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Georgia Tobacco Use Prevention Program

2020-2025 Evaluation and Performance Management Plan

Chronic Disease Prevention Section
Medical and Clinical Service Division
Georgia Department of Public Health

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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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 roles 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) and Youth Risk Behavior Surveillance Survey (YRBS). 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, RVO Health, Inc. At a minimum, RVO Health will collect the minimum intake data requirements as outlined by the North American Quitline Consortium (NAQC) and collect state-requested data as needed. RVO Health will submit weekly, monthly, quarterly, and annual utilization data to GTUPP. Reports from RVO Health will include user satisfaction, quitline service quality, reach, and quit rates among quitline users. In year 4, Georgia conducted a quitline 7-month follow-up evaluation and identified successful quit rates by demographic characteristics and evaluated 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 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 – B3. 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 work plan 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.

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.
- Establish and strengthen tobacco-free policies in schools and on college/university campuses.
- Increase and enhance comprehensive smoke-free policies, including workplaces, bars, and restaurants.

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.

Table A.1: Evaluation Plan Overview - Statewide Requirement

A1.1 Statewide Strategies to Evaluate:

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

A1.2 Overall Evaluation Approach and Context:

To build on the baseline established in year 2, GTUPP will partner with the GA quitline vendor outreach coordinator to increase access to behavioral health facilities. GTUPP will work with the outreach coordinator to include information on the benefits of having a comprehensive tobacco-free policy in its cessation intervention-related training and an online survey link to assess the status of any existing tobacco-free policy. GTUPP will provide resources with examples, including sample comprehensive tobacco-free policies to interested facilities.

These activities will help GTUPP expand the baseline reported, track changes over time, and address the effectiveness, outcomes, and impact of the statewide requirement strategy.

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. In 2019, the CDC reported a smoking rate of 27.2 % among U.S. adults with mental disorders compared to 15.8% of adults with no mental illness. These individuals want to quit tobacco use at the same rates as the general population but face challenges and may need extra help to succeed, so interventions at the community and individual levels are critical. The 2021 Georgia BRFSS shows that about 26 percent of adults who reported frequent mental distress were current smokers, and approximately 59 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 the GA quitline vendor outreach coordinator to increase access to identified behavioral health facilities and increase their knowledge about the benefits of having a comprehensive tobacco-free policy to help their population quit smoking. GTUPP will offer resources on the process of adopting policies and changing treatment protocols to include tobacco dependence treatments. GTUPP will also provide examples including sample comprehensive tobacco-free policies to facilities that are ready to implement more tobacco use cessation interventions.

A1.3 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, participating in data collection, analyzing and interpreting program findings, using evaluation findings, providing data, or implementing and enforcement of strategies.

- GTUPP
- CDC OSH Evaluation and Project Officer
- Identified mental health care facilities
- National Council for Mental Wellbeing
- National Behavioral Health Network
- RVO Health, Inc.

Quarterly evaluation workgroup meetings will be held to brainstorm activities; specifically, findings from data on facilities with smoke-free policies and those that have integrated tobacco dependence treatment in their protocols will be used to develop an evaluation action plan and recommendations with specific action steps for reaching out and engaging with these facilities. The action plan will be shared with program staff for program improvement and any updates will be shared with the program officer through emails, T/A calls, and AMP.

A1.4 Communication/Dissemination:

Findings under this strategy will be shared with identified mental health facilities partners to show progress on tobacco use intervention among this population. GTUPP will share monthly quitline utilization reports with identified mental healthcare facilities. This report, among other things, shows the number of individuals referred to the quitline by 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 evaluation work group. 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, and annual progress reports, including impact statements and end-of-project reports.

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 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 implemented evidence-based strategies (i.e. AAR and 5A's) to support screening and treatment for tobacco cessation. 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 has identified 16 more inpatient behavioral health/addiction centers from the SAMSHA behavioral health tool and will work with the GA quitline vendor outreach coordinator to include information on the benefits of having a comprehensive tobacco-free policy in its cessation intervention-related training and an online survey link to assess the status of any existing tobacco-free policy. GTUPP will provide resources with examples that will include sample comprehensive tobacco-free policies to interested 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"> GTUPP will partner with Optum (Quitline Provider) to train healthcare clinical staff (i.e., Pineland CSB) on the adoption of GA cAARds referral program at one (1) campus clinic of the Pineland CSB. In addition, the local health districts will be trained on GA cAARDS and they will serve as liaisons to additional behavioral health partners in their respective communities. GTUPP will conduct pre and post-training assessments to measure knowledge and gain retention among healthcare clinical staff. GTUPP will partner with six Pineland Community Service Board clinics to implement activities from the tobacco cessation change package. RVO Health will train clinic staff on the Quit Line and GA cAARds referral process. GTUPP and RVO Health will assess provider knowledge and Quit Line data outcomes reports. GTUPP will continue to support existing and newly identified behavioral health facilities and staff with best practice resources for sustainable efforts in implementing evidence-based cessation treatment such as the 5A's and GA cAARDS. 							
<p>Outcome:</p> <ul style="list-style-type: none"> Increased development of innovative and/or promising practices that contribute to the tobacco control evidence-based Increased healthcare 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/substance abuse facilities have adopted comprehensive	Number of behavioral health/substance abuse treatment facilities that have	Program reports	Document review	4/2024	4/2025	Descriptive Analysis	GTUPP cessation coordinator and program evaluator

