Evaluating guidelines produced for multi-site or multi-level programs

Stephanie Herbers
Nicole Kuiper
Martha Engstrom

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  - Larry Elmore, Lois Keithly, Laura Feldman, Meg Riordan, Frank Chaloupka

Presentation Overview

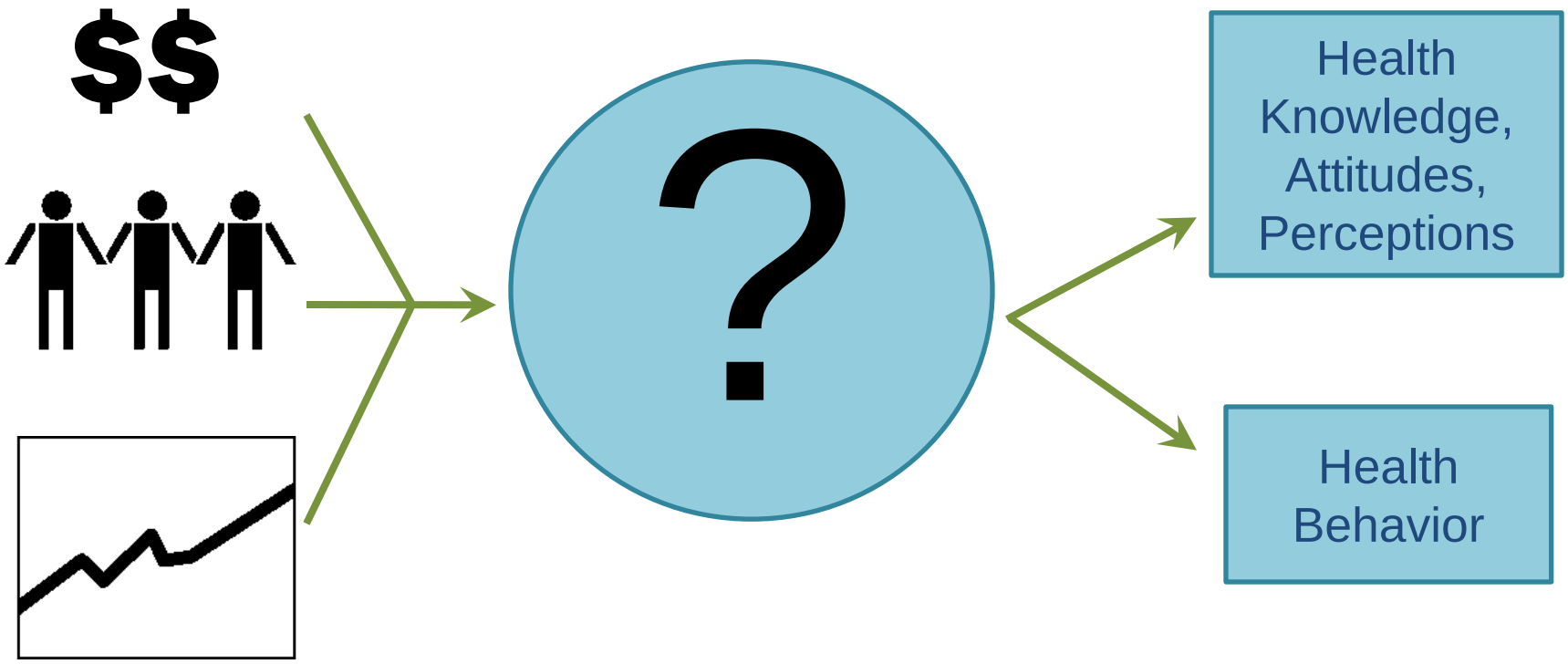
- Background
- Methods
- Findings
- Conclusions

Evaluation Work with CDC

Inputs

Structures & Processes

Health Outcomes



Evaluation Work with CDC

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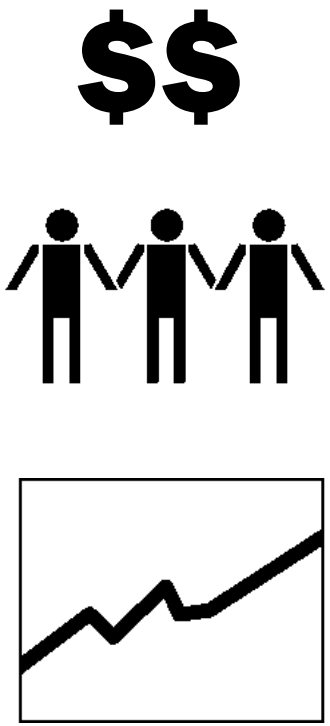

