Attachment A – Interview Guide

Office on Smoking and Health
Component Model of Infrastructure (CMI)

CMI Measurement Tool

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333, ATTN:PRA (0920-0879).

Date:	MM/DD/YYYY
Interviewer:	
State:	
Respondent Name:	
Respondent Position:	
Time in Position:	____ year(s)

I. Networked Partnerships

Networked partnerships are composed of multilevel relationships between the state tobacco control program (TCP) and individuals and organizations that are stakeholders. These partnerships occur at all levels (national, state, local) and are characterized by diversity and coordinated efforts toward common goals. Networked partnerships extend the reach of the TCP, build champions, and contribute to sustainability.

The first set of questions is about your state tobacco control coalition. When you answer the questions, please consider only the past 12 months.

1. Coalition name:	

2. Year established _____ **3. Number of coalition members** _____

4. Does the TCP provide funding to support this coalition's tobacco control activities?	☐ YES—CONTINUE TO Q5 ☐ NO—SKIP TO Q6 ☐ DON'T KNOW—SKIP TO Q6
5. If you no longer funded this coalition, what percentage of their tobacco control activities do you think would continue? **CHOOSE ONLY 1**	☐ 0% (all activities would stop) ☐ 25% or fewer activities would continue ☐ About 50% of activities would continue ☐ About 75% of activities would continue ☐ All of their activities would continue
6. Does your coalition maintain a list of grassroots supporters?	☐ YES—CONTINUE TO Q7 ☐ NO—SKIP TO Q8 ☐ DON'T KNOW—SKIP TO Q8
7. How do you communicate with the people on this list? **CHOOSE AS MANY AS APPLY**	☐ Telephone ☐ E-mail ☐ Fax ☐ Text ☐ Twitter ☐ Mail ☐ Other, specify:
8. If your coalition needed to mobilize your list of grassroots supporters, how	☐ A few days or less ☐ About 1 week

long would this take? **CHOOSE ONLY 1**	☐ More than 1 week
9. In the past year, how would you describe the frequency of your contacts with the state coalition? (include all contact—phone, e-mail, in-person) **CHOOSE ONLY 1**	☐ At least daily ☐ Several times or more each week ☐ Several times or more each month ☐ Several times or more over the past year ☐ Once or twice over the past year

10. **Is there unique context that influences coalition membership or practices? For example, does state law require or prohibit certain kinds of members from serving on the coalition, or is the tobacco coalition part of a combined coalition with another public health program?**

    ☐   YES, SPECIFY:

    ☐   NO

    ☐   DON'T KNOW

11. I'd like to ask you a little more about the members of your state tobacco control coalition. I'm going to read you a list of organization categories and give you examples of what I mean. Please tell me how many organizations of that category are members of your coalition. It's perfectly okay if your coalition does not include organizations from every single sector.

Organization Category	Example(s)	#	How many of these are active members?
Voluntary Health Organizations	American Cancer Society, American Heart Association, American Lung Association		
Higher Professional Education	Schools of medicine, public health, nursing, Prevention Research Centers, other colleges and universities		
Health Care Providers	Doctors, dentists, hospitals, and their respective associations (e.g., state medical society, state dental society)		
Government Programs or Agencies	State cancer program or mental health agency		
Education	Local School Administrator, PTA, School Nurse Association, Department of Education, Department of Higher Education		
Worksite and Business	Representatives of local businesses, business organizations (e.g., local Chamber of Commerce)		
Community	Community organizations, local coalitions		
Retail Tobacco	Retail tobacco outlets and their representatives (e.g., the State Association of Convenience Store Owners)		
Legal System	Law enforcement agencies, prosecutors or district attorneys, judges or magistrates		
Religious Organizations	Local churches or church associations		
Youth-focused Organizations	YMCA/YWCA, 4-H, Boys/Girls Clubs		
Third-Party Payers	Managed care, insurance companies, Medicaid		

12. Is there anything that you would like to note about coalition membership?

☐ YES, SPECIFY:

☐ NO

☐ DON'T KNOW

In the previous questions, you provided information about the state tobacco control coalition. Next, I'd like to ask you about specific partnerships. Could you please name the two organizations (or individuals) you would say have been your top external (to the state tobacco control program) partners over the past 12 months? Please note that these can be funded or unfunded partners.

    1.