tobacco-free policies?	implemented 100% tobacco-free policies.						
How many behavioral health/substance abuse facilities are implementing the tobacco 5A's, GA cAARDs, and evidence-based cessation treatment?	Number of behavioral health/substance abuse facilities that implement the tobacco 5A's, GA cAARDs, and evidence-based cessation treatment	Facility documents	Facility scan survey				
How well were the identified behavioral health/substance abuse facilities assisted to implement change ideas from the Tobacco Cessation Change Packet?	Number of behavioral health/substance abuse treatment staff engaged through the GA quitline vendor's cessation intervention-related training	Quitline reports	Quitline data review				
How well did GTUPP's promotion of the health system's change in behavioral health/substance abuse facilities help in improving tobacco use screening and support for cessation among people with behavioral health issues?	Number of resources offered; Number of identified behavioral health/substance abuse facilities that implement change ideas from the Tobacco Cessation Change Packet						

To what extent did GTUPP's efforts improve the use of evidence-based cessation treatment among tobacco users in behavioral facilities?	<p>Number of behavioral health/substance abuse facilities that refer tobacco users to the quitline</p> <p>Number of tobacco users referred to the quitline from behavioral health/substance abuse facilities</p>						
What were lessons learned, promising practices, and unintended consequences?	<p>Challenges, promising practices recorded</p> <p>Unintended consequences recorded</p>	Program reports	Document review	4/2024	4/2025	Descriptive analysis	GTUPP cessation coordinator and program evaluator

Table A.2: Evaluation Plan Overview - Policy and Health Systems Change Requirement

A2.1 Policy and Health Systems Change Strategies to Evaluate:

- 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

A2.2 Overall Evaluation Approach and Context:

• GTUPP will support the LPHD's promotion of the DPH's Engaging Tobacco Users: Tips for Health Care Providers and Public Health Professional's online webinar to include modules on e-cigarettes and emerging tobacco products, along with information promoting the RVO Health Live Vape Free Text Messaging Program. GTUPP will analyze the count, location, and practice fields of healthcare providers taking the online webinar training on cessation intervention. GTUPP will monitor evidence-based e-cigarette cessation strategies that work for youth as well as tobacco use rates in specific populations. GTUPP will also monitor the proportion of youth and young adult tobacco users referred to the quitline and who make a quit attempt. Additionally, GTUPP will assess the impact of the recently passed state law, which raised 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.

A2.3 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, participating in data collection and analysis; interpreting program findings, using evaluation findings, providing data, or in implementation and enforcement of strategies. The engagement of health district staff and other community stakeholders will help address the focused exposure of cigarettes to teenagers.

- GTUPP Evaluator and staff
- CDC OSH Evaluation and Project Officer
- Georgia Department of Revenue
- DPH Epidemiology Section, Chronic Disease Prevention Section, Division of Communications)?
- RVO Health Inc.
- Community Stakeholders
- Local Public Health Districts

A2.4 Communication/Dissemination:

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. Results from program, surveillance, and evaluation efforts will be disseminated at community meetings through annual reports, facts sheets, and annual impact stories. Progress and results will be reported quarterly to the evaluation work group and the community and state coalition's working group on tobacco. All evaluation findings will be synthesized into an 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 regularly of the program progress through appropriate channels such as AMP, quitline platform, T/A calls, and annual progress reports, including impact statements and end-of-project reports, ensuring their continuous involvement and understanding of our work. The Department of Revenue conducts surveillance of the federal Act on tobacco sales to minors and can be accessed through the Substance Abuse and Mental Health Services Administration (SAMHSA) website. GTUPP will fund Eighteen (18) health districts and provide technical assistance to conduct district-wide education campaigns on the state's T21 law to

increase knowledge of the consequences of the law among youth and young adults. In addition, health districts will conduct observations to determine retailers who comply with the T21 law by putting up their signage to prohibit tobacco sales to youth under 21. A list of identified tobacco retailers and those not in compliance with the law will be used to create GIS maps, and health districts will be required to educate these retailers who will be revisited to see if they comply. This will be followed by a generation of a new map that will be disseminated using various channels. Annual evaluation reports will be circulated 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 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, and annual progress reports, including impact statements and end-of-project reports.

