DP15-1509 and DP14-1410 Final Evaluation Report Guidance

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Purpose

As part of the DP15-1509 and DP14-1410 Notice of Funding Opportunities (NOFOs), recipients are required to submit a final evaluation report during the last performance year. To streamline the reporting process, recipients of both the DP15-1509 and DP14-1410 NOFOs will be asked to submit one final evaluation report that covers both awards. Recipients of only one award should refer to the section in this document that covers the respective award for additional reporting guidance.

Evaluation reports are an important component of demonstrating the value of comprehensive tobacco control programs and funding. The data that CDC collects from the final evaluation reports will be used to track progress, identify promising practices, and gather information on lessons learned in tobacco control over the past five years. This document provides guidance for the development and submission of the final evaluation report. To aid in meeting reporting requirements, examples and tools are included as part of this guidance.

Final Report Submission Instructions

The final evaluation report is due 120 days after the close of the NOFO project period. Further guidance on instructions for submission will be provided by your project officer at a later date. Alternate submission methods or any exceptions to the guidance in this document should be discussed with the project officer and evaluator. The evaluation report should adhere to the guidance included in this document.

Report Structure and Organization

The report should include each of the following components in the order listed below:

I. Cover Page
II. Table of Contents
III. Executive Summary
IV. DP15-1509 Evaluation Report
    a. Background and Evaluation Priorities
    b. Evaluation Findings and Successes
    c. Lessons Learned
    d. Dissemination, Recommendations, and Use
V. DP14-1410 Evaluation Report
    a. Background and Evaluation Priorities
    b. Evaluation Findings and Successes
    c. Lessons Learned
    d. Dissemination, Recommendations, and Use
VI. Appendices
    a. Supplemental Information (optional)

Cover Page

The cover page of the final evaluation report should include the title of the report, date, and contact information for any follow-up questions pertaining to the report. If contact information differs for each NOFO, indicate the contact information for each.

Table of Contents

Indicate the sections and sub-sections of the report and their page numbers for easy reference. The table of contents should mirror the report organization and structure included in this guidance document and should list any additional documents included in the Appendices of the report.

Executive Summary

The executive summary should be about 1-2 pages and should contain the key findings that are the most compelling, outcome-oriented, and actionable. Include some discussion and visualizations highlighting the key findings and how the program plans to use the findings to inform next steps and future tobacco prevention and control efforts. Any additional data and information should be reserved for the main report. Recipients of both DP15-1509 and DP14-1410 should include key findings for both in the executive summary with a focus on DP15-1509.

DP15-1509 Guidance

Report Length

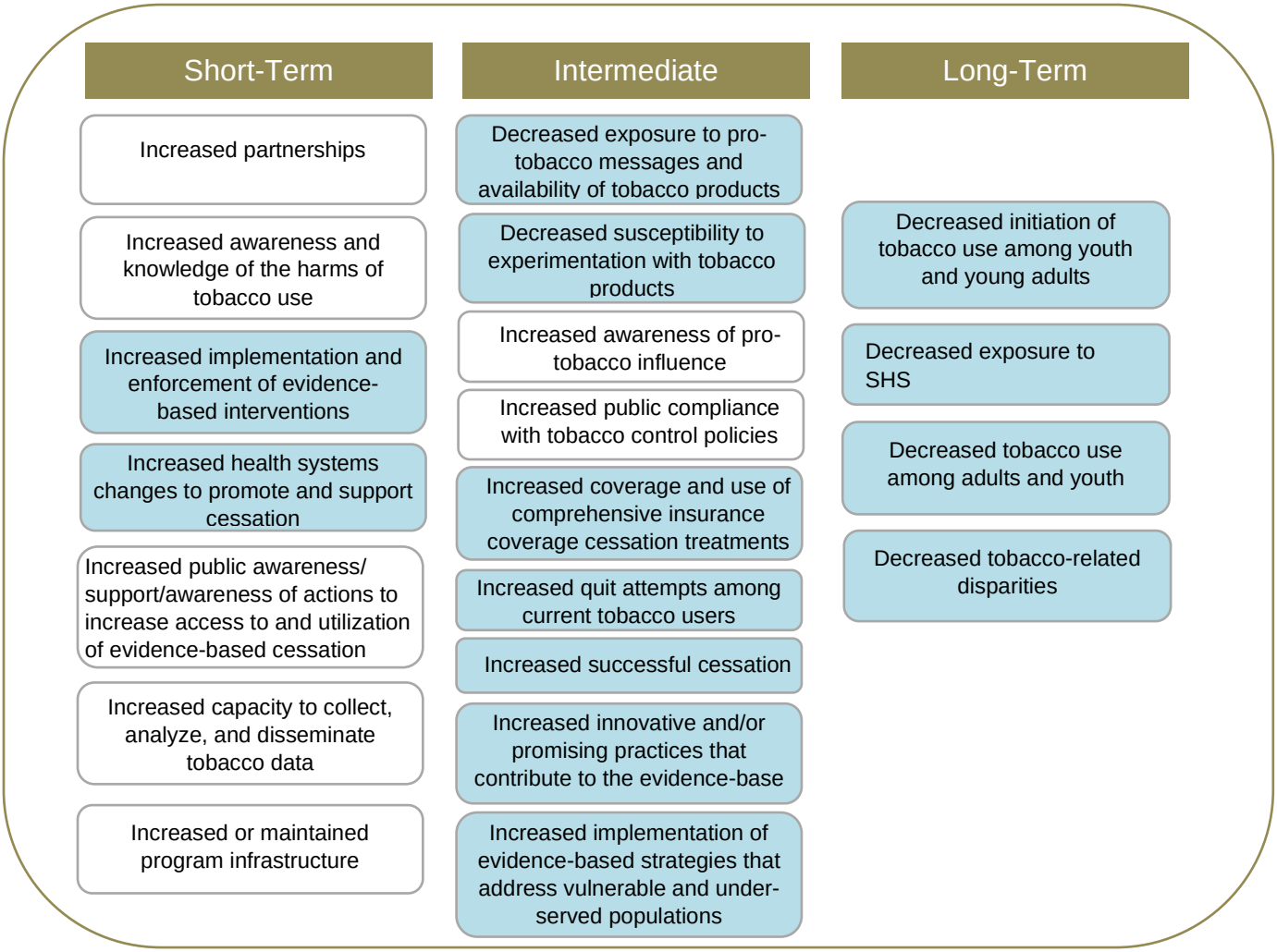
The DP15-1509 section of the final evaluation report should be about **16-20** pages in length, excluding the Appendices. Recommendations about the page length of each specific report component are included in each respective section below.

