Tobacco Prevention and Evaluation Programs
Department of Family Medicine
University of North Carolina at Chapel Hill

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Evaluation of Technical Assistance for the HWTF Teen Tobacco Use Prevention and Cessation Initiative

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A report prepared for the
North Carolina Health and Wellness
Trust Fund Commission

October 7, 2005

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Section I. Executive Summary

The Health and Wellness Trust Fund (HWTF) allocates $15 million annually for its Teen Tobacco Use Prevention and Cessation (TTUPC) Initiative, including grants to 55 local organizations, with the following goals:

1) Prevent youth initiation of tobacco use;
2) Eliminate youth exposure to secondhand smoke;
3) Promote tobacco cessation among youth; and
4) Reduce health disparities among youth attributable to tobacco use.

To support the work of local grantees, the HWTF contracted with a variety of agencies that could offer technical assistance (TA). These agencies offer expertise in a number of areas, including comprehensive tobacco control, media, health disparities, youth empowerment, and secondhand smoke. Since the awarding of the initial grants in December 2002, HWTF has contracted with the NC Department of Health and Human Services Tobacco Prevention and Control Branch (TPCB) to provide TA and training to Community/Schools and Priority Population project grantees. In the fall of 2003, HWTF also contracted with the three Question Why Youth Empowerment Centers to provide trainings to grantees and develop capacity in areas of the state where there are no local tobacco control efforts. HWTF grantees also have access to other TA providers who have specific expertise related to their program objectives.

In the fall of 2004, HWTF requested that the University of North Carolina Tobacco Prevention and Evaluation Program (UNC TPEP) carry out an evaluation of the TA offered by contracted TA providers. The evaluation sought to determine:

1) how well TA was being implemented;
2) how well TA was being utilized; and
3) if TA was having its intended effects.

To answer these questions, UNC TPEP constructed a TA logic model and outcomes framework to guide the evaluation process. Survey instruments were developed and interviews with TA providers and the grantee coordinators who had received TA were conducted. The resulting data was analyzed for the conclusions and recommendations offered in this report.

Overall Results and Recommendations

This summary addresses the primary evaluation questions listed above, and is based on the three TA evaluation survey instruments described in the Methods section.

TA is perceived by grantees and TA providers as being implemented well. However, in order to fill some gaps in the communication of available resources, provide a more comprehensive needs assessment, and establish clear expectations for TA providers, it is recommended that HWTF assign managerial responsibility for the oversight of the entire TA enterprise. Initially this might include expanding the current TPCB guidelines to ensure that a comprehensive model for the provision of TA exists, and then to oversee its operation. It is expected that this TA management would enhance and support the coordination and availability of services, as well as augment training for all TA providers on the provision of TA. Additional provider training may include process areas, (e.g. how to give specific feedback), as well as content areas, (e.g. working with diverse populations).

While TA is being utilized by all grantees, with the Tobacco Prevention and Control Branch and Question Why Youth Empowerment Centers services being used most extensively, multiple opportunities also exist for improved utilization. Providing links between annual action plan objectives and the TA providers who can assist with the accomplishment of those objectives can contribute to greater utilization. While the statewide data suggests overall adequacy and effectiveness of TA and training, individual and regional variations should be carefully explored by field coordinators, so that program improvements can be made in response to the evaluation data.

The TA being provided for the HWTF TTUPC Initiative is highly diverse, is contributing significantly to the initiative's overall success, and is perceived as effective by both providers and grantees. Grantees cited accomplishments that were specifically tied to the TA and training they had received. In addition, the overall level of success in such areas as 100% Tobacco-Free Schools (TFS) policy adoption and increased activities for tobacco-free policy changes can be linked to effective provision of TA. (Refer to UNC TPEP's 2004-2005 Outcomes Evaluation for more information).

Results and recommendations are summarized below from each of the TA evaluation survey instruments: 1) TA Provider Questionnaire, 2) Grantee Coordinator Questionnaire, and 3) iPTS Semi-Annual Survey.

Results and Recommendations from TA Provider Questionnaire

While providers feel that their services are, in general, both adequate and effective, a need exists for HWTF to provide additional clarity and specificity about what they consider to be adequate and effective TA.

Provider Communication
- Providers can be more proactive in their contact with grantees. Annual action plans for TA by TA providers should incorporate proactive communication strategies.

- The development of an orientation CD or video could be useful for newly hired grantees and for those unable to attend Kick Off conferences.

- Core personnel who maintain on-going communication with the grantees (TPCB Field Coordinators and other staff, Question Why staff) should be informed and kept abreast of all TA services available to the grantees.

Provider Needs Assessment
- While a mix of formal and informal methods for assessing TA needs is necessary, a single needs assessment instrument, to be used by all Technical Assistance and Training Committee (TATC) group members, would be valuable in helping to plan and implement overall TA and prevent duplication of services.

Provider Feedback and Follow-up
- Insufficient clarity exists about what is needed or expected in giving feedback to grantees. HWTF could develop and communicate expectations for effective delivery of feedback.

- HWTF, TPCB, and TATC should collaborate and ensure that iPTS and UNC TPEP reports are regularly utilized by TA providers in giving specific feedback or providing needed follow-up to grantee coordinators.

Provider Self-Evaluation
- TA providers need encouragement to incorporate evaluation (formative, process, and outcome) in every step of their service provision, including planning, implementation, and feedback.

- TATC should consider developing and utilizing a standard evaluation tool and/or training to support TA provider self-evaluation.

Provider Professional Development
- TA providers should be encouraged and funded to attend national conferences to ensure that they keep current in their fields.

- Devoting a portion of each TATC meeting to an "in-service" training or sharing around TA issues and constructs should improve overall TA delivery.

Results and Recommendations from Grantee Coordinator Questionnaire

Utilization and Coordination of services
- Virtually all TA services available to the HWTF program are being actively utilized by the grantee coordinators. A majority of the Community/Schools and Priority Population grantee coordinators report extensive to moderate utilization of TA for each of the following groups: TPCB Field Coordinators (Community/Schools), HWTF staff, Question Why, TPCB Disparities Coordinator (Priority Populations), TPCB Media Specialist, UNC TPEP, SAVE, Webb Patterson (Priority Populations), TPCB Surveillance and Evaluation Staff, American Lung Association, and the Ruiz Agency.

- TA providers with higher rates of utilization tended to be those that HWTF had contracted to give primary, more generalized TA to grantees. Those TA providers with lower rates of utilization tended to be more specialized (e.g. NCSTEP) or were contracted by HTWF for a statewide campaign, with TA to grantees being a secondary priority (e.g. CapStrat). Therefore, lower utilization rates for these providers would be expected.

- Utilization of TA services has contributed to grantee coordinators' core competencies (as self–assessed) and accomplishments and to the overall success of the TTUPC Initiative.

- Coordination of TA is occurring at substantial levels despite the complexity, growth, and relatively early stages of the program. However, an annual action plan for TA, as part of the comprehensive operational model, could help improve overall coordination.

- HWTF should encourage all TA providers to keep the content of their websites current, TA providers should also be encouraged to develop innovative and creative approaches in presenting TA and training to grantees.

Needs Assessment
- Grantee coordinators reported that TPCB, other TA providers (e.g. Question Why) and UNC TPEP were the primary providers who assessed their TA needs. Satisfaction with needs assessment is high for approximately half of the grantees. A yearly comprehensive needs assessment, iPTS Semi-Annual Survey responses, and regular communication with primary TA contacts, such as field coordinators, can help determine any new or unmet TA needs as soon as possible. Identified needs should be directed, in a timely manner, to the appropriate TA providers.

- A small number of grantee coordinators indicated lower levels of confidence in the following areas: media advocacy, working with diverse populations, recruiting and engaging youth, and resolving conflicts. These grantees could benefit from focused training in these areas.

Funding, Reporting, and Grantee Experience
- Grantee coordinators reported overall satisfaction with their funding levels and with the level of reporting requirements. HWTF might consider making additional funds available to counties demonstrating higher needs during the fiscal year (e.g. programs in rural counties that have greater travel needs than anticipated).

- The Indicator Progress Tracking System (iPTS) is perceived as user-friendly, and the use of performance objectives, indicators, and targets will likely improve the implementation and success of the TTUPC Initiative's overall objectives.

- While almost half of the grantee coordinators had less than one year of experience in tobacco control before assuming their current positions, prior experience was not strongly related to

attitudes about or outcomes of TA. Approximately two-thirds of the grantee coordinators now have over two years of experience. Providing support and training that increases grantee coordinators' confidence and competence in leadership skills and their ability to implement best practices can lead to greater job satisfaction and retention of experienced advocates, stronger and more effective coalitions, and increased policy successes.

Results and Recommendations from iPTS June 2005 Semi-Annual Survey

Utilization
- TPCB and Question Why were listed as having the highest rates of utilization, confirming data from the Grantee Coordinator Questionnaire. Not all providers were contracted at the same level of service delivery, and grantee needs for TA in specific areas of expertise will vary. However, follow-up by primary providers who were reported as being utilized to a lower extent is recommended.

TA and Training Needs
- Twenty-seven grantees (73%) indicated training or TA needs for the next six months in nine areas, with Secondhand Smoke and Youth Empowerment requested most frequently. The diversity of needs further underscores the recommendation of more effective needs assessment and individualized targeting of TA and training for grantees.

Suggestions for better linkage between resources and programs
- Thirty-three grantees (87%) offered suggestions for better linkage of the HWTF TA, Training, and Support Agencies, as well as other Community/Schools and Priority Population grantees, with their programmatic initiatives. TATC has received this list, and is encouraged to develop an action plan for assessing the feasibility and possible implementation of these suggestions.

- To address the need for increasing grantees' awareness of HWTF resources that are available to them, the following are recommended:
    - o updating the listing of HWTF TA and Training Providers, including contact information and services offered to local grantees;
    - o encouraging site visits by HWTF staff and/or TPCB Field Coordinators to new grantee coordinators within the first month of their hiring, with the specific agenda of acquainting them with these resources to ensure the appropriate and timely use of these provider services; and
    - o reminding grantees of services that would benefit their programs during the review of annual action plans by the field coordinators.

- TA providers should be asked to review grantee annual action plans, specifically the areas addressed by their services or expertise. Follow-up and coordination with field staff can ensure timely and appropriate linkage with grantees.

Section II. Background

Introduction

The Health and Wellness Trust Fund (HWTF) allocates $15 million annually for teen tobacco cessation and prevention. NC currently ranks 21st nationally in state spending on tobacco control programs, compared to 30th just one year ago. As part of this statewide effort, HWTF has awarded grants to 55 local organizations to educate teens at the community level about the dangers of tobacco use and promote policies linked to decreased rates of teen initiation and reduced exposure to secondhand smoke. Initial grants were awarded in December 2002 and a second round of grants was awarded in April 2004. In late 2005, HWTF plans to expand this initiative by awarding additional grants to teen-focused community and school organizations, as well as by broadening the reach to include college and community college students. As part of its tobacco control initiative, HWTF also funds a statewide media campaign, TRU (Tobacco.Reality.Unfiltered), which is designed to educate young people about the dangers of tobacco use.

Since awarding initial grants in December 2002, HWTF has contracted with the TBPC to provide technical assistance (TA) to all Community/Schools project grantees. The primary point of contact for each grantee is a TPCB Field Coordinator who monitors progress toward meeting grant goals and provides individualized guidance. As part of this arrangement, HWTF grantees also have access to other TPCB subject matter experts such as the Tobacco Free Schools Director and Media Director.

In 2002, HWTF entered into a similar arrangement with the NCDHHS Office of Minority Health and Health Disparities (OMHHD) to provide TA to the Priority Population grantees. This arrangement was not found to be workable, primarily due to OMHHD's lack of tobacco prevention subject matter expertise. This TA responsibility was formally shifted to TPCB in October 2004. OMMHD has continued to be involved in providing resources to the grantees, but no longer serves as the primary point of contact.

In addition to these TA functions, HWTF has contracted with TPCB to provide a variety of trainings to the grantees since 2002. Starting in fall 2003, HWTF has also contracted with the three Question Why Youth Empowerment Centers to provide trainings to grantees, as well as to develop capacity in areas of the state where there are no local tobacco control efforts. Together, TPCB and Question Why provide: 1) statewide annual training and regional meetings where grantees can exchange information about their programs and resources, 2) regional training events, 3) training on secondhand smoke advocacy and science, and 4) individualized training for grantees.

HWTF contracts with other organizations, such as the American Lung Association, UNC Environmental Tobacco Training, Education, and Research (EnTER), and media vendors, who provide TA to some or all grantees in need of these providers' particular areas of expertise. In addition, Survivors and Victims (of Tobacco) Empowerment Program (SAVE), and NC Spit Tobacco Education Program (NCSTEP) are contracted to provide educational programs and services to local grantees.

In the fall of 2004, HWTF requested that UNC TPEP carry out an evaluation of the TA offered by these contracted providers. The evaluation would seek to answer three major questions:

1. *How is TA being implemented?*
　　Implementation includes communication of services offered to grantees, how grantees' needs are assessed, and how TA is coordinated among the providers.

2. *How is TA being utilized?*
> Utilization includes grantee satisfaction, barriers encountered, and appropriateness of services offered in relation to grantee needs.

3. *Is TA having the intended effect?*
> This question includes outcome measures, such as the impact of TA on grantee work and improvements made in individual programs and the TTUPC Initiative as a whole.

Methods

UNC TPEP proposed an evaluation plan that included stakeholder involvement in creating a technical assistance logic model and outcome framework. The following definition of technical assistance from the Tobacco Technical Assistance Consortium was adopted for this evaluation:

> *Technical assistance (TA) can be defined as services provided by professional staff and consultants intended to give guidance to tobacco prevention and control programs at the state and local governmental levels as well as community organizations to strengthen or enhance program effectiveness. The goal of TA is to build skills, expertise, and capacity in tobacco prevention and control.*

Technical Assistance Logic Model and Outcome Framework

Using the guidelines developed by TPCB for regional field coordinator positions, supplemented by resources from the national Tobacco Technical Assistance Consortium, TPEP drafted a logic model showing the expected outcomes of TA for HWTF grants. This logic model and the evaluation plan were presented to the TATC, which includes representatives from each of the HWTF TA providers. Members were asked to choose three questions that they would like answered in the evaluation, as well as affirm that their programs and services were accurately reflected in the logic model. Based on this feedback, the logic model was revised (Appendix A). The outcomes from the logic model were then placed in a framework which listed indicators for outcome achievement.

