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AGENCY CAPACITY TO IMPLEMENT AND SUSTAIN
COMMUNITY-BASED TOBACCO PREVENTION AND
CONTROL PROGRAMS IN EAST TEXAS: 2002

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EXECUTIVE SUMMARY

Introduction

Capacity of agencies/organizations to implement and sustain community-based tobacco prevention and control (TPC) programs is the focus of this report. The capacity analysis presented here is addressed to the structural, operational, and relational mechanisms within the organizational setting that influence continuation of community-based TPC initiatives funded through the Texas Department of Health (TDH) as part of the *Texas Tobacco Prevention Initiative* in East Texas. A related report in this series examines dimensions of community capacity that focus on outreach to involve community leaders and citizens in developing, “owning,” implementing, and sustaining TPC programs at the grass-roots level.

Methods

A written questionnaire was distributed in September 2002 to project directors or other key informants within local agencies/organizations that in 2001 or 2002 had tobacco-related contracts or subcontracts to use funds administered through TDH to implement and/or coordinate local TPC programs and activities in Public Health Regions (PHR) 4, 5, and 6. Questionnaire items solicited assessments of the following aspects of the agency/organization’s TPC initiatives: 1) factors within the organizational setting that inhibit or support program implementation and continuation; 2) implementation status; and 3) perceived effectiveness. A total of 47 persons from 39 agencies/organizations returned completed questionnaires. The agencies/organizations are concentrated in PHR 6 (n=19) and PHR 5 (n=15), but also include PHR 4 (n=5). The majority are health and human services agencies/organizations (n=23) but law enforcement (n=8) and education (n=8) also are represented. Because the unit of analysis in this study was agency, when two or more individuals responded from a given agency, their answers were averaged. Counts were made of numbers of agencies/organizations reported to have criterion levels of perceived effectiveness, implementation activity, and factors favoring continuation of their TPC programs. The criterion value for items assessing factors within the organizational setting, for example, was 3.5 or higher on self-anchored, ordinal scales where a score of 5 represented the most desirable situation with respect to that factor. Results were compared for agencies/organizations of different types.

Results

Strengths. The majority of agencies represented in this assessment have most of the structural, operational, and relational mechanisms they need to achieve and/or continue effective implementation of TPC programs. They have:

- Identified a leader or leadership team for the agency/organization’s TPC initiative
- Involved staff and volunteers who are active proponents of TPC and who know how to implement effective programs;
- Established multiple two-way channels of communication to support the effort; and
- Adopted or established a system for frequent and regular monitoring and feedback regarding progress of the effort.

Nearly all of the agencies are actively engaged in providing prevention and cessation programs. On average, each agency implemented programs that reached 1500 persons during 2002. Agency representatives reported positive effects for the majority of agency programs.

Comparisons by type of agency showed the following:

- More than half of education agencies but only one-third of health and human service agencies and one-fourth of law enforcement agencies indicated the presence of five or more of six key indicators of agency capacity to implement and maintain TPC programs and activities.
- Approximately half of the education agencies and the health and human services agencies were described as being at least moderately active in efforts to reduce tobacco use in special populations or to protect the public from second hand smoke (SHS). Law enforcement agencies reported activity in these goal areas relatively less frequently than did the education and the health and human services agencies.
- Education agencies rated their TPC programs as extremely or very effective relatively more often than did the health and human service and the law enforcement agencies.

Areas to Strengthen. Although the majority of agencies represented in this assessment were described as having some or all of the “keys” to implementation success, substantial numbers also reported limitations in their capacity for implementing and sustaining effective TPC initiatives:

- Nearly half of the agencies indicated some limitation in numbers or capabilities of staff and volunteers needed to implement programs;
- More than a third do not have frequent or regular monitoring and feedback for their programs; and
- Virtually all have only a one-year plan for their program. A written plan is important, but if it is only for the one year and does not lay the foundation for program sustainability.

Recommendations

A number of strengths have been identified and a cadre of staff experienced in program development and implementation has emerged during the initial years of TDH funding for community-based TPC programs. This is an excellent time to acknowledge the accomplishments achieved within local agencies as well as the larger community and to plan ways to build upon identified strengths. Reinforcement of gains can be an effective incentive for enhancing future support and commitment. Options for building on strengths and continuing to build capacity for effective TPC initiatives include:

- Conducting awards ceremonies or otherwise acknowledging the progress made by local leaders and leadership teams in implementing and sustaining TPC initiatives;

- Recruiting the leaders/leadership teams at agencies that are making the most progress toward their TPC objectives to serve as consultants or mentors for agencies who are at start-up and those that still are struggling to implement effective programs;
- Developing and circulating “prototype” two- or three-year written plans for getting ready, trying out, and sustaining community-based TPC programs: This option seems especially important given first hand observation by the authors of the present report that agency staff frequently changed during the period of this evaluation. Often new staff do not have experience with community-wide programming. Acknowledgement of frequency of staff turnover and provisions for on-going skill-training for newly assigned staff can help prepare individuals and their agencies to optimize their contributions. Experienced administrators and staff from agencies with records of success can be mobilized to assist in this training as both instructors and role models; and
- Encouraging local leaders/leadership teams to take advantage of training resources available to help staff and volunteers acquire skills, knowledge, and motivation to support effective implementation of TPC initiatives: This option is especially important given that the scope and nature of tasks the funded agency representatives are asked to engage in often require that they extend their activities from the agency to the community levels. In this role, agency-designated tobacco staff serve as “linking agents” between the agency and community-level coalitions and other planning teams. As such, the priorities, job requirements and available resources within agencies may not always be compatible with the needs and expectations of community-based coalitions or teams. Training and technical assistance can assist linking agents and their administrators to reconcile competing priorities and needs and to work effectively within organizations to build champions to facilitate continued agency-level support.

