

Georgia Tobacco Use Control Program Evaluation Plan

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GTUPP acknowledges valuable input from GTUPP Evaluation work group members including GTUPP program staff and external collaborators.

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Table of Contents

Overview of Evaluation 3

Component 1 5

Evaluation Focus Areas 5

GTUPP DP2001 – Component 1 Logic Model 6

Table A.1: Evaluation Plan Overview - Statewide Requirement 7

Table B.1 Evaluation Design and Data Collection Matrix: Statewide Requirement 9

Table A.2: Evaluation Plan Overview - Community-Based Requirement..... 10

 Table B.2: Evaluation Design and Data Collection Matrix: Community-Based Requirement..... 12

Table A.3: Evaluation Plan Overview - Policy and Health Systems Change Requirement 13

Table B.3 Evaluation Design and Data Collection Matrix: Policy and Health Systems Change 15

Table A. 4: Evaluation Plan Overview – Community Disparity Requirement 17

Table B.4: Evaluation Design and Data Collection Matrix: Community Disparity Requirement..... 19

Use of Evaluation Findings from Component 1 Strategies and Activities. 23

Component 2: 24

Evaluation Focus Areas 24

GTUPP DP2001 – Component 2 Logic Model 25

Table A.5: Evaluation Plan Overview - Quitline Requirement Evaluation Plan Overview 26

Table B.5 Evaluation Design and Data Collection Matrix: Quitline Requirement 28

Use of Evaluation Findings from Component 2 Strategies and Activities: 32

Appendices:..... 34

 1. **Stakeholder engagement** 34

 2. **Data sources, management plan, and use** 35

Overview of Evaluation

The Georgia Tobacco Use Prevention Program (GTUPP) will follow the Centers for Disease Control and Prevention's (CDC) Framework for evaluation to conduct process and outcome evaluations to determine the effectiveness of program interventions. Evaluations will also be carried out to assess the program's success and make any necessary adjustments throughout the project. Through partnerships and collaborations, GTUPP plans to implement evidence-based strategies to prevent youth and young adults from initiating commercial tobacco product use, including emerging products, protecting individuals from secondhand smoke exposure, and promoting tobacco use cessation. GTUPP plans to monitor and evaluate program activities to 1) ascertain that program activities throughout the project period are carried out efficiently and are aligning with the program goals and strategies; 2) investigate any significant barriers to program activities and how to overcome them as early as possible; and 3) highlight any lessons learned and emphasize facilitators which promote program success. GTUPP developed this evaluation plan in close collaboration with stakeholders.

Three groups of stakeholders and partners are involved at different levels in performance management and evaluation of the program activities. Key partners and program staff will be engaged in all phases of the evaluation process, including planning, implementation, and use of evaluation results. GTUPP has an evaluation workgroup consisting of some of GTUPP's key partners working on chronic disease prevention. Together with program staff, the work group's main priority is planning GTUPP evaluation and using evaluation data to direct program activities. Stakeholders in local public health districts, community coalitions, and other public health organizations will implement interventions, collect data, disseminate, and use evaluation data to improve interventions and achieve outcomes. Higher-level stakeholders such as the statewide coalition, national agencies, and funders will share and use evaluation and surveillance data. A list of stakeholders/partners and their associated role and engagement in the evaluation process is outlined in Table 2, Appendices.

Evaluation of GTUPP program activities will use mixed methods and carry out both process and outcome evaluation. Process evaluation will document how strategies have been implemented as planned. GTUPP evaluator will synthesize, analyze, and interpret data collected from program activities through CATALYST, a secure reporting system designed to capture and report program activities' progress. Program performance measures will be collected through this portal. CATALYST system allows for data sharing and feedback loops without adding extra workload to stakeholders. Monitoring every quarter will help the program focus on meeting requirements and provide evidence of progress on performance measures. Stakeholders will be informed of their progress towards set goals and objectives quarterly.

The GTUPP epidemiologist will analyze data from surveillance activities using SAS SUDAAN software for outcome evaluation and to assess program impact and effectiveness. The analysis will provide descriptive statistics of tobacco users in Georgia stratified by demographics, such as age, race/ethnicity, and geographic region. The statistics will include indicators chosen to measure the objectives of this program, such as the percentage of adults who are current smokers quit rates, quit rates for the target population, and other disparate populations in Georgia. Quitline reports will be analyzed to monitor utilization patterns, specifically to identify and plan for strategies to reach disparate populations not easily reached by regular quitline services.

Program monitoring and evaluation data will be reported to the CDC through the AMP portal. Stakeholders will regularly be informed of the program's progress, successes, and barriers. The progress will highlight program success stories, note any barriers, and explore how to overcome such barriers by working collaboratively with partners.

GTUPP has access to existing tobacco control data sources, including the Behavioral Risk Factors Surveillance Survey (BRFSS), Youth Risk Behavior Surveillance Survey (YRBS), School Health Profile (SHP), Pregnancy Risk Assessment Monitoring System (PRAMS), and mortality data from death records. These data sources form the core of the data used to monitor and evaluate outcomes and track progress. For tobacco use cessation information, GTUPP has access to quitline individual-level data from the service provider. The GTUPP evaluator will continue submitting data to CDC's National Quitline Data Warehouse via the appropriate platform. All data sources used for this evaluation, management, and use are presented in Table 3, Appendices.

GTUPP has a state-funded quitline that offers evidence-based tobacco cessation services to all Georgians. Quitline performance data will be collected by the Georgia quitline service provider, Optum Health, Inc. At a minimum, Optum will collect the minimum intake data requirements as outlined by North American Quitline Consortium (NAQC) and collect state-requested data as needed. Optum will submit weekly, monthly, quarterly, and annual utilization data to GTUPP. Reports from Optum will include user satisfaction, quitline service quality and reach, and quit rates among quitline users. In year 3, Georgia will conduct a quitline 7-month follow-up evaluation to find successful quit rates by demographic characteristics and evaluate quitline services' reach and effectiveness.

The overarching evaluation questions Georgia will answer during this project period are:

1. What evidence-based strategies were implemented in Georgia to protect all people from exposure to tobacco use and its effects, prevent youth and young adults from initiating the use of commercial tobacco products, including emerging products, and support tobacco users in quitting?
2. What progress has been made to prevent tobacco use and its effects?
3. Which strategies were effective in achieving the progress?
4. What were the barriers and facilitators?

Component 1

Evaluation Focus Areas

During this 5-year cooperative agreement period, the primary goal is to eliminate tobacco use disparities. A list of proposed evaluation questions, performance measures to monitor implementation progress, and potential data sources to capture necessary information to address those questions for this component are detailed in Tables B1 – B4. Most of the data sources required to address the evaluation questions are readily available. The feasibility of collecting additional data using surveys will depend on the need and development of those measurement tools.

GTUPP worked closely with its partners through the evaluation workgroup to develop this evaluation. An evaluation prioritization survey was carried out to better focus the evaluation on the strategies preselected by CDC OSH and deemed by stakeholders as most critical to evaluate. While GTUPP plans to implement and monitor all workplan strategies, the evaluation will only focus on the following strategies:

Statewide Requirement (Behavioral Health):

- Promote health systems changes in behavioral health care facilities to encourage and support screening and treatment of tobacco use and dependence.

Community-Based Requirement:

- Promote awareness and use of evidence-based cessation treatment, including the quitline and digital-based technologies.
- Establish and strengthen tobacco-free policies in schools and on college/university campuses.

Policy and Health Systems Change Requirement:

- Engage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including e-cigarettes.
- Implement policies to raise the minimum age of tobacco sales to at least 21

Community Disparity Requirement

- Develop and/or engage with multi-level, multi-sector local coalitions and community stakeholders and leaders to plan and implement evidence-based tobacco prevention and control strategies.

Specific activities under each strategy will be described in the logic model. Evaluation overview including evaluation questions for each strategy will be outlined in Tables A and B.