Report Focus

The final evaluation report should communicate the most important results from the DP15-1509 evaluation. Findings, recommendations, and lessons learned should be presented in a results-and-action-oriented manner that conveys how data from the evaluation illustrates the program's outcomes and impact and how it will be used to inform programmatic improvements and further implementation of tobacco prevention and control interventions.

The final evaluation report should focus on results related to achieving the intended outcomes highlighted in blue in Figure 1, with an emphasis on policy, systems, environmental, and behavioral changes. Where available, data demonstrating the impact of achieved outcomes should be included. Consider framing and including process-related findings under lessons learned.

Figure 1. DP15-1509 Outcomes of Interest



Report Components

I. Background and Evaluation Priorities (1-2 pages)

This section should include brief background information about the program and outline the key questions that guided the evaluation. Organize questions by NTCP goal area and type of evaluation question (i.e., process versus outcome). Questions that do not fit under a goal area or that are cross-cutting can be included under an "Other" category. Any substantial changes made to the evaluation since the evaluation plan was submitted to OSH should be noted here. The program logic model and the most updated DP15-1509 evaluation plan, including detailed methods and data sources, should be included in the report appendices.

II. Evaluation Findings and Successes (12-15 pages)

This should be the most prominent section of the report. This section should be organized into two sub-sections. The first subsection should focus on key evaluation findings. The second subsection should list key program achievements and successes related to DP15-1509 logic model outcomes. More detailed guidance for each subsection is included below.

Subsection A: Evaluation Findings

The purpose of this section is to communicate the most important quantitative and qualitative results of your DP15-1509 evaluation. Report on **3-5 evaluation questions** that yielded the most relevant, compelling, and actionable information. For each evaluation question, report on each of the elements included in the table below (Table 1). An example is included in Appendix A as a reference guide.

Table 1. Required Elements for Each Question

Element	Description
Evaluation Question	Indicate your evaluation question.
Strategy	If applicable, indicate the specific strategy or intervention that you evaluated.
Population Group(s)	If applicable, indicate the population group that was assessed as part of this evaluation question.
Evaluation Design and Data Sources	Briefly describe the type of evaluation you conducted and include your data sources, data collection methods, and the analytical approach that you used to answer the evaluation question. The description should be no more than 3-4 sentences. More detailed information can be included in the Appendices.
Answer to Evaluation Question	Describe key findings used to answer your evaluation question using quantitative and/or qualitative data, as appropriate.
Impact related to Logic Model Outcomes	Describe how evaluation findings show a contribution to policy, systems, environmental, and/or behavioral changes related to achieving DP15-1509 tobacco-related outcomes. If you evaluated a specific intervention or strategy, provide data and/or evidence to show how the intervention or strategy contributed to tobacco-related outcomes.
Impact on Tobacco-related Disparities	If applicable, describe how evaluation findings show a contribution to improving DP15-1509 logic model outcomes among populations experiencing tobacco-related disparities. For example, did evaluation findings show that program strategies were effective at reducing tobacco use, increasing cessation, and/or reducing secondhand smoke exposure among a population experiencing disparities? Did policy changes reduce exposure and access to tobacco in communities with a high burden of tobacco use? Did health systems changes increase utilization of cessation services among a population experiencing disparities?

Element	Description
Implications for Future Work	Describe how findings can inform or are already informing future program strategies and efforts.

Subsection B: Successes

List key successes related to achieving intended DP15-1509 logic model outcomes. Emphasize any **policy, health systems, environmental, and behavioral changes** that resulted from your program and the effect of your efforts on reducing tobacco-related disparities. For long-term outcomes, include any changes in prevalence from 2014/2015 as available, and as much as possible describe how strategies implemented under this funding opportunity contributed to the outcomes. Recipients should report on all outcomes where policy, systems, and environmental changes have been achieved and where available, should indicate the reach of those changes.

