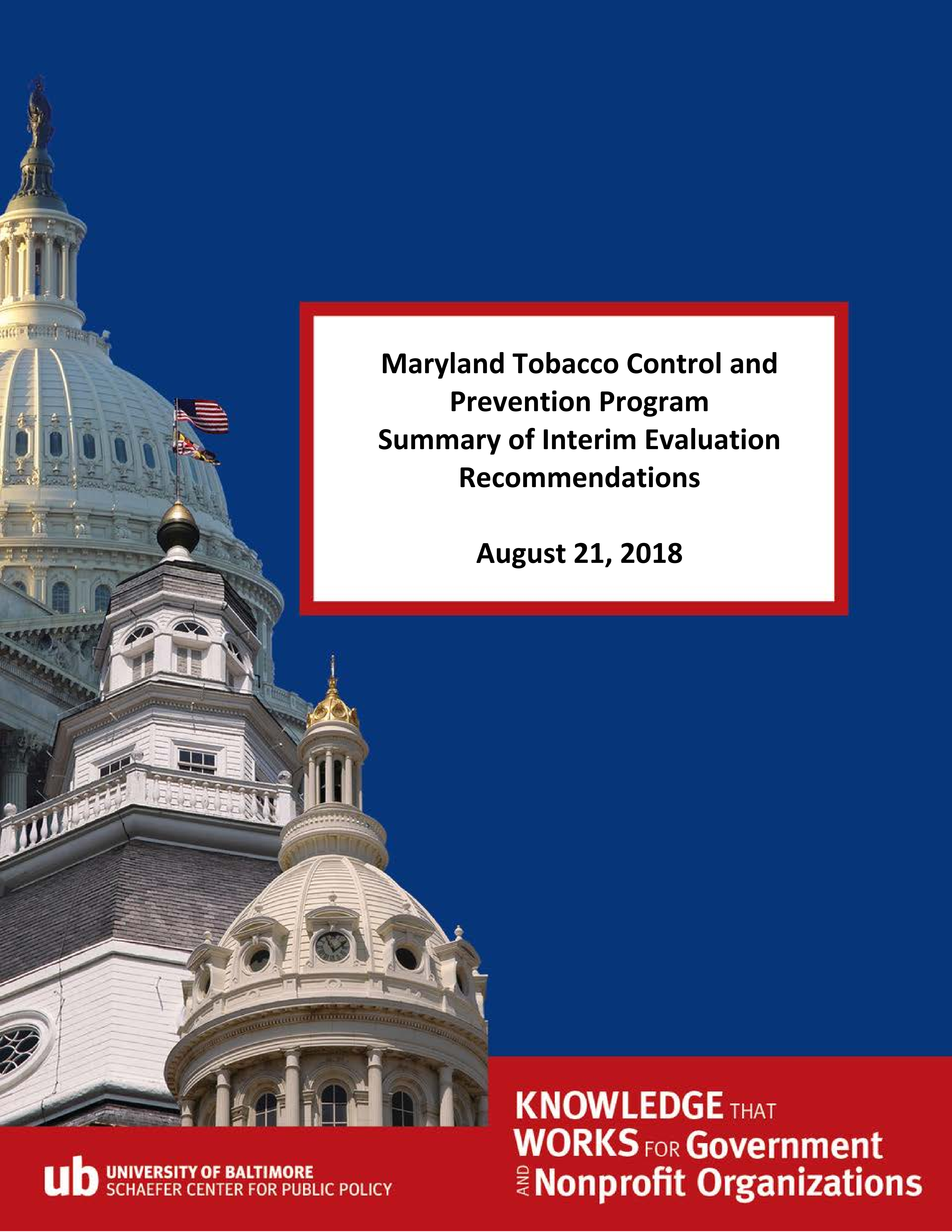

Maryland Tobacco Control and Prevention Program Summary of Interim Evaluation Recommendations

