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Date of Interview:	MM/DD/YYYY
Interviewer:	
State or Organization:	
U.S. Census Bureau Location	□West □Midwest □South □Northeast
(check one):	
Time in Position:	year(s)

Introduction

Thank you for taking the time to participate in a telephone interview regarding the Best Practices for Comprehensive Tobacco Control Programs 2014 guide. The information collected from this interview will be used to inform changes and enhancements to the next edition of Best Practices so as to increase the utility of the guide for establishing comprehensive tobacco control programs, and the planning and implementation of evidence-based tobacco control strategies within state tobacco control programs.

The interview is expected to take no longer than 70 minutes. Your participation in this interview is completely voluntary. You may choose to skip questions or stop the interview at any time and it will not in any way impact the funding or technical assistance you receive from CDC. With your permission, we would like to record this interview for transcription purposes. All information will be kept secure and any identifiable information will be removed when results are aggregated for analysis.

During the interview, you'll be asked to answer two kinds of questions. In some cases, you'll be asked to answer in your own words. In other cases, you will be given a list of answers and asked to choose the one that fits best. If at any time during the interview you are not clear about what we're asking, be sure to let me know. It's important that you think carefully about each question and answer it based on your own knowledge and experience.

Do you have any questions or concerns before we start the interview?

CDC estimates the average public reporting burden for this collection of information as **70** minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

I. Background:

1.	How many years has your Tobacco Control Program (TCP) been in existence?
	<10 years 10-20 years 21-30 years 30+ years
2.	Does your state tobacco program use Best Practices to plan and implement your TCP?
	Yes (If yes, continue to 3) No (If no, continue to 2A and then close interview)
	A) Which of the following categories describes why you do not use Best Practices to maintain your TCP elect all that apply):
	BP is not useful BP is not practical The use of BP is discouraged (See Required PROBE) The use of BP is prevented in our tobacco control program (See Required PROBE) There is no opportunity to use BP in our tobacco control program Our tobacco control program has not needed to use BP Our tobacco control program is not comfortable using BP Our tobacco control program have other higher priority sources that we use besides BP (specify) Other (specify)

END for 2A

II. Components of the Best Practices Guide

The following questions are going to ask you about the utility of each of the five components of the Best Practices Guide. Best Practices consists of five sections: State and Community Interventions, Mass-Reach Health Communication Interventions, Cessation Interventions, Surveillance and Evaluation, and Infrastructure Management and Administration.

Please indicate the level of applicability of each of the BP components. The term "applicable" refers to how
relevant and useful the content in each of the five components is in helping you plan and implement your
tobacco control program.

Component	Not applicable	Slightly	Somewhat	Vey applicable	Extremely
	at all	applicable	applicable		Applicable
State and					
Community					
Health					
Interventions					

Mass-Reach			
Health			
Communications			
Cessation			
Interventions			
Surveillance and			
Evaluation			
Infrastructure,			
Administration			
and			
Management			

4) Can you tell me more about what aspects of BP are the most applicable to your TCP work?

Required Probe 4a: What has been the most useful? What has been the least useful?

5) How do you use the information from BP to plan and implement your state TCP? Please provide examples.

Required Probe: 5a: Can you share some examples of how using the BP recommendations has had an impact on your TCP?

- 6) What information would you have liked to see in the guide that would have helped you plan and implement your TCP? (E.g., What information may be missing that would be useful to your program?)
- 7) Now we are going to discuss the feasibility of implementing the BP recommendations. Please indicate the feasibility of implementing the recommendations in each of the components. The term "feasibility" refers to how realistic and achievable implementing the BP recommendations are for your state's TCP.

Component	Not feasible at	Slightly feasible	Somewhat	Very feasible	Extremely
	all		feasible		feasible
State and					
Community					
Health					
Interventions					
Mass-Reach					
Health					
Communication					
Interventions					
Cessation					
Interventions					
Surveillance					
and Evaluation					
Infrastructure,					
Administration					
and					
Management					

⁸⁾ Can you tell me more about the feasibility of implementing the BP recommendations?

Required Probe 8a: What challenges have you had with implementing the recommendations?

