Tobacco and Health Trust Fund Meeting
Component 4:
Surveillance and Evaluation

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Agenda

- Project Staff Introductions
- IPRO Overview
- Surveillance and Evaluation
- Contract Year 1 Work Plan
- Evaluation Framework
- Data Reporting

IPRO is a non-profit organization that works with government agencies, providers and patients to implement innovative programs that bring policy ideas to life. For nearly 40 years we've made creative use of clinical expertise, emerging technology and data solutions to improve the way the healthcare system works.
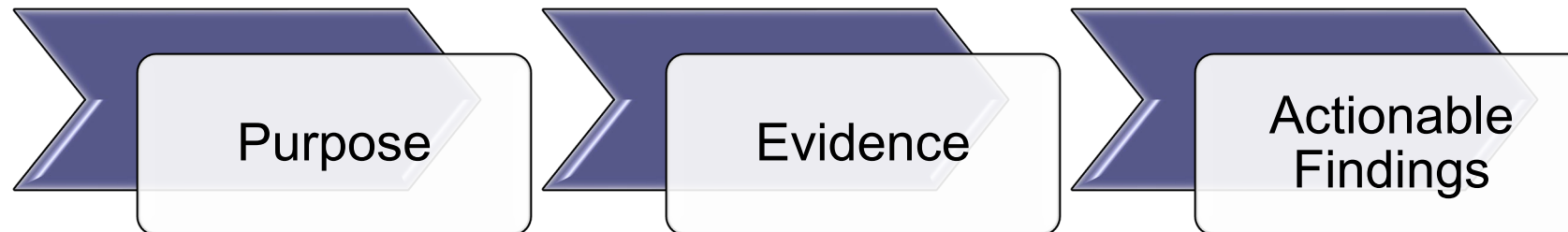
IPRO holds contracts and consulting agreements with federal, state and local government agencies, as well as private-sector clients, in 32 states and the District of Columbia.

Component 4: Surveillance and Evaluation

Statewide surveillance tracks progress toward program goals, while evaluation assesses implementation and outcomes. Together, these data guide program and policy decisions, demonstrate effectiveness, reduce disparities, and engage stakeholders.

❑ Conduct comprehensive evaluations of Component 1 (State & Community Interventions) and Component 3 (Cessation Interventions) project contractors.

❑ Apply the IPRO evaluation framework to ensure consistency, transparency, and rigor.

❑ Assess each project's implementation fidelity, reach, equity, and outcomes.

❑ Provide technical assistance to support timely, complete data collection and execution of project evaluation plans.

❑ Deliver training on data collection, security protocols, and evidence-based tobacco control evaluation practices.

| Purpose | Evidence | Actionable Findings |

Project Contractors

Project	C-1	C-3	Focus
American Lung Association (ALA) *(contract pending)*	✓	✓	Technical assistance provider for smokefree policy, focus on reducing youth access through youth activism, using media to reduce secondhand smoke and aerosol exposure, promoting cessation services and health systems change, and implementing and evaluating a pilot pharmacy cessation intervention
Bridgeport *(contract pending)*	✓		Youth prevention, reducing youth access, smokefree environments, primarily through school- and community-based work
CATCH Global Foundation	✓		Vaping education, primarily through school-based work
Farmington Valley Health District (FVHD)	✓	✓	Youth prevention, cessation, and policy education, primarily through school- and community-based work, as well as healthcare provider outreach
National Jewish Health		✓	CT Quitline vendor
Southern CT State University (SCSU)	✓		K-12 prevention, cessation, and policy education, campus smokefree policy and technical assistance, increasing community cessation capacity through Tobacco Treatment Specialist (TTS) training
Wheeler Clinic	✓	✓	LGBTQ+ and Black Adult prevention and cessation through community outreach, healthcare provider outreach, and direct cessation services

C-1: Component 1 (State & Community Interventions)
C-3: Component 3 (Cessation Interventions)

Contract Year One - Work Plan Objectives

Objective 1:
Program management, coordination, and Department communications

Objective 2:
Project technical assistance meeting schedule, agendas, minutes, and training support

Objective 3:
Project reporting support, data sharing, dashboards, and written summaries

Objective 4:
Project evaluation plan development, approvals, and annual Evaluation Plan review

