverage for cessation.

Suggestions & "State of the Research" for Adapting Community-Based Tobacco Reduction Programs for Specific Populations

Each specific population TPEN is involved in a number of community-based activities aimed to expand educational efforts, implement counter-marketing campaigns, and promote tobacco control policies. Of these three activities, only tobacco control policies pertaining to exposure to secondhand smoke have been widely evaluated within specific populations.

Research has shown that individuals from certain populations are more likely to be exposed to secondhand smoke at their work place than others. The 1993 California Tobacco Survey found that while 19% of Caucasians are exposed to secondhand smoke at work, 32% of Hispanics are exposed to environmental tobacco smoke (USDHHS, 1998). This disparity is attributed to the greater likelihood that Hispanics work in industries where smoking on the job is permitted (e.g., service occupations). To date, Oregon's Clean Air Act does not provide legal protection from secondhand smoke in bars, tobacco retailers, bowling centers, hotel rooms, and licensed bingo halls, suggesting that service industry workers are at higher risk for

secondhand smoke exposure (Oregon Department of Human Services, 2006b). In Oregon, African Americans, American Indians, Native Hawaiian and Pacific Islanders, and Hispanics are overrepresented in the service industry (O'Conner, 2006), suggesting that the risk for exposure to secondhand smoke within these specific populations may be elevated.

One strategy used in specific communities is to alert employers to both the health effects of secondhand smoke on their workers, and to the disparity of workplace exposure of secondhand smoke. Smoking bans and restrictions have been found to be generally effective in reducing exposure to environmental tobacco smoke (Task Force on Community Preventive Services, 2001). In Oregon, 86% of the adults surveyed agreed that people should be protected from secondhand smoke (Behavioral Risk Factor Surveillance System, 2005), suggesting that there is broad support for protections against environmental tobacco smoke.

Secondhand smoke exposure also occurs in the home. In 2005, almost 5% of nonsmoking Oregonians reported that someone had smoked tobacco in their home in the past month (ODHS, 2006). There is some evidence that Asian Americans and Hispanics are the least likely to allow smoking indoors, whereas African Americans and Native Americans are more likely to allow indoor smoking, and in fact are more likely than Caucasians to smoke in their homes (USDHHS, 1998). This finding suggests that Asian/Pacific Islander and Hispanic communities may be more willing to mobilize around public health efforts to voluntarily ban smoking in the home, while African American and Native American populations may have a greater need for interventions targeting this area.

Best Practice #2: Chronic Disease Programs

Chronic disease programs address the burden of tobacco-related diseases on society. Even if all forms of tobacco use were to immediately cease, the lingering health effects among former users could still have the potential to tax our nation's healthcare resources. Consequently, chronic disease programs are meant to focus attention on prevention and early detection of diseases associated with tobacco use, such as lung cancer, asthma, atherosclerosis and other cardiovascular diseases.

SUGGESTIONS AND "STATE OF THE RESEARCH" FOR ADAPTING CHRONIC DISEASE PROGRAMS FOR SPECIFIC POPULATIONS

Each specific population has problems with tobacco-related chronic diseases. According to the CDC (CDC, 1998), African Americans are disproportionately affected by heart disease, cancer, and stroke—all aggravated by tobacco use. Lung cancer is the leading cause of cancer death among Asian Americans/Pacific Islanders, Hispanics (especially men), and Native Americans/American Indians. Coronary heart disease is also the leading cause of death for Hispanics living in the United States. Cardiovascular disease is the leading cause of death among Native Americans/American Indians. Less is known about tobacco-related chronic diseases in the LGBTQ community.

There is evidence linking chronic disease and tobacco use according to the Oregon Tobacco Quit Line Annual Report (July 2005 – June 2006; Free & Clear, 2006). Approximately 23% of callers reported on their chronic health conditions; of these 1591 individuals, 52% reported having asthma, 20% reported having chronic ob-

structive pulmonary disease (COPD), 19% reported having diabetes, and 9% reported having coronary artery disease (CAD).

Despite these health disparities, we were unable to find empirical work on chronic disease programs with respect to specific populations. That is not to say that such programs do not exist. The Steps Program, for example, is specifically funding community-based disease prevention and health promotion programs that target a variety of groups facing health disparities (e.g., tobacco use, asthma, diabetes). Although the Steps-funded programs have not yet been evaluated, the CDC has published community success stories linking desirable outcomes (e.g., improved health, reduced health care insurance premiums) with Steps-funded wellness programs (CDC, 2007). All of the TPEN Program Coordinators explained that other health issues take precedence over tobacco, and that holistic health and wellness approaches may be more appropriate within their specific communities. Given a community's concern about other types of diseases, it may be a promising practice to align tobacco prevention efforts with the work of other types of health coalitions.

Best Practice # 3: School Programs

School programs are essential in the overall system of tobacco control and awareness. There are a wide variety of available programs suitable for schools of various sizes, scales and funding models (for examples see *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*; CDC, 1994). School programs should be rooted in evidence-based curricula, and include teacher training modules, cessation services, parental involvement initiatives, and appeals for specific tobacco-free policies.

Suggestions and "State of the Research" for Adapting School Programs for Specific Populations

School-based prevention programs have been shown to increase youth's knowledge of the effects of tobacco use and to help youth develop more anti-tobacco attitudes (CDC, 1994). The CDC has stated that these programs are an important and effective intervention strategy that should be adopted in all communities nationwide. In a study of Oregon schools, smoking prevalence among eighth grade students declined more in schools that received tobacco program funding, and even more dramatically among schools that had high and medium levels of tobacco program implementation (CDC, 2001).

The CDC has also stated that school-based programs should be sensitive to and representative of the cultural, racial and ethnic diversity present in many schools across the country. A particular challenge to implementing culturally relevant programs in schools is that in many urban settings schools include several different specific populations within the same building making it difficult to implement a program that is sensitive to all represented populations.

To address these challenges, there is ongoing evaluation of school tobacco control programs in order to determine the extent to which certain programs are both generally effective and sensitive to both specific populations at the same time. Programs are generally developed with no particular racial/ethnic group in mind, and offer various combinations of activities designed to increase social-resistance skills, promote positive life options, enhance self-esteem, reduce stress, resist tobacco advertising appeals, cope with anxiety, improve diet, develop verbal and

nonverbal communication, increase social and assertiveness skills, and increase tobacco awareness. Activities include role-playing, direct instruction, behavior modeling, rehearsal, and group feedback.

Currently, there is no consensus on which combinations work best and for whom. Some programs that were developed for specific populations include cultural elements (e.g., incorporating rap as a modality when targeting African American youth; community and/or elder involvement in programs for Native American/American Indian youth). These approaches have been found to be effective in increasing knowledge of tobacco and related health problems, but no information was available on ratings of smoking initiation and continuation (USDHHS, 1998). A recent study of tobacco prevalence in the LGBTQ community suggested that LGBTQ youth should be involved in the design and implementation of interventions, and that prevention programs must support positive identity formation as well as nonsmoking in order to be relevant (Remafedi & Carol, 2005).

Another area for intervention is school policies on tobacco use on campus. Approximately 90% of Oregonians agree that adults should be banned from using tobacco on school grounds (BRFSS, 2005). The Oregon State University System has banned smoking in all indoor spaces (OARS 576-040-0015), and all Oregon schools have banned tobacco use (adults and students) on campus (OARS 581-021-0110).

Best Practice #4: Enforcement

Enforcement programs are essential when it comes to the issues of secondhand smoke in public or tobacco accessibility to minors. They are meant to deter violators, control access to tobacco products, and to send a message to the public that these issues are important to community leaders. Enforcement activities include retailer compliance checks, civil penalties for noncompliance, and eliminating self-service displays and vending machines in retail outlets that are accessible to youth.

Suggestions and "State of the Research" for Adapting Enforcement Strategies for Specific Populations

The passage of the Synar Amendment to the Alcohol, Drug Abuse and Mental Health Administration Act of 1992 targeted the issue of youth access to tobacco. This act required that all 50 states, the District of Columbia, and all other United States jurisdictions enact and enforce legislation restricting the sale of tobacco products to minors. Research has shown that this effort has helped to reduce the extent to which youth are able to purchase tobacco from retail outlets, but it is not clear whether it has impacted youth tobacco use (USDHHS, 1998).

At the same time, however, research has documented that more than any other groups, children of color, specifically African American youth and Hispanic girls are more "able" to purchase tobacco products than other youth (Landrine, Klonoff, & Alcaraz, 1997). Furthermore, there is evidence that tobacco advertising is more prevalent in African American and high poverty neighborhoods (Snell & Bailey, 2005).

In response to this disparity certain communities have implemented education campaigns designed to inform business owners and leaders of the legal implications of their advertising and selling tobacco to minors. Studies have shown that these efforts have largely been successful at reducing youth access to tobacco, even in communities of color (Keay, Woodruff,

Wildey, & Kenney, 1994). Other approaches targeting specific populations have involved concentrated efforts on small convenience stores, eliminating self-service tobacco stands, and on youth access to vending machines.

Growing evidence suggests that active enforcement of state tobacco sales and advertising laws promotes retailer compliance (Snell & Bailey, 2005; Woodhouse, Sayre, & Livingood, 2001). Enforcement may also have differential effects on specific populations. For example, one study found that a high degree of law enforcement around youth tobacco possession had a stronger positive influence on youth who identified themselves as black or African American as compared to youth who identified themselves as white (Livingood, Woodhouse, Sayre, & Wludyka, 2001).

There are other issues within specific populations that must be addressed when developing tobacco control policies for these youth (USDHHS, 1998). For example, there is some evidence that adults within populations facing tobacco disparities may be somewhat more likely to believe that tobacco control laws are effective in restricting youth access to tobacco. This suggests that in order for them to see the need for more stringent laws, policies, and enforcement, it may be necessary to educate them about the extent to which underage youth are able to obtain tobacco.

Another example is that African American and Hispanic youth may be less likely than Whites to have ever been asked to show ID when buying cigarettes. Outreach to business owners combined with increased enforcement may be especially effective in restricting youth access in these specific populations. Finally, purchasing single cigarettes is more prevalent in minority youth populations than in the White population. In Oregon, educating retailers, monitoring the unlawful sales of single cigarettes, and enforcing this law may be promising approaches to reduce minority youth access to tobacco.

Although enforcement of school tobacco policies is a key component of school-based tobacco control programs (CDC, 1994), we were unable to find studies that evaluated enforcement approaches or linked enforcement to desirable outcomes such as increased awareness of tobacco health issues or reductions in tobacco use.

In addition to youth access to tobacco, secondhand smoke exposure laws and regulations are another area in which enforcement plays a role. Currently, Oregon's Clean Indoor Air Act prohibits smoking in most workplaces (excluding bars, bowling centers, bingo halls, tobacco stores, and designated hotel rooms), protecting 95% of employees from the effects of secondhand smoke (Oregon Department of Human Services, 2006a). The Oregon Indoor Clean Air Act will change to include all workplaces with the exception of tobacco shops and cigar bars as of January 2009.

Research has shown that smoking bans are more effective in reducing exposure to secondhand smoke in the workplace than smoking restrictions (Task Force on Community Preventive Services, 2001), although the issue of enforcement was not discussed. It is possible that bans are associated with the risk of enforcement more so than restrictions. Another possibility is that bans may have the effect of decreasing perceived smoking prevalence because fewer people are seen smoking, and they send a message that smoking is not socially acceptable (Albers, Siegel, Cheng, Biener, & Rigotti, 2004).

Recent evidence suggests that without enforcement, some groups, specifically women of low socioeconomic status, do not have the resources necessary to avoid secondhand smoke exposure in the home

and at work (Greaves, Vallone, & Velicer, 2006). We were unable to locate studies that specifically addressed the enforcement of secondhand smoke laws within specific populations.

Best Practice #5: Statewide Tobacco Control Programs

Statewide programs can be effective agents of tobacco control, not only in a myriad of specific ways (technical assistance and evaluation of existing programs, media advocacy, policy implementation, etc.) but also in supporting the local organizations that share the same overall tobacco-control objectives. When a state supports organizations that have access to its diverse communities, it may be possible to reduce disparities in tobacco use among the state's various population groups (California Department of Human Services, 1998; CDC, 2004).

SUGGESTIONS AND "STATE OF THE RESEARCH" FOR STATEWIDE PROGRAMS IN SPECIFIC POPULATIONS

California is a pioneer in state tobacco control programs. Several lessons learned since 1988 (when the first ballot initiative was passed to provide funds for tobacco control in California) can inform other states' efforts in tobacco control. Although these lessons are not specific to certain cultural groups, they are recommendations for supporting effective statewide tobacco control efforts for the general population (California Department of Human Services, 1998).

1. Develop a sense of shared mission among all partners.
2. Foster strong commitment and value for tobacco control among program staff.
3. Communicate clearly and frequently with all partners.
4. Support and empower community mobilization efforts by allowing communities to take the lead.
5. Develop a statewide media campaign that frames the issues deemed most significant statewide.
6. Create a clearinghouse of up-to-date, culturally relevant materials for local coalitions to use.
7. Provide technical assistance and training to local programs.
8. Establish a tobacco use cessation helpline.
9. Engage in surveillance and evaluation to assess performance and impact.
10. Have a decentralized coalition structure so that information, project ideas, and community mobilization originates in communities.
11. Develop an oversight committee in charge of master planning and assessment of overall progress.
12. Develop statewide coalitions with various organizations (e.g., American Cancer Society, American Lung Association, healthcare associations) to facilitate community-level coalition development.

Taken together, many of these suggestions point to the importance of community-based information gathering, program development, and decision-making, and as such support the importance of having tobacco coalitions comprised of members of specific minority groups and subpopulations (in addition to geographic or other "communities"). Strong state support for groups like the specific population TPENs can be interpreted as a "best practice" in tobacco prevention. In light of research suggesting that there are few dedicated state-level resources for tobacco control and prevention in communities of color in the United States (Themba-

Nixon, Sutton, Shorty, Lew, & Baez-conde-Garbanati, 2004), state support should also take the form of adequate funding.

In addition to improving statewide support for the specific population TPENs, states can support tobacco prevention through economic efforts such as the taxation of tobacco products. There is strong evidence that increasing the price of tobacco products reduces consumption in youth and adults, a finding that has been found for African American and Hispanic populations (Task Force on Community Preventive Services, 2001). There appears to be some evidence that African Americans and Hispanics are most likely to support increased taxation of cigarettes and to reduce tobacco use when the cost of tobacco increases (USDHHS, 1998; Chaloupka & Pacula, 1999). One related strategy that may be appropriate for specific populations is to advocate for earmarked taxes on tobacco, with the revenues directed toward prevention and treatment resources in the designated communities.

Finally, another potential statewide tobacco control strategy is the use of health advisory warning labels on tobacco products. The primary modification to this best practice has been the translation of warnings on tobacco product packaging. While African Americans and Hispanic tend to support these warnings more than Caucasians (USDHHS, 1998), little is known as to the effectiveness of including these population specific warnings on tobacco products. However, social psychologists believe that warnings may be effective when specifically targeted to certain populations, such as women with children (Strahan, White, Fong, Fabrigar, Zanna, & Cameron, 2002). Thus, this is an important area in need of further study.

Best Practice #6: Counter-Marketing

Counter-marketing refers to a wide range of media endeavors that take place on national, state, regional, and local levels. Usually involving print media (e.g., billboards, magazine ads) and paid radio or television spots, these techniques attempt to counter pro-tobacco influences and increase pro-health messages in the public domain. Counter-marketing campaigns can help promote smoking cessation as well as decrease the likelihood of initiating tobacco use. They can also help cultivate public support for tobacco control interventions in schools and other community groups.

Suggestions and "State of the Research" for Adapting Counter-Marketing in Specific Populations

In contrast to some of the other best practices, there is considerable research on the type and effectiveness of counter-marketing campaigns for specific populations. These strategies include: focusing specifically on a targeted subset of individuals deemed most at-risk for tobacco use; use of known and respected community leaders to direct the message that tobacco use is harmful; and use of culturally relevant messages and culturally appropriate delivery systems (USDHHS, 1998).

Media is also used to counter tobacco industry advertising directed to encourage tobacco use by specific populations. Research has shown that racial and ethnic minorities, especially African American, Hispanic, and Asian and Pacific Islander communities (Muggli, Pollay, Lew, & Joseph, 2002), and sexual minorities (Goebel, 1994) are targeted as important markets for tobacco industries. One study found that tobacco advertisements are found 4.6 times more often in urban

communities of color than in suburban communities (Ewert & Alleyne, 1992). Mass media interventions to combat these targeted efforts on the part of the tobacco industry, especially when coupled with other interventions, are effective for reducing tobacco consumption among adolescents and young adults within these specific communities (Task Force on Community Preventive Services, 2001).

More broad-based media programs that target specific populations tend to focus on the cultural norms of that population. In Hispanic communities, tobacco use awareness media often will focus on family or "la familia," and in particular the effect of secondhand smoke on children. In addition to culturally relevant messages, culturally appropriate delivery systems (e.g., accessible, considered credible within the community) also must be considered when implementing a media program directed to a specific population. For example, there is some evidence that African American youth tend to respond best to print media, whereas Asian American and Hispanic youth respond best to school-based presentation or television commercials (USDHHS, 1998). Currently, there is no consensus on the type of media outlet that is most effective, and when and how often advertisements should be presented.

As previously stated, tobacco product advertising is often directed toward specific populations. Not surprisingly, members of these targeted populations are more likely than Caucasians to support bans on tobacco advertising (USDHHS, 1998). Certain communities, such as the Philadelphia Coalition Against Uptown Cigarettes, have led successful campaigns that include various sectors of the community (e.g., business, faith, government) that mobilize the community to boycott certain products sold by those companies that target their community. Other communities have protested certain advertisements until the advertisement was removed from the community. These efforts in community mobilization laid the foundation for tobacco education networks similar to those funded in the state of Oregon. Despite the fact that tobacco companies have targeted the LGBTQ community, little is known about effective counter-marketing practices (e.g., Ryan, Wortley, Easton, Pederson, & Greenwood, 2001).

Best Practice #7: Cessation Programs

Cessation programs are designed to curb tobacco use through telephone helplines and referral systems, pharmaceutical aids, medical advice, and behavioral counseling. Cessation programs can by augmented by cost analysis designed to help eliminate the economic barriers that can prevent citizens from seeking appropriate treatment options (e.g., access to insurance and health care).

SUGGESTIONS AND "STATE OF THE RESEARCH" FOR ADAPTING CESSATION PROGRAMS IN SPECIFIC POPULATIONS

Smoking cessation programs include self-help groups, support groups, community-based interventions in health care settings, employer-sponsored programs, and/or nontraditional provider interventions. Most smoking cessation programs for specific populations use a self-help approach with the use of culturally relevant mentors (Stotts, Glynn, & Baquet, 1991). There is some evidence that self-help approaches are less effective in racial/ethnic minority populations that in the White population. Indeed, African Americans and Hispanics tend to believe that willpower is the best way to quit smoking (Marin, Marin, Perez-Stable, Sabogal, & Otero-Sabogal, 1990; Orleans, Schoenbach, Salmon, Strecher, Kalsbeek, Quade,

et al., 1989). However, smoking cessation programs that focus on the effects of secondhand smoke have been shown to be effective with Hispanic and Asian American populations, possibly because of the strong family values that characterize these cultures (Ma, Lan, Edwards, Shive, & Chau, 2005; Martinez-Bristow, Sias, Urquidi, & Feng, 2006). A recent study suggested that cessation efforts for this population should address the psychosocial and cultural issues that support or encourage tobacco use in this population (Remafedi & Carol, 2005).

In addition to self-help programs, community-based cessation programs have been developed for specific populations. Due to the large target area for these initiatives (e.g., the Hispanic community in a given city), it is hard to know the impact these initiatives have on smoking cessation. Some communities have creatively incorporated anti-smoking and smoking cessation messages and services in various settings and in culturally appropriate ways. For example, in Baltimore, Maryland, a predominately African American community, a project was carried out that focused on involving churches in both educating their members on the health effects of tobacco use, and in promoting health behaviors by offering smoking cessation workshops (Stillman, Bone, Rand, Levine, & Becker, 1993). Similar innovative cessation programs have been directed toward the Asian American and Hispanic populations as well, and involved the predominant spiritual or religious communities within these populations.

Quit Lines have been shown to be an important component of state comprehensive tobacco control plans that directly addresses cessation. According to the Oregon Tobacco Quit Line Annual Report (July 2005 – June 2006), the vast majority of Oregonians who call the Quit Line are White, and Asian/Pacific Islanders are the least likely to use the Quit Line. Improving access to the Quit Line and providing community-specific education to encourage Quit Line usage may be promising practices for promoting cessation among Oregon's populations facing tobacco disparities.