A2.6 Health Impact:

GTUPP works continuously to prevent youth and young adults tobacco initiation and connect those desiring to quit to cessation programs. RVO Health's Online Provider Training will provide healthcare providers with tips on engaging youth in tobacco use cessation. 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 after the 5-year award period, tobacco and emerging product 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.2 Evaluation Design and Data Collection Matrix: Policy and Health Systems Change

B2.1.1 Strategy-Specific Evaluation Approach and Context:

According to the 2021 Georgia Youth Risk Behavior Survey and 2022 Behavioral Risk Factor Surveillance Survey, 18.2% of high school students and 17.5% 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 well-being 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 trained on the online webinar. GTUPP will work with pediatric practitioners to identify promising e-cigarette cessation strategies that work among youth.

B2.1.2 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

B2.1.3 Activity(s):

- GTUPP will support the LPHD's promotion of the DPH's Engaging Tobacco Users: Tips for Health Care Providers and Public Health Professional's online webinar to include modules on e-cigarettes and emerging tobacco products, along with information promoting the RVO Health Live Vape Free Text Messaging Program). GTUPP will identify a pediatric health partner(s) to offer prospective Tobacco Cessation Change Package presentations and educational resources that include information promoting the RVO Health Live Vape Free Text Messaging Program.
- GTUPP will partner with local public health districts that receive hypertension control funding – to expand tobacco use screening and delivery of tobacco education and treatment for Youth (below 18) and Young Adults (18-24), including for e-cigarettes.
- GTUPP will engage Behavioral Health Counselors to expand tobacco use screening and delivery of tobacco education and treatment for Youth (below 18) and Young Adults (18-24), including for e-cigarettes.
- GTUPP will engage community health workers and peer counselors to expand tobacco use screening and delivery of tobacco education and treatment for Youth (below 18) and Young Adults (18-24), including for e-cigarettes.

Outcome:

- Increased healthcare system changes to promote and support tobacco use and dependence treatment
- Decreased tobacco use and dependence among youth and young adult

B2.1.4 Evaluation Questions	B2.1.5 Indicator(s)	B2.1.6 Data Source	B2.1.7 Data Collection Method	B2.1.8 Data Collection Time Frame		B2.1.9 Data Analysis	B2.1.10 Person(s) Responsible
				Start	End		
How many providers have accessed the online provider training?	<ul style="list-style-type: none"> • Number/type • Topics of training 	Quitline report (online training posting and maintenance)	Report review	4/2024	4/2025		Cessation
How many providers have implemented intervention, including screening youth/young adults for tobacco use and treatment?	<ul style="list-style-type: none"> • Number of health systems that have implemented intervention, including screening youth/young adults on tobacco use. 	Healthcare providers and health systems' reporting	Report review	4/2024	4/2025	Descriptive, Thematic	PYI
What impact did online provide training have on		Quitline report					

promoting cessation?	<ul style="list-style-type: none"> Proportion of youth and young adult tobacco users referred to the quitline 						
What effect did the online provide training have overall, and as appropriate among the population experiencing tobacco-related disparities?	<ul style="list-style-type: none"> Proportion of youth and young adults who quit smoking 	Program document Quitline reports	Report review	4/2024	4/2025	Descriptive	Cessation coordinator Evaluator
To what extent were there unintended consequences?	<ul style="list-style-type: none"> Challenges recorded Promising practices recorded 						

B2.2.1 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 an observational approach to assess the impact of the Bill on reducing access to tobacco products among youth.

B2.2.2 Policy and Health Systems Strategy:

Implement policies to raise the minimum age of tobacco sales to at least 21

B2.2.3 Activity(s):

□ GTUPP will partner with up to 17 LPHDs to increase the number of retailers who are in compliance with T-21 signage and provide education on the T-21 legislation.

□ GTUPP will leverage resources with the GA DPH's Chronic Disease Prevention Section's Office of Child and Adolescent Risk Reduction Strategies Georgia Asthma Control Program to provide TA to up to 2 LPHDs (Clayton (3-3), and Dublin/South Central (5-1) to assist with providing resources to stakeholders on tobacco cessation programs. In addition, GTUPP will provide TA to assist the districts with conducting an environmental scan of retailers who sell tobacco products within a 1-mile radius of each high school to determine if they are compliant with T-21 legislation. Compliant is defined as having T-21 signage present and visible. In addition, GTUPP will also create an environmental scan report including retailer name and type, address, proximity to high schools, and signage status and provide T-21 signage and education materials.