A corresponding report of capacity to implement TPC programs at the community level noted limited generation of external or in-kind funds for the TPC programs and a shortage of involved, skilled volunteers. At times of tight agency resources, requests for dedication of existing resources to community-based TPC initiatives may be challenged in light of other agency priorities for funding and use of existing volunteers. Training, technical assistance and linkage to successful program personnel may assist the tobacco-program representatives to work on skills such as planning (including development of a multi-year written plan within their agency), strengthening support among key agency leaders, ensuring monitoring and feedback of their activities, and building a sufficient base of skilled, enthusiastic volunteers.

INTRODUCTION

In the publication *Achieving Outcomes: A Science-Based Process for Substance Abuse Prevention Practitioners (2002)*, the need to address *capacity building* is emphasized. Prevention specialists are urged to “examine your organization’s or collaborative’s capacity to bring about the changes you would like” (1). The guidelines then define *capacity* as “the various types and levels of resources that your organization or collaborative has at its disposal to meet the implementation demands of specific interventions.” Other sources define agency-level capacity as “factors within the organizational setting that inhibit or support program continuation” (2) or “leadership, management, human resources” that affect performance of the agency or organization (3). A dictionary definition of *capacity* is, “facility or power to produce, perform, or deploy” (4). Community tobacco prevention and control (TPC) efforts cannot succeed without community-based agencies or organizations that have resources or power to produce, perform, and/or deploy appropriate prevention, cessation, enforcement, and media programs.

Discussions of sustainability of community health programs also note that “many community-based organizations begin partnerships and programs without the benefit of structural, operational, and relational mechanisms to build the necessary capacity to support the effort over time” (5). A fundamental building block for success is the development and nurturing of capacity within local health departments and other community-based organizations and agencies to implement and provide designated services and activities.

The purpose of the current report is to provide a capacity analysis for agencies that are providers of TPC programs that are funded through the *Texas Tobacco Prevention Pilot* initiated by the Texas Department of Health (TDH) in East Texas in the winter of 2000 (6). The study described in this report is one component of a multi-level framework for capacity analysis. A second report in this series examines capacity analysis at the community-wide level (7).

To track progress in the development of agencies’ capacity for tobacco prevention and control initiatives and to obtain feedback about implementation of those activities, a written questionnaire was distributed in September 2002 to project directors or other key informants within local agencies/organizations that in 2001 or 2002 had contracts or subcontracts to use funds administered through TDH to implement and/or coordinate TPC programs and activities in Public Health Regions (PHR) 4, 5, and 6. Items to assess agency capacity were adapted from models and theories presented in the research literature (8-11).

METHODS

Sampling Plan

In its report dated January 2001, TDH identified more than 50 health, education, human service, law enforcement, and media agencies/organizations in PHR 4, 5 and 6 to be involved in the *Texas Tobacco Prevention Initiative* (6). Invitations to participate in the assessment of agency capacity for implementation and continuation of TPC programs were extended to 107 individuals in 66 agencies that had contracts or subcontracts in 2001 or 2002 to use funds administered through TDH to implement and/or coordinate TPC programs and activities in PHR 4, 5, 6. These individuals included project directors and other key points of contact with the agencies and were,

therefore, especially well positioned to serve as *key informants* regarding the capacity of their agency to implement and sustain TPC initiatives.

TDH contractors/sub-contractors invited to participate in the assessment included agencies that provide the following types of services: health (n=11), human services (n=14), prevention and treatment of alcohol and other drugs (n=5), education (n=5), media and research or training (n=6), law enforcement (n=16), faith (n=5), and community action (n=4). The term *agency* is used throughout this report to represent both agencies and organizations. Agencies were located in PHR 4 (n=8), 5 (n=25), and 6 (n=33) in East Texas. All of the communities targeted in the *Texas Tobacco Prevention Pilot* were represented in the list of agency/organization mailing addresses. The largest concentrations of individual by mailing addresses were in the city of Houston in Harris County within PHR 6 (n=41); the cities of Beaumont (n=16) and Port Arthur in Jefferson County (n=13) within PHR 5; and the city of Texarkana (n=5) in Bowie County within PHR 4.

Data Collection

A written questionnaire was distributed in September 2002. Although the due date specified in the cover letter was November 2002, completed questionnaires were returned through December 2002.

Questionnaire items solicited assessments of three aspects of the agency's TPC initiatives: (1) factors within the organizational setting that inhibit or support program implementation and continuation; (2) implementation status; and (3) perceived effectiveness.

