

**RFP 21-3605**  
**EXTERNAL EVALUATION SERVICES**  
**TECHNICAL PROPOSAL**  
**ATTACHMENT F**

The Technical Proposal must be divided into the section as described below. Every point made in each section must be addressed in the order given. The same outline numbers must be used in the response. RFP language should not be repeated within the response. Where appropriate, supporting documentation may be referenced by a proposal submission section, page, and paragraph number. However, when this is done, the body of the technical proposal must contain a meaningful summary of the referenced material.

**Instructions: Please supply all requested information in the areas shaded yellow and indicate any attachments that have been included to support your responses.**

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**1. Information About the Respondent’s Organization and Capacity to Serve as TPC’s External Evaluator**

Please provide the following:

- a. General information about the organization and staff.
  - i. Provide the organization’s legal name, address, phone numbers, and year established.
  - ii. Provide a brief history of the organization.
  - iii. State the number of staff members and the range of services offered. Include the names and resumes of all individuals who would directly manage the project and the tasks they would perform.
  - iv. Identify any services or evaluation components that may be subcontracted, with the specific responsibilities and a brief background of the subcontractor. Include the names and resumes of all individuals who would directly work on this project.
  - v. Provide an organizational chart indicating location and anticipated supervisory responsibilities of management and staff assigned to this project. The organization chart must indicate any relationship to a parent company and subsidiaries.

1.a.i.  
Professional Data Analysts, GBC  
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Minneapolis, MN 55418  
Phone: 612-623-9110  
Fax: 612-623-8807  
Year established: 1984

1.a.ii  
Professional Data Analysts, GBC (PDA) is driven by our mission to create positive social impact through data-centric solutions. Founded in 1984 as a statistical consulting company, PDA expanded to encompass

three divisions: (1) program evaluation, (2) database management and statistical services, and (3) software development. In 2019, we became a Certified B Corporation™, joining a global community of businesses building a more inclusive and sustainable economy.

We focus on projects that aim to improve the health and well-being of individuals, families, and communities. We began evaluating tobacco control programs in 2000 with ClearWay Minnesota<sup>SM</sup> (ClearWay) and continued that partnership for twenty years until they began sunseting. Our evaluation and statistical support helped ClearWay shape and improve their statewide efforts to reduce Minnesotans' tobacco use and exposure to secondhand smoke.

Over the years, our evaluation projects expanded to include statewide tobacco control programs in Hawai'i, Connecticut, Ohio, Florida, North Dakota, Oklahoma, and Vermont. In 2011, we began evaluating statewide chronic disease programs. We have worked with state health departments in Ohio, Vermont, and Connecticut to evaluate chronic disease prevention (e.g., nutrition, physical activity) and management (e.g., diabetes, hypertension, cancer) initiatives. Our comprehensive approach supports our clients' work to build healthy communities.

1.a.iii.

PDA has 34 employees (30 full-time and 4 part-time) with backgrounds in evaluation, public health, public policy, psychology, sociology, statistics, mathematics, and computer science. Our three divisions (below) work together to provide a range of services to meet our clients' needs:

The **Evaluation Division** plans evaluations and creates program frameworks (e.g., logic models, theories of change) that help organizations move forward strategically. We use quantitative, qualitative, and mixed method designs and are experts in a range of data collection methods (e.g., surveys, interviews, focus groups, observations). We provide formative and summative evaluations, focused on process, outcomes, and/or impact. PDA has an internal survey and interview team which supports our evaluation projects as needed. Our team boosts survey response rates and data quality using our custom-built, mixed-mode survey management system and innovative data collection strategies.

The **Statistics and Data Management Division** supports our evaluation projects and contracts with clients independently. This division consults on study design, including research question refinement, analysis plans, sample size and power calculations, and randomization schedules. We perform data cleaning and management, such as descriptive statistics, missing data and outlier identification, deduplicating data, data matching, and recoding for analysis. We provide a range of quantitative analyses using SPSS, SAS, and R to conduct advanced regression modeling, sensitivity analysis, weighted analyses, geocoding and mapping, questionnaire validation, and data reduction.

The **Software and Web Application Development Division** builds powerful, secure web applications to support evaluation and help clients collect program data. We create automated and intuitive reports, dashboards, and dynamic displays. Our applications are built on an open architecture to allow for future flexibility and extensibility. We build online data collection forms that are user-friendly and mobile-responsive. PDAExchange, our in-house electronic referral (eReferral) application, processes eReferrals from hospitals, clinics, and county health departments and routes them to the appropriate service provider. Our secure technical and administrative safeguards protect clients' data at all times. Our databases are stored in our onsite data center. We do regular security audits to ensure compliance with data security best practices.

We propose to staff five evaluators, three analysts, and four survey staff on this project. Below is a list of those who would manage the project and the tasks they will perform. Refer to Attachment 1.a.iii Staff Resumes for the resumes of all evaluators and analysts on this project.

**Amy Kerr, Ph.D.**, Director of Evaluation, will serve as Principal Investigator (PI). Her tasks will include: project management for the overall evaluation, assure quality and timeliness of contract deliverables, manage timelines, project expenses, and invoicing. Amy will manage the PDA evaluation team and supervise three subcontractors (ECPIP, Ann St. Claire, Transform Group). She will lead five evaluation components: Development of the 5-Year Strategic Evaluation Plan, Overall TCP Impact and Effectiveness Report, Adult Tobacco Survey, Training and Technical Assistance for Grantees, and Emerging Areas for Evaluation.

**Julie Rainey**, Vice President, will lead three components of the project: Online Youth Panel Survey, Quitline Evaluation, and Youth Tobacco Survey. Julie will supervise two subcontractors (InAct, Bingle Research Group) and provide evaluation support to other evaluation components as needed.

**Becky Lien, MPH**, Director of Statistics and Research, will serve as Lead Analyst. Her tasks will include supervising PDA's statistics team assigned to this project, developing sampling and weighting plans, and conducting quantitative analysis. She will be involved in the Overall TCP Impact and Effectiveness Report, the Quitline Evaluation, the Youth Tobacco Survey, and the Adult Tobacco Survey. In addition, she will provide statistical consultation for emerging evaluation areas, ad hoc reports, or other evaluation components as needed.

1.a.iv.

PDA excels at developing and maintaining long-distance relationships with clients, grantees, and program staff. We learn about the local context for the programs we evaluate and stay current on changes in the landscape. We apply this understanding in all facets of the evaluation, which strengthens our work and ensures the findings and recommendations are relevant to stakeholders. However, we understand the advantages that local partners bring to projects, and we support the state of Indiana's commitment to minority, women, and veteran-owned business enterprises. We have arranged to engage two Indiana based women's business enterprises, one Indiana veteran-owned small business, and two additional subcontractors to extend our capacity to provide comprehensive evaluation and surveillance services for the TCP. The roles, responsibilities, and relevant experience of each subcontractor are provided below. Please see Attachment 1.a.iv Subcontractor Resumes for subcontractor resumes.

**1) Ann St. Claire, MPH, independent consultant**

**Role:** Evaluation Lead contractor, Adult Tobacco Survey

**Responsibilities:** Partner with Amy Kerr of PDA to oversee another subcontractor (ECPIP)

**Brief background:** Ann St. Claire has managed four rounds (2007, 2010, 2014, 2018) of the Minnesota Adult Tobacco Survey (MATS) in her former position with ClearWay Minnesota. She coordinated survey processes and oversaw the communication, review, study methods approval, instrument development, fielding, analysis planning, report writing, and dissemination to various audiences. She managed and monitored the survey vendor through each phase of the survey administration and analysis. Ms. St. Claire was active in the public release and dissemination of survey findings, including ten papers and five poster presentations developed within 18 months of the study release. Findings were shared at national conferences and published in peer-reviewed journals. MATS is now regarded as a model for conducting state tobacco surveillance.

**Staff:** Ann St. Claire

## **2) Eagleton Center for Public Interest Polling (ECPIP)**

**Role:** Adult Tobacco Survey contractor

**Responsibilities:** Conduct the Indiana Adult Tobacco Survey as a dual-frame (cell sample and landline sample) telephone survey. Design and produce raw the sample, program the survey, and collect 2,000 completed surveys. Process the raw datafiles, apply weighting, and deliver dataset and codebook. Run requested analyses and produce a technical report.

**Brief background:** The Eagleton Center for Public Interest Polling (ECPIP) was established in 1971. Now celebrating five decades and publication of over 200 public opinion polls on the state of New Jersey, ECPIP is the first and longest continuously running university-based state survey research centers in the United States. ECPIP provides scientifically sound, non-partisan information about public opinion. ECPIP conducts research for all levels of government and nonprofit organizations with a public interest mission, as well as college and university-based researchers and staff. ECPIP makes it a priority to design opportunities for undergraduate and graduate students to learn how to read, analyze, design, and administer polls. We pride ourselves on integrity, quality, and objectivity. ECPIP has completed three population-level surveys which assess tobacco use behaviors, including two which use questions pulled from the ATS. ECPIP's experience conducting surveys in Indiana includes the Indiana Substance Abuse and Mental Health Services Administration (SAMHSA) Grant longitudinal study (2017-2019); and the Indy Hunger Network Food Insecurity Study.

**Staff:** Ashley Koenig, Ph.D., Debra Borie-Holtz, Ph.D., Kyle Morgan, Ph.D.

## **3) InAct, LLC (women's business enterprise in Indiana)**

**Role:** Online Youth Panel Study contractor

**Responsibilities:** Collaborate with PDA to develop survey instrument, survey design, and recruitment method(s). Select vendors (e.g., online panel provider, telephone sample and survey provider, and/or social media platforms). Manage recruitment and data collection to obtain the target 850 completed surveys. Prepare raw dataset and brief writeup of study methods.

**Brief background:** InAct has conducted primary quantitative research using many data collection methodologies, including phone, email, online, in-person, and paper. They utilize various sample sources, including client-provided lists, panel providers, intercepts, social media recruitment, and trade associations. They work with a variety of audiences, including harder to reach populations such as youth, specific B2B roles, and owners of niche products. These experiences will serve TPC well in achieving the goals of securing feedback from a hard to reach audience, leveraging multiple data collection methodologies to ensure representation and quality feedback.

**Staff:** Valory Myers

## **4) Bingle Research Group (veteran-owned small business in Indiana)**

**Role:** Contribute to ad hoc reports on emerging topics of interest to TPC

**Responsibilities:** Provide evaluation services in collaboration with PDA, primarily in the emerging areas of evaluation requested in this RFP. Conduct or contribute to ad hoc evaluation studies and reports.

**Brief background:** Bingle Research Group has completed several evaluation projects for the TPC, both with the Quitline and for the marketing campaign. These include a study of tobacco use among women of childbearing age (focus groups and online discussion boards); focus groups with Indiana tobacco users to inform a Quitline campaign to target ambivalent, resistant, and hardcore smokers; key informant interviews with business leaders to identify employers' needs and preferences for smoking cessation programs; and key informant interviews and focus groups to assess minority business owners' attitudes and beliefs about secondhand smoke policy.

**Staff:** Fred Bingle, MBA

**5) Transform Group (women’s business enterprise in Indiana)**

**Role:** TPC Grantee technical assistance and training provider

**Responsibilities:** Provide technical assistance (TA) and training for grantees in the form of conferences or webinars, ad hoc assistance as needed, and support and consultation for evaluation of community-level agency initiatives.

**Brief background:** Transform Consulting Group (TCG) is an Indiana-based, WBE-certified, strategic, and data-driven consulting firm. TCG works to equip government agencies, nonprofit organizations, schools, and philanthropic funders with the tools, knowledge, and actionable processes to strengthen their impact—leading to the betterment of children, families, schools, and communities. TCG has worked with statewide system administrators and local direct service providers. Their team includes educators, social workers, and data analysts, with subject matter expertise in human services and the provision of training, positioning them well to provide community-level consulting and training/technical assistance for this project. TCG has provided several professional development opportunities to nonprofit and government staff. This has been in the form of on-site, program-specific training for an organization’s staff, as well as presentations at conferences and for webinars. Past topics include data-informed decision making, understanding continuous quality improvement (CQI), understanding and implementing program evaluations, and other capacity building topics.

**Staff:** Amanda Lopez, MSW; Margaret Smith, MSW

1.a.v.

PDA has the personnel, internal procedures, and other necessary resources to complete the deliverables requested by the TCP. Harlan Luxenberg, President and CEO, provides the overall leadership and management for the organization. For this project, the Principal Investigator, Dr. Amy Kerr, will supervise staff and ensure the quality and timeliness of all evaluation deliverables. The team will meet regularly to review progress on evaluation activities, discuss challenges, and collectively develop solutions. The Principal Investigator may also meet one-on-one with staff to discuss specific project tasks and provide feedback. Additional support is provided by PDA’s Office Manager for topics related to billing and the Director of Operations and Human Resources for personnel, resource, and staffing support.

Please see Attachment 1.a.v Organization Chart for PDA’s organizational chart, with staff assigned to TCP evaluation indicated. All PDA staff are affiliated with our office location in Minneapolis, Minnesota. PDA is incorporated in Minnesota as an S-Corp and has no parent company nor subsidiaries.

- b. Prior experience of the organization with program evaluation and tobacco control
  - i. Demonstrate the ability to coordinate the evaluation process with TPC staff and multiple contractors.
  - ii. Describe the organizational capacity for managing and completing required tasks for multiple projects with overlapping timelines.
  - iii. Highlight any experience in managing or coordinating a team of specialized subcontractors or consultants.
  - iv. Describe expertise in the following areas: evaluation methodology, research methodology; quantitative analysis; qualitative analysis; evaluation of public health programs and any related tobacco control expertise; evaluation of education programs; evaluation of media, marketing or communications

programs; working with local community programs; writing technical reports; writing economic impact studies.

- v. Describe in detail, at least three examples of similar projects, including evaluation processes and analyses used and measurable documented results. At least one example that is health-specific or tobacco control-specific is desired.
- vi. Demonstrate capacity to sufficiently handle the robust and changing nature of tobacco control evaluation.

1.b.i.

All of PDA's senior evaluators are experienced managers of large statewide, multi-year, multi-component evaluations which require them to coordinate evaluation processes with client teams, partners, and contractors. Each of our senior evaluators staffed on this proposed project has managed evaluation contracts of similar size, scope, budget, and complexity as the Indiana TPC evaluation.

Since 2014, **Amy Kerr**, the proposed Principal Investigator, has led an evaluation of the Bureau of Tobacco Free Florida (BTFF) statewide group cessation program. The program funds fifteen cessation centers to provide group classes and build partnerships with local healthcare practices to implement tobacco systems change. Amy is the primary client contact, and she coordinates evaluation needs with other BTFF contractors including two media vendors and another evaluation firm. She also works closely with the fifteen centers, develops annual evaluation plans, designs data collection systems, manages surveys, interviews and document review, produces reports, and works to disseminate and facilitate use of evaluation findings, including an annual presentation to the Florida Tobacco Education and Use Prevention Advisory Council. During Amy's tenure as project manager, PDA's contract has twice been renewed by BTFF. Amy served a similar role for PDA's multi-component evaluation of the ClearWay Minnesota tobacco control program for six years. Amy's successful management of these evaluations demonstrates her ability to lead the Indiana TPC evaluation.

1.b.ii.

PDA has extensive experience managing complex projects with overlapping timelines. Many of our statewide evaluations include interventions at multiple levels and with different populations. Each of our evaluation staff is accustomed to working on multiple projects simultaneously. We look for synergies between programs to create efficiencies when evaluating multiple projects and incorporate that into evaluation plans (e.g., leveraging existing data and partnerships). The evaluation described in this RFP will require similar strategies. Because TPC is multifaceted, this evaluation will benefit from PDA's level of expertise in successfully conducting similar complex, statewide evaluations.

We use a variety of project management techniques to staff, manage, and ensure the quality of work for our evaluation projects. The Project Managers supervise project staff and subcontractors and create and monitor project schedules to ensure the quality and timeliness of all evaluation deliverables. We hold internal team meetings on a regular basis to review progress on evaluation activities, discuss challenges, and develop solutions. These meetings help us set and meet internal deadlines and benefit from the collective expertise of the project team. In addition, our "open door" culture facilitates frequent informal check-ins, which help our work proceed smoothly.

The strongest evidence of PDA's capacity to successfully manage and complete complex evaluations lies in our client history. We build strong, collaborative relationships and provide responsive, client-centered services. The timely completion of our deliverables and the quality of our work has resulted in our clients

opting to stay with PDA over multiple contracts, awarded through both competitive bid processes and sole source renewals. We have three tobacco control evaluation clients who have worked with us for more than a decade. Please see the Attachment 1.b.ii PDA Tobacco Control Evaluation Experience for an overview of our statewide tobacco experience.

#### 1.b.iii.

The unique composition of PDA – with experts in evaluation, statistics, software development, and our in-house survey team – positions us well to meet the majority of our clients' needs. When there is a need that would better be filled with local support, we have a long history of augmenting our team with the strategic use of consultants and other partners to fill niche needs. For example, for many years we have contracted with a Hawai'i survey vendor to collect Quitline participant follow-up surveys, since the time zone difference makes it impractical for our own staff to do telephone surveys there and a local vendor is able to conduct surveys in a culturally-responsive manner. We have also used a Hawai'i-based technical assistance contractor to provide support to grantees on data collection and reporting. In the state of Florida, we engaged a Florida-based market research firm to hold focus groups throughout the state.

