

# ADHS-BTCD Tobacco Study

## Evaluation Training and Technical Assistance Needs Assessment



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## **1. INTRODUCTION**

The mission of the Arizona Department of Health Services' Bureau of Tobacco and Chronic Disease (ADHS-BTCD) is to build individual, organizational, and community capacities to reduce the impact of commercial tobacco abuse and to improve the health of Arizonans. Recent establishment of an Intergovernmental Agreement (IGA) includes other Arizona state-level organizations in collaborative relationships with BTCD.

The purpose of the Evaluation and Training and Technical Assistance (TTA) Needs Assessment is to identify the types and levels of evaluation currently being implemented by BTCD partners and to explore areas where training is needed related to evaluation. This builds on previous work completed by RTI International in collaboration with BTCD to identify what data sources partners use and where the gaps are in available data, specifically related to tobacco. The scope of the TTA Needs Assessment extends beyond that by including evaluation being completed across 3 topic areas: tobacco, chronic disease, and the Health in Arizona Policy Initiative (HAPI).

## **2. METHODS**

### **2.1 Needs Assessment Interviews**

RTI staff conducted telephone interviews with ADHS partners and HAPI partners in July 2015. ADHS-BTCD staff provided contact information for 15 partners with a total of 27 individual contacts. The purpose of these interviews was to explore current data and evaluation activities and assess what each partner needs to improve their ability to evaluate their programs and use data to plan for new programs. In identifying evaluation needs, partners were also asked about their past training and technical assistance (TTA) received and their preferences for future TTA.

RTI developed a telephone interview protocol, which were approved for use by ADHS-BTCD (Appendix A). Partner interviews from each county were able to be completed on the telephone and lasted between 20 minutes and an hour. Of the 27 contacts, three individuals were either unreachable or no longer worked with the partner. The interviews were audio-recorded and transcribed. Results from the coded partner needs assessment interviews are described below.

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## 3. RESULTS FROM PARTNER INTERVIEW

### 3.1 Data Currently Used

We reviewed the data available to partners to ensure that we addressed any new needs in evaluation training. Most partners continued to use the same data sources as those identified in the Arizona Tobacco Gap Analysis completed by RTI, including data provided by ADHS-BTCD including the ADHS website, ASHLine, and surveys including the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System (YRBSS), the Arizona Youth Survey, and the Youth Tobacco Survey (YTS).

Limitations in the data were the same as those previously expressed including the need for more county-level data to assist in understanding the status of their communities and data for special populations who they are trying to reach, such as rural communities, seasonal residents, Latino residents, and Native American residents. For example, **La Paz County** and **Yavapai County** are particularly interested in understanding its older, seasonal residents. **Yavapai County** and **Gila County** have used census data to track their number of elderly.

### 3.2 Current Evaluation Methods

#### 3.2.1 Data Driven-Planning

A number of partners stated that they do not rely on data to plan programming but instead turn to the guidance of BTCD to outline which programs they can implement and with whom. The partners try to identify which of the BTCD-listed strategies are most needed by their county and are feasible considering their county's resources (e.g., time, funding, and staffing). This local assessment for selecting strategies tends to vary across counties.

Some counties use county-specific data to plan their programming. For instance, the counties relying most on compliance check data to focus their efforts were **La Paz County** and **Apache County**. **Pima County** uses community indicators such as the number and location of Title 1 schools to understand community needs. **Coconino County** monitors data on the prevalence rates of problems in special populations such as Native Americans and Latinos. **Maricopa County** is able to track progress through a dashboard with county-level data.

Other partners use informal information collected from discussions with community organizations, community leaders, and members of the public. Some partners record this data through logs or calendars while others do not keep track of it. For example, **Navajo County** maintains a detailed calendar tracking all community outreach activities, which allows it to determine which community partners have the capacity to assist in program implementation. **Yuma County** also assesses the readiness of its community partners. In

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another example, **Graham County** has informally identified e-cigarettes as an area of concern by holding a number of community meetings. Others hold formal focus groups to gather qualitative data such as **Pinal County**, **Pima County**, **Maricopa County**, and **Santa Cruz County**.