Survey Measures

Two telephone interview instruments were developed and piloted: 1) a TA Provider Questionnaire and 2) a Grantee Coordinator Questionnaire. The Grantee Coordinator Questionnaire also included a web-based component. IRB approval was received and an independent research firm, Innovation Research and Training, Inc. (IRT), was contracted to conduct the interviews. Responses to questionnaires were recorded in Access databases. Research assistants at IRT provided the initial data analysis and contributed to the writing of the TA evaluation report.

In addition, the iPTS Semi-Annual Survey was revised to include more specific questions on TA utilization. Each January and June, this survey is completed by grantees and exported with the monthly iPTS report, allowing for trend analysis.

A description of each of these surveys follows below. A listing of the TA Providers and the Community/Schools and Priority Population Grants can be found in Appendices B and C. Survey instruments can be found in Appendices D, E, and F.

1) TA Provider Questionnaire

The Provider Questionnaire, a semi-structured telephone interview, included questions in the areas of Communication, Needs Assessment, Coordination of Services, Feedback and Follow-up, and Evaluation. In each of these domains, providers were asked to rate the adequacy and effectiveness of their efforts. Adequacy was defined as "Was it enough?" Effectiveness was defined as "Did it accomplish what was intended?" Rating scales were based on a ten point Likert-type scale where 1 = "not at all" and a 10 = "to a great extent". In addition, providers were asked a series of questions related to Provider Competency.

After revisions and pilot tests, the Provider Questionnaire was distributed via email, along with a consent form, to the 23 TA providers. The IRT interviewer then contacted each provider to set up a time for the telephone interview and to obtain verbal consent. Three providers did not complete the interview: one was on leave and two did not respond to repeated contact. The final number of respondents was 20 (90.0% response rate). All providers were told that they could choose not to answer a particular question. In addition, almost all questions allowed for open-ended responses, and providers could give more than one answer to a question; therefore, more than 20 responses were collected for some of the questions.

2) Grantee Coordinator Questionnaire

The Grantee Coordinator Questionnaire was developed for the Tobacco Prevention Specialist or Coordinator for each of the Community/Schools and Priority Populations Grants. It consisted of two parts.

Part I of the coordinator questionnaire was web-based. Coordinators of Community/Schools and Priority Population grants rated their use of each TA provider's services and their confidence in core competencies. They were asked to describe accomplishments that resulted in part from effective TA. Questions about funding, reporting requirements, and performance objectives also were included.

Part II of the questionnaire, a semi-structured telephone interview, asked grantee coordinators about their understanding of TA, how their needs were assessed, and about the effectiveness of service coordination. Depending on their answers in Part I, grantee coordinators were also asked a series of questions about the effectiveness of services from each provider that had been used moderately or extensively. A different series of questions were asked about providers that had been used a little or not at all. Almost all questions allowed for open-ended responses, and providers could give more than one answer to a question; therefore, more than 20 responses were collected for some questions.

The questionnaire was revised following consultations with the HWTF staff and initial pilot interviews. A consent form was emailed to each coordinator, with the link to the web-based Part I. Forty-four grantee coordinators were contacted, one for each Community/Schools and Priority Population grant. Two grants had two or more coordinators serving different counties or regions, and these coordinators were also contacted. Three coordinators had left their positions and the remaining 41 completed questionnaires from Part I (100% response rate). Each of the 34 Community/Schools and four Priority Population grants were represented. Thirty-six coordinators (88% response rate) completed the Part II telephone interview.

3) iPTS Semi-Annual Survey

Seventeen TA, Support, and Training Agencies are listed in the Semi-Annual Survey. Grantees are asked to rate the extent to which they have utilized each of these agencies during the past six months. Two open-ended questions ask how grantees can be better linked to TA provider services and what specific needs for TA or training might be needed in the coming six months. Thirty-eight grantee coordinators, which included the four Priority Population and 34 Community/Schools (23 Phase I and 11 Phase II) grantees, completed the July 2005 Semi-Annual Survey.

Limitations

The data for this evaluation are subject to several limitations. First, the data were obtained from web-based questionnaires and telephone interviews with individuals that provided TA to the HWTF grantees and individuals in local coalitions that received that TA, and as such, are self-reported views and opinions that cannot be verified.

Second, only one individual from each organizational unit was interviewed, from both TA providers and local coalitions, and that person may or may not have represented, intentionally or otherwise, the collective view of that organizational unit. Alternatively, they may have articulated their own personal perspectives well, but they may not have captured the prevailing view of their organizational unit. Yet, these individuals were almost always those with the most knowledge and direct experience with provision of services, and therefore, were the most logical persons to provide the information for the organization.

A third limitation to the interview process involves potential provider and coordinator reticence to fully disclose data to UNC TPEP, because of existing relationships and any concerns over confidentiality of responses. However, an independent, third party agency conducted all interviews, with high response rates, indicating little overall reticence to give accurate reports.

A fourth limitation is that structured interviews were not conducted with HWTF staff about their perceptions of the TA given or received. As funders of the overall program, their perceptions may have differed from those of providers and grantee coordinators. This current evaluation, while informed by HWTF comments and suggestions in its formative stages, may have included additional findings if the HWTF staff had been formally surveyed.

Finally, data was analyzed from the entire group and an examination of the data explored groups or clusters of similar responses and majority responses. Therefore, the data reflect overall trends, findings, and recommendations. The data do not reflect the full range of individual experiences, but instead capture important themes. Given the clustering of responses to most of the questions, the data appears to accurately reflect group views and experiences.

Section III. Results

TA Provider Questionnaire

TA providers were asked to rate the extent to which they perceived different aspects of their services to be adequate (Was it enough?) and effective (Did it accomplish what was intended?) on a scale of 1-10 (where 1=not at all and 10=to a great extent). Table 1 shows that overall, providers report the technical assistance and training services they provide as being both adequate and effective. Effectiveness is rated slightly higher than adequacy, perhaps reflecting comments in the follow-up questions about providers' desires to reach more grantees or offer services with greater frequency. The greatest range of provider reported scores is shown in the area of adequacy of self-evaluation. The sections that follow offer a more detailed explanation of the summary data reported in the table.

Table 1:   Mean TA Provider Ratings on Adequacy and Effectiveness of TA

Aspects of Technical Assistance Delivery	Mean *	Range
Communication		
Adequacy	7.7	6-9
Effectiveness	8.2	5-10
Needs Assessment		
Adequacy	7.2	5-9
Effectiveness	7.8	5-10
Coordination		
Adequacy	7.6	6-10
Effectiveness	8	6-10
Feedback/Follow-Up		
Adequacy	7.9	5-10
Effectiveness	8	7-10
Self-Evaluation		
Adequacy	7.8	3-9
Effectiveness	7.9	5-9

 * Scale 1-10 (1 = not at all, 10 = to a great extent)

TA Provider Communication

Figure 1 shows TA providers' perceptions of how grantees learned of their TA services. Eighteen of the 20 (90%) TA providers reported that grantees learned of the services they offered at events, meetings, conferences, or trainings (n=18). At these events, grantees learned about providers' services through handouts, announcements, breakout sessions, and roundtable discussions. Eight providers specifically mentioned the HWTF Tobacco Reality Unfiltered (TRU) Movement Kick-Off meeting as a major way that grantees learned about their services. Direct individual contact included emails, site visits, phone calls, and grantee initiation of contact. Referrals came from field coordinators, TPCB, or HWTF. Provider's own public relations (PR) included websites, newsletters, or mini-grant programs.

Figure 1: How Grantees Learned of TA Providers' Services as Reported by TA Providers (n=20)
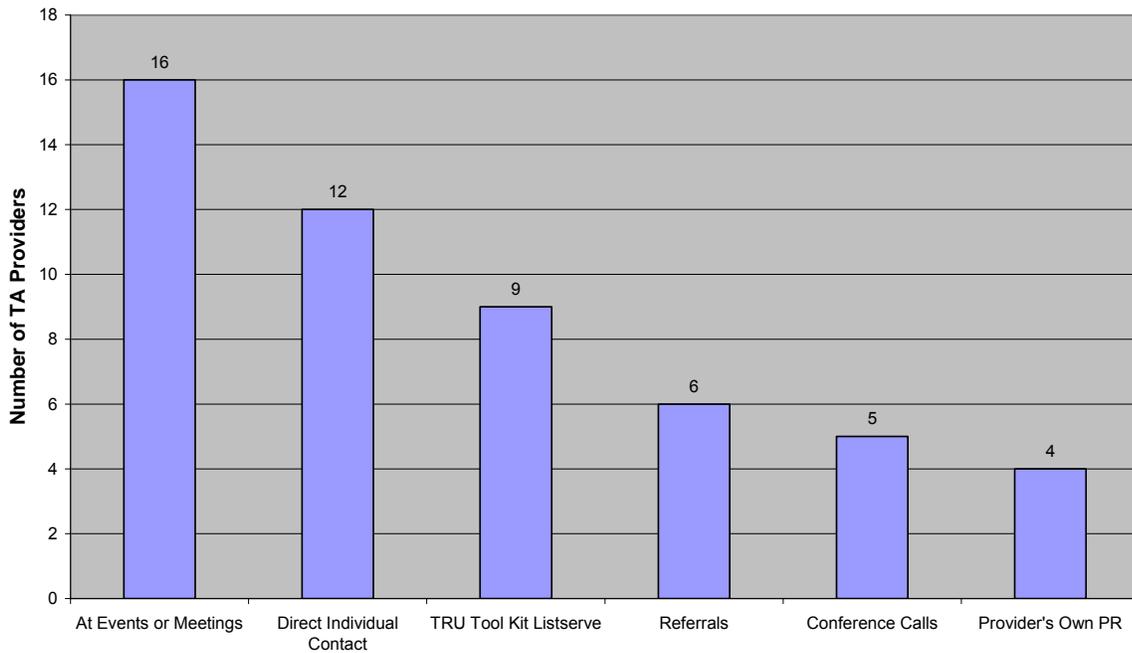
Figure 2 depicts ways TA provider contact with grantees occurred. Email and telephone were the most commonly reported methods, which included both provider and grantee initiated calls. Conferences, group events, meetings, site visits, and trainings were reported less frequently by HWTF technical assistance providers.

Figure 2: How Contact with Grantees Occurred as Reported by TA Providers (n=20)
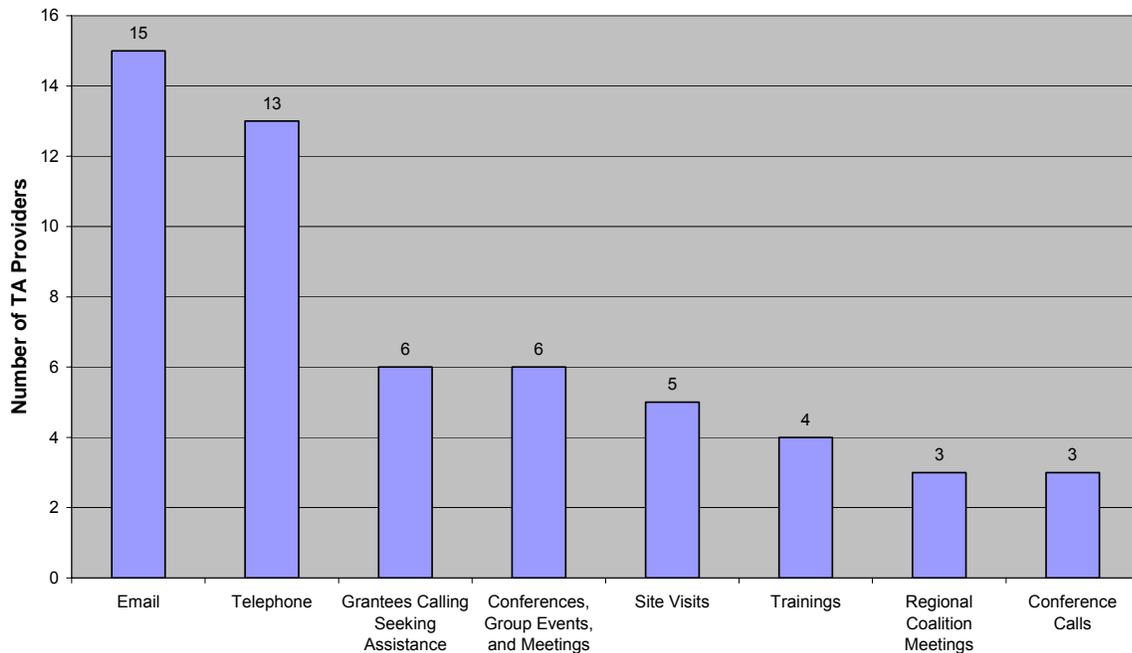
On average, TA providers reported initiating contact with grantees 46% of the time, with a range of 0% to 80%. Thirteen of the 20 TA providers (65%) reported initiating contact half or more than half of the time (Table 2).

Table 2: Percentage of Providers Reporting How Often They Initiated Contact with Grantees

Percentage of Time	Frequency (n=20)	Percentage of Providers
<25%	3	15%
25% - 49%	4	20%
50% - 74%	10	50%
>75%	3	15%

Adequacy of Provider Communication

TA providers reported a mean rating of 7.7 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which their communication with grantees was adequate.

Factors reported to have contributed to the adequacy of provider communication with grantees:
- being clear and specific with communication (n=4),
- getting information in advance or in a timely way (n=3),
- making communication with grantees a priority (n=3),
- being able to respond whenever grantees needed help (n=2),
- having a positive relationship with the grantees (n=2),
- coordinating with the field staff (n=2), and
- ensuring that the grantees knew the TA providers cared about them and were trying to help them (n=2).

Providers reported that the adequacy of communication could be improved by:
- being more proactive about communication (n=4,)
- contacting grantees more frequently (n=4),
- having more funding or more resources to hire additional staff (n=3),
- having additional time or availability (n=3),
- working with grantees earlier in the process (n=3), and
- having more advance notice (n=3).

Effectiveness of Provider Communication

TA providers reported a mean rating of 8.2 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which their communication with grantees was effective.

Factors reported to have contributed to the effectiveness of provider communication with grantees:
- the specificity, clarity, and conciseness of communication (n=6) and
- having a good relationship with grantees and trying to find out grantees' specific needs in order to tailor the services provided (n=3).

Providers reported that the effectiveness of communication could be improved by:
- being involved in more events or trainings (n=3) and
- spending additional time with grantees (n=3).

Provider Needs Assessment

Figure 3 shows how TA providers reported assessing the needs of HWTF grantees for their services. Two providers sent copies of the written assessments they had used to identify grantee needs.