In Ohio we have engaged two different Minority Based Enterprise (MBE) subcontractors since 2015. We worked with one MBE from 2015 - 2017 to support sub-studies in local Ohio communities for a chronic disease prevention and management project. We've been working with a second MBE since 2017 to lead sub-studies and support access across the state to the state Comprehensive Cancer Control membership meetings.

We have also engaged subcontractors as content experts and for data collection. In Hawai'i, we have consulted with multiple media evaluation experts to refine our survey recruitment practices and to review key media deliverables as part of our formative evaluation. To complete an in-depth cost analysis study for the state of Florida, we hired two health economists to inform the design of the study and review our reports. For ClearWay Minnesota, we subcontracted with a local evaluator for an intensive interview study. Amy Kerr managed this subcontract and will oversee three subcontractors for TCP (ECPIP, Ann St. Claire, and Transform Group). In Florida, we subcontracted with a local survey firm for recruiting and conducting phone surveys, focus groups, and an RDD landline/cell sample survey. Julie Rainey managed the Florida subcontractors, and would oversee the subcontractor performing similar tasks for the Indiana TPC youth panel study and oversee the Bingle Research Group.

#### 1.b.iv.

### **Areas of Expertise**

PDA has extensive experience evaluating projects in tobacco control, with a full range of methods and content areas. We frequently present at conferences and have published 35 articles in peer-reviewed journals in the fields of evaluation methodology, survey methodology, and tobacco control. See Attachment 1.b.iv. PDA Publications for a publications list. A sample of PDA's work is summarized below.

### **Methodological Expertise**

PDA has evaluated tobacco control programs in eight states, including cessation, policy, media, prevention, and systems change initiatives. We have evaluated community programs, along with phone, web, virtual, and text messaging programs. Our evaluations have used quantitative and qualitative methodologies, such as surveys, interviews, focus groups, program data extraction, call reviews, secret

shopper calls, and quality assurance testing. We have experience using multiple evaluation frameworks; however, we primarily use utilization-focused evaluation, developmental evaluation, and principals-focused evaluation and select the appropriate framework based on the needs of the client and project. Here we provide three examples of methodological expertise.

**1. Quantitative Analysis:** Throughout the evaluation process, PDA's experienced analysts and statisticians collaborate with evaluators on study design, research question refinement, and analysis plans. We find the diversity of our backgrounds (e.g., evaluation, psychology, biostatistics, and epidemiology) result in a wide breadth of study design expertise. In addition to planning, early in the evaluation process the analysts contribute to the evaluation by conducting sample size and power analyses, planning sampling strategies, and creating randomization schedules. As data is collected, we initiate data cleaning and quality assurance processes to monitor missing data, outliers, and duplicates. We have developed automated SAS reports for evaluation clients that monitor monthly data extracts and survey data to quickly identify system, service delivery, and data issues.

Our analysts and evaluators work hard to find the most appropriate quantitative methods for the evaluation. Descriptive, subgroup, and trend analyses are supplemented with more complex methods when necessary. Recent analyses for evaluations include advanced regression modeling, sensitivity analysis, questionnaire validation, latent class modeling, reach ratios, Bayesian credible intervals, and geocoding and mapping. PDA analysts use SAS, SPSS, and R to conduct analysis.

An example of a quantitative study is found in our work for the Tobacco Free Florida Quitline evaluation. The state expanded the Quitline services to offer combination nicotine replacement therapy (NRT), which involved daily use of nicotine patch and as-needed use of nicotine gum or lozenge. PDA compared the effectiveness of the two NRT service packages to determine if offering combination NRT improved quit rates. First, we compared quit rates for participants who enrolled in the Quitline before and during the combination NRT offer. We then performed a multivariate logistic regression analysis to simultaneously control for several key variables to identify significant, unique contributions to quitting. The BTFF used findings from both studies to inform their decision to continue to offer combination NRT.

**2. Concept Mapping:** As part of our evaluation of the BTFF group cessation program, we evaluated a new tobacco cessation program to be delivered at behavioral health sites. As this program was being developed, PDA facilitated a concept mapping process with program staff. A concept map shows how different ideas relate to each other. It can be used for the task of negotiating values and standards and is useful for framing the evaluation. This process included an all-day interactive meeting with the team, a follow-up meeting, individual interviews, document review, analysis, and developing a final concept map and logic model. We used these documents to plan the next few years of the evaluation, and the program staff used them to refine the design of the new behavioral health cessation program.

**3. Qualitative Analysis:** PDA has extensive experience planning and implementing qualitative studies. Our evaluation team collects qualitative data through interviews and focus groups, in person and by telephone, as well as via digital technologies, depending on what will best meet the needs of the project and the study participants. While our approach is dependent on the project, we often use a semi-structured approach to qualitative data analysis. This allows us to ensure that key research questions are explored, while leaving room for unique follow-up questions and probes. We often employ respondent validation to further challenge our own assumptions. This often occurs by sharing either an interview summary or

emerging themes back to the respondents for their feedback. We also have experience with the qualitative methods of document review and observation.

An example of qualitative analysis can be found in our work for Tobacco Free Florida. During the first year of implementing a new behavioral health cessation program, we conducted a process evaluation, which included 18 interviews of program staff, leadership, and external consultants, along with analysis of program data. We recorded and transcribed the interviews and then coded them in NVivo. Initial codes were based on interview questions, followed by ongoing, iterative inductive coding and analysis by all team members. We identified early successes and challenges of the program and provided a summary of program utilization for the first few months of implementation. We also provided recommendations for streamlining processes, training staff, and expanding the program, which BTFF and program staff used to modify and improve the program.

## **Public Health and Tobacco Control Evaluation**

PDA works almost exclusively within the public health sphere, helping our clients demonstrate effectiveness, ensure accountability, and support learning to strengthen their tobacco control and chronic disease prevention and management programs. Our evaluation portfolio is extensive and includes statewide Quitlines and cessation programs, local grantee initiatives, tobacco-free policy efforts, media campaigns, and health systems change initiatives, among others. Please see Attachment 1.b.ii PDA Tobacco Control Evaluation Experience for a one-page overview of our tobacco control clients. Below we highlight a project similar to the strategic statewide evaluation planning and individual component evaluation requested in this RFP.

Since 2017, PDA has worked with the North Dakota Department of Health and over 50 partners across the state to develop an evaluation plan that examines process, outcomes, reach, and impact of the state's comprehensive tobacco prevention and control programs and policies. To develop the plan, we interviewed stakeholders and engaged them in developing the evaluation questions, data collection methods, and reporting formats. This experience mirrors the comprehensive, statewide evaluation planning process requested for the TCP. In addition to reporting on statewide impact, PDA also evaluates North Dakota's individual tobacco program components. The Local Public Health Units (LPHU) activities include policy interventions (i.e., smoke-free multi-unit housing, tobacco-free business grounds and public places, and comprehensive tobacco-free schools), youth engagement work, retail tobacco point-of-sales activities (e.g., compliance checks), and education initiatives. PDA designed a quarterly online tracking and reporting system to document LPHU activities. From these quarterly reports, PDA creates quarterly dashboards to document collective progress of the LPHUs toward meeting objectives of the State Plan. Quarterly dashboards are combined with qualitative LPHU success stories and disseminated to the client, LPHUs, and other stakeholders.

## **Evaluation of Education Programs**

For the Connecticut Department of Public Health, PDA evaluated an evidence-based physical activity and nutrition education program tailored uniquely for after-school programs. The goal of this program was to increase physical activity before and after the school day, by educating and guiding after-school and childcare providers to increase physical activity for children in their care. To evaluate the program, we used an exploratory sequential design through pre and post-test surveys and interviews with selected staff based on their survey results. We identified several factors that contributed to program success, as well as barriers and lessons learned, that were helpful to the funder's ongoing work to reach this important target population.

## **Media evaluation**

PDA has evaluated tobacco prevention and cessation media campaigns for six state clients. Two examples are shown below.

**1. Hawai'i Department of Health** PDA is currently implementing an online survey of teens as part of an evaluation of Hawai'i's youth vaping prevention media efforts. The survey assesses their recall of ad messages, attitudes about vaping, and use of tobacco and vaping products. We worked collaboratively with the media contractor and client to design the survey and program it in LimeSurvey. We are recruiting exclusively on social media (Snapchat, TikTok, Facebook) via ads we developed and designed for teens. Throughout the recruitment period, we monitor key metrics of ad performance, including reach, link clicks, and survey completions, to inform refinements to recruitment strategy and materials. When response is trending below our goal for any key demographic groups, we increase promotion of ads that are performing more strongly with those groups, target more ads to those groups using the Ad Manager, and/or add keywords within the Ad Manager to better target the underrepresented groups.

**2. North Dakota Department of Health** PDA has conducted multiple evaluations of the North Dakota counter-tobacco media campaigns. One example is the BreatheND media campaign which focused on tobacco industry denormalization, secondhand smoke, and cessation. We assessed ad recall; the extent to which having seen the ad was associated with attitude, norm, and behavior change; and the extent the media campaign followed 2014 CDC best practices. We used an online convenience panel to conduct a cross-sectional survey of adult residents. PDA designed the survey tool, managed the subcontractor's survey administration and response rates, conducted all analyses, and produced the report. We recently assessed the effect of the cessation media campaign on calls to the Quitline from 2013 through 2020. Results indicated the importance of counter-tobacco media to direct tobacco users to the Quitline and were directly used to support funding for these efforts.

## **Working with local community programs**

Since 2009, PDA has evaluated the Hawai'i Community Grants Program. This grants program funded health centers, social service agencies, and community organizations to deliver tobacco cessation services to priority populations, with a focus on reducing tobacco-related disparities. Annually, we complete a process and outcome evaluation of sixteen community agencies. PDA developed a logic model for each grantee, depicting their approach to providing standard cessation services as well as each grantee's unique innovations and adaptations to tailor programming, recruitment, or other aspects of service delivery to meet the needs of the specific populations they serve. This is a mixed-method evaluation, in which PDA conducts semi-annual qualitative interviews with grantee staff to document progress and quantitative methods are used to measure outcomes including reach within priority populations and quit rates.

## **Technical Reports**

PDA has produced reports that focus on distinct project subcomponents as well as more comprehensive reports that focus on broader agency efforts. We produce a biennial comprehensive report in North Dakota and an annual report in Vermont that synthesize information across their tobacco control program, including policy work and cessation activities among adults and youth at the state and local levels. In Florida, we produce an annual synthesis report that summarizes our evaluation activities across the suite of cessation programs, including quit outcomes, reach rates and healthcare provider referral rates. We are well-versed in a wide variety of reporting media and can provide reports in several formats, ranging from

short infographics to longer technical reports. PDA is committed to developing reports that are useful and easily understandable. Early in the evaluation, we clarify the intended audience(s) with our clients and discuss the most effective ways of communicating with them. We prioritize use of evaluation findings, so we work with clients to select the format, language, and length appropriate for the audience, whether that is clients, grantees, legislators, or advisory councils. In addition to formal reports, we are also skilled in providing ad hoc findings or briefs as needed to support agency decision-making or to satisfy requests from other stakeholders.

Our focus on data visualization sets us apart from other evaluation firms. Since 2012 PDA has convened a monthly internal data visualization group to enhance our data visualization strategies and develop best practices. We review current articles and blog posts from experts in the field of data visualization, conduct chart and graph makeovers in real time, and set goals for individual and company-wide improvement. We have developed templates and processes to ensure our reports are visually engaging, highlight the most important components of the evaluation, and are tailored to the needs of the specified audience. Our data visualization experts have conducted multiple trainings for various audiences on evaluation reporting, data visualization, and visual reports. This includes presentations to grantees and state staff, health system quality improvement trainings, and evaluation training for a regional library system.

All reports and deliverables are thoroughly vetted through an established process to meet PDA's quality standards and conform to internal or client branding requirements.

## **Economic Impact Studies**

In North Dakota, PDA has conducted multiple cost-related analysis for various components of the tobacco program, including the for the Quitline, Medicaid coverage of cessation medications, and length of hospitalization for COVID-19 patients who used tobacco. First, PDA conducts an annual cost benefit analysis for the Quitline. This expanded in 2018 to incorporate multiple sources of surveillance data, including the U.S. Census; the Behavioral Risk Factor Surveillance System (BRFSS); number of cigarette packs sold (from the Campaign for Tobacco Free Kids); and Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), tobacco-related healthcare cost data and program return-on-investment data. Second, PDA analyzed data from North Dakota's Medicaid Office to estimate the smoking costs to Medicaid. Finally, in 2020, PDA also worked with the chronic disease epidemiologist to look at the length and estimated costs of hospitalization for COVID-19 patients who use tobacco as compared to COVID-19 patients who do not use tobacco.

For Tobacco Free Florida, PDA conducted an "apples to apples" cost comparison of Florida's in-person cessation programs and the Quitline. The two programs have the same goals but different activities, promotional strategies, populations, and differing service delivery modes and levels of program intensity. To ensure the study was conducted following best-practices and standards for health economic research, PDA engaged an expert workgroup to review and contribute to developing the cost analysis methodology and assumptions. We then calculated the costs for each person who quit after receiving an evidence-based intervention from one of the two programs. Findings from this study were used by the funder to improve cost effectiveness within each program, as well as to consider the balance of state funding between the two programs.

1.b.v.

We have selected three projects as examples of evaluation services similar to those requested in this RFP. All three are evaluations of statewide tobacco control programs.

### **1) Tobacco Free Florida: Quitline Evaluation and AHEC Cessation Program Evaluation**

Since 2008, PDA has evaluated the BTFF tobacco cessation programs. Our current contract includes two separate, coordinated evaluations. First, we evaluate the Florida Quitline (annual budget \$500,000) which is provided by a single vendor offering a suite of services, including phone, web, texting, email, and NRT starter kit. They serve over 60,000 tobacco users each year. Second, we evaluate the Area Health Education Center (AHEC) group tobacco cessation program, which serves over 20,000 tobacco users each year (annual budget \$500,000). The AHECs offer in-person and virtual courses to help individuals quit tobacco and a specialized course for individuals at behavioral health sites. We provide annual evaluation reports and an annual cross-program synthesis report on use and outcomes. As part of both evaluations, we reach out to approximately 800 former participants to conduct follow-up surveys online and on the phone. We manage the surveys using our own survey team and collect the responses in our custom-built web-based management tool, SynchronizedSurvey™.

We produce quarterly automated reports developed in SAS that monitor program data, such as trends in enrollments or participant demographics. These reports help identify potential data errors or dataset changes that need investigation. They often serve as an early detection system, alerting us and the client to developing trends or potential concerns that can be explored in greater depth in an ad hoc report.

We write 5-7 ad hoc studies each year at the discretion of the client. These studies are designed to be responsive to new, innovative, or pilot cessation programs, including those that are tailored for specific populations or delivered via emerging technologies. They are also used to conduct in-depth analyses on topics of the client's choice, like potential service delivery issues. We may analyze existing quantitative data for these studies or collect new data through interviews, focus groups, call reviews, or secret shopper calls. Examples of recent ad hoc studies include exploring reasons for dropping out of the Quitline after registration, evaluating the transition from in-person to virtual courses during COVID-19, calculating quit rates for priority populations, and analyzing re-enrollment patterns.

### **2) Evaluation of the Hawai'i Quitline, Community Cessation Grants, and Health Communications**

PDA has conducted multiple evaluations for the state of Hawaii since 2005 (most recent contract through 2024, annual budget \$434,000). This project includes a complex process and outcome evaluation of three tobacco cessation initiatives: Hawaii Tobacco Quitline, Health Communications Programs, and Community Cessation Grants Program. We evaluate these initiatives on their own and in collaboration to understand their impact on Hawaii's Tobacco Control Strategic Plan, 2016-2020.

The evaluation is similar in complexity to the Indiana TCP evaluation. We oversee several subcontractors that provide data collection support and technical assistance to 17 community- and clinic-based sub-grantees. The client has used our findings to improve their programs. For example, we recently evaluated a vendor's transition to a new service and data platform. Our report identified important service delivery and data quality issues, which were subsequently addressed by the vendor. Another study utilized interviews to explore reasons for low engagement with the web program. We identified barriers with the enrollment process, which the vendor addressed, leading to an immediate increase in connection to treatment.

PDA's media evaluation efforts are integrated with our evaluations of cessation initiatives. We recently created an automated dashboard to track Quitline enrollments on a weekly and monthly basis. The dashboard monitors enrollments among key priority populations from Hawaii's Strategic Plan and allows for real-time monitoring of the impact of different media efforts in the state. PDA also conducts a process evaluation of campaign strategy and content, acting as a critical friend by supporting and challenging the project via an informed external perspective. We recently provided feedback on the media vendor's plan for promoting referrals among healthcare providers, incorporating best practices from the literature and our knowledge of how the fax referral process is currently working for the Quitline.

### **3) Evaluation of the North Dakota Department of Health Tobacco Prevention and Control Programs**

Since 2011, PDA has conducted evaluations for the North Dakota Department of Health (NDDoH) Tobacco Prevention and Control Programs (most recent contract for FY 2020-2021, budget \$260,000). The NDDoH funds a comprehensive statewide tobacco prevention and cessation initiative that includes local-level policy efforts, state-level policy efforts, cessation services, grants to local public health units, tribal initiatives, and mass reach health communications, all organized under the umbrella of a statewide strategic tobacco plan. This year, PDA's scope of work was expanded to include the design and administration of the Quitline 7-month follow-up survey.