Partners also mentioned their use of action plans, the structure of which has been provided by BTCD. Partners explained that they use the plans to set goals for the year and to guide which programs they implement. They reported feeling that they must stick to the activities outlined in the action plan to ensure accountability to BTCD.

### **3.3 Process Evaluation of Program Implementation**

Some partners track their programs' attendance and participation rates through their own data collection systems or within the context of the bimonthly reports required for submission to BTCD. These templates appear to provide an important structure for partners to monitor their implementation by helping them to regularly document what they are doing. These templates could be used to see how partners change from month to month and to compare partners with one another. To facilitate completion of the templates, some counties such as **Greenlee County** maintain an internal database of program implementation. **Cochise County** uses health educator logs to track their activities.

#### **3.3.1 Outcome Evaluation**

In discussing outcome evaluation with partners, many noted that they do not conduct formal or standardized outcome evaluations. The CDSMP program has a contractor has provided them with pre- and post-test templates to use to collect data. Other examples of pre- and post-test data were sometimes mentioned with partners such as **Pinal County** and **Santa Cruz County** reporting that they measured changes in youth attitudes toward using substances, which serves as a specific outcome evaluation for their youth tobacco prevention work. In total, 8 of 15 partners indicated that they engage in focus groups or surveys for outcome evaluation beyond what is required for CDSMP or other programs.

#### **3.3.2 Resources for Evaluation**

Partner organizations' staff capacity to understand and implement evaluation, both outcome and process evaluation, varies significantly from organization to organization. For example, **Maricopa County** has an epidemiologist in their department that they work closely with. Smaller counties reported that they do not have staff available for any major data analysis effort.

A persistent theme across most partners was the level with which they collaborate with others within their partner organization, other organizations in their communities, and other county partners. Across interviews, new inter-agency collaborations were noted as part of the Intergovernmental Agreement, with most respondents reporting a favorable

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opinion of these changes. A number of counties explained that they learned a lot about evaluation by speaking with other counties working in the same area, both during organized BTCD meetings and outside of formal meetings. The benefits of inter-partner collaboration are many including learning about the successes of other counties, creating increased knowledge about special populations, and sharing materials. Partners noted a desire for more opportunities to meet to share ideas face-to-face. This is particularly important for helping counties with unique characteristics connect such as counties with large rural populations.

## **4. RECOMMENDATIONS FOR TRAINING AND TECHNICAL ASSISTANCE (TTA)**

### **4.1 Current Training and Technical Assistance (TTA)**

Partners detailed a wide range of experiences with previous training and technical assistance (TTA) from sources including BTCD and federal funders such as CDC or HRSA. However, the amount and frequency of TTA has varied significantly across counties. Many of the interviewees who stated they have received TTA had been in their position for several years or were in counties with more resources (thus have more opportunities for TTA).

### **4.2 Suggested Training and Technical Assistance**

The final part of the interview focused on any TTA the partners felt they or others at their organization needed. The interview specifically asked about 5 topics related to evaluation.

- 1) **Conducting Research:** Most partners (13) felt that they needed some training in this broad category. As a beginning level training essential to understanding more advanced evaluation topics, this training was thought to be useful for new or junior staff, or for refreshing the skills of other staff.
  - a. **Skills** – develop research questions, create data collection plans
  - b. **Goals** – This training would expand the number of staff with knowledge of basic evaluation skills and could also improve partners' capacity to apply for additional funding, conduct process and outcome evaluations, and present evaluation findings.
  
