

DISTRICT TOBACCO COORDINATOR SURVEY

REPORT OF FINDINGS

Prepared for:



Maine Center for Disease Control and Prevention Maine Department of Health and Human Services

HMP is a collaborative effort among 28 local coalitions, the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for Healthy Maine with federal grants from US CDC, SAMSHA, and DOE.

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TABLE OF CONTENTS

I. INTRODUCTION	3
II. METHODOLOGY	5
III. RESULTS.....	6
DISTRICT TOBACCO COORDINATORS' BACKGROUND AND EXPERIENCE	6
THE DISTRICT TOBACCO COORDINATOR POSITION	7
KNOWLEDGE AND TRAINING	10
WORK ENVIRONMENT	12
ANALYSIS OF FACTORS POSITED TO IMPACT DTC SUCCESS	15
IV. CONCLUSION & RECOMMENDATIONS	16
V. APPENDIX A - DTC SURVEY INSTRUMENT	17

I. INTRODUCTION

The District Tobacco Coordinator (DTC) program was introduced in the 2007 Healthy Maine Partnership (HMP) RFP where it was envisaged that each public health district would have one DTC. District Tobacco Coordinators were intended to play a key role in helping accomplish the goals of local HMPs and, in turn, helping the Partnership For A Tobacco-Free Maine (PTM) fulfill its mission. This position was a resource for local HMP staff as well as other community coalitions, organizations, and municipalities in the planning, development, and implementation of evidence-based programs, policies, and practices related to tobacco control, prevention, and treatment. DTCs provided content expertise in tobacco use prevention, tobacco-related health promotion, and tobacco cessation treatment to local HMPs. They worked with HMPs to assess, plan, coordinate, and increase collaboration on initiatives to further prevent and reduce tobacco use and exposure to secondhand smoke. DTCs also identified and planned programs for at-risk populations and helped promote tobacco as a social justice issue. This position was eliminated as of July 1, 2011.

The purpose of the evaluation was to determine the impact of various factors on the outcomes of the DTC program. The results of the evaluation will capture lessons learned that may assist when implementing similar programs in the future.

Four primary factors were identified as having the most impact on the DTC program. The development of the survey tool, and subsequent analysis of the data, was undertaken to provide indications of the extent to which these factors mediated the implementation of the DTC program.

Factor 1: Background and Experience

The DTC's characteristics, such as their background and their experience in tobacco prevention and control, were thought to impact the use of PTM resources and the manner in which the DTC program was implemented.

Factor 2: Structure in terms of position within an HMP and District

It was hypothesized that the way in which the DTC was positioned within the district might have impacted the amount of buy-in the DTC received from the HMPs in the district and the amount of conflict between the HMPs and/or the DTCs. In addition, coalition leadership and district resources were also thought to impact the manner in which the DTC program was implemented.

Factor 3: Ability to meet the Community and State needs

It was further hypothesized that the DTCs' ability to meet both community and state needs impacted the manner in which the DTC program was implemented. In situations where these needs might have been different and/or in conflict, this discrepancy could have impacted the DTCs effectiveness.

Factor 4: The use of PTM Resources

Resources were defined as tangible documents, guidelines, trainings, and intangibles such as PTM staff's knowledge and experience.

While, for the purpose of analysis, these factors are identified as separate, it is acknowledged that they overlap and are interdependent.

Characteristics of positive implementation:

The following characteristics of implementation were suggested as important to success of the program:

DTC Survey – Report of Findings

1. Accurate, realistic expectations of the state, the DTCs, and the HMPs. For the purpose of this evaluation, only the DTC's expectations were measured.
2. Clear lines of authority and responsibility (i.e. oversight) between the DTCs, the HMPs, and the state.
3. Subjective positive impact of the DTC position.
4. Consistent, productive activity on tobacco in the district

II. METHODOLOGY

An electronic survey tool was developed based on discussions with PTM staff and available literature. The survey was administered via SurveyMonkey. Current and past DTCs (N=13) were sent the survey via email from the evaluation team in April 2011. Twelve of the 13 DTCs responded to the survey (see Appendix A for survey instrument). However, many skipped one or more items, so per item sample sizes ranged from 10-12 respondents. Quantitative analysis consisted primarily of descriptive frequencies of yes/no and Likert scale ratings. Qualitative analysis included thematic analysis of open-ended questions.

In order to make the figures and charts easier to interpret, the results to Likert scale rating questions are presented in order of highest to lowest ratings when reading the chart from left to right (ie the responses that received highest average ratings are on left and items that received lowest average ratings are on right).

