

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

Date:	
State:	[Choose your state name...]
Respondent Name:	
Respondent Position:	
Time in position (years):	

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### Instructions:

You may use this template to prepare your CMI Measurement Tool.

#### Notes on Data Entry:

Light yellow cells require input. Many cells will have drop down options--look for an arrow icon after you select the cell.

A gray overlay means no input required at this time. The overlay will disappear if additional information is required.

***Skip to another question when instructed by the red text.***

### Technical Support:

If you need technical support at any time, send an email with a detailed description of your need to the following address:

[OSHMISTA@CDC.GOV](mailto:OSHMISTA@CDC.GOV)

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# 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. Does your state have a state tobacco control coalition?
2. What is the name of your state tobacco control coalition?
3. What year was the coalition established?
4. How often does the coalition meet?
- 4b. When was the last time the coalition met? (include a month/year)
5. About how many members does the coalition have?
6. Does the TCP provide funding to support this coalition's tobacco control activities?
7. If you no longer funded this coalition, what percentage of their tobacco control activities do you think would continue?
8. 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)
9. 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?

If yes, please specify:	

10. Does your coalition maintain a list of grassroots supporters?

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11. How do you communicate with the people on this list of grassroots supporters? **Choose as many as apply**

Telephone	
E-mail	
Fax	
Text	
Twitter	
Mail	
Other, specify:	

12. If your coalition needed to mobilize grassroots supporters, how long would this take?

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12b. These are scaled questions: (1=not at all 2=somewhat 3=neutral 4=a lot 5=very much)

Coalition members know and understand the goals of the coalition	
Coalition members have a sense of belonging and common purpose in the coalition	
Turnover is a problem in the coalition	
Coalition members regularly work to improve things in the coalition in a positive way	
The coalition has the ability to access diverse resources and has a braided stream of funding	
The coalition has a sustainability plan	
The coalition supports the work of the state tobacco prevention and control program	
The coalition has clear leadership that supports tobacco prevention and control efforts	
The coalition evaluates what it does	
The coalition uses evaluation results to improve projects	

13. Below is a list of organization categories with examples of organizations that fall within each category. Please indicate how many organizations (not individuals) in each category are represented on your coalition. It's okay if your coalition does not include organizations from every category. After entering the number of organizations represented on your coalition, enter the number of those organizations that are active (i.e., attend meetings regularly and engage with the coalition in some meaningful way).

Organization Category	Example(s)	Number of organizations represented on the state coalition	How many of these organizations are active members of the state coalition?
a. <b>Voluntary Health Organizations</b>	American Cancer Society, American Heart Association, American Lung Association		
b. <b>Higher Professional Education</b>	Schools of medicine, public health, nursing, Prevention Research Centers, other colleges and universities		
c. <b>Health Care Providers</b>	Doctors, dentists, hospitals, and their respective associations (e.g., state medical society, state dental society)		
d. <b>Government Programs or Agencies</b>	State cancer program or mental health agency		
e. <b>Education</b>	Local School Administrator, PTA, School Nurse Association, Department of Education, Department of Higher Education		
f. <b>Worksite and Business</b>	Representatives of local businesses, business organizations (e.g., local Chamber of Commerce)		

<b>g. Community</b>	Community organizations, local coalitions		
<b>h. Retail Tobacco</b>	Retail tobacco outlets and their representatives (e.g., the State Association of Convenience Store Owners)		
<b>i. Legal System</b>	Law enforcement agencies, prosecutors or district attorneys, judges or magistrates		
<b>j. Religious Organizations</b>	Local churches or church associations		
<b>k. Youth-focused Organizations</b>	YMCA/YWCA, 4-H, Boys/Girls Clubs		
<b>l. Third-Party Payers</b>	Managed care, insurance companies, Medicaid		

**14.** Does your state have some kind of partnership—other than a state coalition—that is responsible for tobacco control planning, such as an advisory committee?

**15.** Who determines membership for this group?

**15b.** Please answer the following scaled questions for the group in Question 13: (1=not at all 2=somewhat 3=neutral 4=a lot 5=very much)

Group members know and understand the goals of the coalition	
The group supports the work of the state tobacco prevention and control program	
The group has clear leadership that supports tobacco prevention and control efforts	
The group evaluates what it does	
The group uses evaluation results to improve projects	
The group has a sustainability plan	

**15c.** How often does this group meet?

15d. When was the last time this group met? (include a month/year)

In the next section, please provide information about the two organizations you would say have been your top external partners over the past 12 months? In this case, external partners are those outside of the state tobacco control program. Please note that these can be funded or unfunded partners.

