

# Making Use of Evaluation Data and Recommendations

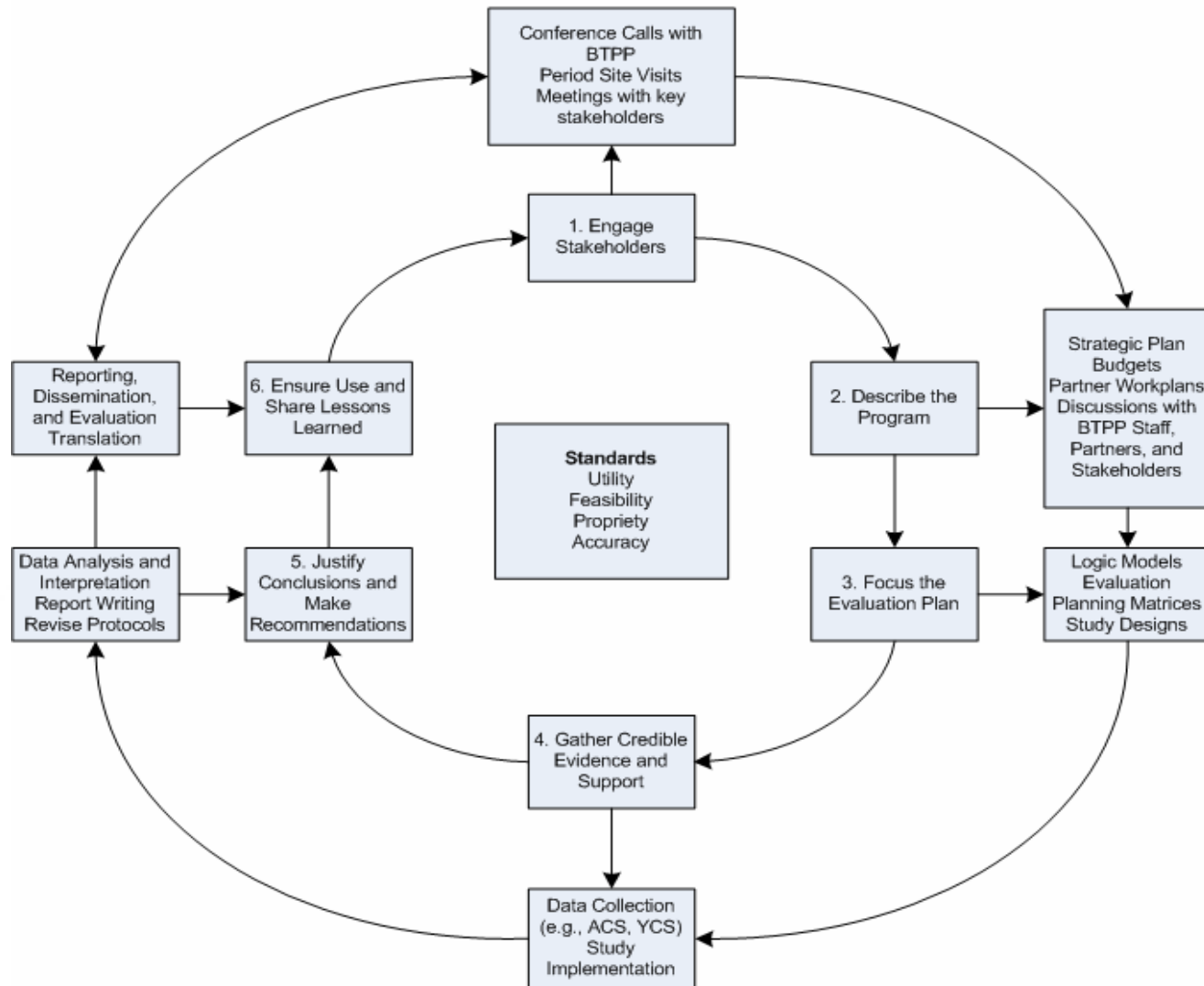
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# Overview—How we approach evaluation

- Draw on important resources for evaluation, such as CDC’s “Framework for Program Evaluation in Public Health” and “Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs,” and NCI’s “Evaluating ASSIST: A Blueprint for Understanding State-level Tobacco Control” monograph.
- Base approach on several models and theories of health behavior and behavioral determinants (e.g., socio-ecological model, theory of planned behavior, elaboration likelihood model).
- Use surveillance and evaluation data developed for the BTPP evaluation and extant data sources, such as tax-paid cigarette sales, BRFSS, TUS, CPS, and the National Health Interview Surveys (NHIS).
- Utilize RTI’s experience working with Florida BTPP and other state and national tobacco control programs.

# Evaluation Framework (Adapted from CDC)



# Where evaluators fit in

- Program planning
  - Identify resources (e.g., Community Guide, CDC Best Practices, published studies)
  - Share lessons learned from other programs
- Course corrections/updating program approach
  - Synthesize findings
  - Make recommendations based on evaluation results
- Educate stakeholders about the use of evaluation information (here we are)

# Bottom line

- Evaluators make recommendations
- Evaluation is an ***input*** into program planning
- Program staff must make the final choices about the program's direction and focus. Must factor in:
  - Reliability/validity of the evaluation data
  - Credibility/reputation of evaluators
  - Context (political, economic, cultural)