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Overview

The Center for Tobacco Prevention and Control (CTPC) at the Maryland Department of Health (MDH or the Department) contracted with the Schaefer Center for Public Policy at the University of Baltimore, College of Public Affairs to conduct an evaluation of Maryland's Tobacco Control Program (MTCP). The evaluation contract is in place from June 2017 through June 2019, and will examine the program activities covering July 1, 2014 through June 30, 2017 (FY 2015 through FY 2017). Utilizing process and outcome evaluation frameworks, the interim evaluation of the Maryland Tobacco Control and Prevention Program assessed the progress Maryland is making toward achieving its goals and objectives around reducing the prevalence of cigarette smoking among adults; reducing the prevalence of tobacco use among youth; decreasing youth access to tobacco in the retail environment; reducing exposure of youth to secondhand smoke (SHS); and decreasing exposure to secondhand smoke among Maryland residents by increasing the voluntary household no-smoking rules. The interim evaluation also examined the activities undertaken by CTPC, local health departments (LHDs), and grantees to achieve these objectives while following the Maryland Cancer Control Plan as the current strategic plan. This document summarizes the key findings and recommendations from the interim evaluation.

In completing this evaluation, the research team conducted an extensive review of documents from the Maryland Department of Health and other sources; analyzed secondary data from a wide variety of sources such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS); conducted interviews with representatives from the 24 Maryland LHDs, CTPC grantees, and CTPC staff; and conducted focus groups with representatives from the 24 Maryland LHDs. Additionally, the research team conducted a formal stakeholder survey to capture perceptions regarding the evaluation plan, research questions, and data collection efforts.

Program Outcomes

CTPC has achieved considerable progress across the four Maryland Tobacco Control programmatic goals. Specific achievements include:

- Reducing the tobacco retailer non-compliance rate (13.9% in 2017), well below the national target of 20%;
- Reducing the prevalence of current cigarette smoking for all adults (13.7% in 2016) below the state 2020 target of 15.6%;
- Reducing the prevalence of all tobacco use among high school students (14.4% in 2016) and minority high school students (13.0% in 2016) below the state 2020 target of 16.1%;

- Increasing the number of youth who self-report not being exposed to secondhand smoke at home (for high school youth, 74.2% in 2016 from 37.5% in 2000; for middle school youth, 81.7% in 2016 from 52.9% in 2000); and
- Sustaining Comprehensive Tobacco Control Programming for two decades, with programming and infrastructure that aligns with CDC Best Practices.

In addition to programmatic achievements, the interim evaluation also sought to identify factors facilitating success and opportunities for improvement around the implementation of the tobacco control program at the local level. An overview of the facilitators and challenges are provided in Table 1.

Table 1: Overview of Facilitators and Opportunities for Improvement from LHDs

Facilitators of Success	Funding flexibility Relationships with community partners Relationships with law enforcement Relationships with LHD and state staff Specific team qualities Communication (Webinars with CTPC/other LHDs) Use of modern technology and social media
Opportunities for Improvement	Enhance resource sharing Strengthen partners (state and community) Support in contracting and procurement processes Additional support for data collection and reporting Streamline communication Knowledge institutionalization Grant application and management Strategic planning Assistance reaching target populations Staff turnover / Onboarding new program staff

Regarding those areas that LHDs report as being effective for their work, participants noted several strengths. LHDs described how improvements in funding flexibility over time has translated into an easier grant application and management process on their end, allowing them to spend more time doing work rather than administration. Another facilitator to their success are relationships they build in the field, specifically relationships with community partners, law enforcement entities, other LHD counterparts, and MDH staff. Related, many counties reported that continuity was the most important factor for success. Low staff turnover coincided with a greater ease and understanding of program requirements and objectives. Many counties said having staff members for years helped them maintain relationships with community partners and strengthen trust created with them. Furthermore, continuity brought a historical perspective that allowed teams to quickly identify what worked and foresee possible consequences of certain strategies.