- 2) **Data-Driven Planning:** Eleven partners agreed that they would benefit from training on data-driven planning, including how to use data to determine the needs of their communities and use implementation data to inform future programming.
  - a. **Skills** – build logic model, build action plan

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- b. **Goals** – Partners would learn to use county-level or state-level data to identify needs, assess capacity, and pick a program that would benefit their community.
- 3) **Conducting Focus Groups or Community Conversations:** Nearly all of the partners (16) reported that they would like training in these qualitative data collection methods. Even though many of those partners noted that they already hold focus groups or informal feedback groups, they believed training should focus on providing detail on conducting an unbiased focus group and collecting and processing data from focus groups in a systematic way.
- a. **Skills** – plan and execute focus group, collect qualitative data through unbiased, structured methods
  - b. **Goals** – Partners can increase their available data by systematically collecting county-level qualitative data, while also building relationships with community members.
- 4) **Conducting Surveys or Questionnaires:** Some partners (14) thought that creating and administering their own surveys and questionnaires would be helpful, while others found that to be beyond their scope of work. Those who expressed interest in this training provided various levels of need including training on survey creation, training on data collection, including methods such as online, in-person, and phone surveys. Partners were also interested in improving recruitment and participation in surveys and analyzing survey or questionnaire data.
- a. **Skills** – design surveys, recruit participants, administer surveys, compile and analyze quantitative data
  - b. **Goals** – Partners can expand their county-level data by conducting their own surveys, targeting special populations, and asking questions on their topics of interest.
- 5) **Selecting and Implementing Evidence-Based Programs:** Partners expressed divergent views on this with many feeling as though training would not be necessary because program selection is done at the state level. Others (13) noted that they would like support in adapting evidence-based programs for their special populations.
- a. **Skills** – select evidence-based programs, adapt evidence-based programs, conduct process evaluations
  - b. **Goals** – Partners will learn to tailor evidence-based programs for their community without compromising fidelity in order to maximize change in outcomes.

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### 4.3 Partner-Generated Training and Technical Assistance (TTA) Topics

Some partners suggested new ideas for training and technical assistance (TTA) that were specific to their individual needs. Because these topics might not generalize to all partners, it could be helpful to provide support on these topics **using individual technical assistance** rather than group trainings. Partners suggested:

- a) Implementation support including engaging more participants and facilitating community buy-in;
- b) Support related to methods to influence policy, especially tobacco policy; and
- c) Ideas about building community collaborations.

### 4.4 Training and Technical Assistance (TTA) Format

A question asked partners about their preferred method for receiving training or technical assistance. While some preferred face-to-face or in-person discussions, all agreed that webinar would be an acceptable medium.

### 4.5 Recommended Next Steps

The results of the needs assessment suggest that the partners could benefit from a number of **trainings on different evaluation topics**, but that they vary significantly in their current capacity for and knowledge of evaluation. RTI recommends a series of trainings beginning with the first of four trainings providing an introduction to evaluation to ensure that all participants establish a concurrent level of skills about evaluation. Following that, three more trainings can be implemented in areas of data collection, data-driven planning, process evaluation, and tracking community outreach. We also recommend additional peer sharing sessions facilitated by RTI, but focused on open discussion between partners around topics of enhancing collaboration between IGA entities and with community organizations. It would be best to conduct the peer sharing session in person. All webinars and additional technical assistance resources should be made available on a centralized webpage in a timely manner for easy references for the partners.

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## APPENDIX A: INTERVIEW PROTOCOLS

Partner Organization Name: \_\_\_\_\_

Name of Person Interviewed: \_\_\_\_\_

Position at Organization: \_\_\_\_\_

Interview Date: \_\_\_\_\_

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### [INTRODUCTION]

RTI International is working on behalf of the Arizona Department of Health Services, Bureau of Tobacco and Chronic Disease (ADHS-BTCD), to collect information from partnering organizations to identify existing technical assistance and evaluation needs. As the \_\_\_\_\_ [tobacco/chronic disease/HAPI] lead from your organization, we are interested in learning more about your needs are with regard to (1) gathering and examining data to assess problems within your community; (2) identifying support for conducting prevention programs; and (3) planning, implementing, and evaluating prevention programs. To help ensure we capture all your responses, this interview will be recorded. The audio-recordings will be deleted once analysis has been completed. Do you have any questions?