Figure 3: How TA Providers Reported Assessing the Needs of Grantees for Their Services (n=20)
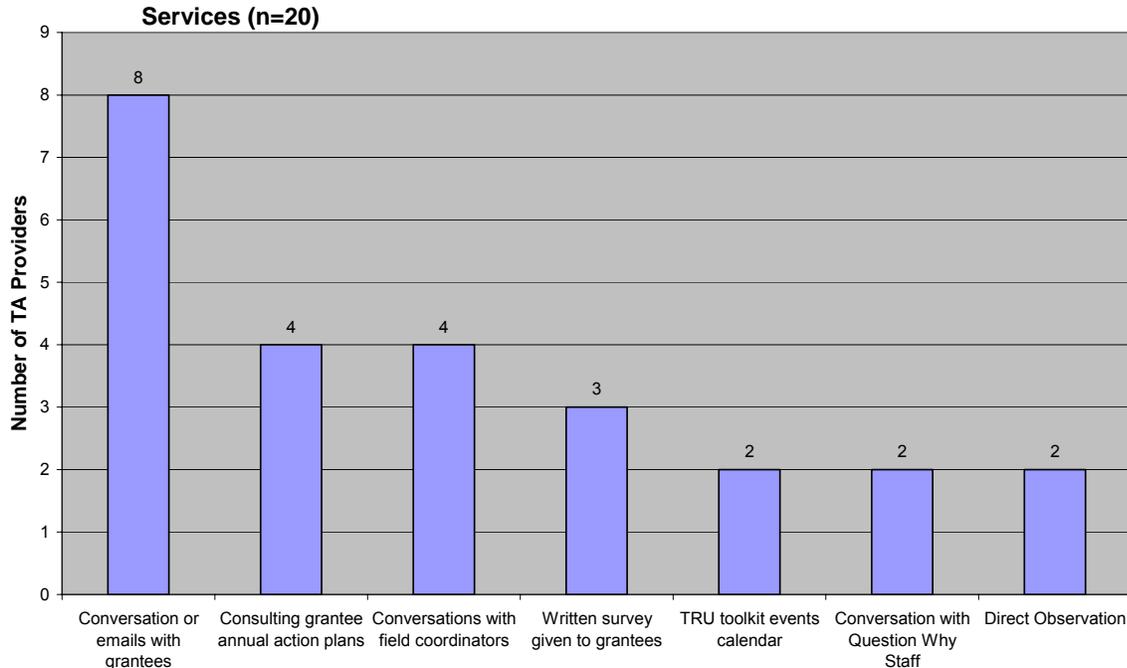
Adequacy of Provider Needs Assessment

TA providers reported a mean rating of 7.2 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which their needs assessment with grantees was adequate.

Factors reported to have contributed to the *adequacy* of grantee needs assessments:
- conducting individual meetings or interviews (n=3)
- communicating with the field staff (n=3).
- regular or frequent evaluations (n=2),
- effective communication (n=2),
- asking grantees what their needs were (n=2), and
- listening to grantees (n=2). .

Providers reported that the *adequacy* of needs assessment could be improved by:
- doing a more regular or frequent needs assessment (n=4),
- implementing a standardized needs assessment form or full survey to be used across the state by all TA providers (n=4),
- having additional time (n=3),
- increasing funding or budget (n=2), and
- doing more follow-up or spot checks (n=2).

Effectiveness of Provider Needs Assessment

TA providers reported a mean rating of 7.8 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which their needs assessment with grantees was effective.

Factors reported to have contributed to the *effectiveness* of grantee needs assessments:
- listening to grantees' concerns (n=3),
- checking in with grantees (n=2),
- following up or delivering what was needed (n=2),
- communication(n=2),
- experience and history(n=2),
- devoting the necessary time and attention (n=2),
- conducting needs assessment on a regional basis (n=2),
- examining real versus perceived training needs (n=2),
- communicating with field staff (n=2), and
- HWTF's commitment to making grantees successful (n=2).

Providers reported that the *effectiveness* of needs assessment could be improved by:
- additional funding (n=3)
- having more time and using a more formal needs assessment questionnaire (n=2)

Provider Coordination

TA providers coordinated their TA and training with that offered by other HWTF providers through:
- Contact with other providers (email, conference calls, statewide and regional meetings) (n=8),
- TATC (n=6),
- TPCB (n=4),
- TPCB Field Coordinators (n=3),
- Contact with other providers who have similar expertise (n=3), and
- HWTF (n=2).

Adequacy of Provider Coordination

TA providers reported a mean rating of 7.6 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which coordination of services was adequate.

Factors reported to have contributed to the *adequacy* of coordination of services:
- communication (n=6) and
- TATC (n=4).

Providers reported that the *adequacy* of coordination of services could be improved by:
- having regular meetings (n=7)
- open or prompt communication (n=6).
- making a CD-ROM available to all grantees containing orientation information and information about providers (n=1),
- including local grantee representation at TATC meetings (n=1), and
- rotating responsibility among state agencies for coordinating TATC meetings (n=1).

Effectiveness of Provider Coordination

TA providers reported a mean rating of 8.0 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which coordination of services was effective.

Factors reported to have contributed to the *effectiveness* of coordination of provider services:
- communication (n=5),
- making sure everyone is on the same page (n=4),
- being willing to work together (n=3),
- using the TRU Tool Kit listserv (n=2),
- reiterating the importance of collaboration (n=2), and
- TATC meetings (n=2).

Providers reported that the *effectiveness* of coordination of services could be improved by:
- increasing communication through a variety of means (e.g. conference calls, listserv, meetings) (n=8),
- communicating clearly about each provider's roles and objectives (n=3),
- following through with answering questions or providing requested resources (n=3),
- collaborating more persistently, strategically, and systematically (n=5),
- combining trainings with other providers' trainings (n=2)
- figuring out who is in charge, or having funder coordinate (n=2).

Provider Feedback/Follow-up

Eighteen out of 20 (90%) TA providers reported giving feedback and/or follow-up to grantees. Two grantees did not feel that it was their role to give feedback.

TA providers reported basing their feedback or follow-up on the following:
- conversations with grantees (n=8),
- observations (n=8),
- reports (n=6).
- grantees' action plans (n=3),
- iPTS data (n=3),
- media coverage (n=2).
- conversations with other providers or staff (n=2),
- discussion with HWTF(n=1) ,
- email confirmation as to how an event went (n=1),
- individual plans and requests from grantees (n=1),
- HWTF guidelines (n=1) ,
- knowledge of best practices (n=1), and
- grantees' reported needs (n=1).

When providers were asked specifically about use of iPTS and UNC TPEP reports:
- seven of the 18 providers (39%) reported using PTS or iPTS reports in giving feedback or follow-up, and
- eight providers (44%) reported using UNC TPEP reports.
- one provider reported requesting copies of iPTS reports several times but never receiving them.

The frequency of the feedback/follow-up differed among the providers, and with individual providers was dependent on need and type of feedback. For example, one provider might give monthly written feedback to grantee iPTS reports, and also provide as-needed follow-up to questions raised at a regional meeting or by a grantee phone call.

Figure 4 shows the variety of methods used by providers for providing feedback and follow-up to grantees. Email and telephone were the most frequently mentioned methods through which feedback and follow-up occurred.

Figure 4: How Feedback or Follow-up to Grantees was Given as Reported by TA Providers (n=20)
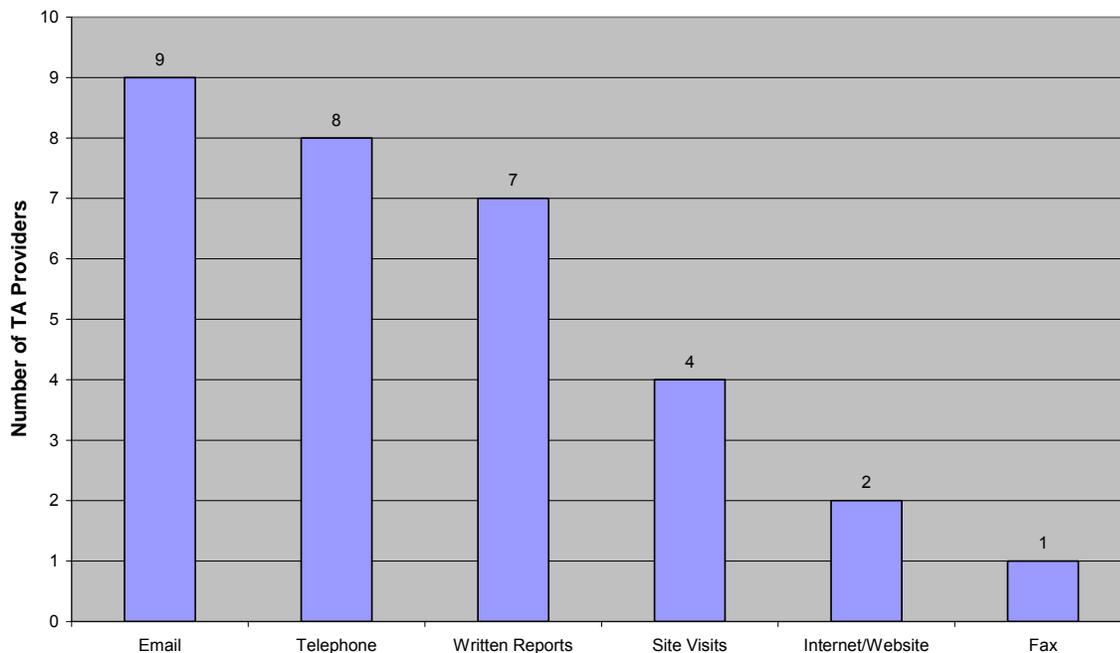
Adequacy of Provider Feedback/Follow-up

TA providers reported a mean rating of 7.9 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which feedback and follow-up with grantees was adequate.

Factors reported to have contributed to the *adequacy* of feedback and follow-up with grantees:
- consistency and standardization of the feedback (n=4),
- the timeliness of the feedback (n=3), and
- making feedback a priority (n=2).

Providers reported that the *adequacy* of feedback and follow-up could be improved by:
- continuing with or refining the iPTS system (n=3),
- implementing a more formalized or regular system (n=2),
- listening to grantees (n=2), and
- acquiring or reading the iPTS reports (n=2).

Effectiveness of Provider Feedback/Follow-up

TA providers reported a mean rating of 8.0 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which feedback and follow-up with grantees was effective.

Factors reported to have contributed to the *effectiveness* of feedback and follow-up with grantees:
- having developed a relationship of trust with grantees (n=6),
- applying evidence-based practices (n=3),
- expectations of HWTF (n=2),
- timeliness of feedback (n=2), and
- the iPTS system (n=2).

Providers reported that the *effectiveness* of feedback and follow-up could be improved by:
- providing more operationally defined measures of success or clarifying objectives (n=2),
- spending more time with grantees (n=2),
- tailoring responses to specific grantees (n=2), and
- helping grantees overcome barriers (n=2).

Provider Self-Evaluation

Providers reported evaluating their work with grantees in the following ways:
- feedback from grantees (n=5),
- requests and needs of grantees (n=5),
- iPTS reports (n=2),
- the ability of grantees to meet their goals and objectives (n=2).
- UNC Evaluation Team (n=1),
- phone interviews (n=1),
- effectiveness of trainings (n=1),
- feedback from participants (n=1).

In addition, one provider reported no evaluation of work with grantees.

Providers used information generated from evaluations to:
- to make improvements to meet the needs of grantees (including regional networking meetings, increased site visits, and improved trainings) (n=6),
- produce and distribute reports (n=4),
- better plan future meetings (n=3),
- revise the iPTS system and reports (n=2), and
- share information with relevant parties (n=1).

One provider reported not doing enough with the information generated from evaluations.

Adequacy of Provider Self-Evaluation

TA providers reported a mean rating of 7.8 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which evaluation of their work with grantees was adequate.

Factors reported to have contributed to the *adequacy* of provider self-evaluation:
- using iPTS reports (n=3),
- providing feedback (n=3),
- experience (n=2),
- involvement of the field team (n=2),
- training (n=2), and
- knowledge of grantee activity and performance (n=2).

Providers reported that the *adequacy* of their self-evaluation could be improved by:
- better understanding the needs of grantees (n=4) and
- using a more structured evaluation tool (n=3).

Effectiveness of Self-Evaluation

TA providers reported a mean rating of 7.9 (on a 10 point scale, where 1=not at all and 10=to a great extent) for the extent to which evaluation of their work with grantees was effective.

Factors reported to have contributed to the *effectiveness* of provider self-evaluation:
- Consistent communication and collaboration (n=5),
- having a valid evaluation tool (n=3),
- using iPTS reports (n=2), and
- having dedicated and knowledgeable staff (n=2) .

Providers reported that the *effectiveness* of their self-evaluation could be improved by:
- implementing a standardized evaluation tool (n=5) and
- providing more consistent feedback and communication (n=4).

<u>Provider Competency</u>

Professional Development

Half (10 of 20) of the providers indicated that they kept current in their field by attending conferences and trainings. Figure 5 shows additional ways that providers kept current.

Figure 5: How TA Providers Reported Keeping Current in Their Fields (n=20)
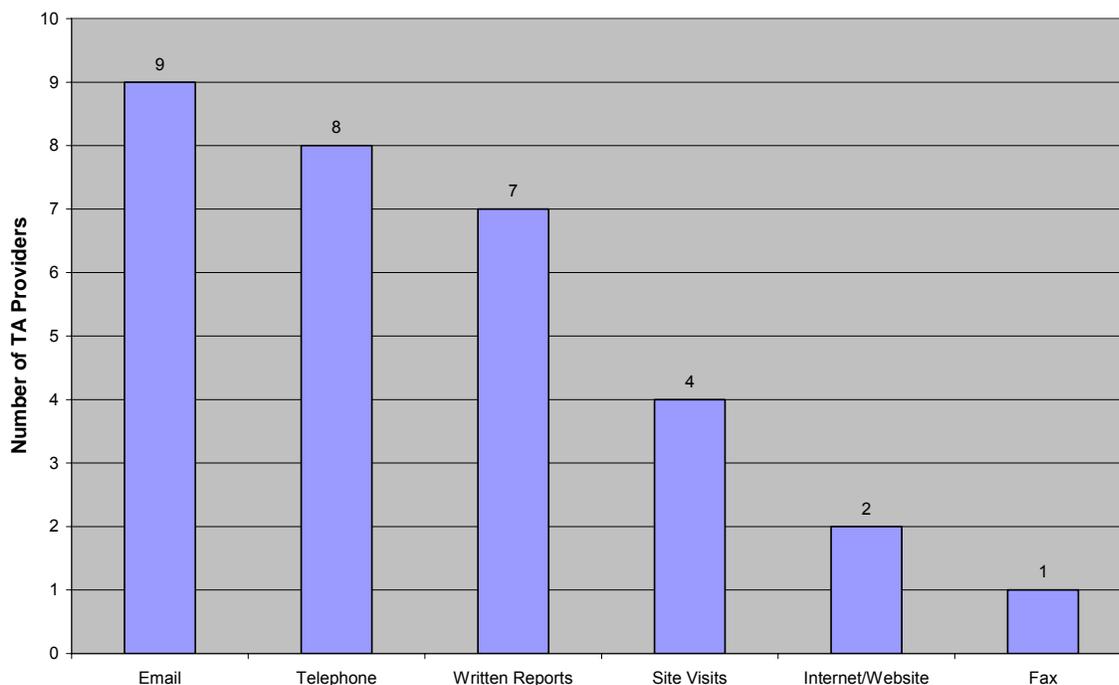
Resources and Trainings

Five providers indicated that being able to attend the National Conference on Tobacco or Health would enable them to offer the most effective TA or service to HWTF grantees. Other trainings mentioned included social marketing, iPTS, cessation, coalition building, website development, and leadership, including conflict resolution, management, and accountability trainings.