Several of PDA's evaluation deliverables mirror those requested in this RFP. PDA participates in strategic planning with the state and sustainability assessments; this process is incorporated into evaluation processes and is reported biannually as part of a report that is shared with the North Dakota Legislature and NDDoH leadership. We produce a variety of reports, including quarterly dashboard reports for the health systems grantees and the local public health grantees, an annual Quitline report, monthly tracking of Quitline calls using control charts to evaluate changes in calls before and after COVID-19, an annual data summary for the BABY & ME – Tobacco Free Program and the health systems cessation program, and a variety of ad hoc reports that are determined in partnership with the NDDoH.

#### **1.b.vi.**

Through our many years working to evaluate tobacco control programs we have seen the field continue to evolve. New tobacco and vaping products have come to market, causing rapid shifts in use patterns. There is a rise in dual use (both tobacco and vaping) and poly-tobacco use (use of multiple forms of tobacco). The popularity of vaping has reversed years of success in reducing nicotine addiction among youth. Counter-tobacco media has had to confront multi-media campaigns by companies such as JUUL, as well as increased efforts by the tobacco and vaping industries during legislative sessions. PDA has tracked and evaluated specific counter-tobacco campaigns that address these emerging issues.

Meanwhile, policy changes are rapidly being adopted at the state and local levels. "T21" age restrictions, tobacco tax increases, clean air regulations, and flavor bans all contribute to reducing tobacco's harms. These positive policy changes are under threat, however, through industry tactics such as efforts to pass preemption or cigar bar bills to undercut comprehensive smoke-free air policies. PDA has been a partner to states such as North Dakota and Vermont during their legislative sessions and understands how quickly the landscape has changed. In North Dakota, PDA has tracked efforts by the tobacco control partners to educate on the importance of that state's comprehensive smoke-free policy, which was and is under threat by proposed "cigar bar" legislation. These efforts are tracked by PDA and incorporated into evaluation deliverables, including a report to the state legislature during session.

Developments in technology, the shift from shared landlines to personal cell phones, and the increase of robo-calls has drastically altered the ability to collect quality survey data. At PDA we recognize that it is critical to stay current with a constantly changing landscape, both in the field of tobacco control and the field of evaluation. To facilitate this, we support our staff's memberships in professional associations such as the Society for Research on Nicotine and Tobacco, American Association for Public Opinion Research, American Evaluation Association, American Statistical Association, and North American Quitline Consortium (NAQC). PDA employees have served on NAQC workgroups such as the Minimal Dataset Workgroup and Quitline Behavioral Health Workgroup. We strive not only to keep current with updates in our fields but to contribute to advancing knowledge in tobacco control and evaluation. PDA employees have published 35 articles and presented at numerous conferences specifically on tobacco control topics.

We describe our approach to evaluation as responsive and client-focused, which is key to making sure that our evaluation findings are useful rather than stale, and adaptive to changing landscapes. To keep our evaluation designs flexible, we review evaluation plans annually and update them as client's information needs change. We adapt our evaluation strategies at any sign that they are becoming less effective. For example, we typically reserve a portion of the budget for ad hoc reports to investigate emerging questions, take deeper dive into newly identified problems, or study areas of interest to our clients. We constantly monitor survey response rates on an ongoing basis so that we can shift recruitment and survey processes quickly when participation declines.

In our projects, we are also able to pivot quickly in response to changes that affect a program we are evaluating. For example, COVID-19 caused serious disruption of the Florida in-person cessation program, and they offered new virtual courses in response. PDA adapted the evaluation in numerous ways: we provided interim monitoring of program activities and helped the client establish new benchmarks for number of individuals served, we provided technical assistance to the grantees to adapt the evaluation protocols for virtual cessation programs, and we created an ad hoc evaluation report on the virtual course activities to inform their continued work with virtual courses.

- c. Financial procedures and references of the organization
  - i. Identify three current clients and a minimum of three former clients, including contact names and phone numbers.
  - ii. Provide a standard fee structure.
  - iii. Submit one letter of reference from a financial institution.

1.c.i.

### **Current Clients**

North Dakota Department of Health  
Neil Charvat  
Director, Tobacco Prevention and Control Program  
(701) 328-3344

Florida Department of Health, Bureau of Tobacco Free Florida  
Sonja Bradwell  
Sr. Management Analyst Supervisor  
(850) 245-4068

Truth Initiative  
Barbara Schillo  
Senior Vice President, Truth Initiative Schroeder Institute  
(202) 454-5757

## Former Clients

ClearWay Minnesota  
David Willoughby  
Chief Executive Officer  
(651) 270-7318 (cell)

Minnesota Department of Health, Tobacco Prevention and Control  
Laura Oliven  
Tobacco Control Program Manager  
(651) 201-5442

Science Education Resource Center  
Ellen Iverson  
Evaluation Director  
(507) 222-5749 (office)  
(507) 301-8318 (cell)

1.c.ii.

PDA's hourly labor rates are below:

Level	Rate Year 1-2	Rate Years 3-4
Director	\$ 200	\$ 200
Senior	\$ 150	\$ 155
Mid-level	\$ 120	\$ 123
Associate	\$ 90	\$ 92
Surveyor	\$ 55	\$ 55

1.c.iii.

Please see attachment 1.c.iii Financial Institution Reference for a letter of reference from Sunrise Banks, one of PDA's banking institutions.

- d. Capacity of the organization to serve as TPC's external evaluator.
  - i. Describe the respondent's ability to serve as TPC's external evaluator.
  - ii. Provide a succinct summary of respondent's ability to develop, implement and manage a comprehensive program evaluation plan for TPC.
  - iii. Provide a succinct summary of respondent's four-year evaluation proposal, including the collection and distribution of data from contractors and grantees. Explain how the respondent has the capacity to develop and implement a successful evaluation program.

- iv. Provide an explanation of how research will be conducted for this evaluation program, with a specific focus on tobacco use reduction or similar health issue. Describe the qualitative and quantitative approaches the firm will use in the evaluation analysis.
- v. Provide a description of the respondent's experience in data collection and research methodology. Include examples of data collection from youth, adult and priority populations. Explain the appropriateness of the described methodology as opposed to other approaches.
- vi. Describe the respondent's evaluation and reporting process for supporting the overall efforts of TPC.
- vii. Describe a strong working knowledge of tobacco control research and how the respondent will keep TPC up to date on changes that may need to take place in the evaluation plan or approach in order to gather the best data based on science available.

1.d.i.

PDA has the organizational readiness, internal resources, and staffing capacity needed to provide the requested evaluation services. Beginning in 2001, PDA developed a special focus on evaluating tobacco control programs and has gained a national reputation as an expert in this area. We have co-authored 35 articles specifically about tobacco in peer reviewed journals and have regularly presented at national conferences on tobacco-related topics. See attachment 1.b.iv. PDA Publications for a list of our tobacco control publications. Our tobacco control clients have opted to continue working with PDA across multiple contracts, and PDA has provided continuous evaluation services to three of our clients for more than a decade. Throughout PDA's history, there have been no complaints regarding our professional performance filed with or by professional and/or state or federal licensing or regulatory organizations, nor has there been any litigation (pending or resolved) regarding PDA's provision of services.

Our staff of 34 has extensive experience in program evaluation, including evaluation planning, developing logic models, and conducting large-scale surveys. We also have substantial experience evaluating and determining the success of evidence-based programs. Much of our work is at the state level, focusing on the evaluation of multi-component programs in tobacco control, chronic disease, obesity, and cancer control.

1.d.ii.

PDA takes a utilization-focused approach to evaluating tobacco control efforts. We think about data use from the start of a project through the completion of the final product. We work with our clients to identify the intended user or users of evaluation products and involve evaluation users throughout evaluation design and implementation. In doing so, we hope to ensure that the evaluation design, processes, and products are contextually relevant, feasible, useful, and meaningful.

One of PDA's core values is to *excel together*, meaning we work collaboratively to provide client-centered evaluation services. Although there are many similarities across the five state tobacco control programs we evaluate, every one of these evaluations is different. Each evaluation plan is designed to meet the specific information needs of the client and other stakeholders and is grounded in the unique context of the programs and the communities they serve. We prioritize client relationships, which starts with asking questions and listening to what clients need to know about how their programs are

functioning and how they might be improved. Our project managers keep in close communication with clients and are highly flexible and responsive to client requests. We use a collaborative planning process, working jointly with clients and stakeholders to identify evaluation audiences, timelines, report content, and ways to disseminate and use findings.

1.d.iii.

This summary of our four-year evaluation plan is organized in this way:

First, we describe start up tasks, including communication, discovery, and subcontractor management.

Next, we describe our proposed tasks to develop the 5-Year Strategic Evaluation Plan and Reporting Overall Impact and Effectiveness, followed by the tasks associated with the requested evaluation and surveillance components (ATS, YTS, TA/Training for TPC Grantees, Quitline, Online Youth Panel, and Emerging Areas for Evaluation). Within each section we reference how the work corresponds to the five sections of the Cost Proposal, and we close with an overview of activities for Years 3 and 4.

## Start-up tasks

**Communication, relationship building and discovery** (Budget Task 3: 5-Year Strategic Plan Evaluation)

During the few first months of the contract, the PDA team would dedicate time to build relationships with TPC staff and key stakeholders while simultaneously beginning to plan and implement evaluation work. The goal of this phase would be to understand TPC's evaluation needs and priorities and to build trust between the PDA and TPC teams. We would familiarize ourselves with the Indiana tobacco landscape by reading past TPC research and evaluation reports, program documentation, and other materials that help us understand the broader picture of tobacco control in Indiana. In particular, we would study the 2025 Indiana Tobacco Control Strategic Plan to gain a thorough understanding of the program, its context, and its goals.

PDA prides itself on being accessible and responsive to clients, and we develop mutually respectful, collaborative relationships throughout the evaluation process. We will establish a schedule for regular client meetings, which are a crucial part of our work and provide an opportunity to check in and adjust to evolving needs and to provide timely evaluation insights when they are most useful.

During the start-up phase, PDA would sign agreements with the subcontractors identified in this proposal, and would approve their workplans, timelines, and invoicing processes. We would work to establish agreements (e.g., HIPAA business associate agreements, data use agreements, confidentiality, and nondisclosure agreements, etc.) to permit the exchange of data with the Quitline provider and other data sources as needed.

## Evaluation Planning and Reporting

**Develop the 5 Year Plan** (Budget Task 3: 5-Year Strategic Plan Evaluation)

Our evaluation plans prioritize clients' needs for timely information that facilitates client learning, informs program improvement and planning, and highlights accomplishments. Evaluation planning would begin immediately and occur simultaneously with the relationship building and discovery phase. As we have done with other state partners, we would use a collaborative planning process to identify evaluation audiences, timelines, report content, and ways to disseminate and use findings, and we design the evaluation accordingly.

We would then work closely with TPC staff to translate The 2025 Indiana Tobacco Control Strategic Plan into an actionable evaluation plan, outlining all areas of the program and tailoring the evaluation based on the program activity, TPC priorities, and external factors that influence tobacco control efforts, such as policy changes, new external research findings, or changes to the tobacco product landscape. This plan will guide all evaluation activities of this contract. Given the breadth of evaluation topics and approaches TPC requires, this comprehensive plan would include sub-sections outlining specific plans for each evaluation and surveillance project (Overall impact and effectiveness, Quitline evaluation, Online youth panel, TPC grantee training and technical assistance, and Surveillance (monitoring adult and youth tobacco use)). Our written evaluation plans typically include an evaluation approach, evaluation questions, study design, measures, data collection methods, analysis plan, reporting plan, and timeline. The format and level of detail in the plans will be tailored to meet TPC's needs.

Each component of the program would be paired with the most appropriate metrics, data collection tools, and evaluation approaches and methodology, with a focus on the priority areas for surveillance and evaluation outlined in the RFP. Data used could include existing program materials, new information collected in evaluation studies, and statewide or national datasets, such as BRFSS, YRBS, ATS, and YTS, among others. In implementing the evaluation plan, PDA would provide overarching evaluation support and guidance for TPC. PDA and the subcontractors would coordinate and lead the projects defined within the RFP as well as additional projects that emerge over time.

The final 5-Year Strategic Evaluation Plan will be presented to the TPC for review and approval. However, the plan is not a static document. As the RFP has requested, we will maintain, modify, and revise the Plan at least annually to reflect changing needs of TPC and its stakeholders, as well as changes and new developments in the tobacco control landscape.

Some components of the evaluation plan will include collecting data from human subjects. PDA would work with TPC to obtain the necessary Institutional Review Board (IRB) approval or exemption. All proposed staff for this project have been CITI trained and are versed in human subjects protections. PDA has used a variety of IRBs and would work with the TPC to select an appropriate review agency for this project.

In the sections that follow, we provide an overview of anticipated activities for each component; however, if awarded the contract, we plan to refine this general plan and the timeline in collaboration with the TPC.

**Report on TPC Overall Impact and Effectiveness (Budget Task 3: 5-Year Strategic Plan Evaluation)**

PDA would prepare an annual report of TPC's overall impact and effectiveness. This report would synthesize information from all evaluation components, surveillance data, grantee data, and other sources. We would procure and analyze national and state data sets (BRFSS, YRBS, etc.) as needed to make comparisons. The purpose of this overarching report is to describe the progress of TPC in preventing and reducing tobacco use and its associated harms in Indiana.

Our team is adept at managing and synthesizing comprehensive data sources into an evaluation report focused on impact. For our evaluation of the North Dakota Department of Health's Tobacco Prevention and Control Program, we produce a biennial synthesis report that is shared broadly, including with the state legislature as a report on their State Tobacco Plan progress. The type of data synthesized in this report includes surveillance, counter tobacco media data, Quitline data, qualitative data, and program documentation (e.g., budgetary information, details about youth summits, etc.). We also regularly use

ATS and BRFSS data to provide comparisons for participant characteristics to statewide tobacco users and to provide information about the statewide tobacco landscape. Our team is skilled at organizing large amounts of data into a framework for reporting and shaping that information into a product for a broad audience. While the report findings are generated through complex data collection and analysis, we are able to create reports that are user-friendly, visual, and inviting.

We recently began working with the Vermont Tobacco Control Program (VTCP) to develop an annual report for their legislature. This report opens with information on equity efforts in Vermont's tobacco control work and then highlights the work and successes over the last fiscal year in each area of CDC's Best Practices for Tobacco Control.

## **Requested Evaluation and Surveillance Components**

### **Evaluation training and technical assistance (Budget Task 3: 5-Year Strategic Plan Evaluation)**

PDA believes that grantees and evaluators are partners in the evaluation. We understand that grantees are experts on the programs they manage and the communities they serve. We respect the knowledge, skill, and dedication of program staff, and we recognize that staff may possess a range of evaluation experience and readiness. We are prepared to meet grantees where they are and to provide the appropriate level of evaluation support.

PDA and our subcontractor Transform Group will provide evaluation training and technical assistance to grantees as needed to conduct local-level evaluation activities, to comply with TPC reporting requirements, to locate and use surveillance data to inform programming, and/or to contribute information for the Overall Impact and Effectiveness Report. We will also provide guidance on how to use evaluation results for their programming. Support may be provided to grantees in the form of conferences or webinars, ad hoc assistance, and support and consultation for evaluation of community-level agency initiatives.

### **Surveillance: Adult Tobacco Survey (Budget Task 1: ATS)**

PDA will collaborate with two subcontractors to complete the IN ATS in 2021: Ann St. Claire and Eagleton Center for Public Interest Polling (ECPIP). Ms. St. Claire has extensive experience managing the administration and the subcontractor for the Minnesota Adult Tobacco Survey (MATS) in her former position as Director of Evaluation and Survey Research for ClearWay Minnesota. She will serve that same role for TPC, collaborating with ECPIP and PDA on item development, administration, sampling, weighting, and reporting of the ATS. ECPIP, with substantial experience conducting statewide surveys, will be responsible for selecting the sample, conducting interviews, processing and cleaning survey data, weighting, and producing a technical report. Amy Kerr will oversee ECPIP and Ms. St. Clair's contracts and consultation on the project, and PDA staff will review ECPIP methods, sampling, and weighting strategies, conduct additional analyses as necessary, and create high-level technical reports. The ATS data collection will take place in 2021 and reporting will be completed in early 2022.

### **Surveillance: Youth Tobacco Survey (Budget Task 2: YTS)**

We propose four overarching tasks to support the TPC administration of the YTS: consultation, survey development, sampling, and dataset preparation.

Consultation: We would begin by gaining a thorough understanding of the uses for the YTS survey data. We will carefully consider emerging tobacco and nicotine products and use patterns, and may recommend

additional questions in this area, along with potential additions that ask about specific TPC initiatives. Our staff will provide ongoing consultation and support to TPC throughout the two-year contract period.

**Survey development:** PDA's evaluators are experts in measurement and questionnaire development and would carefully consider how each question we add to the YTS will be interpreted, analyzed, and used in the field. If we recommend that questions be changed or eliminated, we will also describe the purpose for the decision and any implications for continuity and ability to report trends. We do not anticipate major changes to the survey instrument since it is important to retain key questions developed by the CDC to be comparable over time. We will submit a final draft of the questionnaire for approval by TPC.

**Sampling:** We would review prior administrations of IN YTS, focusing on areas that could improve the sampling process, and would confirm TPC's targets for the number of completed surveys overall and by priority subgroups. Once the parameters are approved, PDA would pull the sample and prepare a brief sampling report for TPC documenting decisions made in the sampling process and information on eligibility criteria, sample size calculations, and school characteristics in the frame and the sample.