Structures & Processes

Who
PH Systems

What
Evidence Based Practices

How
Sustainability

Health Outcomes

Health Knowledge, Attitudes, Perceptions

Health Behavior

Project History

- In 2001, CTPR conducted evaluation of how states were implementing the original 1999 *Best Practices for Comprehensive Tobacco Control Programs*
- Evaluation results and current research were used to inform development of the 2007 *Best Practices* update
  - Revisions and recommendations were evaluated to assess satisfaction in this evaluation

Development of Current Project

- Need for evaluation of new *Best Practices*, including changes made from the 1999 version
- Acknowledgment that *Best Practices* was only one of many evidence-based guidelines for tobacco control
- Development of evaluation informed by input from advisory board and CDC OSH

Evaluation: Dissemination & Implementation of Evidence-based Guidelines

Evaluation goals

- Learn how the changes to *Best Practices* were received by states
- Understand awareness and utilization of other guidelines
- Investigate what influences dissemination, adoption, and implementation of guidelines
- Use results to inform future product development, trainings, and technical assistance

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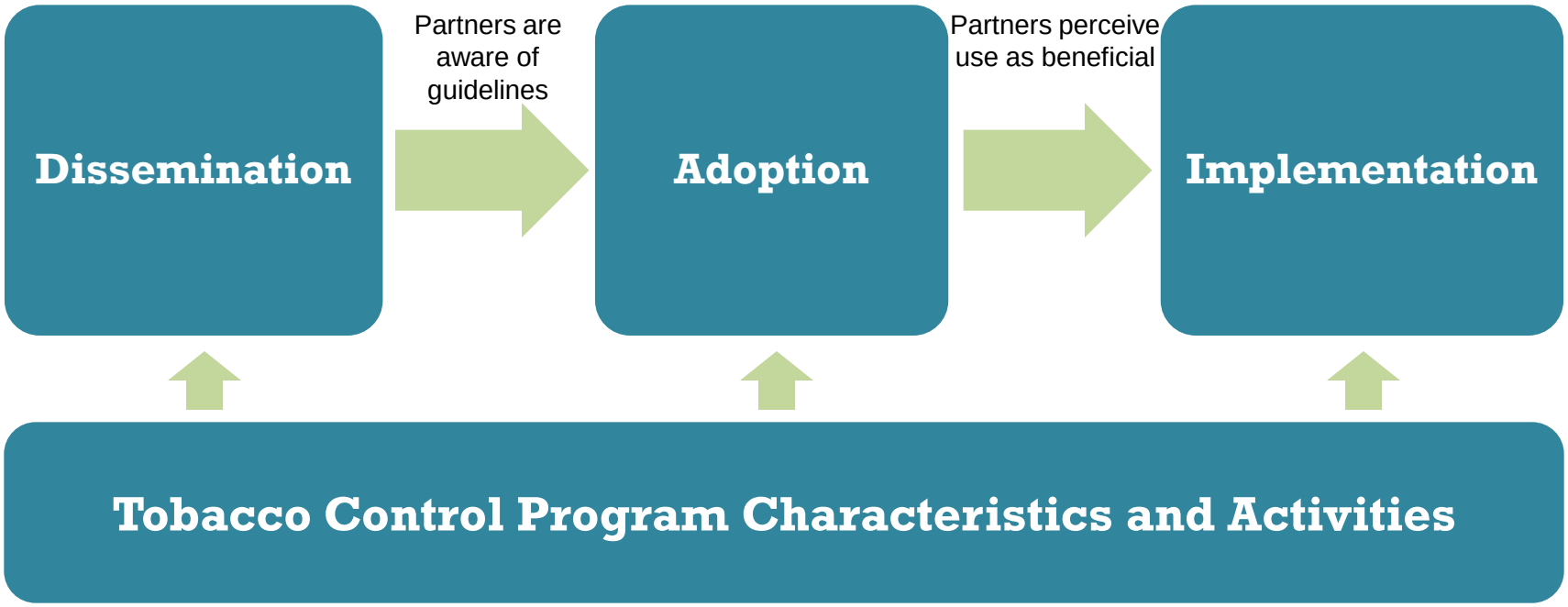
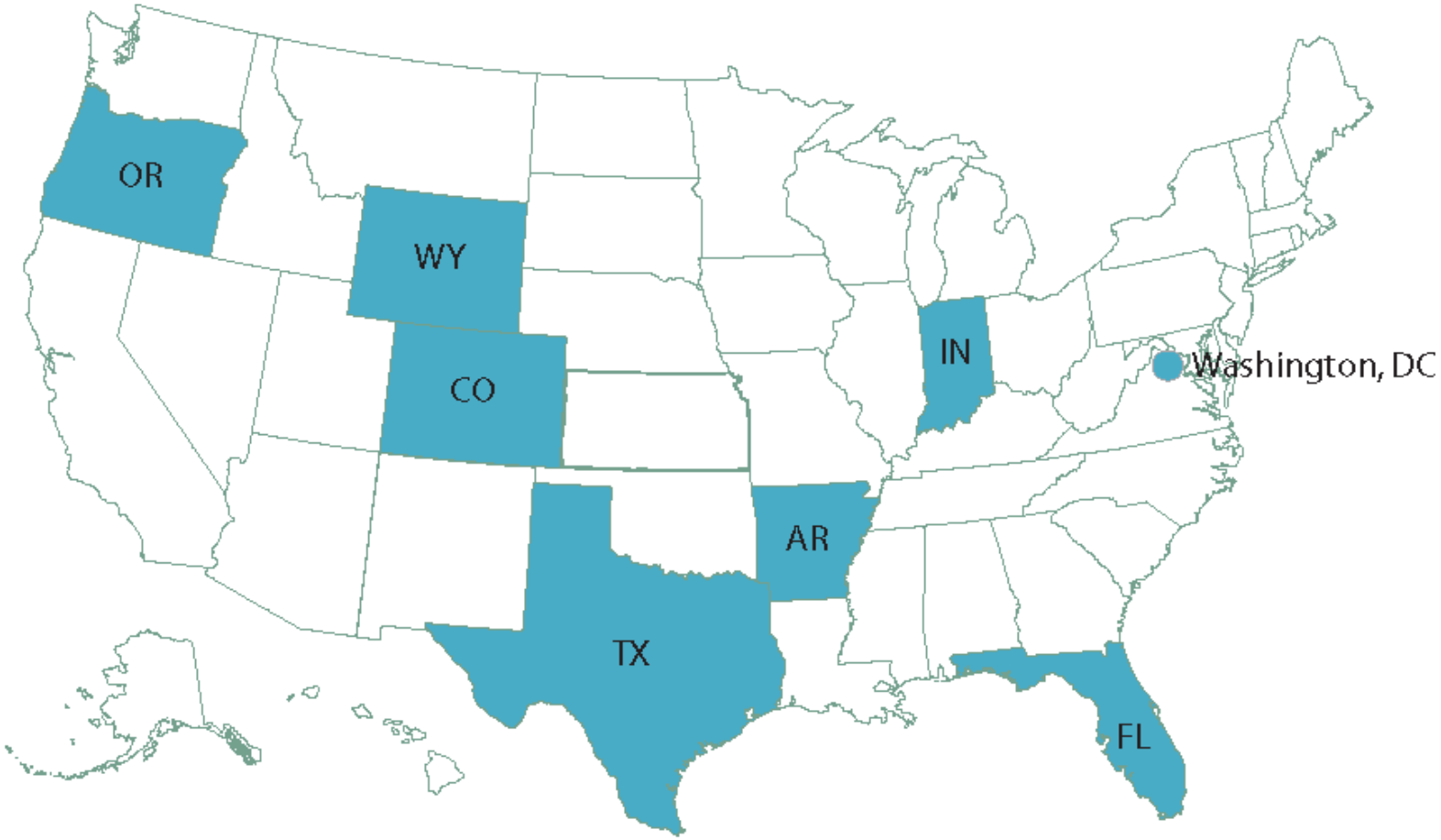
Evaluation framework



Site Selection

- Selection based on a number of program-related factors, including:
  - Structure of program
  - Evidence of *Best Practices* use
  - Existing evaluation work
  - Funding level
- Goal was to represent a variety of state tobacco control programs
  - Evaluation use was prioritized over generalizability concerns (limitation of findings)

Selected Sites



How Did the Sites Differ?