Table 2. Key Successes Related to DP15-1509 Logic Model Outcomes, Performance Years 1-5

Logic Model Outcomes	Policy, Systems, Environmental, and Behavioral Changes	Description of how program strategies contributed to outcome
Short-Term		
Increased health systems changes to promote and support cessation	*EXAMPLE:* Four (4) health care systems, including 2 Federally Qualified Health Centers, adopted the 5A's as part of routine clinical care. One of these healthcare systems [Name] is the largest in the state operating 13 hospitals, 3 of which serve rural areas. Collectively, these systems serve [XX] number of people. [Further elaborate as needed.]	*EXAMPLE:* The state tobacco control program conducted outreach and disseminated educational materials to these health care systems on the benefits of implementing the 5A's into routine clinical care. Once the health systems adopted the guidance, program staff supported training and implementation of the guidance. The tobacco control program evaluator assessed barriers and facilitators to adoption of the guidance from healthcare providers to determine needs for further training and follow-up.
Increased implementation and enforcement of interventions and strategies to support quitting, reduce exposure to SHS, and decrease access and availability of tobacco products	Local policies	
	State policies	
Intermediate		
Decreased exposure to pro-tobacco messages and availability of tobacco products		

Logic Model Outcomes	Policy, Systems, Environmental, and Behavioral Changes	Description of how program strategies contributed to outcome
Increased coverage and use of comprehensive insurance coverage cessation treatments		
Increased quit attempts and attempts using evidence-based treatment		
Increased successful cessation		
Increased implementation of evidence-based strategies that address vulnerable and underserved populations		
Long-Term		
Decreased initiation of tobacco use among youth and young adults		
Decreased exposure to secondhand smoke		
Decreased tobacco use among adults and youth		
Decreased tobacco-related disparities		

III. Lessons Learned (2-3 pages)

Lessons learned should draw upon positive and negative experiences in order to identify effective strategies, address barriers, and inform current and future tobacco prevention and control efforts. At a minimum, **two of the five** topic areas listed in **bold** below should be addressed. However, recipients are encouraged to include key lessons learned for all applicable topic areas listed. For each lesson learned, include the elements (i.e., lesson learned, background and context, how you intend to use information, population group affected) in Table 3.

1) **Challenges**: What key challenges did you face and how did you overcome them? Include up to three key challenges that had the potential to substantially impact program implementation and achievement of outcomes. At least two of the three key challenges should include challenges related to program implementation, including data collection, partnerships, policy adoption, increasing access to barrier-free tobacco cessation treatment, and health systems changes.
2) **Effectiveness of Interventions**: Which strategies, including evidence-based or best practice approaches, were more effective and/or less effective than anticipated at positively influencing changes in tobacco-related outcomes in Figure 1? What contributed to this result?
3) **Promising Practices**: Which strategy or intervention(s) showed promise as a new or innovative approach to achieve tobacco-related outcomes? What opportunities do you see to employ and/or build on this promising practice in the future?

4) **Disparities**: Describe which efforts or interventions were effective at engaging and influencing tobacco-related outcomes among populations experiencing tobacco-related disparities. Specify the population group(s). What contributed to this result? For example, did efforts include components to improve community engagement, create opportunities for specific populations to provide input and insights, make services culturally and linguistically appropriate, or target health systems that serve populations experiencing tobacco-related disparities?
5) **Value for Money**: Describe any lessons learned related to achieving program outcomes in relation to program costs. This can include, but is not limited to, information on cost-benefit or return on investment analysis, including the estimated economic benefits from a societal perspective of improved tobacco-related outcomes resulting from program activities. Include information about program costs and resources, outcomes that illustrate the effectiveness of the associated intervention(s), and/or lessons learned about strategic efforts to keep costs down while still implementing programs with fidelity.

Table 3. Examples of Lessons Learned for DP15-1509

Lessons Learned	Background and Context	Use of Information to Inform TCP efforts	Population Group (if applicable)
Challenges			
EXAMPLE: Leveraging and coordinating efforts with other public health programs can facilitate implementation of efforts, increase efficiency, and reduce the burden on resources	*EXAMPLE:* Our program tried to conduct an assessment of retail settings in [a specific jurisdiction] to collect data on the store environments (e.g., tobacco products sold, advertising). However, we were having challenges with getting buy-in from store owners to conduct the assessment. We learned that the Physical Activity, Nutrition, and Obesity Program had already built relationships with the store owners in the area and were planning to conduct a store assessment as part of their program efforts. We set up a meeting with them and they were willing to coordinate efforts with us. We added a tobacco section to their assessment. Staff from both programs also collaborated on conducting the assessment which led to reduced staff time for both programs.	*EXAMPLE:* Our program will seek more opportunities to collaborate, coordinate, and leverage resources with other programs. We agreed to communicate with the Physical Activity, Nutrition, and Obesity Program on any future assessments in retail settings. We also discussed the possibility of collaborating on strategies in school settings since both programs work closely with schools on public health activities. Furthermore, in recent years we have had issues getting school buy-in to conduct the YTS, therefore, we will explore opportunities to coordinate data collection with other programs.	Not applicable
Promising Practices			
Effectiveness of Interventions			
Effective			

Lessons Learned	Background and Context	Use of Information to Inform TCP efforts	Population Group (if applicable)
Less or Not Effective			
Disparities			
Value for Money			

IV. Dissemination, Recommendations, and Use (2-3 pages)

Dissemination

Describe how you plan to disseminate your evaluation results to stakeholders, including policymakers, partners, and the public, and steps you have taken or plan to take to engage with them on the practical applications of the findings (Table 4). If you published any major reports, include those in this section and if applicable, include a website link. Do not include peer-reviewed publications in this table as you will be asked to report on those separately.

Table 4: Dissemination of Plan

Audience	Goals	Key Findings to be Shared	Product/Channel
EXAMPLE: Tobacco control coalition	*EXAMPLE:* Keep coalition members energized and obtain buy-in and support for future work, including addressing challenges and program gaps	*EXAMPLE:* 1) Key program successes, including those that were facilitated by the coalition members 2) Program challenges, barriers, and areas where progress was slower and could benefit from additional work from the coalition	*EXAMPLE:* Presentation/In-Person; Success Stories [Web Link]

If you published any work related to DP15-1509 in a peer-reviewed journal, include the citation and web link for each publication (Table 5).