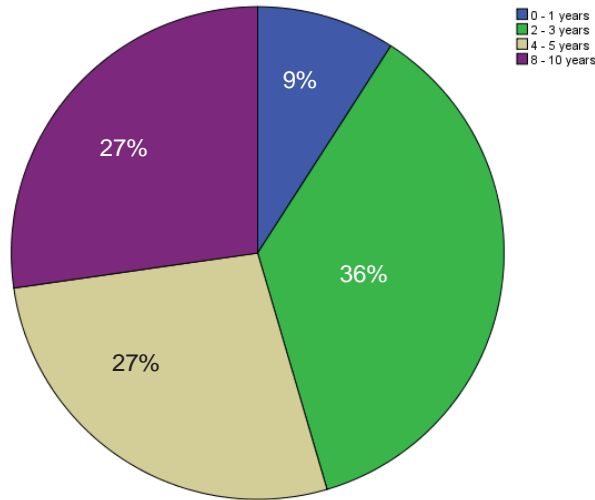
III. RESULTS

DISTRICT TOBACCO COORDINATORS’ BACKGROUND AND EXPERIENCE

The majority of DTCs (63%) had been involved with the HMP Initiative for approximately 2 – 5 years at time of survey. Although the DTC position was not created until 2007, almost a third of DTC’s (27%) reported working with the HMPs in some capacity since the inception of the HMP Initiative in 2001 (8-10 years). Half of the respondents had fulfilled the role of DTC for 2 – 3 years as a full time position.

Figure 1: Years involved with HMP Initiative

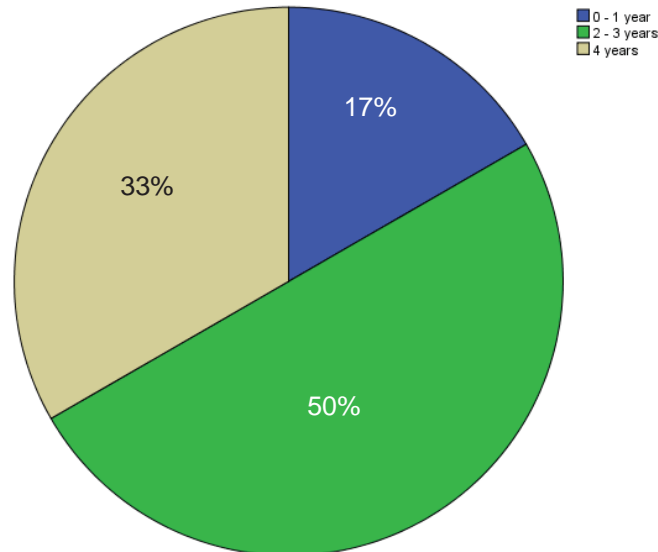
Since its inception in 2001, how many years have you been involved with the HMP Initiative?



N = 11

Figure 2: Years worked as DTC

Since its inception in 2007, how many years have you fulfilled the role of District Tobacco Coordinator?



N = 12

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Nine out of 12 (75%) DTCs indicated they work full-time and two (17%) indicated part-time (two respondents selected neither option, and one selected both full and part-time). Two DTCs shared the position with another person. Five DTCs (42%) had positions funded through DTC funds, two had non-DTC funded positions, and the other five did not select either. Four respondents (33%) were employed by a local HMP to do non-DTC work in addition to their DTC responsibilities. Comments in this section indicated that some DTCs worked part-time as a DTC but split their time between being a DTC and fulfilling other HMP work, while others transitioned from part-time to full-time over the several years as a DTC.

Respondents were also asked “How many HMPs within your Public Health District are you assigned to work with to provide support and guidance in the implementation of anti-tobacco work?” Exactly half (or 6 respondents) reported that they worked with 25 – 50% of local HMPs in this Public Health District and the other 6 reported working with more than 50% of local HMPs in their District.

There appeared to be significant differences in the amount of prior tobacco experience among DTCs with some having in excess of 20 years and approximately one third reporting no prior tobacco experience.

THE DISTRICT TOBACCO COORDINATOR POSITION

The majority of DTCs cited previous experience in tobacco prevention and cessation and/or the opportunity to work with local HMPs focusing on tobacco as the main factors that led them to apply for the position.

“It would give me the opportunity to concentrate on tobacco prevention, control, treatment and the chronic diseases associated with tobacco...”

“I thought I would learn a great deal more about how the PTM program would like the HMPs to implement community objectives.”