GTUPP DP2001 – Component 1 Logic Model

ACTIVITIES	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOME	LONG TERM OUTCOMES
<p><u>Statewide Requirement</u></p> <p>1. <i>Promote health systems changes in behavioral health care facilities to encourage and support screening and treatment of tobacco use and dependence</i></p> <ul style="list-style-type: none"> Establish a partnership with at least 2 behavioral health facilities that have a tobacco free policy to increase knowledge among the mental health providers about the 5As. Create a toolkit to educate behavioral health staff with best practice resources for implementing the tobacco cessation 5A's, GA cAARDs and evidenced based cessation treatment. Identify and prioritize next steps for implementation and utilization of at least 2 change ideas in the tobacco cessation change packet. <p><u>Community-Based Requirement</u></p> <p>2. <i>Promote awareness and use of evidence-based cessation treatment, including the quitline and digital-based technologies</i></p> <ul style="list-style-type: none"> Continue to share Truth Initiative's This is Quitting (TIQ) educational materials, opt-in keyword, and social media messages and graphics with up to 18 local public health districts and stakeholders to promote TIQ in their districts, communities and youth-focused organizations through social media outlets and print. Establish partnerships with postsecondary educational institutions to promote the Georgia Tobacco Quit Line including personalized quit plan, coaching support through telephone, text and online, and nicotine replacement therapies through health centers, social media outlets, and print. <p>3. <i>Establish and strengthen tobacco-free policies in schools and on college/university campuses</i></p> <ul style="list-style-type: none"> Fund up to 18 health districts to conduct educational campaigns on Tobacco 21 law, dangers of electronic cigarettes and emerging tobacco products, secondhand smoke, cessation resources, and tobacco-free campus policies. <p><u>Policy and Health Systems Requirement</u></p> <p>4. <i>Engage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including for e-cigarettes(C)</i></p> <ul style="list-style-type: none"> Implement the Georgia Pediatric Tobacco Control Champions initiative to identify pediatric health systems to integrate at least 2 change ideas utilizing the Tobacco Cessation Change Package for tobacco use and dependence among child and family. Develop and/or revise DPH's 'Engaging Tobacco Users: Tips for Health Care Providers and Public Health Professionals' online webinar to include modules on e-cigarettes and emerging tobacco products to disseminate among pediatric healthcare providers. <p>Community Disparity Requirement – Albany Health District:</p> <p>5. <i>Develop and/or engage with multi-level, multi-sector local coalitions and community stakeholders and leaders to plan and implement evidence-based tobacco prevention and control strategies</i> Support a local coalition to develop and implement education campaigns to reduce commercial tobacco use targeting African Americans in Albany Health District.</p>	<ul style="list-style-type: none"> Increased health care system changes to promote and support tobacco use and dependence treatment Increased public- private partnerships addressing tobacco control, tobacco-related disparities, and health equity Increased public and decision-maker awareness and knowledge of the dangers of tobacco use, effective tobacco control interventions, and social norm change Increased health communication interventions and messages to reach the general population and populations experiencing tobacco- related disparities Increased access to and awareness of barrier-free coverage of evidence-based tobacco use and dependence treatments 	<ul style="list-style-type: none"> Increased implementation and reach of evidence-based, culturally appropriate strategies and activities to reduce tobacco- related disparities Decreased exposure to tobacco marketing and access to tobacco products Decreased youth susceptibility to experimentation with tobacco products, including e-cigarettes and other emerging tobacco products Increased implementation of tobacco control policies, including comprehensive smokefree policies Increased development of innovative and/or promising practices that contribute to the tobacco control evidence-base 	<ul style="list-style-type: none"> Decreased initiation of tobacco use among youth and young adults Decreased exposure to SHS Decreased tobacco use and dependence among adults and youth Decreased tobacco - related disparities.

Table A.1: Evaluation Plan Overview - Statewide Requirement

<p>A1.1 Statewide Strategies to Evaluate:</p> <ul style="list-style-type: none">• Promote health systems changes in behavioral health care facilities to encourage and support screening and treatment of tobacco use and dependence
<p>A1.2 Overall Evaluation Approach and Context:</p> <p>GTUPP will work with the Georgia Department of Behavioral Health Developmental Disabilities (DBHDD) to 1) identify facilities that do not have a tobacco-free campus policy and encourage them to adopt tobacco-free policies that include prohibiting the use of e-cigarettes; and 2) implement evidence-based tobacco treatment interventions. GTUPP will conduct a scan survey of long-term residential facilities to establish a baseline number of facilities without a comprehensive smoke-free policy and encourage those without a policy to adopt a campus-wide smoke-free policy. GTUPP will work with behavioral health facilities with smoke-free policies to implement the United States Public Health Service evidence-based tobacco treatment intervention of 5As using electronic referral to the Georgia Tobacco Quit Line (GTQL). GTUPP contracts with Optum Health, Inc for Quitline services. GTUPP will connect behavioral health facilities and Optum to implement the integration of the referral module in the facilities' EHR.</p> <p>The strategy is goal-based; GTUPP will report how many behavioral health facilities have adopted tobacco use prevention strategies such as tobacco-free policies or have integrated tobacco dependence treatment in their protocols. CDC estimates smoking rates among individuals with psychiatric disorders to be 2-4 times higher than the general U.S. population. These individuals want to quit tobacco use at the same rates as the general population, so interventions at the community and individual levels are critical. The 2018 Georgia BRFSS shows that about 25 percent of adults who reported frequent mental distress were current smokers, and approximately 66.6 percent of these individuals want to quit. Only about 20% of behavioral health care facilities in Georgia have smoke-free policies; and only 5 state facilities have implemented electronic referrals of inpatients who use tobacco for treatment intervention to the tobacco quitline. GTUPP staff will work with DBHDD staff to identify behavioral health facilities ready to implement more tobacco use prevention and cessation interventions. GTUPP will offer resources on the process to adopt policies and change treatment protocols to include tobacco dependence treatment.</p>
<p>A1.3 Evaluation Stakeholders and Primary Intended Users of the Evaluation:</p> <p>The following stakeholders and organizations are involved in developing the evaluation plan, evaluation tools, and strategies; offering technical assistance, participate in data collection and analysis; interpretation of program findings, use of evaluation findings, provide data, or implementation and enforcement of strategies.</p> <ul style="list-style-type: none">• GTUPP• CDC OSH Evaluation and Project Officer• Georgia Department of Behavioral Health Developmental Disabilities (DBHDD)• Identified mental health care facilities• National Council for Mental Wellbeing• National Behavioral Health Network• Optum Health, Inc.

- Hispanic Health Coalition

A1.4 Communication/Dissemination:

Findings under this strategy will be shared with DBHDD and other mental health facilities partners to show progress on tobacco use intervention among this population. GTUPP will share monthly quitline utilization reports with DBHDD staff and identified mental healthcare facilities. This report, among other things, shows the number of individuals referred to the quitline from the behavioral health facilities and the number that have accessed and used quitline services.

GTUPP will have quarterly meetings with the evaluation workgroup to share the progress of program implementation. Monitoring and evaluation of progress and results will be reported quarterly to the tobacco advisory board. This strategy will monitor the number of facilities adopting smoke-free policies and the number integrating tobacco addiction treatment initiatives within the facilities' treatment modules. GTUPP will share progress with the OSH project officer and evaluation officer during the scheduled calls and annually through the AMP reporting portal. Annual evaluation reports will be disseminated on the DPH website.

A1.5 Use of Evaluation Findings:

Findings from program reports and quitline utilization reports will be used to guide the effective implementation of tobacco use prevention interventions in mental health facilities. All evaluation findings will be synthesized into an evaluation action plan. The action plan will identify targeted recommendations and specific action steps necessary to implement the recommendations. The action plan and its updates will be provided to the principal investigator and the program manager to strengthen, enhance, and revise program initiatives, if needed. OSH will be informed of the program progress at regularly scheduled intervals through appropriate channels such as AMP, quitline platform, T/A calls, annual progress reports, including impact statements and end of project report.

A1.6 Health Impact:

With this intervention, GTUPP's goal is to coordinate and streamline the treatment of behavioral and mental health patients who use tobacco and are willing to quit by using existing, evidence-based systems. Evidence in Georgia has shown that adopting the e-referral system reduced the amount of time staff spend on the referral process by eliminating the need to manually complete and fax paper referral forms, while increasing data integrity due to automation. Additionally, DPH and DBHDD will continue to promote tobacco-free policies and prevention initiatives in all Georgia behavioral health facilities.