III. Disparities

The following questions are going to ask you about guidance on tobacco-re	related disp	arities.
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9) Guidance on strategies for eliminating tobacco-related disparities is interwoven in the first three components of BP (State and Community Health Interventions, Mass Reach Health Communication Interventions, and Cessation Interventions). How applicable did you find this information in helping your program plan and implement TCP work to identify and eliminate tobacco-related disparities?
 □ Not applicable at all □ Slightly applicable □ Somewhat applicable □ Very applicable □ Extremely applicable
10) What are your thoughts about the type of information presented and the manner in which it is presented in the guide? What would you like to see different to help plan and implement your state TCP's tobacco-related disparities work?
IV. Funding
The following questions pertain to state funding recommendations outlined in sections B and C of the Best Practices-2014 guide. The following questions on funding focus on collecting information to inform the funding sections on the next iteration of Best Practices. Responses from this section will be used to assess considerations and potential changes to the funding guidelines and factors that should be taken into account to increase the utility of the funding recommendations in the guide. These recommended levels of funding in this guide reflect the annual investment that each state can make to fund and sustain a comprehensive tobacco control program.
11) Did your actual funding decrease, increase, or remain the same from your state's previous fiscal year? □Decrease (Go to question 14) □Remained about the same □Increase (Go to question 12)
For those who experienced an INCREASE 12) What factors led to an increase in your state TCP's funding for tobacco control and prevention?

Attachment A: Teleph	none Interview	Guide			
□Very much inf □Strongly influe					
Required probe	13a: Please expla	ain or provide exa	mples.		
For those who experien 14) What factors led to a		r state TCP's fund	ing for tobacco co	ntrol and prevention	on?
ALL:					
15) How feasible is mee ☐ Not feasible a ☐ Slightly feasible ☐ Somewhat fe ☐ Very feasible ☐ Extremely feasible	at all ble asible	ng recommendati	ons in your state?		
16) To what extent have recommendations in sec		~	•	_	;
17) When developing th should be considered? V their utility for your prog	Vhat would you li			_	
18) The Best Practices-2d Comprehensive Tobacco decisions about how you how to allocate your fun	Control Program ur TCP allocates fo	n based on the late unding to the varie	est research. Can your components?	ou tell me about h	now you make
V. Frequency of Us	e				
The next group of quest reading BP, referencing your TCP, or using BP's a 19) So using that definiti	BP to justify com recommended fu	ponents of your inding levels to go	TCP, referencing the support for fun	ne BP guide to pla	n and implement
How often do you use BP:	Never	Rarely	Sometimes	Frequently	Always
When implementing your TCP strategies?					
When planning your TCP budget?					
When speaking with decision-makers/poli					

cymakers on funding

☐ Agree

☐ Strongly Agree

your state's TCP?					
To provide technical					
assistance to					
community partners					
and health					
department staff?					
Required probe these various so	e 19a: Can you pro cenarios?	vide an example (of the context in w	hich you have use	d the guide in
20) During the past yea	r, how many times	s would you say yo	ou referred to BP f	or guidance when	planning and
implementing you TCP				_	
□ 1-2					
☐ 3-4 —					
□ 5-6					
□ 7-8					
□ 9+					
21) To what extent do y	ou agree with the	following statem	ents:		
• BP is a we	orthwhile investme	ent for my state's	ТСР		
	ngly disagree				
☐ Disa	_				
	her agree nor disa	gree			
☐ Agre					
□ Stroi	ngly Agree				
• BP is w	orthwhile investme	ent for CDC			
☐ Stro	ngly disagree				
☐ Disa					
	her agree nor disa	gree			

The following question is going to ask you about how "critical" the guide is, or how essential it is in being able to help your state plan, implement, and reach your TCP goals. Therefore keeping this definition in mind:

22) How critical has implementing the BP recommendations been to achieving your state's TCP objectives and goals?
 □ Not critical at all □ Slightly critical □ Somewhat critical □ Very critical □ Extremely critical
23) If CDC did not publish <i>Best Practices</i> , how would this affect your program's planning and implementation of TCP work?
Required Probe 23a: What information does BP provide you that would not be able to find anywhere else?
VI. User-Friendliness The following question is going to ask you about the "user-friendliness" of the guide, including clarity of information, format, visuals, and ease of finding information. Therefore, keeping this definition in mind:
24) Overall, which of these categories best describes how <u>user-friendly</u> the 2014 BP Guide is:
 □ Not user friendly at all □ Slightly user friendly □ Somewhat user friendly □ Very user friendly □ Extremely user friendly
25) What suggestions do you have for improving the <u>current format and layout</u> of BP?
Required Probe 25a: How <u>clearly</u> do you think that that information in BP is <u>conveyed</u> ?
26) What other resources does your state tobacco control program use to inform your TCP?
LIST:
27) What other resources can CDC provide you to assist in interpreting and translating the guide's recommendations into action:
☐ Presentation on how to use BP

☐ Webinar training on how to use BP
☐ Tools and resources that support BP
\square Technical assistance on implementing BP recommendations
☐ Other:

28) What suggestions for improvement do you have for ease of implementation of the guide's recommendations?

Required Probe 28a: What suggestions do you have on how it's been disseminated and communicated?

29) Is there anything else you would like to add about your use of the BP guide or suggestions you have to improve its utility in your state?