Additional resources requested included:
- bringing national speakers to state trainings,
- having two (instead of one) major evaluation conferences per year,
- access to states that have gone through the tobacco prevention process,
- more automotive vehicles,
- increased work with the National Training and Technical Assistance Consortium, and
- other national tobacco or public health conferences.

Impact of the TA Survey

Nine of the 19 providers (47%) reported that participating in the TA evaluation survey had changed the way they thought about technical assistance and training. Their comments follow:

- "It's helped me to look at it differently. The thing about TA is when you are providing TA you go into it with a certain amount of expertise, but you are operating in an environment that is constantly changing. TA has to be adjusted as everything else changes."

- I think it has heightened my awareness and improved my commitment toward assessing needs and/or incorporating input from all relevant parties on a more regular and ongoing basis. A survey reminds you of what you ideally would be doing."

- "Now I want to go and try to contact the other providers to make sure we communicate more."

- "It's made me think that maybe we need a more formal process in both assessing what grantees need and then were we able to provide that for them."

- "It has provided a lot more clarity as to what the expectations are based on from the types of questions that were asked. It has identified areas of improvement, helped to build in more accountability for the services we're providing."

- "It's been good in that what we've been doing has become habit. It's always good to look at a habit and see if you're doing the best you can. Helps you take a fresh look at things. We'll probably take some steps as a result of this conversation."

- "I hadn't really thought about how we should evaluate our work with grantees. Our TA is so specific that I usually just look at grantees' requests and respond. I think we should look at evaluation."

- "It makes me realize that TA is a continually changing process. It is very important to all be on the same page and continue communication."

Grantee Coordinator Questionnaire Part One (Web-based Survey)

Grantee Coordinator Utilization of TA Services

Table 3 shows a rank ordering of Community/Schools and Priority Population grantee coordinators' reported utilization of all HWTF TA providers' services. A majority of grantee coordinators reported using the following providers either moderately or extensively: TPCB Field Coordinators (Community/Schools only) (84%), HWTF Staff (78%), Question Why (73%), TPCB Disparities Coordinator (Priority Population only) (100%), TPCB Media Specialist (61%), UNC TPEP (66%), SAVE (64%), Webb Patterson (Priority Population only) (75%), TPCB Surveillance and Evaluation Staff (54%), ALA (51%), and the Ruiz Agency (59%).

Table 3: Use of HWTF TA Service Providers by Community/Schools and Priority Population Grants (n=41)

TA Provider	None	Little	Moderate	Extensive	Response Average[+]
Tobacco Prevention and Control Branch (TPCB) Field Coordinator [*]	3% (1)	14% (5)	38% (14)	**46% (17)**	3.3
HWTF Staff	2% (1)	20% (8)	**46% (19)**	32% (13)	3.1
Question Why	5% (2)	22% (9)	27% (11)	**46% (19)**	3.1
TPCB Disparities Coordinator [**]	0% (0)	0% (1)	**100% (4)**	0% (0)	3.0
TPCB Media Specialist	5% (2)	34% (14)	**49% (20)**	12% (5)	3.0
UNC TPEP	7% (3)	27% (11)	**46% (19)**	20% (8)	2.8
SAVE	10% (4)	27% (11)	**37% (15)**	27% (11)	2.8
Webb Patterson [**]	0% (0)	25% (1)	**75% (3)**	0% (0)	2.8
Office of Minority Health and Health Disparities (OMHHD) [**]	0% (0)	**50% (2)**	25% (1)	25% (1)	2.8
TPCB Surveillance & Evaluation Staff	7% (3)	**39% (16)**	27% (11)	27% (11)	2.7
American Lung Assn. (TATU, N-O-T)	5% (2)	**44% (18)**	27% (11)	24% (10)	2.7
Ruiz Agency	5% (2)	37% (15)	**44% (18)**	15% (6)	2.7
EnTER	20% (8)	**39% (16)**	32% (13)	10% (4)	2.3
NC STEP	**32% (13)**	27% (11)	24% (10)	17% (7)	2.3
TPCB Tobacco Free School Director	20% (8)	**44% (18)**	27% (11)	10% (4)	2.3
TPCB Other Staff	17% (7)	**46% (19)**	37% (15)	0% (0)	2.2
CapStrat	22% (9)	**54% (22)**	20% (8)	5% (2)	2.1
TPCB Training & Development Director	20% (8)	**61% (25)**	17% (7)	2% (1)	2.0
Substance Abuse /ALE	32% (13)	**44% (18)**	17% (7)	7% (3)	2.0

[+]Scale 1-4 (1 = None, 4 = Extensively); Bold = category with highest number of responses
* N = 37 (Community/Schools grantees only); ** N = 4 (Priority Population grantees only)

Additional Technical Assistance Resources Used by Grantees

Thirty-one of the 36 grantee coordinators (82%) indicated use of non-HWTF technical assistance resources. These included websites, state and local community organizations, school-related programs, area health education providers, public health programs, universities, and other HWTF grantees. General areas for which non-HWTF TA was utilized included:
- Preventing Initiation: general tobacco prevention information, statistics, and resources (n=10), working with youth (n=4), tobacco free schools (n=2), product pricing (n=2), merchant education
- Grant administration and sustainability: grant writing (n=9), coalition building and community work (n=3), evaluation (n=2), technology support (n=1),
- Cessation (n=8),
- Working with unique populations (n=3),
- Media (n=2), and
- Reducing SHS Exposure in homes (n=1).

Use of Websites for TA

Most TA providers have developed their own websites to disseminate information. Table 4 shows grantee coordinators' use of these websites. The *trutoolkit*, which would include the listserv, and *realityunfiltered* were used most frequently. Grantees are required to report the number of downloads or postings from the listserv in the monthly iPTS, which partly explains its high frequency rating. Grantee coordinators also reported using a wide variety of other non-HWTF websites. Features that made websites useful, according to grantee coordinators, included:
- Content (n=33), with specific mention of activities, resources, ideas, or other materials (n=13), and links and referrals to other organizations (n=9),
- Format or appearance (n=7), and
- Ease of use (n=6).

Table 4: Use of TA Websites by Grantee Coordinators in Rank Order (n=41)

Website	Never	Rarely (Quarterly)	Occasionally (Monthly)	Frequently (Weekly)	Response Average*
www.trutoolkit.com	0% (0)	7% (3)	22% (9)	**71% (29)**	**3.63**
www.realityunfiltered	0% (0)	17% (7)	27% (11)	**56% (23)**	**3.39**
other non-HWTF websites	5% (2)	15% (6)	24% (10)	**56% (23)**	**3.32**
hwtfc.org	2% (1)	22% (9)	**54% (22)**	22% (9)	**2.95**
questionwhy.org	5% (2)	27% (11)	**46% (19)**	22% (9)	**2.85**
NCtobaccofreeschools	2% (1)	34% (14)	**44% (18)**	20% (8)	**2.80**
SmokeFreeNC.org	2% (1)	34% (14)	**46% (19)**	17% (7)	**2.78**
lungnc.org	7% (3)	32% (13)	**51% (21)**	10% (4)	**2.63**
StepUpNC.com	12% (5)	**44% (18)**	34% (14)	10% (4)	**2.41**
Famed.unc.edu/EnTER	17% (7)	**37% (15)**	**37% (15)**	10% (4)	**2.39**
communityhealth.dhhs.state.nc.us/tobacco.htm	12% (5)	**46% (19)**	39% (16)	2% (1)	**2.32**
ruizagency.com	22% (9)	**41% (17)**	32% (13)	5% (2)	**2.20**
TobaccoSurvivors.org	24% (10)	**51% (21)**	20% (8)	5% (2)	**2.05**
Famed.unc.edu/TPEP	32% (13)	**41% (17)**	27% (11)	0% (0)	**1.95**
Capstrat.com	**54% (22)**	32% (13)	15% (6)	0% (0)	**1.61**
*Scale 1-4 (1 = Never, 4 = Frequently)					

Confidence in Core Competencies

The majority of grant coordinators reported moderate to high confidence in 12 core competencies that were chosen to represent some of the leadership skills needed for implementing successful tobacco use prevention programs (see Table 5). Using media advocacy, working with diverse populations, and resolving conflict were skill areas in which at least seven grantees indicated less confidence.

Table 5: Grantee Coordinator Confidence in Core Competencies in Rank Order (n=41)

Leadership Core Competencies	Not very confident	Somewhat Confident	Moderately Confident	Very Confident	Response Average*
Run effective meetings	0% (0)	0% (0)	21% (9)	**79% (33)**	**3.79**
Communicate your programs goals/objectives to your coalition	0% (0)	2% (1)	19% (8)	**79% (33)**	**3.76**
Communicate your programs goals/objectives to your community	0% (0)	0% (0)	26% (11)	**74% (31)**	**3.74**
Produce and carry out action plans	0% (0)	7% (3)	36% (15)	**57% (24)**	**3.50**
Communicate your programs goals/ objectives to govt. leaders	0% (0)	10% (4)	36% (15)	**55% (23)**	**3.45**
Work with diverse populations	2% (1)	14% (6)	24% (10)	**60% (25)**	**3.40**
Resolve conflict within your coalition	0% (0)	17% (7)	29% (12)	**55% (23)**	**3.38**
Evaluate your program's effectiveness	0% (0)	7% (3)	**48% (20)**	45% (19)	**3.38**
Motivate others to action	0% (0)	5% (2)	**52% (22)**	43% (18)	**3.38**
Recruit and engage youth	0% (0)	7% (3)	**52% (22)**	40% (17)	**3.33**
Build a sustainable program (include expanding partnerships and funding sources)	0% (0)	10% (4)	**52% (22)**	38% (16)	**3.29**
Use media advocacy	2% (1)	19% (8)	**43% (18)**	36% (15)	**3.12**
* Scale 1-4 (1 = Not Very Confident, 4 = Very Confident)					

Accomplishments of Grantees' Programs

Grantees were asked to identify two to three accomplishments of their programs resulting from effective technical assistance and training. Thirty-eight respondents (93%) reported specific accomplishments of their program. Three grantee coordinators did not report accomplishments: two stated that their accomplishments were not the result of TA or training and one recently-hired coordinator did not yet have anything to report.

Figure 6 shows the number of grantees who reported accomplishments in the different focus areas of the TTUPC Initiative. Tobacco-Free School policy includes advancement toward or achievement of 100% tobacco free schools, as well as the adoption of Alternatives to Suspension (ATS) programs. Youth empowerment includes recruiting youth, starting youth groups, and training youth in advocacy skills. Sustainability of coalitions includes: developing annual action plans; evaluation, reporting, and the iPTS system; meeting with legislators or government officials; receiving grants; and building partnerships. Cessation resources include training or implementation of N-O-T. Media represents radio ads, letters to the editor, and other media advocacy. Narratives from grantee coordinators linking accomplishments to effective TA can be found in Section IV of this report.

Figure 6: Areas of HWTF Grantee Accomplishment Linked to TA (n=38)
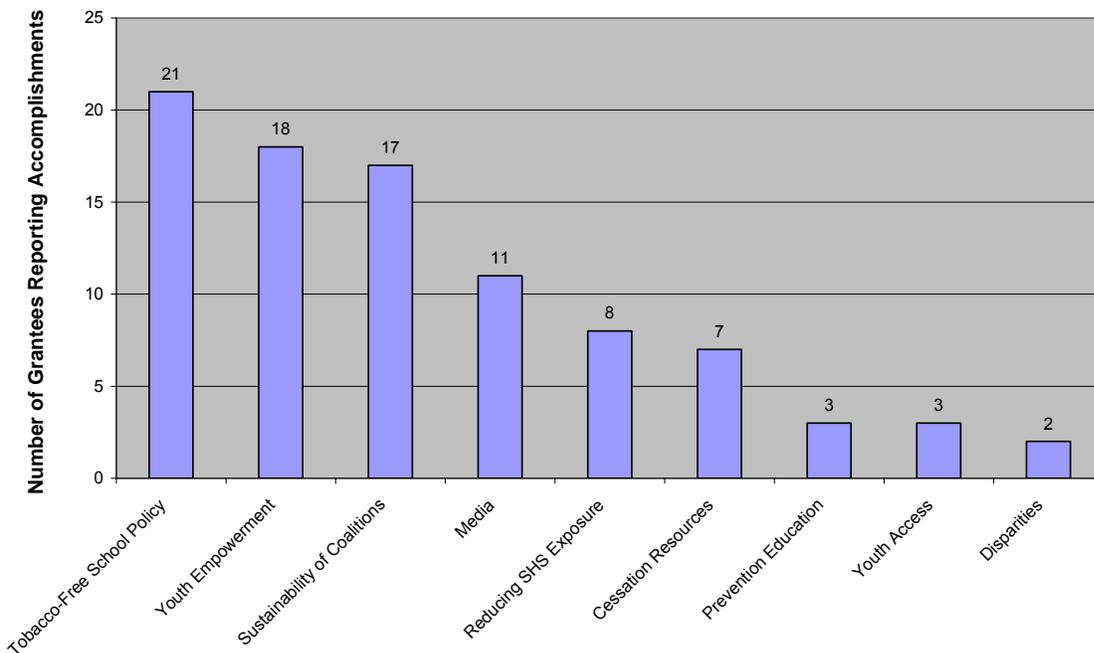
Adequacy of Funding

Forty grantee coordinators (98%) reported that their funding was adequate given their overall program design and size of target population. Sixteen of these offered comments and suggestions that included:

- Additional funding would allow us to expand the reach of our program (n=3)
- Being in a multi-county region makes things more difficult (n=3)
- We have had to acquire additional funding from other sources (n=2)
- We have had to adjust our programs to match our level of funding (n=2)
- There are difficulties associated with being in a rural location (n=2)
    - Cost of bringing in speakers like SAVE and NCSTEP
    - Difficulties in advocating for 100% Tobacco Free Schools
- We have a very large school system or county, so we need more funds (n=2)
- We would like more money for incentives and trips for youth (n=1)
- Combining our grant has made budgeting and reporting difficult (n=1)
- Additional funding would be helpful to give stipends to school faculty to implement ATS and NOT programs and to transport youth to and from the health department weekly (n=1)
- Travel is difficult because meetings and trainings are usually over 100 miles away (one way) (n=1)
- The next round of funding will not allow us to continue our same plan of work due to the large decrease in funding available (n=1)
- I would like media funds to be more universally accessible to all grantees. This can be done by decentralizing distribution of funds and getting rid of the Central Media Fund. (n=1)
- We did not calculate the youth-initiated tobacco free churches effort and have had to be creative with addressing it while the excitement is high (n=1).