### [BEGIN INTERVIEW]

#### **1. Tobacco Data Currently Used**

- a. [For HAPI partners only] What type of programs do you work on?
- b. What type of tobacco-related data is your organization currently using as a primary data source? [Note: partner was encouraged to complete table of data sources during Y1 interview, begin with those listed and probe for more data sources after]. PROBE: data may include survey data, administrative data, hospital or medical records, etc.
- c. Do you work in the area of chronic disease? If so, what data do you use for this area?
  - i. How has the data been used in the area of health and policy?

#### **2. Data Needs**

- a. Other than the data sources you already mentioned, what additional tobacco-related data would you like to have to help your organization or county better address tobacco-related issues?
  - i. What additional data would you like to have to help chronic disease?
  - ii. What additional data would you like to have to help address health and policy issues?

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Transition: The next set of questions is based on our interest in understanding your technical assistance and evaluation needs.

### **3. Training or Technical Assistance Needs**

- a. What training or technical assistance have you received with regard to using data to plan programming, conduct research, or address issues?

#### **Data Driven Planning**

- b. How do you select a program or strategy to implement? PROBE: How do you obtain information about potential programs?
- c. How do you select an area to intervene? PROBE: Where did you hear this issue is or was becoming a problem?
- d. Is data used in the decision making process?

#### **Implementation**

- e. How do you track what is being implemented in the communities? Specifically, how do you know the programs are being implemented in the way they were designed?
  - i. Do you have a tracking database?
  - ii. How do you know where the program is being delivered to?
  - iii. How do you know the programs duration?
  - iv. How do you know the program is hitting its target?
- f. How do you identify program barriers and supports? For example, barriers are things that make it hard to administer the programs. Support are things that help you to administer the program to the people who need it.

#### **Evaluation**

- g. How do you determine if the programs are working?
- h. How to you determine which programs to evaluate? PROBE: Do you evaluate only the programs you implement? Do you look at other programs? How many programs do you evaluate?
- i. Have you conducted a focus group or community conversation?
  - i. Follow up if interviewee says yes:
    1. How often do you conduct these assessments?
    2. Who conducts these assessments?
    3. What level of the organization or community are you surveying? Program leaders or participants? PROBE: Why did you make that decision?
  - ii. Follow up if interviewee says no:
    1. Would you be interested in doing these sorts of things?
    2. If it is something that could improve your programming, what could make it easier for you to run a focus group?
    3. Does convening a group take too much time?
    4. Do you have someone to process the responses, such as coding data?
- j. Do you have people in programs complete a questionnaire or survey?

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- i. Follow up if interviewee says yes:
    - 1. How often do you conduct these assessments?
    - 2. Who conducts these assessments?
    - 3. What level of the organization or community are you surveying? Program leaders or participants? PROBE: Why did you make that decision?
  - ii. Follow up if interviewee says no:
    - 1. Would you be interested in doing these sorts of things?
    - 2. If it is something that could improve your programming, what could make it easier for you to complete a questionnaire/survey?
    - 3. Does collecting the data take too much time?
    - 4. Do you have someone to process the responses, e.g., run analyses?
  - k. What training and technical assistance topics would be helpful for your organization?
    - i. Using data to plan programming
    - ii. Conducting research
    - iii. Conducting focus groups, community conversations, and/or interview data
    - iv. Collecting survey or questionnaire data
    - v. Selecting evidence-based programs (EBPs)
  - l. Other than what has been listed previously, what challenges has your organization faced or are you facing with regards to data?
  - m. In what formats would you like to see the technical assistance provided? That is, would your organization prefer in-person training, web conferences, phone calls, e-mail, a knowledge base, or something else?

**4. Do you have any additional information to provide us at this time?**

[Thank partner for participation and provide contact information (Venita Embry, 919-541-6950 or [vembry@rti.org](mailto:vembry@rti.org); Ashley Lowe, 919-485-5510 or [alowe@rti.org](mailto:alowe@rti.org); Anna Yaros, 919-485-5569 or [ayaros@rti.org](mailto:ayaros@rti.org)) for any additional questions/comments they may have later].