Items to assess factors within the organizational setting that affect implementation and continuation included two indicators of capacity from the organization's political perspective (items 2.9 and 2.13 regarding written plans and leadership); two indicators of processes that structure and govern workflow in and between units of the organization (items 2.11 and 2.14 regarding communication channels and monitoring mechanisms); and two indicators of capabilities and commitment of the individuals who implement the agency's programs (2.12 and 2.10 regarding skills to implement TPC initiatives and personal disposition toward TPC).

Items to assess implementation status asked about the agency's level of activity within the four goal areas of the *Texas Tobacco Prevention Initiative* (item 2.8) and numbers of persons reached in the agency's TPC programs (item 2.7).

Items to assess perceived effectiveness asked about the main purpose of the agency/organization's TPC programs (item 2.4) and the extent to which their TPC efforts have been effective (item 2.15).

Questionnaire respondents also were asked to provide feedback about the type of agency/organization (item 2.1), the extent to which the agency/organization is focused on tobacco prevention and control (item 2.5), and the types of funding sources that support the agency/organization's TPC initiatives (item 2.6).

To minimize paper work burden for respondents, questions about agency capacity were integrated with questions assessing community capacity. The items assessing capacity at the community level were analyzed and presented in a separate report (7). A copy of the questionnaire is located in Appendix A of this report.

Data Coding

Questionnaire items 2.9 through 2.15 assess factors that affect implementation and continuation of the agency/organization's programs. These items had self-anchored, ordinal scales re-coded such that 5 = the most desirable situation and 1= don't know or least desirable situation. Item 2.7 offered categorical response alternatives for describing numbers and characteristics of persons reached through the agency's TPC activities from January through December 2002. Response alternatives listed on the questionnaire were: none, 1 to 100, 101 to 500, 501 to 1000, and 1000+. In order to combine responses and estimate total numbers reached, these categorical response alternatives were recoded to numerical values by arbitrarily selecting a value at or below the mid-point of the category boundaries (recoded values=0, 50, 200, 700, 1200). Questionnaire item 2.8 provided ordinal scales (5=extremely active to 1=no activity) for respondents to document the amount of their agency's involvement in the four Texas tobacco control goal areas. These items were presented in retrospective pre-test format to enable comparison of amount of activity in 2002 against amount in the baseline year of 2000 (12). Item 2.15 asked respondents to indicate how effective their agency's TPC efforts have been (4=extremely effective to 1=not at all effective).

Data Analysis

Except for calculations to estimate the numbers of persons reached by the agencies' TPC programs, analyses of the questionnaire data were descriptive and criterion referenced. Counts were made of the numbers of agencies with indicators of capacity for continuation of TPC programs, numbers of agencies that are extremely or moderately active in providing programs and services in the four goal areas of the *Texas Tobacco Prevention Initiative* (6), and numbers of agencies whose TPC efforts are perceived to have been very or extremely effective. Because the unit of analysis in this study was agency, scores were averaged across individuals within an agency. To accommodate averages, the criterion values for the questionnaire items were set at mid-points on the scales. The criterion value for items assessing factors within the organizational setting, for example, was 3.5 or higher on self-anchored, ordinal scales where a score of 5 represented the most desirable situation with respect to that factor. Counts were made of the number of factors in support of continuation within the agency/organization. Comparisons of numbers of agencies/organizations reported to have criterion levels of perceived effectiveness, implementation activity, and factors favoring continuation of their TPC programs were made by types of agency/organization.

RESULTS

Agencies represented in the current study

Completed questionnaires were returned by 47 persons representing 39 agencies: five (5) in PHR 4, 15 in PHR 5, and 19 in PHR 6. Agency representatives that completed the questionnaire were asked to identify the main purpose of their agency's TPC programs. Preventing youth from starting to use tobacco was identified as the main purpose of TPC programs for more than half of the agencies/organizations (24 of 39 agencies=62%). Motivating cessation was the main purpose of TPC programs for approximately one-third of the agencies/organizations (12 of 39=31%). Reducing tobacco use in special and diverse populations was the main purpose for TPC programs at 3 of the 39 agencies (8%). Protecting the public from exposure to SHS was not identified as

the main purpose of the agency’s TPC efforts at any of the 39 agencies represented in the current assessment.

Agency representatives also were asked to identify the type of agency for which they provided assessment and to indicate the extent to which their agency is focused on TPC. Responses indicated the majority of agencies represented in this assessment are health and human services agencies (23 of 39=59%), but 20% were law enforcement and 20% were education agencies (see Table 1).

As is shown in Table 1, the majority of agencies had less than 51% of their focus on tobacco issues (n=27). A few of the education agencies and a few of the health and human services agencies, but none of the law enforcement agencies, had exclusive or more than 75% of their focus on tobacco issues.