Outcome:

- Increased public and decision-maker awareness and knowledge of the dangers of tobacco use, effective tobacco control interventions, and social norm change
- Decreased exposure to tobacco marketing and access to tobacco products
- Decreased initiation of tobacco use among youth and young adults

B2.2.4 Evaluation Questions	B2.2.5 Indicator(s)	B2.2.6 Data Source	B2.2.7 Data Collection Method	B2.2.8 Data Collection Time Frame		B2.2.9 Data Analysis	B2.2.10 Person(s) Responsible
				Start	End		
How many tobacco retailers/youth and young adults have been identified and trained on the state's T21 law and cessation resources?	<ul style="list-style-type: none"> Number/type of retailers/youth and young adults identified and trained 	Program reports	Scan surveys	4/2024	4/2025	Document review	Preventing Youth Initiation Coordinator
How many education campaigns were conducted about the state's T21 law and cessation resources?	<ul style="list-style-type: none"> Number/type /reach of education campaigns conducted 		Document review			Descriptive Analysis	Department of Revenue.
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 retailers implementing (signage put up) the state T21 policy. Number of youth and young adults ages 10- 20 years in GA covered by the policy 						
What were lessons learned, promising practices, and unintended consequences?	<ul style="list-style-type: none"> Challenges recorded Promising practice(s) recorded 	Program reports	Document review	4/2024	4/2025	Descriptive analysis	Evaluator

Table A. 3: Evaluation Plan Overview – Community Disparity Requirement

A3.1 Community Disparity Strategies to Evaluate

- 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
- Establish and strengthen tobacco-free policies in schools and on college/university campuses
- Increase and enhance comprehensive smoke-free policies, including workplaces, bars, and restaurant

A3.2 Overall Evaluation Approach and Context:

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 implementing proposed strategies. 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. Additionally, GTUPP will assess the impact of conducting educational campaigns on the Tobacco 21 law, dangers of electronic cigarettes and emerging tobacco products, secondhand smoke, tobacco-free campus policies, and other cessation resources on strengthening or implementing tobacco-free campus policies.

A3.3 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, participating in data collection and analysis; interpreting program findings, using evaluation findings, providing data, or implementing and enforcement of strategies.

- GTUPP Evaluator and staff
- CDC OSH Evaluation and Project Office
- Southwest Health District
- Local Public Health Districts
- Tobacco Prevention Coalition
- Phoebe Putney Memorial Hospital
- DPH Communications
- Department of Education
- Center for Black Health and Equity

A3.4 Communication/Dissemination:

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. Results from program, surveillance, and evaluation efforts will be disseminated at community meetings through annual reports, facts sheets, and annual impact stories. Progress and results on tobacco will be reported quarterly to the evaluation workgroup and the community and state coalition workgroup. All evaluation findings will be synthesized into an action plan; the action plan identifies targeted recommendations and specific action steps necessary to implement the recommendations for program improvement. The intended collaborators and program manager will provide this action plan and its updates. OSH will be informed of the program progress regularly through appropriate channels such as AMP, quitline platform, T/A calls, and annual progress reports, including impact statements and

end-of-project reports. Annual evaluation reports will be disseminated on the 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 in the local areas. All evaluation findings will be synthesized into an evaluation action plan. The action plan will identify targeted recommendations and specific 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 regularly inform the program progress through appropriate channels such as AMP, quitline platform, T/A calls, and annual progress reports, including impact statements and end- of-project reports.

A3.6 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 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 awareness of the effects of tobacco use and the resources available to help smokers quit successfully. GTUPP anticipates that after the 5-year award period, the initiation of tobacco use and secondhand smoke exposure among African Americans in the targeted community will reduce significantly. In addition, GTUPP anticipates that following the conduct of educational campaigns related to the danger of tobacco use/dependence and the effects of tobacco-free policies in local health districts of focus, there will be an increase in the number of school districts and college/university campuses that will strengthen or implement a tobacco-free policy that will help smokers quit successfully and reduce the number of people exposed to secondhand smoke.

Table B.3: Evaluation Design and Data Collection Matrix: Community Disparity Requirement

B3.1.1 Strategy-Specific Evaluation Approach and Context:

In addition to monitoring the number of workplaces/bars/restaurants, school districts, and college/university campuses that strengthen or implement a comprehensive tobacco-free policy, GTUPP will conduct process and outcome evaluations to analyze the effectiveness of partnering and supporting 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 2023, the U.S. Census Bureau estimated that Albany City in the Southwest health district has a much higher percentage of African American residents, 75.6%, compared to 33.2% 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.