State	% of funding meeting CDC recommendations	State cigarette tax rank	BP Perspective	Lead agency
Texas	4.3%	24th	Substance abuse	DOH (substance abuse)
Washington, D.C.	8.1%	9th	Not a state	DOH
Indiana	13.7%	31st	Outside of DOH	ITPC
Oregon	15.3%	28th	Strong EBP	DHS
Colorado	20.4%	34th	Integration	CDPHE
Florida	31.2%	26th	Mandates	DOH
Arkansas	51.4%	29th	Strategic planning	DOH
Wyoming	53.3%	40th	Rural	DOH (substance abuse)

Selection of Participants

- Modified snow-ball sampling
- Began with lead agency
- Completed a partner identification form
  - Allowed us to examine differences by type of agency
- Final list of partners was considered a representative sample of program

In order to get an accurate picture of the tobacco control program, we hope to talk to a number of key partners from your state. For each category below, identify any agency or individual who is a significant partner in your state's tobacco control efforts. Partners can include those present all of the time, or those you call on periodically for strategic issues.

When thinking of partners use the definitions given after each of the six categories to sort them accordingly. Don't worry if you have trouble sorting- it is more important to have a partner included somewhere than it is to have them "correctly" sorted.

Name of Individual	Organization Represented	Title	Phone #	Email
Lead Agency: Responsible for the coordination and implementation of the program.				
Contractors & Grantees: Agencies that have been contracted by the lead agency to implement tobacco control activities, provide a service, conduct program evaluation, or other related tasks.				
Coalitions: A group of individuals representing two or more organizations working together to address an issue such as tobacco use which they couldn't address adequately on their own.				
Voluntaries & Advocacy Groups: Agencies that provide programs/activities to the state, but are not contractors or grantees (e.g., American Lung Association)				

Participant Characteristics

- From the 8 sites:

176 partners participated

With an average of 7 years experience

Ranged from <1 year to 20+ years

Representing about 17 agencies per state

Data Collection

- In-depth, semi-structured interviews
- Mix of quantitative and qualitative questions
- Question topics included:
  - Decision-making factors
  - Evidence-based guidelines
    - Definition, Awareness, Use
  - Resources needed

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Evaluation Findings

- Dissemination
- Adoption
- Implementation
- Facilitators & Barriers

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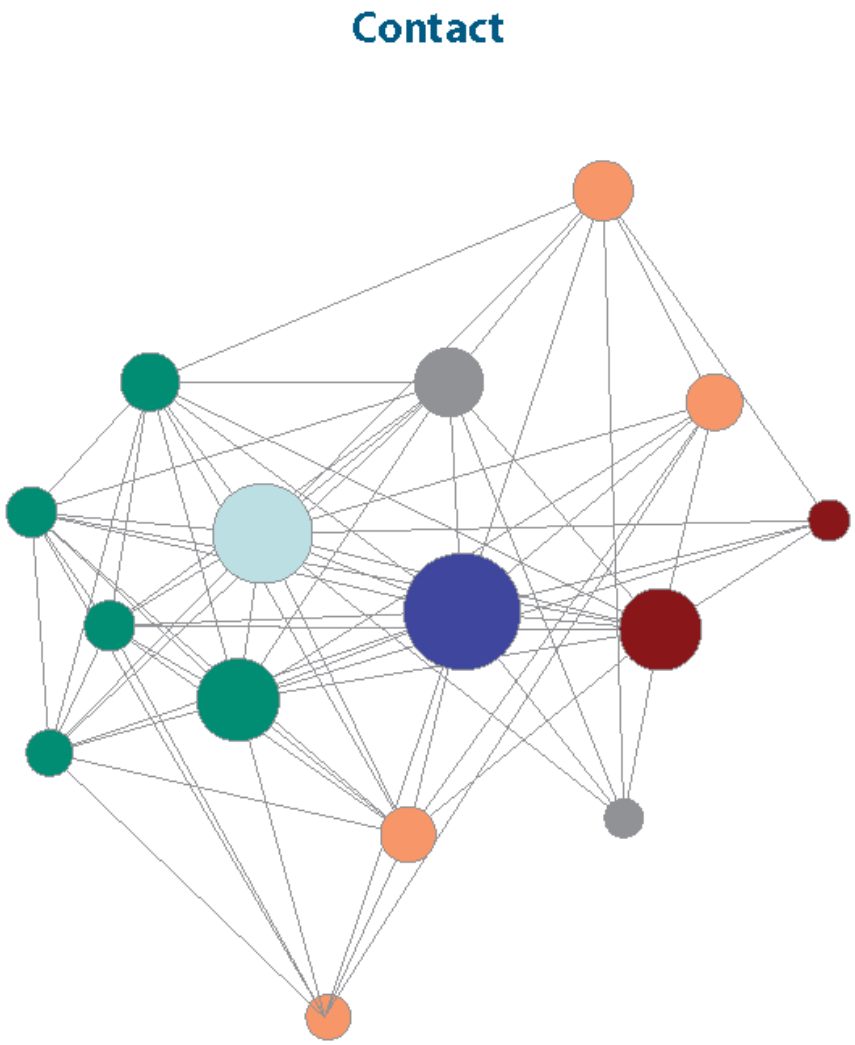
How did partners learn about guidelines?