Table 1. Number of agencies shown by type of agency and the extent to which the agency is focused on TPC

Respondent perceptions of agency focus on TPC	Health and human services (n=23)	Law enforcement (n=8)	Education (n=8)
Exclusively focused on tobacco issues	3	0	2
More than 75% focused on tobacco issues	1	0	1
50-75% focused on tobacco issues	2	0	2
25-50% focused on tobacco issues	10	2	2
Less than 25% focused on tobacco issues	7	6	0

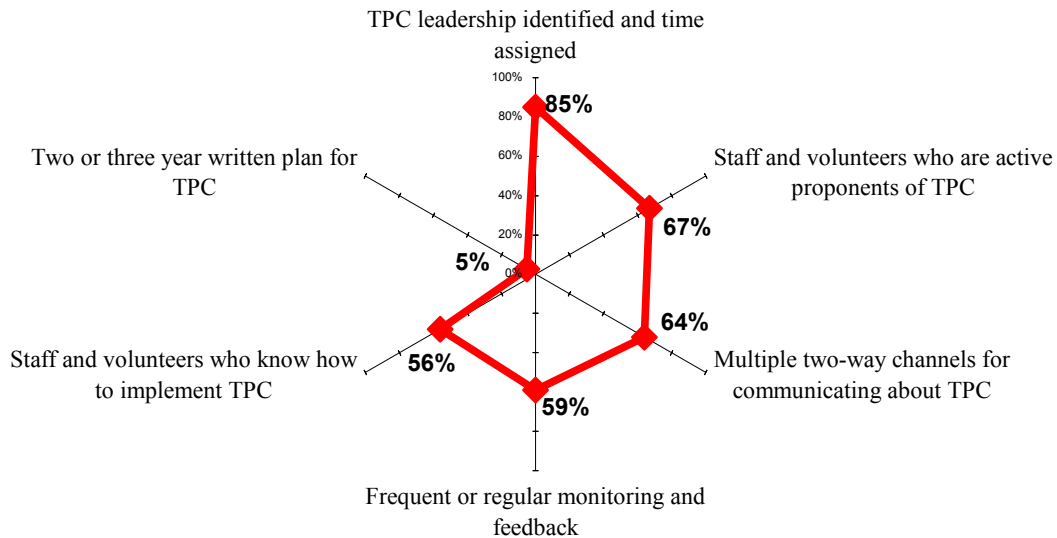
Eleven of the 39 (28%) agencies reported having funding from sources other than TDH. Ten of these 11 reported more than one other source of funding. For example, one agency reported receiving funds from TEA, in-kind support, and local funding for its TPC programs. Local funding and in-kind contributions were the most frequently named additional sources of support. Eight of the agencies reported local funding and six reported in-kind contributions. Four agencies reported funding from the State (e.g., funding from Texas Commission on Alcohol and Drug Abuse). Three reported funding from other tobacco settlement sources. Only one reported funding from TEA, and none reported having foundation funding for their TPC programs.

Agency/organization factors favoring implementation and continuation

With the exception of written plans for the future, assessments indicated the majority of agencies had capacity and infrastructure in place to support implementation and continuation of TPC programs. As shown in Figure 1, nearly all (85%) of the 39 agencies identified a leader or leadership team for the agency’s tobacco initiative. More than half reported the presence of staff and volunteers who are passionate or at least active proponents of TPC (67%); multiple two-way channels for communication about the tobacco program (64%); a system for frequent or regular monitoring and feedback (59%); and staff and volunteers who have skills and “know how” to implement effective tobacco-related programs (56%).

Almost none of the agencies (5%) were reported to have a two- or three-year written tobacco plan, although slightly over half (54%) reported having a one-year written plan.

Figure 1. Percentage of agencies with factors favorable to implementation and continuation of TPC programs* (n=39 agencies/organizations)



**A favorable situation for the given factor was counted as present when agency average score was 3.5 or higher on a scale with 5=most desirable situation and 1=least desirable situation*

Indicators of organizational factors configured to support program implementation and continuation were reported relatively more often for education agencies (see Table 2). All of the education agencies were reported to have many or most of their staff and volunteers active or even passionate proponents of TPC. Education agencies also reported regular or frequent monitoring and feedback provided by agency administrators to people who are implementing the agency's tobacco initiatives. In contrast, approximately half of the health and human service agencies and less than half of the law enforcement agencies reported these important indicators of capacity to implement and continue TPC programs.

More than half of the education agencies, one-third of health and human services agencies, and one-fourth of the law enforcement agencies reported to have desirable situations for at least five of the six factors within the organizational setting that influence program implementation and continuation (see Table 2).