Less discussed and more observed, this research team found that LHD staff demonstrate certain qualities that lead to success including resiliency, dedication, and entrepreneurial attitudes. LHDs reported that in many areas, they are benefiting from successful communication channels with MDH staff, resource center staff, and other LHDs. In this regard, focus groups participants provided examples of how LHDs have utilized personnel at resource centers for prompt, accurate answers and guidance. LHDs regularly reported appreciation of the readily available communication offered to by MDH staff as well. More broadly, LHDs feel the state reflects a new renewed energy across all the counties and MDH staff.

Lastly, LHDs report that social media has had a positive impact on their ability to reach certain target populations in their jurisdictions, especially young people. What emerges from interviews is that a crucial factor for the success of mass-reach health communication campaigns is the involvement of young people to understand the best mechanism to reach the greatest number of individuals. The most powerful ways to reach young people were social media, music and videos. Some counties created websites where teens could find information on tobacco and can contact healthcare partners to ask questions and get assistance. Snapchat stands out among the social media options. It is the most common social media among young people and the least used among adults. This makes it a special channel for reaching kids and teenagers.

In addition to describing facilitators of success, interviews and focus groups brought about discussions of challenges that impede the implementation of the tobacco control program in Maryland. Here, LHDs noted challenges in sustaining resources to execute their programs given a history of level funding. While LHDs discussed many areas where relationships strengthen their programs, maintaining partnerships also creates barriers to success. One area that partnerships are strained is the contracting process between LHDs and community organizations, which many LHDs report as creating unnecessary burden even to execute small-scale grant relationships. LHDs reported different strategies for overcoming the administrative burden of contracting including utilizing the same partners year after year as well as providing one large grant or engaging in sponsorships in lieu of several small grants. LHD staff also described areas where communication across LHDs or with MDH staff are strained, such as mixed messaging regarding roles and responsibilities. However, LHDs did recognize that in FY2018, CTPC started a regular webinar series to communicate with the LHDs which has been positively received and LHDs would like more of this type of communication. Beyond communication, the interviews and focus groups detailed an extensive burden resulting from the grant application which does not equal the amount of funding received by LHDs. In some cases, LHDs noted that they are required to make changes to their grant applications after submitting a proposal that aligns with the guidelines received from MDH. In other cases, especially in smaller jurisdictions, the same level of work is required to submit the state application but the size of their award if limited due to funding parameters.

From the analysis, it was also clear that there are missed opportunities for LHDs to share materials, technology, and methods of program delivery. For instance, jurisdictions with targeted Spanish speaking populations may not have Spanish language materials or access to Spanish

speakers. However, these jurisdictions could use materials developed by other LHDs for the marginal cost of printing -- or for free if the materials are electronic and can be shared via websites and partner organizations. Or if an LHD develops a great media campaign, other jurisdictions could use the materials at a fraction of the cost of developing their own. Facilitating information and resource sharing among LHDs and CTPC could save money.

The overall management of knowledge statewide in the LHD programming was regularly discussed by LHD staff. Specifically, they expressed on-going challenges encountered related to staff turnover and institutionalizing knowledge. Several jurisdictions explained the burden encountered by new staff, especially those without a formal onboarding system or network of colleagues to help get them up to speed. Interviewees suggested that to institutionalize knowledge, information about the MTCP and SYNAR grant applications, implementation, and reporting be documented in a resource manual for new employees. This would be especially useful for smaller jurisdictions. Other suggestions included the development of an orientation process for people who are new to tobacco control program as well as assigning new staff to a peer mentor.