- The lead agency, specifically the program manager, was the first to learn of new guidelines
- Dissemination occurred via:
  - E-mail and listserves
  - Discussions at staff meetings
  - Hard copy distribution

How did partners learn about guidelines?



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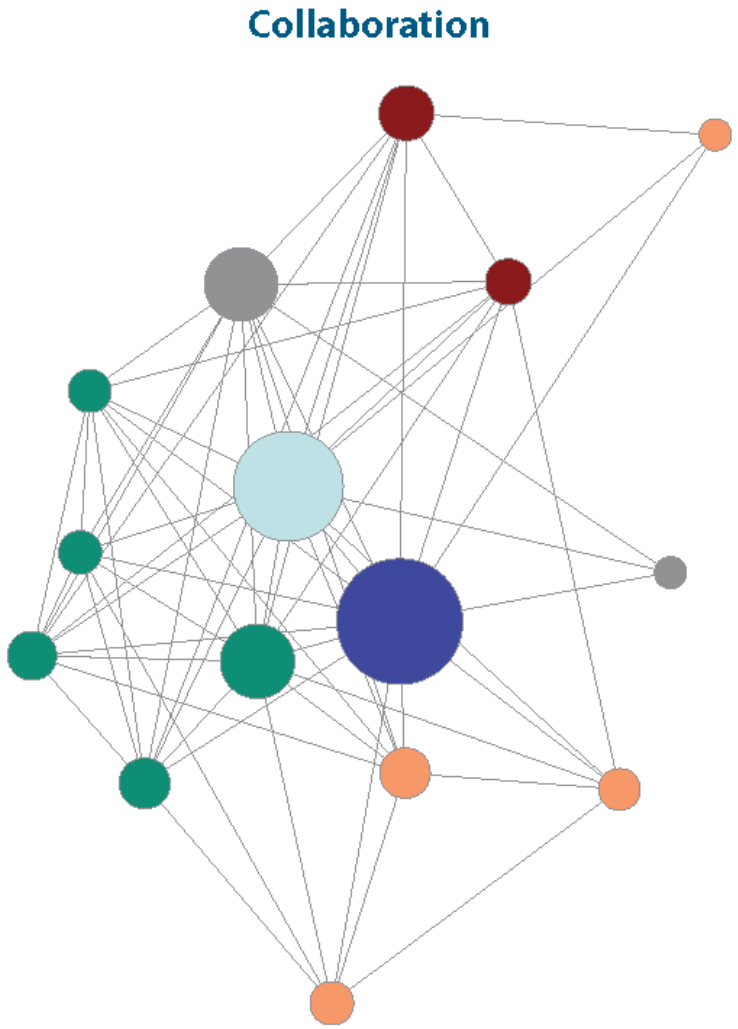