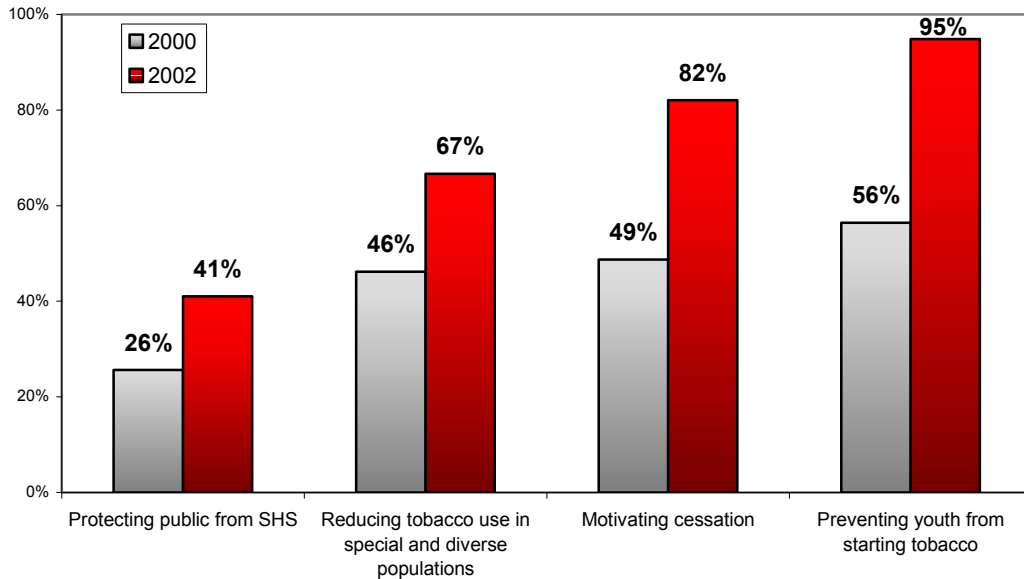
Table 2. Number of agencies/organizations with factors favorable to TPC implementation and continuation shown by type of agency

Indicators of factors favorable to TPC implementation and continuation	Health and human services (n=23)	Law enforcement (n=8)	Education (n=8)
Two- or three-year plan for TPC has been written	2	0	0
Many or most staff and volunteers are active proponents of TPC	15	3	8
Multiple two-way channels for communicating about implementation of TPC initiatives	15	3	7
Most or all staff and volunteers have skills and “know how” for implementing TPC initiatives	15	2	5
A leader has been identified to facilitate implementation of the agency’s TPC initiatives	21	5	7
Regular or frequent monitoring and feedback is provided by agency administrators	12	3	8
Agency has at least 5 of these 6 capacity indicators	9	1	5

Implementation status of TPC programs

As shown in Figure 2, in 2002 nearly all of the 39 agencies/organizations were described by the key informants as extremely or moderately active in the youth prevention goal area (95%). 82% of the agencies were reported as extremely or moderately active in motivating youth and/or adults to cease tobacco use. Slightly more than half were reported as actively involved in reducing tobacco use in special and diverse populations. Less than half were described as actively involved in protecting the public from involuntary exposure to secondhand smoke (SHS). In each goal area, agencies were reported to have increased levels of activity in 2002 compared with 2000.

Figure 2. Percentage of agencies moderately or extremely active in each Texas tobacco goal area in 2000 compared with 2002 (n = 39 agencies)



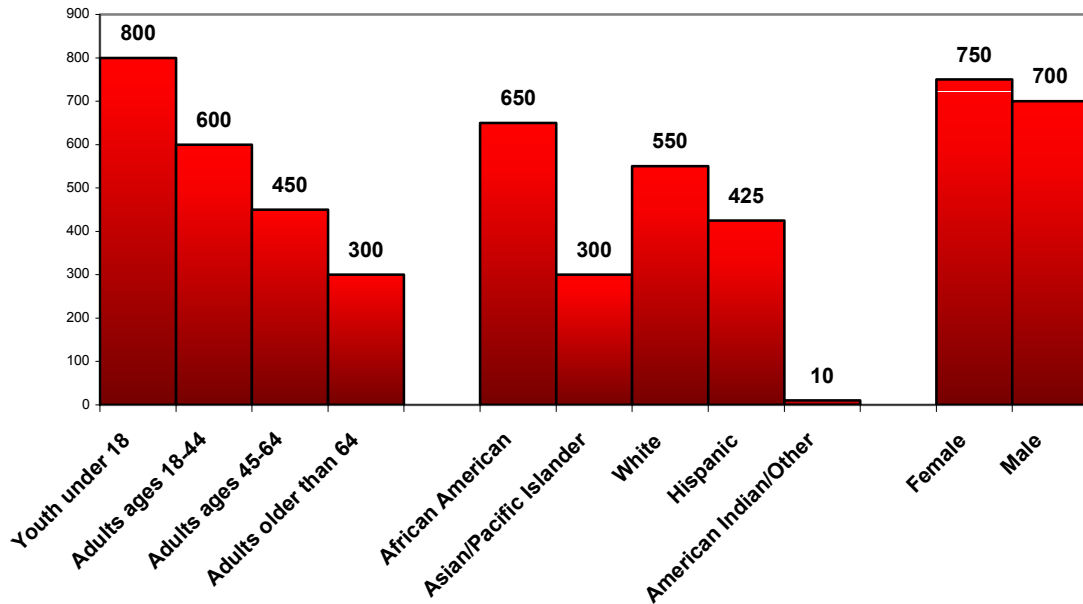
Compared with health, human services and with education agencies, law enforcement agencies were less active in focusing activities on reducing tobacco use in special populations and/or protecting the public from SHS. Inspection of the data displayed in Table 3 shows, for example, only 2 of 8 law enforcement agencies but 10 of 23 health and human services agencies and 5 of 8 education agencies were reported to be moderately or extremely active in efforts to reduce tobacco use in special and diverse populations.