Reporting Requirements

Thirty-nine (95%) grantee coordinators indicated that reporting requirements had been reasonable or for the most part reasonable, with almost half adding additional comments. Two grantee coordinators felt that requirements had not been reasonable.

Positive comments included:
- The new iPTS is user-friendly and helpful (n=6)
- Reporting indicators tied to action plans helps keep focus on what is important (n=3)

Critical comments included:
- Requirements have been time-consuming (n=4)
- Changing over to the new system caused some difficulties (n=4)
- Reporting is sometimes redundant (n=3)
- Difficulty in remembering some numbers, especially for semi-annual report (n=3)
- Multi-county grants present additional challenges (n=2)
- Difficulty in knowing how some activities fit in with objectives (n=1)
- HWTF expectations of what can be accomplished seem unreasonable (n=1)
- Reports are required to be sent in before training is given on report (n=1)
- Reports are confusing and ambiguous (n=1)
- Deadlines are given in days, responses are given in weeks (n=1)

Performance Objectives, Indicators, and Targets

Thirty-seven grantee coordinators (90%) reported that performance objectives, indicators, and targets had been realistic and worthwhile, with half of these adding qualifying comments. Three (7%) stated that objectives, indicators, and targets had not been realistic or worthwhile, and one responded that there had not been any targets set for the year.

Comments included:
- Policy change is difficult (n=4)
- We must set realistic goals that can be accomplished within a set period of time (n=3)
- The new action plans will be helpful (n=2)
- We have had difficulty with the NOT program (n=2)
- Some of the numbers set for indicators are arbitrary or vague (n=2)
- Some areas or counties are easier than others (n=2)

Years Experience in Tobacco Prevention and Control before HWTF Grant

Nearly half of the grantees (48.8%) indicated that they had no experience or less than a year of experience in tobacco prevention and control work before they began work on the HWTF Grant. Approximately one-third of the grantees had three or more years of experience (Figure 7).

Figure 7: Years of Experience in Tobacco Prevention and Control before the HWTF Grant as Reported by Grantee Coordinators (n=41)
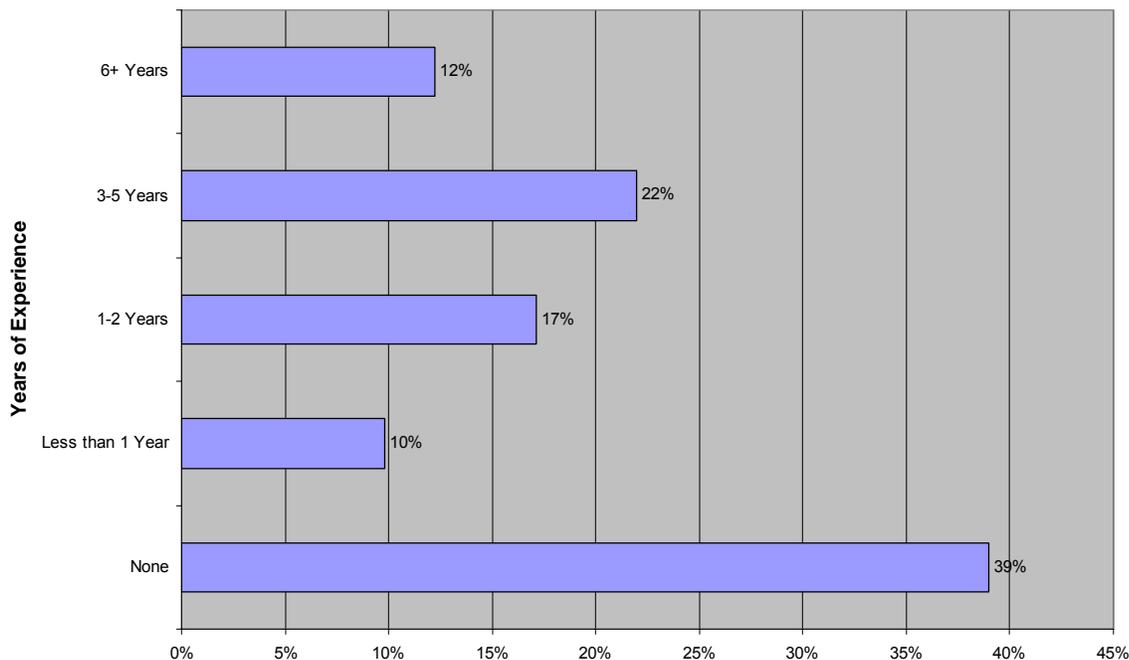
Grantees were asked the date that they began working on the HWTF Teen Tobacco Use Prevention and Cessation Initiative. Responses ranged from February 2003 to April 2005.
- Of the 16 grantee coordinators who had no previous experience before beginning work on the HWTF TTUPC Initiative, eight (50%) now have at least two years of experience.
- Ten of the remaining 25 grantees have gained at least two additional years of experience.

Despite turnover, the data suggests that the TTUPC initiative is producing a growing number of experienced tobacco control advocates for the state of North Carolina.

Grantee Coordinator Questionnaire Part Two (Telephone Interview)

Thirty-six (88%) of the 41 grantee coordinators who completed the Part I Web-based Survey also completed the Part II Telephone Interview. They were asked to review the definition of TA (see Section I - Methods) and comment on how it matched or differed from their understanding of TA for HWTF grantees. Three quarters of the grantee coordinators (27 of 36) indicated that the TA definition matched their understanding. Of the nine who thought it differed, seven thought the definition was broader and more inclusive than how they had understood TA, one had understood technical assistance to be more inclusive than the definition, and one thought that TA was required (as opposed to accessible on an as-needed basis).

Needs Assessment

How Grantee Needs Were Assessed

Grantee coordinators were asked how their needs for TA and training were assessed. This open-ended question resulted in a wide range of responses, summarized in Figure 8. The Survey category includes iPTS, a training evaluation, and surveys from the branch.

Figure 8: How Grantees Reported Needs Being Assessed (n=36)
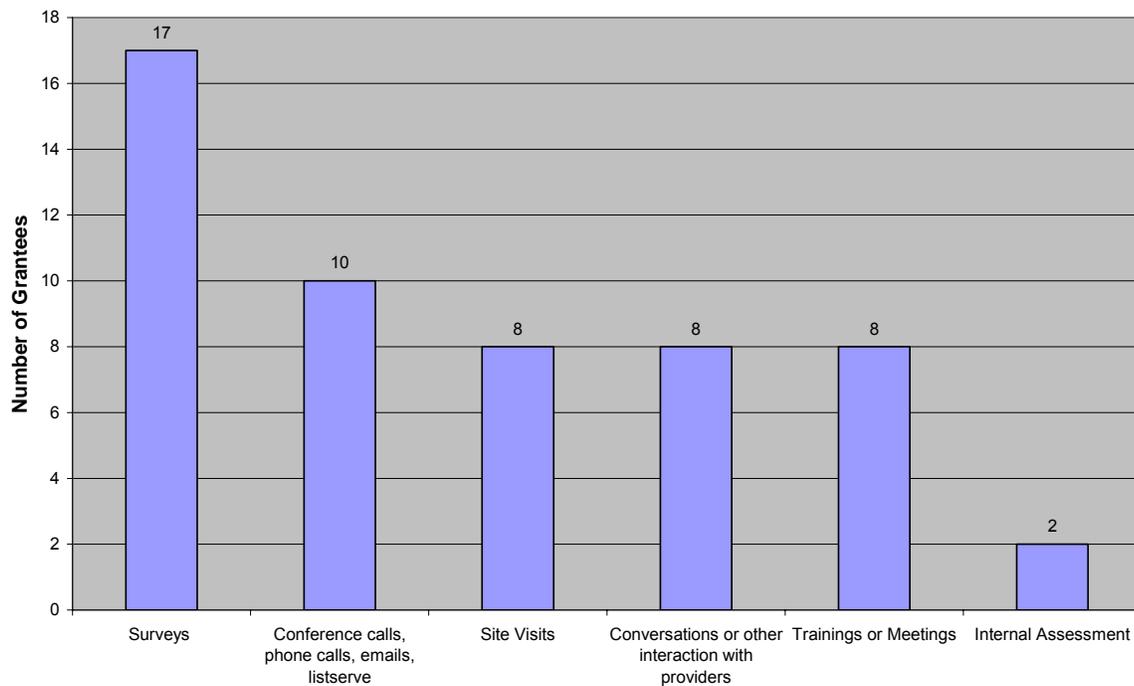
Who Assessed Grantees' Needs

Grantees were also asked who assessed their needs, and their responses are summarized below in Figure 9. Twenty-six grantee coordinators (72%) reported that TPCB assessed their needs, with 12 specifically citing their field coordinator and 17 mentioning other TPCB staff by name or role. UNC TPEP (9) and HWTF (7) were also named as providers who assessed grantees' needs.

Figure 9: Who Grantees Reported Assessed Their Needs (n=36)
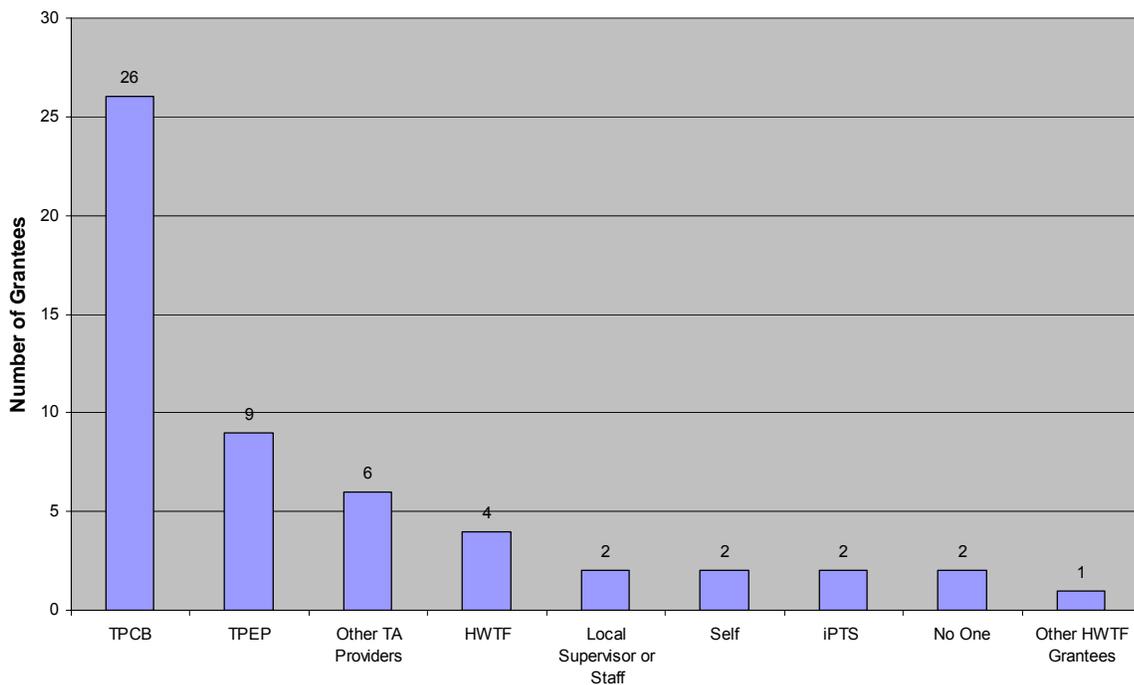
Satisfaction with Needs Assessment

Fifty-three percent (n=19) of grantee coordinators rated their satisfaction with the needs assessment process as high (see Figure 10), while 36% reported being somewhat satisfied (36%). Two grantee coordinators reported being unsatisfied and two did not think that the question was applicable to them.

Figure 10: Grantee Coordinators' Satisfaction with Needs Assessment (n=36)
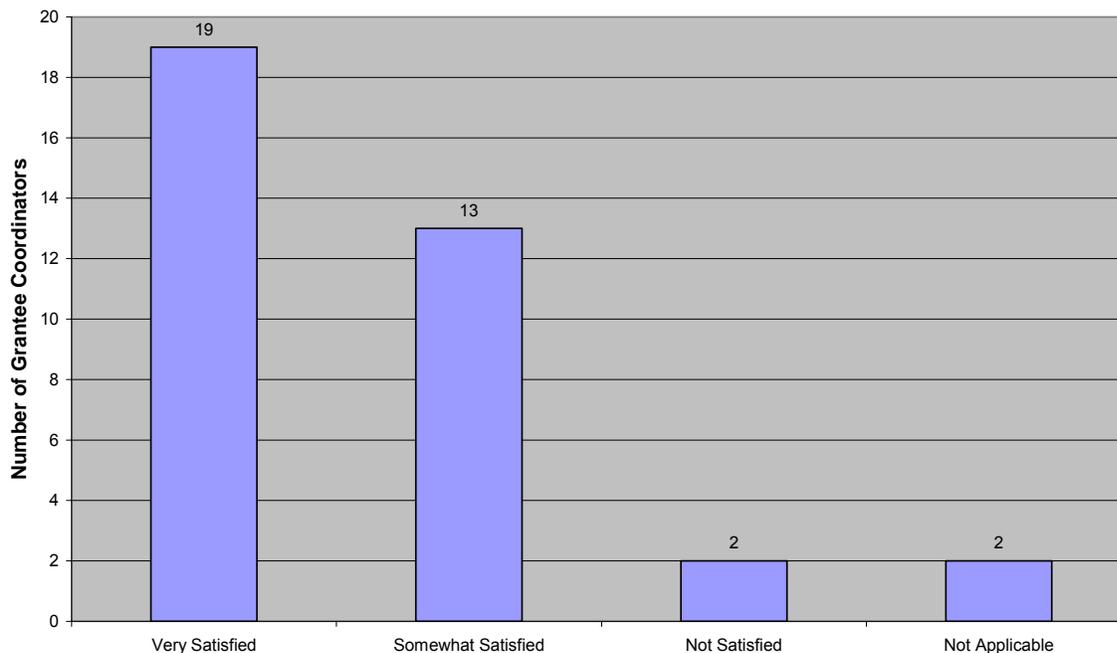
Comments related to grantee coordinators being satisfaction with needs assessment included:
- being pleased with the open communication or follow-up that was provided (n=9),
- availability of help or assistance (n=9),
- answering of questions (n=7),
- timely communication regarding needs assessment (n=5), and
- TA providers' flexibility and understanding of local issues (n=3).