Table B.1 Evaluation Design and Data Collection Matrix: Statewide Requirement

<p>B1.1 Strategy-Specific Evaluation Approach and Context: The strategy is goal-based; GTUPP will evaluate how many behavioral health facilities have adopted tobacco use prevention strategies such as tobacco-free policies or have integrated tobacco addiction treatment in their protocols. Only about 20% of behavioral health care facilities in Georgia have smoke-free policies, and only 5 state facilities have implemented electronic referrals of inpatients who use tobacco for treatment intervention to the tobacco quitline. This strategy will identify more facilities that are ready to implement more interventions. GTUPP will offer resources on the process to adopt policies and change treatment protocols to include tobacco dependence treatment. GTUPP staff will work with DBHDD staff to identify behavioral health facilities.</p>							
<p>B1.2 Statewide Strategy: Promote health systems changes in behavioral health care facilities to encourage and support screening and treatment of tobacco use and dependence</p>							
<p>B1.3 Activity(s): Survey behavioral health facilities in Georgia to:</p> <ul style="list-style-type: none"> • Continue to expand partnerships with at least 2 additional behavioral health facilities to increase the adoption and implementation of GA cAARDs. • Create a toolkit to educate behavioral health staff with best practice resources for implementing the tobacco cessation 5A's, GA cAARDs and evidenced based cessation treatment • Provide TA to the identified behavioral health systems to implement change ideas from the Tobacco Cessation Change Packet. 							
<p>Outcome:</p> <ul style="list-style-type: none"> • Increased development of innovative and/or promising practices that contribute to the tobacco control evidence-base • Increased health care system changes to promote and support tobacco use and dependence treatment • Decreased tobacco-related disparities 							
B1.4 Evaluation Questions	B1.5 Indicator(s)	B1.6 Data Source	B1.7 Data Collection Method	B1.8 Data Collection Time Frame		B1.9 Data Analysis	B1.10 Person(s) Responsible
				Start	End		
How many additional behavioral health facilities have adopted the GA cAARDs comprehensive tobacco-free policies?	Number of behavioral health treatment facilities that have implemented 100% tobacco-free policies.	Program reports Facility documents	Document review Facility scan survey	1/2021	3/2025	Descriptive Analysis	GTUPP cessation coordinator and program evaluator
How many behavioral health systems are implementing the tobacco 5A's, GA cAARDs and	Number of behavioral health systems that implement the tobacco 5A's, GA cAARDs and evidence-based cessation treatment						

evidence-based cessation treatment?							
How well were the identified behavioral health systems assisted to implement change ideas from the Tobacco Cessation Change Packet?	Number of TAs offered; Number of identified behavioral health systems that implement change ideas from the Tobacco Cessation Change Packet						
What were lessons learned, promising practices, and unintended consequences?							

Table A.2: Evaluation Plan Overview - Community-Based Requirement

<p>A2.1 Community-Based Strategies to Evaluate:</p> <ul style="list-style-type: none"> Promote awareness and use of evidence-based cessation treatment, including the quitline and digital-based technologies.
<p>A2.2 Overall Evaluation Approach and Context:</p> <p>Georgia has a quitline that offers free services, counseling, and nicotine replacement therapy (NRT), to all state resident eligible tobacco users who are ready to quit within 30 days. However, awareness about the quitline and use among youth and young adults is low. GTUPP will work with partners to promote and implement digital cessation services targeting this population. GTUPP will implement activities to increase awareness in populations most likely to benefit significantly from the quitline services.</p>
<p>A2.3 Evaluation Stakeholders and Primary Intended Users of the Evaluation:</p> <p>The following stakeholders and organizations are involved in developing the evaluation plan, evaluation tools, and strategies; offering technical assistance, participate in data collection and analysis; interpretation of program findings, use of evaluation findings, provide data, or implementation and enforcement of strategies. Collaborators including Truth Initiative, the Hispanic Health Coalition, Georgia Tobacco Prevention Coalition, and Youth-focused organizations will help to ensure that social determinants in various areas that influence tobacco-related disparities are assessed. For example, This Is Quitting will develop and disseminate culturally appropriate information to ensure that the young population has access to information and resources about the quitline that is easily accessible.</p> <ul style="list-style-type: none"> GTUPP Evaluator and staff CDC OSH Evaluation and Project Officer DPH including Chronic Disease Prevention Section, Epidemiology Section, Division of Communications, Youth-focused Organizations

- Healthcare Systems
- Optum Health, Inc.
- Georgia Tobacco Prevention Coalition
- Tobacco Use Control Advocates (American Cancer Society, American Heart Association, American Lung Association American)
- Hispanic Health Coalition
- Postsecondary educational institutions
- Community members
- Truth Initiative

A2.4 Communication/Dissemination:

Findings under this strategy will be shared with DBHDD and other mental health facilities partners to show progress on tobacco use intervention among this population. GTUPP will share monthly quitline utilization reports with DBHDD staff and identified mental healthcare facilities. This report, among other things, shows the number of individuals referred to the quitline from the behavioral health facilities and the number that have accessed and used quitline services.

GTUPP will have quarterly meetings with the evaluation workgroup to share the progress of program implementation. Monitoring and evaluation of progress and results will be reported quarterly to the tobacco advisory board. This strategy will monitor the number of facilities adopting smoke-free policies and the number integrating tobacco addiction treatment initiatives within the facilities' treatment modules.

GTUPP will share progress with the OSH project officer and evaluation officer during the scheduled calls and annually through the AMP reporting portal. Annual evaluation reports will be disseminated on the DPH website.

A2.5 Use of Evaluation Findings:

Findings from program reports and quitline utilization reports will be used to guide the effective implementation of tobacco use prevention interventions among the targeted communities. All evaluation findings will be synthesized into an evaluation action plan. The action plan will identify targeted recommendations and specific action steps necessary to implement the recommendations. The action plan and its updates will be provided to the principal investigator and the program manager to strengthen, enhance, and revise program initiatives, if needed. OSH will be informed of the program progress at regularly scheduled intervals through appropriate channels such as AMP, quitline platform, T/A calls, annual progress reports, including impact statements and end of project report.

A2.6 Health Impact:

The intervention will reach a more diverse population and increase awareness and use of evidence-based cessation treatment among tobacco users. The intended impact is to reduce disparity among people who attempt to quit and successfully quit.

Table B.2: Evaluation Design and Data Collection Matrix: Community-Based Requirement

<p>B2.1 Strategy-Specific Evaluation Approach and Context: Under this goal-oriented strategy, the activities aim to increase tobacco-free living among youth and young adults. GTUPP will use pre and post-evaluation of quitline reports to assess the effect of partner education efforts, other digital strategies, and healthcare interventions on increasing quit attempts using quitlines among youth and young adults. Georgia has a quitline that offers free services, counseling, and NRT, to eligible state resident tobacco users who are ready to quit within 30 days. However, awareness about the quitline is low, especially among youth and young adults. E-cigarette usage is an epidemic among youth. According to the 2019 Georgia Youth Risk Behavior Survey and Behavioral Risk Factor Surveillance Survey, 17% of high school students and 32% of young adults are current e-cigarette users. With the rise in popularity of e-cigarettes, promoting evidence-based cessation strategies and a statewide cessation program is essential for tobacco-free living among young people. GTUPP will implement activities to increase awareness among youth and young adults and assess the utilization of digital services to improve quit attempts.</p>							
<p>B2.2. Community-Based Strategy: Promote awareness and use of evidence-based cessation treatment, including the quitline and digital-based technologies</p>							
<p>B2.3. Activity(s):</p> <ul style="list-style-type: none"> Continue to share Truth Initiative's This is Quitting (TIQ) educational materials, opt-in keyword, and social media messages and graphics with up to 18 local public health districts and stakeholders to promote TIQ in their districts, communities and youth-focused organizations through social media outlets and print. Establish partnerships with postsecondary educational institutions to promote the Georgia Tobacco Quit Line including personalized quit plan, coaching support through telephone, text and online, and nicotine replacement therapies through health centers, social media outlets, and print. 							
<p>Outcome:</p> <ul style="list-style-type: none"> Increased health communication interventions and messages to reach the general population and populations experiencing tobacco-related disparities Increased development of innovative and/or promising practices that contribute to the tobacco control evidence-base 							
B2.4 Evaluation Questions	B2.5 Indicator(s)	B2.6 Data Source	B2.7 Data Collection Method	B2.8 Data Collection Time Frame		B2.9 Data Analysis	B2.10 Person(s) Responsible
				Start	End		
What cessation digital services are offered?	<ul style="list-style-type: none"> Number/ type of digital cessation services offered. 	Quitline reports Provider reports	Report review	1/2021	3/2025	Descriptive Thematic	Evaluator PYI manager Contractor
How many users are using digital services?	<ul style="list-style-type: none"> Number of tobacco users 						

<p>What are the demographic characteristics of digital cessation services users?</p> <p>How many and what proportion of quitline callers were referred to the quitline from a digital service program? What were the quit outcomes of the participants that registered through digital services?</p>	<p>using digital services - Volume</p> <ul style="list-style-type: none"> • Demographics of service users – Reach • Number/proportion of referrals to the quitline from digital service. • 7-month follow up data 						
<p>What were lessons learned, promising practices, and unintended consequences?</p>							

Table A.3: Evaluation Plan Overview - Policy and Health Systems Change Requirement

<p>A3.1 Policy and Health Systems Change Strategies to Evaluate:</p> <ul style="list-style-type: none"> • Engage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including for e-cigarettes • Implement policies to raise the minimum age of tobacco sales to at least 21
<p>A3.2 Overall Evaluation Approach and Context:</p> <p>GTUPP will employ an observational approach to assess the impact of engaging healthcare providers on increasing quit attempts from e-cigarette use and emerging products among young adults and youth. The healthcare providers will be offered online training on engaging youth in tobacco use cessation. The training is available for free to all healthcare providers in the state. Several pediatric practices will be identified to pilot the strategy. GTUPP will analyze the count and fields of practice of the healthcare providers taking the online webinar training on cessation intervention. Additionally, GTUPP will assess the impact of the recently passed state law raising the legal age to purchase tobacco products to 21. GTUPP and partners will conduct observational studies to evaluate the extent of implementation of the T21 law.</p>
<p>A3.3 Evaluation Stakeholders and Primary Intended Users of the Evaluation:</p>

The following stakeholders and organizations are involved in developing the evaluation plan, evaluation tools, and strategies; offering technical assistance, participate in data collection and analysis; interpretation of program findings, use of evaluation findings, provide data, or implementation and enforcement of strategies. The engagement of stakeholders such as the Georgia Champion E-Cigarette Champions and other community stakeholders will help address the focused exposure of cigarettes to teenagers. The Georgia E-Cigarette Champion will significantly help ensure that issues influencing tobacco-related disparities among youth and young adults are addressed.