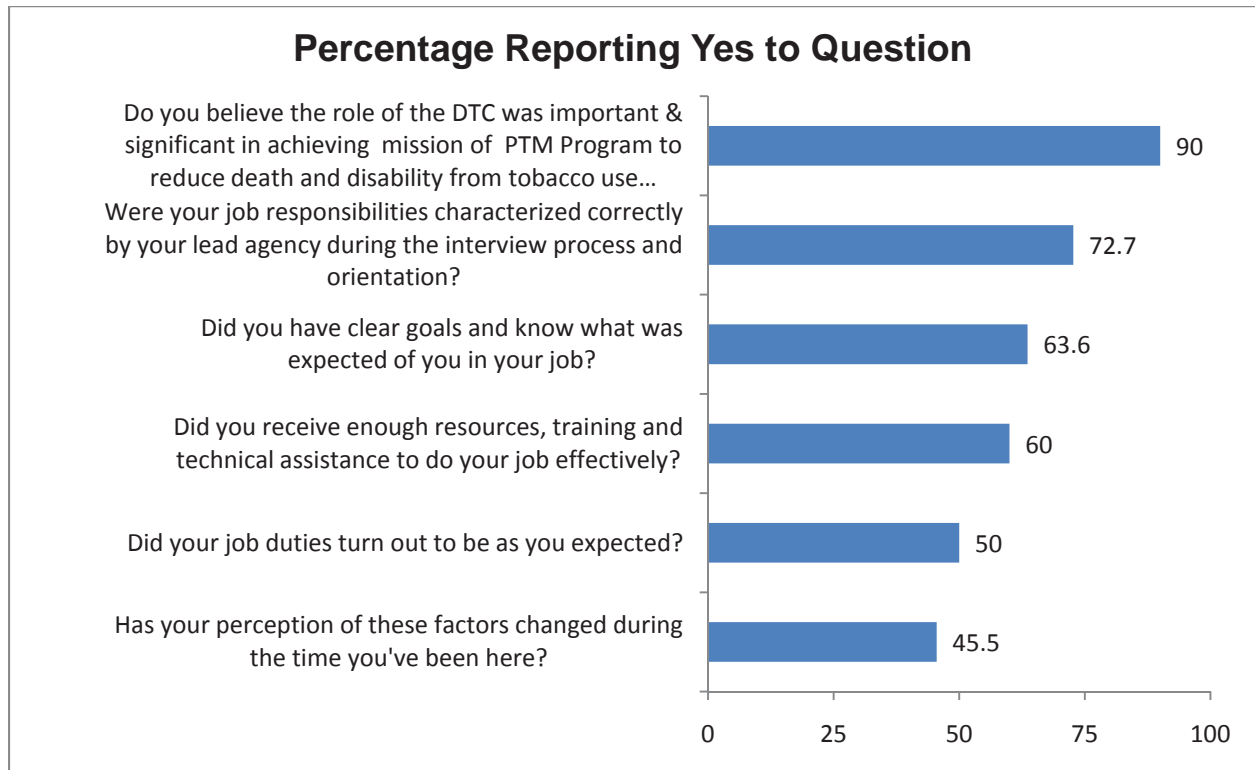
As shown in Figure 3 below, for almost half of the respondents (45%), the perception of the factors that led them to apply for the position changed during their time as DTCs. Comments associated with this question indicated that for some, a perception change occurred due to the fact that they were employed by an HMP but expected to be an extension of PTM. This resulted in confusion in terms of oversight, accountability, and supervision. For others, changes in state staff during their tenure as DTCs led to changed expectations and communication patterns.

“There should have been some level of oversight capacity given to the positions in order to review and guide the work of the coalitions...The DTC positions were either viewed by the local coalitions as the individuals to do their tobacco work or seen as a spy for the State or a competitor in their own territory.”

“It was clear that the position was supported by a few key State staff. Once those key staff left their positions the DTC position started to lose direction and intent.”

DTC Survey – Report of Findings

Figure 3: Responses to Yes/No questions in DTC Survey



More than two-thirds of respondents (73%) indicated the job responsibilities were characterized correctly by their lead agency during hire. Comments indicated that while some lead agencies clearly understood the DTC position when they were hiring, others either were unclear on the job responsibilities or their internal structure did not fit with the DTC position. The main discrepancy seemed to be in whether or not the lead agency correctly understood that the DTC role was not to implement the HMP workplan tobacco strategies, but to provide technical assistance, content expertise, and support for policy and environmental change.

"...[S]ome of the HMP directors thought our role was to work on their minimum common program tobacco objectives exclusively not realizing our position was at a different level of expertise for policies, environment and culture change."

Seven of the respondents (64%) reported clear goals and expectations for the job. Again, differences between lead agency/local coalition and State expectations seemed to be the primary issue for those reporting lack of clear goals and expectations.

"It felt like an ongoing struggle between State, District and local level staff to perform the work that this position was created for."

Only 50% of respondents indicated that their job duties turned out as expected. The comments for this question focused largely on feeling underutilized in their role by both the state and the local HMPs.