**Dataset preparation:** PDA would prepare final 2022 YTS datasets and products. We will translate the final questionnaire into record layout file, which is the metadata describing how the survey fields will be structured in the raw data files. PDA will receive and process the raw survey data files and conduct quality assurance. Survey fields will be labeled, missing data and out of range values will be assessed, and any calculated variables will be created. Our statistician will weight the dataset adjusting for sampling design and non-response, then calibrate to select characteristics. We will produce a codebook for the final dataset, include calculated variables and skip logic, and create a report with frequency of all survey items. Finally, we will document YTS methods in a brief report, with response rates (school, student, and overall) and attrition, data cleaning decisions, recommended data suppression criteria, weighting methods, and limitations of data.

#### **Quitline Evaluation** (Budget Task 4: Quitline Evaluation)

PDA will implement the evaluation of the Quitline in alignment with the Strategic Evaluation Plan. However, PDA is familiar with the standard Quitline performance measures recommended by the CDC and NAQC, which are commonly used by state tobacco cessation programs. In section 3.D we describe the key tasks we would perform to collect these standard measures and produce a preliminary outcome report and annual, comprehensive outcome reports. Standard participant outcome measures include quit attempts, quit rates, duration of abstinence, relapse rates, and participant satisfaction with services. We have proposed collecting a sufficient follow-up survey sample to allow reporting of outcomes for the Quitline and Web Coach programs as well as for demographic subgroups.

We will begin with startup activities as soon as the contract is awarded. We will request a joint meeting with TPC and the Quitline vendor to plan for data transfers and to establish necessary agreements (HIPAA business associate, data use, and/or confidentiality and non-disclosure agreements). Next, PDA would review past follow-up survey instruments and develop or revise the survey instrument based on TPC's needs. Assuming the contract starts in July 2021, we would expect to launch the rolling follow-up survey in October 2021 and survey for nine out of the 12 months of Year 1. We would sample more heavily during the first six months of this data collection period to obtain a sufficient number of surveys to calculate Quitline outcomes in late spring of 2022 and would then produce a brief report. In Year 2, we would produce a comprehensive Quitline outcomes report when a larger number of completed surveys are available (approximately February 2023).

### **Online youth panel (Budget Task 5: Youth Online Panel Survey)**

TPC has requested an online survey of youth, using a combination of online panel and social media recruitment, and PDA has the experience to meet this request. However, if awarded this evaluation, we would propose to first consider whether these recruitment methods would produce the best results for TPC. Please see Section 3.F. b., paragraph 5-6 for a discussion of the strengths and limitations of different recruitment methods for online surveys, and the approach we recommend for this project. We would begin by meeting with TPC leadership to understand the goals and purpose of the survey, and the representation sought in the respondent group. Once we understand these needs, we would select a recruitment method or combination of methods that we believe provides the best fit. In collaboration with our subcontractor InAct, PDA would develop the online survey instrument and submit a user-friendly version for TPC review and approval. InAct would implement the approved recruitment strategies, conduct the survey, and provide the dataset to PDA. PDA's analysts would weight the data and conduct the analyses, and PDA's evaluators would produce a comprehensive report. We expect to plan the survey in Year 1 and to provide the report in Year 2, with the exact timeline to be developed to align with TPC's needs.

### **Emerging Areas (Budget Task 3: 5-Year Strategic Plan Evaluation)**

TPC identified the need for adapting and providing guidance for the ever-changing tobacco control field, and noted specific emerging areas of interest, including cessation systems change, smoke free air evaluation, emerging tobacco products and marijuana, and electronic surveys, particularly for youth. PDA would draw on our experience in these areas and our ability to quickly learn about new developments in tobacco control by accessing literature, white papers, and presentations, and by connecting with other tobacco control experts who can provide guidance and recommendations for the evaluation. In addition to responding to specific requests about emerging areas, PDA can also recommend new areas of importance that we have identified through the most recent publications and reports and through tobacco control organizations and networks.

We propose to address emerging areas through two ad hoc projects for larger and more in-depth evaluation needs. We have found that these ad hoc projects add more flexibility for clients who want to allow room in a contract for unplanned needs. We would collaborate with TPC to identify the evaluation question, design the study, and plan the reports on a timeline that allows for use of the results. Projects could include primary data collection, such as interviews with health system partners to understand barriers and facilitators to implementing electronic health referrals, or more in-depth analysis of existing data from surveillance systems or the Quitline programs. In addition to ad hoc reports, PDA would also provide recommendations and guidance for smaller requests that did not require large evaluation projects.

## **Years Three and Four**

For years three and four, PDA would recommend a continuation of the previously planned work, taking time to assess the successes and areas of improvement for the overarching evaluation and individual components. We would also suggest an assessment of the progress toward the goals outlined in the strategic plan to determine if any areas need further research and evaluation for programmatic improvements. We would expect the surveillance projects to continue biannually with the ATS in 2023 and the YTS in 2024. We would plan to continue to complete an overall impact and effectiveness report annually and to continue the Quitline outcome evaluation. We would plan to conduct another youth panel in years three and four, or a project of a similar size that fits with the priorities of TPC. We would also suggest continuation of the ad hoc reports in years three and four to address emerging areas. We would

propose to maintain technical assistance and training, though the scope and content of the technical assistance and training may differ as repeat grantees become more sophisticated in evaluation. In general, PDA recommends a continuation of the projects that are needed to monitor trends and meet annual requirements, but has a flexible approach to ensure that we produce reports and deliverables that fit TPCs changing needs and the changing environment of tobacco control.

1.d.iv.

Our study design is grounded in our deep understanding of tobacco control best practices and our strong research and evaluation background. Comprehensive tobacco control programs address the problem of tobacco from multiple angles. Policy, health communications, cessation, prevention, and health systems change are needed in combination to reduce tobacco use. Likewise, our study designs gather evidence using multiple methods and data sources. We would recommend both qualitative and quantitative research methods for the evaluation. We would develop an overarching Strategic Evaluation Plan for TPC, which will guide the implementation of several evaluation and surveillance components. PDA will synthesize findings from all these activities to report TPC's success at reducing tobacco use in Indiana.

We will ensure the evaluation plan is aligned with the CDC's Best Practices for Comprehensive Tobacco Control Programs, including guidance for evaluation and surveillance. Our staff has evaluated multiple statewide tobacco control programs that use this guide as a foundation, and we are experts in providing consultation on evaluating such programs. In addition to our previous experience, we will utilize resources such as the CDC Best Practices User Guide: Health Equity in Tobacco Prevention and Control, recent Surgeon General's reports (2020 report on smoking cessation, 2016 report on ENDS use), and the Clinical Practice Guideline for Treating Tobacco Use and Dependence. Additionally, we will reference resources from the North American Quitline Consortium, American Evaluation Association, American Statistical Association, and American Association of Public Opinion Researchers.

## Qualitative Approach

PDA has extensive experience planning and implementing qualitative studies. Our evaluation team collects qualitative data through interviews and focus groups, in person and by phone, and via digital technologies, depending on what will best meet the needs of the project and the study participants. PDA also uses document review of existing internal or external documents and observational methods. While our approach is dependent on the project, we often use a semi-structured approach to qualitative data collection. This approach allows us to ensure that key research questions are explored while leaving room for unique follow-up questions and probes. We often employ respondent validation to challenge our own assumptions. This method might entail sharing either an interview summary or emerging themes back to the respondents for their feedback.

We utilize NVivo (QSR International, version 11) qualitative software to organize and analyze our qualitative data collection projects. While our evaluation team is well-versed in a variety of qualitative inquiry, we often utilize a grounded theory approach, as it allows us to approach the study without preconceived assumptions about the topic being explored (Charmaz, 2006). We typically take a multi-step, team-based approach to analysis, first utilizing an open coding process whereby the qualitative data is read and divided into fragments. These fragments are compared to each other and grouped into categories dealing with the same subject. The evaluation team reviews the categories developed during open coding and makes some refinements to clarify emerging themes. Following initial coding, the evaluation team moves into the focused coding phase. Charmaz (2006) explains that "Focused coding requires decisions about which initial codes make the most analytic sense to categorize your data

incisively and completely” (p. 57). Interview transcripts and codes are the reread, and initial codes are combined, consolidated, and refined. A tree structure is utilized in NVivo to develop categories and subcategories of codes. Regardless of approach, qualitative data are always coded by at least two team members, who then meet to discuss discrepancies. As appropriate, inter-rater reliability is also assessed.

## Quantitative Approach

Throughout the evaluation process, PDA’s experienced analysts and statisticians collaborate with evaluators on study design, research question refinement, and analysis plans. We find that the diverse backgrounds of our staff (e.g., evaluation, psychology, biostatistics, and epidemiology) result in a wide breadth of study design expertise. Early in the evaluation process, analysts contribute to the evaluation by conducting sample size and power analyses, by planning sampling strategies, and by creating randomization schedules. As data is collected, we initiate data cleaning and quality assurance processes to monitor missing data, outliers, and duplicates. We have developed automated SAS reports for evaluation clients that monitor monthly data extracts and survey data to quickly identify system, service delivery, and data issues.

Our analysts and evaluators are skilled in identifying the most appropriate quantitative methods for the evaluation. Descriptive, subgroup, and trend analyses are supplemented with more complex methods when appropriate. Recent analyses for evaluations include advanced regression modeling, sensitivity analysis, questionnaire validation, latent class modeling, reach ratios, Bayesian credible intervals, and geocoding and mapping. PDA analysts use SAS, SPSS, and R to conduct analysis.

1.d.v.

PDA uses a variety of data collection and analysis methods to meet the specific needs of each evaluation we conduct, often employing mixed methods and combining multiple data sources. Our in-house survey team collects high-quality data quickly and efficiently using best practices from survey research and our lessons from decades of experience collecting data. We take great care in selecting the best strategies for collecting data and consider, for example, the individuals or group who we will be collecting data from, the budget involved, the sensitivity of the topic, and the number of surveys we seek to obtain. In Minnesota, we work with a youth behavioral health recovery organization to evaluate an aftercare program. We designed a survey to gather information about recent substance use and mental health status of youth receiving services, among other topics. The survey is administered by a trusted program staff member to facilitate open communication. We chose this method after discussions with the client revealed the youth were more likely to respond honestly to a trusted adult than to an anonymous researcher. While there were drawbacks to each approach, we determined this was the most appropriate method for the project.

We also have experience procuring and administering incentives to survey and focus group participants for adults and youth and have procedures that can provide different incentives to unique participant groups. For example, in Florida we conducted a study in which we randomized participants to receive different incentive amounts to assess the impact of incentive amount on survey participation. We experimented with a series of prepaid and promised incentives and in general, will run experiments for each project until we find the right strategy to maximize participant response.

We also have experience collecting data from priority populations. Our Quitline outcome surveys include data collection from many priority populations who experience disparate use and effects of tobacco, such as Medicaid recipients, Spanish-speakers, communities of color, LGBTQ individuals, and individuals

with behavioral health conditions. We designed and administer a Spanish language outcome survey, using native language speakers for translation, and developed a protocol to provide the most seamless experience for those who want to take the survey in Spanish. Recently we interviewed Quitline callers with behavioral health conditions in Oklahoma, applying anti-stigma principles, such as person-first language, to our question design and interview approach. We are also adept at designing inclusive questions to assess gender identity and sexual orientation. We continue to integrate best practices related to equity in evaluation, such as having members of a priority population conduct data collection to facilitate authentic responses and to increase the comfort of participants.

We pride ourselves on being flexible and able to modify evaluation activities to respond to evolving client needs, priorities, and programmatic developments. For example, for the North Dakota Department of Health, PDA initially planned to evaluate two tobacco cessation programs with hospital systems across all grantees. However, after the Department of Health's partnership with Medicaid evolved, PDA and the Department of Health decided it would be more useful to conduct a case study with one of the health systems that had been a long-time grantee, to more deeply understand changes to their systems that were associated with the tobacco funding. This approach allowed PDA to dive into historical and current programmatic records, as well as to intentionally collect data from key stakeholders participating in a group interview. The report was shared widely in the state, and nationally, included in the Tobacco Control Network newsletter.

1.d.vi.

PDA has produced reports that focus on distinct project subcomponents as well as more comprehensive reports that focus on broader agency efforts. We produce a biennial comprehensive report in North Dakota and an annual report in Vermont that synthesize information across their tobacco control programs, including policy work and cessation activities among adults and youth at the state and local level. In Florida, we produce an annual synthesis report that summarizes our evaluation activities across the suite of cessation programs, including quit outcomes, reach rates and healthcare provider referral rates. We are well-versed in a wide variety of reporting media and can provide reports in several formats, ranging from short infographics to longer technical reports. PDA is committed to developing reports that are useful, easily understandable, and visually engaging. Early in the evaluation, we clarify the intended audience(s) with our clients and discuss the most effective ways of communicating with them. We prioritize use of evaluation findings, so we work with clients to select the format, language, and length appropriate for the audience, whether that is clients, grantees, legislators, or advisory councils. In addition to formal reports, we are also skilled in providing ad hoc findings or briefs as needed to support agency decision-making or to satisfy requests from outside of the department. All reports and deliverables are thoroughly vetted through an established process to meet PDA's quality standards and conform to internal or client branding requirements. We apply these practices to ensure that the evaluation reports provide timely information for decision making and management of the overall TPC program.

1.d.vii.

Through 20 years of evaluating tobacco control programs, we have seen the field continue to evolve. New tobacco and vaping products have come to market, causing rapid shifts in use patterns, as well as changes in policies. There is a rise in dual use (both tobacco and vaping) and poly-tobacco use (use of multiple forms of tobacco). The popularity of vaping has reversed years of success in reducing nicotine addiction among youth. Meanwhile, policy changes are rapidly being adopted at the state and local levels. "T21" age restrictions, tobacco tax increases, clean air regulations, and flavor bans all contribute to reducing tobacco's harms. At the same time, developments in technology, the shift from shared landlines to

personal cell phones, and the increase of robo-calls has drastically altered the ability to collect quality survey data. At PDA, we recognize that it is critical to stay current with a constantly changing landscape, both in the field of tobacco control and the field of evaluation. To facilitate this, we support our staff's memberships in professional associations such as the Society for Research on Nicotine and Tobacco, American Association for Public Opinion Research, American Evaluation Association, American Statistical Association, and North American Quitline Consortium (NAQC). PDA employees have served on NAQC workgroups such as the Minimal Dataset Workgroup and Quitline Behavioral Health Workgroup. We strive not only to keep current with updates in our fields but to also contribute to advancing knowledge in tobacco control and evaluation. PDA employees have published 35 articles and presented at numerous conferences specifically on tobacco control topics.

We describe our approach to evaluation as responsive and client-focused, which is key to making sure that our evaluation findings are useful rather than stale and are adaptive to changing landscapes. To keep our evaluation designs flexible, we review evaluation plans annually and update them as client's information needs change. We adapt our evaluation strategies if there is any indication that they are becoming less effective. For example, we typically reserve a portion of the budget for ad hoc reports to investigate emerging questions, take deeper dive into newly identified problems, or study areas of interest to our clients. We constantly monitor survey response rates on an ongoing basis so that we can shift recruitment and survey processes quickly when participation declines. We will bring our learnings from the ongoing monitoring of developments in the field to keep TPC updated and to ensure the evaluation adapts and responds to these changes.

## **2. Proposed Solution for Fulfilling Responsibilities of an External Evaluator for Indiana's Comprehensive Tobacco Control Program**

Please provide a detailed description of how the respondent's organization can fulfill the responsibilities of an external evaluator for Indiana's Comprehensive Tobacco Control Program (As outlined in the RFP Main Document, Section 1.4.2 (A and B). Please propose how the respondent would like to see this transition occur and within what time period this should take place.

2.

PDA is well-suited to take on the administrative, budget, and evaluation responsibilities for Indiana's Comprehensive Tobacco Control Program with over 20 years of experience evaluating tobacco control program across the country. Below are the responses to the responsibilities of the evaluator as outlined in the RFP:

### **Admin and budget responsibilities:**

#### **Provide training and technical assistance, as needed, through conferences and other training methods for TPC grantees.**

The subcontractor Transform Consulting Group will lead the training and technical assistance for TPC grantees and will be overseen by PDA. Transform Consulting Group is well positioned to provide training and technical assistance, as they have staff throughout Indiana with expertise and knowledge of the Indiana community landscape. They have provided evaluation training and technical assistance to

community organizations such as the Center for Leadership Development in Indianapolis, Marion County Commission on Youth, and Youth Service Bureaus through the Indiana Youth Service Association.

PDA has the experience to oversee Transform Consulting Group's work, as we have provided technical assistance and training ourselves and have also overseen contractors carrying out this work. Since 2010 we have provided technical assistance and training to the Bureau of Tobacco Free Florida's Area Health Education Centers, which have been funded to provide tobacco cessation to 14 community areas. In addition, for 10 years PDA has overseen a subcontractor to provide technical assistance to Hawaii Cessation grantees funded through the Hawaii Community Foundation.

### **Work closely with TPC staff to effectively and efficiently manage budget for the evaluation programs.**

PDA staff have experience managing large, multi-component evaluation budgets and working closely with clients to ensure that projects remain within budget and on schedule while also maintaining quality. Each project at PDA has a lead staff member who monitors financial reports to ensure expenditures and staff time are used efficiently to produce deliverables as defined in the scope of work. The project lead also maintains close and regular communication with the client, allowing the team to stay abreast of and quickly adapt to the changing evaluation needs of the client's program. We have demonstrated this capacity in our work with numerous state, foundation, and non-profit clients, including ClearWay Minnesota, Florida Department of Health Bureau of Tobacco Free Florida, Hawaii Department of Health, the North Dakota Department of Health, the Ohio Department of Health, and the Vermont Department of Health.

