

Florida Department of Health  
Bureau of Tobacco Prevention Program

Coalition Partnerships with Local School  
Districts

December 2009

Submitted by:  
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## Introduction

### *Purpose*

In order to reduce the health, economic, and social costs associated with tobacco use, the Florida Department of Health Bureau of Tobacco Prevention Program has implemented a multi-million dollar comprehensive tobacco control program which includes media counter-marketing and advertising, the Florida Quit-for-Life line, training programs for health professionals, and community-based programs. The Bureau of Tobacco Prevention Program provides grants to create or enhance community tobacco prevention and control partnerships and coalitions. Beginning in October 2008, the Bureau contracted with Robertson Consulting Group to collect, analyze, and report on process and outcome data for the local tobacco grantees.

At the August 2009 Tobacco Advisory Council meeting, a member asked for a summary of findings regarding local coalition partnerships with the local school boards. Although not a specific evaluation question or identified information need, the evaluation activities to date have generated data on this topic. This report synthesizes data from the following sources:

- Key informant interviews conducted between December 2008 and January 2009
- Reviews of grantee's quarterly reports for the 2008/2009 fiscal year
- Review of the 2009/2010 grantee work plans
- Partnership Self-Assessment aggregate report

### *Methodology*

To determine findings for this report, the relevant data from each of the above sources was assembled and summarized. Summary statements were then reviewed for trends. Please see the reports mentioned for detailed methodology on data collection.

### *Findings*

Since 2008/2009, school systems have been important partners in the local coalitions. For example, in January 2009, when key informants were asked to rate the level of engagement of partners in their coalitions, school systems received

the highest rating. As reported in March 2009, in communities where the relationship with the school system was good, interviewees valued the openness and support of the schools to their tobacco education and cessation initiatives with youth. When school-focused tobacco initiatives didn't align with school prevention program goals/processes, however, grantees reported that it was difficult to achieve success. When grantees did not achieve their 2008/2009 work plan objectives, the most prevalent reason reported was school schedules and school restrictions.

For 2009/2010, grantees were asked which organizations and people were planned partners in their work plans. SWAT youth are one of the most prevalent partners in all goal 1 (youth) work and also mentioned frequently as partners in the work for goals 2 (secondhand smoke) and 3 (cessation). While not explicitly stated, school involvement is likely as most grantees work through the schools to recruit and conduct SWAT activities. Planned school personnel involvement, however, ranged from 0 percent to 34 percent across goal areas. Finally, as in 2008/2009, the 2009/2010 grantees reported that school boards were commonly represented in their partnerships.

## Presentation of Data

This section presents the data relating to coalition partners with school systems from the sources identified in the methodology.

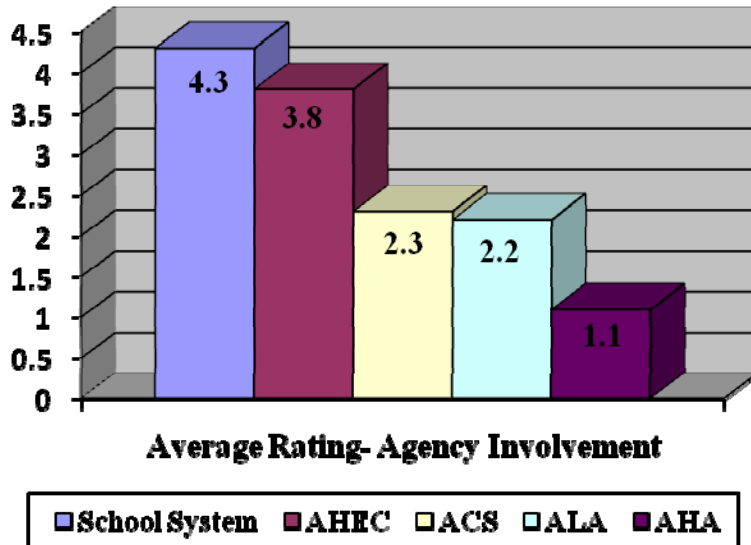
### *Key Informant Interviews*

During December 2008 and January 2009, representatives from all 2008/2009 grantees (typically the grant-paid staff position) participated in a key informant interview. This section presents data from those interviews related to partnerships with local school systems.

As reported in March 2009, partnership composition appeared to include key stakeholders with standard membership including representatives from the school system (often including school principals, teachers, Safe and Drug Free Schools staff, and superintendents), AHEC, health departments, Sheriff's offices, Division of Alcoholic Beverages and Tobacco, local hospitals, Healthy Start and Healthy Families programs, Boys and Girls Clubs, American Lung Association, American Cancer Society, community colleges, faith groups, drug treatment centers, Chambers of Commerce, Early Learning Coalitions, Medical Societies, parents, and youth.

Key informants were asked to rate the level of engagement of various partners in the local partnership on a scale of 1 (not at all engaged) to 5 (very engaged). As shown, the school system received the highest average engagement rating.