Table 3. Number of agencies reported to be at least moderately active in Texas tobacco goal areas in 2002 shown by type of agency

TX tobacco goal areas in 2002	Health and human services (n=23)	Law enforcement (n=8)	Education (n=8)
Preventing youth from starting tobacco	22	8	8
Motivating cessation	20	6	6
Reducing tobacco use in special populations	10	2	5
Protecting the public from SHS	16	4	7

On average, each agency was reported to have reached approximately 1500 persons with TPC activities during 2002. The activities involved more youth than older persons, more African American and White persons than persons of other heritage, and approximately equal numbers of males and females (see Figure 3).

Figure 3. Average number per agency of persons reached with TPC programs during 2002 shown by age, race/ethnicity, and gender of persons reached (n=39 agencies)



Perceived effectiveness of TPC efforts

When asked to report how effective they think their agency/organization’s TPC efforts have been, all respondents indicated their programs were at least moderately effective. Approximately three of every four agencies (74%) were reported to have TPC efforts that have been very or extremely effective.

Programs in education agencies were more often rated by their agency representatives as extremely or very effective (see Table 4). Approximately half of law enforcement agencies and one-third of health and human services agencies had programs that were rated by their agency representatives as “somewhat effective.”

Table 4. Relative numbers of agencies with different assessment of their levels of effectiveness as shown by type of agency

Agency perceptions of level of program effectiveness	Health and human services (n=23)	Law enforcement (n=8)	Education (n=8)
Extremely effective	9	1	2
Very effective	5	3	6
Somewhat effective	9	4	0
Not at all effective	0	0	0

CONCLUSIONS

Strengths. The majority of agencies represented in this assessment have most of the structural, operational, and relational mechanisms they need to achieve and/or continue effective implementation of TPC programs. They have:

- Identified a leader or leadership team for the agency/organization’s TPC initiative
- Involved staff and volunteers who are active proponents of TPC and who know how to implement effective programs;
- Established multiple two-way channels of communication to support the effort; and
- Adopted or established a system for frequent and regular monitoring and feedback regarding progress of the effort.

Nearly all of the agencies are actively engaged in providing prevention and cessation programs. On average, each agency implemented programs that reached 1500 persons during 2002. Agency representatives reported positive effects for the majority of agency programs.

Comparisons by type of agency showed education agencies with the most frequent self-report of capacity to implement and sustain TPC programs:

- More than half of education agencies but only one-third of health and human service agencies and one-fourth of law enforcement agencies indicated the presence of five or more of the six indicators of agency capacity to implement and maintain TPC programs and activities.
- Only about half of agencies were described as being at least moderately active in reduction of tobacco use in special populations or protection of the public from second hand smoke (SHS) exposure. Law enforcement agencies reported activity in these goal areas relatively less frequently than did the education and the health and human services agencies.

- Education agencies rated their TPC programs as extremely or very effective relatively more often than did the health and human services and the law enforcement agencies.

Areas to Strengthen. Although the majority of agencies represented in this assessment were described as having some or all of the “keys” to implementation success, substantial numbers also reported limitations in their capacity for implementing and sustaining effective TPC initiatives:

- Nearly half of the agencies indicated some limitation in numbers or capabilities of staff and volunteers needed to implement programs,
- More than a third do not have frequent or regular monitoring and feedback for their programs; and
- Virtually all have only a one-year plan for their program. A written plan is important, but if it is only for the one year it does not lay the foundation for program sustainability.

RECOMMENDATIONS

A number of strengths have been identified and a cadre of staff experienced in program development and implementation has emerged during the initial years of TDH funding. This is an excellent time to acknowledge the accomplishments achieved within local agencies as well the larger community and to plan ways to build upon identified strengths. Reinforcement of gains can be an effective incentive for enhancing future support and commitment. Options for building on strengths and continuing to build capacity for effective TPC initiatives include:

- Conducting awards ceremonies or otherwise acknowledging the progress made by local leaders and leadership teams in implementing and sustaining TPC initiatives.
- Recruiting the leaders/leadership teams at agencies that are making the most progress toward their TPC objectives to serve as consultants or mentors for agencies who are start-up and those that still are struggling to implement effective programs.
- Developing and circulating “prototype” two- or three-year written plans for getting ready, trying out, and sustaining community-based TPC programs. This option seems especially important given first hand observation by the authors of the present report that agency staff frequently changed during the period of this evaluation. Often new staff do not have experience with community-wide programming. Acknowledgement of frequency of staff turnover and provisions for on-going skill-training for newly assigned staff can help prepare individuals and their agencies to optimize their contributions. Experienced administrators and staff from agencies with records of success can be mobilized to assist in this training as both instructors and role models.
- Encouraging local leaders/leadership teams to take advantage of training resources available to help staff and volunteers acquire skills, knowledge, and motivation to support effective implementation of TPC initiatives. This option is especially important given that the scope and nature of tasks the funded agency representatives are asked to engage in often require that they extend their activities from the agency to the community levels.