    2.

PARTNER NAME 1	
13. Do you provide funding (or staff) to this partner?	☐ YES—CONTINUE TO Q14 ☐ NO—SKIP TO Q15 ☐ DON'T KNOW
14. If you no longer funded this partner, what percentage of their tobacco control activities do you think would continue? **CHOOSE ONLY 1**	☐ 0% (all activities would stop) ☐ 25% or fewer of activities would continue ☐ About 50% of activities would continue ☐ About 75% of activities would continue ☐ All of their activities would continue
15. Please indicate which of these tobacco control activities this partner has conducted in the past 12 months. **CHOOSE AS MANY AS APPLY**	☐ Met with government policy makers to educate them about tobacco control issues ☐ Educated the public through public events, paid media, or distribution of tobacco-focused materials ☐ Met with decision makers (for example, business leaders) to advocate for a tobacco control policy or issue ☐ Successfully gained earned media (for example, news coverage of an event or a published letter to the editor) ☐ Other, specify:
16. Please choose the response that best describes the relationship between the TCP and this partner over the past year. **CHOOSE ONLY 1**	☐ We have communicated or shared information ☐ We have shared information and worked together as an informal or formal team (for example, a Task Force) ☐ We have a written agreement that guides the work we do together
17. How critical would you say tobacco control activities are to this partner's mission? **CHOOSE ONLY 1**	☐ Very critical ☐ Somewhat critical ☐ Not at all critical

PARTNER NAME 2	
18. Do you provide funding (or staff) to this partner?	☐ YES—CONTINUE TO Q19 ☐ NO—SKIP TO Q20 ☐ DON'T KNOW
19. If you no longer funded this partner, what percentage of their tobacco control activities do you think would continue? **CHOOSE ONLY 1**	☐ 0% (all activities would stop) ☐ 25% or fewer of activities would continue ☐ About 50% of activities would continue ☐ About 75% of activities would continue ☐ All of their activities would continue
20. Please indicate which of these tobacco control activities this partner has conducted in the past 12 months. **CHOOSE AS MANY AS APPLY**	☐ Met with government policy makers to educate them about tobacco control issues ☐ Educated the public through public events, paid media, or distribution of tobacco-focused materials ☐ Met with decision makers (for example, business leaders) to advocate for a tobacco control policy or issue ☐ Successfully gained earned media (for example, news coverage of an event or a published letter to the editor) ☐ Other, specify:
21. Please choose the response that best describes the relationship between the TCP and this partner over the past year. **CHOOSE ONLY 1**	☐ We have communicated or shared information ☐ We have shared information and worked together as an informal or formal team (for example, a Task Force) ☐ We have a written agreement that guides the work we do together
22. How critical would you say tobacco control activities are to this partner's mission? **CHOOSE ONLY 1**	☐ Very critical ☐ Somewhat critical ☐ Not at all critical

23. **Please think about your __FUNDED__ partners (not including those you named as top external partners). If you no longer funded these partners, on average, what percentage of their tobacco control programs do you think would continue?**

    ☐ 0% (all activities would stop)

    ☐ 25% or fewer of activities would continue

    ☐ About 50% of activities would continue

    ☐ About 75% of activities would continue

    ☐ All of their activities would continue

24. **You've told me about your program's partners. Who is missing? What is the one organization you don't have a partnership with but wish you did?**

    What role do you see for this organization—how would they contribute to your program?

II. Multilevel Leadership

Multilevel leadership refers to individual people (not partnerships) who provide direction for a program and the processes by which program direction is provided. Leaders and leadership processes occur at multiple levels (above, below, within, and lateral to the program).

1. **This set of questions asks about the types of leaders and/or champions that support your comprehensive tobacco control and prevention program. These could be individuals within or outside of your program and health department. I'm going to ask about four types of leaders or champions. For each type of leader or champion your program has, I'll ask for the organization he or she represents. I'll also ask you to <u>briefly</u> give the best example of how that leader or champion supports your overall program. I understand that this can be a sensitive topic, so providing the leaders' organization is optional. We just have time to collect brief examples during this assessment, but there will be other opportunities for you to share these stories in more detail.**