Objective 5:
Data collection, advanced analysis, interpretation, and supplemental data analyses

Objective 6:
Quality assurance, risk management, security, and continuous monitoring

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Evaluation Framework: Question Architecture

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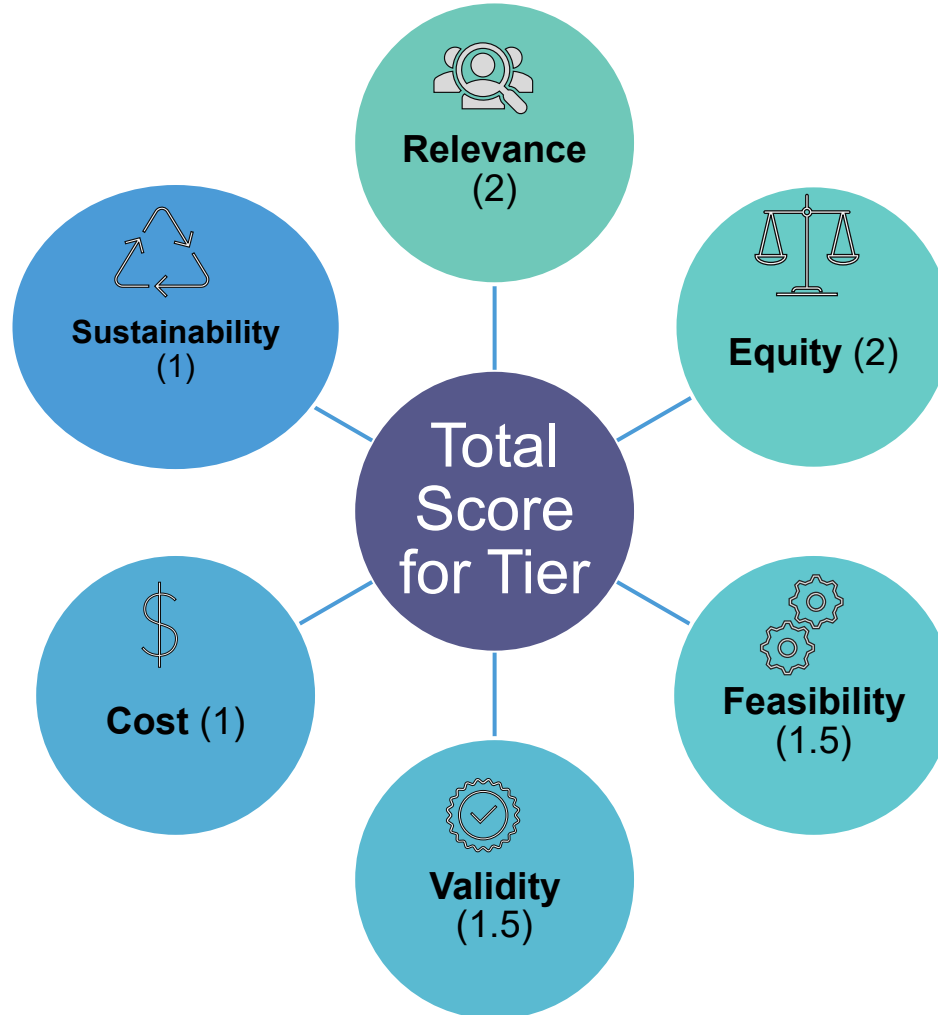|		
✓	**Goals for Comprehensive Tobacco Control Programs**	Prevent initiation among youth and young adults; Promote quitting among adults and youth; Eliminate exposure to secondhand smoke; Identify and eliminate tobacco-related disparities
?	**Crosscutting Questions (CQs)**	Applicable across all project contractors
⊙	**Goal-specific Analytical Questions**	Analytic questions nested under CQs to specify what will be measured/analyzed
🔍	**Sharing of Findings**	Monitor and document key short-term, intermediate, and long-term outcomes

Prioritization: Decision Rubric with Tiering

Through collaboration, prioritize evaluation questions using a weighted rubric and tier thresholds to focus on what is most actionable and feasible to start.