- GTUPP Evaluator and staff
- CDC OSH Evaluation and Project Officer
- Georgia Department of Revenue
- DPH Epidemiology Section, Chronic Disease Prevention Section, Division of Communications)??
- Optum Health Inc.
- Community Stakeholders
- Local Public Health Districts
- American Academy of Pediatrics – Georgia Chapter
- Georgia Chapter E-Cigarette Champion

A3.4 Communication/Dissemination:

Results from program, surveillance and evaluation efforts will be disseminated at community meetings through annual reports, facts sheets, and annual impact stories. Evaluation progress and results will be reported quarterly to the tobacco advisory board and the community and state coalitions working group on tobacco. All evaluation findings will be synthesized into an evaluation action plan; the action plan identifies targeted recommendations and specific action steps necessary to implement the recommendations for program improvement. This action plan and its updates will be provided to the intended stakeholders and the program manager. OSH will be informed of the program progress at regularly scheduled intervals through appropriate channels such as AMP, quitline platform, T/A calls, annual progress reports, including impact statements and end of project report. Surveillance of the federal Act on tobacco sales to minors is conducted by Department of Revenue and can be accessed through the Substance Abuse and Mental Health Services Administration (SAMHSA) website. Annual evaluation reports will be disseminated on DPH website.

A3.5 Use of Evaluation Findings:

Findings from program reports and quitline utilization reports will be used to guide the effective implementation of tobacco use prevention interventions among youth and young adults. All evaluation findings will be synthesized into an evaluation action plan. The action plan will identify targeted recommendations and specific action steps necessary to implement the recommendations. The action plan and its updates will be provided to the principal investigator and the program manager to strengthen, enhance, and revise program initiatives, if needed. OSH will be informed of the program progress at regularly scheduled intervals through appropriate channels such as AMP, quitline platform, T/A calls, annual progress reports, including impact statements and end of project report.

A3.6 Health Impact:

GTUPP works continuously to prevent youth and young adults' tobacco initiation and connect those desiring to quit to cessation programs. GTUPP's inception of the Tobacco Control Champion Initiative will provide a platform for pediatric healthcare providers and health systems to share best practices that employ motivational interviewing strategies, tobacco use screenings, and referral practices for tobacco use cessation and dependence treatment. Additionally, supporting the implementation of the state's tobacco 21 law will decrease access to tobacco products, including emerging products, among individuals under 21. GTUPP anticipates that at the conclusion of the 5-year award period, tobacco and emerging products use rates among youth and young adults will fall to below 8.5 percent and increase provider Ask, Advise, Refer practices and referrals from pediatric practitioners to the state quitline.

Table B.3 Evaluation Design and Data Collection Matrix: Policy and Health Systems Change

<p>B3.1.1 Strategy-Specific Evaluation Approach and Context: GTUPP will conduct process evaluation through quitline report reviews to analyze the impact of engaging healthcare providers on increasing quit attempts from using e-cigarettes and emerging products among youth and young adults. E-cigarette usage is an epidemic among youth. According to the 2019 Georgia Youth Risk Behavior Survey and Behavioral Risk Factor Surveillance Survey, 17% of high school students and 32% of young adults are current e-cigarette users. With the rise in popularity of e-cigarettes, promoting evidence-based cessation strategies and a statewide cessation program is essential for tobacco-free living. Pediatric practitioners are innovation leaders in health and wellbeing among youth and young adults. Thus, it is crucial to collaborate with pediatric practitioners to integrate motivational interviewing, communication strategies, evidence-based screening tools, and referral practices for tobacco use cessation and dependence treatment. GTUPP will count how many healthcare providers have been trained on the online webinar. GTUPP will work with pediatric practitioners to identify promising e-cigarette cessation strategies that work among youth.</p>
<p>B3.1.2 Policy and Health Systems: Engage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including for e-cigarettes</p>
<p>B3.1.3 Activity(s):</p> <ul style="list-style-type: none"> • Develop and/or revise DPH's 'Engaging Tobacco Users: Tips for Health Care Providers and Public Health Professionals' online webinar to include modules on e-cigarettes and emerging tobacco products to disseminate among pediatric healthcare providers. • Partner with the American Academy of Pediatrics Georgia Chapter E-Cigarette Champion to identify pediatric health systems to integrate at least 2 change ideas utilizing the Tobacco Cessation Change Package for tobacco use and dependence among child and family.
<p>Outcome:</p> <ul style="list-style-type: none"> • Increased health care system changes to promote and support tobacco use and dependence treatment

<ul style="list-style-type: none"> Decreased tobacco use and dependence among adults and youth 							
B3.1.4 Evaluation Questions	B3.1.5 Indicator(s)	B3.1.6 Data Source	B3.1.7 Data Collection Method	B3.1.8 Data Collection Time Frame		B3.1.9 Data Analysis	B3.1.10 Person(s) Responsible
				Start	End		
How many providers have been trained on the tobacco treatment module?	<ul style="list-style-type: none"> Number of providers trained Topics of training 	Optum reports	Report review				Cessation
How many providers have implemented Georgia Pediatric Tobacco Control Champions initiative?	<ul style="list-style-type: none"> Number and reach of health systems that have implemented intervention. 	Pediatric clinicians, practices, and health systems' reporting	Report review	02/2021	03/2025	Descriptive , Thematic	PYI
Any barriers/facilitators to implementation of activity?							
<p>B3.2.1 Strategy-Specific Evaluation Approach and Context: Senate Bill 375 passed in Georgia to increase the age of purchase for cigarettes and tobacco products to 21, create an offense of using vapor products in a school safety zone, and provide for excise taxes on vapor products and alternative nicotine products. This strategy is process-based, GTUPP will employ observational approach to assess the impact of the Bill on reducing access to tobacco products among youth.</p>							
<p>B3.2.2 Policy and Health Systems Strategy: Implement policies to raise minimum age of tobacco sales to at least 21</p>							
<p>B3.2.3 Activity(s):</p> <ul style="list-style-type: none"> Continue partnership with Department of Revenue’s Alcohol & Tobacco Division to educate tobacco retailers on the changes in the minimum legal sales age for tobacco products, including e-cigarettes. Collaborate with Tobacco Prevention Advisory Group to identify 2 - 3 partners to establish a Tobacco 21 workgroup to develop a recommended process to ensure compliance with the state’s law. Fund up to 18 public health districts and provide technical assistance in conducting district-wide education campaigns to tobacco retailers and school settings to increase knowledge on the state’s T21 law and cessation resources. 							
<p>Outcome:</p> <ul style="list-style-type: none"> Increased public and decision-maker awareness and knowledge of the dangers of tobacco use, effective tobacco control interventions, and social norm change 							

<ul style="list-style-type: none"> Decreased exposure to tobacco marketing and access to tobacco products Decreased initiation of tobacco use among youth and young adults 							
B3.2.4 Evaluation Questions	B3.2.5 Indicator(s)	B3.2.6 Data Source	B3.2.7 Data Collection Method	B3.2.8 Data Collection Time Frame		B3.2.9 Data Analysis	B3.2.10 Person(s) Responsible
				Start	End		
What impact did the Tobacco21 policy have on decreasing access to tobacco products, including e-cigarettes, among young people?	<ul style="list-style-type: none"> Number of jurisdictions/retailers implementing the federal and state T21 policy. Percent of retailer violations (Synar violation rate) 	<p>Program reports</p> <p>Department of Revenue reports</p>	<p>Scan surveys</p> <p>Document review</p>	03/2021	03/2025	<p>Document review</p> <p>Descriptive Analysis</p>	Preventing Youth Initiation Coordinator, Department of Revenue.
What were lessons learned, promising practices, and unintended consequences?							Evaluator

Table A. 4: Evaluation Plan Overview – Community Disparity Requirement

<p>A4.1 Community Disparity strategies to Evaluate</p> <p>Develop and/or engage with multi-level, multi-sector local coalitions and community stakeholders and leaders to plan and implement evidence-based tobacco use prevention and cessation strategies</p>
<p>A4.2 Overall Evaluation Approach and Context:</p> <p>GTUPP will utilize both process and outcome evaluation approaches to assess the effectiveness of implementing community policy, systems, and environmental strategies and activities to address tobacco use and dependence and secondhand smoke exposure within the disparate African American community in the Albany health district. Employing multi-level, multi-sector local coalitions and community stakeholders and leaders will ensure a comprehensive approach to reducing disparity and improving equity in the targeted community. GTUPP will monitor the local agency's efforts in partnering with various community sectors and will conduct a descriptive analysis of the coalition and youth leaders' training through the local lead agency to determine knowledge gain. A thematic analysis of the program documents and quarterly reports will also be analyzed to understand the facilitating and challenging factors and how well the challenging factors were addressed to achieve the project goal.</p>

A4.3 Evaluation Stakeholders and Primary Intended Users of the Evaluation:

The following stakeholders and organizations are involved in developing the evaluation plan, evaluation tools, and strategies; offering technical assistance, participate in data collection and analysis; interpretation of program findings, use of evaluation findings, provide data, or implementation and enforcement of strategies.