Table 5: Peer-reviewed journal citations

Citation	Web link
EXAMPLE: Pearlman DN, Arnold JA, Guardino GA, Welsh EB. Advancing Tobacco Control Through Point of Sale Policies, Providence, Rhode Island. Prev Chronic Dis 2019;16:180614	*EXAMPLE:* https://www.cdc.gov/pcd/issues/2019/18_0614.htm

Recommendations and Use of Findings

Using evaluation findings to inform continuous program improvement is one of the most critical steps in the evaluation cycle. In this section, describe key recommendations to inform and improve current and future program efforts. For each recommendation, include the rationale for the recommendation and planned next steps to translate those recommendations into action to inform program efforts and/or to build on tobacco-related evaluations. (Table 6). Recommendations should draw on what you learned from your evaluation. For example, are there program changes that can help you meet the objectives? Did certain strategies work well that could be further expanded? Were there data gaps that could be addressed? Were there opportunities to enhance monitoring and coordination of local community efforts?

Table 6. Recommendations

Recommendation	Rationale	Planned Steps to Translate into Action
EXAMPLE: Develop an action plan to identify and eliminate disparities	*EXAMPLE:* Our evaluation findings show that while we had great achievements in many areas, we made little progress in reducing disparities. An after-action review conducted as part of the evaluation showed that there were data gaps to inform strategies to address disparities and while we had identified influential local champions who represented the groups we were trying to reach, we didn't have a good mechanism for engaging them or members of the community. Furthermore, some stakeholders felt that we were tackling too many population groups and trying to accomplish too much, which may have hindered our efforts to make meaningful change with any one group. Also, there could have been more program engagement with partners who can improve economic, social, and structural factors that influence disparities. A consensus among the group was to develop a plan to address tobacco-related disparities focused on a select number of population groups and/or geographic areas that would be established based on a selected criterion and with measures to track progress. We would also enhance data collection efforts for the selected groups/areas.	*EXAMPLE:* Below are next steps we plan to accomplish in the next three months: 1) Develop a report with the current state of disparities using all relevant data, as well as evaluation findings related to efforts and progress. 2) Meet with program leadership/decision-makers to discuss the report and identify next steps for starting the process of developing the action plan, such as developing a workgroup, identifying key stakeholders to include, and discussing logistics and budgetary issues. 3) Convene the stakeholder group that will inform the development of the action plan.

DP14-1410 Guidance

Report Length

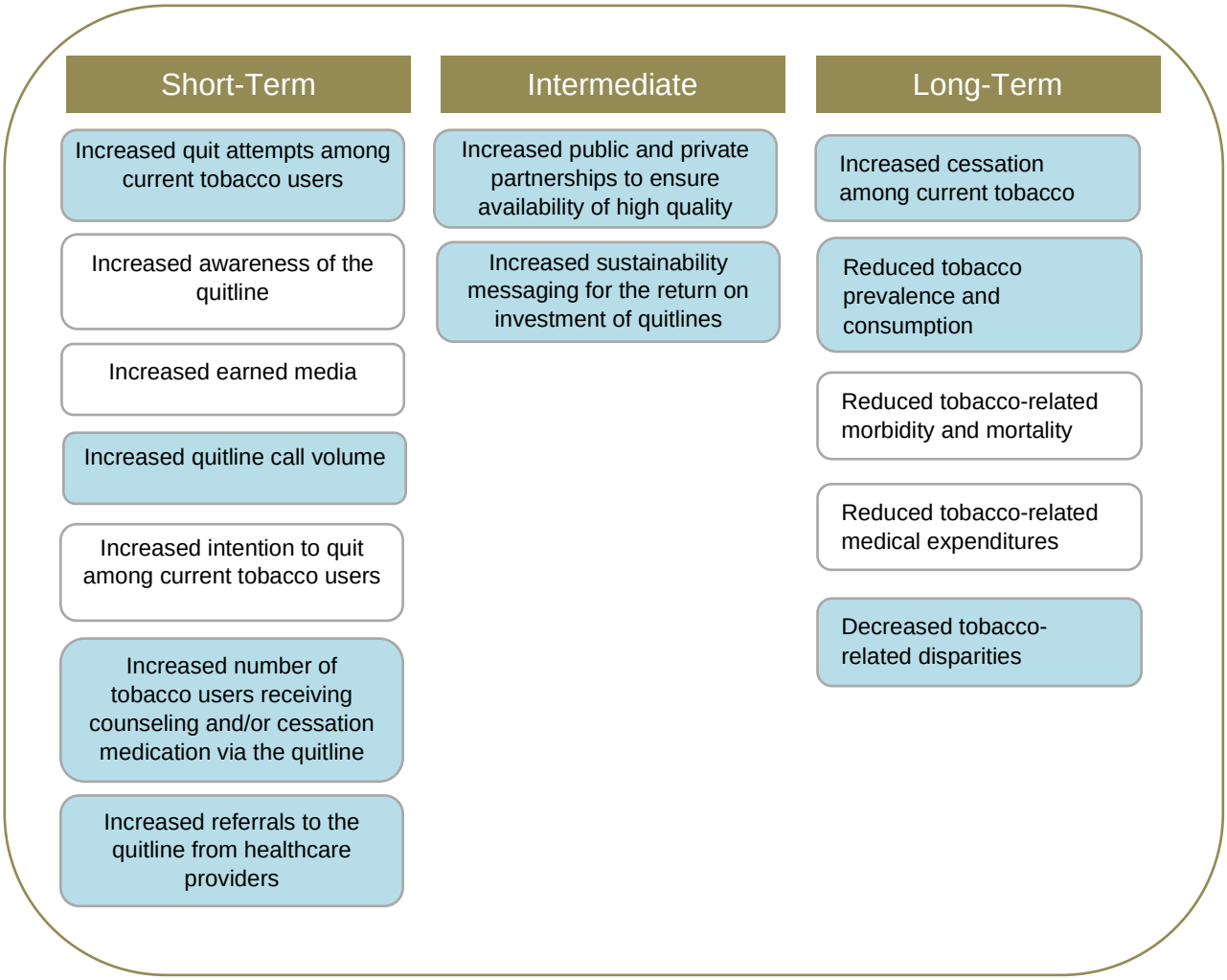
The DP14-1410 section of the final evaluation report should be about **10-13** pages in length, excluding the Appendices. Recommendations about the page length of each specific report component are included in each respective section below.