Total Score for Tier

- Relevance (2)
- Equity (2)
- Feasibility (1.5)
- Validity (1.5)
- Cost (1)
- Sustainability (1)

- Each crosscutting question is assigned a score across the domains:
  - 1=Low
  - 2=Moderate
  - 3=High
- The scores are then weighted (2, 1.5, 1)
- The weighted scores are then summed and put into Tiers for priority designation during the contract periods.
  - Tier 1 (Core Set): 24 points or higher
  - Tier 2 (Enhanced): 18-23 points
  - Tier 3 (Exploratory): 17 points or lower

Tier 1 Core Questions (24 Points or Higher)

Implementation & Fidelity

To what extent were interventions implemented as planned, on schedule, and at the intended intensity, and how did fidelity vary by project, setting, and intervention type?

Reach & Priority Populations

Who was reached by each intervention by geography and priority populations, and how does observed reach compare to intended targets?

Short Term & Intermediate Outcomes

What outputs were produced, and what evidence shows these outputs achieved intended short-term and intermediate outcomes?

Policy, Systems & Environmental Change

What policy, systems, and environmental changes were achieved, and what evidence indicates durability, institutionalization, and maintenance over time?

TCP Strategy Alignment and Coordination

How well did project activities align with and complement TCP and broader state or local strategies, and where were synergies or coordination gaps?

Data Quality & Interpretation

How complete, timely, valid, and reliable are project-submitted and secondary data, and how do data limitations affect interpretation of findings?

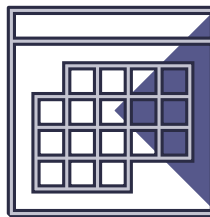# Data Sources that Power Tier 1 Core Questions

Surveillance

- Statewide Survey (BRFSS, YRBS)
- Open Data Sources (ACS, CDC, County Health Rankings)
- State data resources (as applicable and available)

Program Service Data

- Quitline minimum data set (MDS)
- 7-month follow up data

Quarterly Reports

- Quarterly Reports submitted to CT DPH by contracted projects containing quarterly metrics
- Low Burden mechanism for consistency across projects in reporting metrics

Governance, Data Quality, and Continuous Quality Improvement

Data Submission → Quality Checks → Feedback → Improved Submissions → Stronger Findings → (cycle)
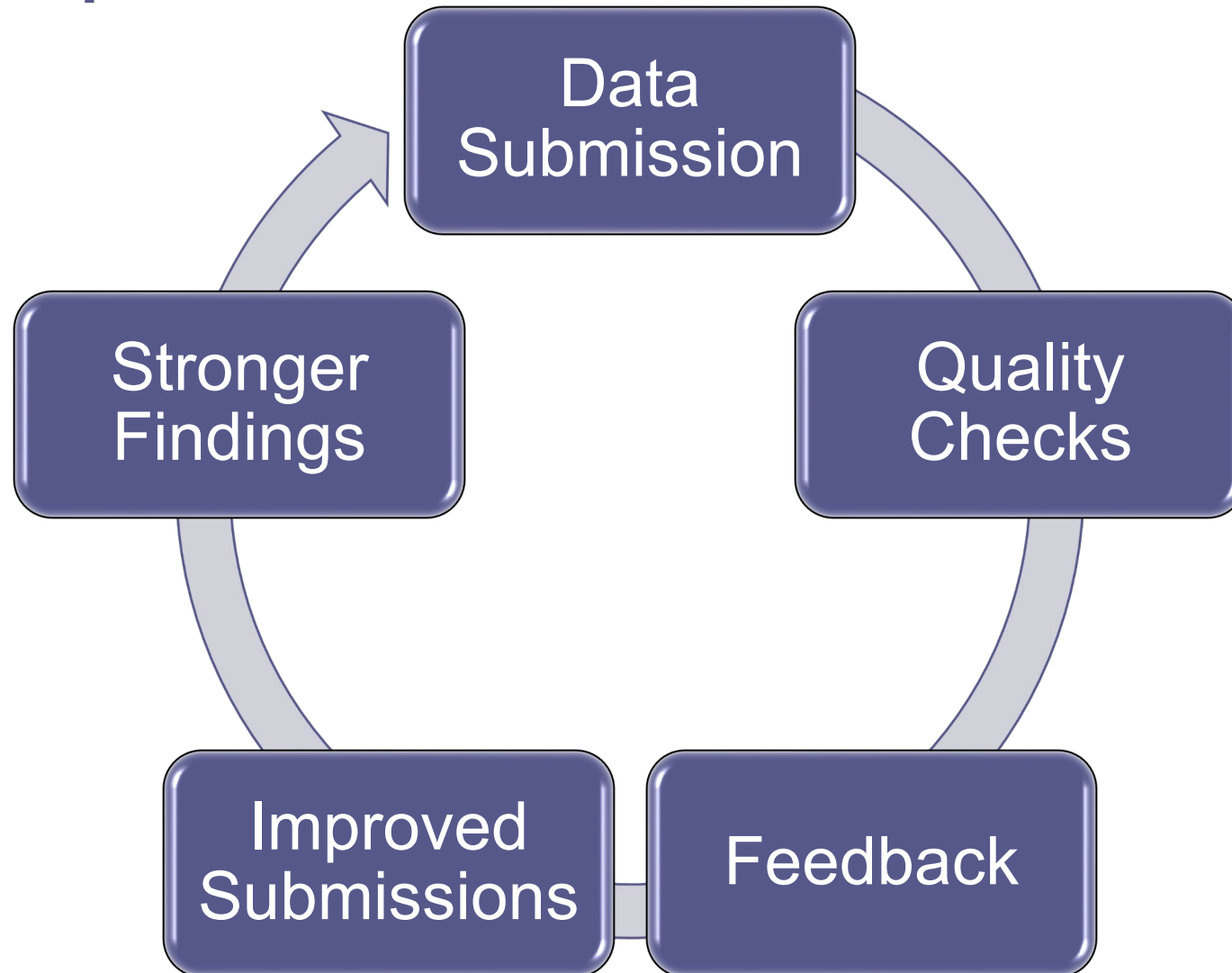
- Completeness, timeliness, and validity checks across major data streams (logs, rosters, surveys, digital analytics, referral data, policy artifacts)