Best Practice #8: Surveillance and Evaluation

Surveillance and evaluation refers to promoting accountability by monitoring the overall effectiveness of programs already in operation. Surveillance involves regularly monitoring tobacco-related behaviors, attitudes, and health outcomes, as well as shorter-term indicators of program effectiveness (e.g., extent of community exposure to pro-health advertising) and mediating factors (e.g., pro-tobacco media). Evaluation should be linked to surveillance systems, and should provide information about the most effective programs.

Suggestions and "State of the Research" for Adapting Surveillance and Evaluation in Specific Populations

All states track smoking prevalence among racial/ethnic groups (White, African American, Hispanic, Asian/Pacific Islander, and American Indian/Alaskan Native; e.g., USDHHS, 2004). Only recently has attitude and prevalence data started to be collected in the LGBTQ community. Some of the barriers include a lack of questions about sexual orientation on state or national surveys and the difficulty of accessing sufficient numbers of LGBTQ people to warrant detailed analysis (Ryan et al., 2001). All cultural groups face the possibility of being underrepresented on state or national surveys, so

oversampling is one approach to ensure adequate sample sizes for statistical analysis. The other issue is that very little evaluation research has been done on to document the effectiveness of programs within specific populations. For example, large tobacco companies regularly target the LGBTQ population but there is little funding for evaluating how to counteract these pro-tobacco advertising efforts (Ryan et al., 2001).

Many traditional evaluation and research approaches are inconsistent with or inappropriate for the traditional values that constitute the key elements for effective strategies within these specific populations. Community-Based Participatory Research (CBPR) projects, such as the one funded to evaluate Oregon's TPENs, represent an innovative approach to evaluating the effectiveness of tobacco prevention efforts for specific cultural groups. The CDC has suggested using the CBPR model when planning and evaluating tobacco prevention and control activities (Mercer, MacDonald, & Green, 2004). With facilitation, CBPR gives power to the community to make decisions about what should be evaluated and what constitutes evidence of success. The process of CBPR builds capacity within communities of color to enact their own research and evaluation.

Best Practice #9: Administration and Management

A strong administration and management structure can facilitate the coordination of program components through various agencies (e.g., education, health) and organizations. Such coordination helps with the integration of larger statewide programs and local efforts. Administration and management structures also provide additional accountability around program contracts, which translates to fiscal responsibility.

Suggestions and "State of the Research" for Adapting Administration and Management in Specific Populations

We were unable to locate suggestions for coalition building, infrastructure development, and other structural features of administration and management within the specific population groups. It is beyond the scope of this report to detail elements of successful coalition building; however, the following is a list of essential elements for developing effective health coalitions, which has been well-studied at least in the general population (Butterfoss, Goodman, & Wandersman, 1996; Kegler, Steckler, McLeroy, & Malek, 1998; Rogers, Howard-Pitney, Feighery, Altman, Endres, & Roeseler, 1993; Woff, 2001). How these elements may need to be adapted for use within specific populations has not been documented.

1. Skilled leadership.
2. Shared decision making among coalition members.
3. More linkages with other organizations creates greater organizational capacity to mobilize resources and implement projects/programs.
4. Shared vision of role of coalition, which promotes a task focus at meetings and eliminates ambiguity.
5. Good relationships between coalition members.
6. Clear and frequent communication between coalition members.
7. Adequate resources including funding and staff time.
8. Skilled coalition members.

9. Technical assistance from oversight bodies.

Mapping CDC Best Practices to TPEN Activities

TPENs focus on population groups within Oregon that use tobacco at higher rates than the general population or suffer disproportionately from tobacco-related diseases. TPENs develop and implement culturally reflective best practice strategies to reduce tobacco use and exposure to secondhand smoke in an effort to eliminate tobacco-related disparities. State funding for the five TPENs began in 2000.

All of the TPENs have four core activities: 1) provide training and technical assistance to community partners, programs, and policymakers; 2) maintain a network of partners interested in tobacco use within their particular community; 3) work collaboratively with other TPENs through the Multicultural Council, and 4) engage in policy advocacy activities aimed to address community-specific tobacco use needs.

URBAN AMERICAN INDIAN TPEN

American Indians/Alaskan Natives are twice as likely to smoke as Oregonians in general (ODHS, 2007). Each year in Oregon, 64 American Indians/Native Americans die from tobacco use, and 1,250 suffer from tobacco-related illnesses (ODHS, 2007). The Urban American Indian (UAI) TPEN is housed at the Native American Rehabilitation Association (NARA), an addictions treatment facility. This TPEN is currently working to enact a smoke-free policy at the Native American Rehabilitation Association (NARA), which is drug and alcohol treatment facility in Portland, OR [*Best Practice #1: Use Community Programs to Reduce Tobacco Use*]. The long-term goal of this project is to enact policy that will reduce tobacco use among NARA employees and clients, and improve access to cessation services in the Native community.

ASIAN & PACIFIC ISLANDER TPEN

Despite the fact that Asian and Pacific Islanders have the lowest smoking prevalence among any racial group in Oregon, 38 Asian and Pacific Islanders die from tobacco use and 742 suffer from tobacco-related illnesses each year in Oregon (ODHS, 2007). The Asian and Pacific Islander (API) TPEN is housed at the Asian Family Center, which is an agency that provides services to medically underserved API and Southeast Asian communities. This TPEN's recent activities are primarily focused on collecting information from API restaurant/bar owners about tobacco use in their establishments, educating the business owners about secondhand smoke and state tobacco laws, and developing a coalition of business owners interested in tobacco prevention [*Best Practice #1: Use Community Programs to Reduce Tobacco Use*]. The primary long-term goal of this project is to reduce secondhand smoke exposure in the workplace by encouraging the adoption of voluntary smoke-free policies.

LATINO TPEN

Latinos are more likely to be exposed to secondhand smoke at work than the general population in Oregon (ODHS, 2007). Furthermore, 50 Latinos/as die from tobacco use and 977 suffer from tobacco-related illnesses each year in Oregon (ODHS, 2007). The Latino TPEN is housed at the Oregon Human Development Corporation, which addresses the health issues of Latino migrant farmworkers. The Latino TPEN is currently developing a tobacco-specific training system for healthcare workers at migrant health clinics in Oregon [*Best Practice #1: Use Community Programs to Reduce Tobacco*

Use]. The long-term goal of this project is to improve access to cessation services by encourage migrant health clinics to adopt policies requiring health care workers to discuss tobacco use with and provide cessation resources to clients.

LGBTQ TPEN

LGBTQ adults smoke at rates 36% higher than the general population in Oregon, and the highest prevalence is among 25 to 34 year olds (ODHS, 2007). The LGBTQ TPEN is housed at the Sexual Minority Youth Resource Center (SMYRC), under the larger umbrella of Cascadia Behavioral Health. This TPEN does a great deal of outreach to the LGBTQ community regarding tobacco education, prevention, and cessation [*Best Practice #1: Use Community Programs to Reduce Tobacco Use*]. It is also planning to create a media campaign that targets youth and young adults, sending the message that there are ways to be "cool" and to connect with people that do not involve tobacco [*Best Practice #6: Counter-Marketing*]. The long-term goal of the media campaign is to prevent tobacco use (or promote cessation) among youth by encouraging the adoption of smoke-free policies at youth establishments.

AFRICAN AMERICAN TPEN

Each year in Oregon, 76 African Americans die from tobacco use, and 1,485 suffer from tobacco-related illnesses (ODHS, 2007). Smoking prevalence has significantly increased among Oregon African Americans since 2000-2001, and it has decreased in the general population (ODHS, 2007). The African American TPEN is housed at LifeworksNW, which is a mental health and addictions treatment agency. This TPEN's activities are currently focused on coalition building (referred to by community members as "relationship building") within the African and African American communities [*Best Practice #1: Use Community Programs to Reduce Tobacco Use*]. The African American TPEN has primarily focused on youth and young adults, other healthcare agencies serving the African/African American population, and faith-based communities. The long-term goal of coalition building is to facilitate partnerships and coordinate efforts around policies that promote tobacco education, prevention, and cessation. For example, the TPEN is working to partner with healthcare agencies to develop comprehensive tobacco policies for their facilities, employees and clients.

Summary of Best Practices

To support the efforts of the specific population TPENs, we summarized the available literature describing evidence-based adaptations to the CDC's best practices for tobacco prevention in five populations facing tobacco disparities in Oregon: 1) Urban American Indian (UAI), 2) Asian/Pacific Islander (API), 3) Hispanic/Latino, 4) Lesbian/Gay/Bisexual/Transgender/Questioning (LBGTQ), and 5) African American. This review suggests that in general, there is little research to date that documents either how best practices are being adapted to meet the needs of these cultural subgroups, or the extent to which these adaptations are successful. Moreover, there is little research that examines the effectiveness of the best practices, as originally developed, for these specific populations.

Clearly, more documentation and evaluation of whether and how best practices should be adapted to specific populations is badly needed. Findings to date leave many questions about what the most effective strategies are for populations facing tobacco disparities, and how culturally specific elements may enhance program effectiveness. TPEN activities incorporate

the CDC's nine best practice elements, and there is a considerable amount that can be learned from these efforts. Support is needed to ensure these activities can be well-implemented and well-documented so that lessons can be learned from these projects and used to fine-tune and improve ongoing tobacco prevention efforts in the state of Oregon. To this end, the remainder of this report focuses on a Community-Based Participatory Research approach to evaluation planning for a selected activity within each TPEN.

COMMUNITY-BASED PARTICIPATORY EVALUATION PLANNING

Community-Based Participatory Research (CBPR) is an approach to evaluation that differs markedly from traditional methods of evaluation by engaging program stakeholders (including program funders, directors, staff, participants, and broader community members) in the evaluation process through an ongoing dialogue meant to facilitate shared learning and power about the evaluation design, data collection, and use of information. Rather than the evaluators imposing an externally developed evaluation process onto the program, evaluators take the role of "coaches"—sharing their evaluation expertise with CBPR participants while at the same time soliciting, valuing and incorporating the expertise of community members.

CBPR is particularly appropriate for the specific population TPENs, as it is a strongly community-based approach, and is rooted in the unique values and traditions of historically underserved groups. Further, the TPEP targeted populations have a history of being extensively "researched," sometimes in ways detrimental to the well being of individuals in these groups. Thus these groups often are (rightly) distrustful of evaluation efforts, especially those imposed "from the outside." CBPR is a technique that asks community members to engage in a process of developing culturally appropriate techniques to collect information to answer the questions that these stakeholders want to know.

CBPR Evaluation Framework

Because the methodology in a CBPR evaluation is designed in collaboration with community stakeholders, it is important to note that all strategies outlined in this framework were tailored to meet the needs of each TPEN and the populations they serve. The evaluation planning process was guided by principles of collaboration, mutual learning, and mutual respect. The goal of the evaluation process was to establish a community-developed, culturally appropriate evaluation plan for each TPEN.

A basic framework for the evaluation can be described as the following series of steps:

1. Information Gathering
2. Information Synthesis
3. Information Sharing & Feedback
4. Develop Goals
5. Complete Evaluation Plan
6. Review Progress

As such, the evaluation process itself became a model for how communities may engage in a useful, dynamic evaluation of their own activities.

STEPS 1& 2: INITIAL INFORMATION GATHERING AND SYNTHESIS

Initial interviews with key TPEN stakeholders in each specific population were conducted as an important first step in establishing positive relationships and trust between the contracted evaluators and key project stakeholders. The NPC Research

team interviewed each TPEN program coordinator and three tobacco prevention stakeholders from the Oregon DHS Public Health Division. These interviews provided an opportunity for the NPC Research team to learn about each stakeholder's perspective on key aspects of their TPEN and its evaluation, and for clarifying values and grounding principles that guided the work in each community. We covered the following topics in each interview:

- History of the TPEN
- TPEN objectives and activities (current and planned)
- Key community values that influence the project's activities and goals
- Barriers to and successes associated with implementing these activities
- Populations served (current and planned)
- Most pressing tobacco prevention and education-related needs for this population and how the TPEN will address the needs
- Strengths or resources and challenges of this community as related to tobacco education and prevention
- Current political or social issues that might influence the implementation of TPEN and its activities
- Experience with evaluation and/or evaluators and current evaluation efforts
- Priorities for each TPEN's evaluation plan

Two key points emerged from the DHS key stakeholder interviews. First, it was clear that the State was interested in understanding the *process* through which specific communities achieve policy objectives, not just whether or not policy was adopted. Second, the State was committed to empowering each community to take ownership of its evaluation process by allowing the evaluation plan to emerge based on community needs and priorities.

The information from this first round of interviews was integrated with information collected by reviewing current and past work plans and reports for each TPEN, and by reviewing other state and national tobacco control program best practices, materials and measures (especially related to specific populations).

STEP 3: INFORMATION SHARING AND FEEDBACK: THE INITIAL EVALUATION TEAM MEETING

Our experience with CBPR suggests that the process often goes more smoothly and efficiently when the guiding evaluators provide community-based decision making groups with proposed ideas, plans, or measures and then facilitate discussion and modification of these ideas. Thus, this process was our starting point, and many strategies changed once the project was underway (these shifts are described in the next section, "TPEN Evaluation Plans"). The Critical Elements of CBPR as suggested by the Agency for Healthcare Research and Quality (AHRQ; Viswanathan et al., 2004) were incorporated into our approach to CBPR as detailed below.

In preparation for hosting the initial evaluation team meetings, we conducted a pre-planning meeting with each Program Coordinator. Pre-planning involved 1) developing a statement of purpose for and defining the goals of the initial evaluation team meeting; 2) discussing the logistics of the meeting; 3) reviewing the start of a program logic model that the evaluation team developed during the Information Gathering and Synthesis phases; and 4) selecting Evaluation Team members. Please see Appendix A for an example of

the initial pre-planning materials and its modifications based on Program Coordinator feedback.

Each TPEN assembled a team of up to 8 individuals representing different stakeholder groups (youth, elders, schools, public health, or other key community groups) to the meeting. TPEN Coordinators were asked to nominate the key stakeholders from within their networks to participate in these evaluation meetings. We specified that the "evaluation team" should be interested in the evaluation and knowledgeable about the TPEN, and should represent core constituents of the TPEN. Please see Appendix B for details of the recruitment plan.

The purpose of the initial evaluation team meeting was to share information already gathered during the initial CPBR phase, and to gather additional data to inform our research approach. These meetings, which lasted 2-3 hours, had the following goals:

1. **Form a collaborative research partnership** by building relationships and trust between community representatives and the evaluation team.
2. **Introduce basic principles of evaluation** to orient those less familiar with what evaluation is and how it can be used.
3. **Establish a structure to guide collaboration** by developing "guiding principles" for group process, discussion, procedures, and decision-making for the large group. The primary decision-rule we established was that local communities had "veto power"—that is, the ultimate right to decline a particular instrument, method or recommendation (Green, Mulvey, Fisher, & Rudacille, 1996).[2]
4. **Identify tobacco-related needs of greatest importance to the community** by soliciting community-specific feedback.
5. **Select a core TPEN activity** for the purposes of evaluation planning.
6. **Begin work on evaluation plans grounded in project-specific logic models.** The use of program logic models as a basis for evaluation is strengthened by a participatory approach (Green & McAllister, 1998; McAllister, Green, Terry, Herman, and Mulvey, 2003). A logic model is a way of organizing and clarifying program resources, activities, short-, intermediate-, and long-term outcomes, and for establishing that there is a reasonably strong link between activities and expected outcomes. We started working with each community to establish a working logic model to serve as the basis for the evaluation plan. In our experience, logic model development is a useful undertaking for programs and also provides a sound framework to guide evaluation. Further, we have found that logic models are particularly helpful in cases in which the programs themselves are comprised of a set of loosely connected strategies and interventions that may vary widely from community to community.

   As a guiding framework, we used the logic models developed by the CDC for National Tobacco Control Programs (Starr, Rogers, Schooley, Porter, Wiesen, & Jamison, 2005). Logic models are available for each over-

[2] Ideas that were vetoed by the local community are documented in the description of each TPEN's evaluation plan.

arching goal of tobacco control: 1) preventing tobacco use initiation by young people, 2) reducing exposure to secondhand smoke, and 3) promoting quitting among adults and young people.

STEP 4: DEVELOP GOALS: THE INITIAL EVALUATION TEAM MEETING

TPEN Program Coordinators and their constituents had varied levels of experience with evaluation. To address this need, NPC did a brief educational presentation on evaluation, focusing on how evaluation can be used to promote each TPEN's agenda. This blended into a discussion of how to set evaluation goals, which were linked to an overview of logic modeling and the development of a preliminary logic model. Since the TPENs are all relatively young and are currently focusing the majority of their time on coalition building, we also spent some time discussing key elements of successful coalitions (both evidence-based and community-generated) and how the TPENs could evaluate the extent of these elements within their own coalition (e.g., Butterfoss, Goodman, & Wandersman, 1996; Granner & Sharpe, 2004; Rogers, Howard-Pitney, Feighery, Altman, Endres, & Roeseler, 1993; Wolff, 2001).

Each community team left their respective meeting with a preliminary logic model. The NPC Research team worked closely with each TPEN Program Coordinator during the period following the meetings to provide technical assistance as needed.

STEP 5: COMPLETE EVALUATION PLAN: SECOND & FOLLOW-UP EVALUATION TEAM MEETINGS

The NPC Research team scheduled two additional 2-hour meetings with each TPEN to continue the process of developing an evaluation plan. The specifics of these meetings varied depending on community needs and structure, but they had the common goal of developing evaluation questions and identifying data sources, measures and data collection methods. We encouraged each TPEN Program Coordinator to re-engage the partners who participated in the initial evaluation team meeting, and to include other key partners as appropriate. In order for the evaluation to be consistent with the CBPR model, community members must be engaged in an ongoing way in the design of the evaluation plan. To address challenges to participation, we scheduled meetings at times that were convenient for community members and provided food.

Each evaluation plan addressed a number of evaluation tasks.

1. **Identify key evaluation questions** to be addressed, with an emphasis on developing consensus on a few high-priority questions to be addressed through the evaluation.
2. **Expand the initial evaluation questions** to include the perspectives of new evaluation team members. We worked with each group to expand on, elaborate, clarify, and/or focus the initial evaluation questions, and to add new evaluation questions.
3. **Revise the preliminary TPEN logic models** developed during the initial evaluation team meeting. As previously mentioned, the logic models reflected what the TPENs were doing and how those activities work to meet short- and long-term tobacco prevention goals. The NPC Research team facilitated a discussion about how each TPEN's logic model served as a blueprint for future evaluation efforts.
4. **Identify data sources, measures and data collection methods** that could potentially answer the evaluation

questions, which also included identifying measurable indicators of the short- and long-term outcomes found on each TPEN's logic model. The NPC Research team worked closely with communities to identify culturally appropriate measures (where available) and to develop or adapt measures to ensure their cultural appropriateness. The process of developing or adapting measures or data collection methods included consultation with community stakeholders.

5. Two TPENs wanted to build on an existing data collection project. The NPC Research team helped them to **revise their current plans for data collection**, and discussed database development, data management and analysis strategies, and reporting.
6. The NPC Research team also **identified and made recommendations for trainings that would support these efforts**. The NPC Research team emphasized the importance of prioritization in making decisions about what kinds of data to be collected, given available resources for these activities. In our experience, keeping the evaluation simple, straightforward, and directly related to answering key questions are essential if communities are to manage and collect their own data.
7. **Develop evaluation tools** to help facilitate stakeholder implementation of the evaluation. Once evaluation plans were established, the NPC Research team developed tools to help facilitate data collection and management, such as simple Excel databases, tracking forms, questionnaires, interview questions, and summary forms for simple tabulation of results. The goal of these activities was to provide local TPENs with the basic skills they need to maintain their own data systems, document their work, and generate information from these systems.

The NPC Research team gathered all of the information generated during the three evaluation team meetings (and various one-on-one meetings with Program Coordinators) and created individual evaluation plans for each TPEN. This process included documenting all of the evaluation activities accomplished during each phase of planning, finalizing logic models and sets of evaluation questions, and developing tools, measures, and data collection plans and methods as appropriate. The final step was to make recommendations about how DHS can best support the TPENs through training, technical assistance, and oversight.

STEP 6: REVIEW PROGRESS

The progress made by the TPENs in developing the evaluation plans was continually monitored to ensure that the CBPR process was working. If problems or challenges in the CBPR process were identified, the NPC Research team worked closely with the TPENs and with DHS stakeholders to problem-solve and adapt the CBPR plan in order to continue to make progress toward the desired outcome (a meaningful and useful evaluation plan).

TPEN Evaluation Plans

In this section of the report we describe how the CBPR evaluation process presented in the previous section was adapted to each specific population TPEN, and we detail their evaluation plans and toolkits.

URBAN AMERICAN INDIAN TPEN

The Initial Evaluation Team Meeting: Information Sharing & Feedback, Develop Goals

The goals of the initial evaluation team meeting were to:

1. Conduct a community needs assessment,
2. Select one UAITPEN activity for the purposes of evaluation planning, and
3. Begin the logic model process for the selected activity.