In this role, agency-designated tobacco staff serve as “linking agents” between the agency and community-level coalitions and other planning teams. As such, the priorities, job requirements and available resources within agencies may not always be compatible with the needs and expectations of community-based coalitions or teams. Training and technical assistance can assist linking agents and their administrators to reconcile competing priorities and needs and to work effectively within organizations to build champions to facilitate continued agency-level support.

- A report to assess capacity for TPC implementation at the community-level (7) noted limited generation of external or in-kind funds for the TPC programs and a shortage of involved, skilled volunteers. At times of tight agency resources, requests for dedication of existing resources to community-based TPC initiatives may be challenged in light of other agency priorities for funding and use of existing volunteers. Training, technical assistance and linkage to successful program personnel may assist the tobacco-program representatives to work on skills such as planning (including development of a multi-year written plan within their agency), strengthening support among key agency leaders, ensuring monitoring and feedback of their activities, and building a sufficient base of skilled, enthusiastic volunteers.

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APPENDIX A

Texas Tobacco Prevention Initiative Community Capacity & Infrastructure Assessment 2002

Greetings! Your help is needed to assess tobacco prevention and control in communities.

Section I of this questionnaire asks about how your community is organized around tobacco prevention and control this year and two years ago. Choose one county or municipality whose tobacco activities are most familiar to you.

1.1 Name the ONE COUNTY or MUNICIPALITY you have selected: _____

1.2 Check each of the statements below which describe how you are familiar with tobacco prevention and control activities in the county or municipality you selected:

- I live there
- I work and/or volunteer there on a regular basis
- It's the location of the headquarters/main office of the place where I work or volunteer
- It's within the service area of the agency where I work or volunteer
- It's within the area targeted by a tobacco prevention and control coalition or planning group of which I am a member

1.3 How long have you been involved (as an employee and/or volunteer) with tobacco prevention and control programs?

- A Less than one year
- B One to two years
- C Two to five years
- D More than five years

Please use the scale below to answer the questions about characteristics of local tobacco control. Mark two answers in each row—one answer to describe your county or municipality this year (January-December 2002) and one answer to describe your county or municipality two years ago (January- December 2000).

Provide your best estimate even if your involvement in tobacco prevention and control in this county or municipality began less than two years ago.

SA=Strongly Agree A=Agree D=Disagree SD=Strongly Disagree								
Community Characteristics	This Year (January-December 2002)				Two Years Ago (January-December 2000)			
	SA	A	D	SD	SA	A	D	SD
1.4 <u>Citizen involvement</u> in tobacco prevention and control is broad based.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 <u>Citizens from all economic and ethnic sectors of the community</u> are involved in supporting tobacco activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.6 One or more well-respected <u>coalitions, task forces, planning groups, or lead agencies</u> is (are) active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.7 <u>Local leadership and expertise</u> guides the decision making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.8 <u>Youth and persons from a wide variety of cultural backgrounds</u> are included in the decision making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.9 The local community provides financial support (e.g., <u>donations, matching funds, in-kind contributions</u>).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Provide your best estimate even if your involvement in tobacco prevention and control in this county or municipality began less than two years ago.

SA=Strongly Agree A=Agree D=Disagree SD=Strongly Disagree

Community Characteristics	This Year (January-December 2002)				Two Years Ago (January-December 2000)			
	SA	A	D	SD	SA	A	D	SD
1.10 Adequate skills exist for planning and implementing among community leaders, planning group members, and others in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.11 Adequate numbers of skilled and motivated volunteers are involved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.12 Adequate amounts of time, money, and skills are available for community tobacco programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.13 Communication links exist locally within and across groups and agencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.14 Tobacco planning groups have direct communications with key leaders in the local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.15 Two-way communications exist between local initiatives and regional, state, and/or national efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.16 Local evaluation and feedback resources exist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.17 Outreach is provided to diverse and special populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.18 Little or no opposition exists to tobacco prevention and control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.19 A great deal of support exists for tobacco prevention and control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.20 Health-related tobacco problems are a major concern to the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.21 On a ONE to TEN priority Scale, with 10 being the highest priority for your municipality or county, write the number that shows the priority placed on the following activities this year and then write the number that shows priority two years ago.

ACTIVITY	Priority This Year January-December 2002 10=High, 1=Low	Priority Two Years Ago January-December 2000 10=High, 1=Low
1.21a. Youth prevention		
1.21b. Motivate youth and/or adults to cease tobacco use		
1.21c. Protect the public from involuntary exposure to secondhand smoke/environmental tobacco smoke (ETS)		
1.21d. Reduce tobacco use in diverse and special populations to eliminate disparities		

1.22 Overall, how much **impact** would you say each of the tobacco prevention and control activities listed below are having in the county or municipality you named earlier.

	Very Positive	Moderately Positive	No Impact	Negative Impact
Youth Prevention	(A)	(B)	(C)	(D)
Motivate youth and/or adults to cease tobacco use	(A)	(B)	(C)	(D)
Protect the public from involuntary exposure to secondhand/ environmental tobacco smoke (ETS)	(A)	(B)	(C)	(D)
Reduce tobacco use in diverse and special populations to eliminate disparities	(A)	(B)	(C)	(D)

Section II asks about your agency/ organization's involvement in tobacco prevention and control.