Comments related to grantee coordinators being less satisfied with needs assessment included:
- needs assessments were not targeted or directed to grantees' needs (n=4), and
- their questions had been "glossed over" or answered in a confusing manner (n=2).

Needs Not Met

Twenty-six (76%) grantee coordinators reported that they did not have any needs that were not met during the past year.

Ten grantee coordinators mentioned specific needs that were not addressed or frustrations about TA requested. They reported needs for TA or training related to:
- addressing geographic needs or barriers (n=3),
- working with minority populations (n=2),
- developing action plans (n=2), and
- discussing the excise tax (n=1).

They expressed concern about:
- receiving unclear answers or responses to questions and requests (n=2),
- delayed or no response to requests for assistance (n=2), and
- not being able to get the assistance that was needed (n=1).

Coordination of Services

Satisfaction with Coordination of Services

Figure 11 shows that the 44% of grantee coordinators reported being either satisfied or very satisfied with the coordination of TA services, and 44% reported being somewhat satisfied with the coordination of services. Four grantee coordinators reported that they were unsatisfied with the way services were coordinated.

Figure 11: Grantee Coordinator Satisfcation with Coordination of TA Provider Services (n=36)
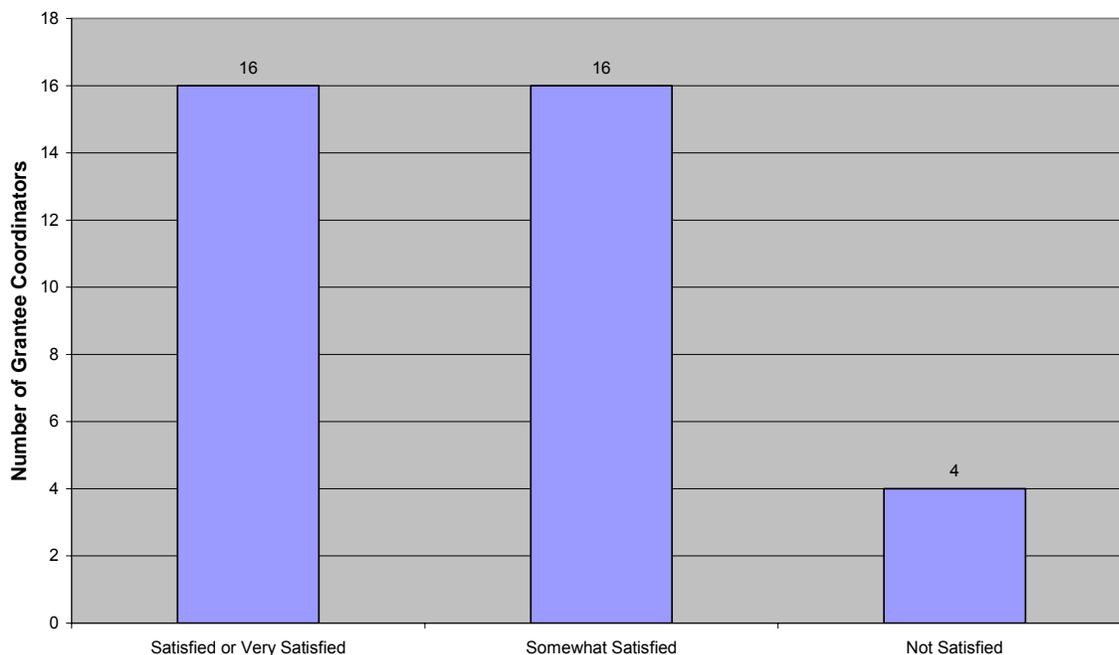
Factors reported to have contributed to grantee satisfaction with coordination of services included:
- grantees' needs were met or that needed trainings were provided (n=7),
- there was good communication about events, including advance notice allowing for better planning (particularly through use of the TRU listserv or the calendar (n=10),
- that there was not overlap or duplication in trainings and services (n=6),
- that there were not scheduling conflicts or that events were conveniently scheduled (n=5),
- that there was good overall coordination (n=4), and

Factors reported to have contributed to grantees being somewhat or not satisfied with coordination of services included:
- scheduling conflicts or inconvenient scheduling of events (n=7),
- not enough advance notice (n=5),
- too many meetings, particularly mandatory meetings (n=4),
- geographical barriers (e.g. trainings too far from grantee's area or too much traveling), (n=4),
- duplication or overlap in trainings (n=3), and
- too many TA providers and grantees are unaware of the roles of each provider (n=3).

Suggestions for Improving the Coordination of Services

Twenty-one grantees (56%) offered suggestions for improving the coordination of services, including:
- more advanced notice of events, meetings, or deadlines (n=6).
- requests that events (such as trainings or conferences) be held across the state and not just in the Triangle area (n=4).
- additional clarification provided by HWTF (n=2),
- less TA provided (n=2),
- a yearly calendar of events (n=1),
- more clarity about TA provider roles (n=1),
- voluntary instead of mandatory trainings (n=1),
- combined more than one training in a day (n=1),
- uniting grantees to work on a statewide campaign (n=1),
- action plan for TA (n=1),
- trainings with youth representatives (n=1), and.
- Increased interaction with grantees.

Additional Comments

Seventeen (47%) grantee coordinators offered additional comments about TA they had received and their confidence in leading and promoting their program.

Comments indicating satisfaction:
- I think that the TA has tried hard to do a good job with emailing and communicating about how I could do my job better.
- The TA that I have been given has been among some of the best. Not only do they give you TA, they also follow-up to make sure it's working for you.
- I've been amazed. I've worked with other grants, but I'm impressed with all the TA that is available. I can always call someone to get ideas and brainstorm for solutions.
- I'm very pleased. Excellent people are involved, especially with the Branch and UNC TPEP.
- I think it's beneficial to all of us. I've been very satisfied.
- I think that, overall, we feel extremely supported.
- I think they're working to the best of their abilities.
- I think that they provide very good TA.
- I am very confident about my program. I think I'm changing gears in TA, and will start to use other people. I am looking forward to that and seeing where it takes me. Part of my action plan is to use EnTER, NCSTEP, and Question Why, and I am looking forward to starting things up with them and seeing where it will take me.

Suggestions for Improvement:
- It might be nice to have more regional meetings with training staff, since transportation is important to us.
- We'd like to be better informed in HWTF's decision-making processes.
- There are still some agencies that need to be more specific about what they can provide for us, and there are some that are so specialized that we can't use them.
- If they just put money and time into efforts out in the western part of NC. All of the agencies need to continue to grow. They need to expand their knowledge and establish more partners in different areas.
- Sometimes, it's challenging to hear from so many different people. It's hard to know the highest priority. It's good, but I'm not really sure which information is more important than others.
- I would like more products to be able to give out to the community.

- More feedback and continued communication is the key.
- For the Branch as a whole, they sometimes spring some training or conferences on us that we have to be in Raleigh to attend. Often, there is not enough time to prepare or we have events scheduled. Also, they must think about the fact that to drive to Raleigh, it's many hours.
- There is some TA that is exactly what I need, and some that just isn't necessary…a booklet to sort out the agencies and their services would really clear up some confusion.
- They should describe in more detail the role of the Branch, or maybe EVERY role. There are so many different things, it is confusing for someone new to come in and try to understand what is being offered.

Individual Provider Results

Grantee Coordinators rated their satisfaction with individual TA providers, using a 10 point scale in which 1=not satisfied, 6=satisfied, and 10=completely satisfied. Table 6 shows the ratings of both Community/Schools and Priority Population grantee coordinators for TA providers that were reported to be utilized either moderately or extensively by a majority of grantees. (The TPCB Field Coordinator is rated only by Community/Schools grantee coordinators.)   Table 7 shows the ratings for TA Providers that were used by less than a majority of Community/Schools and Priority Population grantees. Table 8 shows the responses of Priority Population grantee coordinators for TA providers whose primary service is to this group of grantees. Not included in this report are the detailed responses of grantee coordinators to questions about individual TA provider communication, feedback, and service provision. This data was reported to HWTF and the individual results were given to each provider.

Table 6: Satisfaction Ratings for TA Providers Utilized Moderately or Extensively by a Majority of Grantees in Rank Order of Utilization

TA Provider	Number and % of Grantees (n=36)	Mean Satisfaction Rating*	Range
TPCB Field Coordinator	**(n=32)**		
Utilized Moderately/Extensively	27 (84%)	8	6-10
Utilized a Little	4 (13%)	5**	5
Did Not Utilize	1 (3%)		
***based on 3 responses; one grantee did not rate*			
Health and Wellness Trust Fund Staff			
Utilized Moderately/Extensively	28 (78%)	8.3	4-10
Utilized a Little	7 (19%)	6.2	5-9
Did Not Utilize	1 (3%)		
Question Why Youth Empowerment Centers			
Utilized Moderately/Extensively	26 (72%)	9.1	7-10
Utilized a Little	8 (22%)	8.3	6-10
Did Not Utilize	2 (6%)		
UNC TPEP			
Utilized Moderately/Extensively	24 (67%)	9.1	7-10
Utilized a Little	11 (30%)	8.3***	5-10
Did Not Utilize	1 (3%)		
****based on 10 responses; one grantee did not rate*			
SAVE			
Utilized Moderately/Extensively	22 (61%)	9.2	7-10
Utilized a Little	10 (28%)	8.8	7-10
Did Not Utilize	4 (11%)		
TPCB Media Specialist			
Utilized Moderately/Extensively	22 (61%)	8.5	6-10
Utilized a Little	12 (33%)	6.1	2-9
Did Not Utilize	2 (6%)		
Ruiz Agency			
Utilized Moderately/Extensively	21 (58%)	7.9	3-10
Utilized a Little	13 (36%)	5.9	1-10
Did Not Utilize	2 (6%)		
TPCB Surveillance and Evaluation Staff			
Utilized Moderately/Extensively	20 (56%)	9	7-10
Utilized a Little	13 (36%)	8.2	6-10
Did Not Utilize	3 (8%)		
American Lung Association (TATU, N-O-T)			
Utilized Moderately/Extensively	19 (53%)	8.1	6-10
Utilized a Little	16 (44%)	7.7****	5-10
Did Not Utilize	1 (3%)		
*****based on 15 responses; one grantee did not rate*			
Scale 1-10 where **1=Not at all Satisfied **6**=Satisfied **10**=Completely Satisfied*			

Table 7: Satisfaction Ratings for TA Providers Utilized Moderately or Extensively by less than a Majority of Grantees in Rank Order of Utilization

TA Provider	Number and % of Grantees (n=36)	Mean Satisfaction Rating*	Range
EnTER			
Utilized Moderately/Extensively	14 (39%)	8.1	6-10
Utilized a Little	15 (42%)	8.2	1-10
Did Not Utilize	7 (19%)		
NCSTEP			
Utilized Moderately/Extensively	14 (39%)	9.1	7-10
Utilized a Little	10 (28%)	8.4**	6-10
Did Not Utilize	12 (33%)		
***based on 9 responses; one grantee did not rate*			
TPCB Tobacco Free School Director			
Utilized Moderately/Extensively	12 (34%)	8	2-10
Utilized a Little	17 (47%)	7.6	5-10
Did Not Utilize	7 (19%)		
Other TPCB Staff			
Utilized Moderately/Extensively	12 (33%)	8.7	5-10
Utilized a Little	18 (50%)	8.2	7-10
Did Not Utilize	6 (17%)		
Substance Abuse (ALE)			
Utilized Moderately/Extensively	9 (25%)	7.1	1-10
Utilized a Little	16 (44%)	7.3	1-10
Did Not Utilize	11 (31%)		
CapStrat			
Utilized Moderately/Extensively	8 (22%)	8.4	6-10
Utilized a Little	20 (56%)	6***	1-10
Did Not Utilize	8 (22%)		
***based on 19 responses; one grantee did not rate			
TPCB Training and Development Director			
Utilized Moderately/Extensively	6 (17%)	8.7	7-10
Utilized a Little	22 (61%)	7.6	1-10
Did Not Utilize	8 (22%)		
Scale 1-10 where **1=Not at all Satisfied **6**=Satisfied **10**=Completely Satisfied*			

Table 8: Satisfaction Ratings for TA Providers Utilized by Priority Population Grantees Rank Ordered by Utilization

TA Provider	Number and % of Grantees (n=4)	Mean Satisfaction Rating*	Range
TPCB Disparities Coordinator			
Utilized Moderately/Extensively	4 (100%)	7.7	6-9
Utilized a Little	0		
Did Not Utilize	0		
Webb Patterson			
Utilized Moderately/Extensively	3 (75%)	8.7	8-9
Utilized a Little	1 (25%)	6	6
Did Not Utilize	0		
Office of Minority Health and Health Disparities (OMHHD)			
Utilized Moderately/Extensively	2 (50%)	4.5	2-7
Utilized a Little	2 (50%)	5.5	5-6
Did Not Utilize	0		
*Scale 1-10 where **1**=Not at all Satisfied **6**=Satisfied **10**=Completely Satisfied*			

Utilization

The TPCB and Question Why were listed as having the highest rates of utilization, followed by the TRU campaign, (which was not listed separately in the Grantee Coordinator Part I Web-based Questionnaire), UNC TPEP, SAVE, ALA's TATU program, EnTER, NCSTEP, ALA's N-O-T, Ruiz Agency, CapStrat, and Substance Abuse Services (Table 6). In addition, Priority Population grantees indicated high utilization of the Office of Minority Health and Health Disparities and Webb Patterson Communications.