The community stakeholders were able to identify a wide range of community needs, with a general focus on cessation and the need to understand tobacco as an addiction (see Appendix C). This focus is not surprising given the fact that the UAITPEN is housed at an addictions treatment facility. The group eventually selected coalition building as a primary UAITPEN activity, and this generated a great deal of discussion about what coalition building should look like and which community partners might be important to bring to the table. The NPC Research team facilitated a logic modeling exercise that captured a consensus of what coalition building should look like, the importance of relationships in doing community-based work, and how coalition building relates to longer-term outcomes such as promoting cessation and reducing secondhand smoke in the home.

One of the key contributors to the success of the initial meeting was that the community stakeholders valued coalition building and had a clear understanding of how it should work to attain longer-term outcomes. All of the community stakeholders were actively involved in the Native community (both tribal and urban) and enthusiastically participated in all facets of the meeting. The challenge that we encountered was in trying to capture coalition building in a logic model format. The community stakeholders provided a wealth of suggestions and strategies for the Program Coordinator, and this information was not necessarily appropriate to include on a logic model. To meet this challenge, the NPC Research team documented all of the information provided during the meeting, and then worked with the Program Coordinator to select out those pieces most relevant to the logic model.

The initial evaluation team meeting produced a comprehensive list of tobacco-related community needs, and a coherent logic model of coalition building within the UAITPEN. The progress made allowed the NPC Evaluation team to plan for the second evaluation team meeting, which would center on developing evaluation questions and identifying potential data sources.

The Second Evaluation Team Meeting: Complete Evaluation Plan

Our plan for the second evaluation team meeting was to review the coalition building logic model created at the initial meeting. As we talked through the logic model, we realized that coalition building comprised two parallel processes: expansion and maintenance. Expansion involves identifying and engaging new partners, and maintenance requires providing information and ongoing connection with current partners. With this new framework, we started to develop evaluation questions meant to assess the progress and success of the two parallel processes.

Recognizing the need for this parallel process model was important for advancing the evaluation work for this TPEN because it helped support buy-in from the

community stakeholders, who felt that this model made more sense than the more linear logic model that we had originally developed. The primary barrier to progress during the second meeting was low attendance; the Program Coordinator was not able to attend the meeting (due to family illness) and only one community stakeholder participated in the meeting.

At this point we adjusted the evaluation planning process to include the Program Coordinator and to develop strategies to re-engage the community. The NPC Research team held a private meeting with the Program Coordinator to discuss the parallel process model of coalition building that emerged during the second evaluation team meeting. During the one-on-one, the Program Coordinator asked to shift the focal activity from coalition building to a more concrete project, enacting smoke-free policies at NARA. In an effort to meet the needs of the UAITPEN, we reworked the logic model to reflect Program Coordinator's vision of the policy project and brainstormed new evaluation questions.

Given that a major shift occurred after the second evaluation team meeting, none of the community stakeholders were involved in the development of the logic model and evaluation questions for the policy change project. To take the evaluation process back to the community (and to remain true to the CBPR process), the NPC Research team decided to hold a second one-on-one meeting with the Program Coordinator to discuss ways to get feedback on the policy change logic model and evaluation questions. The Program Coordinator took the new materials to the next UAITPEN coalition meeting and discussed the policy change project during that meeting. The Program Coordinator also gave the NPC Research team a database from a recently administered NARA Employee Survey and together we worked on analyzing and interpreting the results. Over the next several weeks, we also developed an organizational structure for documenting the policy change process.

We held a third one-on-one meeting with the Program Coordinator in advance of the follow-up meeting to 1) share the documentation organizational structure, 2) talk more about the results of the employee survey and how to present findings at an upcoming policy taskforce meeting, and 3) discuss how to use the information from the survey to target her education efforts.

The second evaluation team meeting and three subsequent one-on-one meetings with the Program Coordinator produced a complete logic model with associated evaluation questions and ideas for collecting information about the progress of the policy change project. From here, the NPC Research team was able to develop some tools for the UAITPEN to use for documenting the process and assessing what was working.

The Follow-up Evaluation Team Meeting: Complete Evaluation Plan

At the follow-up evaluation team meeting we provided an overview of the policy change evaluation plan and accompanying data collection tools. Our goal was to get as much feedback as possible from the community stakeholders on what they thought would be important to document about the policy change process. We started out by sharing some results from the NARA Employee Survey and the encouraging the community stakeholders to reflect on some of the findings. Next, we presented the organizational structure for documenting the policy change process. Finally, we shared additional questions to be included on the follow-up NARA Employee Survey in an effort to assess the kind of educational interventions that are

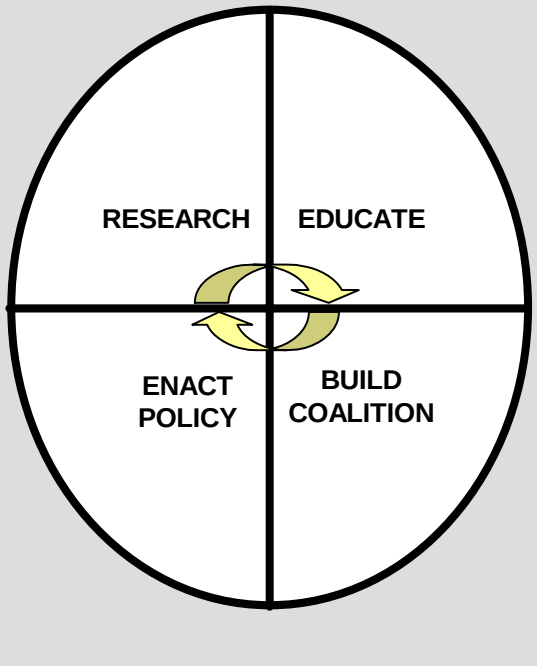
useful for creating support for a smoke-free workplace. The community stakeholders gave us feedback on the questions, and suggested that we also create a brief paper survey to use to gather feedback.

This meeting led to a great deal of buy-in among community stakeholders regarding the importance of treating tobacco as an addiction and for enacting smoke-free policy at NARA. They felt that NARA policy change could be a model for other organizations. The central challenge we faced was that several community stakeholders had not participated in the evaluation planning process to date, so it was difficult to create a shared understanding of the evaluation planning process and even the policy change project itself.

Evaluation Plan

The UAITPEN evaluation plan for enacting smoke-free policy at NARA is organized according to four ongoing program phases: 1) research, 2) educate, 3) build coalition, and 4) enact policy (see Figure 1).

Figure 1. UAITPEN Evaluation Plan



These four phases also guide the TPEN's logic model, evaluation questions, and the data collection instruments. The remainder of this section describes the final UAITPEN logic model, its associated evaluation questions, and how the tools designed for the UAITPEN can be used to collect information about each phase of the smoke-free policy project.

Logic Model. The UAITPEN policy change logic model represents a series of steps that are more iterative than sequential (see Appendix D for the UAITPEN logic model). ***Research*** includes doing background reading on NARA's current policies, developing a case for a smoke-free workplace from empirical studies and other sources, examining how other organizations have gone smoke-free, and identifying barriers to policy change. At the same time, this information can be used to ***educate*** key stakeholders in an effort to ***build a coalition*** or task force supporting the policy change. The ultimate goal of this project is to ***enact a smoke-free policy*** at all NARA facilities.

Evaluation Questions and Data Sources. The evaluation questions generated included questions aimed at determining what a policy change intervention should look like, as well as assessing whether the policy change intervention was working (i.e., a mixture of research and evaluation questions; see Appendix E for UAITPEN evaluation questions and data sources). As shown in Table 1, the ***research*** phase of the project included questions about leveraging key stakeholders and engaging them in the policy change process. A related question is "What are the facilitators and barriers to smoke-free workplace policies?" Once attempts are made to ***educate*** NARA staff about the benefits of a smoke-free workplace, it is important to know what kind of information is most effective in promoting

positive attitudes toward smoke-free policies. These efforts should encourage the development of a task force or ***coalition*** that supports the project. The ultimate question is whether the ***smoke-free policy*** (or a version of it) is actually enacted.

Table 1. UAITPEN Evaluation Questions

Logic Model Phase	Evaluation Question
Research, Educate, Coalition	1. Who are the key people to contact? 2. What are the best ways to unite the key people? 3. What are the barriers to enacting and maintaining smoke-free policies at Native treatment facilities? 4. What facilitates the enactment and maintenance of smoke-free policies at Native treatment facilities? 5. Are the educational materials effective in facilitating attitude change around tobacco and smoke-free policies at NARA? 6. What kinds of adjustments / revisions needed to be made to the new smoke-free policies? 7. Have NARA employees' attitudes changed since the inception of this project?
Enact Policy	Was the smoke-free policy enacted?

Toolkit. Due to the nature of the policy change project, the final UAITPEN toolkit looked somewhat different from those developed for the other TPENs (see Appendix G for the UAITPEN toolkit). We organized the various aspects of the policy change process into six categories as a way to outline for the UAITPEN the type and extent of information that should be documented about the project: 1) Coalition Building Efforts (e.g., all efforts made to galvanize support for the policy change); 2) Information Clearinghouse (e.g., including all materials collected supporting a case for smoke-free policies); 3) Portfolio of Educational Materials (e.g., educational materials developed by the UAITPEN for presentations or other outreach); 4) What have other organizations done to go smoke-free? (e.g., publications, other information collected documenting barriers and facilitators of smoke-free policy change); 5) NARA Policy Changes (e.g., versions of previous and new policies); and 6) NARA Employee Survey results (initial and follow-up administrations).

Various tools were created to help collect information for each of the documentation categories (see Appendix F for an overview of the UAITPEN evaluation plan). A Community Power Map and contact and event tracking sheets will be useful for collecting information about ***coalition*** development, and for ***researching*** leverage points within the NARA organization. We created additional questions to add to the current Web-based NARA Employee Survey (also included in a brief paper survey) to help assess the type of ***educational*** materials and information that is most useful in gaining support for smoke-free policies. The NPC Research team also added analysis formulas to the NARA Employee Survey database to help with reporting and interpreting results.

Recommendations for Training and Resources

At this point, the TPEN has developed a logic model, a clear evaluation plan, and has several tools that can be used to collect, store, and report information. In order to successfully implement the evaluation, we make the following recommendations:

1. **Assistance with Community Coalition Power Mapping**. A major task associated with the policy change project is to determine the key stakeholders (i.e., leverage points) who must be on board with the idea of a smoke-free workplace in order to make the policy change a reality. Community power mapping is one way to determine key stakeholders; however, the UAITPEN may need continued support in mapping out the intricacies of the NARA system.
2. **Support for Reporting and Data Use for NARA Employee Survey**. The UAITPEN Program Coordinator independently administered an online survey for NARA staff to assess their attitudes toward smoking in the workplace. The NPC Research team added formulas to the NARA Employee Survey database, but the UAITPEN could use ongoing support in interpreting the findings, and in analyzing the results of the follow-up survey administration.
3. **Oversight for Documenting Policy Change Process**. The UAITPEN would benefit from ongoing support in documenting the various phases of the policy change process (documentation organizational structure data collection tool). With so many things to document, it is important that the UAITPEN has regular consultation around what has been documented, what should be documented, and how all of the information can be compiled into a coherent story.

ASIAN-PACIFIC ISLANDER TPEN

The Initial Evaluation Team Meeting: Information Sharing & Feedback, Develop Goals

During the initial evaluation team meeting we set out to:

1. Conduct a community needs assessment,
2. Select a relevant API TPEN activity for evaluation planning purposes, and
3. Begin the logic modeling process with community stakeholders.

We conducted a needs assessment exercise, asking community stakeholders to identify the most pressing tobacco-related needs in the Asian and Pacific Islander community (see Appendix C). The needs assessment generated a lively discussion, and it focused primarily on the wide range of cultural diversity within this community (e.g., Korean, Chinese, Vietnamese) and the lack of resources to address the differing needs. The community stakeholders quickly selected their Business Owners Survey as the focal activity for evaluation planning. The long-term goal of this project was to encourage business owners to adopt voluntary smoke-free policies. They had recently administered a survey to local area business owners in order to collect information about knowledge of and attitudes toward smoking in the workplace. During this meeting, the NPC Research team facilitated the group to develop and complete a logic model detailing the outreach activity and its intended outcomes.

The meeting was successful at least in part because the selected activity was concrete and underway, and because everyone at the table knew about the project. All community stakeholders had a shared vi-

sion of the purpose of the activity and what they hoped to accomplish. This shared knowledge made it very easy to move through the logic modeling process, although there were new insights as we talked through each step. The primary barrier we encountered was that the project had already started and there were certain things that the community stakeholders wished that they had done differently (e.g., tracking why certain business owners declined participation). The evaluation team collectively acknowledged that the TPEN's capacity for planning future evaluations had been built through the logic modeling exercise.

We left the initial evaluation team meeting with a list of community needs and a complete logic model detailing the business owners outreach project (see Appendix D for the final API TPEN logic model). These accomplishments set the agenda for the next meeting, which would focus on developing evaluation questions for each step of the logic model and identifying sources from which to collect data.

The Second Evaluation Team Meeting: Complete Evaluation Plan

The principal task for the second evaluation team meeting was to develop evaluation questions and to identify data sources according to the completed logic model for the business owner outreach project. We made some minor revisions to the logic model crafted during the initial meeting, and then generated a series of evaluation questions about each step of the logic model.

As with the first meeting, the second meeting was extremely productive in moving the evaluation planning process forward. Reasons for this success included the well-articulated logic model, and the ability of community members to generate and discuss a broad array of evaluation questions they would like to answer. Moreover, it was helpful that 1) all of the same community stakeholders from the initial meeting were present at the second meeting, which omitted the need for a great deal of review, and 2) all of the community stakeholders had a shared understanding of the business owners project and its goals. Again, the challenge that we encountered was that the community stakeholders realized that there were things they wanted to know that they did not track from the beginning, and questions that they wanted to ask that were not on the survey. To accommodate this, the NPC Research team suggested that new questions be asked during follow-up site visits to the business owners.

From the second meeting, we produced a list of evaluation questions and potential data sources that formed the starting point for our next task, which was to develop data collection and reporting tools for the API TPEN (see Appendix E for a detailed outline of the evaluation questions and data sources for the API TPEN).

The Follow-up Evaluation Team Meeting: Complete Evaluation Plan

During the follow-up evaluation team meeting we reviewed the final evaluation plan, presented the Business Owners Survey database, and shared the data collection tools designed specifically for the API TPEN. The tools included contact tracking forms and a checklist designed to gather additional information during follow-up visits to API business owners. The meeting concluded with a flurry of ideas about how the information collected and analyzed could be disseminated online (e.g., brief publications).

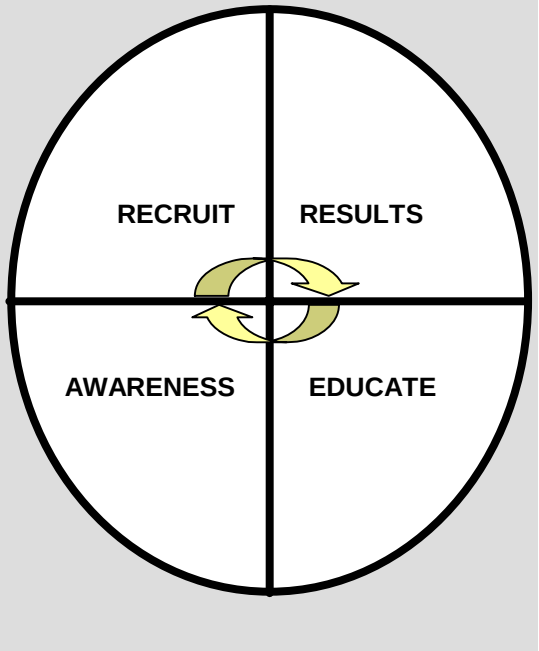
Community stakeholders were enthusiastic about the data collection and analysis tools, and seemed to think they would be quite useful. This group made considerable progress in the evaluation planning process in part because the community

stakeholders who participated in evaluation planning had shared responsibilities for the business owners survey project; thus, there was sustained buy-in and interest in evaluation planning. The only challenge that arose was a bit of uncertainty about how to interpret and use the results of the Business Owners Survey. We assured the API TPEN that they could consult with the NPC Research team if they had any questions or concerns.

Evaluation Plan

The API TPEN evaluation plan for doing outreach to business owners is organized according to four ongoing program phases: 1) recruit, 2) results, 3) educate, and 4) awareness (see Figure 2)

Figure 2. API TPEN Evaluation Plan



These four phases also guide the TPEN's logic model, evaluation questions, and the data collection instruments. The remainder of this section describes the final API TPEN logic model, its associated evaluation questions, and how the tools designed for the API TPEN can be used to collect information about each phase of the outreach to business owners project.

Logic Model. The evaluation planning process started with reviewing what the API TPEN did to ***recruit*** business owners to participate in the survey. We then reviewed the Business Owners Survey and talked about how the ***results*** can be used to inform future educational efforts with API business owners. The next step is to conduct follow-up site visits during which API business owners will be asked additional questions, given feedback on the survey results, and ***educated*** about smoke-free workplace issues. This process is intended to increase API business owners' ***awareness*** of the hazards of smoking in the workplace, and encourage them to get involved in a coalition of business owners who support a smoke-free workplace.

Evaluation Questions and Data Sources. ***Recruitment*** was done before the start of the evaluation planning process, but questions about the recruitment process included determining whether an in-person interview may have been better than a mail survey and tracking barriers to recruitment. As shown in Table 2, evaluation questions for the ***results*** phase were more about response rates, whether business owners responded truthfully, and whether the response range was adequate (see Appendix E for evaluation questions and data sources). We also discussed tracking whether API business owners think that the survey results are useful to them during the follow-up site visit. Questions about the ***education*** phase of the project included knowing whether business owners are aware of the API TPEN and the rules about smoking in the workplace. Finally, the API TPEN questioned whether API business owners' attitudes toward and ***awareness*** of the hazards of smoking in the workplace would change, and whether they would be willing to join a coalition of business owners who support smoke-free work environments, as a result of participating in the survey.

Table 2. API TPEN Evaluation Questions

Logic Model Phase	Evaluation Question
Recruitment	1. What was the process for identifying and contacting businesses? 2. Did TPEN staff contact the target number (40) of business owners? 3. What were some of the barriers to accessing your target population?
Results	1. What was the response rate for the survey (return mail, after phone calls, after in-person contact)? 2. Were all items on the survey answered, or were there some questions that business owners skipped or refused to answer? 3. Was there variability in the way business owners responded to the questions on the survey, or did they all respond in the same way?
Education	1. Do business owners know what TPEP is, what TPEP does, and how TPEP might benefit them? 2. Are business owners interested in being part of the API TPEN coalition? 3. Do business owners know about the state's tobacco use policies in restaurants/bars? 4. Did business owners think that information fed back to them from the survey was helpful?
Awareness	1. Did business owners' attitudes toward tobacco use and secondhand smoke change after their involvement in this project? 2. Did business owners' awareness of the API TPEN improve after their involvement in this project? 3. Did business owners increase their knowledge of the state's tobacco use policies after involvement in this project? 4. Are more business owners involved in the API TPEN coalition? 5. Have any businesses gone voluntarily smoke-free after their involvement in this project?

Toolkit. In accord with the evaluation plan (see Appendix F), the API TPEN toolkit contains contact tracking sheets and monthly summary forms to address future ***recruitment*** efforts. At the request of the API TPEN, we also included a set of sample questions that could be asked of business owners or the wider API community regarding attitudes toward tobacco. The Follow-up Site Visit Checklist was developed to capture new questions that arose during the evaluation planning process, and to get more qualitative information about API business owners' attitudes toward smoking in the workplace that may not have been represented on the quantitative survey (***results*** and ***education*** phases).

Recommendations for Training and Resources

At this point, the TPEN has developed a logic model, a clear evaluation plan, and has several tools that can be used to col-

lect, store, and report information. In order to successfully implement the evaluation, we make the following recommendations:

1. **Enter Survey Data**. The NPC Research team created a database and data dictionary for the API TPEN to use to enter data from the Business Owners Survey.
2. **Support with Reporting and Use of Data**. The database designed by the NPC Research team contains formulas to report responses to the Business Owners Survey. This information can then be used to guide the follow-up site visits, and to target educational efforts. The API TPEN may require some oversight to make sure that the analysis and reporting process goes smoothly.
3. **Support for Follow-up Site Visits**. Conducting the follow-up site visits requires planning and staff time, as well as time and expertise for compiling and analyzing the new information collected during the visit. These types of supports will ensure that the follow-up site visits are conducted and useful for the community.
4. **Support for Developing a Business Owners Coalition**. A long-term goal is to join API business owners together in a coalition concerned with smoke-free workplaces among other issues. Such an endeavor would require time for recruitment and planning, possibly some training, and resources to host the initial meetings. Evaluation of this effort might entail different types of data collection tools and processes than were developed for the current project.