2.1 Which of the following best describes your agency/ organization? (Mark one)

- (A) health and/or human services
- (B) law enforcement
- (C) primary or secondary education
- (D) higher education
- (E) communications/media

If none of these is applicable, please specify:

2.2 Which counties receive tobacco prevention and control services from your agency/ organization?

2.3 Which of the counties you named above currently receive the most intensive or concentrated tobacco prevention and control services from your agency/ organization?

2.4 Which best describes the **main** purpose of your agency/ organization's current tobacco prevention or control initiatives? (Check one)

- (A) Youth Prevention
- (B) Motivate youth and/or adults to cease tobacco use
- (C) Protect the public from involuntary exposure to second hand/environmental tobacco smoke (ETS)
- (D) Reduce tobacco use in diverse and special populations to eliminate disparities

2.5 What percentage of your agency/ organization's focus is on tobacco prevention and control?

- (A) Exclusively focused on tobacco issues
- (B) More than 75% focused on tobacco issues
- (C) 50-75% focused on tobacco issues
- (D) 25-50% focused on tobacco issues
- (E) Less than 25% focused on tobacco issues

2.6 Mark **each** of the funding sources which are supporting your agency/ organization's tobacco prevention and control initiatives:

- Texas Department of Health (via your Educational Service Center, Health Dept., local University or other channel)
- Texas Education Agency (e.g. Safe and Drug Free School Programs)
- TX Tobacco Settlement sources other than those provided through TX Dept. of Health
- State or national sources
- Foundation funding
- Local community organizations/groups
- In-kind contributions from community members
- Other (please name funder (s):

2.7 What are the characteristics of persons reached this year (January-December 2002) in your agency/organization's tobacco prevention and control activities? (Please mark one answer in each row)

Target Populations	Population Reached (number)				
	None	1-100	101-500	501-1000	1000+
Youth Younger than 18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
Adults ages 18-44	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
Adults ages 45-64	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
Adults over the age of 64	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
African Americans	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
Asian/Pacific Islander	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
White	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
Hispanic	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
American Indian/Other					
Females	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
Males	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

2.8 The next questions ask how much activity your agency/organization is focusing on in each of the following areas. Mark **two** answers in each row—one answer to describe your activities this year (January-December 2002) and one answer to describe your activities two years ago (January-December 2000).

Provide your best estimate even if your involvement in tobacco prevention and control in this county or municipality began less than two years ago.

EA=Extremely Active MA=Moderate Activity LA=Low Activity NA=No Activity

	This Year (January-December 2002)				Two Years ago (January-December 2000)			
	EA	MA	LA	NA	EA	MA	LA	NA
Youth prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivate youth and/or adults to cease tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect the public from involuntary exposure to secondhand/environmental tobacco smoke (ETS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce tobacco use in diverse and special populations to eliminate disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Almost Through! Mark one response for each of the questions below to describe tobacco initiatives within your agency/organization.

2.9 Has your agency/organization developed a plan for conducting tobacco projects and activities?

- A No
- B Yes, there is a plan, but the plan is not written
- C One year plan has been written
- D Two year plan has been written
- E Three year plan has been written

2.10 How committed to tobacco prevention and control are staff and volunteers of your agency/organization?

- A Most are passionate and active proponents of tobacco prevention and control
- B Many are active proponents of tobacco prevention and control
- C A few are concerned about tobacco prevention and control
- D Most are indifferent to tobacco prevention and control
- E Some have reservations about tobacco prevention and control

2.11 How many kinds of communication networks (e.g., meetings, computer networks, newsletters) exist for regular, two-way communications for all involved in plans for your agency/organization's tobacco prevention and control initiatives?

- A Numerous
- B Several
- C A Few
- D One
- E None

2.12 How many of the staff and volunteers within your agency/organization already have ample skills and "know how" that are required to implement effective tobacco prevention and control initiatives?

- A All
- B Most
- C Some
- D Few
- E None

2.13 Has a person been identified to provide leadership in your agency/organization to facilitate implementation of tobacco programs and been given time to do this?

- A Named and time assigned
- B Named, but inadequate time assigned
- C Named, but no time assigned
- D Suggested with no time assigned
- E Don't know

2.14 How much monitoring and feedback is provided by your agency/organization's administrators to the people who are implementing tobacco prevention and control initiatives?

- A Planning regular monitoring and feedback
- B Frequent periodic monitoring
- C Occasional monitoring and feedback
- D Monitoring and feedback one time only
- E No monitoring and feedback
- F Don't know

2.15 Overall, how effective do you think your agency/organization's tobacco prevention and control efforts have been?

- A Extremely effective
- B Very effective
- C Somewhat effective
- D Not at all effective

Section III asks for your recommendations for strengthening tobacco prevention and control in Texas communities.

3.1 What is the main asset that can be used to support effective implementation of tobacco prevention and control initiatives statewide?

3.2 What is the main barrier that may hinder or delay implementation of effective tobacco prevention and control initiatives statewide?

3.3 What is the main thing that is needed to support effective implementation of tobacco prevention and control initiatives statewide?

Thank you for your help! Have a good day.

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