Figure 1: Average involvement rankings as of January 2009



As reported in March 2009, in communities where the relationship with the school system was good, interviewees valued the openness and support of the schools to their tobacco education and cessation initiatives with youth. This relationship extended well beyond allowing Students Working Against Tobacco (SWAT) chapters in the schools to providing staff access to arrange for presentations by national speakers, educational presentations, science classes, classes for youth who violated tobacco use rules, and to other tobacco prevention activities. A positive relationship with schools provided the greatest access to large numbers of youth. Outstanding content of the presentations (Greun von Behrens and Rick Bender, for example) and the more graphic presentations and computer trainings (e.g., Face It) were identified as key contributors to this positive impact. When relationships with the local school system were not good, however, major challenges to program success were noted by the interviewees. In several counties, school system relationships were either non-existent due to school leadership refusal to allow the tobacco program in the schools, or they were not functional, presenting a number of barriers to youth engagement through the school system.

An example of a promising practice is one interviewee that reported meeting with school representatives at the start of each year (prior to work plan submission) to get their input into the tobacco work plan for the coming year. This way, goals for the year are aligned and tobacco programs meet the goals of the schools, rather than just meeting the goals of the tobacco program.

When interviewees were asked which agency had been most helpful to them in building their program, the most frequent responses were:

- School system
- AHEC
- ALA
- Regional Coordinator
- ACS
- Hospitals

The school system was mentioned as one of several hindering factors as follows: When school-focused tobacco initiatives don't align with school prevention program goals/processes, it is difficult to achieve success. When schools have had the experience of SWAT being cut, they are often resistant to starting again.

### 2008/2009 Quarterly Report Reviews

As part of the community-based initiative evaluation, the evaluation consultant reviews the quarterly reports submitted by the grantees. Objectives are compared to the original plan and rated for achievement using an objective rating. Figure 2 presents the ratings for the 2008/2009 quarterly reports.

Figure 2: Percent of objectives receiving each rating, by quarter

Rating	July – Sep	Oct – Dec	Jan – Mar	Apr – Jun
Excellent	76.6%	79.7%	87.9%	94.1%
Very Good	5.4%	6.7%	4.4%	2.3%
Good	6.3%	4.7%	3.1%	1.2%
Barely Adequate	6.6%	3.9%	1.4%	0.9%
Poor	5.1%	5.0%	3.1%	1.5%

Source: 2008/2009 Quarterly Report Review Summary (2009, August)

Figure 3 presents the reasons noted when objectives achievement was rated *poor* or *barely adequate*. Although the poor and barely adequate ratings were not prevalent, when they occurred, school schedules and school restrictions were the most common reasons noted in the first three quarters.

Figure 3: Reasons for *poor* or *barely adequate* ratings, by quarter

Jul – Sep	Oct – Dec	Jan – Mar	Apr – Jun
-School schedule	-Timing re: school	-School	-No interest from

-Staff transition -Approvals -Scheduling conflicts -Needs assessment or survey	year -School restrictions -Illness -Delay hiring staff -Multi-county approval -Vendor delays -Newly formed SWAT	restrictions/FCAT -No interest from target organization -Delay training staff/conference cancelled -Staff on leave -Lack of CIAA brochures -Event cancelled	target organization -Staff turnover -Publication under review -Restrictions on website; social marketing not implemented -Low enrollment -Class not conducted -Timing of follow- up surveys
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Source: 2008/2009 Quarterly Report Review Summary (2009, August)

### 2009/2010 Work Plan Analysis

The prior two sections presented data from 2008/2009 grantee activities. This section now turns to 2009/2010. As part of the evaluation activities, grantees' work plans were aggregated on several dimensions, including partners engaged in the work.

Goal area 1, preventing the initiation of tobacco (or "youth"), is the goal most likely associated with youth and, therefore, potential school board involvement. Figure 4 presents the work plan framework for goal 1. The following figure presents the most prevalent partners for each outcome/output combination and then the specific ratings for school personnel.

Figure 4: Work plan framework (goal area 1)

Outcomes	Outputs	Strategies
1.1 - Increased restriction on Minors' Access to Tobacco	A – Completed activities to reduce and counteract pro tobacco messages	1 – Advocating with decision makers
1.2 - Reduced Tobacco Industry Influences	B – Completed activities to disseminate anti-tobacco and pro-health message	2 – Educating state government policy makers
		3 – Monitoring/assessment
		4 – Earned/paid media

	C – Completed activities to increase restrictions on minors’ access to tobacco	5 – Community outreach and mobilization
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*Source: 2009/2010 work plan compilation report (2009, December)*

As shown in Figure 5, SWAT youth are typically among the most prevalent partners. While not explicitly stated, school involvement is likely as most grantees work through the schools to recruit and conduct SWAT activities. Planned school personnel involvement, however, ranges from 0 percent to 34 percent across the outcome/output combinations. For example, 11.1 percent of grantees stated that school nurses would be engaged in reducing and counteracting pro-tobacco messages while 22.2 percent of grantees stated that school or district administrators would be engaged in that activity.