LATINO TPEN

The Initial Evaluation Team Meeting: Information Sharing & Feedback, Develop Goals

The goals of the first evaluation team meeting were to:

1. Conduct a community needs assessment,
2. Select a central activity designed to meet tobacco-related community needs, and
3. Begin the logic modeling process with community stakeholders.

The NPC Research team led the community stakeholders through a process of identifying significant tobacco-related needs in the Latino community (see Appendix C). Next, we asked the community stakeholders to select one activity for the purposes of evaluation planning. Eventually, coalition building was chosen because it seemed to be the foundation upon which other activities were built. From there, we proceeded to introduce the concept of logic modeling to the community stakeholders, taking care to examine potential short-term and long-term outcomes from the coalition building process.

Community stakeholders were very enthusiastic about the needs assessment exercise. The biggest challenge we encountered was trying to come up with a unified concept of what coalition building should look like in the context of the Latino TPEN. At this point, we shifted the original plan to address this barrier. We conducted a one-on-one meeting with the Program Coordinator hoping to more narrowly define coalition building and its relevance to the Latino TPEN's work. During this meeting the Program Coordinator requested to shift the core activity from coalition building broadly defined to building support for a new migrant health

clinic project. This project had the long-term goal of encouraging migrant health clinics to adopt policies that require health care workers to discuss tobacco use and cessation with all patients. We accommodated her request and worked with the Program Coordinator to revise the logic model to reflect the new migrant health clinic project.

Products from the initial evaluation team meeting (and the subsequent one-on-one meeting with the Program Coordinator) included a long list of tobacco-related needs in the Latino community, and a logic model focused on the migrant health clinic project. As a result, the agenda for the second evaluation team meeting was to make any additions to the revised logic model based on community stakeholders' feedback, and to generate relevant evaluation questions.

The Second Evaluation Team Meeting: Complete Evaluation Plan

At the second evaluation team meeting, the NPC Research team unveiled the new logic model developed for the migrant health clinic project, and began to generate evaluation questions and potential data sources. The success of this meeting was in the group's ability to generate a wide range of evaluation questions and innovative ideas for data collection (e.g., conducting in-depth interviews with various migrant workers in clinics around the state). The only barrier to moving forward was that some of the ideas were beyond the scope of this particular evaluation planning project. The NPC Research team took care to document all of the ideas, but eventually pared them down to a manageable set of activities.

From the second evaluation team meeting emerged a clear logic model and a variety of evaluation questions and possible data sources. The NPC Research team created a reasonable evaluation plan and designed several corresponding data collection tools (see Appendix E for a complete list of evaluation questions and data sources that were generated during this meeting). The agenda for the final follow-up meeting, then, was to present the tools to the community stakeholders and get feedback on the content and scope of the evaluation plan.

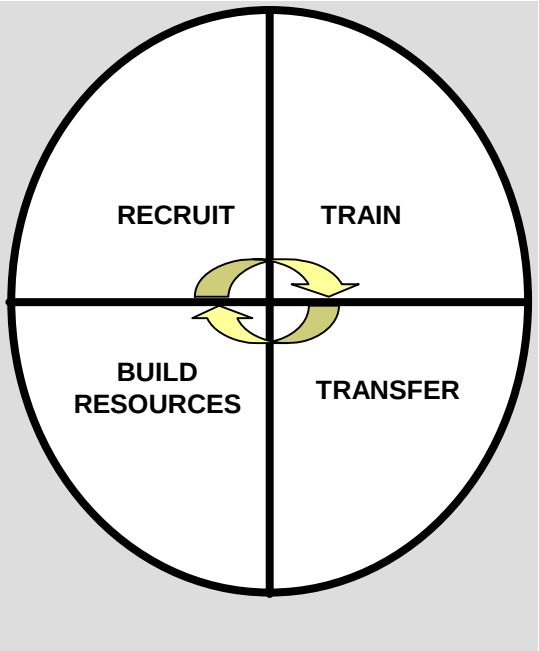
The Follow-up Evaluation Team Meeting: Complete Evaluation Plan

At this meeting the overall evaluation plan was explained to a larger group of community stakeholders, and we presented the data collection tools designed specifically for the Latino TPEN. The Program Coordinator and other community stakeholders were quite enthusiastic about the evaluation plan and data collection tools, and engaged in a lively discussion of the instruments. The NPC Research team collected substantive feedback regarding both the tools and the data collection procedures (e.g., surveying health care workers both before and after receiving tobacco-specific training). Unfortunately, the meeting started quite late (due to a misunderstanding about the start time) and we were significantly short on time. As a result, we encouraged community stakeholders to contact either the Program Coordinator or the NPC Research team to provide additional feedback.

Evaluation Plan

The Latino TPEN evaluation plan for providing tobacco-specific training for migrant health care workers is organized according to four ongoing program phases: 1) recruit, 2) train, 3) transfer, and 4) build resources (see Figure 3).

Figure 3. Latino TPEN Evaluation Plan



These four phases also guide the TPEN's logic model, evaluation questions, and the data collection instruments. The remainder of this section describes the final Latino TPEN logic model, its associated evaluation questions, and how the tools designed for the Latino TPEN can be used to collect information about each phase of the migrant health care worker training project.

*Logic Model.*Training migrant health care workers starts with ***recruiting*** various migrant health clinics across the state (see Appendix D for the AA TPEN logic model). Once a migrant health clinic has been recruited, DHS, with the guidance of the Latino TPEN, will provide tobacco-specific, culturally appropriate ***training*** for migrant health care workers. Training migrant health care workers should result in changes in their practice, or a ***transfer*** of skills to the field. In this way, the training project will ***build tobacco prevention and cessation resources*** for the migrant farm worker community. If new resources are built, it is likely that the training program will be perpetuated as new clinics and health care workers are recruited.

Evaluation Questions and Data Sources. Using the logic model as an organizing principle (see Table 3), the Latino TPEN evaluation team developed evaluation questions for each of the four phases of the migrant health care worker training project, and identified ways that information could be collected about each phase (see Appendix E for the complete list of Latino TPEN evaluation questions and data sources). ***Recruitment*** involves collecting information about which migrant health clinics and health care workers are interested in the trainings, and tracking barriers to recruitment. Once health care workers are recruited, it is important to evaluate whether the ***training*** provided is culturally appropriate for the migrant farm worker population, and useful for the health care workers. After health care workers have been trained, it is necessary to determine whether what they learned is applicable to their daily work in the field, and that the information has been ***transferred*** to practice. Finally, the ultimate goal of the project is to ***build tobacco prevention and cessation resources*** for the migrant farm worker community, so it is necessary to learn whether resources (e.g., cessation materials, access to Quit Line) actually increase for this group.

Table 3. Latino TPEN Evaluation Questions

Logic Model Phase	Evaluation Question
Recruitment	1. What was the process for identifying and contacting key players at each Migrant Health Clinic? 2. Is the DHS-provided tobacco training appropriate and useful for those who work with migrant populations? 3. Are there any political issues (state, local, organizational) that can enable or hinder this project?
Training	1. What proportion of clinics agreed to participate? 2. If they did not agree to participate, what were their reasons? 3. Are all health care workers at the Migrant Health Clinics willing to participate in and implement the tobacco-specific training? 4. Are the Migrant Health Clinics willing to modify their intake forms to include tobacco-specific questions? If not, why? 5. How many health care workers were trained?
Transfer	1. How many migrant workers have health care workers seen? 2. To what extent do health care workers talk with clients about tobacco use? 3. How often do health care workers send clients to the Oregon Quit Line? 4. How often do health care workers provide cessation information to their clients? 5. Do health care workers use printed materials from their resource center?
Build Resources	1. Did the migrant workers respond more positively to printed materials, demonstrations, or conversations with their health care worker about tobacco and its effects? 2. Are more Latino clients (migrant workers) calling the Oregon Quit Line? 3. Do Latino clients have good experiences using the Quit Line? 4. How do migrant workers view tobacco use and cessation?

Toolkit. A number of data collection tools were designed to match the Latino TPEN evaluation plan (see Appendix F for an overview of the evaluation plan). Contract tracking forms and monthly summary forms were developed to document the ***recruitment*** of migrant health clinics. The Program Coordinator can assess whether the tobacco-specific ***training*** provided by DHS is culturally appropriate using the Migrant Health Care Worker Training Assessment, and health care workers can evaluate the utility of the training using the Migrant Health Care Worker Training Evaluation. The Migrant Health Care Worker Survey can be used to determine the extent to which health care workers ***transferred*** what they had learned to their practice in the field, and whether there were tobacco cessation and

prevention ***resources*** available for the migrant farm workers. The NPC Research team also designed a brief Migrant Farm Worker Interview that could be used to collect some basic information about farm workers' attitudes toward and experiences with tobacco (see Appendix G for the Latino TPEN toolkit).

Recommendations for Training and Resources

At this point, the TPEN has developed a logic model, a clear evaluation plan, and has several tools that can be used to collect and report information. In order to successfully implement the evaluation, we make the following recommendations:

1. **Document Participation**. It is important for the Latino TPEN to document attempts made to recruit various migrant health clinics across the state and to track reasons they declined participation (if any). Barriers to participation can be used to revise future recruitment efforts.
2. **Assessing the Migrant Health Care Worker Training**. Part of the Latino TPEN evaluation plan is for the Program Coordinator to assess the relevance and cultural appropriateness of each DHS-provided training. There will likely be a need for ongoing support around how to compile that information and interpret its impact on the migrant health care workers and their ability to transfer knowledge to their practice.
3. **Administering Surveys to Migrant Health Care Workers**. Once the migrant health care workers have completed their training, it may be difficult to track them in order to administer the Migrant Health Care Worker Survey. Funds should be made available to administer the survey via mail or electronically (e.g., email, Web-based survey). The Latino TPEN may also need ongoing support to follow-up with migrant health care workers, and to compile and analyze the data collected.
4. **Support for Reporting and Use of Data**. The Latino TPEN evaluation plan has a number of surveys and interview questionnaires (e.g., Migrant Farm Worker Interview, Migrant Health Care Worker Training Evaluation) that will all require resources for collecting, compiling, analyzing and reporting on the data. Such resources might include additional staff time, training in database development, data analysis (qualitative and quantitative), and interpreting and presenting results.

LGBTQ TPEN

The Initial Evaluation Team Meeting: Information Sharing & Feedback, Develop Goals

The goals of the first evaluation team meeting were to:

1. Conduct a community needs assessment,
2. Select a central activity for the purposes of evaluation planning, and
3. Begin the logic modeling process with community stakeholders.

The NPC Research team led the community stakeholders through a needs assessment exercise (see Appendix C), which generated a great deal of discussion. Next, we asked the community stakeholders to select one activity for the purposes of evaluation planning. The LGBTQ TPEN eventually chose to plan for the evaluation of a media campaign, an activity that was still in the conceptual phase. Once the group settled on a focal activity, we were able to start walking through the logic modeling process, linking the media cam-

paign to a continuum of long-term outcomes including encouraging venues popular with LGBTQ youth and young adults to voluntarily adopt smoke-free policies.

A key accomplishment of this initial meeting was that we were able to engage both adults and youth in the discussion of community needs and logic model development, and both groups contributed unique and insightful information. There was also a great deal of enthusiasm for creating a media campaign, and buy-in for the importance of getting feedback on the campaign as it developed. One challenge that we faced was that community stakeholders were (understandably) more interested in talking about ideas for the media campaign than in logic modeling. To address this challenge, the NPC Research team facilitated a brainstorming session to aid in the conceptualization of the media campaign (e.g., target audience, type of media to be created, must-have elements). Clarity around the activity itself helps to promote logic modeling and subsequent evaluation planning activities.

The initial evaluation team meeting produced an expansive list of community tobacco-related needs, more concrete ideas about what the LGBTQ TPEN media campaign should look like, and a preliminary logic model describing the intended outcomes of a media campaign (see Appendix D for the final LGBTQ TPEN logic model). From here, we were able to move into the second meeting and focus on evaluation questions and data sources.

The Second Evaluation Team Meeting: Complete Evaluation Plan

At the second evaluation team meeting we walked through the logic model developed during the initial evaluation team meeting and began to generate relevant evaluation questions and potential data sources. Unlike other TPENs, the logic model that we presented also included elements from the brainstorming session that we facilitated during the initial evaluation team meeting. We shifted away from our original plan at this point because we thought it would be important to continue to refine the media campaign in the process of planning to evaluate it. The community stakeholders at this meeting were all youth and they collectively decided that the media campaign should focus on LGBTQ youth and young adults, and that the Internet (specifically MySpace and YouTube) should be used as media outlets with the most potential to reach its target audience. Once the media campaign concept became clearer, we were able to develop a set of evaluation questions that would inform the development of the media, as well as assess its impact on the target audience.

The participating youth were the success of this meeting. They effortlessly identified the most appropriate target audience, the most efficient media outlet (a video ad posted on the Internet), and a list of messages and elements that could be used in the creation of the video ad. They also had an intuitive understanding of the importance of gathering feedback. One barrier to progress was the fact that there were no concrete plans for carrying out the activity at the time of this meeting, so sometimes the conversation was perhaps too conceptual (i.e., not concrete enough) and therefore it was difficult to keep youth engaged in the evaluation planning process. To address this issue, the NPC Research team openly discussed the difficulty of planning for an activity that had no guarantee of being executed, and we took care to spend extra time further refining the media concept and brainstorming ways to find resources to produce a video ad.

At the end of the second evaluation team meeting, we produced a complete logic model and set of corresponding evaluation

questions, a clearer conceptualization of a YouTube video ad aimed at LGBTQ youth and young adults, and ideas for potential sources of data. From here, the NPC Research team was able to develop data collection tools to present at the follow-up evaluation team meeting.

The Follow-up Evaluation Team Meeting: Complete Evaluation Plan

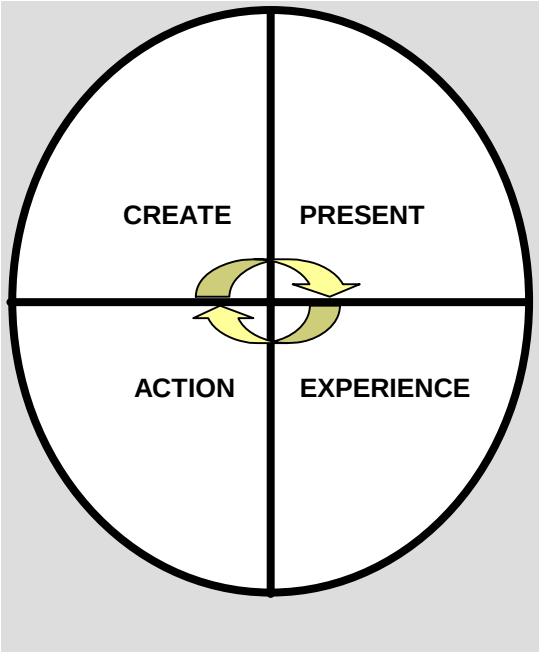
The goal of the follow-up meeting was to pilot the newly developed focus group questions and brief survey with a group of youth. We selected two anti-tobacco ads (produced by No Stank You) and played them for a group of youth and young adults. After the first ad, we facilitated a discussion using the focus group questions, first collecting substantive feedback on the ad, and then asking for feedback on the focus group questions themselves. After showing the second ad, we had youth fill out the brief survey and then we went through the focus group questions. Again, we collected substantive feedback on the ad as well as feedback on the content and appropriateness of the survey questions. The substantive feedback was written up and given back to the Program Coordinator as a model for how to compile and report qualitative research findings.

Community stakeholders provided excellent information about what elements worked and did not work for them, which could inform the creation of their own video ad. The principal barrier that we encountered was the difficulty of talking about next steps given that the evaluation planning process was based on a project that had not yet been launched. We determined that piloting the tools with other media ads might be a good way to continue to collect information about the types of messages that youth find both appealing and effecting in terms of tobacco prevention and cessation.

Evaluation Plan

The LGBTQ TPEN evaluation plan for developing a youth-focused media campaign is organized according to four ongoing program phases: 1) create, 2) present, 3) experience, and 4) action (see Figure 4).

Figure 4. LGBTQ TPEN Evaluation Plan



These four phases also guide the TPEN's logic model, evaluation questions, and the data collection instruments. The remainder of this section describes the final LGBTQ TPEN logic model, its associated evaluation questions, and how the tools designed for the LGBTQ TPEN can be used to collect information about each phase of the media campaign project.

Logic Model. The first step of the LGBTQ TPEN youth and young adult media campaign is to ***create*** the media (see Appendix D for the LGBTQ media campaign logic model). Once created, the media would have to be distributed or ***presented*** to the target audience. From there, the target audience would have to view the media, or ***experience*** it in some

way. Finally, the LGBTQ TPEN would hope that youth who experienced the media would be motivated to ***act*** in a way that is consistent with tobacco prevention and cessation.

Evaluation Questions and Data Sources. Evaluation questions were developed for each phase of the media campaign project (see Appendix E). As shown in Table 4, the ***create*** phase would require some pilot work, including evaluating current media ads on YouTube to determine what elements to include and getting feedback to make sure that any LGBTQ TPEN-created ads are appropriate and meaningful to the target audience. Questions for the ***present*** phase center on how many youth are viewing the media and how widely the media has been distributed. Once the media is in the public eye, it is necessary to gauge the target audience's reaction to it. Questions for the ***experience*** phase focus on whether the target audience thinks the ad is meaningful. For the last phase, ***action***, the LGBTQ TPEN would like to evaluation a continuum of longer-term outcomes such that the video ad should first generate interest in the community, which should eventually promote an attitude change among youth that smoking is not acceptable, and finally youth venues in the community will respond by adopting voluntary smoke-free policies.

Table 4. LGBTQ TPEN Evaluation Questions

Logic Model Phase	Evaluation Question
Create	1. Are images age-appropriate and compelling? 2. Is message age-appropriate and compelling? 3. Are supporting media appealing to the target groups?
Present	1. How many youth have viewed the video? 2. What quantities of supporting media have been distributed? 3. How many individuals/groups have been sent a link to the video by the LGBTQ TPEN? 4. How many different events have featured the media?
Experience	1. Do youth "like" the video? Why or why not? 2. Do youth understand the message that is being conveyed? 3. Are youth interested in more information about tobacco prevention and cessation?
Action	2. How many calls or contacts has the LGBTQ TPEN received as a result of viewing the video? 3. How many venues have gone smoke-free? 4. Do youth perceive that smoking is less acceptable in their community?

Toolkit. According to the evaluation plan (see Appendix F), the tools developed for the LGBTQ media campaign include contact, event, and media tracking sheets and monthly summary forms designed to assess the distribution of the media and any related contacts or events (**present** and **action** phases). We also developed a set of questions that could be asked in a focus group setting during media **creation** (to inform media development) or to assess how youth **experience** the media after it has been distributed. A brief quantitative survey was designed as a quick way to gather the same information when focus groups are not an option (see Appendix G for the LGBTQ TPEN toolkit).

Recommendations for Training and Resources

At this point, the TPEN has developed a logic model, a clear evaluation plan, and has several tools that can be used to collect and report information. In order to successfully implement the evaluation, we make the following recommendations:

1. **Resources to Produce Media**. Producing a media ad for YouTube will require staff time, video equipment, and production expertise.
2. **Resources to Pilot Tools**. In the media creation phase, it will be important to have youth and young adults analyze current media ads using the focus group questions and/or brief survey. This effort will take staff time for planning to gather groups of youth, facilitating the meeting, and analyzing the information collected. The LGBTQ TPEN may also need assistance in applying what is learned from the pilot work to the development of an anti-tobacco ad.
3. **Internet Support**. YouTube provides the user options for collecting feedback on media posts. It is possible that the LGBTQ TPEN could use some technical support in linking the brief survey to the ad to collect information about the target audience's experience of he media.
4. **Resources for Reporting and Use of Data**. The LGBTQ TPEN has both qualitative and quantitative assessment tools, and it may require training and support around collecting and analyzing data, and interpreting and presenting the findings.

AFRICAN AMERICAN TPEN

The Initial Evaluation Team Meeting: Information Sharing & Feedback, Develop Goals

The goals of the initial evaluation team meeting were to:

1. Conduct a community needs assessment,
2. Select a central AA TPEN activity for the purposes of evaluation planning, and
3. Begin the logic modeling process with community stakeholders.

We conducted a needs assessment exercise, asking community stakeholders to identify the most pressing tobacco-related needs in the African American community (see Appendix C). This part of the meeting generated a great deal of attention and interest, which was not surprising given that most of the community stakeholders were actively involved in the community and were looking for ways to make a difference. After a wide range of community needs had been identified, we worked to select one activity on which to focus the logic model. Eventually the group determined that coalition building (referred to as "relationship building" by the community) rather than a specific action or activity, was most central to the African

American TPEN's work. We spent the last part of the meeting introducing the logic modeling process. Coalition building was linked to a variety of long-term outcomes including promoting cessation and reducing secondhand smoke exposure.