DTC Survey – Report of Findings

Despite the difficulties in role expectations and clarity described above, the DTCs appear to consider the overall importance and significance of the role as high, with 90% indicating agreement with this statement. Comments to this question were also very positive.

“I think the DTC provided a valuable direct link between PTM and the local areas – instead of trying to find a content person on tobacco for 28 HMPs, they could have a few district level partners who could make sure their mission was being continued at the local level.”

“I think the DTC’s position brought a continuity to the district focusing on tobacco prevention and control initiatives.”

Several open-ended questions were asked regarding job satisfaction, accomplishments, and challenges. When asked what the most satisfying part of their job was, DTCs’ responses included the opportunity to travel throughout the state, successfully implementing policy change, opportunity to partner with other DTCs and PTM staff, and working with local community, youth, adults, and businesses on tobacco prevention, control, and treatment.

“I really enjoyed being in the DTC position, one of the most satisfying pieces for me was successfully implementing policy change.”

“Working with great people who were passionate about having a positive impact on the people in the communities we serve.”

“Working with the wide variety of community organizations, agencies and entities to further understanding of tobacco prevention and control...”

When asked what the least satisfying aspect of their job was, responses included role confusion and lack of coordination, the controversial nature of the job, conflict between state and local needs/expectations, feeling underutilized or unheard, and reporting.

“Seeing two intelligent and caring groups of professionals (PTM and DTCs) not be coordinated enough to work like a well run instrument.”

“...[T]he position was a bit controversial and often being a DTC meant defending yourself/other DTCs and the role in general to partners...”

“I wish the position had been better utilized by both the State and local coalitions.”

“The conflicts between community needs and expectations, and what PTM wanted and expected DTCs to do.”

When asked what their greatest accomplishments as DTCs were, almost every respondent mentioned tobacco free ordinance and policy changes in their communities and/or developing tobacco expertise and capacity in their communities. In terms of their biggest challenge as DTCs, most respondents mentioned the struggle to meet both PTM and local HMP priorities with little power or freedom to make change. Other challenges included being ignored by businesses or organizations for which tobacco was not a priority, lack of enforcement of existing policies, and lack of support from lead agency, HMP and/or PTM.