B3.1.1 Community Disparity 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

B3.1.2 Activity(s):

- GTUPP will continue to partner with the Southwest Health District and the Breathe Easy Dougherty Coalition to support educating key stakeholders on the benefits of smoke-free environments including K-12, colleges and universities. This effort will be maintained through the partnership with ANR and GTUPP.
- GTUPP will provide TA to the Southwest Health District to identify health clinics to provide training via Optum on best practices for cessation treatment. GTUPP and the health district will review the Optum Quitline reports to determine a referral increase.

Outcome:

- 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.

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		
What efforts are made to continue building and maintaining the Breathe Easy Dougherty County Coalition?	<ul style="list-style-type: none"> • One staff/contractor maintained • Number of chairs/co-chairs • Number of monthly meetings/attendance /minutes of each meeting submitted • Number/type/role of existing/new coalition 	Program document	Document review	4/28/2024	4/29/2025	Descriptive Thematic	Southwest Health District Evaluator
How representative of the target community are the coalition members? To what		Southwest Health District reports	Quarterly report Pre/post surveys				

extent are local community members involved in the coalition?	members	Meeting minutes					
What efforts were made to increase/enhance comprehensive local smoke- free policies	<ul style="list-style-type: none"> • Number/type of national partners • Number/type/topic of trainings conducted to guide policy development and/or enhancement 	Training rosters					
What efforts were made to improve health equity and address tobacco-related disparities	<ul style="list-style-type: none"> • Number/type of planned strategies accomplished • Number/type of coalition meetings/events/training conducted • Tobacco control policy developed 						
How effective/sustainable were media efforts used in raising awareness of tobacco use, dependence, and secondhand smoke exposure?	<ul style="list-style-type: none"> • Number/type of people covered by the policy • Committee responsible for developing media materials • Number/type/outlet/reach of targeted media campaigns developed/disseminated 						

	inated						
To what extent did the community disparity project improve the use of evidence- based cessation treatment?	<ul style="list-style-type: none"> Number/type of individuals within the target community referred to the Quitline Number/type of individuals within the target community that utilized Quitline services 						
What were lessons learned, promising practices, and unintended consequences?	<ul style="list-style-type: none"> Challenges experienced Promising practices recorded 	Program document	Document review	4/2024	3/2025	Descriptive analysis	Southwest District lead Evaluator

B3.2.1 Strategy-Specific Evaluation Approach and Context:

A process evaluation will be conducted to assess the level of support for tobacco-free policies. GTUPP will monitor the number of school districts and college/university campuses that strengthen or implement a tobacco-free policy as well as the number of students and staff that are covered by the law.

B3.2.2 Community Disparity Strategy:

Establish and strengthen tobacco-free policies in schools and on college/university campuses

B3.2.3 Activity(s):

□

□ GTUPP plans to partner with Local Public Health Districts (LPHDs) to identify schools and colleges/universities whose assessments are at least 80% compliant and contact them to become tobacco-free and adopt the tobacco-free model policy. GTUPP will analyze tobacco-free policies in three LPHDs where progress has been identified; these include: - District 9-1 [Coastal], District 5-2 [Macon/Peach County] and District 3-1 [Cobb & Douglas County] to increase the number of colleges and universities to at least three by April 2025.

□ GTUPP will continue to update DPH's website content on tobacco-free schools and colleges/universities and partner with LPHDs to disseminate up-to-date messaging the tobacco-free college/university toolkit (3rd) edition, and cessation resources to schools and universities.

□ GTUPP will contact those colleges/universities who are not tobacco-free in partnership with LPHDs to identify those interested in a tobacco- free policy change. GTUPP will provide presentations, technical assistance (TA), and resources to the school champions to support their process to make policy change. The presentation will include the results of their current policy analysis when compared to the model comprehensive policy.

Outcome:

- Increased implementation of tobacco control policies, including smoke-free policies

<ul style="list-style-type: none">Decreased initiation of tobacco use among youth and young adultsDecreased tobacco-related disparities							
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 efforts are made to increase the number of school districts and colleges/universities that strengthen or implement a tobacco-free policy?	<ul style="list-style-type: none">Number/type of partnerships/coalitions formed at the school/college levelNumber of meetings/TAs/presentations/resources provided to schools/colleges/universities to help with implement/enhance tobacco-free policyDPH's website content updated on tobacco-free schools and college/university toolkit (3rd) edition	Program documents	Report review	4/29/2024	4/28/2025	Observation/descriptive	Evaluator Program Manager