The success of the initial meeting was largely due to the community stakeholders' shared commitment to the health of the African American community. The needs assessment activity was very productive, and community stakeholders were excited about being involved in the evaluation planning process. Commitment, combined with their desire for action to serve their community, was the driving force behind progress made on the TPEN's evaluation plan. To be responsive to the group, the NPC Research team (working within the CBPR framework) spent additional time listening to their concerns regarding health disparities in the African American community.

The primary challenge that we experienced during the African American TPEN's initial meeting was that the community stakeholders felt that direct action (e.g., providing tobacco cessation services) would have a more tangible positive effect on African Americans' health than evaluation planning. In other words, there appeared to be little community buy-in for the idea of evaluation; instead, community members were anxious to see more tobacco prevention and cessation services in place. The evaluation team spent a great deal of time discussing the benefits associated with the community participating in evaluation planning, and the importance of building capacity around evaluation (e.g., learning of skills that can be applied to other evaluation pursuits, using evaluation results to promote fund raising).

At this point we deviated from our original plan and conducted a one-on-one meeting with the Program Coordinator to talk about the purpose of evaluation and how it can be used to promote the AA TPEN's agenda. We also provided further technical assistance on the evaluation planning process so that the Program Coordinator would better understand the intent of evaluation planning. Our aim was to provide information and technical assistance so that the Program Coordinator would feel comfortable talking with community members about the evaluation process, thereby increasing the community's buy-in.

The initial meeting yielded a comprehensive list of tobacco-related needs in the African American community, and the start of a logic model focused on relationship building as a central AA TPEN activity. This set the agenda for the second evaluation team meeting, which concentrated on completing the relationship building logic model and generating relevant evaluation questions.

The Second Evaluation Team Meeting: Complete Evaluation Plan

The second evaluation team meeting primarily focused on developing an effective logic model for the group. After a previous consultation with the Program Coordinator, we transformed the standard "linear" logic model into a circular format, which the Coordinator believed to be more consistent with African American cultural values. Based on the identified short- and long-term outcomes associated with relationship building (i.e., coalition building), the NPC Research team also started to probe for potential evaluation questions.

The second meeting was successful because the community stakeholders were all experienced coalition members and they contributed valuable information to the process. The group brainstormed some of the key elements of coalition building

(e.g., maintenance, expansion, immediate, short & long-term responses), and they remained mindful that the evaluation plan had to be accessible and manageable.

One of the challenges that we faced during the second meeting was that we did not have the same group of community stakeholders from the initial evaluation team meeting. As a result, the NPC Research team had to revisit the issue that evaluation planning is of limited value compared to direct services to the community. In response, we spent more time than planned talking about the issue with the new group. A second challenge was that the community stakeholders were concerned that the State's expectations of the TPEN, given its limited resources, were too high. This concern was assuaged somewhat when the evaluation team clarified the CBPR framework and reinforced the idea that the community was in charge of the evaluation plan.

The third challenge was that the Program Coordinator, due to an unforeseen emergency, was unable to attend the second evaluation team meeting. Community stakeholders posed a number of questions related to programmatic issues which the NPC Research team did not feel comfortable answering. Further, and most importantly, the Program Coordinator was not able to contribute to the development of the logic model and evaluation questions.

Again we shifted from our original plan and conducted a second one-on-one meeting with the Program Coordinator to verify that the emergent logic model and evaluation questions mapped onto, and reflected, the most important elements of the African American TPEN's daily work (see Appendix D for the AA TPEN logic model). The Program Coordinator generated potential evaluation questions, which helped to inform the development of several instruments for tracking contacts, reporting activities, and collecting follow-up information about the community's response to the African American TPEN's activities (see Appendix E for the evaluation questions and data sources).

The second evaluation team meeting (and one-on-one meeting with the Program Coordinator) resulted in a fully formed logic model, associated evaluation questions, and ideas for how to collect information for evaluation purposes. These products were used by the NPC Research team to develop a number of data collection tools to be presented at the final follow-up evaluation team meeting.

The Follow-up Evaluation Team Meeting: Complete Evaluation Plan

At the follow-up evaluation team meeting, we rolled out the overall evaluation plan and presented the data collection tools developed for the AA TPEN. The tools included contact tracking forms, open- and closed-ended questionnaires, event tracking sheets, and monthly summary forms. The meeting culminated with the DHS Disparities Program Liaison addressing the group, summarizing the original rationale behind the evaluation plan and providing extensive feedback regarding the state's expectations.

Community stakeholders appeared to find the data collection tools useful and relevant for the work of the TPEN. After some discussion, it was evident to all parties involved that using the instruments would help to substantially document and authenticate relationship building (i.e., coalition building) as an essential first step in doing tobacco prevention and education work in the African American community.

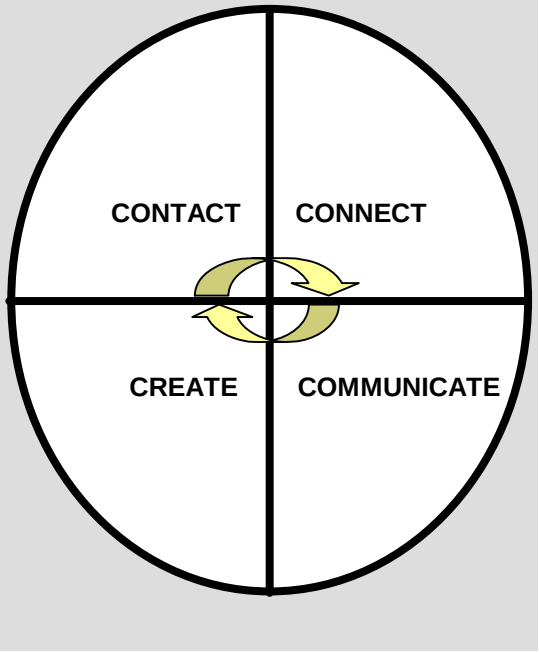
At the same time, there were several challenges at the last meeting. Some of the community stakeholders present had missed prior meetings, and therefore had

no knowledge of the work the evaluation team had accomplished up to this point. To accommodate this, the NPC Research team spent additional time reviewing the evaluation planning process to date. Another challenge was that there was some uncertainty among the community stakeholders as to how the evaluation itself would be implemented, and whether direct community service was a more prudent place to direct resources. The DHS Disparities Program Liaison was able to address these concerns by articulating the State's expectations for AA TPEN evaluation activities, and by underscoring the importance of evaluation to the longevity of the AA TPEN.

Evaluation Plan

The AA TPEN evaluation plan for relationship building is organized according to four ongoing program phases: 1) contact, 2) connect, 3) communicate, and 4) create (see Figure 5).

Figure 5. AA TPEN Evaluation Plan



These four phases guided the TPEN's logic model, evaluation questions, and the data collection instruments. The remainder of this section describes the final AA TPEN logic model, its associated evaluation questions, and how the tools designed for the AA TPEN can be used to collect information about each phase of relationship building.

Logic Model. Relationship building starts with identifying and ***contacting*** potential community partners (see Appendix D for the AA TPEN logic model). Once the contact has been made, it is important to ***connect*** with the potential community partner, make clear the mutual benefits of the association, and to generally engage the partner in the TPEN's mission. Ongoing ***communication*** is necessary to maintain the relationship, keep the community partner abreast of the TPEN's activities, and to be "available" for the partner if he/she should request TPEN services. When a TPEN event or project arises that could benefit from the skills and expertise of a particular community partner, it is time to ***create*** action by involving the partner. Creating action, then, necessarily requires further contact, connection, and communication.

Evaluation Questions and Data Sources. Using the logic model as an organizing principle (see Table 5), the AA TPEN evaluation team developed evaluation questions for each of the four phases of relationship building and identified ways that information could be collected about each phase (see Appendix E for the complete list of AA TPEN evaluation questions and data sources). ***Contact*** involves collecting information about the number of contacts with community partners and the purpose of those contacts. To know whether the AA TPEN is ***connecting*** with community partners, it is important to track the frequency of contacts, as well as the outcomes of those contacts (e.g., To what extent is the partner interested in AA TPEN activities?). In order to determine whether the AA TPEN is effectively ***communicating*** with community

partners, it is important to collect information about whether the AA TPEN's mission is meaningful to the community partner. Finally, we know that the TPEN has ***created*** action when community partners are involved in events or other projects.

Table 5. AA TPEN Evaluation Questions

Logic Model Phase	Evaluation Question
Contact	1. How many contacts has the AA TPEN made within the AA community? 2. What AA TPEN activity is the contact involved in? 3. Who initiated the contact (AA TPEN or contact)?
Connect	1. How many times has the AA TPEN contacted the partner? 2. To what extent is the partner interested in AA TPEN activities? 3. To what extent does the partner believe that an alliance with the AA TPEN is mutually beneficial?
Communicate	1. Is the partner aware of the AA TPEN's activities? 2. Does the partner value the AA TPEN's activities? 3. Is the AA TPEN's goals/mission/message meaningful to the partner?
Create	1. What AA TPEN activities or events have partners been involved in? 2. What was the partner's role in the activity/event?

Toolkit. Data collection tools were designed to meet the information needs of the AA TPEN evaluation plan (see Appendix F for an overview of the AA TPEN evaluation plan). Contact and event tracking sheets, with a monthly summary form, were developed to collect information about the ***contact*** and ***connection*** phases of relationship building, as well as to document which and to what extent community partners have been involved in ***creating*** action around tobacco prevention and education. To assess whether the AA TPEN's mission is being effectively ***communicated***, we developed an open-ended questionnaire and a quantitative closed-ended survey that can be used to collect information from various community partners (see Appendix G for the AA TPEN toolkit).

Recommendations for Training and Resources

At this point, the TPEN has developed a logic model, a preliminary evaluation plan, and has several tools that can be used to collect information. In order to successfully implement an evaluation, we make the following recommendations:

1. **Document Contacts and Events**. The first step for the AA TPEN is to begin to document the work that is being done around relationship building by using the evaluation tools to keep track of various contacts with community partners, record TPEN events as they occur, and describe the perceived impact that the contacts and events have on the larger community. Follow up and support to the TPEN in using the tools may be needed.

2. **Collect Feedback**. Beyond tracking contacts and events, it is also important to begin to use the community partner survey and/or questionnaire to collect information from community partners about their perceptions of the AA TPEN and the work it is doing. The AA TPEN should be provided the support and oversight necessary for using the community partner survey/questionnaire in the context of an event. Resources, in the form of additional staff and tangible assistance, would allow this type of data collection to occur on a larger scale. The community partner survey and questionnaire were designed to collect information about a concrete project or event. However, the extent to which the AA TPEN engages in specific, focused projects will dictate the quality and utility of the data collected.
3. **Reporting and Use of Data**. If the AA TPEN begins to collect information using the community partner survey/questionnaire and other tools, there will need to be training and resources dedicated to build capacity around compiling, analyzing and interpreting the data.

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APPENDIX A: EXAMPLE OF PRE-PLANNING MATERIALS AND MODIFICATIONS

PURPOSE OF THE EVALUATION TEAM MEETING

African American TPEN

The purpose of the Evaluation Team Meeting is to gather a small group of individuals who are committed to planning future evaluation efforts within the African American TPEN. The Evaluation Team is a core group of participants who will be most heavily involved in evaluation planning. Participants should have an understanding of the African American community, as well as an interest in tobacco and other health-related issues. During this meeting, the Evaluation Team members will:

1. develop guiding principles for group process, discussion, procedures, and decision-making;
2. identify issues of greatest importance to the African American community;
3. discuss best practices and culturally appropriate modifications;
4. continue to develop the program logic model, which organizes and clarifies the links between program resources, activities, and short-, intermediate-, and long-term outcomes;
5. identify an evaluation liaison (if appropriate); and
6. identify next steps in evaluation planning.

Evaluation Team members should also participate in the Local TPEP Evaluation Oversight Group Meeting to be held in February 2007 and in the Evaluation Team Follow-Up Meeting in April 2007.

Modified Purpose Statement (based on Program Coordinator feedback):
The purpose of this coalition meeting is to gather a small team of individuals who can help us to 1) tell the story of the African American TPEN; 2) figure out if our approach to community organization around tobacco issues is effective; and 3) determine which tools best tell our story. Each member of the team should have an understanding of the African American community, as well as an interest in tobacco and other health-related issues.

Goals of the Evaluation Team Meeting

1. Goal 1: Establish Group Process
    a. Develop guiding principles for group process, discussion, and procedures
    b. Agree upon rules for decision-making
2. Goal 2: Identify the African American community's most pressing tobacco-related needs
3. Goal 3: Discuss best practices and culturally appropriate modifications and how they relate to the TPEN's current activities
4. Goal 4: Continue to develop the African American TPEN logic model
5. Goal 5: Determine future role of Evaluation Team
    a. Identify an evaluation liaison (if appropriate)
    b. Discuss how Evaluation Team will interact with the network
6. Goal 6: Identify next steps in evaluation planning

Logistics

- Potential for holding a coalition meeting in Dec 06/Jan 07 to articulate and get feedback on the evaluation plan as developed during Evaluation Team Meeting?

- Potential Date(s) for Evaluation Team Meeting:

- Location of Evaluation Team Meeting:

Logic Model

Purpose of Pre-Planning

The purpose of the logic model is to clarify the relationships between program resources, activities, and expected outcomes in the short, intermediate, and long term. Logic modeling is one way to identify what can be evaluated at various points in the development of each activity. The process of logic modeling is a skill that can be used for all of their future evaluation efforts.

Focus on the following:

1. Make sure that we have included all activities from their 2006-07 workplan.
2. Clarify current version of logic model – make sure theory-of-change (i.e., short-, intermediate-, and long-term outcomes) is accurate and/or complete.
3. Focus on explicating the relationship between activities and short-term outcomes. Have them focus on the "short-short-term" outcomes. Develop a more specific understanding of the immediate results of their various activities.
4. Ask/document how larger coalition plays a part in each activity.
5. Discuss how/whether each activity maps onto community needs.

Selecting Evaluation Team Meeting Members

Potential barriers to recruitment efforts (may need to discuss these):

1. community not ready to mobilize around evaluating tobacco control efforts
2. misunderstand mission or purpose of Evaluation Team Meeting
3. lack of clear goals/tasks
4. potential partners do not see the relevance of their participation
5. potential partners do not have the time/resources

Name	Extent of interest in TPEN activities (1-10)	How interests align with TPEN goals	What s/he would get out of partici-pating in Evaluation Team Meeting	What s/he would bring to evaluation planning process	Who s/he might alienate	Difficulty reaching them

APPENDIX B: RECRUITMENT PLAN

Recruitment Plan

Key stakeholders were recruited to participate in the Evaluation Team Meetings. Recruitment proceeded in five steps: (1) develop statements of purpose for each meeting; (2) identify individuals or stakeholder categories to attend each meeting; (3) anticipate barriers to participation and develop strategies to overcome these barriers; (4) determine the best way to approach potential participants; and (5) determine the desired extent of ongoing participation.[3]

1. **Develop statements of purpose for each meeting**. Before actual recruitment begins, it is important to clearly articulate the purpose of each meeting and the role that participants will play at each meeting. The following statements of purpose for each meeting were adapted to the needs of each TPEN.

   Evaluation Team Meeting. The purpose of the Evaluation Team Meeting is to gather a small group of individuals who are committed to planning future evaluation efforts within the [*specific population*] TPEN. The Evaluation Team is a core group of participants who will be most heavily involved in evaluation planning. Participants should have an understanding of the [*specific population*] community, as well as an interest in tobacco and other health-related issues. During this meeting, the Evaluation Team members will (1) develop guiding principles for group process, discussion, procedures, and decision-making; (2) identify issues of greatest importance to the [*specific population*] community; and (3) develop a program logic model, which organizes and clarifies the links between program resources, activities, short-, intermediate-, and long-term outcomes.

2. **Identify who should attend each meeting**. Program coordinators were the primary source for identifying potential participants for each meeting. The following selection guidelines will be used:
   - Interest in tobacco and health-related issues
   - Knowledgeable about the specific population
   - Represent a variety of interests within the community (e.g., business owners, health providers, social service providers, faith community, youth)
   - Commitment to the evaluation efforts of the TPEN

   Program Coordinators made lists of potential participants for the Evaluation Team Meetings (up to 10 participants). For each potential participant, we discussed the following:[4]
   - Extent of interest in TPEN activities
   - How his/her interests align with TPEN goals
   - What he/she would get out of participation
   - Potential conflicts
   - Difficulty of reaching them

[3] Many of these ideas were found in the *Communities of Excellence Plus in Tobacco Control Training & Resource Manual* put out by the Tobacco Technical Assistance Consortium (TTAC). www.ttac.org

[4] Adapted from *Building Diverse Community Based Coalitions* put out by The Praxis Project. www.ThePraxisProject.org

3. **Anticipate barriers to participation and develop strategies to overcome**. Before involving partners, it is important to plan for obstacles that may arise during recruitment, and to strategize around minimizing their impact. Some common barriers and strategies for overcoming them are as follows:
   - *The community is not ready to mobilize around evaluating tobacco control efforts.* Research has shown that a community will lack the motivation to engage in prevention efforts if it is not aware of the problem or denies that there is a problem. Even if the community is aware of the problem, it will be reluctant to engage in prevention efforts if they seem unclear or unfocused.[5] NPC worked with each Program Coordinator to determine community readiness and to develop strategies for dealing with low levels of readiness. For example, we worked extensively on clarifying the purpose and goals of the evaluation meetings to help combat the perception that evaluation planning is unfocused.
   - *Potential partners misunderstand the mission or purpose of the task*. Again, clear and convincing purpose statements are important for motivating partners to participate. NPC also met individually with each Program Coordinator to describe evaluation tasks and goals so that they felt comfortable talking with their key stakeholders about the process.
   - *Lack of clear goals and task identification*. Potential partners will be more likely to participate if they have clearly defined tasks, know what is expected of them, and understand how they can contribute. NPC worked with each Program Coordinator to define what is expected from potential partners and the tasks they will be involved in during each evaluation meeting.
   - *Potential partners do not see how their participation is relevant and/or useful*. In order to establish the relevance of a potential partner's participation, it was necessary to link the potential partner's goals to the goals of the TPEN. NPC worked with Program Coordinators to identify the utility of a potential partner's contribution, as well as to articulate how the potential partner will benefit from participating in evaluation planning.
   - *Potential partners do not have the time and/or resources to participate*. When recruiting potential partners, it was important to be clear about the time commitment and participation requirements.
   - *Inconvenient time and/or location of the meetings*. Flexibility around meeting times and location and providing food were some of the ways we made the meetings more convenient for all participants.

4. **Determine the best way to approach potential participants**. There are a variety of ways to contact potential partners. Program Coordinators used a variety of ways to contact potential partners, including in-person, email, phone calls, and advertising in the TPEN's newsletter.

[5] See Slater, M. D., Edwards, R. W., Plested, B. A., Thurman, P. J., Kelly, K. J., Comello, M. L. G., & Keefe, T. J. (2005). Using community readiness key informant assessments in a randomized group prevention trial: Impact of a participatory community-media intervention. *Journal of Community Health*, *30*(1), 39-53.

APPENDIX C: COMMUNITY NEEDS ASSESSMENTS

TPENs for Specific Populations:
Community Needs

African American TPEN

- effective youth prevention
- cessation support/services/programs, maintenance programs
- accurate research, appropriate samples, better data (qualitative and quantitative)
- access to/funding for healthcare
- schools (especially alternative schools) with tobacco-free policies
- targeting stores with enforcement re: access to minors
- targeted media / countermarketing (culturally specific)
- rallying the community / motivation
- educating parents about secondhand (and thirdhand) smoke
- support groups targeted toward specific populations (e.g., children)
- increased funding/resources for prevention, education, and intervention work
- AA-specific community advocacy re: funding / policy / programs
- Treatment based on holistic health needs
- Provide incentives for cessation (investment now will pay off later)
- Engaging underserved populations with relationships
- Culturally specific measures of success (relative to time)
- Cessation efforts tied to employees/employers
- Policy efforts restricting chemical additives in tobacco
- Educational incentives for being smoke-free
- Work incentives for employees who are smoke-free

API TPEN

- Make tobacco prevention a priority in the API community (not seen as a priority, cultural barriers)
- Increase youth tobacco prevention efforts (increase awareness of physical effects)
- Reduce 2nd-hand smoke exposure in homes (lack of empowerment to stop)
- Resources (culturally appropriate) – Quit Lines, other cessation, etc.
- Increase awareness (cultural barriers/norms), lack of knowledge of tobacco effects (especially physical effects)
- Advocacy role for policy change
- API represents several cultures – approaches need to be adaptable
- Lack of knowledge of / access to services, especially for special populations
- Costs of tobacco (medical, etc.)