Does your program have the support of a key leader and/or champion…	Response	Organization (OPTIONAL)	Please provide the best example of how this person supports your overall program
a. <u>within</u> the health department, but external to the TCP (e.g., Health Commissioner, other chronic disease program directors)?	☐ YES ☐ NO ☐ DON'T KNOW		
b. from <u>other</u> state and local government agencies (e.g., local health department directors or superintendents, state, mental health agency director)?	☐ YES ☐ NO ☐ DON'T KNOW		
c. from <u>non-governmental agencies</u> (e.g., directors of community-based organizations or key staff at voluntary organizations, such as the American Lung Association or the American Cancer Society)?	☐ YES ☐ NO ☐ DON'T KNOW		
d. who are policy and/or decision makers (e.g., Governor, mayor, state legislators, congressman)?	☐ YES ☐ NO ☐ DON'T KNOW		

2. **Whose support do you wish you had? What kind of ways would you like this person to support your program?**

    PROBE: [If respondent cannot think of anyone, ask why]

III. Responsive Plans and Planning

Plans include the state plan (i.e., a written document that defines and prioritizes program goals and objectives and includes strategies for achieving them) and companion plans (e.g., communication, coordination, assessment, and health equity plans). Responsive plans and planning are developed and implemented collaboratively with diverse stakeholders, reflect the current evidence base, are appropriate for contextual realities, are dynamic (i.e., adapt to changes in the evidence base and contextual realities), and include assessment components and feedback loops.

The next set of questions is about three types of plans that your program may have in place or under development. If you aren't sure what we mean by a plan type, you'll find a description in the glossary at the end of the assessment.

For each type of plan, I'll ask whether your program has a current, written plan in place, is in the process of developing a plan or updating an outdated plan, or has no plan and is not currently working to develop one. I do want to let you know that it's okay if you don't have every single type of plan on this list.

1. **Does your program have a long-range state tobacco control plan other than the cooperative agreement workplan?**

   ☐ YES—CONTINUE TO Q2

   ☐ NO—SKIP TO Q3

   ☐ DON'T KNOW—SKIP TO Q3

2. **What is the status of your long-range state tobacco control plan?**

   ☐ Current written plan

       ▪ Subset of another plan?

           ☐ YES, PLAN:

           ☐ NO

       ▪ Year last revised?

       ▪ URL?
        [If not available online, request a copy]

   ☐ Developing or updating plan

       ▪ Subset of another plan?

           ☐ YES, PLAN:

           ☐ NO

   ☐ No plan or planning underway

3. **Does your program have an assessment plan?**

   ☐ YES—CONTINUE TO Q4

   ☐ NO—SKIP TO Q5

   ☐ DON'T KNOW—SKIP TO Q5

4. **What is the status of your assessment plan?**

   ☐ Current written plan

       ▪ Subset of another plan?

           ☐ YES, PLAN:

           ☐ NO

- ▪ Year last revised?
- ▪ URL?
  [If not available online, request a copy]
- ☐ Developing or updating plan
  - ▪ Subset of another plan?
    - ☐ YES, PLAN:
    - ☐ NO
- ☐ No plan or planning underway

5. Does your program have a sustainability plan?

- ☐ YES—CONTINUE TO Q6
- ☐ NO—SKIP TO Q7
- ☐ DON'T KNOW—SKIP TO Q7

6. What is the status of your sustainability plan?

- ☐ Current written plan
  - ▪ Subset of another plan?
    - ☐ YES, PLAN:
    - ☐ NO
  - ▪ Year last revised?
  - ▪ URL?
    [If not available online, request a copy]
- ☐ Developing or updating plan
  - ▪ Subset of another plan?
    - ☐ YES, PLAN:
    - ☐ NO
- ☐ No plan or planning underway

Now I am going to ask a few more questions about your state tobacco control plan and the inclusion of tobacco in other state plans.

7. **How has the long-range state tobacco control plan been used?**
    CHOOSE AS MANY AS APPLY

    ☐ Serves as communication tool for external stakeholders

    ☐ Guides state program tobacco control efforts

    ☐ Guides external partners' tobacco control efforts

    ☐ Informs state tobacco control program budget decisions

    ☐ Other, please explain:

8. **To what extent were key stakeholders actively involved in the development of the long-range state tobacco control plan?**

    ☐ A lot

    ☐ Somewhat

    ☐ Not at all

    ☐ Don't know

9. **Is tobacco control incorporated in other state public health program plans (e.g., state cardiovascular health plan or state coordinated chronic disease plan)?**

    ☐ YES, SPECIFY:

    ☐ NO

    ☐ DON'T KNOW

IV. Managed Resources

Resources are funding and staff. Managed "funding" refers to leveraging funds from diverse sources and using those funds to meet the program's goals and objectives. Managed "staff" refers to recruiting staff with the skills and knowledge to plan and implement the program's goals and objectives and continuously updating their skills/knowledge to incorporate emerging research and address new challenges.