Figure 5: Reported school engagement in 2009/2010 work plan (Goal 1)

	Most prevalent partners (75 percent or greater)	School Nurse engagement	School or District Administrator engagement
<b>Outcome 1.1</b>			
Output A	The most common joint partner types are <i>SWAT Youth, County Tobacco-free Partnerships, and Tobacco Prevention Specialists.</i>	11.1%	22.2%
Output B	The most common joint partner types are <i>SWAT Youth and Tobacco Prevention Specialists.</i>	7.1%	25.0%
Output C	The most common joint partner types are <i>County Tobacco-free Partnerships and SWAT Youth.</i>	2.2%	10.9%
<b>Outcome 1.2</b>			
Output A	The most common joint partner types are <i>SWAT Youth, County Tobacco-free Partnerships, and SWAT Coordinators.</i>	9.1%	34.1%
Output B	The most common joint partner types are <i>SWAT Youth, SWAT Coordinators, and Tobacco Prevention Specialists.</i>	2.8%	19.4%
Output C	The most common joint partner types are <i>County Tobacco-free Partnerships and SWAT Youth.</i>	7.1%	0.0%

Source: 2009/2010 work plan compilation report (2009, December)

Among the remaining goals – cessation and secondhand smoke – SWAT youth continued to be a partner. SWAT youth involvement, however, ranged from 5.6 percent to 72.2 percent. While not explicitly stated, the likely implication is that the school system is involved. Across outcome/output combinations, planned school engagement ranged from 0.0 percent to 27.8 percent.

Figure 6: Reported youth and school engagement in 2009/2010 work plan

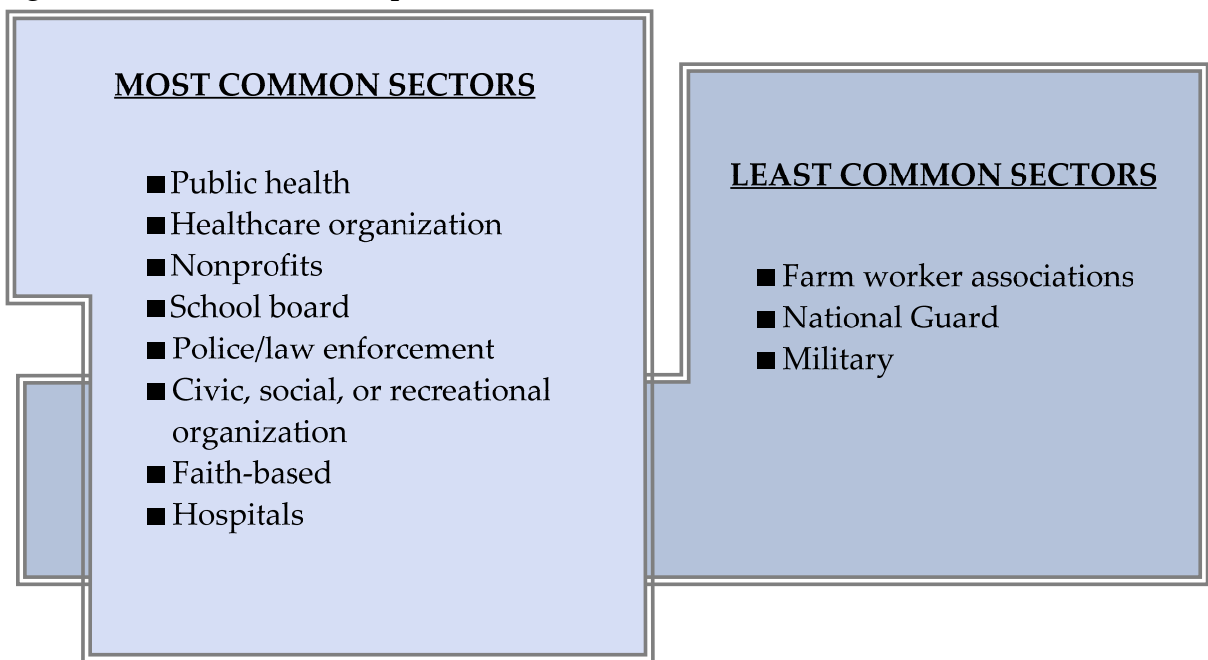
	2.1A: Secondhand Smoke	3.1A: Cessation	3.2B: Cessation
School nurses	9.3%	3.7%	3.7%
School or district administrators	27.8%	14.8%	0.0%
SWAT youth	72.2%	61.1%	5.6%
SWAT coordinators	61.1%	42.6%	9.3%

Source: 2009/2010 work plan compilation report (2009, December)

### Partnership Self-Assessment Report

Finally, in July and August of 2009, 2009/2010 grantees completed a partnership self-assessment. This assessment asked the grant-paid staff member to provide information on partnership characteristics, including sectors involved in the partnership. As the number of members in sectors did not always match the reported number of members, this information should be interpreted with caution. In order of prevalence, the most common sector representation was public health, health care organizations, nonprofits, and then school boards.

Figure 7: Common sector representation



Source: Partnership Self-Assessment Aggregate Report (2009, August)