How many schools and colleges/universities <i>adopted</i> tobacco-free policies including all tobacco products and covering indoor and outdoor areas?	<ul style="list-style-type: none"> • Number of colleges reached with updated DPH's updated message on tobacco-free college/university toolkit • Number of schools/colleges adopting <u>new</u> tobacco-free policies • Number of schools/colleges with <u>new</u> tobacco-free policies including all tobacco products, including e-cigarette • Number of students covered by the new policy • Number of staff members covered by the new policy 						
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How many schools/colleges <i>enhanced</i> their tobacco-free policy to include all tobacco products (including e-cigarettes) and cover indoor and outdoor areas?	<ul style="list-style-type: none"> Number of schools/colleges with enhanced tobacco-free policies Number of schools/colleges with <u>enhanced</u> tobacco-free policies including all tobacco products, including e-cigarette Number of students covered by the enhanced policy Number of staff members covered by the enhanced policy 						
What were the lessons learned, promising practices, and unintended consequences?	<ul style="list-style-type: none"> Challenges experienced Promising practices recorded 	Program document	Document review	4/29/2024	4/29/2025	Thematic	Evaluator Program Manager

B3.3.1 Strategy-Specific Evaluation Approach and Context:

This strategy is process-based, GTUPP will assess the level of support for comprehensive smoke-free policies and will monitor the number of workplaces, bars, and restaurants that adopt or enhance smoke-free policies and the number of people covered by the policy.

B3.3.2.Community Disparity Strategy:

Increase and enhance comprehensive smoke-free policies, including workplaces, bars, and restaurants (In Dougherty County).

B3.3.3 Activity(s):

- GTUPP will continue to support the partnership of ANR and the Southwest Health District to conduct trainings on topics such as tobacco 101, leadership development, defining advocacy, education, lobbying, and storytelling to promote awareness. This will also include the distribution of policy briefs and other supporting materials to educate community members and key stakeholders on the benefits of smoke-free environments.

Outcome:

- Increased implementation of tobacco control policies, including smoke-free policies
- Decreased initiation of tobacco use among youth and young adults
- Decreased tobacco-related disparities

B3.3.4. Evaluation Questions	B3.3.5. Indicator(s)	B3.3.6. Data Source	B3.3.7. Data Collection Method	B3.3.8. Data Collection Time Frame End		B3.3.9. Data Analysis		B3.3.10. Person(s) Responsible
<p>What efforts were made to increase/enhance smoke-free policies, including workplaces, bars, and restaurants (in Dougherty County)?</p> <p>How many stakeholders/community members were educated on the benefits of a smoke-free ordinance?</p> <p>How many media campaigns/sessions were conducted about cessation, prevention, and smoke-free air?</p>	<ul style="list-style-type: none"> Partnership established to educate on the benefits of smoke-free policies Number/type of stakeholders/community members identified and educated Topics covered Number of briefs/supporting materials distributed to educate community members and stakeholders on the benefits of a smoke-free environment Number/type of media campaigns conducted Number of new/enhanced 	Program documents	Report Review	4/29/2024	4/28/2025	Observation/descriptive		Evaluator Program Manager
What impact did the the efforts made to increase/enhance comprehensive	local comprehensive smoke-free policies.							

smoke-free policies, including workplaces, and restaurants in (Dougherty County)?	<ul style="list-style-type: none"> Number/type of people covered by new/enhanced local policies 						
What were the lessons learned, promising practices, and unintended consequences?	<ul style="list-style-type: none"> Challenges experienced Promising practices recorded 	Program document	Document review	4/29/2024	4/28/2025	Thematic	Evaluator Program Manager

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, and annual progress reports, including impact statements and end-of-project reports. 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 – Annually; 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 – Annually; 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 work plan strategies, the evaluation will only focus on the following strategies:

Disparity Requirement:

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

Mass-Reach Communication Requirement

- 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

Table A.4: Evaluation Plan Overview - Quitline Requirement Evaluation Plan Overview

A4.1 Strategies to Evaluate:

- 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.

4.2 Overall Evaluation Approach and Context:

Georgia Tobacco Use Prevention Program (GTUPP) has a state-funded quitline that offers evidence-based tobacco cessation services to all Georgians. The Georgia quitline service provider, RVO Health, Inc., will collect Quitline performance data. At a minimum, RVO Health, Inc. will collect the minimum intake data requirements outlined by the North American Quitline Consortium (NAQC) and may collect state-requested data as needed. RVO Health, Inc. will submit weekly, monthly, quarterly, and annual utilization data to GTUPP. RVO Health, Inc. reports will include user satisfaction, quitline service quality, reach, and quit rates among quitline users. Georgia conducted a quitline 7-month follow-up evaluation to find successful quit rates by demographic characteristics and evaluate quitline services' reach and effectiveness. According to the 7-month follow-up evaluation, 39% of respondents successfully quit smoking for 30 days or longer, 95% were satisfied with the quitline services, and 97% were willing to recommend the program to others.