Report Focus

The final evaluation report should communicate the most important results from the DP14-1410 evaluation. Findings, recommendations, and lessons learned should be presented in a results-and-action-oriented manner that conveys how data from the evaluation illustrates observed outcomes and will be used to inform improvements in quitline (QL) operations and strategies to support cessation.

The final evaluation report should focus on results related to achieving the intended outcomes highlighted in blue in Figure 2, with an emphasis on findings related to quitline utilization and reach, health systems changes, partnerships to reimburse for quitline services, successful quits, and enhancements to the quitline. As much as possible, data demonstrating the impact of achieved outcomes should be included. Consider framing and including process-related findings under lessons learned.

Figure 2. DP14-1410 Outcomes of Interest



Report Components

I. Background and Evaluation Priorities (1-2 pages)

Under this section, outline the key questions that guided the DP14-1410 evaluation. Organize questions by type of evaluation (i.e., process versus outcome). Any substantial changes made to the evaluation since the evaluation plan was submitted to OSH should be noted here. The program logic model and the most updated DP14-1410 evaluation plan, including detailed methods and data sources, should be included in the report appendices.

II. Evaluation Findings and Successes (5-7 pages)

This should be the most prominent section of the report. This section should be organized into two sub-sections. The first subsection should focus on key evaluation findings. The second subsection should list key program achievements and successes related to DP14-1410 logic model outcomes. More detailed guidance for each subsection is included below.

Subsection A: Evaluation Findings

The purpose of this section is to communicate the most important quantitative and qualitative results of your evaluation. Report on **2-3 questions** that yielded the most relevant, compelling, and actionable information. For each evaluation question, report on each of the elements included in Table 7. An example is included in Appendix B as a reference guide.

Table 7. Required Elements for Each Question

Element	Description
Evaluation Question	Indicate your evaluation question.
Strategy	If applicable, indicate the strategy or intervention that you evaluated.
Population Group(s)	If applicable, indicate the population group that was assessed as part of this evaluation question.
Evaluation Design and Data Sources	Briefly describe the type of evaluation you conducted and include your data sources, data collection methods, and the analytical approach that you used to answer the evaluation question. The description should be no more than 3-4 sentences. More detailed information can be included in the Appendices.
Answer to Evaluation Question	Describe key findings used to answer your evaluation question using quantitative and/or qualitative data, as appropriate.
Impact related to Logic Model Outcomes	Describe how evaluation findings show a contribution to achieving DP14-1410 tobacco-related outcomes, particularly how do findings show improved support for cessation, increased use of cessation services to quit, and sustained quits. If you evaluated a specific strategy, provide evidence to show how the strategy contributed to tobacco-related outcomes.
Impact on Tobacco-related Disparities	If applicable, describe how evaluation findings show a contribution to improving DP14-1410 logic model outcomes among populations experiencing tobacco-related disparities. For example, did findings provide insights on whether a strategy was effective at increasing utilization of the quitline among a population experiencing disparities? Were certain quitline services/treatment more effective than others in supporting quit attempts among populations experiencing disparities? Specify the population group(s).
Implications for Future Work	Describe how findings can inform future quitline efforts. If applicable, describe how evaluation findings indicate the need to build or expand on existing quitline operations and/or strategies, or whether findings indicate the need to make changes.

Subsection B: Successes

In a succinct manner, list key successes related to achieving intended logic model outcomes listed in Table 8. Emphasize any **policy, systems, and behavioral changes** that resulted from your program and the effect of your efforts on reducing tobacco-related disparities. For outcomes using surveillance data to track progress, include any changes from 2013/2014 as available, and as much as possible describe how strategies implemented under this funding opportunity contributed to the outcomes. Recipients should report on all logic model outcomes where successes have been achieved and are encouraged to report on **all areas** included in the "Other" section. Where applicable, recipients are encouraged to report on the reach of policy and systems changes.