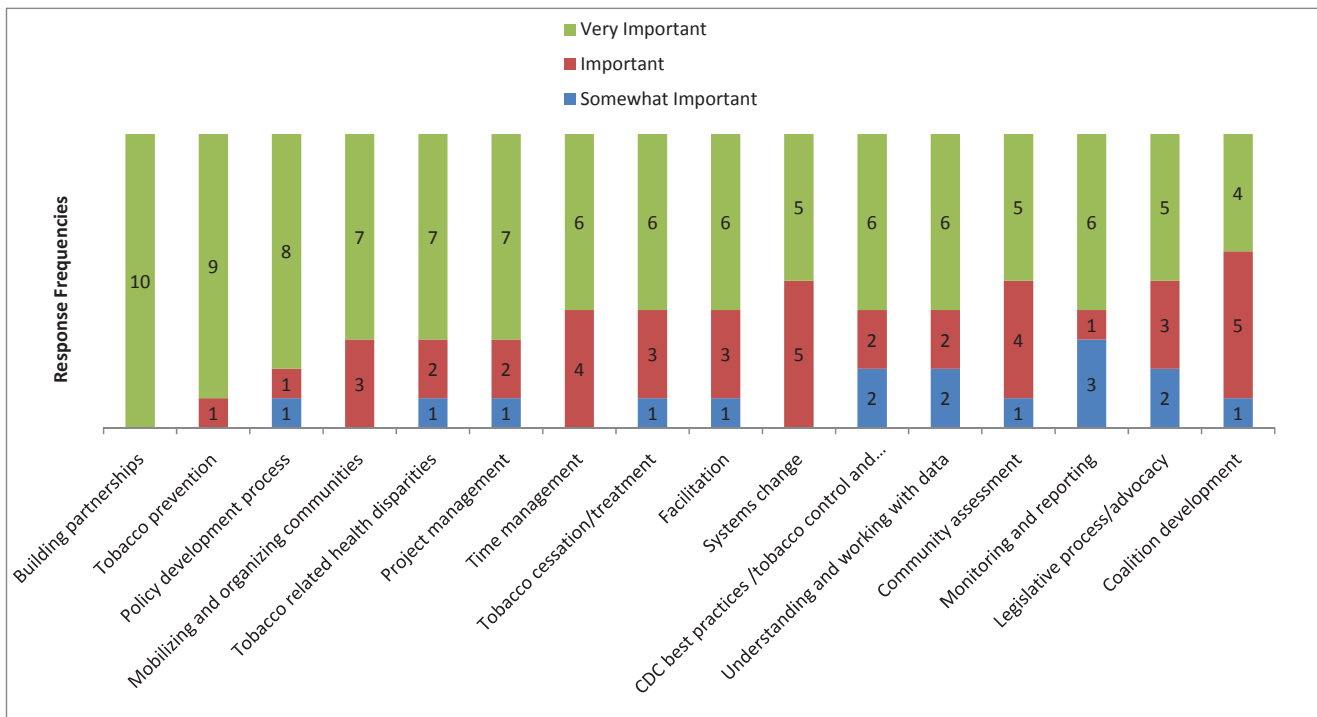
DTC Survey – Report of Findings

The next several survey questions asked DTCs to rate items on Likert scales to indicate importance of knowledge areas, usefulness of various training modalities, and aspects of the work environment. In order to make the figures and charts easier to interpret, the results to these questions are presented in order of highest to lowest ratings when reading the chart from left to right (i.e. the responses that received highest average ratings on left and items that received lowest average ratings on right). Since there were only 10 respondents for most ratings questions, the actual response frequencies are presented instead of percentages.

KNOWLEDGE AND TRAINING

When asked about the specific skills and knowledge needed to do tobacco work at the local level, building partnerships, tobacco prevention, and policy development, received the highest importance ratings, with mobilizing and organizing communities, health disparities, and project management not far behind (See Figure 4). All 10 respondents indicated that building partnerships was a ‘very important’ knowledge area for doing tobacco work at a local level. Tobacco prevention received nine out of 10 respondents rating it as ‘very important’ and policy development received eight out of 10 respondents rating it as ‘very important.’ In contrast, only four respondents rated coalition development knowledge as ‘very important.’ However, no listed knowledge area in the survey received a rating of ‘very important’ from fewer than four of the respondents, indicating that all of the knowledge areas asked about play a significant role in the position of DTC. Respondents were also asked if there were skill areas important to the work not mentioned in the rating question. The only additional area mentioned was communication-- in terms of coordinating the work, public speaking, and being able to communicate in a culturally competent manner with various audiences.

Figure 4: For doing tobacco work at local level, how important is knowledge in...?



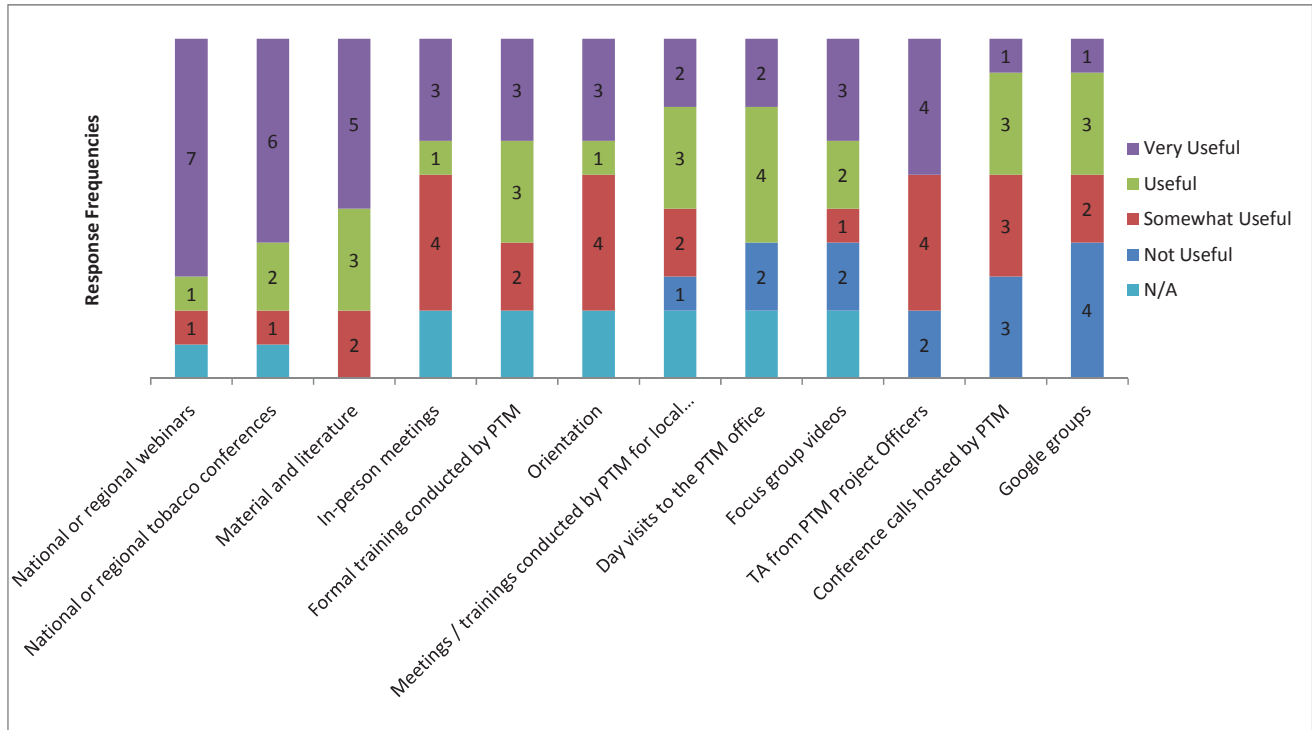
N=10, Note: There was a ‘not important’ option on the scale for this question but it was not selected by anyone for any items.