Four challenges related to data and reporting emerged during the interviews and focus groups. The first is a concern among LHDs that departments are not using the same definitions when measuring performance. The second is the time-consuming nature of the collection process and the opportunity for error. The third is the perception that reporting is one directional and that the LHDs do not receive sufficient feedback on their performance and cannot track their performance over time. Finally, LHDs, especially those in smaller jurisdictions, do not receive sufficient outcome data at the local level to assess their progress. In considering these challenges, it appears that some of these arise from differences in the understanding the purpose of data reporting. A primary purpose of the reporting process is demonstrating accountability for the funds dispersed. CTPC must know what activities the grants paid for. From the perspective of the LHDs, the reporting should be useful and drive planning. These differences in the perceived value in reporting creates an opportunity to rethink the data collection and reporting process.

As a reminder there are important limitations of the interview and focus group data. The primary data was collected through exploratory, semi-structured interviews and focus groups. As a result, not all interviewees discussed each facilitator and challenges. In addition, the regions that make up Maryland vary in terms of population size, demographics, social norms, geography, transportation infrastructure, and number and type of community organizations. As a result, what makes a program successful in one region of the state may not be applicable to another. Put another way, some facilitators and challenges may be common across LHDs, others may be specific to a region or type of jurisdiction (i.e., rural, urban, etc.). For instance, many jurisdictions expressed concerns about improving their reach to target populations as this is a common challenge faced by LHDs. However, relationship management with local law enforcement may be more heavily strained in one jurisdiction compared to another. Despite these limitations, general observations made from the interviews and focus groups are relevant for strategic reflection and discussion for future evaluation efforts. There is no way to know with precision the degree to which each LHDs experiences the challenges or supports facilitators identified.

Summary of Recommendations

This interim evaluation has identified opportunities to improve programming and achieve even greater outcomes. With these in mind, this report offers three recommendations to CTPC.

Statewide Planning for Comprehensive Improvements for Data Collection: The first recommendation is to conduct a strategic review of data collection processes. This recommendation stems from observations about effectively utilizing currently collected administrative data and the ability for LHDs to play a greater role in understanding how their data contribute to statewide accomplishments. This process should include important key stakeholders, including LHD staff, to develop a sense of where data collection efforts could be improved. Results of such a review could reveal opportunities for a centralized electronic data collection and reporting system or enhancement to the current system to be more standardized across jurisdictions. In addition to addressing the performance management challenges of the existing system, the impact of such a review would provide benefits for LHDs, stakeholders in the communities, other partners, and CTPC staff.

Continue Investing in Areas that Work and Strategically Invest in Areas of Need: The second recommendation is to better target and invest in areas of need across the state, particularly the large differences in tobacco use rates between jurisdictions. An examples of large differences include rates of smoking among pregnant women (state average 5.9%; difference between the jurisdictions with the highest and lowest rates is 22.9% in 2016). The benefit of strategically investing resources is two-fold: first, there are improvements in health at the local level for the groups benefiting from more targeted interventions; second, the statewide average also sees improvement as the high levels of tobacco use come into better alignment with their peers. While strategic investment is a win-win scenario, this evaluation recognizes that the funding formula for the MTCP is laid out in statue. Investing in areas of need likely has to be completed with the tools on hand, such as continued support for collaboration and resource sharing among LHDs in addition to considering policy advocacy for the allocation of funding.

Formalize Knowledge Sharing by Creating a Resource Repository: The third recommendation is to develop a formalized system for the sharing of programmatic knowledge and resources. Throughout the data collection, LHDs reported that they do not receive enough communication from CTPC about program priorities, program guidelines, and the work of other LHDs. Further, the interviews and focus groups also revealed that LHDs want an opportunity to learn from each other and to share resources like media materials and successful strategies. Participants suggested the development of an operational manual would be helpful, as well as a centralized repository to house certain resources such as standard operating procedures, FAQs, and technology solutions. The importance of improved communication cannot be overstated. Participants extensively noted the need for more trust and transparency, both of which stem from improving formal communication efforts, such as a formalized knowledge sharing system. A formalized system of resources, operating procedures, and state strategies would increase transparency, formalize operations, and create additional opportunities for communication.