Table 8. Key Successes Related to DP14-1410 Logic Model Outcomes, Performance Years 1-5

Logic model outcomes	Policy, systems, and behavioral changes	Description of how program strategies contributed to outcome
Short-Term		
Increased referrals to the quitline from healthcare providers	*EXAMPLE:* [XX] healthcare systems that serve [XX] individuals implemented electronic quitline referrals. Quitline referrals from these systems more than doubled from 2018 to 2019, from [XX] to [XX].	*EXAMPLE:* The state tobacco control program conducted outreach and trainings to the healthcare facilities on the benefits and process for implementing electronic referrals. Program staff worked closely with facility staff to address logistical and technological requirements.
Increased number of tobacco users receiving counseling and/or cessation medication via quitline		
Intermediate		
Increased public and private partnerships to ensure availability of high quality quitline services		
Increased sustainability messaging for the return on investment of quitlines		
Long-Term		
Increased cessation among current tobacco users		
Reduced tobacco prevalence and consumption		
Decreased tobacco-related disparities		
Other		
Describe any enhancements to quitline infrastructure and operations		
Describe any expansion of the number and type of cessation services provided		
Describe how the program supported and leveraged the		

Logic model outcomes	Policy, systems, and behavioral changes	Description of how program strategies contributed to outcome
CDC's *Tips From Former Smokers*®		

III. Lessons Learned (2-3 pages)

Lessons learned should draw upon both positive and negative experiences in order to identify effective strategies, address barriers, and inform current and future tobacco prevention and control efforts. At a minimum, **two of the five** topic areas listed in **bold** below should be addressed. However, recipients are encouraged to include key lessons learned for all applicable topic areas listed. For each lesson learned, include the elements (i.e., lesson learned, background and context, how you intend to use information, population group affected) listed in Table 9.

1) **Challenges**: What key challenges did you face and how did you overcome them? Include up to three key challenges that had the potential to substantially impact program implementation and achievement of outcomes. Focus on challenges related to program implementation, including data collection, partnerships, barrier-free cessation treatment, health systems changes, quitline utilization, and improving quitline operations/processes.
2) **Effectiveness of Strategies**: Which strategies, including evidence-based or best practice approaches, were more effective and/or less effective than anticipated at positively influencing changes in tobacco-related outcomes in Figure 2? What contributed to this result?
3) **Promising Practices**: Which strategy or intervention(s) showed promise as a new or innovative approach to achieve DP14-1410 logic model outcomes? What opportunities do you see to employ and/or build on this promising practice in the future to improve quitline operations and/or logic model outcomes?
4) **Disparities**: Describe which efforts or interventions were effective at engaging and/or influencing tobacco-related outcomes among populations experiencing disparities? Specify the population group(s). What contributed to this result? For example, did efforts include opportunities for specific populations to provide input for tailored interventions, make services culturally and linguistically appropriate, impact health systems that serve populations experiencing disparities?
5) **Value for Money**: Describe any lessons learned related to achieving program outcomes in relation to program costs. This can include, but is not limited to, information on cost-benefit or return on investment analysis, including the estimated economic benefits from a societal perspective of improved tobacco-related outcomes resulting from program activities. Include information about program costs and resources, outcomes that illustrate the effectiveness of the associated intervention(s), and/or lessons learned about strategic efforts to keep costs down while still implementing programs with fidelity.

Table 9. Examples of Lessons Learned for DP14-1410

Lessons Learned	Background and Context	How do you intend to use this information to inform changes to the QL?	Population Group (if applicable)
Challenges			
EXAMPLE: Understanding Medicaid benefits and processes, and working closely with Medicaid can help	*EXAMPLE:* Our Quitline Advisory Workgroup developed a proposal to have the state Medicaid agency reimburse for cessation coverage. Because the Medicaid agency was not actively engaged in the development of the	*EXAMPLE:* As our state QL continues to work with the state Medicaid agency on supporting quitting among Medicaid enrollees, we are making efforts to build and strengthen	*EXAMPLE:* Medicaid enrollees

Lessons Learned	Background and Context	How do you intend to use this information to inform changes to the QL?	Population Group (if applicable)
facilitate reimbursement of quitline services for Medicaid enrollees	proposal, the proposal missed some key pieces of information, which led to the proposal being denied. Workgroup members then worked closely with Medicaid representatives to expand on the details of the proposal to account for Medicaid processes and policies that were missed in the initial proposal. The revised proposal was accepted, and changes are currently in motion for Medicaid to reimburse for quitline services.	relationships with agency partners and representatives. We're also more cognizant of the need to increase staff knowledge of Medicaid benefits, processes, and policies to better equip them to work with the state Medicaid agency.	
Promising Practices			
Effectiveness of Interventions			
Effective			
Less or Not Effective			
Disparities			
Value for Money			

IV. Dissemination, Recommendations, and Use (1-2 pages)

a. Dissemination

Describe how you plan to disseminate your evaluation results to stakeholders, including policymakers, partners, and the public, and steps you have taken or plan to take to engage with them on the practical applications of the findings (Table 10). If you published any major reports, include those in this section and if applicable, include a website link. Do not include peer-reviewed publications in this table as you will be asked to report on those separately.

Table 10. Dissemination of Plan

Audience	Goals	Key Findings to be Shared	Product/Channel
EXAMPLE: Healthcare Providers	*EXAMPLE:* Increase awareness of QL services and increase QL referrals from healthcare providers	*EXAMPLE:* Benefits of QL referrals; user experience; utilization of services from referrals; cessation data	*EXAMPLE:* Presentation/Brochure [Web Link]

If you published any work related to DP14-1410 in a peer-reviewed journal, include the citation and web link for each publication. An example is included in Table 11 below. Additional details and information can be included as part of the narrative before each table.