For the training and technical assistance ratings, there was more variability among items. As shown in Figure 5, national or regional resources, in both conference and webinar form, received the highest ratings of usefulness, followed by material and literature. Google groups and conference calls hosted by PTM received the lowest usefulness ratings. Other PTM sponsored training opportunities, including TA from project officers, day visits to

DTC Survey – Report of Findings

the PTM office, and formal training from PTM received mixed ratings with some respondents indicating usefulness and others not. It is important to note that for several of the PTM training types, one or more respondents selected the not applicable rating, indicating that they did not participate in the particular training modality type.

Figure 5: What resources, training and technical assistance did you find most useful?



N=10, N/A = did not attend or use the resource

As shown earlier in Figure 3, 60% of respondents indicated that they received enough resources, training, and technical assistance to do their jobs effectively. When asked what additional resources, training, and technical assistance would be useful, comments included intensive training or orientation at the beginning, opportunity to learn from those doing similar work in other states, more timely PTM resources to address HMP objectives and strategies, regular and periodic needs assessment for training and TA needs, and more one-on-one time with PTM staff.

“An intensive training or orientation describing clearly what the job responsibilities are and what is expected for the DTC position.”

“If objectives were written into the HMP MCP Objectives, PTM needed to have the resources ready to go and in place...”

“...[T]here should have been some one-on-one time w/ a PTM rep prioritized at least the first year of a DTC coming on board...you first need to get a person well seated in their role, and then introduce training and technical assistance as you get to know them and evaluate – what do they already have? What do they need?”

Finally, DTCs were asked to comment on the resources, training, and technical assistance they thought local HMPs would need from the PTM program in the absence of the DTC role. Most respondents indicated that the PTM program would need to be flexible in providing the resources and TA that would be responsive to different

DTC Survey – Report of Findings

community needs in different regions and that, generally, HMPs would need more face time or access to PTM program staff.

“There needs to be a local presence of the State program to ensure accountability by the HMPs in relation to the tobacco work.”

“They need all the training we received and they will need to have one person assigned to tobacco work in order for it to be accomplished.”

WORK ENVIRONMENT

DTC respondents were also asked to rate particular aspects of their work environment at local and state levels including support, leadership, performance feedback, and working relationships (See Figure 6).