- GTUPP Evaluator and staff
- CDC OSH Evaluation and Project Officer
- Southwest Health District
- Phoebe Putney Memorial Hospital
- Albany State University
- Dougherty County School System
- SOWEGA Risking
- City of Atlanta BOCC
- Center for Black Health and Equity
- Youth Empowered Solutions (YES!)
- Virgin Archer Solutions
- Fairway, I-Heart Radio, GSTV

A4.4 Communication/Dissemination:

Results from program, surveillance and evaluation efforts will be disseminated at community meetings through annual reports, facts sheets, and annual impact stories. Evaluation progress and results will be reported quarterly to the tobacco advisory board and the community and state coalitions working group on tobacco. All evaluation findings will be synthesized into an evaluation action plan; the action plan identifies targeted recommendations and specific action steps necessary to implement the recommendations for program improvement. This action plan and its updates will be provided to the intended stakeholders and the program manager. OSH will be informed of the program progress at regularly scheduled intervals through appropriate channels such as AMP, quitline platform, T/A calls, annual progress reports, including impact statements and end of project report. Annual evaluation reports will be disseminated on the DPH website.

A4.5 Use of Evaluation Findings:

Findings from program reports and quitline utilization reports will be used to guide the effective implementation of tobacco use prevention interventions in the local area. All evaluation findings will be synthesized into an evaluation action plan. The action plan will identify targeted recommendations and specific action steps necessary to implement the recommendations. The action plan and its updates will be provided to the principal investigator and the program manager to strengthen, enhance, and revise program initiatives, if needed. OSH will be informed of the program progress at regularly scheduled intervals through appropriate channels such as AMP, quitline platform, T/A calls, annual progress reports, including impact statements and end of project report.

A4.6 Health Impact:

GTUPP works continuously to prevent tobacco use, reduce secondhand smoke exposure, promote quitting, and reduce tobacco-related disparities. GTUPP's support to leverage the existing coalition and secure a Tobacco Youth champion in the local lead agency will help reach community members who may want to quit but lack access to available resources. Employing a media strategy will help saturate the community with the awareness of the effects of tobacco use and the resources available to help smokers quit successfully. GTUPP anticipates that at the conclusion of the 5-year award period, the initiation/tobacco use and secondhand smoke exposure among African Americans in the targeted community will reduce significantly.

Table B.4: Evaluation Design and Data Collection Matrix: Community Disparity Requirement

B4.1. Strategy-Specific Evaluation Approach and Context:

GTUPP will conduct process and outcome evaluations to analyze the effectiveness of partnering and supporting a multi-level, multi-sector local coalitions and community stakeholders and leaders to address tobacco-related disparities in the targeted community. According to the U.S. Department of Health and Human Services, African Americans experience high tobacco-related disparities. Tobacco use is a significant contributor to the three leading causes of death in the targeted population, and they are more likely to be exposed to secondhand smoke. In 2021, the U.S Census Bureau estimated that Albany city in the Southwest health district has a much higher percentage of African Americans residents, 74.9%, compared to 32.6% in Georgia. Although most African Americans want to quit smoking, and many have tried to quit, they were unsuccessful compared to their White and Hispanic counterparts. GTUPP will continue to work with the Southwest health district, leveraging an existing coalition to plan and implement evidence-based, culturally appropriate community interventions to reduce tobacco-related disparities among the African American community. The activities will prevent tobacco use, reduce secondhand smoke exposure, and promote tobacco use quitting. In addition to assessing the process and outcome of the implementation, program challenges, contextual factors, and successes will be evaluated.

B4.2. Community-Based Strategy:

Develop and/or engage with multi-level, multi-sector local coalitions and community stakeholders and leaders to plan and implement evidence-based tobacco prevention and control strategies

B4.3. Activity(s):

- Continue to fund the Southwest Health District and support the tobacco use prevention coalition through meetings and training opportunities
- Provide TA to the coalition to help develop and implement a strategic plan, detailed work plans, and culturally appropriate PSE strategies and activities to reduce tobacco-related disparities among the African American community.

<ul style="list-style-type: none"> Provide TA to the local lead agency to conduct and disseminate media campaigns to raise awareness of the adverse health effects of tobacco use and dependence and how to access evidence-based cessation resources. 							
Outcome: <ul style="list-style-type: none"> Increased health communication interventions and messages to reach the general population and populations experiencing tobacco-related disparities Increased implementation and reach of evidence-based, culturally appropriate strategies and activities to reduce tobacco-related disparities Decreased tobacco-related disparities 							
B4.4. Evaluation Questions	B4.5. Indicator(s)	B4.6. Data Source	B4.7. Data Collection Method	B4.8. Data Collection Time Frame		B4.9. Data Analysis	B4.10. Person(s) Responsible
				Start	End		
<p>Was any partnership formed with a local lead agency to address tobacco-related disparities? How was the target community identified? What is the health status of the target community? Does the target community have existing tobacco-free policies and any healthcare systems?</p> <p>What tools were used to conduct readiness assessment for the defined community?</p> <p>How representative of the target community are the coalition members?</p>	<ul style="list-style-type: none"> Letter of commitment signed /submitted to Chronic Disease Director Document developed describing target community, its health needs, existing tobacco policies, and available health care systems Readiness assessment tool Number/type/role of existing coalition members 	<p>Program document</p> <p>Southwest Health District reports</p> <p>Meeting minutes</p> <p>Training rosters</p>	<p>Document review</p> <p>Quarterly report</p> <p>Pre/post surveys</p>	4/2022	4/2023	<p>Descriptive</p> <p>Thematic</p>	<p>Southwest Health District</p> <p>Evaluator</p>

<p>What was the process involved in recruiting, planning, training, and retaining community coalition members?</p> <p>How effective was the training in raising awareness of tobacco use and dependence and cessation resources?</p> <p>What effort was made to encourage tobacco cessation and prevent tobacco use initiation amongst youth and young adults?</p> <p>How effective was the youth leaders' training in mobilizing and educating their peers?</p> <p>To what extent did the Tobacco Youth Champions represent the target community?</p>	<ul style="list-style-type: none"> • Plan developed for training coalition members • Number/proportion and type of participants in the training conducted by the Center for Black Health and Equity • Knowledge gain established with training • Participant satisfaction with training • Recruitment strategy for Tobacco Youth Champion developed • Number/location of trainings conducted to empower youth leaders • Number/type participants in the youth leaders' training • Satisfaction with the youth leaders training • Number/type/reach of peers mobilized and educated by youth leaders 						
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<p>What effort was made to address tobacco-related disparities and improve health equity?</p>	<ul style="list-style-type: none"> • 5-year strategic plan/detailed work plans on culturally appropriate PSE developed to address tobacco-related disparities and improve health equity 						
<p>What effort was made to raise awareness of tobacco use and dependence and secondhand smoke exposure through media in the target community?</p>	<ul style="list-style-type: none"> • Culturally appropriate materials designed and disseminated for the target audience • Number/type/ outlet of media • Reach of mass media 						
<p>What efforts were made to raise awareness on tobacco use, prevention, vaping, and cessation for youth among teachers/staff in the target community schools?</p>	<ul style="list-style-type: none"> • Pre-recorded training developed for dissemination in schools within Dougherty County School systems • Number/type of Dougherty County schools that utilized pre-recorded training for in-service training with their teachers/other staff • Proportion of teachers/ other staff who participated in the in- 						

What efforts were made to increase awareness on tobacco, vaping prevention, and cessation among high school youth?	<p>service training in participating schools</p> <ul style="list-style-type: none"> Number/type/reach/distribution outlet of educational materials distributed to high school youth 						
What were lessons learned, promising practices, and unintended consequences?							

Use of Evaluation Findings from Component 1 Strategies and Activities.