### **Maintain a financial status report and submit monthly financial reports to TPC staff.**

PDA has strong internal management and operations capacity, which allows us to effectively manage company and project finances. PDA's Office Manager oversees the documentation of billable staff hours, manages client invoices, and monitors all expenditures. This documentation would be used to provide quarterly financial reports outlining expenditures and work completed for the project, including project subcomponents.

PDA tailors its project financial reporting to meet the needs of our clients. We use QuickBooks to track billable hours and then utilize a variety of tools to report this information to our clients. For clients that require sophisticated, detailed reporting like the Florida Department of Health, we have created a series of automated reports in SAS that provide information on how billable hours were used and progress towards completing deliverables over the previous quarter. We also often use Microsoft Excel to create reporting templates that can be automatically populated and submitted to our clients on an agreed-upon schedule to meet their specific requirements. These reports show what portion of the budget has been used and how much is remaining.

### **Provide reports on all research and evaluation activities, summarize the effectiveness of agency programs and coordinate periodic reporting of results.**

PDA will provide the reports and deliverables defined in the RFP and described in this proposal by drawing on our extensive experience creating reports for our partners, including other state departments of health. PDA has produced reports that focus on distinct project subcomponents as well as more

comprehensive reports that focus on broader agency efforts. We produce a biennial comprehensive report in North Dakota and an annual report in Vermont that synthesize information across their tobacco control programs, including policy work and cessation activities among adults and youth at the state and local level. In Florida, we produce separate reports for each cessation component annually. These reports provide details about enrollments, engagement with services, participant demographics, and make recommendations for program improvement. We also produce an annual synthesis report that summarizes our evaluation activities across the suite of cessation programs, presenting results for all components combined, including quit outcomes, reach rates and healthcare provider referral rates.

We are well-versed in a wide variety of reporting media and can create reports in several formats, ranging from short infographics to longer technical reports. We also tailor each report to its audience and are skilled in producing deliverables geared towards clients, grantees, legislators, and advisory councils, among others. In addition to reporting findings in formal reports, we are also skilled in providing ad hoc findings or information as needed to support agency decision-making or to satisfy requests from outside of the department. All reports and deliverables are thoroughly vetted through an established process to meet PDA's quality standards and to conform to internal or client branding requirements.

### **Work with TPC staff and its contractors to develop and implement procedures for gathering information in order to evaluate media campaigns, community-based, minority-based, and statewide programs as well as other agency initiatives.**

Through our many years of evaluating **statewide multi-component public health programs**, PDA has gained expertise in gathering and synthesizing many different types of information from multiple sources. We have established procedures to gather data directly from external partners and clients both on an ongoing basis or intermittently as needed for reporting. For longer term data sharing, PDA created databases for both the Florida Department of Health and the Minnesota Department of Health to collect data reporting documents from multiple sources and multiple sites. In Florida, the grantees directly enter their information into a customer relationship management system developed and maintained by PDA. This complex system has built-in checks for data quality and accuracy, as well as a suite of reports, so that the information is useful and accessible for the user, client, and evaluator. For the Minnesota Department of Health project, multiple Quitlines sent their records of healthcare referrals to PDA monthly to be entered into a database and processed for reporting. We set up a system so that one staff person maintained contact with the key external staff, retrieved the data either through secure email or secure file transfer site, quality checked the data, reached out to our contact to correct errors or anomalies, and processed the data. PDA also has received monthly data reports from Optum and National Jewish Health for a number of state Quitlines, including Minnesota, Florida, Hawaii, North Dakota, Vermont, and Oklahoma.

For intermittent data needs, PDA has worked with a number of media vendors in different states to secure **media data** to be used in evaluations, such as correlating media buys with Quitline enrollments in targeted areas. Since PDA and media vendors have no direct contractual relationship (typically we both are contracted by the state client) our strategy is to meet jointly with the client and media vendor to set up lines of communication and define how we will work together to meet the needs of our common client. We then prepare formal data requests to obtain media buy schedules, verified broadcast media gross rating points and target rating points, online and social media ad placement and engagement measures, among others. To collect **community program data**, PDA has worked with directly with ClearWay staff

on a Community Engagement Grant Evaluation to retrieve and organize quarterly grantee activity reports overtime that were compiled into a final evaluation report, synthesizing both the activity reports and grantee interviews. In Hawaii we evaluated cessation programs tailored to serve **minority and priority populations**. PDA requests materials, such as recruitment flyers or supplemental course materials, from 17 cessation grantees to supplement the qualitative interviews and quantitative data from intake forms.

### **Oversee the administrative and financial aspects of subcontracts with other organizations, as outlined in the evaluation plan.**

PDA staff has experience overseeing subcontractors in our current and previous tobacco control projects. We have subcontracted with numerous clients for data collection outside of Minnesota including subcontracting for telephone surveys with both Ward Research in Hawaii and Downs & St Germain Research in Florida. We have also overseen a subcontractor in Hawaii, SMS Research, who provided technical assistance to their cessation grantees. In Minnesota, we have worked with an independent subcontractor to complete interviews for a qualitative project. In Hawaii, we worked with a media subject matter expert as part of the Hawaii media evaluation project. In Ohio we have engaged two different Minority Based Enterprise (MBE) subcontractors since 2015. We worked with one MBE from 2015 - 2017 to support sub-studies in local Ohio communities for a chronic disease prevention and management project. We've been working with a second MBE since 2017 to lead sub-studies and support access across the state to the state Comprehensive Cancer Control membership meetings. For this project PDA will work with the proposed subcontractors (listed in Section 1.b. of this technical proposal) to ensure timely, quality work that fits within the vision of the larger project and TPC's needs. PDA will provide all support required by subcontractors, including reviewing work plans and deliverables, overseeing their subcontracts, and managing invoicing and payment to align with the broader contract.

## **Evaluation Responsibilities**

### **Produce comprehensive evaluation plan and protocols that address TPC's mission, objectives and program components.**

PDA has extensive experience planning and conducting statewide, multi-component evaluations. We use utilization-focused evaluation frameworks, which at their core involve identifying and engaging the primary users of the evaluation throughout the design, implementation, and reporting of an evaluation project. We organize our work using the CDC Framework for Program Evaluation and the CDC Best Practices for Tobacco Control. We work collaboratively with clients to engage stakeholders, describe the program, refine the evaluation design, implement data collection and analysis, and prepare findings in a manner to enhance evaluation use.

PDA would develop a comprehensive evaluation plan to guide evaluation activities for all evaluation projects. Given the breadth of evaluation topics and approaches TCP requires, this comprehensive plan would include sub-sections outlining specific plans for each evaluation project. Supporting evaluator(s) and statistician(s) with the most appropriate expertise would be staffed on each project subcomponent. Our written evaluation plans typically include an evaluation approach, evaluation questions, study design, measures, data collection methods, analysis plan, reporting plan, and timeline. The format and level of detail in the plans could vary based on TCP's needs. PDA would revisit and update the written evaluation plan at least annually to respond to early findings from the evaluation and changes in evaluation needs and priorities. For sub-components of the larger evaluation (e.g., developing a specific data collection instrument or conducting a specific analysis), PDA would develop a two-page summary of the purpose,

methods, and timeline for that evaluation activity. We have found these summaries, which we call “face sheets”, to be extremely valuable in establishing common understanding with our clients before beginning implementation.

As an example, PDA developed a comprehensive evaluation plan for the North Dakota Department of Health’s Tobacco Prevention and Control Program (TPCP) in 2017. PDA worked with over 50 partners across the state to develop this strategic evaluation plan, to examine the process, outcomes, reach, and impact of the state’s comprehensive tobacco prevention and control programs and policies. Developing this plan started with building a collaborative relationship with the TPCP partners that allowed us to understand the mission, objectives, and programs components, particularly the strategic priorities that emerged from a collaborative strategic planning process. This plan is periodically reviewed and revised.

### **Develop and implement a comprehensive program evaluation plan for all TPC evaluation needs.**

Our evaluation plans prioritize clients’ needs for timely information that informs program improvement and highlights accomplishments. Evaluation planning would begin immediately and occur simultaneously with the relationship building and discovery phase. We use a collaborative planning process to identify evaluation audiences, timelines, report content, and dissemination and use of findings, and we design the evaluation to match those needs.

To develop and implement the comprehensive program evaluation plan, PDA proposes a kick-off meeting with TPC to begin immersing ourselves in the program, as we have done with other state partners, such as Florida, Ohio, and Hawaii. We would have a discovery period to familiarize ourselves with the Indiana tobacco landscape by reading past TPC research and evaluation reports, program documentation, and other materials that help us understand the broader picture. We would then work closely with TPC staff to translate TPC’s 2025 Strategic Plan into an actionable evaluation plan, outlining all areas of the program and tailoring the evaluation based on the program activity, TPC priorities, and external factors that influence tobacco control efforts, such as policy changes, new external research findings, or changes to the tobacco product landscape.

PDA also relies on the CDC Best Practices for Comprehensive Tobacco Control and Surgeon General’s Report on Smoking and Tobacco Use, as well as the most up-to-date literature, to inform our evaluation design. Each component of the program would be paired with the most appropriate metrics, data collection tools, and evaluation approaches and methodology, with focus on the priority areas for surveillance and evaluation outlined in the RFP. In implementing the evaluation plan, PDA would provide overarching evaluation support for TPC, and PDA and the subcontractors would coordinate and lead the projects defined within the RFP as well as additional projects that emerge over time.

### **Ensure timely completion of surveillance, evaluation, and analysis of research projects.**

PDA’s senior staff are capable of balancing multiple demands and deadlines and have project management expertise and infrastructure to track timelines and progress towards deliverables. We use a variety of project management techniques to staff, manage, and ensure high quality work in our evaluation projects. The project leads supervise project staff and ensure the quality and timeliness of all evaluation deliverables. We hold internal team meetings with staff and subcontractors on a regular basis

to review progress on evaluation activities, discuss challenges, and collectively develop solutions. These meetings help us set and meet internal and external deadlines.

### **Produce and disseminate reports to appropriate stakeholders in a timely fashion.**

PDA has a long history of producing reports and disseminating them to our clients and other stakeholders. We begin the reporting process in a planful way that includes mapping out stakeholder groups and the reporting needs of each. We write a dissemination plan to ensure the findings are shared with stakeholders so that they have information they need to for decision making, on a timeline that aligns with their information needs.

We use project management tools, such as Team GANTT, to ensure PDA staff members and subcontractors are staying on an established timeline. In addition to providing and disseminating reports at the agreed upon times, PDA is also prepared to undertake ad hoc reporting requests that may need to be developed quickly; we have included ad hoc reporting as an annual deliverable in our proposal. The scope of the ad hoc reports is unspecified and we have proposed a flexible timeline so they may be used as topic of interest are identified or as other information needs arise.

### **Produce all reports in an electronic format.**

PDA produces and submits reports electronically, in a format that meets the needs of the client. We submit the report and any other deliverables, such as presentations, in the format that the client prefers, such as a pdf, an editable Word document, or an editable PowerPoint document.

### **Coordinate development, implementation, analysis and reporting of all program evaluation projects with TPC staff.**

To coordinate evaluation projects, PDA maintains regular communication with our clients. We propose monthly team meetings to give project updates, solicit feedback, discuss plans and present findings and reports. We are strategic and thoughtful about our meetings with clients, and also schedule meetings beyond the monthly standing meetings as needs emerge. These would be supplemented by additional communications through phone calls and emails with TPC staff to ensure the evaluation produces meaningful and useful deliverables. PDA prioritizes scheduling meetings and producing reports on a timeline that aligns with TPC needs, with special attention paid to key decision points or external deadlines.

### **Coordinate external evaluation activities with all contractors and grantees of the agency, in conjunction with TPC staff and with ongoing tobacco surveillance programs conducted by other state agencies or contractors.**

PDA will work with TPC staff to establish relationships and communications with all outside contractors and agencies who conduct surveillance or evaluation. We will coordinate with them to ensure we have shared and received all information and data needed to adequately complete the comprehensive evaluation. PDA would prioritize mapping out the landscape to ensure that we have a clear picture of all contractors and grantees, including what each is doing and the coordination needed across them.

PDA is accustomed to working with many different external parties in our evaluation projects and feels comfortable being the central point of contact to ensure that activities are coordinated and organized. In

Florida we work closely with other evaluation contractors and vendors so that we are strategically aligned to support the Bureau of Tobacco Free Florida's (BTFF) mission. We have met multiple times as a large group to discuss strategic next steps for BTFF. In addition, we meet monthly with RTI International, who evaluates another part of the tobacco control program, to provide evaluation updates and to coordinate work within areas of overlap. We also work closely with our states to provide key metrics for external groups coalitions, such as the North American Quitline Consortium, or funding agencies, such as the CDC. Recently, PDA worked with both North Dakota and Vermont to develop an evaluation plan for CDC that focused on subcomponents of the comprehensive evaluation plan.

### **Develop procedures for continuous improvement of evaluation efforts that lead to evidence-based approaches to comprehensive tobacco prevention and cessation interventions.**

Learning and continuous improvement are integrated into PDA's organizational practices. We hold regular meetings on evaluation, tobacco control, and data visualization to promote shared learning across projects. During these meetings, our staff share new research, project updates, and innovative evaluation approaches and methodologies. Our staff are members of professional organizations that provide opportunities to stay updated on emerging trends in tobacco control and evaluation, such as the Society for Research on Nicotine and Tobacco, North American Quitline Consortium, American Evaluation Association, American Association for Public Opinion Research, and American Statistical Association.

PDA frequently presents at conferences held by these and other groups, including the National Conference on Tobacco or Health. We also attend various webinars and trainings throughout the year. These activities support our team in advancing our skills and knowledge in evaluation and tobacco control, which will equip us to continuously improve our evaluation with TPC.

For this project, we will employ additional procedures to ensure that our team is continuously improving. We will schedule semi-annual internal meetings to reflect on the project and to discuss ways the evaluation is working and areas for improvement. We will also integrate reflective practice into our meetings with IDH to ensure that the evaluation is useful and that we are utilizing the most effective methods for communication and dissemination. During monthly meetings with IDH, we will reserve time to share new research related to tobacco control evaluation. We will also conduct informal literature reviews on emerging topics as needed. These topics might include tailoring data collection and analysis methods to specific populations, investigating novel treatment approaches, or exploring the impacts of new tobacco products.

### **Develop and present an annual strategic recommendation for the development of evaluation programs based on internal and external research.**

PDA works closely with our clients to ensure that we are aligning our evaluation activities to their strategies and integrating the most up-to-date evaluation and tobacco control trends and research. To bring the latest in research and evaluation to our planning, PDA stays abreast of the tobacco control research and surveillance and evaluation innovations through reading journals (e.g. Nicotine and Tobacco Research, MMWR) and being active in organizations and networks (e.g. NAQC, SRNT, AEA, AAPOR, Smoking Cessation Leadership Center).

In developing the strategic recommendation for evaluation, we would facilitate a meeting with TPC to revisit the evaluation plan in order to determine what planned activities need revision, or what new activities or methods might be needed. For example, when Florida created a new curriculum for in-person behavioral health clients, we proposed an innovative developmental evaluation approach paired with a traditional outcome study to provide them with support during the creation of the program and evidence of the impact of the program. This aligned with the increasing focus from the tobacco control field on the disparate use and impact of tobacco on individuals with behavioral health conditions.

**Produce an annual evaluation report on the impact of TPC programming.  
This program analysis should include all available data sources.**

Our team is adept at managing and synthesizing comprehensive data sources into an evaluation report focused on impact. For our evaluation of the North Dakota Department of Health's Tobacco Prevention and Control Program we produce a biennial synthesis report that is shared broadly, and specifically with the state legislature as a report on their State Tobacco Plan progress. The type of data synthesized into this report includes surveillance, counter tobacco media data, Quitline data, qualitative data, and program documentation (e.g., budgetary information, details about youth summits, etc.). In particular, our team is skilled at organizing large amounts of data sources into a framework for synthesizing, and then reporting for a broader audience. The goal with such a report is to ensure thorough and detailed analysis behind the scenes, pulled up into a readable document that is visual and inviting.

We recently began working with the Vermont Tobacco Control Program (VTCP) to develop a similar annual report for their legislature. This report is organized by leading with equity efforts in Vermont's tobacco control work, and then highlighting the work and successes over the last fiscal year that is organized by CDC's Best Practices for Tobacco Control.

**Manage the transition from previous evaluation and research contractors to the proposed evaluation activities. TPC staff will work closely with the previous and newly selected contractors for this transition to occur. This will include but is not limited to, the transfer of data sets, protocols, and analysis plans. Please propose how you would like to see this transition occur and within what time period this should take place.**

PDA proposes an initial planning period for the transition in which we would collaborate with TPC to identify all previous partners, such as Ball State University, RTI, and Optum, and to document all existing evaluation and surveillance materials, including past surveillance survey questionnaires, sampling procedures, data sets, protocols, and analysis plans. PDA would create documentation identifying all partners, relevant materials, methods and timelines of transfers and status of transfers. We then would work with TPC staff or the vendors who held the documents or data to securely transfer the files to PDA's secure servers. Depending on the size and scope of the work, PDA could use encrypted emails or provide a secure file transfer site like SFTP. This would be either a onetime transfer, or as with some of Optum Quitline files, it would be ongoing to allow PDA to conduct the Quitline evaluation. PDA has well-established systems in place from other state clients to receive and process data collected by Optum. For more complex materials, PDA would have a meeting with the staff or contractor who was previously worked in an area to determine the safest and most streamlined way to transfer data and knowledge. We would also propose to meet or have ongoing communication with previous contractors to fully understand the material and to have some continued communication as questions arise.