Latino TPEN

- Comprehensive, culturally appropriate education (e.g., link tobacco to health disparities; lifetime economic impact of smoking; addictive chemical additives, how they're marketed, any related government subsidies and court judgments)
- Focus on young Latinas (higher risk group)
- Understand the impact of pro-tobacco advertising coupled with culturally specific countermarketing
- Youth prevention (assimilation vs. acculturation) programs

- Cessation plans for youth
- Prevention plans for rural adult Mexicans
- Leadership development (as it pertains to voting / empowerment) around the tobacco control issue
- Grassroots exploration of tobacco and its opposition to traditional community values
- Reduction in secondhand smoke in home / at work

LGBTQ TPEN

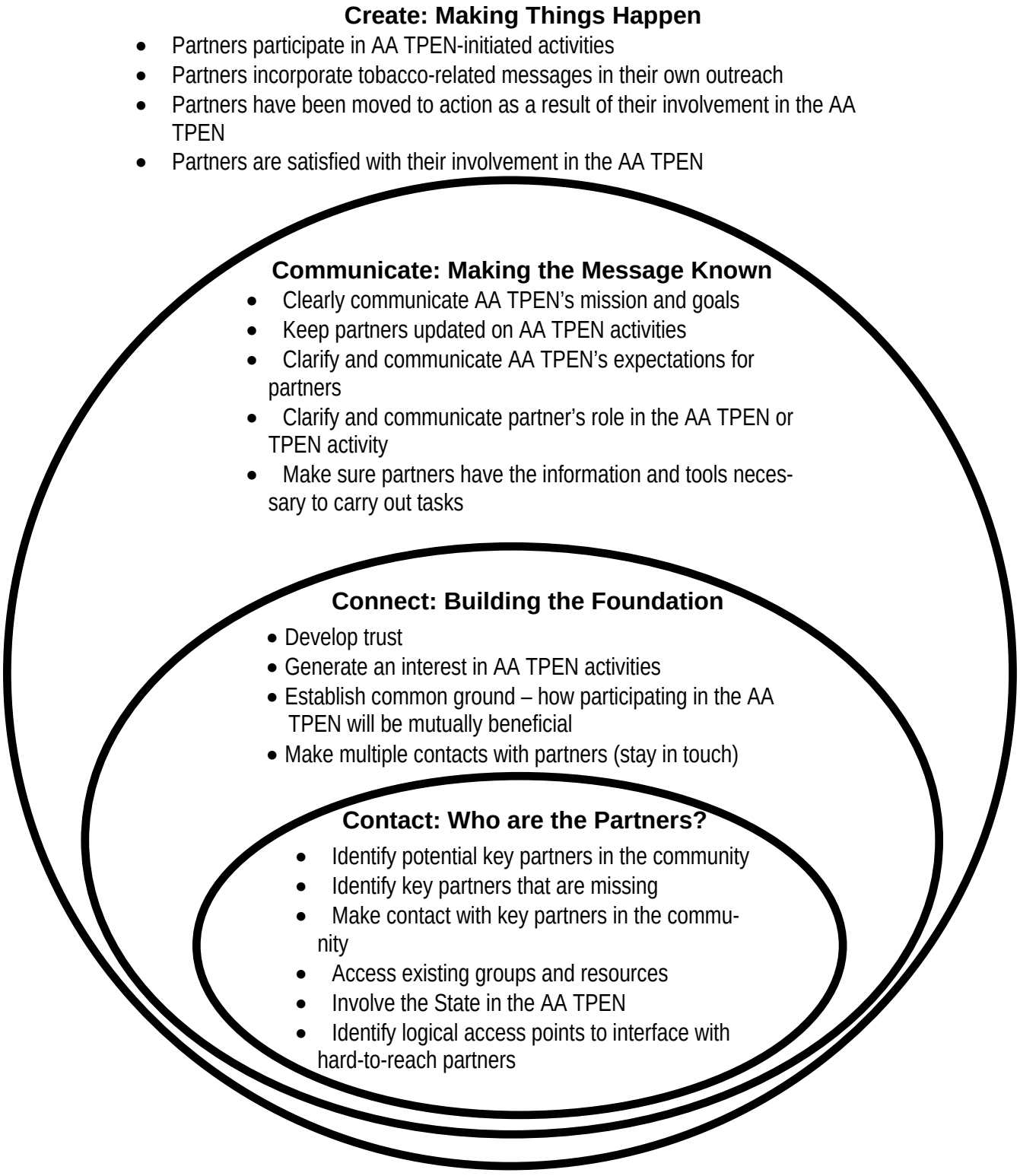
- Smoke-free hangouts/venues, social events
- Cool alternatives to smoking
- Support for LGBTQ youth, especially younger than HS
- Alternative rallying-point for isolation / bonding amongst youth
- Cessation programs targeting LGBTQ community
- Non-discriminatory policies re: LGBTQ community
- Gay/straight alliances (GSA's) in high schools / junior high schools
- Youth-oriented counter-marketing
- Tobacco prevention specifically for transgender community
- Community risk assessment for transgender community
- Reduction of secondhand smoke
- Culturally specific curricula
- Quitting support / resources
- Information regarding withdrawal
- Understanding health impact of tobacco ('cutting through denial')
- Honest, straightforward information (sans scare-tactics)
- Demonstration of benefits of quitting ('display of hope')
- Combining tobacco in anti-drug campaigns
- Cessation support groups
- Info/knowledge of historical role of tobacco in U.S. everyday life
- Counter-marketing with subliminal messages rather than telling people not to do something or further stigmatizing them for smoking ("cool people doing cool things w/ shot of cigs in trash)
- Help developing a unique identity that doesn't include smoking (smoking used to set people apart but if so many people do it, it isn't really very unique)

UAI TPEN

- understanding differences between traditional vs. nontraditional uses
- educational, IMPACTING tobacco info/stats for motivating families
- addressing physical / cerebral / emotional underlying motives for addictive behaviors
- need to counteract decades of pro-tobacco marketing, as well as economic/self-sufficiency issues
- culturally specific cessation resources (cold turkey doesn't work)
- addressing tobacco-related health disparities (coronary/lung/oral cancer, etc.)
- addressing long-term tobacco-spending on a consumer level
- recognizing tobacco as an addiction (not just a habit)

APPENDIX D: LOGIC MODELS

AA TPEN Logic Model: Building Relationships to Promote Outreach and Coalition Development



API TPEN Logic Model: Outreach to Business Owners

Activity: Business Owner Outreach (Recruit)	Target Population	Immediate Outcomes: Results	Short-Term Outcomes: Educate	Long-Term Outcomes: Awareness
• Target business owners • Educate business owners on tobacco use/promotion in their business, health effects of tobacco • Assess smoking and tobacco promotion activities via Business Owners Survey	Primary: API business owners (restaurants/bars) in the Portland metro area Secondary: Public who patronize API-owned restaurants and bars	• Business owners become leaders/advocates • Business owners change their attitudes toward secondhand smoke and how it effects patrons • Business owners will implement smoke-free environments. • Create a culturally appropriate resource for business owners. • Business owners increase compliance with smoke-free policy. • Gather information to feed back to business owners.	• Business owners are interested in becoming part of the API coalition. • Businesses are interested in voluntarily becoming smoke-free. • Business owners will change their attitudes toward tobacco-free policy. • Business owners contact TPEN for more information.	• 100% smoke-free API business establishments. • Business owners are active members of the API coalition and function as leaders in their community. • Business owners will have increased awareness of the negative effects of tobacco.

Latino TPEN Logic Model: Migrant Health Clinics

Activity: Migrant Health Clinics (Recruit)	Target Population	Immediate Outcomes: Train	Short-Term Outcomes: Transfer	Intermediate Outcomes: Build Resources	Long-Term Outcomes
• Build coalition to gain support for promoting tobacco cessation at Migrant Health Clinics (DHS, Executive Directors of MHCs, OHDC, health care workers) • Provide tobacco-specific training for health care workers • Develop a resource center at each MHC containing culturally appropriate tobacco education, prevention, and cessation materials • Enact a statewide policy that intake forms at the Migrant Health Clinics will include questions about tobacco use and desire to quit	Latino clients who access Migrant Health Clinics in Oregon	• Executive Directors at Migrant Health Clinics have been contacted • All key players (e.g., Exec Directors) have a clear understanding of and are interested in the project • Health care workers at Migrant Health Clinics are willing to receive tobacco-specific training • Health care workers at Migrant Health Clinics receive tobacco-specific training • Migrant Health Clinics are willing to modify their intake forms to include questions about tobacco use and desire to quit	• Trained health care workers will send clients to the Quit Line • Trained health care workers will promote cessation services and tools (e.g., patches) • Trained health care workers will have an in-house resource center supplied with culturally appropriate (and translated) tobacco education, prevention, and cessation information • Trained health care workers will ask each client about their tobacco use and desire to quit	• Latino clients discuss tobacco use and desire to quit with trained health care workers • Latino clients access cessation services and tools, including the Quit Line, as promoted by trained health care workers • Latino clients access culturally appropriate tobacco education materials	• Latino clients will have access to culturally appropriate cessation services • Latino clients will understand the dangers of secondhand smoke in the workplace and at home

LGBTQ Logic Model: Media Campaign

Activity: Create	Target Population	Immediate Outcomes: Present	Short-Term Outcomes: Experience	Long-Term Outcomes: Action
• Create videos for YouTube or MySpace (14-18 age group would focus on how to connect with people without smoking, i.e., prevention, and 19-24 age group would focus on questioning why they started or why they continue to support US tobacco companies, i.e., intervention) • Develop supporting media products for cross-promotion and to reach those without internet access (e.g., posters, stickers, candy, buttons, necklaces, clothing and undergarments, cuffs, wristbands, t-shirts, hats, water bottles, condom keychain, jump drives with video pre-loaded) • Want immediate visual impact, but the message must be compelling as well	LBGTQ community ages 14-18 and 19-24	• Target audience will be exposed to the video • Target audience will be exposed to supporting media Ideas for Distribution: • use search keywords that are catchy, tie in with "hot" content • network with others (e.g., MySpace groups) to increase distribution • put links to video on all other supporting media • couple MySpace pages with YouTube • network through GSA networks in OR • host free teen events and show video, supporting media • caption video for deaf community • supporting media available at a wide variety of events, GSAs, local venues	• Target audience will "like" (identify with, feel supported by) the video and supporting media • Target audience will understand the message that is being conveyed	• An increase in smoke-free bars / venues • More people in the LGBTQ community will contact the LGBTQ TPEN for information • Target audience will begin to perceive that norms for smoking in their community are changing (less acceptance)

UAI Logic Model: Enacting Smoke-Free Policies at NARA

Activity: Smoke-free Policy Change (Research)	Target Population	Immediate Outcomes: Educate	Short-Term Outcomes: Educate, Build Coalition	Long-Term Outcomes: Enact Policy
• Build community and organizational support • Build a case for smoke-free policies • Research what other treatment facilities have done • Understand NARA's current policies	(Urban) American Indian population in Oregon, especially those that are somehow involved with NARA	• Attend appropriate meetings with community members and NARA employees to build committee/ work group • Develop educational materials to use when building support for smoke-free policies • Conduct "pre-test" survey of attitudes toward tobacco use & smoke-free policies with NARA employees • Identify what facilitates and hinders the enactment of smoke-free policy (e.g., Puyallup tribe experience)	• Build a trusting committee/ work group of key stakeholders • Present/distribute educational materials to NARA employees and the larger community • Conduct a "post-test" survey of attitudes toward tobacco use & smoke-free policies with NARA employees • Write draft of new policies and get feedback from committee/ work group	• Community will recognize that tobacco use is an addiction • Adult community members will model non-smoking behavior, which will contribute to youth tobacco prevention • Provide tobacco-free culturally specific addictions treatment • Improve access to culturally specific tobacco cessation resources

APPENDIX E: EVALUATION QUESTIONS & DATA SOURCES

AA TPEN Evaluation Questions: Relationship Building

	Activity: Contact	Target Population	Immediate Outcomes: Connect	Short-Term Outcomes: Communicate	Intermediate Outcomes: Create
Evaluation Questions	1. How many contacts has the AA TPEN made within the AA community? 2. What AA TPEN activity is the contact involved in? 3. Who initiated the contact (AA TPEN or contact)?	Has the AA TPEN contacted the key organizations/interest groups/individuals?	1. How many times has the AA TPEN contacted the partner? 2. To what extent is the partner interested in AA TPEN activities? 3. To what extent does the partner believe that an alliance with the AA TPEN is mutually beneficial?	1. Is the partner aware of the AA TPEN's activities? 2. Does the partner value the AA TPEN's activities? 3. Is the AA TPEN's goals/ mission/ message meaningful to the partner?	1. What AA TPEN activities or events have partners been involved in? 2. What was the partner's role in the activity/event?
Data Sources	• Contact tracking sheet	• Contact tracking sheet	• Contact tracking sheet • Partner questionnaire	• Contact tracking sheet • Partner questionnaire	• Event tracking sheet

API TPEN Evaluation Questions: Outreach to Business Owners

	Activity: Outreach (Recruit)	Target Population	Immediate Outcomes: Results	Short-Term Outcomes: Educate	Long-Term Outcomes: Awareness
Evaluation Questions	1. What was the process for identifying and contacting businesses? 2. Did TPEN staff contact the target number (40) of business owners? 3. What were some of the barriers to accessing your target population?	Did the surveys reach the target population (i.e., API-owned bars and restaurants)?	1. What was the response rate for the survey (return mail, after phone calls, after in-person contact)? 2. Were all items on the survey answered, or were there some questions that business owners skipped or refused to answer? 3. Was there variability in the way business owners responded to the questions on the survey, or did they all respond in the same way?	1. Do business owners know what TPEP is, what TPEP does, and how TPEP might benefit them? 2. Are business owners interested in being part of the API TPEN coalition? 3. Do business owners know about the state's tobacco use policies in restaurants/bars? 4. Did business owners think that information fed back to them from the survey was helpful?	1. Did business owners' attitudes toward tobacco use and secondhand smoke change after their involvement in this project? 2. Did business owners' awareness of the API TPEN improve after their involvement in this project? 3. Did business owners increase their knowledge of the state's tobacco use policies after involvement in this project? 4. Are more business owners involved in the API TPEN coalition? 5. Have any businesses gone voluntarily smoke-free after their involvement in this project?
Data Sources	• API TPEN tracking forms • API TPEN project narrative	• API TPEN tracking forms	• API TPEN tracking forms • Business Owner Survey	• Questions asked during site visit, responses tracked with Checklist (to be developed) • Q27-29 on Business Owner Survey	• Follow-up Business Owner Survey • Follow-up Checklist questions • Sign-in sheets from API TPEN coalition meetings

Latino TPEN Evaluation Questions: Outreach to Migrant Health Clinics

	Activity: Recruit	Target Population	Immediate Outcomes: Train	Short-Term Outcomes: Transfer	Intermediate Outcomes: Build Resources
Evaluation Questions	1. What was the process for identifying and contacting key players at each Migrant Health Clinic? 2. Is the DHS-provided tobacco training appropriate and useful for those who work with migrant populations? 3. Are there any political issues (state, local, organizational) that can enable or hinder this project?	What are the various migrant populations that migrant health clinic workers access?	1. What proportion of clinics agreed to participate? 2. If they did not agree to participate, what were their reasons? 3. Are all health care workers at the Migrant Health Clinics willing to participate in and implement the tobacco-specific training? 4. Are the Migrant Health Clinics willing to modify their intake forms to include tobacco-specific questions? If not, why? 5. How many health care workers were trained?	1. How many migrant workers have health care workers seen? 2. To what extent do health care workers talk with clients about tobacco use? 3. How often do health care workers send clients to the Oregon Quit Line? 4. How often do health care workers provide cessation information to their clients? 5. Do health care workers use printed materials from their resource center?	1. Did the migrant workers respond more positively to printed materials, demonstrations, or conversations with their health care worker about tobacco and its effects? 2. Are more Latino clients (migrant workers) calling the Oregon Quit Line? 3. Do Latino clients have good experiences using the Quit Line? 4. How do migrant workers view tobacco use and cessation?
Data Sources	• tracking forms • project narrative • Health clinic worker survey • Latino TPEN training observations	• Health clinic worker survey	• Health clinic worker survey • Tracking forms	• Migrant health clinic records • Health clinic worker survey • Latino TPEN site visit observations	• In-depth targeted client interview • Health clinic worker survey

LGBTQ TPEN Evaluation Questions: Media Campaign

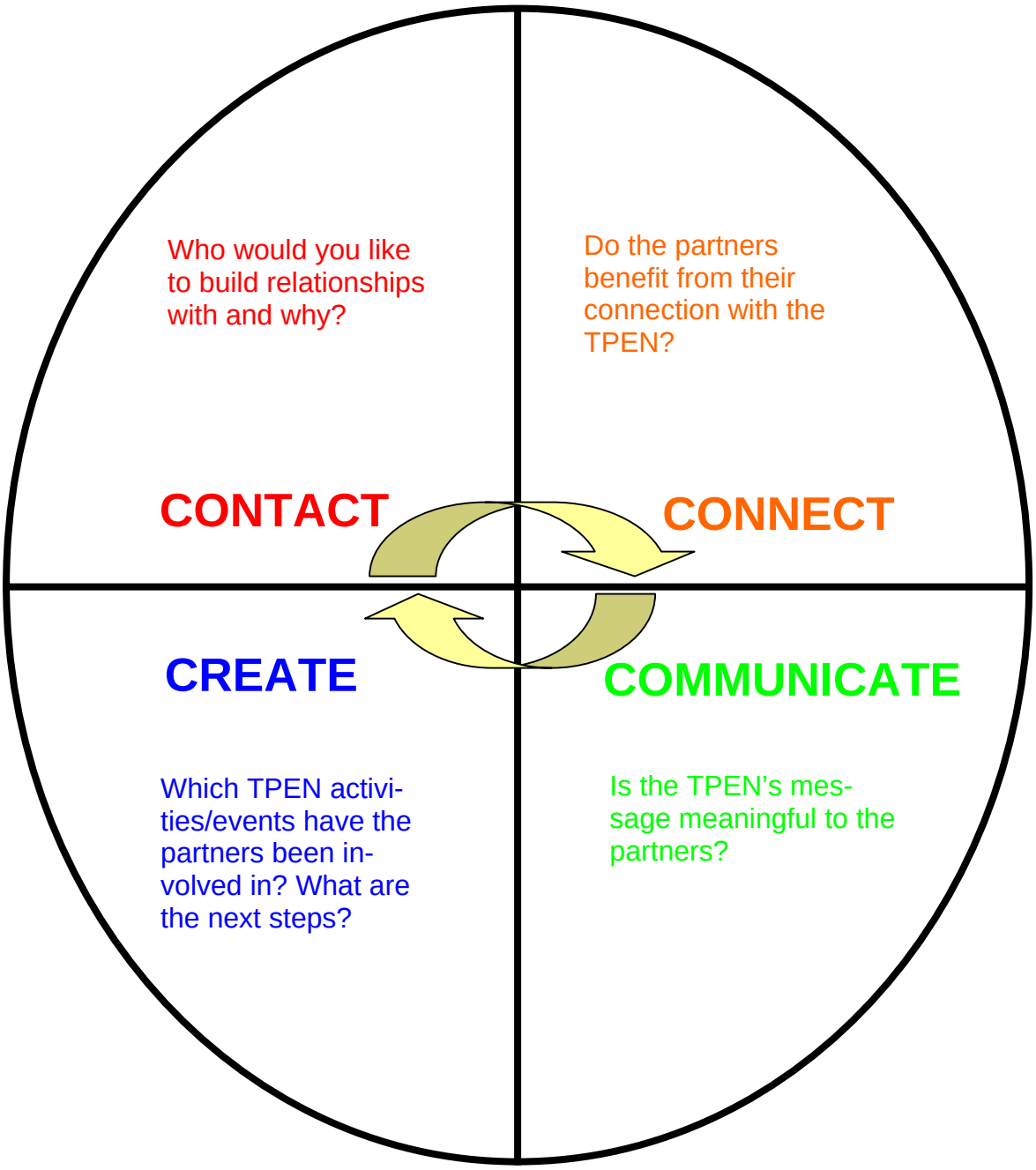
	Activity: Create	Target Population	Immediate Outcomes: Present	Short-Term Outcomes Experience	Long-Term Outcomes: Action
Evaluation Questions	1. Are images age-appropriate and compelling? 2. Is message age-appropriate and compelling? 3. Are supporting media appealing to the target groups?	Has media reached its intended target audience?	1. How many youth have viewed the video? 2. What quantities of supporting media have been distributed? 3. How many individuals/groups have been sent a link to the video by the LGBTQ TPEN? 4. How many different events have featured the media?	1. Do youth "like" the video? Why or why not? 2. Do youth understand the message that is being conveyed? 3. Are youth interested in more information about tobacco prevention and cessation?	1. How many calls or contacts has the LGBTQ TPEN received as a result of viewing the video? 2. How many venues have gone smoke-free? 3. Do youth perceive that smoking is less acceptable in their community?
Data Sources	• Focus groups • Media analysis groups • Previous research	• Online anonymous survey linked to video website • Contact tracking sheet	• Hits on MySpace or YouTube • Tracking quantities of supporting media • Contact tracking sheet	• Comments or rating scale on YouTube or MySpace • Questions on Pride Survey • Online anonymous survey linked to video website • Hits on links to tobacco prevention & cessation resources • Paper survey (e.g., after video is shown at a smoke-free event; used with GSA members)	• Contact tracking sheet • Online anonymous survey linked to video website • Question on Pride Survey • Paper survey (e.g., after video is shown at a smoke-free event; used with GSA members)