Findings from program reports and quitline utilization reports will be used to guide the effective implementation of tobacco use prevention interventions in the local area. All evaluation findings will be synthesized into an evaluation action plan. The action plan will identify targeted recommendations and specific action steps necessary to implement the recommendations. The action plan and its updates will be provided to the principal investigator and the program manager to strengthen, enhance, and revise program initiatives, if needed. OSH will be informed of the program progress at regularly scheduled intervals through appropriate channels such as AMP, quitline platform, T/A calls, annual progress reports, including impact statements and end of project report. Georgia will use the data collected to produce periodic state and community-level reports related to tobacco use control and cessation and progress toward increased reach of tobacco-free or smoke-free policies and other objectives in the state tobacco control plan. A sample of reports and the corresponding data sources are listed in Table 1. All final reports developed will be shared with partners and stakeholders and published on the DPH website.

Table 1. Tobacco data reports, source, and expected publication dates

Report Title	Data Source	Expected Publication dates
Georgia Tobacco Use Surveillance Report (Burden Report)	BRFSS, YRBS	BRFSS – Annual; YRBS – Bi-annually
Georgia School Health Profile	SHP	Annually
Georgia Youth Tobacco Use & Initiation	YRBS	Bi-annually
Tobacco-Related Cancers Report	BRFSS, Cancer Registry, Vital Records	Annually
Secondhand Exposure & Chronic Diseases	BRFSS	Annually
Tobacco use among high-risk population	BRFSS, PRAMS	Annually
Tobacco use by Public Health District	BRFSS	Annually
E-Cigarette Use	YRBS, BRFSS	BRFSS – Annual; YRBS – Bi-annually

Component 2:

Evaluation Focus Areas

GTUPP program plans to follow the established CDC recommendations for evaluating state tobacco cessation Quitlines. (CDC Telephone Quitlines: A Resource for Development, Implementation, and Evaluation, September 2004). In line with recommendations outlined in this guide, the general objectives of the Georgia Quitline evaluation are to:

- Assess the quitline's contribution to Georgia's overall tobacco control program.
- Examine if the quitline reaches target populations, especially high-risk and underserved groups.
- Examine who is using the quitline (e.g., demographics, tobacco use levels, and quitting history) and how they compare to tobacco users in the general population.
- Examine what types and quantity of services are provided.
- Assess what proportion of callers make a quit attempt and maintain abstinence.
- Assess caller satisfaction with services received.

While GTUPP plans to implement and monitor all workplan strategies, the evaluation will only focus on the following strategies:

Capacity Requirement:

- Support state quitline capacity

Disparity Requirement:

- Implement culturally appropriate, evidence-based strategies to reduce tobacco-related disparities and increase utilization of quit support services

Mass-Reach Communication Requirement:

- Expand and leverage CDC's Tips Campaign and other media campaigns to promote cessation, including use of the quitline

GTUPP DP2001 – Component 2 Logic Model

ACTIVITIES	SHORT TERM OUTCOMES	MEDIUM-TERM OUTCOME	LONG TERM OUTCOMES
<p>Capacity - Support state quitline capacity</p> <ul style="list-style-type: none"> • GTUPP will ensure staffing capacity to manage the vendor contract. • GTUPP will ensure there is adequate funding to operate and maintain full quitline services including free NRT medication for targeted populations (e.g. Medicaid, underinsured and uninsured) who enroll in one call or multiple call counseling. • GTUPP will monitor vendor performance in supporting needs of Georgia residents through periodic and ongoing reporting. • GTUPP will ensure callers are referred to current community resources for cessation support. <p>Disparities - Implement culturally appropriate, evidence-based strategies to reduce tobacco-related disparities and increase utilization of quit support services</p> <ul style="list-style-type: none"> • GTUPP will fund the Hispanic Health Coalition of G.A. (HHCG) and the Center for Pan Asian Community Service (CPACS) to create culturally appropriate cessation materials to promote the quit line and increase quit attempts. • GTUPP will continue to partner with quitline vendor to refer African American quitline callers to the Pathways to Freedom educational curriculum for additional support. <p>Mass-Reach Health Communications - Expand and leverage CDC's Tips Campaign and other media campaigns to promote cessation, including use of the quitline</p> <ul style="list-style-type: none"> • GTUPP will disseminate Georgia Tobacco Quit Line promotional, print and electronic materials, fax referral forms, and the Quit Line fact sheet information packet overview of the 5A's to include fax referral forms, Quit Line Fact Sheet to providers/partners across the state. • GTUPP will implement a mass media campaign promoting the new and expanded Quit Line services. • GTUPP will create a Quit Line business card marketing services that can be disseminated electronically and print. 	<p>Optimized quitline intake Increased quitline funding from diverse sources for tobacco use and dependence treatment resources</p> <p>Increased availability of culturally appropriate evidence- based quit support services, such as the quitline and the use of digital-based technologies, such as texting, apps, web, and chat</p> <p>Increased awareness of quit support services among people who use tobacco</p> <p>Increased number of tobacco users receiving counseling and/or cessation medication via quitline</p> <p>Increased health communication interventions and messages to reach the general population and populations experiencing tobacco-related disparities</p>	<p>Increased use and reach of evidence- based quit support services, including the quitline, and use of digital technologies, such as texting, apps, and chat</p> <p>Decreased disparities in the use of quit support services/treatments among populations experiencing tobacco-related disparities</p>	<p>Decreased tobacco use and dependence among adults and youth Decreased tobacco-related disparities Decreased disparities in tobacco cessation and tobacco use and dependence</p>

Table A.5: Evaluation Plan Overview - Quitline Requirement Evaluation Plan Overview

<p>A5.1 Strategies to Evaluate:</p> <ul style="list-style-type: none">• Support state quitline capacity• Implement culturally appropriate, evidence-based strategies to reduce tobacco-related disparities and increase utilization of quit support services• Implement tailored and/or culturally appropriate evidence-based mass-reach health communications strategies, including paid and/or earned media, to increase cessation and/or promote the quitline among populations experiencing tobacco-related disparities.
<p>A5.2 Overall Evaluation Approach and Context:</p> <p>Georgia Tobacco Use Prevention Program (GTUPP) has a state-funded quitline that offers evidence-based tobacco cessation services to all Georgians. Quitline performance data will be collected by the Georgia quitline service provider, Optum Health, Inc. At a minimum, Optum will collect the minimum intake data requirements as outlined by North American Quitline Consortium (NAQC) and may collect state-requested data as needed. Optum will submit weekly, monthly, quarterly, and annual utilization data to GTUPP. Reports from Optum will include user satisfaction, quitline service quality and reach, and quit rates among quitline users. In year 3, Georgia will conduct a quitline 7-month follow-up evaluation to find successful quit rates by demographic characteristics and evaluate quitline services' reach and effectiveness.</p> <p>GTUPP will work with partners to develop culturally appropriate messaging for the Hispanic and Asian communities with quitline information. Quitline utilization among these populations is relatively lower than the smoking rates. GTUPP will implement specific strategies to reach these communities and analyze quitline reports to monitor the reach and impact of tailored communication messages.</p> <p>Evaluation of the GTQL will include both process and outcome evaluations. The process evaluation will involve measuring outputs that directly result from implemented activities. Outputs can generally be seen immediately and monitored. By closely monitoring progress toward achieving expected outputs of the Georgia Quitline, the program's strengths and challenges can be identified and remedied. Outcome evaluation will examine the program's short-term, intermediate, and long-term effects, such as increased call volume to the quitline, increased awareness of the GTQL services among multi-cultural populations, and increased awareness and use of the U.S. Public Health Services (PHS) guidelines by health care providers.</p>
<p>A5.3 Evaluation Stakeholders and Primary Intended Users of the Evaluation:</p> <p>The following stakeholder organizations are involved in developing the evaluation plan, development of evaluation tools, development of strategies, technical assistance, data collection, analysis, interpretation of findings, use of evaluation findings, provide data, or implementation and enforcement. By implementing a culturally appropriate, evidence-based strategies, quitline usage will increase in the target population and there will be an increase in the knowledge of cessation programs among partners who work with individuals experiencing high tobacco use.</p>

- GTUPP
- CDC OSH Evaluation and Project Officer
- Hispanic Health Coalition of G.A. (HHCG)
- Center for Pan Asian Community Service (CPACS)
- Optum Health, Inc.
- North America Quitline Consortium (NAQC)
- Health systems
- Health Associations
- State Tobacco Coalition

A5.4. Communication/Dissemination:

Quitline utilization is communicated to local public health staff and other DPH staff, and internal and external stakeholders such as the Hispanic Health Coalition of G.A. (HHCG) and Center for Pan Asian Community Service (CPACS), during scheduled meetings. The status of interventions will be discussed with the stakeholders, who will have the opportunity to offer feedback on barriers and successes of the implementations. Based on the feedback received from stakeholders, the direction of program activities will be revised accordingly. Quitline utilization and smoking prevalence data will be frequently updated on the DPH website; fact sheets, annual reports, and impact stories will be developed to highlight the program's successes and lessons learned. Specifically, for mass communication, a communication and evaluation plan for the messages will be developed with guidance from the DPH communications section.