Table 6: Mean Rates of Extent to Which Grantees Reported Utilization of TA Providers

HWTF TA, Support, or Training Agency	Mean Utilization Responses n=38	Range
Tobacco Prevention and Control Branch	8.0	1-10
Question Why Youth Empowerment Centers	7.4	1-10
TRU (Tobacco Reality Unfiltered) Campaign	7.3	1-10
UNC Tobacco Prevention and Evaluation Programs	6.6	1-10
SAVE (Survivors and Victims of Tobacco Empowerment)	6.1	1-10
American Lung Association TATU program	5.4	1-10
EnTER (Environmental Tobacco Education and Research Program)	5.4	1-10
NCSTEP (North Carolina Spit Tobacco Education Program)	5.1	1-10
American Lung Association N-O-T program	5.0	1-9
Ruiz Agency	4.9	1-10
CapStrat	3.7	1-10
Substance Abuse Services/ ALE (Alcohol Law Enforcement)	3.5	1-10

As shown in Table 6, there is wide variability in usage of TA provider services, as demonstrated by range and means scores. Not all providers were contracted at the same level of service delivery, and this may account for some of the differences. However, because the TPCB is the primary provider of TA, there should be follow-up with the eight grantees who reported the extent to which they had utilized TPCB services as a six or below. Also, there are noteworthy differences in usage among regions. For example, NCSTEP's mean usage rating for all grantees was 5.1. However, in the west, where spit tobacco use rates among teens are highest, grantees' mean utilization rating is 8.0. In addition to need, other factors that influence variability of use relate to accessibility and awareness of the TA resource.

TA and Training Needs

Twenty-seven grantees (73%) indicated training or TA needs for the next six months. Fourteen grantees mentioned one area of training; two new grantee coordinators indicated they could use any training; seven grantees mentioned 2 or 3 areas of training, and 4 grantees described 4 to 6 areas in which training was needed and/or planned. Ten grantees (27%) did not name or perceive any TA or training needs in the next 6 months.

Areas of TA or training needs requested, followed by the number of grantees who made the request, included:
- o Secondhand smoke policy advocacy (n=7)
- o Youth empowerment (n=7)
- o Working with specific populations (n=5)
- o Youth access (n=4)
- o Evaluation/iPTS (n=4)
- o Media (n=4)
- o Cessation (n=3)
- o TFS enforcement (n=3)
- o Product pricing (n=2)

Suggestions for better linkage between resources and programs

Thirty-three grantees (87%) offered the following suggestions for better linkage of the HWTF TA, Training, and Support Agencies, as well as other Community/Schools and Priority Population grantees, with their programmatic initiatives.

- Eight grantees from the western area of the state asked that the TRU campaign extend into their communities. One of these suggested site visits by Ruiz Agency to develop smaller-scale events for rural counties.
- Eleven grantees had concerns related to communication. Suggestions included better awareness of programs, initiation of contact by providers, and continued regional or state gatherings where resources can be explained in relation to action plans.
- Five grantees indicated the need for more information about the services available, either as a whole, or mentioning specific agencies.
- Five grantees, two from the east and three from the west, indicated the need for trainings to be held in closer proximity to them.
- Three recommendations for media included continued work to provide creative, cost-effective ideas for local media, more advanced notice for press releases, and development of a county-specific listing of media sources that serve minorities.
- More resources were suggested for the following three content areas: social norms, working with colleges, and youth involvement in policy change.
- Two grantees felt that the TRU incentives and promotional materials need updating.

IV. Select Narratives about Accomplishments Linked to TA

100% TFS

Two of 3 school districts adopted 100% Tobacco Free School policies. I feel that we were able to accomplish this goal smoothly after receiving training at the 100% TFS conference and with technical help from the TPCB TFS Director.

Our School Board Chair made a commitment to reexamine the TFS policy. With assistance from the TPCB TFS Director we were able to host a roundtable of school board members to discuss the importance of revisiting the TFS policy. The chairman said that the board would not revisit it this year, but finally agreed to address it next year. The technical assistance in the form of materials, maps etc. greatly helped us.

100% Tobacco-Free Schools policy was adopted in the county school system thanks to state representation that was available to talk to school staff about the policy and trainings provided to youth by Question Why that empowered the youth to go in front of the school board to advocate for their schools to become 100% tobacco free.

One of the greatest accomplishments of our program is working with our school partners for the adoption of a 100% tobacco-free school policy. TA and training from the Tobacco Prevention and Control Branch, Office of Tobacco-Free Schools and Question Why Youth Centers provided our program invaluable resources, strategies and confidence. We received step-by-step guidance and instruction on how to make the policy change happen (i.e. assessment, coalition building, advocacy, school board presentation, youth involvement and communication).

We were able to adopt and implement a 100% TFS policy ahead of our target date with the support and assistance of our Field Coordinator, Questions Why, and TPCB personnel.

College Tobacco Sales

When attempting to stop the sale of tobacco on one of our college campuses, I consulted with EnTER and with the TPCB Media Specialist. We were successful in ending tobacco sales and getting more letters to the editor submitted to school papers after an especially helpful media literacy training.

SHS and Cessation

Advocacy for tobacco free faith settings, homes, and schools and development of cessation capacity can be attributed to excellent assistance from NC ALA.

Youth Empowerment

Successful teen meetings and recruitment have led to dozens of teen tobacco prevention projects completed in our area. We have been well trained in Youth Empowerment by Question Why West.

Another great accomplishment of our program is training youth to serve as tobacco-free advocates in their schools and communities. Over 120 youth in our region have been trained to date. The Question Why Youth Center has provided us with recruitment strategies, adult leader trainings, and hands-on assistance in conducting two peer-led youth retreats.

Youth Access

The materials and trainings provided by ALE enabled students to visit establishments after learning about merchant education. Their work contributed to a drop in the buy rate for our county

Our partnership with ALE stems from assistance and training that we received from Substance Abuse Services, ALE and the Division of MH. Since beginning this partnership, our sell rate to minors has dropped from 56% to 0%.

Media

We have had many successful media stories/news articles in several different outlets within our county and if it was not for the trainings provided by the TPCB and their media staff, we might not have had the confidence to reach out.

CapStrat has helped us receive earned media coverage for some of our youth and community events such as TATU and Asheville Tourists Against Spit Tobacco.

Although some tout billboard contests as ineffective, ours went over extremely well, having received more positive comments from the contest than from any other activity. Media guideline training helped to me to guide youth in creating very effective billboards.

Media training from the TPCB Media Specialist made me more aware of media opportunities which I have been able to utilize.

Evaluation

The TPCB Surveillance and Evaluation Team has been most helpful in the evaluation of our restaurant campaign, providing us with information about similar studies.

Sustainability

Following assistance from the HWTF Community Outreach Coordinator, we held a very successful legislators luncheon which provided a forum for 25 teens to present their programs to their State Senator and Representative.

Technical assistance from the HTWF Community Outreach Coordinator helped us tremendously in the planning of our Legislative Breakfast in January. It was the first event of this kind for either of us and HWTF provided support, suggestions, and assistance.

Administration

The technical assistance training in April has clarified several points about reporting and the action plan. Before the training, I was confused about how to report some accomplishments. I believe our reports will be more complete as a result of the training.

I feel that we are successfully able to evaluate our program through the variety of report options that the iPTS affords us. When they recreated the iPTS, I feel as though UNC and the TPCB evaluation team really took our suggestions to make the reporting system easier and more efficient.

iPTS training made me more aware of HWTF priorities in my job.

APPENDIX A: TECHNICAL ASSISTANCE EVALUATION LOGIC MODEL

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM	INTERMEDIATE	LONG-TERM

HWTF*

Support Agencies:

TPCB**
?Y Centers
OMHHD

CapStrat
Ruiz
Webb Patterson

ALA N-O-T
EnTER
Substance Abuse Services (SAS)

Facilitations:
*Needs Assessments
*Action Plan Reviews
*Troubleshooting
*Review TPEP quarterly reports

Trainings

Coaching

Resources:
SAVE
NC STEP
NC Amateur Games
ACS Quitline Women's Heath and Tobacco Use
Alcohol Law Enforcement (ALE)

Contacts tailored for individual grantees

regional or state meetings & conferences

conference calls

of trainings # people trained

Resources provided or produced

Annual, Quarterly and/or Monthly reports to HWTF &UNC

Level of TA/services is congruent with the needs identified

Grantees satisfied with coordination and delivery of TA/services and training

Increased adult and/or youth leader confidence

Increased collaborations and partnerships locally, regionally, statewide

Increased strength of coalitions

Increased effectiveness of coalitions in using evidence based interventions

Increased evidence based policy successes

Programs and services positively impact the long-range objectives for tobacco use prevention and control

UNC TPEP EVAULATION

*HWTF includes administration, communication, funding, and support

**TPCB includes staff in areas of administration and administrative support, field support, media, training, evaluation and surveillance, and tobacco free schools

UNC TPEP 1/21/05

APPENDIX B: LIST OF HWTF TECHNICAL ASSISTANCE AND TRAINING PROVIDERS INCLUDED IN THE TECHNICAL ASSISTANCE EVALUATION

Direct Technical Assistance and Training

NC Department of Health and Human Services Tobacco Prevention and Control Branch (TPCB)
      Five Regional Field Coordinators
      Media Specialist
      Tobacco Free Schools Director
      Evaluation and Surveillance Team
      Training and Development Director
      Teen Tobacco Use Prevention Advisor

Question Why Youth Empowerment Centers
      Three regional Directors

UNC Environmental Tobacco Education and Research (EnTER)

American Lung Association (TATU and NOT programs)

Office of Minority Health and Health Disparities (OMHHD)

NC Department of Health and Human Services Substance Abuse Section [works with Alcohol Law Enforcement (ALE)]

Media Specific Technical Assistance

CapStrat

Ruiz Agency

Webb Patterson

Resource Providers

NC Spit Tobacco Education Program (NCSTEP)

Survivors and Victims (of Tobacco) Empowerment Program (SAVE)

Not Contacted for Interview

Health and Wellness Trust Fund Staff

UNC Tobacco Prevention and Evaluation Program (TPEP)

TPCB Other Staff

APPENDIX C: LIST OF COMMUNITY/SCHOOLS AND PRIORITY POPULATION GRANTEES

1. Alamance-Caswell Area MH/DD/SA Authority
2. Alleghany County Schools
3. Ashe County Schools/Ashe County Health Council
4. Blue Ridge HealthCare Systems
5. Buncombe County Safe and Drug Free Schools
6. Cancer Services of Gaston County, Inc.
7. Catawba County Public Health Department
8. Catawba County Schools
9. Chatham County Health Department
10. Chowan Regional Health Care Foundation
11. Coastal Horizons Center, Inc.
12. Durham County Health Department
13. El Pueblo, Inc.*
14. FirstHealth of the Carolinas
15. Forsyth County Department of Public Health
16. General Baptist State Convention*
17. Guilford County Project ASSIST
18. Halifax County Schools
19. Haywood County Health Department--Hi-Top ASSIST
20. Healthy Caldwellians
21. Hertford County Public Health Authority
22. Lumbee Tribal Nation Programs, Inc.
23. Macon County Public Health Center
24. McDowell County Schools
25. Mecklenburg County Health Department
26. Moses Cone Wesley Long Community Health Foundation
27. NC Commission of Indian Affairs*
28. Northeastern NC Partnership for Public Health
29. Old North State Medical Society*
30. Onslow County Health Department
31. Orange County Health Department
32. Public Schools of Robeson County
33. Rowan County Health Department
34. Surry County Health and Nutrition Center
35. Toe River/Mitchell County Schools
36. Union County Public Schools
37. Watauga County Schools
38. Wilkes County Schools

* Priority Population Grantee

APPENDIX D: TA PROVIDERS QUESTIONNAIRE

A. Communication with Grantees

The first questions are intended to help us better understand how you communicate with HWTF Community/School and/or Priority Population grantees.

1. In the past year, how did grantees learn about the services that you could offer them?

2. How many grantees did you work with during the past year? (ex. you might say all grantees in my region and/or you might give a number "3 of the priority population grantees and 8 community/school grantees")

3. During the past year, in thinking about your contact with grantees, how did it usually occur?

3a. Approximately what percent of the time did you initiate the contact?

And so ___% was initiated by grantees?

4. Describe your communication with grantees as a group. [Include methods (email, conference call, meetings, listserv, website, etc.) and frequency of each.]

5. Describe your communication with individual grantees. [Include means of communication (email, telephone, site visit, etc.) and frequency of each.]

*In the next two questions (as well as similar questions in each section), we would like to learn about how adequate and effective you feel your services were. By **adequate** we mean **was it enough;** and by **effective** we mean **did it accomplish what was intended**. You may have had plenty of communication (it was quite adequate), but it may not have been effective because grantees did not return your calls or emails. Or your training may have been quite effective, but it needed to have been done more often, so it was less adequate. If you are more visual, you may want to write the two definitions on a piece of paper to have in front of you.*

6. Please rate the extent to which you feel that your communication with most grantees was **adequate** *(was enough)*, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

<div align="center">1--------2--------3--------4--------5--------6--------7--------8--------9--------10</div>

6a. How did you come to that rating? *or* What was the basis of your rating?

6b. What one thing most contributed to making your communication adequate?

6c. What one thing might contribute to it being more adequate? *If the answer is not specific, probe for an example or more description of the idea.*

7. Please rate the extent to which you feel that your communication with most grantees was **effective** *(it accomplished what was intended),* on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

<div align="center">1--------2--------3--------4--------5--------6--------7--------8--------9--------10</div>

7a. How did you come to that rating? *or* What was the basis of your rating?

7b. What one thing most contributed to making your communication effective?

7c. What one thing might contribute to it being more effective? *If the answer is not specific, probe for an example or more description of the idea.*

8. Any other comments or suggestions about communication with grantees?

B. Needs Assessment

9. How did you assess the specific needs of each of the HWTF grantees for TA, training, and/or services that you offer?

[If you use a specific instrument (ex. questionnaire), please send a copy to TPEP (tpep@med.unc.edu)]

10. Please rate the extent to which you feel that your needs assessment with most grantees was **adequate**, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

<p align="center">1--------2--------3--------4--------5--------6--------7--------8--------9--------10</p>

10a. How did you come to that rating? *or* What was the basis of your rating?

10b. What one thing most contributed to making your needs assessment adequate?

10c. What one thing might contribute to it being more adequate?

11. Please rate the extent to which you feel that your needs assessment with most grantees was **effective**, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

<p align="center">1--------2--------3--------4--------5--------6--------7--------8--------9--------10</p>

11a. How did you come to that rating? *or* What was the basis of your rating?

11b. What one thing most contributed to making your needs assessment effective?

11c. What one thing might contribute to it being more effective?

12. Any other comments or suggestions about needs assessment with grantees?

C. Coordination

These next questions are about how your services are coordinated with other providers:

13. How is your TA/training coordinated with that offered by other HWTF providers?

14. Please rate the extent to which you feel that coordination with other providers was **adequate**, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

<p align="center">1--------2--------3--------4--------5--------6--------7--------8--------9--------10</p>

14a. How did you come to that rating? *or* What was the basis of your rating?