The next set of questions focuses on the resources a TCP needs to achieve its goals. I'm going to describe several different kinds of resources and ask you whether your program has <u>All</u> of what it needs, <u>Most</u> of what it needs, <u>Some</u> of what it needs, or <u>None</u> of what it needs.

1. **Skills and expertise (e.g., leadership, administration, assessment, law, public policy, cultural competency, training, community organizing) CHOOSE ONLY 1**

   ☐ All of what it needs   ☐ Most of what it needs

   ☐ Some of what it needs   ☐ None of what it needs
   **(IF PARTICIPANT SELECTS THIS   (IF PARTICIPANT SELECTS THIS
   RESPONSE—ASK 1A. OTHERWISE   RESPONSE—ASK 1A. OTHERWISE
   CONTINUE to Q2)**   **CONTINUE to Q2)**

   1A. You said that your program has none or some of the skills and expertise needed to achieve its goals. What is missing? What skills and expertise do you need to acquire to achieve your goals?

2. **Money CHOOSE ONLY 1**

   ☐ All of what it needs   ☐ Most of what it needs

   ☐ Some of what it needs   ☐ None of what it needs

3. **How many full-time equivalent (FTE) staff do you have working ONLY for the TCP? Please be sure to include both state employees and contractors who work on site.**

4. **How many full-time equivalent (FTE) staff do you share with other programs? Again, please be sure to include both state employees and contractors who work on site.**

5. **Have there been any staff changes (new hires, resignations) during the past contract year?**

   ☐ YES   **If YES, ASK for # of New**   # New staff _____
                  Staff and Lost Staff
   ☐ NO   # Lost staff

6. **If a tobacco control position were to be created in your program, which of the following statements best describes your involvement—as the <u>State TCP Manager</u>—in choosing whom to hire? CHOOSE ONLY 1**

   ☐ I have very little input into hiring decisions

   ☐ I make recommendations regarding hiring decisions that require a supervisor's approval

   ☐ I have nearly complete autonomy in making hiring decisions.

7. **What are the greatest barriers to hiring the "best" staff for your program?**

I'd like to ask you a few questions about the training and technical assistance that your program provides to your staff and to your partners. Please note that this does not include training that CDC provides to state TCPs.

8. **During the past 12 months has your program provided formal training to <u>staff</u> to enhance or strengthen the skills they need to effectively conduct tobacco control activities? Some examples of "formal training" are in-person classes, presentations, and workshops; online classes; and Webinars.**

    ☐ YES

    ☐ NO

    ☐ DON'T KNOW

9. **During the past 12 months, has your program provided formal training to partners to enhance or strengthen the skills they need to effectively conduct tobacco control activities? Some examples of "formal training" are in-person classes, presentations, and workshops, including those that may be conducted as part of regional or national conferences; online classes; and Webinars.**

    ☐ YES

    ☐ NO

    ☐ DON'T KNOW

V. Engaged Data

Engaged data are defined as identifying (or collecting) and working with data in a way that promotes action.

This set of questions is about data and how your program uses data. *By "data," I mean information—numbers or text—that your program uses for surveillance and assessment.* **First, I'd like to know what data your program collects. Then I'll ask you how you use those data.**

1. **What surveillance systems do you use to monitor changes in long-term outcomes, such as changes in smoking prevalence among youth and adults?** Some examples include the Behavioral Risk Factor Surveillance System, a state-level adult tobacco assessment, and/or youth tobacco assessment.

2. **Do you monitor short and intermediate outcomes of your program, such as support for tobacco control issues? IF YES, what surveillance systems do you use to monitor this?** Some examples include a statewide adult or youth assessment that includes questions about support for tobacco control issues or a reporting system where you or others record state and/or local policies that are adopted.