GTUPP is dedicated to addressing the unique needs of specific communities in its efforts to promote tobacco cessation. For instance, GTUPP will work with the Hispanic Health Coalition of GA (HHCG) to increase the number of health systems implementing a systems change using the change concepts, ideas, and tools outlined in the Tobacco Cessation Change Packet by two. This initiative is particularly important as quitline utilization among the Hispanic population is relatively lower than smoking rates. GTUPP will implement specific strategies to reach the Hispanic community and analyze quitline reports to monitor the reach and impact of tailored communication messages. Similarly, GTUPP will partner with the Center for Women's Black Health and Equity to develop/implement a tobacco cessation campaign that will target the African American community and monitor quitline utilization among this population. These efforts demonstrate the program's commitment to addressing the unique needs of diverse communities.

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. The program's strengths and challenges can be identified and remedied by closely monitoring the program's achieving the expected outputs of the Georgia Quitline. Outcome evaluation will examine the short-term, intermediate, and long-term effects, such as increased call volume to the quitline, increased awareness of the GTQL services among multicultural populations, and increased awareness and use of the U.S. Public Health Services (PHS) guidelines by health care providers.

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

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, providing data, or

implementation and enforcement. By implementing 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.

- GTUPP
- CDC OSH Evaluation and Project Officer
- Hispanic Health Coalition of G.A. (HHCG)
- RVO Health, Inc.
- North America Quitline Consortium (NAQC)
- Health systems
- Center for Women's Black Health and Equity
- State Tobacco Coalition

A4.4. 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 Black Women's Black Health and Equity 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.

A4.5. 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.

A4.6. 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 Hispanic, and African American communities and youth 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.4 Evaluation Design and Data Collection Matrix: Quitline Requirement

B4.1.1 Strategy-Specific Evaluation Approach and Context:

In 2023, Georgia Quit Line demographic data shows that of the total callers to the Quit Line, only 2.8 % were Hispanic, and 36 % were African Americans, reflecting an underserved population utilizing the Quit Line. Additionally, in 2023, the Quit Line data also shows that 4.4% of quitline enrollees were referred by healthcare 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.

B4.1.2 Disparity Strategy:

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

B4.1.3 Activity(s):

- GTUPP will continue its partnership with the Hispanic Health Coalition of GA (HHCG) to increase Quit Line referrals by implementing the Ask, Advice, and Refer model through identified healthcare providers that serve the Hispanic/Latino communities
- .Monitor Quitline reports to assess call volume from priority populations, including African Americans, Asians, and Hispanics/Latinos, and partner with health districts to increase usage in low-volume districts.

Outcome:

- 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

B4.1.4 Evaluation Questions	B4.1.5. Indicator(s)	B4.1.6. Data Source	B4.1.7. Data Collection Method	B4.1.8. Data Collection Time Frame		B4.1.9. Data Analysis	B4.1.10. Person(s) Responsible
				Start	End		
How many health systems implement systems change using the change concepts, ideas, and tools outlined in the Tobacco Cessation Change packet?	<ul style="list-style-type: none"> • Number of Hispanic/Latina serving health centers implementing the GA cAARds model. 						

What culturally tailored promotions for populations experiencing tobacco-related disparities were implemented?	<ul style="list-style-type: none"> Number/type/reach of culturally tailored promotions disseminated. 	Quitline reports	Report review	4/29/2024	4/29/2025	Descriptive	Evaluator Cessation Coordinator
What proportion of cigarette smokers from populations experiencing tobacco-related disparities use Quitline cessation services, including telephone counseling and/or FDA-approved medication?	<ul style="list-style-type: none"> Number and proportion of non-Hispanic White cigarette smokers who received quitline services Number and proportion of Black or African American cigarette smokers who received quitline services Number and proportion of Asian cigarette smokers who received quitline services 	Quitline reports	Report review	4/29/2024	4/29/2025	Descriptive	Evaluator Cessation Coordinator
What were lessons learned, promising practices, and unintended consequences?	<ul style="list-style-type: none"> Challenges experienced Promising practices recorded 	Program document	Document review	4/29/2024	4/29/2025	Descriptive	Evaluator Cessation Coordinator

B4.2.1 Strategy-Specific Evaluation Approach and Context:

According to Findings 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 percentage of Georgians who choose to quit or attempt to quit through the Quit Line. Modeling the CDC Tips campaign, GTUPP will disseminate GTQL promotional, print, and electronic materials, fax referral forms, and the Quitline 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.

B4.2.2 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.