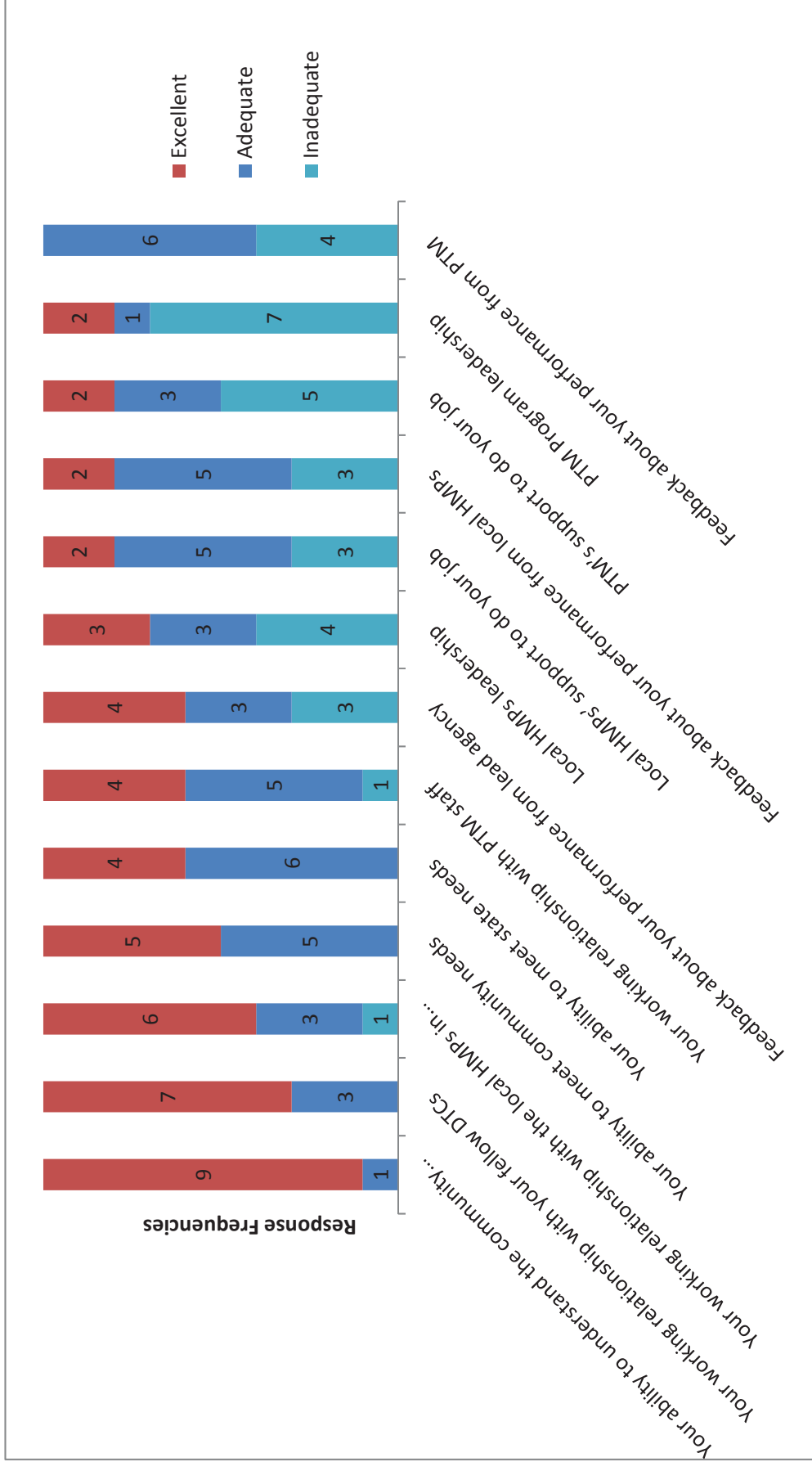
DTCs rated their ability to understand the community environment (i.e. political, economic and social context) the highest with nine out of 10 respondents rating this as excellent. Working relationship with other DTCs and with local HMPs in their District were next highest with seven and six respondents rating the relationship as excellent, respectively.

All DTCs rated their ability to meet State needs and the working relationship with PTM staff as adequate or excellent. Approximately half of the respondents rated support and feedback from PTM as adequate or excellent. Respondents tended to view leadership at the local HMP level more favorable than at the state level with 60% rating the former as adequate or excellent, compared with 30% for state leadership. The majority of respondents viewed the local HMPs / lead agency’s support and provision of performance feedback as adequate or excellent.

Comments following the work environment ratings focused on the great potential for the program in terms of being a local extension of the PTM program, but noted that this potential was not realized due to lack of adequate leadership, support, and training from the PTM program and from Lead Agencies.

DTC Survey – Report of Findings

Figure 6: Please rate the following aspects of your work environment...



N=10

DTC Survey – Report of Findings

DTCs were asked several open-ended questions at the conclusion of the survey. When asked if they had any experiences in their role as DTC that were detrimental to an effective working relationship, and suggestions for how to address or improve this area, comments centered around a lack of communication, support, and clear roles and responsibilities at both State and local levels.

“I did not feel that PTM was particularly effective in understanding local communities or the realities of working at the local level and in the local context.”

“Some confusion about who was responsible for the tobacco objectives...HMPs felt that many of the tobacco objectives in the workplan [were] my responsibility. I felt there needed to be direct communication between PTM staff and HMP staff about the role of the DTC.”

“There was not enough support offered by PTM or local HMP.”

DTCs were also asked if they had experiences that were supportive to an effective relationship, and suggestions for how to maintain these areas. Comments to this question included support from other DTCs, support from a strong lead agency and/or local HMP, and developing a relationship with PTM staff.

“DTCs provided substantial support to one another.”

“Having a strong lead agency was pivotal to supporting the position.”

“We had a PTM staff liaison, and the day long meetings helped us develop a relationship with PTM staff...”

“Working with and through the HMPs on a consistent basis was a very effective way for integrating efforts...”

Finally, DTCs were asked if they had any additional comments to share. Responses included wishing that a survey such as this had been implemented earlier when there was an opportunity to use the information to inform the program, gratitude for the opportunity to work as a DTC, sadness that the position is being terminated, concerns that tobacco work at the local level will suffer without the position, and that HMPs need to be held more accountable for accomplishing policy and environmental change.