3. **How do you monitor your program activities?**

How often does your program summarize the following information:	Information not available	Every few years	Once per year	More than once per year
1. Percentage of people in your state who use tobacco **CHOOSE ONLY 1**	☐	☐	☐	☐
2. Trends in tobacco use **CHOOSE ONLY 1**	☐	☐	☐	☐
3. Demographic information that allows you to assess tobacco use among subpopulations in your state—such as race/ethnicity, income, sexual orientation, and/or geography **CHOOSE ONLY 1**	☐	☐	☐	☐

3a. Thinking about data on subpopulations, would you say that your program has CHOOSE ONLY 1

☐ All of what it needs
(IF PARTICIPANT SELECTS THIS RESPONSE, CONTINUE to Q4)

☐ Most of what it needs

☐ Some of what it needs

☐ None of what it needs

3b. What kinds of subpopulation data are most needed?

4. Which of the following methods have you used to disseminate data that describe your program activities or outcomes? **CHOOSE AS MANY AS APPLY**	**5.** Which of the following audiences have you provided with data-based materials describing your program activities or outcomes? **CHOOSE AS MANY AS APPLY**
☐ Web site ☐ Brochures ☐ Videos ☐ Press releases	☐ The general public ☐ Policy makers ☐ News media ☐ Business leaders

☐ Papers (e.g., journal or magazine articles)		☐ State Health Commissioner	
☐ Presentations (e.g., Webinars, conferences)		☐ State Board of Health	
☐ Social media (e.g., Twitter, Facebook)		☐ Local Board of Health	
☐ Other printed materials		☐ Other, describe:	
☐ Other, describe:			

6. Does your program use geographic information system (GIS) mapping to display data?

☐ YES   ☐ NO   ☐ DON'T KNOW

7. How do you know that the data-based materials you provide to decision makers, such as policy makers or the State Health Commissioner, actually reach them? CHOOSE AS MANY AS APPLY

☐ I (or someone on my staff) hand-deliver materials directly to the decision maker

☐ I (or someone on my staff) hand-deliver materials directly to a decision maker assistant (e.g., administrative assistant)

☐ Other, specify:

☐ I have no way to verify that a decision maker received materials

8. Do you make analytic datasets available to your stakeholders/partners so that they can conduct their own statistical analyses?

☐ YES   ☐ NO   ☐ DON'T KNOW

9. How are data findings (or analytic datasets) made available to your stakeholders? CHOOSE AS MANY AS APPLY

☐ Distributed through a listserv	☐ Made available to anyone on a public Web site
☐ Hard copies are distributed through different channels (e.g., mail, public places)	☐ Made available on a private, secure Web site (requiring an account and password to access)
☐ Provided in response to a formal request (e.g., applications must complete a form)	☐ Provided in response to an informal request (e.g., an e-mail)
☐ Other, describe:	

To the best of your knowledge, how frequently has your program engaged in the following strategies? CHOOSE ONLY 1	**Never**	**Every few years**	**Once per year**	**More than once per year**
10. Changed its goals, objectives, or practices in response to new research	☐	☐	☐	☐
11. Used data to assess how well the program has met its goals and objectives	☐	☐	☐	☐
12. Used data to assess the quality and effectiveness of program activities	☐	☐	☐	☐
13. Modified its strategic plan, SMART objectives, and/or activities after reviewing data	☐	☐	☐	☐

14. Some programs use data to develop new partnerships by, for example, demonstrating that they are trying to reach the same affected populations. How likely are you to use data to recruit new partners? CHOOSE ONLY 1 PROBE: Have you done that before?

☐ Very unlikely

☐ Somewhat unlikely

☐ Neither unlikely nor likely

☐ Somewhat likely
☐ Very likely

Office on Smoking and Health
Component Model of Infrastructure Mini Tool Glossary

Assessment plan—A written document that describes how you will monitor and evaluate your program so that you will be able to describe *what*, *how*, and *why it matters* for your program and use assessment results for program improvement and decision making.

Long-range state tobacco control plan—A written document that describes the burden of tobacco use in the state, strategies for addressing the burden, tobacco prevention and control objectives and goals, baseline data and benchmarks for progress, and key partners responsible for implementing the plan.

Sustainability plan—A written document that describes strategies for maintaining tobacco control program structures, processes, and interventions over time. Sustainability strategies may include leveraging resources to implement evidence-based interventions and policies most effectively.