UAITPEN Evaluation Questions: Enacting Smoke-Free Policy at NARA

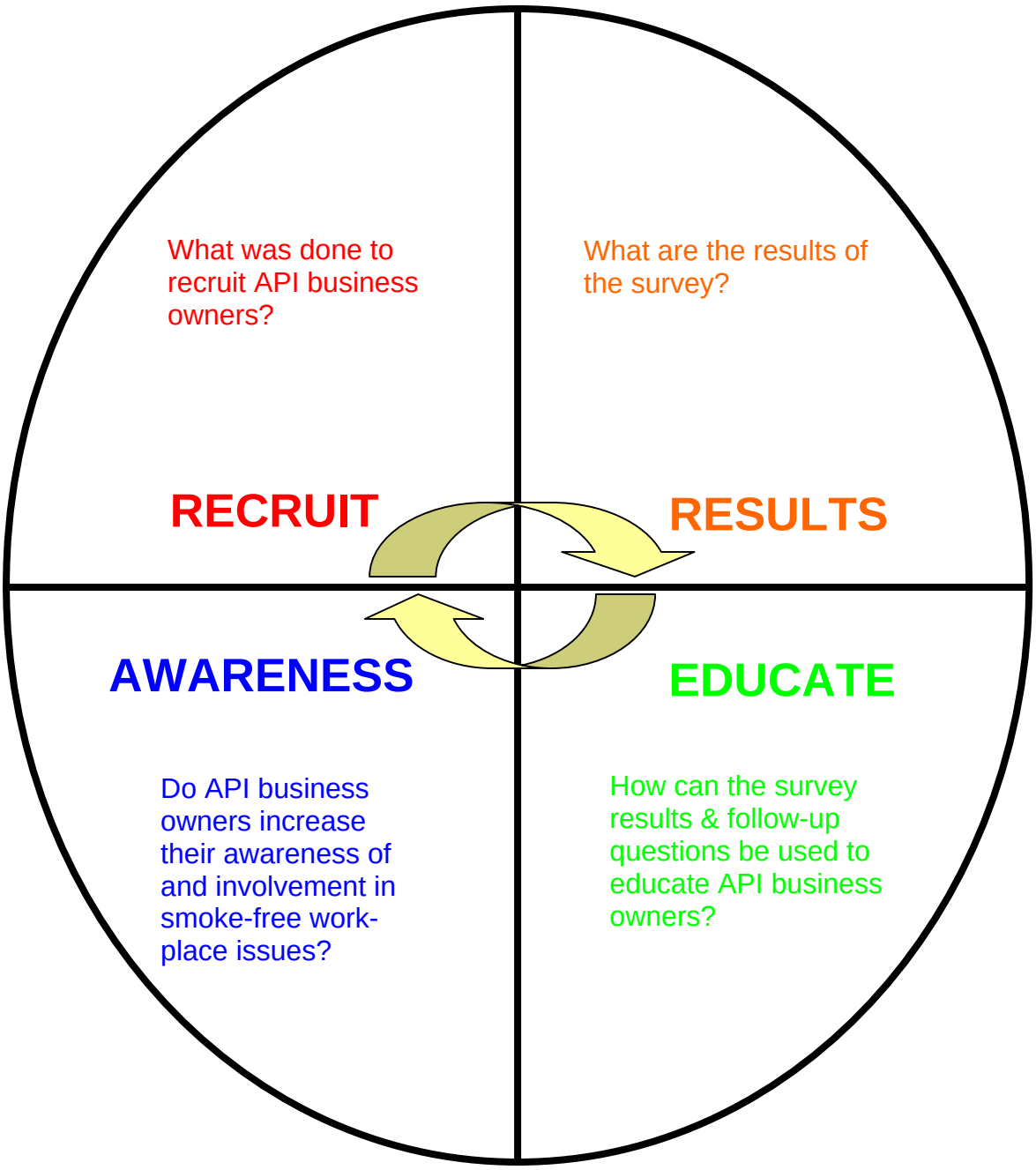
	Activity: Research	Target Population	Immediate Outcomes: Educate	Short-Term Outcomes: Educate, Build Coalition	Long-Term Outcomes: Enact Policy
Evaluation Questions	1. Who are the key people to contact? 2. What are the best ways to unite the key people?	Native population that utilizes NARA's wide range of services and its employees	1. What are the barriers to enacting and maintaining smoke-free policies at Native treatment facilities? 2. What facilitates the enactment and maintenance of smoke-free policies at Native treatment facilities?	1. Are the educational materials effective in facilitating attitude change around tobacco and smoke-free policies at NARA? 2. Have NARA employees' attitudes changed since the inception of this project? 3. What kinds of adjustments/revisions needed to be made to the new smoke-free policies?	1. Do community members understand the extent to which smoke-free policies at NARA influence the larger community? 2. Was the smoke-free policy enacted?
Data Sources	• Contact tracking sheets • Community coalition power map • Event tracking sheets		• Documentation of interview with Puyallup tribe • TPEN project documentation	• Post-test employee survey (Survey Monkey) • Committee/ work group feedback (written or transcribed if verbal)	• Question #1 is outside the scope of this evaluation but still interesting • NARA policy documentation

APPENDIX F: EVALUATION PLANS

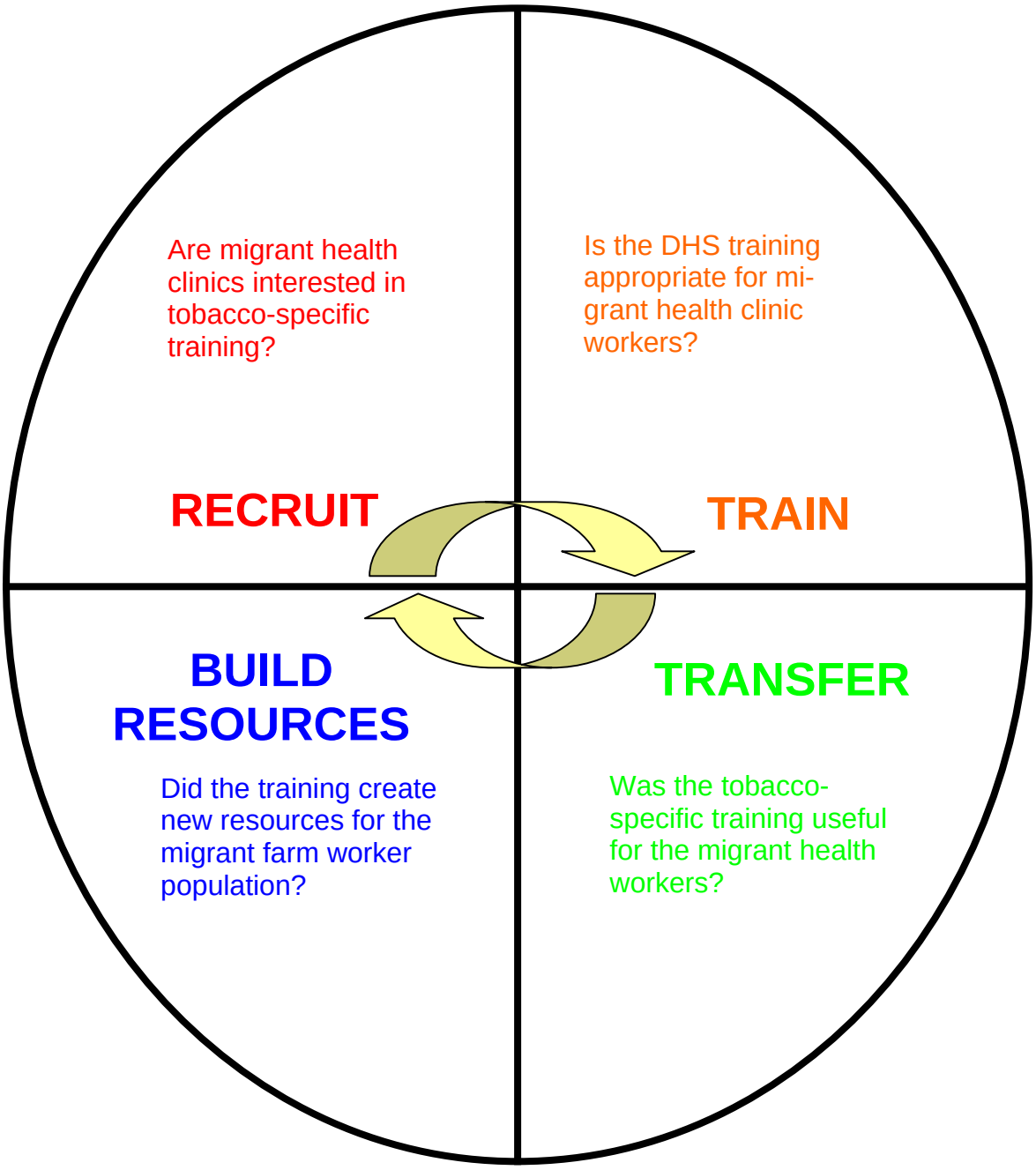
AA TPEN EVALUATION PLAN



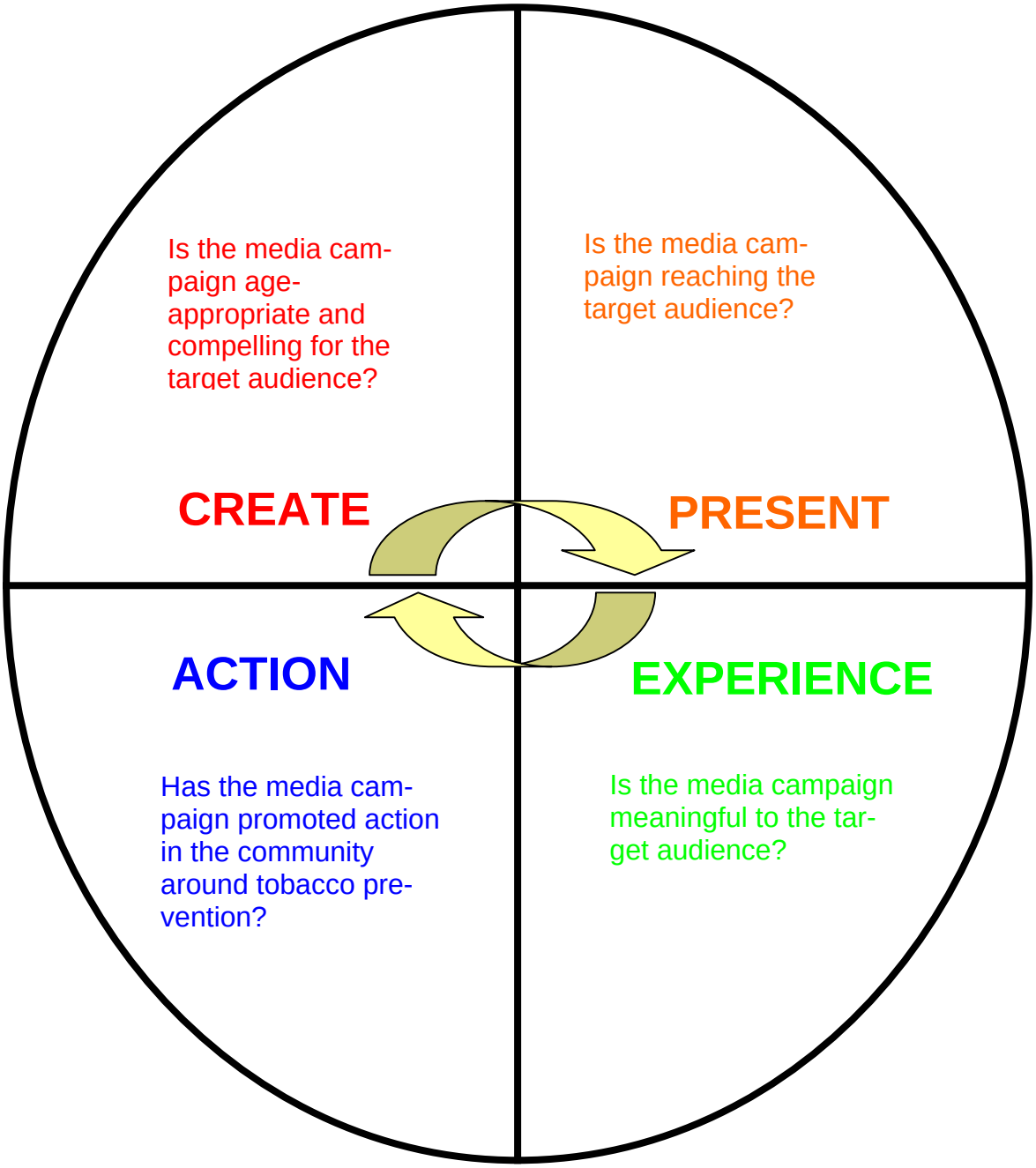
API TPEN EVALUATION PLAN



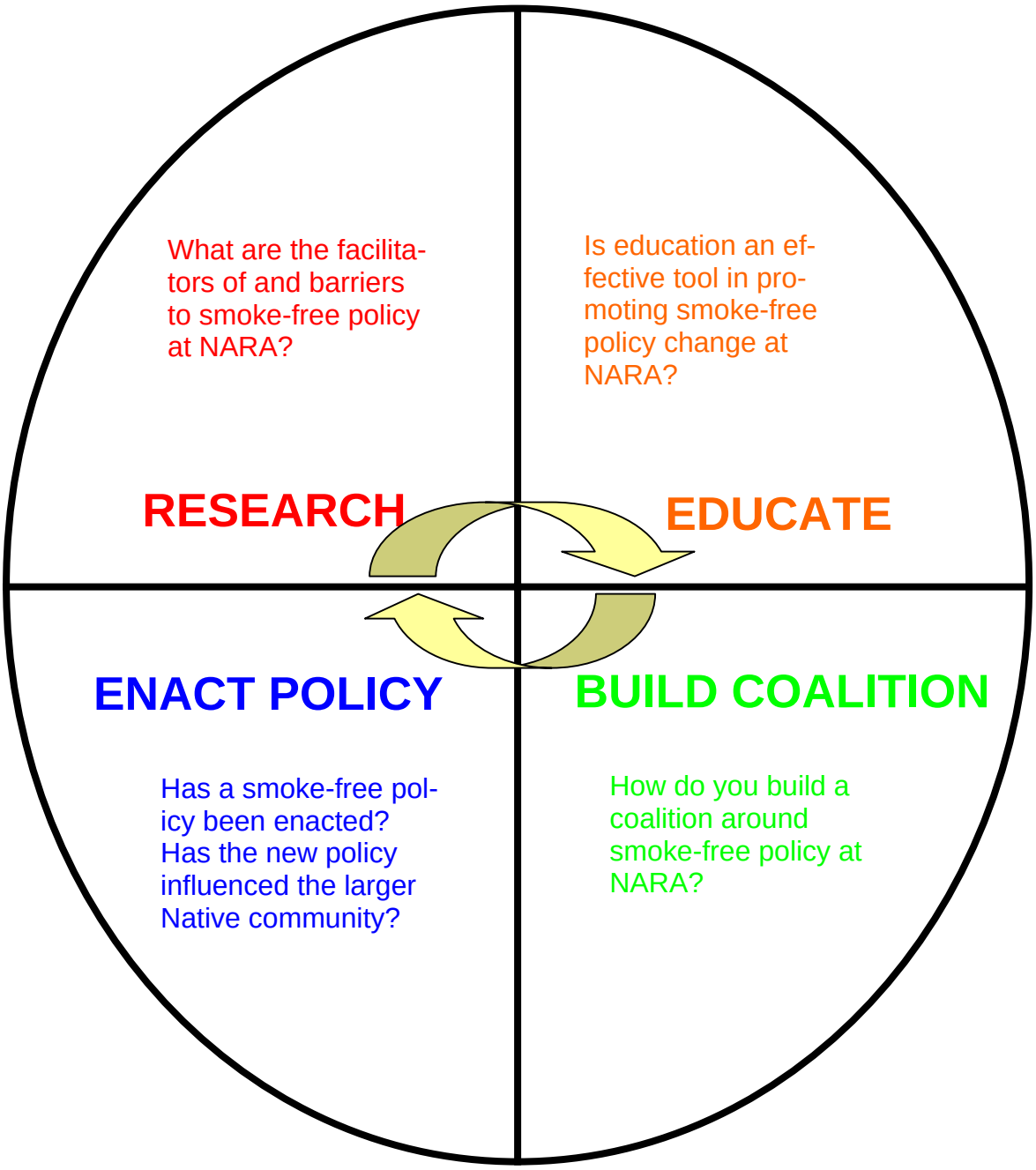
LATINO TPEN EVALUATION PLAN



LGBTQ TPEN EVALUATION PLAN



UAITPEN EVALUATION PLAN



APPENDIX G: TOOLKITS

1. AFRICAN AMERICAN TPEN EVENT FEEDBACK QUESTIONS

1. What did you learn about tobacco after today's event?

_____

_____

_____

How does today's event benefit you and/or your organization?

_____

_____

_____

After hearing today's message [*or attending today's event*], are you encouraged to do something about your own tobacco use or tobacco use in your community?

_____

If yes, what would you like to do? How can the African American TPEN support you in these efforts?

_____

_____

_____

Would you like the African American TPEN to contact you? YES NO

Contact information:

_____

_____

_____

What else would you have liked to hear at today's event?

_____

2. AFRICAN AMERICAN TPEN EVENT FEEDBACK SURVEY

Please circle the number to the left of your response.

1. How much did you learn about tobacco at today's event?

   1 = I didn't learn anything new about tobacco

   2 = I learned a few new things about tobacco

   3 = I learned many new things about tobacco

2. Was today's event beneficial for you and/or your organization?

   1 = Today's event was NOT AT ALL beneficial for me/my organization

   2 = Today's event was SOMEWHAT beneficial for me/my organization

   3 = Today's event was VERY beneficial for me/my organization

3. After hearing today's message [*or attending today's event*], how encouraged are you to do something about your own tobacco use?

   1 = NOT AT ALL encouraged

   2 = SOMEWHAT encouraged

   3 = VERY encouraged

4. To what extent can the AFRICAN AMERICAN TPEN support you in your efforts to do something about your own tobacco use?

   1 = African American TPEN cannot support me

   2 = African American TPEN might be able to support me

   3 = African American TPEN can definitely support me

5. After hearing today's message [*or attending today's event*], how encouraged are you to do something about your community's tobacco use?

   1 = NOT AT ALL encouraged

   2 = SOMEWHAT encouraged

   3 = VERY encouraged

6. To what extent can the AFRICAN AMERICAN TPEN support you in your efforts to do something about your community's tobacco use?

   1 = African American TPEN cannot support me

   2 = African American TPEN might be able to support me

   3 = African American TPEN can definitely support me

7. Would you like the African American TPEN to contact you? YES NO

   Contact information:

   _____

   _____

8. How would you rate today's event on a scale of 1 to 10 (1 = VERY POOR and 10 = EXCELLENT)? _____

3. AFRICAN AMERICAN MONTHLY CONTACT SHEET

Name of Contact:

_____

Month/Year:

_____

Date(s) of Contact:

_____

What is the purpose of contacting this person?

_____

_____

_____

What has resulted from this contact?

_____

_____

_____

4. AFRICAN AMERICAN TPEN EVENT TRACKING SHEET

Name of Event:

_____

Date(s) of Event:

_____

Who was involved in this event (e.g., partners)?

_____

_____

_____

Describe this event.

_____

_____

_____

_____

What was the impact of this event on the community?

_____

_____

_____

_____

_____

5. AFRICAN AMERICAN TPEN MONTHLY TRACKING SUMMARY

Month/Year: _____

Total # Contacts: _____

Total # of Times Partners Contacted: _____

Summary of Results of Contacts: _____

_____

_____

_____

Total # of Events: _____

Names of Events:

_____

_____

_____

_____

Total # of Partners Involved in Events: _____

Summary of Impact on the Community:

_____

_____

_____

_____

_____

SAMPLE QUESTIONS FOR ASSESSING ATTITUDES TOWARD TOBACCO USE IN THE API COMMUNITY

1. Do you see tobacco as a problem in your community? Why or why not?
2. Do you think members in your community want to stop using tobacco? Why or why not?
3. Which individuals in your community are actively involved in tobacco prevention efforts? Who are the people in your community that need to be involved to make changes around the tobacco problems in your community?
4. What organizations in your community are actively involved in tobacco prevention efforts? What organizations in your community need to be involved to make changes around the tobacco problem in your community?
5. What do you think your community's attitude is about supporting tobacco prevention efforts? Would they spend money, time, offer space for meetings, or donate staff time for these efforts? Are the leaders in your community involved in prevention efforts?
6. What strengths or assets does the community have to support tobacco prevention and control? What weaknesses, barriers, or obstacles does the community have that make tobacco prevention and control difficult?
7. What types of tobacco prevention and control activities already exist in your community? What suggestions do you have that would help us provide tobacco prevention and control in your community?
8. What types of tobacco rules and regulations currently exist in your neighborhood, county, and state? Are the people in your community aware of any or all of these efforts?