Table 11: Peer-reviewed journal citations

Citation	Web link
EXAMPLE: Mann N, Nonnemaker J, Davis K, Chapman L, Thompson J, Juster HR. The Potential Impact of the New York State Smokers' Quitline on Population-Level Smoking Rates in New York. Int J Environ Res Public Health. 2019;16(22):4477.	*EXAMPLE:* https://www.mdpi.com/1660-4601/16/22/4477

b. Recommendations and Use of Findings

Using evaluation findings to inform continuous program improvement is one of the most critical steps in the evaluation cycle. In this section, describe key recommendations to inform and improve current and future program efforts. For each recommendation, include the rationale and planned next steps to translate those recommendations into action to inform program efforts and/or to build on tobacco-related evaluations. (Table 12). As you think about your recommendations, consider the following questions. Are there program changes that can help meet program objectives? Did certain strategies work well in increasing call and use of quitline services? Were there data gaps that could be addressed to help inform future quitline strategies? Are there challenges in working with healthcare systems and insurers that need to be addressed to more effectively support quitting among tobacco users?

Table 12. Key Recommendations

Recommendation	Rationale	Planned Steps to Use Findings
EXAMPLE: Develop sustainable strategies to promote the quitline year-round	*EXAMPLE:* Paid media can be very costly and many times we rely on the *Tips from Former Smokers*® campaign and campaigns from other national partners to promote the QL. Our evaluation findings show that while we see a rise in calls to the QL when these campaigns are running, we lose momentum after the campaigns end. During our last QL evaluation stakeholder meeting, we discussed the need to develop strategies that continue to leverage these resources but also need to develop strategies to fill the gaps left in between these campaigns. We discussed opportunities to do more earned media, including social media, increased healthcare provider outreach, and opportunities to leverage media campaigns from other chronic disease programs,	*EXAMPLE:* Below are next steps we plan to accomplish in the next three months: 1) Set up a follow-up meeting to discuss next steps, including whether to develop a workgroup, and identify key players and stakeholders. 2) Map out key assets for paid and earned media, both national and local, and gaps in media coverage to facilitate discussions with key stakeholders on developing sustainable strategies to promote the quiltine. 3) Within the next 6-9 months, we would like to have a list of strategies, key partners,

Recommendation	Rationale	Planned Steps to Use Findings
	and possibly mechanisms to cost-share paid media campaigns with other programs.	and a plan for implementation.

Appendices

Appendix A: DP15-1509 Evaluation Findings Reporting Example

Required Element	Response
Evaluation Question #1	What effect did implementation of the state tobacco 21 policy have on youth access to and use of tobacco products?
Strategy	**Policy Adoption and Implementation:** To reduce youth experimentation and use of tobacco products, the state passed a policy raising the age to purchase tobacco products to 21 years of age. The law passed on March 12, 2017 and went into effect on July 1, 2018.
Population Group(s)	Youth
Related NTCP Goal Area	Preventing Initiation Among Youth and Young Adults Promoting Cessation Among Adults and Youth
Evaluation Design and Data Sources	To answer the evaluation question, we used surveillance data gathered from a youth-focused survey and data gathered from an observational assessment conducted at a sample of retailers. Below is a description of each. 1)Youth Tobacco Survey: Data were collected at baseline (two months before the policy went into effect) and 8 months after the policy took effect. A survey was administered to a random sample of 4,000 high school students at baseline and to 4,100 students 8 months after the policy took effect. The survey assessed youth awareness of the T21 policy, perceived ease of access, reported purchase of a tobacco product at a retail store, and current use of tobacco products. 2)Tobacco Retail Assessment: A pre-policy and post-policy Tobacco Purchase Assessment was conducted, which included a sample of 400 retailers during the pre-policy phase and 374 of the original 400 retailers during the post-survey phase. The assessment examined retailer type, in-store advertising, the presence of T21 signs, and retailer compliance with the policy. Descriptive and multivariate analyses were conducted for both surveys.
Answer to Evaluation Question Using Findings	**Access to Tobacco Products** Youth Survey: There was a statistically significant decrease in perceived ease of access to tobacco (from 72% to 65%) and reported purchase from a tobacco retailer (from 47% to 30%) among current tobacco users. Tobacco Purchase Assessment: The violation rate for youth attempting to purchase tobacco decreased from 13% to 6%. Tobacco specialty shops had the highest violation rate. **Youth Use of Tobacco Products** Youth Survey: While there was a slight decrease in current use of a tobacco product among youth, these results were not statistically significant. This is not surprising as we did not expect to see substantial changes in current use in the short timeframe. Over time, as compliance

Required Element	Response
	increases and norms change, we expect to see a significant decrease in youth tobacco use.
Impact related to Logic Model Outcomes	In the short-term, the tobacco 21 implementation has impacted the following DP15-1509 logic model outcomes. **Outcome 1: Increased implementation and compliance with tobacco control policies** - Implementation of the T21 policy was successful but compliance could be improved. Over time as the policy continues to be enforced and awareness of the policy increases, we expect compliance to increase. **Outcome 2: Decreased exposure to tobacco marketing and access to tobacco products** - There was a statistically significant decrease in perceived ease of access to tobacco products and reported purchase of a tobacco product at a retail store among youth. We expect these numbers to continue to decrease further over time. We will continue to assess the effects of the policy, including the long-term effects, such as youth initiation and use of tobacco products. We expect to see positive changes in these outcomes over time.
Impact on Tobacco-related Disparities	Our evaluation efforts did not assess the impact of the policy on disparities. However, during the second phase of the evaluation, we are exploring opportunities to examine policy effects on tobacco-related disparities.
Implications for Future Work	1)Data collected on violation rate and other information collected during store assessments will be shared with partners and enforcement agencies to support compliance. 2)Findings showed that tobacco specialty shops had the highest violation rate, consequently we may consider a study to further understand the reasons and barriers with compliance among this type of retailer. 3)Despite implementation of the law, many youth reported continued access to tobacco. This may be, in part, due to lack of retailer awareness and compliance. However, we are considering adding additional questions to the youth survey to further explore channels of access, both commercial and social. 4)Phase 2 of the evaluation will start in the coming month. We will conduct a 14-month survey to continue to examine the impact of the policy. We are also exploring opportunities to conduct an economic evaluation of the policy, as well as a retailer survey to assess current perceptions, support, and challenges from a retailer perspective.