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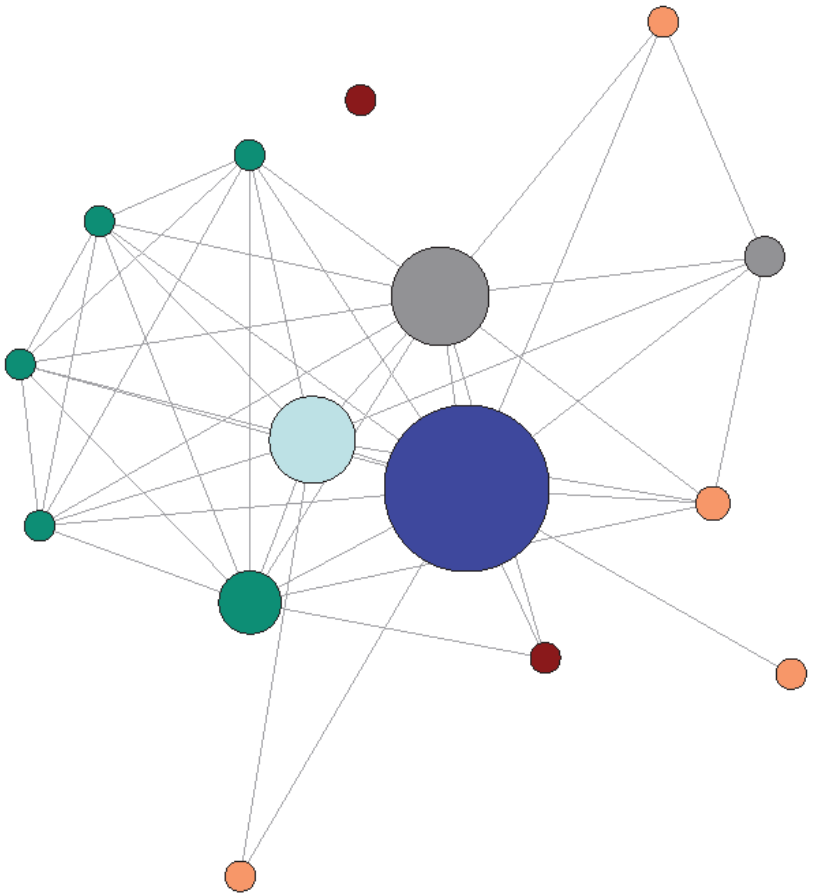


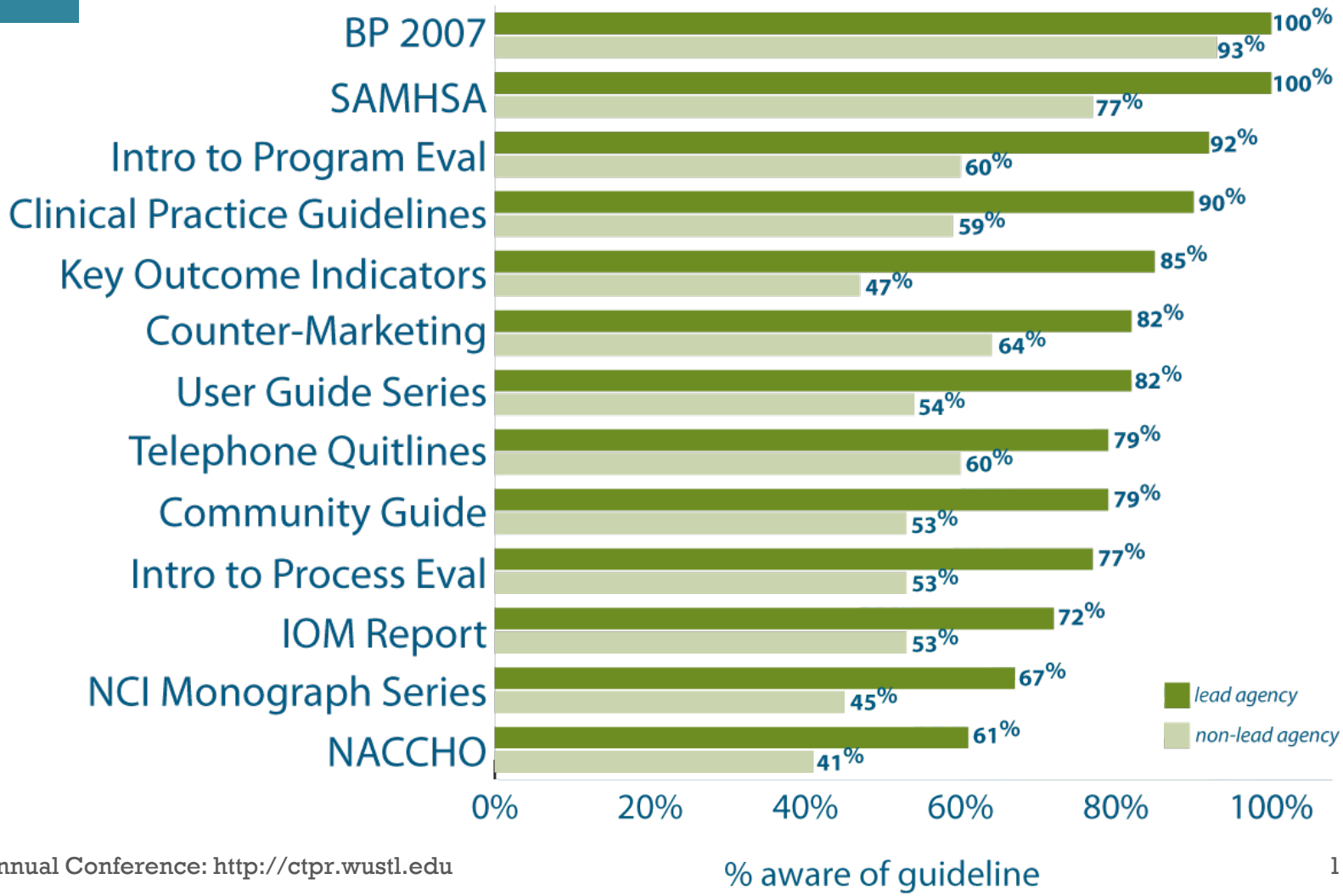
What guidelines were partners aware of?