A5.5. Use of Evaluation Findings:

With close guidance and partnership involvement, evaluation data will be used to inform program and policy direction, engage stakeholders, demonstrate program effectiveness, and ensure fiscal accountability. Quitline monthly reports will be analyzed to monitor call volume and call characteristics throughout the project period. GTUPP will monitor if call volume is increasing among the targeted communities. Surveillance data will indicate if tobacco use is declining among the targeted population groups. During *Tips From Former Smokers* © campaign flights, when volume to the GTQL typically increases by more than 50%, data will be used to monitor the quality of services offered by the service provider.

A5.6. Health Impact: GTUPP, with its extensive network of statewide, local public health, and private partnerships, aims to continue supporting and enhancing the delivery of quitline services and reach populations disproportionately affected by tobacco. This project will reduce tobacco-related disparities in the Asian, Hispanic, and African American communities through increased access and awareness of the GTQL. Implementing tailored and/or culturally appropriate evidence-based mass-reach health communication strategies will increase awareness of quit support services among populations experiencing tobacco-related disparities.

Table B.5 Evaluation Design and Data Collection Matrix: Quitline Requirement

<p>B5.1.1 Strategy-Specific Evaluation Approach and Context: Evaluation of the GTQL services will be conducted to ensure that the service provider has adequate infrastructure to meet regular demand as well as increased quitline demand generated by national media campaigns, such as CDC's <i>Tips From Former Smokers</i>®. The infrastructure should be adequate to ensure that all callers to the quitline during national media campaigns are offered, at a minimum, at least one coaching call, either immediately upon calling or by being re-contacted within 24 hours. The evaluation will assess the percentage of calls answered live, what services are offered, and the satisfaction of the callers. In outcome evaluation, the quit rate will be evaluated.</p>							
<p>B5.1.2 Capacity Strategy: Support state quitline capacity</p>							
<p>B5.1.3 Activity(s):</p> <ul style="list-style-type: none"> • GTUPP will ensure staffing capacity to manage the vendor contract. • GTUPP will ensure there is adequate funding to operate and maintain full quitline services including free NRT medication for targeted populations (e.g. Medicaid, underinsured and uninsured) who enroll in one call or multiple call counseling. • GTUPP will monitor vendor performance in supporting needs of Georgia residents through periodic and ongoing reporting. • GTUPP will ensure callers are referred to current community resources for cessation support. 							
<p>Outcome:</p> <ul style="list-style-type: none"> • Optimized quitline intake • Increased quitline funding from diverse sources for tobacco use and dependence treatment resources • Increased use and reach of evidence-based quit support services, including the quitline, and use of digital technologies, such as texting, apps, and chat • Decreased tobacco use and dependence among adults and youth 							
B5.1.4 Evaluation Questions	B5.1.5 Indicator(s)	B5.1.6 Data Source	B5.1.7 Data Collection Method	B5.1.8. Data Collection Time Frame		B5.1.9. Data Analysis	B5.1.10. Person(s) Responsible
				Start	End		
What are the outcomes among the tobacco users who call the quitline during Tips Campaign?	<ul style="list-style-type: none"> • Percent of calls during the airing of federal campaigns are answered within 30 seconds • Average time from the initial contact with the quitline to 	Quitline reports	Report review	7/2020	3/2025	Descriptive	Evaluator Cessation Coordinator

<p>What are the outcomes among the tobacco users who call the quitline?</p>	<p>the start of counseling and/or other treatment</p> <ul style="list-style-type: none"> • Number/proportion of referrals that registered for quitline services • Number/proportion of tobacco users who called the quitline and registered for quitline services including counseling and/or FDA-approved medications. • Average number of counseling sessions per registration • Quitline treatment reach • Number/proportion of tobacco users who made a 24 hours quit attempt since registering for quitline services 						
<p>What proportion of quitline callers is using digital services?</p>	<ul style="list-style-type: none"> • Proportion of GTQL users using digital services. 						
<p>What are the characteristics of the GTQL users? What proportion of quitline callers has insurance coverage?</p>	<ul style="list-style-type: none"> • Socio, demographic characteristics of GTQL users. 						
<p>To what degree have health systems integrated tobacco treatment modules into their EMR systems?</p>	<ul style="list-style-type: none"> • Number of health systems who have integrated tobacco treatment modules into their 						

<p>What proportion of quitline users are populations experiencing tobacco-related disparities?</p>	<p>EMR and extent of integration.</p> <ul style="list-style-type: none"> • Proportion of e-referrals with POR successfully completed. • Number/proportion of persons disproportionately affected by tobacco use that register for quitline services 						
<p>What were lessons learned, promising practices, and unintended consequences?</p>							<p>Evaluator</p>
<p>B5.2.1 Strategy-Specific Evaluation Approach and Context Quit Line demographic data shows that of the total callers to the Quit Line, only .04% were Asian, 3.2 % Hispanic, and 37.9 % were African Americans, reflecting an underserved population utilizing the Quit Line. Additionally, the Quit Line data also reports that only 0.09% of referrals were from behavioral health providers. Process evaluation will be conducted to assess the efficiency of activity implementation by reviewing program reports. Outcome evaluations will be conducted through the review of quitline reports. Call numbers from the targeted communities are expected to increase with increasing awareness actions.</p>							
<p>B5.2.2 Disparity Strategy: Implement culturally appropriate, evidence-based strategies to reduce tobacco-related disparities and increase utilization of quit support services.</p>							
<p>B5.2.3 Activity(s):</p> <ul style="list-style-type: none"> • GTUPP will fund the Hispanic Health Coalition of G.A. (HHCG) and the Center for Pan Asian Community Service (CPACS) to create culturally appropriate cessation materials to promote the quitline and increase quit attempt • GTUPP will continue to partner with quitline vendor to refer African American quitline callers to the Pathways to Freedom educational curriculum for additional support. 							
<p>Outcome:</p> <ul style="list-style-type: none"> • Increased availability of culturally appropriate evidence-based quit support services, such as the quitline, and the use of digital-based technologies, such as texting, apps, web, and chat • Increased awareness of quit support services among people who use tobacco • Increased number of tobacco users receiving counseling and/or cessation medication via quitline • Decreased disparities in the use of quit support services/treatments among populations experiencing tobacco-related disparities • Decreased disparities in tobacco cessation and tobacco use and dependence 							

B5.2.4 Evaluation Questions	B5.2.5. Indicator(s)	B5.2.6. Data Source	B5.2.7. Data Collection Method	B5.2.8. Data Collection Time Frame		B5.2.9. Data Analysis	B5.2.10. Person(s) Responsible
				Start	End		
What culturally tailored promotions for populations experiencing tobacco-related disparities were implemented?	<ul style="list-style-type: none"> Number and type of promotions disseminated. Quitline treatment reach among persons disproportionately affected by tobacco use Differences in the use of quitline services by population group characteristics 	Quitline reports	Report review	7/2020	3/2025	Descriptive	Evaluator Cessation Coordinator
What were lessons learned, promising practices, and unintended consequences?							Evaluator
<p>B5.3.1 Strategy-Specific Evaluation Approach and Context: According to Finding from the CDC the Tips from Former Smokers campaign has led more than 1 million U.S. adults to quit smoking and an estimated 16.4 million U.S. adults to attempt to quit smoking. Each year during the TIPS campaign, the Georgia Tobacco Quit Line has a similar outcome in the percent of Georgians who choose to quit or attempt to quit through the Quit Line. Modelling the CDC Tips campaign, GTUPP will disseminate GTQL promotional, print and electronic materials, fax referral forms, and the Quit line fact sheet information packet overview across the state. Activities to increase the number of tobacco users who receive cessation support through GTQL will be evaluated for reach and impact.</p>							
<p>B5.3.2 Mass Reach Communication Strategy: Implement tailored and/or culturally appropriate evidence-based mass-reach health communications strategies, including paid and/or earned media, to increase cessation and/or promote the quitline among populations experiencing tobacco-related disparities.</p>							
<p>B5.3.3 Activity(s):</p> <ul style="list-style-type: none"> GTUPP will disseminate Georgia Tobacco Quit Line promotional, print and electronic materials, fax referral forms, and the Quit Line fact sheet information packet overview of the 5A's to include fax referral forms, Quit Line Fact Sheet to providers/partners across the state. GTUPP will implement a mass media campaign promoting the new and expanded Quit Line services. GTUPP will create a Quit Line business card marketing services that can be disseminated electronically and print. 							