PDA proposes to begin this process upon signing the contract and would prioritize the transfer of information and materials based on the negotiated timeline for the subprojects and the need for project continuity. For example, procuring the previous ATS survey instrument, technical report, and dataset would need to happen soon after signing the contract to ensure data collection in 2021. In addition, it would be important to establish a connection to receive the Optum reports within the first months of signing the contract so that sampling for the Indiana Tobacco Quitline outcome evaluation was not delayed. The one-time transfers would be complete within the first months of the contract, and the protocol for ongoing transfer of data would also be set up during this time frame.

### **3. Proposed Scope of Work for External Evaluation Services**

#### **A. 2021 Indiana Adult Tobacco Survey**

- a. Respondent must have a minimum of three years' experience conducting state-level Adult Tobacco Surveys. Describe in detail how respondent meets this requirement.

3.A.a

#### **Adult Tobacco Survey Experience**

PDA will collaborate with two subcontractors to complete the IN ATS in 2021: Ann St. Claire and Eagleton Center for Public Interest Polling. This section describes the relevant experience of both subcontractors and PDA.

##### **Ann St. Claire, Independent consultant**

Ann St. Claire, MPH, has managed four rounds (2007, 2010, 2014, 2018) of the Minnesota Adult Tobacco Survey (MATS), which generated in-depth data on tobacco use, cessation, and behaviors and used primarily for program and evaluation purposes. She coordinated survey processes in partnership with the advisory panel comprised of the selected survey vendor, the Minnesota Department of Health and Blue Cross Blue Shield of Minnesota. Ms. St. Claire has overseen the communication, review, study methods approval, instrument development, fielding, analysis planning, report writing, findings dissemination to various audiences. More information on MATS, including instruments, methods and technical reports as well as fact sheets, can be found here: <http://clearwaymn.org/mats/>.

Specifically, Ann St. Claire has worked closely with the MATS advisory panel to make instrument revisions and consider methodological adjustments while assuring comparability across survey rounds. She monitored the survey vendors pilot testing and participated in weekly updates during data collection to troubleshoot where necessary and monitor completion rates within specific subgroups. She ensured the vendor followed protocols to improve response rates and assure adequate coverage of the statewide population. Once data collection was complete, Ms. St. Claire worked with the survey vendor to design data weighting schemes, develop the analysis plan, and outline the final technical report. She reviewed data frequencies, cross tabs, and other ad hoc analyses to adjust and provide context to the in-depth methods and technical report deliverables from the survey vendor.

Ms. St. Claire was also active in the public release and dissemination of survey findings. She conducted several in-person and virtual presentations, webinars, and interviews with the media to communicate key study findings. The research team she led developed ten papers and five poster presentations within 18

months of the study release. Results were shared at national conferences and published in peer-reviewed journals. MATS is now regarded as a model for conducting state tobacco surveillance.

## **Eagleton Center for Public Interest Polling**

The Eagleton Center for Public Interest Polling (ECPIP) was established in 1971. Now celebrating five decades in the field and the publication of over 200 public opinion polls on the state of New Jersey, ECPIP is the first and longest continuously running university-based state survey research center in the United States. ECPIP has conducted several population-based health studies and has experience with surveys in Indiana and the Midwest. In addition, ECPIP has experience conducting interviews that capturing questions from the National Adult Tobacco Survey.

From 2017-2019, ECPIP administered a statewide longitudinal survey to Indiana residents 18-25 as part of a Substance Abuse and Mental Health Services (SAMHSA) grant project. The survey recruited participants via cell phone text message and was programmed in Qualtrics. A similar survey was conducted in Kansas between 2017-2019.

Between 2020 and 2021, ECPIP has experience with two surveys that utilized National Adult Tobacco Survey question items. The first study was a statewide general population survey assessing health-related behaviors and attitudes among New Jersey residents. Samples were drawn from a dual frame of landline and cellular telephones. Interviews were conducted by phone with live interviewers. The second study was a multi-generational panel study on alcoholism and other forms of substance abuse. This survey involved recontacting two different generations within a panel of Arizona residents. The study was a mixed-mode design, contacting panel members by phone, email, physical address, and text message.

ECPIP has been conducting the Rutgers-Eagleton Poll since 1971. The poll is a statewide dual-frame telephone survey of New Jersey residents conducted with live interviewers, representative of the state's general population, conducted 2-4 times annually. The poll has frequently asked questions regarding tobacco usage and use of other, related substances.

## **PDA**

PDA has a long history of collaboration with MATS research groups. In the 2018 MATS administration, PDA was contracted to provide statistical services to the research team managed by Ms. St. Claire. Three current PDA staff worked on studies planning and conducting analyses, interpreting results, and supporting manuscript efforts. One study looked at e-cigarette trends using four MATS administrations (2007, 2010, 2014, and 2018). Other studies using 2018 data were related to second-hand smoke, menthol cigarettes, and measurement of e-cigarette use. PDA's collaboration with the 2018 MATS research team resulted in five papers, two conference presentations, and one fact sheet.

In addition to the in-depth analysis of MATS 2018 data, PDA has frequently worked with Adult Tobacco Surveys from Florida and Minnesota to support and inform cessation program evaluations. We've combined ATS and BRFSS data with cessation program registration data and calculated reach ratios for specific subgroups. A reach ratio compares the proportion of cessation program participants in a subgroup to the statewide tobacco users' proportion from the same subgroup. Reach ratios less than one indicate the program is not adequately serving the subgroup. PDA presented this work at the 2017 NAQC conference.

PDA also has experience with national and statewide datasets. PDA has been working with BRFSS datasets in public health evaluations and research since 2004, using state-level BRFSS data in analyses for Hawaii, North Dakota, Ohio, and Florida. In that time, we have frequently used BRFSS data to compare demographics, characteristics, and health behaviors between our study samples and the statewide population of tobacco users. This comparison allows us to understand how representative our study samples are and how generalizable the results may or may not be to all people who use tobacco. We recently used a more complex approach to BRFSS analysis, which included combining five years of BRFSS data to enable county-level estimates of health burden. We have used BRFSS as the matching dataset for propensity score analysis with a small non-probability sample of tobacco users.

- b. Respondent shall program all 2021 ATS questions and response categories in the Computer Assisted Telephone Interviewing (CATI) system or similar system. This system shall be provided by the Contractor. Describe in detail the process of programming the questionnaire and response categories.

3.A.b.

An experienced ECPIP survey programmer will program the questionnaire and response categories into a custom-developed CATI system with appropriate directions for interviewers. This program will be used during calling efforts and will capture all data to be exported in SPSS format. ECPIP has over two decades of experience with this CATI system. If desired, the questionnaire can be programmed and conducted in Spanish as well.

- c. How will the respondent develop and maintain procedures to ensure confidentiality of information provided by the survey respondents?

3.A.c.

The survey responses will be completely confidential; once the project is complete, no personal identifiers will link the survey participants with their responses in any public release of the data or in the final datasets ECPIP will provide to PDA and to TCP. Respondents will be identified only by a case number attached to their responses and basic, standard demographics. Respondents will not be identified from the data or in any report of the study, and any possible identifying information in the dataset – such as recorded IP addresses – will be deleted from the final archived dataset.

Telephone survey respondents will be read an oral script of informed consent before the start of the survey and asked for their consent to proceed with the questions. Respondents will also be provided with contact information for the Principal Investigator and corresponding Institutional Review Board.

- d. Describe criteria used to recruit and select qualified interviewers including background check process and criteria. Explain the training and any re-training processes Respondent requires the interviewers to undergo. Explain the evaluation process for ATS interviewers' overall job performance. Describe performance assessment tools/plans utilized to maximize interviewers' performance. What is the retention statistic for the Contractor of the interviews who will work on the ATS? Explain efforts to maximize retention.

3.A.d.

ECPIP interviewers are professionally trained upon hiring with continual refresher trainings throughout employment, including training on each study. Interviewers are monitored live both via audio equipment and screen viewing. The average retention percentage on a year-to-year basis is 75%. Because of the cyclical nature of the workflow the retention levels can rise to 80-85% on an “off-year”, or non-election year where the workflow is slower and steadier and as low as 60% on an election year where there is a sudden spike of data collection needs followed by a sudden decline of data collection telephone work.

ECPIP’s retention methods include professional development, monthly outreach from Human Resources and updates on company opportunities outside of data collection, if any. Professional development can include new techniques for improving refusal avoidance, classes on geography, and success stories on productivity and improvements in cell phone interviewing in terms of how to make those first few seconds count. Currently all interviewers work from home and are monitored and reviewed using technology that acts as a call center in every way.

- e. For the ATS, the Respondent will make every effort to complete a total of no fewer than 2,000 interviews. Respondent will provide TPC staff with updates on completed interviews and response rate every two weeks while the ATS is being administered. Describe how the Respondent will maximize the response rate. Include Respondent’s definition of “make every effort.”

3.A.e

To meet the target of 2,000 completed interviews, ECPIP’s best effort approach will include up to 5 call attempts per phone number in the sample frame, scheduled callbacks, and voicemails when answering machines are available. During the calling period, ECPIP will update TPC as often as necessary with number of completed interviews and response rates.

- f. The Respondent will make every effort to keep the percent of partial completes low. Describe the strategies used to reduce the number of partial completes.

3.A.f.

Live interviewers make up to five (5) call attempts per each phone number in the sample frame. Voicemails are left when answering machines are available, and callbacks are scheduled with respondents who are unable to complete or finish the survey at the time they are called. Interviewers are trained in minimizing soft refusals.

- g. TPC requests an opportunity to preview and approve the survey before implementation, including an electronic copy of the final interview schedule in a readable “user-friendly” format (e.g., an electronic copy of the questionnaire that includes skip pattern directions), and make available the entire programmed questionnaire file to the appropriate IDOH staff. Referencing the timeline for the ATS, describe when a preview of the survey will be available. Indicate the ability to provide the final interview schedule. Explain what readable “user-friendly” format the preview and final interview schedule will be provided.

3.A.g.

As PDA develops the 5 Year Strategic Evaluation Plan, we will consult with TPC about timelines including their preference for the ATS fielding period and report submission date. We will work backward from there to build in sufficient time for TPC to review and approve the ATS survey instrument. ECPIP will provide a pre-test link of the survey for preview, mimicking what the live interviewers will see on-screen during data collection efforts. The survey, complete with skip logic and interviewer instructions, can also be made available as a Microsoft Word document for final review.

h. What software system for data collection is used by the Respondent?

3.A.h.

The survey data is initially collected by ECPIP in a Computer-Assisted Telephone Interviewing (CATI) system and exported to SPSS for data analysis.

i. Describe the files and reports that will be provided to TPC upon conclusion of survey administration and data analyses. Analyses will emphasize priorities outlined in TPC.

3.A.i

ECPIP will provide the following deliverables after the survey and analysis is complete:

- A de-identified dataset formatted for SPSS (or statistical program of TPC choosing) and including statistical weights.
- A methodological statement detailing the design and fielding process.
- A written report highlighting all frequencies and agreed-upon crosstabulations and analyzing major (statistically significant) findings.
- Topline (overall results) and banner tables (results broken down by various demographics).
- Availability for media inquiries, press conferences, or organizational meetings and events to discuss existing findings and analysis.

## **B. 2022 Indiana Youth Tobacco Survey**

a. Respondent will draw middle school and high school samples for the 2022 YTS. The results from the probability sample should be generalizable to the entire student population from which the sample is drawn. Describe how samples will be drawn, and the documentation provided to TPC.

3.B.a

PDA would bring decades of experience with survey sampling to the 2022 Indiana Youth Tobacco Survey (YTS). We currently conduct stratified random sampling for cessation program participants in four states and have conducted more complex sampling for other studies including a population-based longitudinal survey employing RDD dual-frame methodology. We understand the implications sampling decisions have on results, our experience weighting complex survey data and conducting analyses using weighted data inform our sampling strategies. We assume from the RFP that this contracted YTS work would not include the printing, mailing, or scanning efforts for survey administration. PDA would take the following steps to help produce generalizable samples and provide documentation for the 2022 YTS:

- Review prior administrations of IN YTS, focusing on areas that could improve the sampling process.
- Confirm targets for the number of completed surveys overall and by priority subgroups. This will be based on planned TPC and evaluation analyses, and if necessary, we will conduct sample size

analyses. Consider non-response rates from prior IN YTS administrations when determining the final targets. When appropriate, recommend oversampling of subgroups.

- Work with TPC to identify eligibility criteria for middle school and high school sampling frames.
- With input from TPC, select which school characteristics determine generalizability. Potential characteristics include enrollment size, grade, school type, geographic region, urbanicity, and proportion of enrollments by race and ethnicity.
- Pull school data from NCES, or TPC preferred data source, including characteristics that will be used in generalizability checks.
- Apply eligibility criteria and prepare a list of eligible schools to be used as the sampling frame. Format list to meet PCSample software requirements.
- Provide sample frame list to resource using PCSample.
- Compare sampling frame to sample selected from PCSample on selected school characteristics before confirming sample.
- Review classroom sampling procedures to ensure that each eligible student has the same probability of being sampled.
- Prepare a brief sampling report for TPC documenting decisions made in the sampling process and information on eligibility criteria, sample size calculations, and schools' characteristics in frame and sample.

- b. Respondent will provide input and guidance on the 2022 Youth Tobacco Survey instruments (middle school and high school) based on current literature regarding youth tobacco product use and other emerging practices in survey research. Describe contractor's past experience with Youth Tobacco Surveys, including questionnaire development.

### 3.B.b

PDA's evaluators are experts in measurement and questionnaire development. We carefully consider how each question we add to our surveys will be interpreted, analyzed, and used in the field, balancing the need for data with the length of the survey instrument. PDA has extensive experience designing surveys for our evaluation clients, giving us insights into YTS design components such as skip logic, missing data, and calculated variables. We are aware of the importance of question response options and of the implications of changing questions over time. Our instrument development experience includes validating questions and measures. In addition, PDA contributed to the development and modification of Quitline survey questions that have been adopted by NAQC as a best practice.

Considering tobacco surveillance specifically, we are conversant with current literature regarding youth tobacco product use. To stay current with emerging practices in survey research we support staff memberships in the American Association for Public Opinion Research and in the American Evaluation Association. We are familiar with the national tobacco surveillance surveys, and have partnered for many years with ClearWay Minnesota and others on the Minnesota Adult Tobacco Survey (MATS). Our role on MATS was planning and conducting analyses, interpreting results, and supporting manuscript efforts. While we have not been contracted to conduct the YTS for our state tobacco clients, we frequently use YTS and other surveillance data in our evaluations to measure program effects on a population level and to track trends in tobacco use, initiation, and cessation over time. We incorporate surveillance questions into our data collection so that data collected within a program can be directly compared to the state population. For example, in the online youth panel survey we are conducting in Hawai'i, we incorporated a bank of questions from the YTS which measure the susceptibility of youth to initiate use of vaping

devices. In our analyses, we will first compare respondent demographics, vaping behavior, and cigarette use variables to statewide numbers using YTS and other available representative datasets to assess representativeness of the survey sample. Susceptibility to vaping initiation, as measured using the YTS questions, is one of the primary factors we will consider when analyzing awareness of the media campaign and attitudes about vaping.

For the Indiana YTS, we would begin by gaining a thorough understanding of the uses for the YTS survey data. We do not anticipate major changes to the survey instrument since it is important to retain key questions developed by the CDC to be comparable over time. We will carefully consider emerging tobacco and nicotine products and use patterns, and may recommend additional questions in this area, along with potential additions that ask about specific TPC initiatives.

- c. Respondent will provide questionnaire record layouts, conduct data processing using the raw data files, questionnaire record layout, and post-stratification file to produce the final, weighted data sets. Final, weighted data sets and frequency tables will be provided to TPC. Describe the process for analyzing and weighting YTS data, and final products delivered to TPC.

### 3.B.c.

PDA experienced analysts routinely process raw data and prepare for use in analysis. We have experience processing survey data and disposition records from CATI systems, online survey applications, and our own custom developed survey management application. We have weighted survey data from online non-probability panels, clustered sampling designs, and stratified sampling designs. We are members of AAPOR and ASA, regularly attending conferences and events to keep up on best practices in the evolving field of weighting survey data. PDA would take the following steps to prepare final 2022 YTS datasets and products:

- Translate final questionnaire into record layout file, this is the meta data describing how the survey fields will be structured in the raw data files.
- Receive and process the raw survey data files and conduct quality assurance. Survey fields will be labeled, missing data and out of range values assessed, and any calculated variables created.
- Process school and classroom header files; prepare to use in weighting.
- Weight the dataset adjusting for sampling design and non-response, then calibrate to select characteristics. Design weights adjust for differences in probabilities of being selected for sampling, by school or classroom. The non-response adjustment applies both school and student non-response information to the weight. Calibration adjustments balance the dataset to benchmarks from the target population (e.g., grade, sex, race). A raking procedure is employed for the calibration step to iteratively re-weight the dataset until the benchmarks are met.
- Produce code book for final dataset, include calculated variables and skip logic.
- Create a report with frequency of all survey items.
- Document methods in a brief report. Includes response rates (school, student, and overall) and attrition, data cleaning decisions, recommended data suppression criteria, weighting methods, and limitations of data.