Guideline awareness (across states)

Guideline	State 1
BP 2007	100%
NCI Monograph Series	80%
Community Guide	75%
Counter-Marketing	75%
NACCHO	75%
IOM Report	70%
Telephone Quitlines	70%
Intro to Program Eval	65%
Clinical Practice Guidelines	65%
User Guide Series	55%
Key Outcome Indicators	50%
Intro to Process Eval	45%

Guideline	State 2
BP 2007	91%
User Guide Series	78%
Intro to Program Eval	56%
Counter-Marketing	56%
Intro to Process Eval	47%
Clinical Practice Guidelines	43%
Telephone Quitlines	43%
IOM Report	39%
Key Outcome Indicators	39%
NACCHO	34%
Community Guide	26%
NCI Mongraph Series	17%

Guideline awareness
(lead agency vs. other partners)



Evaluation Findings

- Dissemination
- Adoption
- Implementation
- Facilitators & Barriers

What influenced partners' decisions?

Decision-Making Factor	Mean	Range Across States
Recommendations from evidence-based guidelines	2.39	1.76 - 3.52
Direction from inside the organization	3.55	3.22 - 4.25
Mandates or input from policymakers	3.77	2.48 - 4.93
Input from partners	3.95	3.56 - 4.35
Organizational capacity	4.0	3.39 - 4.75
Cost	4.14	3.30 - 4.70

1=Most Important, 7=Least Important

What influenced partners' decisions?

Evaluation Findings

- Dissemination
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What were the common uses of guidelines?

- Program and strategic planning
- General reference
- Education, training, and technical assistance
- Communicating with policymakers
  - Education and advocacy

What resources were needed?

- Additional trainings & technical assistance
- More materials and in a timely manner
- Better communication
- More assistance for populations with tobacco-related disparities
- Guidance on how to allocate limited funding