Outcome:							
<ul style="list-style-type: none"> Increased health communication interventions and messages to reach the general population and populations experiencing tobacco- related disparities Decreased disparities in tobacco cessation and tobacco use and dependence Decreased disparities in the use of quit support services/treatments among populations experiencing tobacco- related disparities 							
B5.3.4 Evaluation Questions	B5.3.5 Indicator(s)	B5.3.6 Data Source	B5.3.7 Data Collection Method	B5.3.8 Data Collection Time Frame		B5.3.9 Data Analysis	B5.3.10 Person(s) Responsible
				Start	End		
What and how many mass-reach health communication efforts were implemented? What is the impact of the GTQL promotional efforts on the volume to the quitline? How many impressions were made during the media effort?	<ul style="list-style-type: none"> Number, type, and reach of media efforts Percent increase of quitline volume following promotions. Number and reach (e.g., GRPs, impressions) of paid, earned, and digital media efforts 	Program reports	Report review	1/2021	3/2025	Descriptive Thematic	Communicati on division Program lead
What is the impact of the promotional and media efforts on the characteristics of quitline callers?	<ul style="list-style-type: none"> Differences in the use of quitline services by population group characteristics 	Quitline reports	Report review	7/2020	3/2025	Descriptive Thematic	Evaluator
What were lessons learned, promising practices, and unintended consequences?							Evaluator

Use of Evaluation Findings from Component 2 Strategies and Activities:

The data will be analyzed and used to inform program and policy direction, engage stakeholders, demonstrate program effectiveness, and ensure fiscal accountability. Quitline monthly reports will be analyzed to monitor call volume, service utilization, and call characteristics throughout the project period. Evaluation reach will be used to estimate the population impact of the quitline services. Evidence has shown that only about a third of all tobacco users that hear media messages about the quitline call the quitline. Monitoring the dissemination of GTQL promotional and mass media campaign activities will help to estimate the impact of promotional print and electronic materials, fax referral forms, and the Quit line fact sheet and media messages on quit attempts. Additionally, monitoring call volume and services

requested by the callers will help the program's fiscal plan and the service provider's readiness to provide enough counselors per demand. The efficiency of a quitline is a function of the number of callers and the satisfaction of the callers. Evaluation will look at the satisfaction of the callers and make any adjustments necessary to offer culturally appropriate, quality, and efficient services.

GTUPP has planned specific interventions for hard-to-reach populations. The evaluation findings will help assess if interventions are working as intended, uncover barriers to utilization, and offer facilitating factors helpful in reaching these populations. This information will be shared with all stakeholders and other state programs that might learn from experiences in Georgia.

Outcome data, quit rates, will be used to estimate the impact of the quitline on the state tobacco control efforts, justify the program's actions and inform decision-makers on the need of the intervention. Quit rates among quitline users at 6 months will be attributed to the quitline service. While recognizing this as a weakness in the methodology to attribute quitline use to a successful quit, it is crucial to acknowledge that quitline services are critical to all attempts toward a successful quit.

Appendices:

1. Stakeholder engagement

Three groups of stakeholders and partners will be involved at different levels in the performance management and evaluation of the program. Key partners and program staff will be engaged in all phases of the evaluation process, including planning, implementation, and use of evaluation findings. Table 2 lists partners/stakeholders, their role in the evaluation process, how and when they will be engaged.

Table 2. Partner/stakeholder assessment and engagement plan

Stakeholder Name	How and When to Engage
<p>Primary</p> <ul style="list-style-type: none"> • Americans for Non-smokers Rights Foundation (ANRF) • CDC OSH Evaluation and Project Officer • DPH (GTUPP, Chronic Disease Prevention Section, Epidemiology Section, Division of Communications) • Hispanic Health Coalition • Pan Asian Community Services (CPACS) • The Center for Black health and Equity • Learn to Grow • Optum Health, Inc. • Other mental health care facilities • Truth Initiative 	<ul style="list-style-type: none"> • Development of Evaluation plan • Development of evaluation tools • Development of strategies • Technical assistance • Data collection & Analysis • Interpretation of findings • Ensure use of evaluation findings • Provide data • System change, implementation, and enforcement
<p>Secondary</p> <ul style="list-style-type: none"> • Children's Healthcare of Atlanta • Georgia Prevention Project • Learn to Grow, Inc. • North American Quitline Consortium • Private Universities and Georgia University Board of Regents • Truth Initiative 	<ul style="list-style-type: none"> • Use evaluation findings • Interpretation of findings • Data collection • Provide data • Policy changes, implementation, and enforcement
<p>Tertiary</p> <ul style="list-style-type: none"> • Tobacco Use Control Advocates (American Cancer Society, American Heart Association, American Lung Association, Americans for Nonsmokers' Right,) • Policy Makers – (state, city, and county leaders) • Georgia Cancer Coalition 	<ul style="list-style-type: none"> • Dissemination of evaluation findings • Use evaluation findings • Policy adoption

2. Data sources, management plan, and use

Georgia will continue to maintain and update its existing tobacco control data sources, including the Behavioral Risk Factor Surveillance System (BRFSS); mortality data from death records; Youth Risk Behavior Survey (YRBS); School Health Profile (SHP); and Pregnancy Risk Assessment Monitoring System (PRAMS). These data sources form the core of the data used to monitor and evaluate outcomes and track progress. In Years 2-5 of this cooperative agreement, Georgia will enhance its policy surveillance and evaluation capabilities by developing survey instruments to collect data on the use of emerging products. It will harvest data from digital platforms that will be developed. The new data will offer opportunities to support policy, systems, and environmental change around tobacco use control. GTUPP has access to quitline individual-level data from the quitline service provider. GTUPP evaluator will continue submitting data to CDC's National Quitline Data Warehouse following CDC guidelines. In year 3 of the cooperative agreement, GTUPP will conduct the 7-month follow-up evaluation of the quitline to assess quit attempt rates among GTQL users.

Quitline performance data will be collected by the Georgia quitline service provider, OPTUM Health, Inc. At a minimum, Optum will collect the minimum intake data requirements as outlined by the National American Quitline Consortium (NAQC) and may collect state-requested data as needed. Optum will submit weekly, monthly, quarterly, and annual utilization data to GTUPP. Reports from Optum will include user satisfaction, quitline services, service quality, reach, and quit rates among quitline users. Table 3 shows the data sources and description of data the program plans to use and how it will be stored and accessed.

While the core data sources will be available, appropriate data collection instruments (pre/posttests, surveys, focus group guides) will be developed for strategies when necessary to facilitate and/or enhance program information.

Table 3: Data sources GTUPP intends to use

Data Source	Data Description	Data collection method	Data storage	Data Access
Behavioral Risk Factor Surveillance System (BRFSS)	Prevalence data. Annual survey among adults U.S. residents regarding risk behaviors and preventive health practices that can affect health status	Nationwide telephone survey led by the CDC, results aggregated by state	Stored in secure GA DPH server in compliance with HIPPA guidelines	Restricted access to Georgia DPH epidemiologists and statisticians
Youth Risk Behavior Surveillance System (YRBSS)	Prevalence data. Collected every 2 years among public high school students to monitor health behaviors, including tobacco use.	Local school-based paper survey led by the CDC, administered by DPH;	Stored in secure GA DPH server in compliance with HIPPA	Restricted access to Georgia DPH epidemiologists and statisticians

		data representative of mostly public high school students in each jurisdiction.	guidelines	
School Health Profile (SHP)	School health policies data that affect the behavioral and health of students	An online survey administered to school Principals and Lead educators led by the CDC, administered by DPH, results aggregated by state	Stored in secure GA DPH server in compliance with HIPPA guidelines	Restricted access to Georgia DPH epidemiologists and statisticians
Mortality Data	Annual death vital statistics for Georgia Mortality are examined by age, race, and sex, based on ICD-10 codes J45-J46 as the primary cause of death.	Obtained from the DPH Health Planning and Assessment (HPA) standardized data repository.	Stored in secure GA DPH server in compliance with HIPPA guidelines	Restricted access to Georgia DPH epidemiologists and statisticians
Quitline utilization	Individual-level data on tobacco users who called the quitline to use evidence-based quit service – telephone counseling and NRT	Collected by the quitline services provider following the NAQC data standards	Stored in secure OPTUM server in compliance with HIPPA guidelines; Shared with DPH using secure email.	Restricted to GTUPP Evaluator and Cessation Coordinator; password protected
Pregnancy Risk Assessment Monitoring System (PRAMS)	Surveillance system designed to identify groups of women and infants at high risk for health problems.	Nationwide survey led by the CDC; results aggregated by state	Stored in secure GA DPH server in compliance. with HIPPA guidelines	Restricted access to Georgia DPH epidemiologists and statisticians
Program Progress Data	Program progress data	CATALYST data collection and analysis platform	Stored in secure GA DPH server	Restricted to GTUPP Staff and local health district staff; password protected