## **C. 5-Year Evaluation Plan Corresponding to Indiana's Tobacco Control 5-year Plan**

- a. Describe how Respondent will assist in the implementation of the 2025 Indiana Tobacco Control Strategic Plan by developing a corresponding 5-year evaluation plan.

3.C.a.

We will work with TPC and its partners to develop a 5-year evaluation plan that aligns with the 2025 Indiana Tobacco Control Strategic Plan, focusing on providing evaluation results at times that align with decision making needs and in ways that prioritize learning and use. The evaluation plan will include multiple process and outcome evaluations, corresponding to the areas highlighted in the RFP, that will provide TPC and stakeholders with findings and recommendations to guide program development and decision-making. The plan will outline the evaluation approach, purpose, questions, and design of program activities, informed by each area of CDC's Best Practices in Tobacco Control (cessation, state and community interventions, health communications, evaluation and surveillance, and administration and infrastructure). We will also outline measures, data collection methods, analysis plans, dissemination plans, and timelines for each evaluation component. The plan will be aligned with other strategic documents at the state and local levels, which may include the Indiana State Health Improvement Plan, Healthy People 2030, and other guidance based on evidence-based studies in tobacco control.

In order to understand the current status of evaluation efforts, PDA will review program documents and past evaluation findings with TPC staff. We will outline TPC's planned activities and existing and previous evaluation efforts, allowing us to see areas where continuation of work is needed and where new evaluation programs should be created to align with the goals of the 2025 strategic plan. One early step might include developing a surveillance table to track the data currently collected in the state. This can both delineate current data sources (e.g., BRFSS, ATS, YTS, YRBS) and can generate ideas about additional data sources that might inform current or future work (e.g., from the Department of Revenue, Medicaid, or other state agencies). This exercise has proven useful for other states for which we provide comprehensive tobacco control evaluation. For example, in North Dakota, we expanded our evaluation of the state's BABY & ME – Tobacco Free Program by adding in data from Vital Statistics. This allowed us to evaluate the birth weight and gestational age of pregnant tobacco users who were enrolled in the program and who were not enrolled in the program.

PDA will work collaboratively with TPC to ensure the evaluation plan meets their needs and will update the plan over time to align with programmatic changes. PDA also proposes to incorporate ad hoc evaluations, which could include topics identified in the RFP (systems change, smoke-free air policies, and emerging tobacco products and marijuana co-use) or others that emerge from evaluation findings, programmatic changes, or changes in the tobacco control landscape. In addition, we will use existing surveillance data to monitor the broader statewide impact of the program and to identify any areas for growth. Data sources could include BRFSS, the American Community Survey, Adult Tobacco Survey, YRBSS, and Youth Tobacco Survey. This data will be integrated into the evaluation plan to assist in the implementation of the strategic plan.

- b. Describe how Respondent will provide consultation on evaluation methods for objectives and strategies outlined by IDOH in the 5-year strategic plan. What resources will be referenced?

3.C.b

PDA will work with TPC to match their objectives and strategies to the most appropriate methodology, metrics, and analyses. In some areas, there are well-established methods and metrics or metrics that need

to be consistent to monitor trends. In other areas, new and innovative approaches and measures will be appropriate. For example, the tobacco cessation field has established metrics for assessing Quitline outcomes, often reported to NAQC, that PDA would recommend. For emerging areas, we would review existing measures and practices and use these as guides to develop a recommendation for metrics, analyses, or studies tailored to TPC's needs. For example, in response to steep increases in vaping among Hawai'i teens, we adopted new measures of vaping use and a susceptibility scale to measure likelihood of initiating vape use. In addition, PDA would work with TPC to understand their priorities and would carefully determine where in-depth studies are needed and where less resource-intensive methods may be more appropriate.

We will ensure all components of the evaluation plan are aligned with the CDC's Best Practices for Comprehensive Tobacco Control Programs, which includes guidance for evaluation and surveillance. Our staff have evaluated multiple statewide tobacco control programs that use CDC Best Practices as a foundation, and we are experts in providing consultation on evaluating these programs. In addition to our previous experience, we utilize tobacco control resources such as the CDC Best Practices User Guide: Health Equity in Tobacco Prevention and Control, recent Surgeon General's reports (including the 2020 report on smoking cessation and 2016 report on ENDS use), and the Clinical Practice Guideline for Treating Tobacco Use and Dependence. We will also reference papers, reports, and webinars from the North American Quitline Consortium and peer-reviewed journals, such as *Nicotine and Tobacco Research* and *Journal of Smoking Cessation*. We also stay up to date on the latest in tobacco control evaluation methodology through involvement in The Evaluators' Network, a community of practice for tobacco control evaluators. Our evaluators stay updated on advancements in the evaluation field at large through engagement with the American Evaluation Association and through methodological texts from leaders in the field, including *Utilization-Focused Evaluation* and *Transformative Research and Evaluation*.

#### **D. Indiana Tobacco Quitline Evaluation**

- a. Respondent will conduct an outcome evaluation of the Indiana Tobacco Quitline. Describe the qualifications of the Contractor to conduct an evaluation of a state Quitline, in addition to past experience conducting state Quitline evaluations. Describe Respondent's proposed approach, including sampling plan, sample sizes, call-back protocol, acceptable response rates, and proposed method to compute abstinence and intent to treat rates. Describe capabilities to analyze data and produce reports on client outcomes by client type, client characteristics, and levels of service received.

##### **3.D.a.**

This section highlights PDA's qualifications that make us well-suited to conduct Quitline outcome evaluations and provides examples from existing clients that illustrate our experience. We also outline our proposed approach for the Quitline evaluation in Indiana. This approach focuses on a 7-month follow-up survey to evaluate Quitline outcomes. In future years the approach could be broadened to include other evaluation components such as assessing service delivery, calculating Quitline reach statewide and among priority populations, and detailed reporting on participants' level of engagement with Quitline services.

### **Qualifications and Experience**

PDA has evaluated tobacco Quitlines in six states, including phone, web, text messaging, and in-person coaching and group programs. Our Quitline evaluations have used quantitative and qualitative

methodologies, such as surveys, interviews, program data extraction, call reviews, secret shopper calls, and quality assurance testing. In addition to annual evaluations of Quitline service quality and effectiveness, we have evaluated an innovative behavioral health program, assessed county-level program reach, and evaluated customer experience with a new web platform. Select examples that demonstrate our qualifications and depth of expertise conducting Quitline evaluations are highlighted below.

### **Best practices in Quitline outcome survey methods**

In 2009, the North American Quitline Consortium (NAQC) invited PDA to develop guidelines for tobacco Quitlines to conduct participant follow-up and calculate quit rates. NAQC published the results as an issue paper, *Measuring Quit Rates*. In 2015 NAQC contracted with PDA to update those guidelines to include measurement of e-cigarette use and adapt recommended quit rate measurement for cessation services delivered via new technologies. NAQC published the updates in *Calculating Quit Rates, 2015 Update*. PDA implements these guidelines in our management of follow-up surveys. We oversee all aspects of the survey, from designing the survey items to drawing a sample of participants, sending recruitment emails, mailing incentives, and reporting results. Each year, our internal team makes thousands of survey calls. PDA currently has eight tobacco follow-up survey projects in the field for four state clients; the response rate for the most recent batches of each of these surveys was between 50.0% and 60.7%.

### **Development of survey administration application, SynchronizedSurvey™**

PDA designed and developed a web application to better manage survey contacts and more effectively administer web, mail, and telephone surveys. This system aims to achieve the highest possible survey response rates and ensure high data quality. This system allows tracking of surveyors' communications to cessation program clients in detail. It also coordinates surveyors' activities across phone, web, and mail survey methods. We built a robust system based on AAPOR best practices and our own extensive knowledge of survey methodology. This system serves as a central hub that allows us to conduct multimode surveys and perform data entry, instant reporting and surveyor monitoring, and mail merging and incentive check generation. To date, we have used it to track over 300,000 survey calls to over 100,000 individuals for multiple clients. We have used the system to consistently achieve high response rates for our clients and presented on this unique system at national conferences, such as AAPOR and the AEA. SynchronizedSurvey and all of PDA's survey processes are HIPAA-compliant.

### **Response rates improvements in North Dakota and Oklahoma**

The North Dakota Department of Health expanded PDA's contract to include the Quitline follow-up survey in FY2021. At the time, the survey response rate achieved by the prior vendor in FY2020 was 27%. PDA has now collected four months' of follow-up survey data and reached an overall response rate of 57%. We made several changes from the previous vendor that likely contributed to the improved response. We send a pre-notification letter and a reminder postcard and use web and phone survey modes concurrently, allowing people to choose the mode they prefer and allowing us to cross-promote modalities. We approach the calling process in a personalized way; survey callers take notes on every case and use that information to select the next calling day and time. In 2013 PDA had similar success in raising response rates for the Oklahoma Helpline follow-up surveys. The prior vendor was achieving response rates in the range of 24% to 37%. Between FY2014 and FY2020, PDA has maintained response rates between 48% and 53% each year.

### **Vendor experience and independent third-party evaluation**

PDA has a history of producing findings from Quitline evaluations that are unbiased and relevant to clients, leading to improvements. Our existing Quitline evaluations provide our clients with the most accurate and reliable data for program monitoring and improvement. We have worked collaboratively with five different Quitline service vendors (including Optum and National Jewish Health) to gain a thorough understanding of their data systems and to ensure the information used for decision-making is accurate and timely. Additionally, as an independent, third-party evaluator, our clients can be confident that recommendations and findings are evidence-based, unbiased, and accurate.

## **Robust and evolving analysis methods**

PDA has a dedicated team of analysts with experience analyzing Quitline outcomes to fit evaluation needs. In addition to reporting results overall and by subgroup, PDA has utilized other analysis methods to illuminate interest areas. These include: Reach ratios to identify underrepresented subgroups of participants; Regression models to assess the impact of intensity of program use on quit rates while controlling for participant characteristics; Latent class analysis to group participants who share common characteristics and experiences; Geocode participant addresses to apply neighborhood characteristics from census data to participants.

## **Approach**

PDA will leverage the experiences and qualifications described above to develop a customized approach to Indiana's Quitline evaluation. We will adapt the protocols described in the above section to create a survey process that meets Indiana's needs. We recommend a dual-mode survey that uses both phone and web, as this has been effective for the other state Quitlines that PDA evaluates. Upon the contract start date, PDA will work with the existing reporting timeline to determine a survey schedule to meet reporting needs. PDA can work with Optum to obtain historical data to begin conducting surveys quickly so that we will not need to wait for a full 7-month period to elapse to begin surveying.

## **Sampling plan and sample size recommendation**

PDA will first consult with TCP to understand their information needs for the follow-up survey and will design a sampling plan to meet those needs. We may draw a random sample of eligible participants or use a stratified sample if it is important to report on outcomes for selected subgroups. PDA will set a target for the number of completed surveys overall and by any subgroups of interest. NAQC recommends reporting overall program quit rates with a minimum of 400 responders and subgroup quit rates with 75 responders. An analysis of 400 survey responders will produce quit rate estimates with +/- 4.5% certainty. Fewer responders result in wider confidence intervals. PDA will use the NAQC benchmarks along with the Quitline programs' enrollment rate, planned analyses of survey data, and a maximum threshold of uncertainty to set the targets.

Our preliminary plan is to immediately begin preparations in July 2021, including survey design and programming, IRB review, and establishing HIPAA and data use agreements with the Quitline vendor. We would begin surveying in October 2021. Our target is to collect 750 surveys each fiscal year: 600 surveys from Quitline participants and 150 from Web Coach participants. This is larger than the minimum sample size recommended by NAQC but would allow calculation of quit rates for demographic subgroups. In the first year of the contract, we would sample more heavily in the first few months to obtain sufficient surveys to produce a brief quit rate report in June 2022. We would produce a comprehensive outcome report in February 2023.

## **Callback protocol**

PDA established outreach protocol for Quitline surveys has been vetted and modified over the course of many years. Each sampled respondent initially receives a mailed letter and email (dependent upon the contact information available). About a week later, phone surveying begins. For working numbers, our survey team will call each individual 14-15 times; for not-in-service numbers, our survey team will call nine times to try to catch mobile numbers that have been suspended. Generally, two voicemail messages are left, one earlier in the calling period and one later. Voicemails identify the reason for the call and help encourage participants to answer calls from an unknown number. These calls take place over approximately three weeks and are front-loaded, as the first week often yields the most responses. Throughout this period, email reminders are sent to potential respondents who have not taken the survey, and halfway through the period, a postcard is mailed to any non-responders.

## **Acceptable response rates**

We aim to achieve a 50% response rate in all our Quitline surveys, per NAQC guidelines for calculating quit rates. This response rate ensures that the follow-up survey findings more accurately reflect a Quitline's effectiveness. With a lower response rate, responses will generally come from individuals who were most likely to quit. Despite reductions in response rates seen across surveys in general in recent years, PDA is consistently able to reach a 50% response rate using our outreach protocol.

In addition to our outreach, PDA also provides incentives for survey participants across several state clients to encourage response. Using our SynchronizedSurvey™ system, we promptly collate and mail the incentive checks. PDA proposes a \$10 incentive for the Indiana Tobacco Quitline survey, which we would advertise through our outreach efforts, to assist in achieving the desired 50% response rate.

## **Method to compute abstinence and intent to treat rates**

When stratified sampling or oversampling of subgroups is part of the sampling strategy, PDA weights the survey data based on sampling design before reporting results. We typically report outcome results in three forms: responder rates, NAQC responder rates, and intention-to-treat (ITT) rates. Responder rates are among survey responders who answered the survey item. We report responder rates for all items except quit outcomes. NAQC responder rates are also among responders but exclude those who did not receive either phone counseling or NRT, and those quit for 30 days or more at enrollment. The NAQC rates are used exclusively for reporting quit outcomes (30-day point prevalence, 30-day prolonged quit, and 24-hour quit attempts). ITT rates are calculated for quit outcomes and are among all sampled for the survey; those who did not respond are assumed to be using tobacco.

## **Capabilities to analyze data and produce reports**

PDA will tailor analysis of the outcome data to the evaluation needs as identified in the planning phase of the study. The proposed sample size would allow us to produce outcomes overall as well as separately for both the Indiana Tobacco Quitline participants and the web participants. We also work with states to design a study that provides outcomes based on client characteristics or service usage, as the data allows. For example, we recently provided Florida with quit rates for key priority populations targeted in the state's strategic plan. As part of our commitment to representativeness of outcome results, we include an analysis comparing the survey responders to the general population of Quitline participants. In addition, overall outcomes and select subgroup analyses identify areas to explore with additional analyses. When needed, PDA conducts appropriate analysis to adjust for controlling variables. In the past,

we have conducted analyses for ClearWay’s Quitline that controlled for client characteristics, service type and level of service (e.g. number of calls, provision of NRT) to understand the primary drivers of the Quitline outcomes.

## **E. Overall Program Impact and Effectiveness**

- a. Please provide a statement on respondent’s capacity to demonstrate overall state tobacco control program impact and effectiveness on an annual basis. Describe how respondent has provided similar impact reports for other state programs or organizations.

3.E.a.

### **Demonstrating program impact and effectiveness**

PDA has the experience and capacity to partner with TPC to evaluate and report on overall program impact annually. We have been serving in this capacity as the external evaluator of the comprehensive Tobacco Prevention and Control Program (TPCP) in North Dakota. The comprehensive evaluation plan is in place to evaluate the North Dakota Comprehensive Tobacco Prevention and Control State Plan. A biennial synthesis report is created and shared with the North Dakota Legislature each session (North Dakota’s legislature meets biennially). PDA also regularly updates the North Dakota Tobacco Prevention and Control Partners, who meet quarterly, about progress on the State Plan.

Demonstration of overall program impact is a coordinated, partnership-based effort, allowing PDA to synthesize quarterly data from grantees, data from other contractors (e.g., media, Quitline vendor, universities), and data collected by PDA. In addition, we use surveillance data, specifically the Behavioral Risk Factor Surveillance System, North Dakota Adult Tobacco Survey, and Youth Risk Behavior Survey to monitor program impact and trends over time. Finally, PDA uses results from the North American Quitline Consortium (NAQC) annual survey to understand North Dakota’s results in comparison to other state Quitlines in the United States. To effectively evaluate impact, PDA is a key partner of North Dakota’s Tobacco Prevention and Control Program, attending quarterly meetings and reviewing key documents and reports from other partners, as relevant. The extensive literature and guidance in tobacco control is integrated into PDA’s synthesis report, and the overall structure is guided by the data and priorities in the State Plan. Since the audience of this synthesis report is broad, including many individuals living and working outside of the world of tobacco control, we paid special attention to reduce jargon and improve readability and the visualization of this report.

## **F. Youth Online Panel Survey**

- a. Respondent will develop survey instrument with input from TPC staff. TPC requests an opportunity to preview and approve the survey before implementation, including an electronic copy of the final interview schedule in a readable “user-friendly” format (e.g., an electronic copy of the questionnaire that includes skip pattern directions), and make available the entire programmed questionnaire file to the appropriate TPC staff. Describe contractor capacity and ability to develop a panel survey instrument.

3.F.a.

### **Instrument development**

We offer two sample projects in which PDA designed an online survey. First, we are currently implementing an online survey of teens for the Hawai'i Department of Health (this survey is currently in the field). The survey is part of PDA's evaluation of Hawai'i's youth vaping prevention media. We designed the survey to assess teen's recall of ad messages, attitudes about vaping, and their past and current use of tobacco and vaping products. PDA designed the survey and programmed it in LimeSurvey, an open-source online survey application hosted in PDA's data center. We led a collaborative review and approval process involving both the media contractor and the client. As part of the review, PDA provided copies of the survey with clearly indicated skip patterns, eligibility screening, youth consent/assent form, and post-survey participant debriefing information.