14b. What one thing most contributed to making coordination adequate?

14c. What one thing might contribute to it being more adequate? *If the answer is not specific, probe for an example or more description of the idea.*

15. Please rate the extent to which you feel that coordination with other providers was **effective**, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

1--------2--------3--------4--------5--------6--------7--------8--------9--------10

15a. How did you come to that rating? *or* What was the basis of your rating?

15b. What one thing most contributed to making coordination effective?

15c. What one thing might contribute to it being more effective? *If the answer is not specific, probe for an example or more description of the idea.*

16. Any other comments or suggestions do you have about the coordination of services?

D. Feedback

17. Do you provide any feedback (i.e. evaluation, coaching, etc.) or follow-up (after trainings or consultations) to grantees? †yes†no
*[If **no**]* Why not?

18. Describe your process of providing feedback or follow-up. [Include means, i.e. written or oral, and frequency.]

19. What is the basis for your feedback or follow-up, (ex. observations you've made, reports you've received, etc.)?

20. Did you use grantees' PTS/iPTS reports in giving feedback or follow-up, and if so, how?

21. Did you use reports from the UNC Evaluation Team in giving feedback or follow-up, and if so, how?

22. Please rate the extent to which you feel that your feedback/follow-up with most grantees was **adequate**, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

1--------2--------3--------4--------5--------6--------7--------8--------9--------10

22a. How did you come to that rating? *or* What was the basis of your rating?

22b. What one thing most contributed to making your feedback/follow-up adequate?

22c. What one thing might contribute to it being more adequate? *If the answer is not specific, probe for an example or more description of the idea.*

23. Please rate the extent to which you feel that your feedback/follow-up with most grantees was **effective**, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

1--------2--------3--------4--------5--------6--------7--------8--------9--------10

23a. How did you come to that rating? *or* What was the basis of your rating?

23b. What one thing most contributed to making your feedback/follow-up effective?

23c. What one thing might contribute to it being more effective? *If the answer is not specific, probe for an example or more description of the idea.*

24. Any other comments or suggestions about feedback/follow-up to grantees?

E. Evaluation

25. How do you evaluate your work with grantees, (i.e. how do you find out if what you offer is meeting the needs or contributing to the advancement of the initiative's goals)?

26. What do you do with the information generated from your evaluations? *(Some prompts: In other words, how did you use it? If it was put in a report, who read it and how was it followed up? Did it affect how you delivered your technical assistance or training? If so, give an example of how you changed your technical assistance delivery/training/presentation as a result of the evaluation.)*

27. Please rate the extent to which you feel that your evaluation of your work with grantees was **adequate**, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

1--------2--------3--------4--------5--------6--------7--------8--------9--------10

27a. How did you come to that rating? *or* What was the basis of your rating?

27b. What one thing most contributed to making your evaluation adequate?

27c. What one thing might contribute to it being more adequate? *If the answer is not specific, probe for an example or more description of the idea.*

28. Please rate the extent to which you feel that your evaluation of your work with grantees was **effective**, on a scale of 1 to 10 with 1=not at all, and 10=to a great extent.

1--------2--------3--------4--------5--------6--------7--------8--------9--------10

28a. How did you come to that rating? *or* What was the basis of your rating?

28b. What one thing most contributed to making your evaluation effective?

28c. What one thing might contribute to it being more effective? *If the answer is not specific, probe for an example or more description of the idea.*

29. Any other comments or suggestions about evaluation of your work with grantees?

30. How are you keeping current in your field? *If the response includes conferences or trainings, you may skip 28, or say, "any other conferences or trainings you have attended during the past year?"*

31. What conferences and/or trainings have you attended during the past year?

32. What resources and/or trainings would enable you to offer the most effective TA or service to HWTF grantees?

33. Is there anything else that you'd like to add regarding the TA or services that are provided to grantees?

34. Has this survey changed the way you think about technical assistance and training in any way? If so, how?

THANK YOU!

APPENDIX E: GRANTEE COORDINATORS QUESTIONNAIRE

PART ONE – Web-Based Questionnaire

The Web-based Questionnaire was completed prior to scheduling of the Part II Telephone Interview

TECHNICAL ASSISTANCE DEFINED

In this survey we are defining Technical Assistance (TA) as "services provided by professional staff and consultants intended to give guidance to tobacco prevention and control programs in order to strengthen and enhance program effectiveness. The goal of technical assistance is to build skills, expertise, and capacity in tobacco prevention and control."

TA includes training, facilitation, and coaching. It may involve clarifying needs, identifying and developing resources, educating, problem-solving, making referrals, and empowering grant recipients to successfully carry out their programs.

TA can be offered through a variety of methods, including (but not limited to) individual or conference phone calls, websites, emails, listserv, site visits, regional or state meetings, conferences, and trainings.

I. Utilization of Individual Providers and Websites

1. Please rate your use of service or contact with the following HWTF technical
   assistance and service providers during the past year.

PROVIDER	None	Little	Moderate	Extensive
Tobacco Prevention and Control Branch (TPCB)				
Field Coordinator				
Media Specialist				
Tobacco Free School Director				
Disparities Coordinator				
Surveillance and Evaluation Staff				
Training and Development Director				
Other Staff_____				
Question Why Youth Empowerment Centers				
EnTER				
American Lung Association (TATU, N-O-T)				
Office of Minority Health and Health Disparities (OMHHD)				
Substance Abuse (ALE)				
CapStrat				
Ruiz Agency				
Webb Patterson				
UNC Tobacco Prevention				

Evaluation Program (TPEP)				
Health and Wellness Trust Fund (HWTF) Staff				
SAVE				
NCSTEP				

2. What other technical assistance resources have you used? (include websites, trainings, consultations, etc. with non-HWTF providers). Include the name of the organization and the topic, ex. grant writing.

3. To what extent have you used the following websites?

WEBSITE	Never	Rarely (Quarterly)	Occasionally (Monthly)	Frequently (Weekly)
nctobaccofreeschools				
StepUpNC.com				
hwtfc.org				
communityhealth.dhhs.state.nc.us/tobacco.htm				
famed.unc.edu/EnTER				
famed.unc.edu/TPEP				
capstrat.com				
ruizagency.com				
lungnc.org				
questionwhy.org				
SmokeFreeNC.org				
TobaccoSurvivors.org				
Other:				

4. Of those websites that you marked 'frequently', what features made them most useful? (i.e. format, content, links, appearance, etc.)

II. Confidence

1. In your role as program coordinator, rate your confidence in your ability to:

	Not very confident	Somewhat Confident	Moderately Confident	Very Confident
Communicate your programs goals and objectives to your *coalition*				
Communicate your programs goals and objectives to your *community*				
Communicate your programs goals and objectives to *government leaders.*				
Run effective meetings				
Motivate others to action				
Recruit and engage youth				

Use media advocacy				
Produce and carry out action plans				
Evaluate your program's effectiveness				
Build a sustainable program (include expanding partnerships and funding sources)				
Work with diverse populations				
Resolve conflict within your coalition				

2. Describe 2-3 accomplishments of your program, if any, that have resulted in part from effective technical assistance and/or training. (Be specific)

III. Administration

1. Has funding been adequate given your overall program design and size of target population? If not, please explain.

2. Have reporting requirements been reasonable? If not, please explain.

3. Have performance objectives, indicators, and targets been realistic and worthwhile?   If not, please explain.

4. Before you began working on the HWTF Teen Tobacco Prevention Initiative, how many years of experience did you have in Tobacco Prevention and Control:

†none   †less than a year   †1-2 years   †3-5 years   †6 + years

5. Date you were hired or began work on this grant: mm/dd/yy

After Part I has been entered into the database, interviewer will call coordinator and complete Part II.

The first question has to do with the definition of technical assistance that you received in the confirmation email. Do you have it in front of you now? And have you had a chance to read it? [If 'no', then read the definition: In this survey we are defining Technical Assistance (TA) as "services provided by professional staff and consultants intended to give guidance to tobacco prevention and control programs in order to strengthen and enhance program effectiveness. The goal of technical assistance is to build skills, expertise, and capacity in tobacco prevention and control."

TA includes training, facilitation, and coaching. It may involve clarifying needs, identifying and developing resources, educating, problem-solving, making referrals, and empowering grant recipients to successfully carry out their programs.

TA can be offered through a variety of means, including (but not limited to) individual or conference phone calls, websites, emails, listserv, site visits, regional or state meetings, conferences, and trainings.]

Opening Question:

How does this definition of technical assistance match or differ from how you have understood technical assistance for the HWTF grants?

The next questions relate to Needs Assessment. When we say 'during the last year', we are referring to the program year (since July 1, 2004).

I. Needs Assessment

1. During the past year, how were your needs for any technical assistance or training assessed? Who made the assessment(s)?

2. How satisfied were you with the way your needs were assessed?
[prompts might include: Can you tell me what contributed to your being satisfied? or What made it less that satisfactory? Can you give me some examples of what did or did not make it satisfactory?]

3. Describe any needs that you had for technical assistance during the past year that were not addressed.

For each organization (or position within an organization) that was marked 'Moderate', or 'Extensive' in Part I, Section I, questions from Sections II and III will be asked. For those marked 'Little', questions from Section IV will be asked.

For those marked 'None', questions form Section V will be asked.

In Part I of the survey, which you completed online, you indicated the TA providers whose services you had utilized. I will be asking you about the effectiveness of each of those that you utilized moderately or extensively.

II. Effectiveness of Delivery of Services

A. Communication

<u>Frequency and Initiation</u>

1. How often did you have contact with (*your TPCB field coordinator*)?
[Note to interviewer: In the next question, check the boxes as they are mentioned, and add any commentary. You shouldn't need to prompt unless the coordinator doesn't understand the question.]

2. What were the primary means of contact? (site visit, individual telephone calls, conference calls, email, listserv, meetings/trainings/conferences, other)

3. What percent of the time did (your field coordinator) initiate contact with you? [And so x % of the time you initiated contact with (your field coordinator)?]

<u>Feedback</u>

*The next two questions are about any feedback or follow-up that you have received from (your field coordinator). By **feedback** I mean any communication back to you about your program or needs, which could include responses to action plans, suggestions for improvement, etc. By **follow-up** I mean getting back to you after recommendations had been made, or after a training to see if further assistance was needed, etc.*

4. Describe the kinds of feedback and/or follow-up received this past year from *(your field coordinator). If the answer is none, skip to question B.1.*

5. How did you use the feedback and/or how was the follow-up helpful?

B. Content

1. In what ways has the content of the **technical assistance and/or training** provided by *(your field coordinator)* addressed your specific needs? (in other words, how were the information, resources, skills, or suggestions shared by *(your field coordinator)* tailored to your program's needs?)

2. In what ways could the content of the **technical assistance and/or training** provided by *(your field coordinator)* be better directed to your individual needs?

C. Provider

1. How accessible has *(your field coordinator)* been--including ability to contact, and timeliness of response? *[prompts: Can you give specific examples or tell me how (your field coordinator) has or has not been accessible?]*

2. How respectful and courteous of your time, your ideas, and your culture has *(your field coordinator)* been? *[prompts: Can you say more about that? Can you give me some examples?]*

3. Describe your perception of *(your field coordinator's)* competence. This might include any or all of the following: knowledge of his/her/their field as it relates to tobacco prevention programs, focus and preparation for interactions with you, cultural competence, ability to motivate others, ability to problem-solve.

III. Overall Ratings

1. On a scale of 1 to 10, with 1= Not at all satisfied, 6=Satisfied, and 10= Completely satisfied, how satisfied have you been with *(your field coordinator's)* TA/Training services?

2. Do you have any other comments or recommendations about the TA/Training services provided by *(your field coordinator)*?

IV. Organizations or Services Used 'Little'

Next I'll be asking you three questions about the providers that you indicated you had used only a 'little'.

1. What were the reasons that you used the services provided by *(your field coordinator)* only a little?

2. What would make you more likely to use the services provided by *(your field coordinator)*?

3. On a scale of 1 to 10, with 1= Not at all satisfied, 6=Satisfied, and 10= Completely satisfied, how satisfied have you been with *(your field coordinator's)* TA/Training services?

V. Organizations or Services Not Used

Now I'll be asking you similar questions about the providers whose services you did not use.

1. What were the reasons that you did not use the services provided by *(the
    TPCB Director of Training)*?

2. What would make you more likely to use the services provided by *(the TPCB Director of Training)*?

VI. Effectiveness of Coordination of Services

The next two questions I am going to ask you have to do with the coordination of TA services. There are a wide variety of services that HWTF has provided to help your program and the whole teen tobacco use prevention initiative to be successful. It is important that these services be coordinated so that there is little overlap or duplication, so that events are not scheduled to conflict with one another, and so that trainings are spaced out.

1. How satisfied have you been with the coordination of services?
[prompts: Can you tell me what contributed to your being satisfied? What made it less than satisfactory? Can you give me some examples of what did or did not make it satisfactory?]

2. What suggestions do you have for improving the coordination of services?

Closing Question:

And finally, do you have any other comments about the technical assistance you have received and your confidence in leading and promoting your program?

Thank you for your time and your responses!

APPENDIX F: iPTS SEMI-ANNUAL SURVEY

Resources, Support and TA Form

Please check the number that best indicates the extent to which your program has utilized the resources and/or services of the following HWTF organizations during the last 6 months.

1. American Cancer Society Quit-line (For Northeastern counties only)

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

2. American Lung Association N-O-T program

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

3. American Lung Association TATU program

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

4. CapStrat

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

5. EnTER (Environmental Tobacco Education and Research Program)

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

6. NC Amateur Sports/State Games

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

7. NCSTEP (North Carolina Spit Tobacco Education Program)

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

8. Office of Minority Health and Health Disparities (Priority Populations Grantees only)

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

9. Question Why Youth Empowerment Centers

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

10. Ruiz Agency

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

11. SAVE (Survivors and Victims of Tobacco Empowerment)

    (Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

12. Substance Abuse Services/ALE (Alcohol Law Enforcement)

(Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

13. TPCB (Tobacco Prevention and Control Branch)

(Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

14. TRU (Tobacco Reality Unfiltered) Campaign

(Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

15. UNC Tobacco Prevention Evaluation Program

(Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

16. Women's Health and Tobacco Use Program

(Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

17. Webb Patterson Communications

(Not at all)   1 2 3 4 5 6 7 8 9 10   (To a large extent)

Please suggest one way that the Health and Wellness Trust Fund agencies (those listed above, community/school, and priority population grantees) can be better linked with your programmatic initiatives? (limit to no more than 150 words)

What technical assistance and /or training would be most valuable to your program in the next six months?