16. What is the name of the first top external partner?

17. Do you provide staff to this partner?

18. Do you provide funding to this partner?

19. If you no longer funded this partner, what percentage of their tobacco control activities do you think 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	<input type="checkbox"/>
Educated the public through public events, paid media, or distribution of tobacco-focused materials	<input type="checkbox"/>
Met with decision makers (for example, business leaders) to advocate for a tobacco control policy or issue	<input type="checkbox"/>
Successfully gained earned media (for example, news coverage of an event or a published letter to the editor)	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>

21. Please choose the response that best describes the relationship between the TCP and this partner over the past year.

22. How critical would you say tobacco control activities are to this partner's mission?

23. What is the name of the second top external partner:

24. Do you provide staff to this partner?

25. Do you provide funding to this partner?

26. If you no longer funded this partner, what percentage of their tobacco control activities do you think would continue?

27. 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	<input type="checkbox"/>
Educated the public through public events, paid media, or distribution of tobacco-focused materials	<input type="checkbox"/>
Met with decision makers (for example, business leaders) to advocate for a tobacco control policy or issue	<input type="checkbox"/>
Successfully gained earned media (for example, news coverage of an event or a published letter to the editor)	<input type="checkbox"/>
Other, specify:	<input type="text"/>

28. Please choose the response that best describes the relationship between the TCP and this partner over the past year.

29. How critical would you say tobacco control activities are to this partner's mission?

30. 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?

31. You've told me about your program's partners.

31a. Who is missing?

31b. What is the one organization you don't have a partnership with but wish you did?

31c. What role do you see for this organization—how would they contribute to your program?

## II. Multi-Level 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 TCP. Please indicate whether your program has the types of leaders/champions listed below. We understand that for each type of leader/champion, you may have several people in mind. **Please pick one leader/champion for each category** and complete the row for that one leader/champion. Enter the organization your leader/champion represents (optional). Then, briefly give the best example of how that leader or champion supports your overall program.

Does your program have the support of a key leader and/or champion...	Response (Yes/No/Don't Know)	Organization (Optional)	Please provide the best example of how this person supports your overall program (max 1500 characters)
a. <u>within</u> the health department, but external to the TCP (e.g., Health Commissioner, other chronic disease program directors)?			
b. from <u>other</u> state and local government agencies (e.g., local health department directors or superintendents, state, mental health agency director)?			
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)?			
d. who are policy and/or decision makers (e.g., Governor, mayor, state legislators, congressman)?			

2. Whose support do you wish you had? (max 1500 characters)

- 2a. What kind of ways would you like this person to support your program? (max 1500 characters)

### 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. Descriptions of these plans are provided in the glossary at the end of this survey. For each type of plan, please indicate 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.

1. What is the status of your long-range state tobacco control plan? Please select from the drop down below:

1a. Is your plan a subset of another plan?

If yes, please describe plan:

1b. What year was your plan last revised?

1c. What is the long-range state tobacco control plan URL?

2. How has the long-range state tobacco control plan been used? **Choose as many as apply**

Serves as communication tool for external stakeholders	<input type="checkbox"/>
Guides state program tobacco control efforts	<input type="checkbox"/>
Guides external partners' tobacco control efforts	<input type="checkbox"/>
Informs state tobacco control program budget decisions	<input type="checkbox"/>
Other, please explain:	<input type="text"/>

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

4. What is the status of your evaluation plan? Please select from the drop down below:

4a. Is your plan a subset of another plan?

If yes, please describe plan:

4b. What year was your plan last revised?

4c. What is the state tobacco control evaluation plan URL?

4d. Did you submit a Year 3 Evaluation Report to CDC for your Core Program in 2018?

4e. Were stakeholders involved in the evaluation that was included in the Year 3 report?

4f. Have you made any programmatic changes or course corrections/changes in strategy based on the results of the Year 3 Evaluation report?

If yes, please describe:

4g. How else has the information from the Year 3 Evaluation Report been used? **Choose as many as apply**

Serves as communication tool for external stakeholders	<input type="checkbox"/>
Guides state program tobacco control efforts	<input type="checkbox"/>
Guides external partners' tobacco control efforts	<input type="checkbox"/>
Informs state tobacco control program budget decisions	<input type="checkbox"/>
Other, please explain:	<input type="text"/>

5. What is the status of your sustainability plan? Please select from the drop down below:

5a. Is your plan a subset of another plan?

If yes, please describe plan:

5b. What year was your plan last revised?