Second, PDA evaluated three counter-tobacco media campaigns for the North Dakota Department of Health using an online panel survey. The campaigns focused on tobacco industry denormalization, designed to educate the public about the tobacco industry's deceptive practices; secondhand smoke (SHS), designed to increase knowledge of the harms of SHS and increase support for SHS policies in multi-unit housing; and cessation, designed to promote quitting among tobacco users. The goals of the evaluation were to assess ad recall; the extent to which having seen the ad is associated with target attitude, norm, and behavior change (as appropriate); and key attitudes and norms over time; and to assess the extent the media campaign followed 2014 CDC best practices. PDA developed the cross-sectional survey instrument in collaboration with the client and media vendor and contracted with an outside vendor to administer.

Through our experience with these and other surveys we have developed expertise in designing online surveys to collect accurate data, reduce the number of skipped or missing responses, minimize participant drop-off, and curtail fraudulent completions and responses by "bots." We design survey instruments to collect information critical to addressing the key evaluation questions outlined in each study. We follow measurement best practices in our construction of survey questions and response options. We often source questions from publicly available surveys to allow for comparison to the target population, such as Youth Risk Behavior System and Youth Tobacco Survey. To encourage completion, we limit survey length.

- b. Respondent will implement a combined recruitment approach (panel and social media recruitment) for youth and young adult participants and target a sample size of 850 youth and young adults in Indiana. Describe past experience recruiting participants for online panel surveys using multiple approaches.

3.F.b.

PDA has conducted several online surveys specifically on tobacco prevention and cessation topics, surveying both youth and adults. In this section we first describe three sample projects which used different recruitment methods: social media advertising, probability-based panels, and convenience panels. Next, we describe the advantages and limitations of each online recruitment method, and how they compare to telephone survey recruitment. Finally, we explain the approach we would use to select and implement a recruitment method that would best meets the needs of the requested TPC youth survey.

## **Recruitment experience**

### **Social media recruitment**

The Hawai'i youth vaping prevention media survey, which PDA is conducting for the Hawai'i Department of Health, recruits exclusively using social media. We developed ads for use on the social media platforms Snapchat, TikTok, and Facebook (and affiliated platforms including Instagram, Messenger, and the Facebook Audience Network). We created several different ads with engaging headlines and selected stock photo images to resonate with Hawai'i teens 13 to 18 years of age. We use the platforms' Ad Managers to place and monitor the recruitment ads from PDA's social media accounts. All ads (along with the study protocol) were approved by an Institutional Review Board and by each social media platform to ensure they meet the platforms' advertising policies. Throughout the recruitment period, we monitor key metrics of each ad's performance on each platform, including reach, link clicks, and survey completions, to inform refinements to recruitment strategy and materials. When response is trending below our goal for any of key demographic groups, we increase promotion of those ads which are performing more strongly with the groups, target more ads to those groups using the Ad Manager, as feasible, and/or add keywords within the Ad Manager to better target the underrepresented groups. This survey is currently in progress.

### **Probability-based panels**

In our work to evaluate the effectiveness of ClearWay Minnesota's Quitplan Services brand, PDA conducted an online survey of adults using a probability-based panel. We selected an online panel vendor which offered a probability based national panel drawn from an address-based sampling process. The sample was representative of both tobacco users and non-users in the state of Minnesota.

### **Convenience Sample Panels**

In PDA's evaluation of the BreatheND media campaign (for the North Dakota Department of Health) a non-probability based online convenience panel was used because a probability-based panel for the state was not available (due to small population and large geographic size). To determine whether the results of the survey could be generalized beyond the panel sample to all adult tobacco users in North Dakota, the demographics and tobacco use characteristics of survey respondents were compared to those of adults in North Dakota using data from BRFSS. The differences that were seen between our sample and BRFSS presented some concerns. However, after further analysis we found that survey respondents were sufficiently similar to all state residents so that the results of the survey could be generalized beyond the sample of respondents.

### **Advantages and limitations of recruitment options**

All online panels offer a cost advantage over other survey methods, including social media recruitment and telephone surveys. However, online surveys often have data quality issues including multiple completions by the same person, misrepresenting eligibility, or speeding through the survey just to receive the reward. Telephone surveys avoid these data quality challenges but have much higher costs.

Online convenience samples are the least expensive but are likely to produce results that are not generalizable and are difficult to replicate. Probability-based panels are preferred because they are highly representative of the general population. However, probability-based panels are not available in all geographic areas, and when available, they often have very low recruitment and participation levels, particularly for specific subgroups such as teens or tobacco users. Even when a probability-based panel can be found, the sample may underrepresent individuals who identify as Black or Hispanic/Latinx.

Social media recruitment offers the advantage of better reaching younger age groups but has higher costs than online panels and may still systematically exclude certain groups who lack reliable internet access.

## **PDA's approach for planning the TPC Youth Online Panel**

This RFP has requested an online survey of youth, using a combination of online panel and social media recruitment, and PDA has the experience to meet this request. However, if awarded this evaluation we would propose to take a step back and first consider whether these recruitment methods would produce the best results for TPC. We would begin by meeting with TPC leadership to understand the goals and purpose of the survey, and the representation sought in the respondent group. For example, should the survey reach a geographically representative group of Indiana teens, tobacco users or non-users, or teens who are at risk for starting to use vaping products? Is it important to reach teens with specific racial and ethnic backgrounds, or those from lower-income households? Should the survey reach teens statewide or within TPC program catchment areas? Once we understand these needs, we would select a recruitment method or combination of methods that we believe provides the best fit.

- c. Respondent will prepare raw data files. Respondent will conduct data processing using raw data files and produce the final, weighted data sets. Raw data files and final, weighted data sets will be sent to IDOH staff. Summary report on survey outcomes and relevant findings will be generated and sent to TPC staff. Contractor will reserve time to present and review findings with TPC staff. Describe in detail how contractor will prepare and deliver raw data files, data analyses, and report on relevant findings.

3.F.c.

## **Dataset preparation and weighting**

PDA has experience using data cleaning, weighting, and analysis methods similar to those requested for the TPC online youth panel. Our experience includes recent survey-based projects such as a statewide survey of COVID-19 vaccination perceptions for Vermont Department of Health, a statewide survey for Hawaiian youth about vaping perceptions and vaping media recognition, and 7-month follow-up surveys for tobacco users enrolling in the North Dakota state Quitline. PDA recently collaborated with Truth Initiative to analyze data from two youth panels, one study focused on vaping and video gaming and the other on marijuana initiation and state policies. PDA is proficient in working with weighted datasets after years of experience working with surveillance data such as BRFSS and the Adult Tobacco Survey. Most recently, PDA conducted statistical analysis for the Minnesota Adult Tobacco Survey, coordinated by ClearWay Minnesota, resulting in several poster presentations and manuscript publications.

Following is a description of the approach we plan for the TPC online youth panel survey. After data collection is complete, the raw responses will be exported to an Excel spreadsheet or similar data format. The data will be reviewed, cleaned, prepped, and analyzed using SAS statistical analysis software (v9.4, SAS Institute Inc., Cary, NC). Data cleaning will include steps such as checking for duplicate responses and spam, missing data review, and invalid responses checks. The distribution of all survey questions will be summarized using descriptive statistics (counts and proportions for categorical variables and means and standard deviations for continuous variables). The results will be compared to appropriate surveillance datasets when possible (e.g., BRFSS or US Census) to understand the representativeness of the sample.

In collaboration with TPC, key demographics for weighting the responses will be determined prior to data collection (e.g., race, age, gender). The responses will be weighted to match the distribution of key demographics from the most recently available US Census data for the state of Indiana at the time of analysis. The data will be weighted by post-stratification weighting using raking methods. This may be conducted using a macro in SAS or similar (David Izrael, David C. Hoaglin, and Michael P. Battaglia; Abt Associates Inc., Cambridge, Massachusetts; Paper 258-25; A SAS Macro for Balancing a Weighted Sample; 2000). All weights will be scaled back to the responder sample size for consistency. Methods for trimming weights will be considered if any weights are over 4 or less than 0.25. A raw dataset and a final weighted dataset will be provided to the IDOH staff in their preferred format (e.g., SAS, SPSS, Excel spreadsheet).

An analysis plan will be developed and reviewed with TPC to confirm that all analyses of interest will be incorporated into the report. This may include cross-tabulations of results by subgroups of interest, testing for associations between multiple survey questions, or more complex statistical methods such as multiple regression modeling. The study methods, results, and corresponding interpretation of the results will be summarized alongside data tables in a written report for TPC. If several crosstabulations or subgroup analyses are requested, results may be presented in an Excel spreadsheet in order to allow for easier viewing. All results will be presented and discussed with TPC, with additional follow-up analyses conducted after the discussion as needed.

## **G. Emerging Areas of Evaluation**

- a. The external evaluator must have the capacity to adapt to changes to the state tobacco control program as the commercial tobacco control landscape continues to evolve. Describe how respondent is equipped to adapt and provide recommendations on such changes in the following areas: cessation systems change, smoke free air evaluation, and emerging tobacco products and marijuana.

3.G.a.

### **Capacity to adapt the evaluation**

We describe our approach to evaluation as responsive and client-focused, which is key to making sure that our evaluation findings are useful, rather than stale, and adaptive to changing landscapes. To keep our evaluation designs flexible, we review evaluation plans annually and update them as clients' information needs change. This flexibility allows us to modify data collection and reporting to focus on new tobacco products in the marketplace, shifting tobacco use patterns, or recent policy changes. We can make these modifications within our existing evaluation plans and reports, or we can conduct an ad hoc study focusing on new developments. We typically reserve a portion of the budget for ad hoc reports to investigate emerging questions, take deeper dive into newly identified problems, or study areas of interest to our clients, and we have proposed to do this for TPC. In addition to ad hoc reports, PDA would also provide recommendations and guidance for requests that did not require large evaluation projects. We will bring our learnings from previous evaluation studies and the ongoing monitoring of developments in the field to keep the TPC updated, and to ensure the evaluation adapts and responds to these changes. Below are examples of evaluation studies PDA and our subcontractor, Bingle Research Group, have completed in the proposed areas that we would inform our recommendations.

## **Cessation systems change**

Our staff has extensive experience supporting and evaluating systems change initiatives. From 2014 to 2017, we conducted a process evaluation of tobacco systems change grants given to five health systems across Minnesota. The health systems represented a range of settings, including urban, rural, and tribal. Our evaluation involved three waves of interviews with health system staff (beginning, mid-point, and end of grant) and a comprehensive document review. We developed case studies for each grantee describing their activities, successes, challenges, and lessons learned from the project. In partnership with the funder, ClearWay Minnesota, we published a journal article\* and presented the findings at multiple conferences.

We also have experience building, maintaining, and expanding a bi-directional electronic referral (eReferral) system that sends patient eReferrals from health systems and community-based organizations directly to state sponsored tobacco cessation programs. eReferrals are one component of a larger system to provide tobacco cessation treatment. When a healthcare provider identifies a patient as a tobacco user, they can advise the patient to quit and connect them directly with tobacco cessation counseling via an eReferral. Partnering with the Bureau of Tobacco Free Florida (BTFF), we have been integral in all of the components of establishing eReferral partnerships, such as supporting training of health system staff, identifying health system partners to implement eReferral systems, educating staff and partners about the technology involved, configuring the secure eReferrals connections, and monitoring the flow of eReferrals to and from the cessation programs.

In addition to supporting the eReferral infrastructure, we analyze and report referral data for BTFF. Annually, we report the number of eReferrals and fax referrals to BTFF programs, referral to enrollment conversion rates, and attendance conversion rates. PDA drew upon our knowledge of health systems change literature and practice, along with interviews with stakeholders, to develop two guides on eReferral implementation. The first guide was designed to obtain buy-in from health systems and described the benefits of eReferrals, the setup and implementation process, and available BTFF resources. The second guide was designed for BTFF staff and had similar content, plus strategies for connecting with new eReferral partners, managing the setup and implementation process, monitoring and maintaining eReferral connections, and providing ongoing training and support.

\*Whittet, M. N., Capesius, T. R., Zook, H. G., & Keller, P. A. (2019). The role of health systems in reducing tobacco dependence. *The American Journal of Accountable Care*, 7, 4-11.

## **Smoke free air evaluation**

Bingle Research Group, PDA's proposed subcontractor, has experience researching smoke free policies for the TPC. In 2011, TPC sought to assess minority business owners' attitudes and beliefs about secondhand smoke (SHS) policy. However, before developing and fine-tuning an overall program strategy, TPC wanted to better understand the current Secondhand Smoke (SHS) policy situation, attitudes toward such policies, and barriers to implementation of a SHS policy. To accomplish these objectives, Mr. Bingle conducted one-on-one interviews and eight focus groups exploring the minority business owners' attitudes and beliefs on secondhand smoke policies and their support and interest in implementing more comprehensive SHS policies in all workplaces.

PDA has completed evaluations which addressed smoke free air initiatives from several different angles and would apply our experiences evaluating smoke free air initiatives to support TPC's statewide and

local grantee policy efforts. In our evaluation of the North Dakota Tobacco Prevention and Control Program (NDDoH), PDA worked closely with the NDDoH and local public health units (LPHU) over the past three years to develop, maintain, and update a quarterly online tracking and reporting system to document LPHU policy interventions (i.e., smoke free multi-unit housing, tobacco-free business grounds and public places, and comprehensive tobacco-free schools). Using this tracking and reporting system, PDA reports the number of local and statewide policies that have been adopted and has mapped policy coverage areas to both demonstrate success and to identify where gaps remain.

For the state of Hawai'i, PDA conducted a process evaluation of a youth advocacy coalition working to influence policy at the state and local level. We developed activity tracking forms to document coalition membership and activities within specific policy areas, and track progress toward policy adoption.

In Minnesota, we were contracted by Blue Cross Blue Shield MN to assess the impact of smoke free ordinances on businesses. We conducted a mail survey of residents before and after a municipal smoke free bar and restaurant ordinance went into effect. The survey collected residents' dining habits, opinions about the ordinance, and the extent to which they travel to bars and restaurants based on the presence or absence of local smoke free regulations.

### **Emerging tobacco products and marijuana**

PDA is well positioned to provide evaluation support on the fourth generation of e-cigarettes, which have prompted an increase in marijuana use among youth. We are partnering with The Truth Initiative Schroeder Institute® on a study investigating marijuana and tobacco co-use in youth and young adults over time. Specifically, the study is examining ever and past 30-day rates of marijuana use, blunt use, and THC vaping use and the co-use of cigarettes, e-cigarettes, and other combustible tobacco among youth and young adults from 2015-2020 using data from the Truth Longitudinal Cohort study. In this study, participants aged 15-24 years were sent questionnaires at six month to one year intervals assessing tobacco, marijuana, and other substance use as well as changing demographic information. PDA is responsible for the data analysis of this study, including everything from descriptive summaries to weighted multi-level mixed regression modeling.

- b. The external evaluator must have the capacity to adapt to changing technological needs of the state tobacco control program in an effort to collect data across the state. Describe how respondent is equipped to administer surveys utilizing an electronic platform, including availability of devices for data collection, software utilized, and network connection requirements and related security precautions taken.

3.G.b.

### **Supporting transitions to electronic surveys**

PDA is an expert at data collection and has significant experience collecting data from electronic surveys, in addition to paper surveys and phone interviews. Based on our extensive experience collecting survey data, PDA designed and built SynchronizedSurvey™, a multi-mode survey system that PDA and our subcontractors use for collecting survey and interview data. PDA provided a demonstration on this unique application to the American Association for Public Opinion Research (AAPOR), illustrating how it allows PDA and our vendors to consistently achieve 7-month follow-up response rates over 50% from individuals who participated in a tobacco cessation program. PDA also built a multi-tenant reporting and survey system for the Hazelden Betty Ford Foundation that collects student bullying questionnaires from

3<sup>rd</sup> through 12<sup>th</sup> graders and produces reports for schools and districts. The software has collected over 3 million online student surveys since 2007 and produced over 20,000 dynamic reports.

For web-only surveys, we often use LimeSurvey, an open-source tool that we host locally on our secure servers and use it to format surveys that can be taken online using a phone, tablet, or PC. We recently used LimeSurvey to administer a statewide survey for one of our state clients to learn about beliefs and behaviors related to COVID-19 that might affect vaccine adoption. Using a purchased list from a market research company and carefully crafted email communications, we were able to conduct a quick A/B test to determine the best branding to use then were able to complete 1,000 online surveys in two weeks. We are currently launching a survey for another state client to understand reach and perceptions of a teen vaping prevention media campaign. This survey will be conducted using LimeSurvey and participants will be recruited via ads on social media channels, namely Instagram, Facebook, Snapchat, and TikTok. This is an exciting method that seeks youth respondents where they are already engaging and thus avoids the pitfalls and bias of many other recruitment methods. Besides design and administration of social media ads, this project will feature other innovative practices in fraud prevention and incentive distribution.

PDA will draw on our knowledge of the tobacco control field and our vast experience collecting online surveys, creating appropriate incentive strategies, and drafting age appropriate recruitment materials, to effectively support TPC developing and administering an online survey to youth. We can provide guidance on modifying existing tools to be used online, as well as crafting mobile responsive surveys and recruitment materials, and general survey administration support.