Appendix B: DP14-1410 Evaluation Findings Reporting Example

Element	Response
Evaluation Question	To what extent did the Provider-Focused Media Campaign increase:1) provider awareness of QL services, 2) screening and assisting tobacco users to quit, 3) referrals to the QL, and 4) use of QL services overall and among populations experiencing tobacco-related disparities?
Strategy	**Provider Media Campaign:** To increase use of QL services, we worked with a contractor to conduct formative research that was used to inform the development of a provider media campaign. We developed digital, print, social media, and out-of-home ads. From 2017-2018, we placed the ads in medical journals and professional websites frequently visited by healthcare providers. We also placed and disseminated additional ads in federally qualified health centers and behavioral health treatment facilities to reach populations experiencing tobacco-related disparities.
Population Group(s)	All
Related NTCP Goal Area	Promoting Cessation Among Adults and Youth Identifying and Eliminating Tobacco-Related Disparities
Evaluation Design and Data Sources	To answer the evaluation questions, we conducted a provider survey and used data collected through the state quitline. Below is a description of each. 1) Pre-Post Cross Sectional Provider Survey: A pre-survey that included 610 providers was conducted in late 2016 and a post- survey of 490 providers was conducted in late 2018. Both surveys assessed provider perceptions on cessation and use of the quitline, as well as awareness of the quiltine and of quitline services. 2) 2016-2018 QL Data: 1) Intake survey--questions were added to the intake survey to inquire about the provider experience (e.g., whether the caller spoke with their provider about tobacco use, quitting); 2) Referrals–number of referrals received by provider type were tracked, 3) QL services – number of referrals that led to receipt of services, overall, and among populations experiencing disparities, and by service type were monitored. Descriptive analyses were conducted using SAS and Microsoft Excel.
Answer to Evaluation Question	**1)Awareness of QL services:** Three-quarters (76.2%) of providers surveyed were aware of the campaign and more than two-thirds (69.3%) indicated that because of the campaign they had a better understanding of the services offered by the QL. Interestingly the 2016 pre-survey showed that there was some confusion about QL services among many healthcare providers. **2) Provider screening, advisement and assistance to quit:** Providers reported an increased intent to screen (Pre:74%; Post: 88%), advise (Pre: 69%; Post: 81.2%) and assist (Pre: 61%; Post: 74%). **3)Referrals to the QL:** As compared to the 4,300 referrals received from healthcare providers in 2016, referrals from providers increased from 41% from 58% in 2017 and 2018, respectively. Moreover, while we did experience an increase in referrals from facilities that serve populations experiencing disparities, it was not as substantial as we had hoped for. Referrals from

Element	Response
	federally qualified health centers increased by 13% and referrals from behavioral health facilities increased by 11%. **4)Use of QL services:** While there was an increase in the use of QL services as compared to 2016, it was not as considerable as we had hoped. Less than a third of referrals from healthcare providers resulted in registration for a service or treatment through the QL. However, we did see a 22% increase in use of QL services among Medicaid and uninsured tobacco users as compared to 2016.
Impact related to Logic Model Outcomes	**Outcome 1: Increased awareness of the quitline** **Outcome 2: Increased referrals to the quitline from healthcare providers** **Outcome 3: Increased number of tobacco users receiving counseling and/or cessation medication via quitline** Collectively, our evaluation data shows that our campaign efforts positively shifted the above outcomes. Evaluation findings show that overall, our campaign was successful at increasing awareness of QL and referrals to the QL from healthcare providers. While we did see an increase in tobacco users receiving counseling and/or cessation medication via the QL, it was not as high as we had hoped, which may indicate the need for some additional targeted work in this area.
Impact on Tobacco-related Disparities	While the campaign did not have a major focus on reaching populations experiencing disparities, we did allocate some of our media resources to reach facilities that serve some of these population groups. Our evaluation data show that the campaign did make a positive impact in increasing referrals from some of these facilities, particularly federally qualified health care centers, however, the increase was not as substantial as we had hoped. We also observed an 22% increase in the number of Medicaid and uninsured tobacco users who registered for QL services
Implications for Future Work	Our findings have the following implications for future work: 1) We will assess our intake process to determine if it affected registration for services. Some staff members indicated that the lengthy intake process may have hindered use of services. 2) There is a need to periodically raise awareness of QL services among healthcare providers. The pre-survey administered to healthcare providers revealed that while many providers were generally familiar with some of the QL services, there was some confusion with the menu of services and treatment options available through the QL. 2) The program may need to explore more targeted approaches to reach facilities that serve populations experiencing disparities. We used the same outreach for all facilities but allocated a few more resources to place more ads in these facilities. Since we saw a minor increase in referrals from these facilities, we may need to create some ads targeted specifically to these facilities and the populations they serve. 3) We will consider a media campaign for tobacco users concurrently with a campaign for healthcare providers. Our evaluation data showed that we made progress promoting cessation strategies among healthcare providers; however, many referrals to the QL did not translate as much into use of treatment or services through the QL. These findings may suggest a need to create a campaign encouraging users to quit and increasing intention to quit.