5c. What is the state tobacco control sustainability plan URL?

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

If yes, please specify:

## 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.

This section focuses on the resources a TCP needs to achieve its goals. The first two questions ask about skills and expertise and money—please indicate whether your program has All of what it needs, Most of what it needs, Some of what it needs, or None of what it needs.

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

- 1a. You indicated 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? (max 1500 characters)

2. Describe the status of your program's funding? Select from the list below:

3. Please think about your TCP funding (not including the funding you receive from CDC’s National Tobacco Control Program). In the past 12 months, did your TCP funding:

- 3a. By about how much did your funding change in the past 12 months?

- 3b. These are scaled questions: (1=not at all 2=somewhat 3=neutral 4=a lot 5=very much)

We have the ability to access multiple sources of revenue (greater than 2)	
Our quitline has the ability to access multiple sources of revenue (greater than 2)	
We have a clear plan for sustainability	
Our quitline has a clear plan for sustainability	
We have an evidence-based plan for prioritizing resources	
Our quitline has an evidence-based plan for prioritizing resources	

4. 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.

5. 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.

6. Have there been any staff changes (new hires, resignations) during the past contract year? If Yes, please enter the number of new staff and lost staff below.

Number of New Staff:	<input type="text"/>
Number of Lost Staff:	<input type="text"/>

7. If a tobacco control position were to be created in your program, which of the following statements best describes your involvement—as the State TCP Manager—in choosing whom to hire?

7b. These are scaled questions: (1=not at all 2=somewhat 3=neutral 4=a lot 5=very much)

Our staff have a strong sense of belonging within the unit	<input type="text"/>
Morale is positive in our unit	<input type="text"/>
Turnover is not a problem in our unit	<input type="text"/>
More than half of our staff plan to be in our unit for at least 2 more years	<input type="text"/>

8. What are the greatest barriers to hiring the “best” staff for your program? (max 1500 characters)

9. Regardless of the funding source, do you have a staff member dedicated to working on issues related to eliminating disparities?

If yes, what percent time does this person work on strategies to eliminate disparities?

The next two questions ask 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.

10. During the past 12 months has your program provided formal training to staff 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.

11. 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.

## 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. We are defining data as information—numbers or text—that your program uses for surveillance and assessment.

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. (max 1500 characters)

2. What surveillance or reporting systems do you use to monitor short and intermediate outcomes of your program, such as support for tobacco control issues? 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. (max 1500 characters)

3. How do you monitor your program activities?

How often does your program summarize the following information:	Frequency
Percentage of people in your state who use tobacco	
Trends in tobacco use	
Demographic information that allows you to assess tobacco use among subpopulations in your state—such as race/ethnicity, income, sexual orientation, and/or geography	

- 3a. Thinking about data on subpopulations, would you say that your program has:

- 3b. What kinds of subpopulation data are most needed? (max 1500 characters)

- 4.

Which of the following methods have you used to disseminate data that describe your program activities or outcomes? **Choose as many as apply**

Web site	
Brochures	
Videos	

Press releases	
Papers (e.g., journal or magazine articles)	
Presentations (e.g., Webinars, conferences)	
Social media (e.g., Twitter, Facebook)	
Other printed materials	
Other, describe:	

5. Have you submitted success stories to CDC for your Core Tobacco Prevention and Control Program?

5a. If yes, have you used any of these stories for your own purposes in your state?

If yes to 5a, please describe how? If no to 5a, please describe why not?

5b. What additional technical assistance do you need related to the writing and use of success stories?

6.

Which of the following audiences have you provided with data-based materials describing your program activities or outcomes? **Choose as many as apply**

The general public	
Policy makers	
News media	
Business leaders	
State Health Commissioner	
State Board of Health	
Local Board of Health	
Other, describe:	

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

8. 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)	
I have no way to verify that a decision maker received materials	
Other, please specify:	

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

10. How are analytic datasets made available to your stakeholders? **Choose as many as apply**

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

	Frequency
11. To the best of your knowledge, how frequently has your program engaged in the following strategies? Choose one of the following: <b><i>Never, Every few years, Once per year, More than once per year</i></b>	
12. Changed its goals, objectives, or practices in response to new research	
13. Used data to assess how well the program has met its goals and objectives	
14. Used data to assess the quality and effectiveness of program activities	
14. Modified its strategic plan, SMART objectives, and/or activities after reviewing data	

15. 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?

# Office on Smoking and Health

## Component Model of Infrastructure Mini Tool Glossary

**Evaluation 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.