- Transparent documentation of limitations and implications

- Continuous learning approach so interim results inform program refinement

Data Outputs and Synthesis

Products will synthesize cross-project contributions to measurable change and support decision-making for sustaining and scaling.

Quarterly Snapshots

Interim Synthesis and Tracking

Final Evaluation
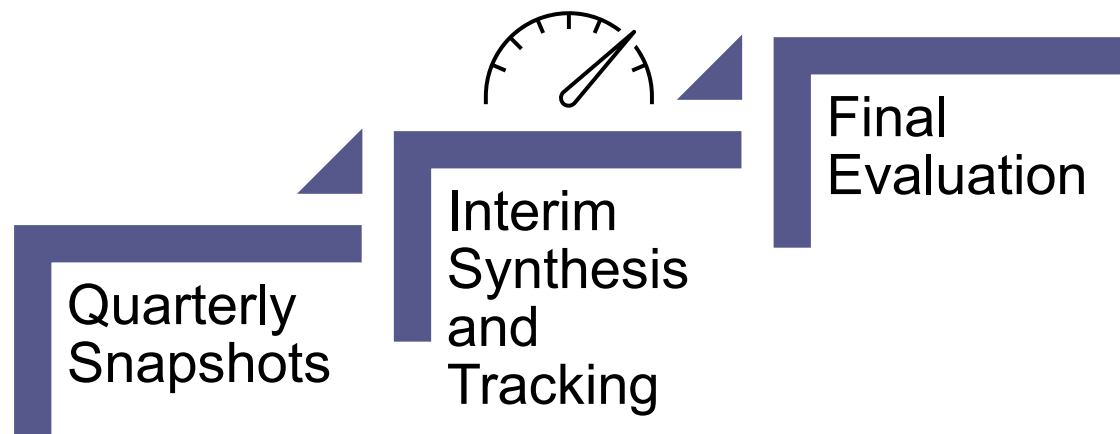
- Actionable findings on implementation, reach/equity, and statewide outcomes over the contract period

- Cross-project synthesis of contributions to measurable change

- Interactive web-based data dashboards for projects to use for tracking indicators described in their evaluation plans

- Decision support for sustaining and scaling effective strategies

Thank You

Better healthcare, realized.

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