B4.2.3 Activity(s):

- GTUPP will update the Quit Line Fact Sheet and develop at least two cessation assessment tools to encourage using Ask, Advice, and Refer among healthcare providers. The cessation assessment tools will be available on the DPH website provider page and disseminated through state partners and the LHDs.
- GTUPP will continue its partnership with the Center for Black Women's Wellness to create two cessation messages targeting African American women and their families for display and dissemination in clinics, home-based, and community-based settings.
- GTUPP will develop a new brochure targeting Youth (below 18) with cessation messages and the Live Vape Free program. The Live Vape Free brochure will be available on the DPH Ready to Quit website and disseminated through state partners and the LHDs.
- GTUPP will continue to promote the Quit Line by disseminating English and Spanish print and electronic Quit Line brochures and Script Pads to state partners. Quitline reports will be monitored to assess call volume from priority populations including African Americans, Asians and Hispanics/Latinos.

Outcome:

- 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

B4.2.4 Evaluation Questions	B4.2.5 Indicator(s)	B4.2.6 Data Source	B4.2.7 Data Collection Method	B4.2.8 Data Collection Time Frame		B4.2.9 Data Analysis	B4.2.10 Person(s) Responsible
				Start	End		
What and how many mass-reach health communication efforts were implemented? How many impressions (Reach x frequency) were made for each media channel or campaign? What is the impact of the GTQL promotional efforts on quitline call volume?	<ul style="list-style-type: none"> • Number, type, reach, and impressions of paid, earned, and digital media efforts • Percent increase in quitline call volume following promotions among Hispanic, AA, and youth (below 18) 	Program reports/Quitline reports	Report review	4/28/2024	4/29/2025	Descriptive Thematic	Communications division Program lead

What were lessons learned, promising practices, and unintended consequences?	<ul style="list-style-type: none"> Challenges experienced Promising practice recorded 	Program reports	Report review	4/28/2024	4/2025	Descriptive analysis	Evaluator
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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 Quitline 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 such as the youth. 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, and 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 of the need for the intervention. Quit rates among quitline users at 7 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, and how and when they will be engaged.

Table 2. Partner/stakeholder assessment and engagement plan

Stakeholder Name	How and When to Engage
Primary <ul style="list-style-type: none">Americans for Non-smokers Rights Foundation (ANRF)CDC OSH Evaluation and Project OfficerDPH (GTUPP, Chronic Disease Prevention Section, Epidemiology Section, Division of Communications)Hispanic Health CoalitionThe Center for Women's Black Health and EquityRVO Health, Inc.Other mental health care facilitiesTruth Initiative	<ul style="list-style-type: none">Development of an Evaluation planDevelopment of evaluation toolsDevelopment of strategiesTechnical assistanceData Collection & AnalysisInterpretation of findingsEnsure the use of evaluation findingsProvide dataSystem change, implementation, and enforcement
Secondary <ul style="list-style-type: none">Georgia Prevention ProjectNorth American Quitline ConsortiumPrivate Universities and Georgia University Board of RegentsTruth Initiative	<ul style="list-style-type: none">Use evaluation findingsInterpretation of findingsData collectionProvide dataPolicy changes, implementation, and enforcement
Tertiary <ul style="list-style-type: none">Tobacco Use Control Advocates (American Cancer Society, American Heart Association, American Lung Association, Americans for Nonsmokers' Rights,)Policy Makers – (state, city, and county leaders)Georgia Cancer Coalition	<ul style="list-style-type: none">Dissemination of evaluation findingsUse evaluation findingsPolicy 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 created. The new data will offer opportunities to support policy, systems, and environmental change around tobacco use control. GTUPP has access to individual data on quitline 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.

The Georgia quitline service provider, RVO Health, Inc., will collect Quitline performance data. At a minimum, RVO Health, Inc. will collect the minimum intake data requirements outlined by the National American Quitline Consortium (NAQC) and may collect state-requested data as needed. RVO Health, Inc. will submit weekly, monthly, quarterly, and annual utilization data to GTUPP. RVO Health, Inc. reports 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, we recognize the need for flexibility in data collection. Therefore, we will develop appropriate data collection instruments (pre/posttests, surveys, focus group guides) for strategies when necessary. This adaptability will facilitate and/or enhance program information, ensuring we can effectively monitor and evaluate our tobacco control efforts.

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. An 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; data representative of mostly public high school	Stored in secure GA DPH server in compliance with HIPPA guidelines	Restricted access to Georgia DPH epidemiologists and statisticians

		students in each jurisdiction.		
School Health Profile (SHP)	School health policies data that affect the behavior and health of students	An online survey that is 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 RVO Health, Inc 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 systems 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