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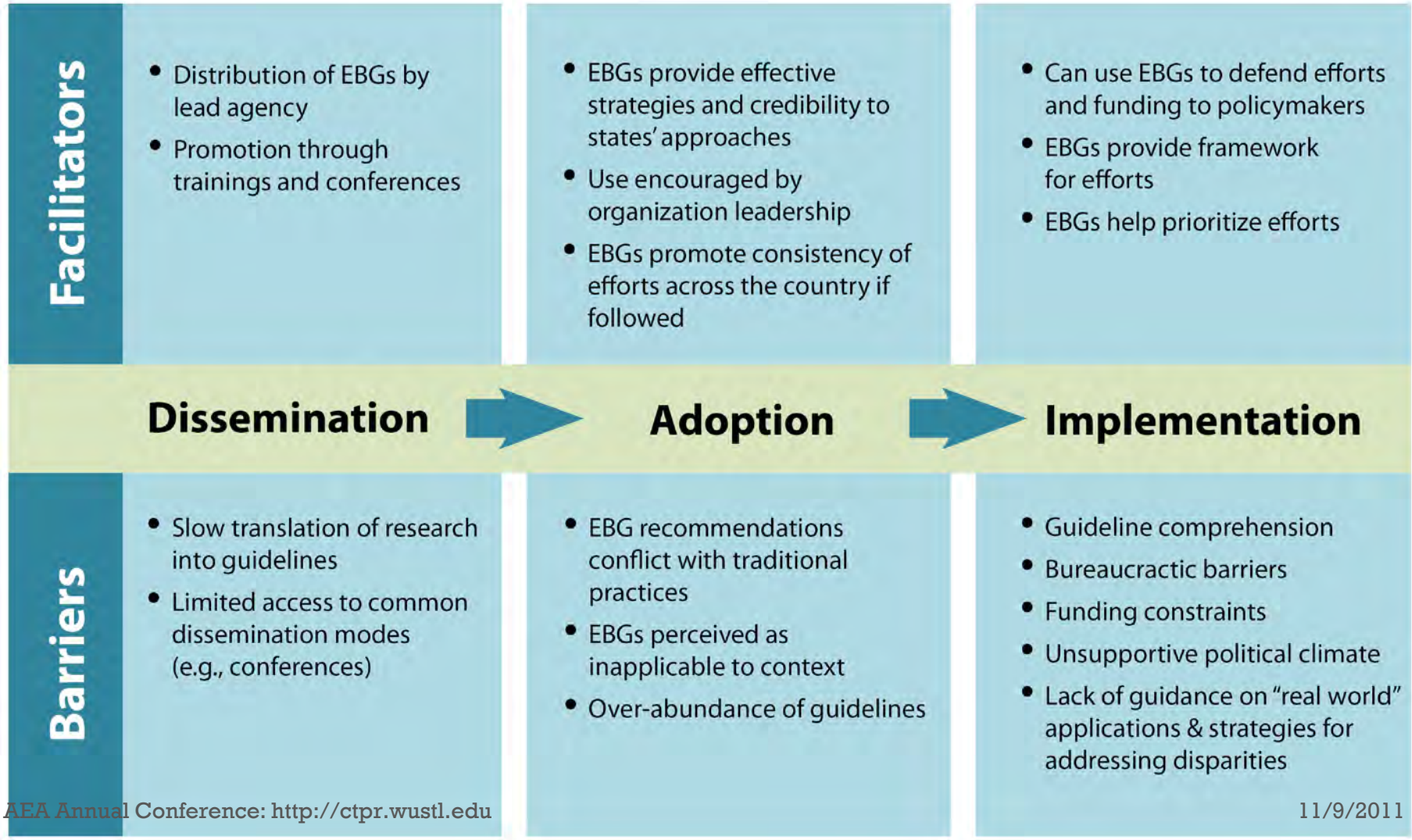
Facilitators & Barriers



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Dissemination of findings

- Reports
  - Individual state profiles
  - Overall findings to CDC
- In-progress Papers
  - Overall findings, highlighting facilitators and barriers to use
  - Guidelines awareness and influence of state network structures
- Presentations

Key Points for Multi-site/ Multi-level Evaluations

- Understand the programs and context in which you are evaluating
  - Or work with people that do
- External validity needs are critical to deciding on sites
  - Influences selection criteria
- Aim for good representation in participant selection

Key Points for Multi-site/ Multi-level Evaluations

- Be aware of changes during course of data collection (e.g., guideline release, policy context)
- Ensure data collection and management allows for assessment of role influence
  - Role of participant can be critical for interpretation and recommendations
- Feedback and interpretation of initial findings from stakeholders is helpful
  - Can guide final analyses and recommendations

Questions?

Contact information

Stephanie Herbers, MPH, MSW
Center for Tobacco Policy Research
George Warren Brown School of Social Work
Washington University
http://ctpr.wustl.edu

State profiles can be accessed via CTPR website.

Webinar on evaluation findings can be accessed at:
http://www.ttac.org/resources/cdc_netConferences.html