From the Asian American Pacific Islander Tobacco Coalition of Washington State, 2002. Washington State Department of Health.

API BAR / RESTAURANT OWNERS SITE VISIT CHECKLIST

Please circle the appropriate response.

Do you know what TPEP is? YES NO

If yes, do you know what TPEP does? YES NO

NOTES [*Describe what business owner knew about TPEP*]:

_____

_____

_____

_____

Do you understand how being part of TPEP could benefit you and your business? YES NO

NOTES [*Describe the benefits or barriers that business owner perceived*]:

_____

_____

_____

_____

Would you be interested in being a part of a TPEP coalition? YES NO

NOTES [*Why or why not?*]:

_____

_____

_____

_____

Would you interested in being a part of an API community coalition that includes other business owners? YES NO
NOTES [*Why or why not?*]:

_____

_____

_____

_____

Do you know what the state rules are about tobacco use in restaurants and bars? YES NO

NOTES [*Describe business owner's understanding of state rules*]:

_____

_____

_____

_____

Do you think the information we gave you from the surveys that business owners filled out is useful to you? *Please circle the appropriate number.*

1 = NOT AT ALL useful

2 = SOMEWHAT useful

3 = VERY useful

NOTES [*Why or why not?*]:

_____

_____

_____

_____

Was there anything about the survey that made it more or less likely for you to fill it out and send it in?

NOTES:

_____

_____

_____

OTHER NOTES:

_____

_____

_____

_____

_____

API TPEN MONTHLY CONTACT SHEET

Name of Contact:

_____

Month/Year:

_____

Date(s) of Contact:

_____

What is the purpose of contacting this person?

_____

_____

_____

What has resulted from this contact?

_____

_____

_____

_____

_____

_____

_____

API TPEN MONTHLY TRACKING SUMMARY

Month/Year:

_____

Total # Contacts: _____

Total # of Times Partners Contacted: _____

Summary of Results of Contacts:

_____

_____

_____

_____

Total # of Site Visits: _____

Summary of business owner's interest in being part of a coalition (utility and/or barriers):

_____

_____

_____

Summary of Site Visits:

_____

_____

_____

_____

_____

_____

MIGRANT FARM WORKER INTERVIEW QUESTIONS

1. Do you use tobacco? YES NO

   Do you smoke or use smokeless tobacco? ☐ Smoke ☐ Smokeless tobacco

   Where were you living when you started using tobacco? _____

   Why did you start using tobacco? _____

   _____

3. Do you want to quit? YES NO
4. Have you ever tried to quit? YES NO
5. What would help you quit?

   _____

   _____

   _____

   _____

6. Do you think that tobacco use causes health problems? YES NO

Notes:

LATINO TPEN MIGRANT HEALTH WORKER TRAINING ASSESSMENT

1. Please state the overall goal of this training program.

   _____

   _____

2. Please list the content areas covered by the training.

   _____

   _____

   _____

3. How long was the instruction? _____

4. What materials did the students receive from the trainers?

   _____

   _____

   _____

5. Was a competency test conducted before or after the course? YES NO
   If yes, please describe.

   _____

   _____

   _____

6. Does the course accommodate different language groups? YES NO
   If yes, please describe.

   _____

   _____

7. How many students were trained during this course? _____

8. Did the course address any tobacco-specific cross-cultural issues? YES NO

9. Can you think of any areas that the training did not address? YES NO

   If so, what areas should be added to future trainings?

   _____

   _____

   _____

   Additional comments?

   _____

   _____

   _____

   _____

   _____

MIGRANT HEALTH WORKER TRAINING EVALUATION

1. What was the most effective part of your tobacco-specific training?

   _____

   _____

2. What was the least effective part of your tobacco-specific training?

   _____

   _____

3. Would you recommend the training to other health care outreach workers? YES NO

   Why or why not?

   _____

   _____

4. What about this training helps you to improve your work with migrant populations?

   _____

   _____

5. On a scale from 1 to 10, how would you rate the training overall? *(circle response)*

1 = POOR, 10 = EXCELLENT 1 2 3 4 5 6 7 8 9 10

6. What topics would you like to see added to the training?

   _____

   _____

7. What is the single most important message about tobacco that you can give to your clients?

_____

_____

_____

8. How do you think you will be able to integrate tobacco information into your current practice?

_____

_____

_____

Migrant Health Worker Survey

Please circle the number to the left of your response.

1. How applicable was the tobacco-specific training to your work with migrant farm workers?

   1 = NOT AT ALL applicable

   2 = SOMEWHAT applicable

   3 = VERY applicable

2. How important do you think it is to talk about tobacco use with the migrant farm worker community?

   1 = NOT AT ALL important

   2 = SOMEWHAT important

   3 = VERY important

3. Do you think that the training helps you do your job better?

   1 = NOT AT ALL

   2 = SOMEWHAT

   3 = VERY M UCH

4. How often do you talk with clients about their tobacco use?

   1 = NEVER

   2 = SOMETIMES

   3 = ALWAYS

5. Approximately how many clients do you talk to about tobacco each week? *(circle one)*

   None 1-10 11-20 21-30 31-40 50 or more

6. What obstacles prevent you from discussing tobacco with your clients?

_____

_____

_____

7. How have you been able to integrate information about tobacco into your practice?

_____

_____

_____

8. What cessation information and/or services are available for your clients?

_____

_____

_____

9. If they are interested in quitting tobacco, how often do you provide cessation information to your clients?

   1 = NEVER

   2 = SOMETIMES

   3 = ALWAYS

10. How useful are the printed materials from the resource center at your clinic?

    1 = NOT AT ALL useful

    2 = SOMEWHAT useful

    3 = VERY useful

11. What obstacles prevent you from providing cessation materials to your clients?

    _____

    _____

    _____

12. If they are interested in quitting, how often do you send your clients to the Oregon Quit Line?

    1 = NEVER

    2 = SOMETIMES

    3 = ALWAYS

13. What obstacles prevent you from sending your clients to the Oregon Quit Line?

    _____

    _____

    _____

LATINO TPEN CONTACT TRACKING FORM

Name of Migrant Health Clinic:

_____

Address:

_____

_____

Name of Contact/Position	Phone Number/Email Address
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

What to Document:

- Who you contacted, how many times, result of each contact
- Whether clinic is willing to participate in the DHS tobacco trainings
- Reasons for participation or declining participation
- How tobacco work fits in with the clinic's ongoing health-related efforts
- Willingness to add tobacco questions to their intake forms

Date of Contact: _____

Documentation:

_____

_____

_____

_____

Date of Contact: _____

Documentation:

_____

_____

_____

_____

_____

_____

Date of Contact: _____

Documentation:

_____

_____

_____

_____

Date of Contact: _____

Documentation:

_____

_____

_____

_____

LATINO TPEN MONTHLY CONTACT SUMMARY

Totals should include new activity for the month.

Total # of Health Clinics Contacted: ____

Total # of Partners within Clinics Contacted: ____

Total # of Clinics Willing to Participate in Training: ____

Total # of Clinics that Added Tobacco Questions on their Intake Forms: ____

Summary of Results of Contacts:

Total # of trainings held: _____

Total # of trainings evaluated by TPEN Coordinator: ____

Total # of health care workers trained: ____

Total # of health care workers who filled out training evaluations: ____

Total # of health care workers who filled out the *Latino TPEN Migrant Health Worker Survey*:

____

Total # of farm workers interviewed: ____

Total # of client intakes that included questions about tobacco: ____

FOCUS GROUP AD EVALUATION QUESTIONS

1. What is your immediate reaction to this ad?
2. Did this ad grab your attention? Why or why not?
3. Would you talk to your friends about this ad? If so, what would you say?
4. Would you show your friends this ad? Why or why not?
5. Do you think that this ad is appropriate for youth? Does it "speak" to you?
6. What is this ad trying to say?
7. Is this ad's message meaningful to you? Why or why not?
8. Is there anything you would change about this ad? If so, what would it be?
9. How would you make this ad better?
10. What do you like about this ad?
11. Who do you think the target audience is for this ad?
12. Now that you have thought about the ad for a while, has your reaction to it changed? If so, how?

AD EVALUATION SURVEY QUESTIONS

Please circle the appropriate number to indicate your response.

1. What is your immediate reaction to this ad?

    1 Hate it
    2 Don't care about it one way or the other
    3 Love it

2. Did this ad grab your attention?

    1 Not at all
    2 Kind of
    3 Yes, very much

3. Would you show to your friends this ad?

    1 No way
    2 Maybe
    3 Absolutely

4. Do you think that you get what this ad trying to say?

    1 I definitely don't get it
    2 I think I get it
    3 I definitely get it

5. Is this ad's message meaningful to you?

    1 Not at all meaningful
    2 Kind of meaningful
    3 Very meaningful

6. To what extent would you change this ad if you could?

    1 I would get rid of the whole thing and start over
    2 I would keep the ad but change some things
    3 I wouldn't change anything

7. I think this ad could:

    1 Prevent youth from starting to use tobacco
    2 Help youth quit using tobacco
    3 Both
    4 Neither

LGBTQ TPEN Contact Tracking Sheet

Date: _____

Name of Contact & Affiliation:

_____

_____

Reason for Contact: ☐ Send Media ☐ Request for Information

Details of Sent Media

Type of media sent?

_____

Potential target audience (type and size)?

_____

_____

Potential for further dissemination of the ad?

_____

_____

Other:

_____

_____

_____

Details of Request for Information

Information requested?

_____

Has contact been exposed to the media campaign (ad or other products)?

☐ Yes ☐ No

Potential target audience (type and size)?

_____

_____

Potential for further dissemination of the ad?

_____

_____

Other:

_____

_____

_____

LGBTQ TPEN Monthly Contact Summary Sheet

Month/Year: _____

Total # of Contacts: _____

% of contacts that were requests for media to be sent: _____

% of contacts were requests for information to be sent: _____

Summary of Media Sent (type, audience, potential for further dissemination):

_____

_____

_____

_____

_____

_____

Summary of Requests for Information (type, audience, potential for further dissemination of ad):

_____

_____

_____

_____

_____

LGBTQ TPEN EVENT TRACKING SHEET

Name of Event:

_____

Date(s) of Event:

_____

Who was involved in this event (e.g., partners)?

_____

_____

How many people were involved in this event?

_____

Describe this event.

_____

_____

_____

_____

What was the impact of this event on the community?

_____

_____

_____

_____

_____

LGBTQ TPEN Monthly Event Tracking Summary

Month/Year: _____

Total # of Events: _____

Names of Events:

_____

_____

_____

_____

_____

_____

Total # of Partners/Participants Involved in Events:

_____

Summary of Impact on the Community:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

UAITPEN SMOKE-FREE POLICY PROCESS EVALUATION

(Additional questions to add to the NARA Employee Survey)

1. How helpful was the information about smoke-free policies that you received from the UAI TPEN? (*please circle the appropriate number to indicate your response*)

   1 = not at all helpful

   2 = somewhat helpful

   3 = helpful

   4 = very helpful

   5 = I never received any information from the UAI TPEN

2. What is the most compelling (e.g., interesting, useful, meaningful) piece of information that you learned from the UAI TPEN outreach efforts around smoke-free policy?

   _____

   _____

   _____

   _____

3. What was the least compelling?

   _____

   _____

   _____

   _____

URBAN AMERICAN INDIAN TPEN FOLLOW-UP SURVEY

1. How helpful was the information that you just received about tobacco use and smoke-free policies? (*please circle the appropriate number to indicate your response*)

   1 = not at all helpful

   2 = somewhat helpful

   3 = helpful

   4 = very helpful

2. What is the most compelling (e.g., interesting, useful, meaningful) piece of information that you learned from today's presentation?

   _____

   _____

   _____

   _____

3. What was the least compelling?

   _____

   _____

   _____

   _____

4. In your opinion, what would it take for NARA to go smoke-free?

   _____

   _____

   _____

   _____

UAITPEN SMOKE-FREE POLICY PROCESS EVALUATION

Monthly Contact Sheet

Name of Contact:

_____

Month/Year: _____

Date(s) of Contact:

_____

What is the purpose of contacting this person (e.g., Is this person a Key Stakeholder)?

_____

_____

_____

What has resulted from this contact?

_____

_____

_____

_____

_____

_____

Referrals from this contact:

_____

_____

_____

UAITPEN SMOKE-FREE POLICY PROCESS EVALUATION

Event Tracking Sheet

Name of Event:

_____

Date(s) of Event:

_____

Who was involved in this event (e.g., partners)?

_____

_____

Describe this event.

_____

_____

_____

_____

_____

_____

_____

What was the impact of this event on the community?

_____

_____

_____

_____

UAITPEN SMOKE-FREE POLICY PROCESS EVALUATION

Monthly Tracking Summary

Month/Year: _____

Total # Contacts: _____

Total # of Times Partners Contacted: _____

Summary of Results of Contacts:

_____

_____

_____

_____

_____

_____

Total # of Events: _____

Names of Events:

_____

_____

_____

Total # of Partners Involved in Events: _____

Summary of Impact on the Community:

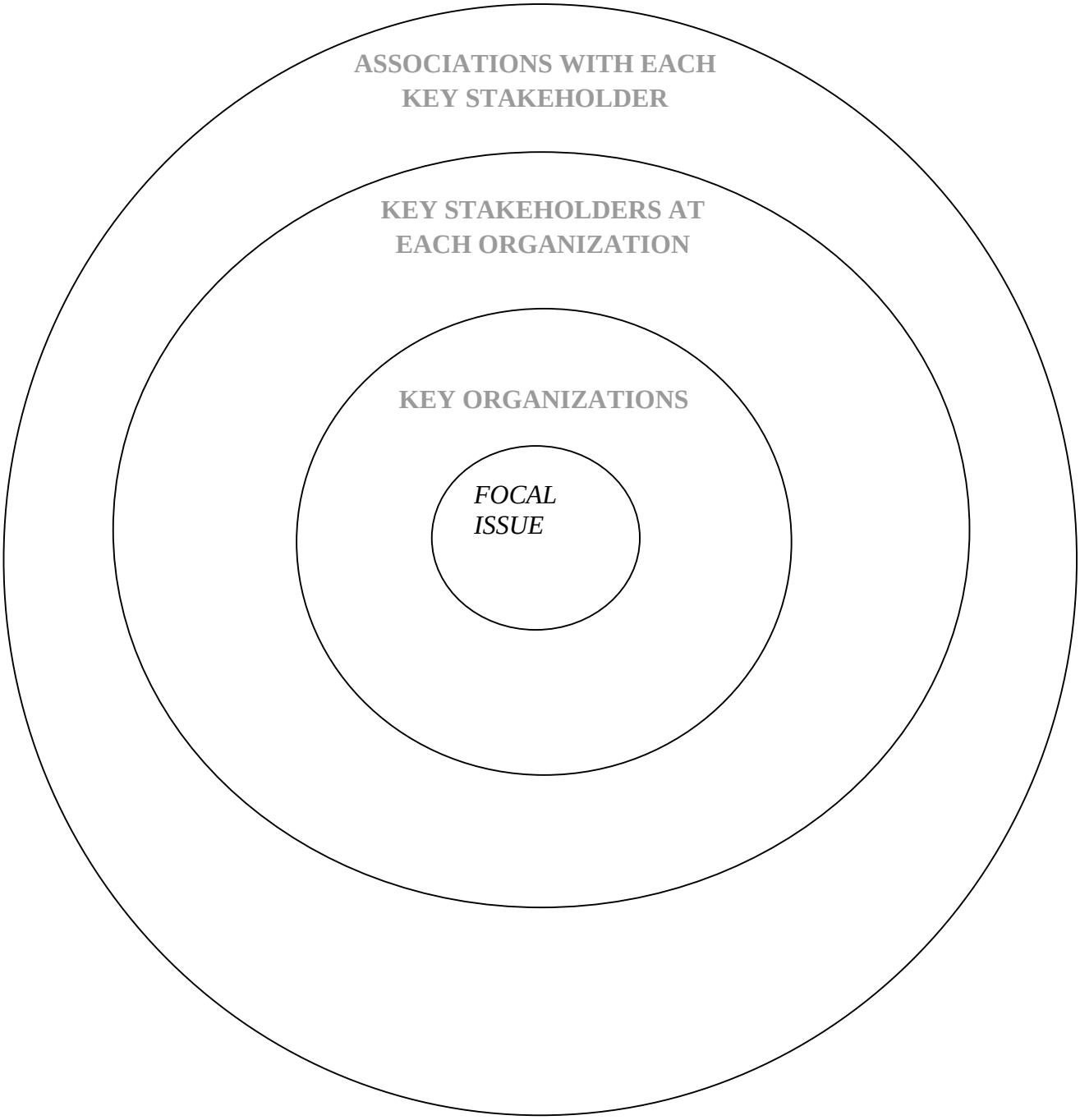
_____

_____

_____

_____

COMMUNITY COALITION POWER MAP



INSTRUCTIONS

1. Articulate the Focal Issue (i.e., why the coalition is being formed).
2. List the major organizations/institutions/agencies that are related to the Focal Issue.
3. List the key stakeholders within each Key Organization.
4. List any associations that you may have with each Key Stakeholder (e.g., My co-worker knows Key Stakeholder #1 at Key Organization #3.)
5. Draw lines to connect Key Stakeholders and Key Organizations that have connections with each other.
6. Determine priority relationships by circling names of Key Stakeholders.
7. Evaluate where there are gaps in the network.
8. Create action steps.
9. Periodically revise the Power Map.

COALITION BUILDING EFFORTS

What to document:

- Who are the key people to contact?
- What are the best ways to unite the key people (e.g., meetings, newsletters)?
- What are the outcomes of your coalition building efforts?

How to document it:

- Community Coalition Power Map
- Monthly Contact Tracking form
- Monthly Event Tracking form

INFORMATION CLEARINGHOUSE

What to document:

- Research on smoke-free environments, tobacco use among Native people, etc.
- Websites, fact sheets, books, etc. found to be relevant/useful
- What type of information seems to be most useful/most compelling for people?

How to document it:

- Collect papers, articles, etc. and make sure that all have original source information and dates
- Information from the Follow-up Survey (after a meeting or presentation, you can get feedback from people using this form)
- Monthly Event Tracking form can be used to document any progress made at meetings or other "events"
- Information from the NARA Employee Survey

PORTFOLIO OF EDUCATIONAL MATERIALS

What to document:

- Collect any materials (presentations, fact sheets, flyers, newsletters, etc.) that you have created on behalf of this project
- How effective are the materials in promoting policy change at NARA?

How to document it:

- Information from the Follow-up Survey (after a meeting or presentation, you can get feedback from people using this form)
- Monthly Event Tracking form
- Information from the NARA Employee Survey

WHAT HAVE OTHER ORGANIZATIONS DONE TO GO SMOKE-FREE?

What to document:

- Any information that you have gathered relating to how other organizations have gone smoke-free
- What are the barriers to enacting and maintaining smoke-free policies at Native treatment facilities (or other organizations)?
- What facilitates the enactment and maintenance of smoke-free policies at Native treatment facilities (or other organizations)?

How to document it:

- Take notes during interviews with other organizations that have gone smoke-free
- Collect any books, articles, etc. that document how other organizations have gone smoke-free
- Document any information that you learn from working with NARA employees (perceived barriers and facilitators)
- Information from the NARA Employee Survey

NARA POLICY CHANGES

What to document:

- NARA's current policies
- Any written changes to these policies and narrative about why the changes were made and how key stakeholders reacted/responded to the changes
- Any feedback received on written policy
- Tracking the process through which policies become more comprehensive (i.e., what moves people to adopting a more comprehensive policy?)

How to document it:

- Copies of current policies
- Drafts of new policies and any feedback received
- Keep notes on the policy writing process
- Information from the 2nd round of NARA Employee Surveys (attitude changes)

NARA EMPLOYEE SURVEY RESULTS

What to document:

- How do NARA employees feel about enacting smoke-free policy?
- What are the perceived barriers associated with enacting smoke-free policy?
- What areas should be targeted with education?
- Create summary statistics
- What is the best way to feed the information back to NARA employees?
- Have NARA employee attitudes changed over time?

How to document it:

- Maintain database
- Create summary statistics
- Re-administer the survey several months into the project
- Track the different ways you present the information back to NARA and responses to the information (Event Tracking form?)