“I am saddened that the DTC position will be terminated at the end of the current fiscal year. I think that the position had the potential to be very successful but unfortunately this wasn’t supported enough in all areas and some HMPs...actually become obstacles for success.”

“Thank you for the opportunity to have this role for close to four years.”

“It is great that the new RFP incorporated much higher levels of policy work for the HMPs. Accountability of this work with a solid evaluation plan will be key for successful implementation.”

“The DTC role could have been more successful had they been employed as part of the District level public health infrastructure and served as tobacco project officers.”

“Since the decision was made to eliminate this role, tobacco work has already suffered in some communities...”

ANALYSIS OF FACTORS POSITED TO IMPACT DTC SUCCESS

In order to explore the four factors posited to impact the DTC position, responses were analyzed by factor subgroups.

Factor 1: Background and Experience

Most (5 out of 6) DTCs that had backgrounds and experience in tobacco prevention and were employed full time reported that they received enough resources, training and technical assistance to do their job effectively. They were more likely to rate the performance feedback from PTM as adequate.

Factor 2: Structure in terms of position with an HMP and District

Three DTCs reported that they were employed full time with non-DTC funds and / or that their work included non-DTC work. They worked with 25 – 50% of local HMPs in their district. Almost all of them reported that they had clear goals and expectation when beginning their job and that their perception of the position had not changed during their employment. However, those employed to do non-DTC work reported that their job duties did not turn out as expected. Interestingly, they tended to rate support and leadership from PTM more highly than local HMP support and leadership.

All respondents who worked with more than 50% of local HMPs in their district were employed full time and none were employed to do non-DTC work. The majority (80%) reported that they received sufficient resources, training and technical assistance to do their job effectively. They rated support from both local HMPs and State as adequate; State leadership as inadequate; and local HMP leadership as adequate.

DTCs who worked with 25%-50% of the local HMPs in their district rated the local HMPs as being more supportive than the state, but rated both levels of leadership as inadequate. DTCs who worked with more than 50% of the local HMPs in their district were more frequently rated their relationship with fellow DTCs as excellent.

Factor 3: Ability to meet the community and state needs

When compared to DTCs who worked with less than 50% of the local HMPs in their district, DTCs serving more local HMPs rated their ability to understand community needs as excellent more frequently and their ability to meet community needs less frequently.

Factor 4: The use of PTM resources

DTCs who reported that they received enough resources, training and technical assistance tended to have been in the position for 2 – 3 years (66.7%); be employed full time (100%); and work with more than 50% of HMPs in their district. There was a higher frequency amongst these DTC in rating PTM support as adequate.

All DTCs who did not think the resources, training and technical assistance was sufficient, rated PTM and leadership as inadequate. At least half of these respondents rated feedback on performance by state, local HMP and lead agency as inadequate.

IV. CONCLUSION & RECOMMENDATIONS

Several key themes emerged from this survey that may inform future Healthy Maine Partnerships and Partnership For A Tobacco-Free Maine work. These include:

- In many communities, there was a divergence between local and state expectations and understanding of the District Tobacco Coordinator role, which made the fulfilling the position difficult.
- Navigating between local and state needs posed significant challenges for many of the DTCs.
- The presence of a strong HMP lead agency and a robust relationship with PTM staff were posited to be critical pieces to an effective working relationship for DTCs.
- DTCs had a wide range of years working in the HMP Initiative and varying levels of experience entering the position, so training needs and preferred modalities varied. However, almost all of the DTCs found national or regional training opportunities very useful.
- The vast majority of DTCs viewed the position as valuable and important to making tobacco-related environmental and policy changes at the local level.
- DTCs noted that resources and training to enable local HMPs to do tobacco work in the future should be responsive to local conditions due to the varying needs and expertise throughout the state.

In future district-wide efforts it is recommended that the following two concepts be explored further:

- **Structure:** The findings suggest that being employed by a local agency provides the opportunity to understand and respond to the community needs. Frequently these community needs were divergent from state needs. This resulted in the person feeling torn between different priorities. Future efforts may consider a different structure or have continuous, focused efforts ensuring the integration of needs and setting of priorities.
- **Provision of resources, training and technical assistance:** There was a strong relationship between meeting training needs and perception of support and leadership. Future efforts may consider focusing efforts on ensuring people fulfilling district level positions feel that they have adequate resources, training and technical assistance to do their job effectively. This may require tailoring professional development efforts for each individual.

V. APPENDIX A – DTC SURVEY INSTRUMENT

DTC Survey

1. INSTRUCTIONS

This survey is designed to gather your experience with and reflections about the District Tobacco Coordinator Position. The information you provide will help us capture the lessons learned that may be useful for implementing similarly structured programs in the future.

The survey is divided into the following sections:

- General Information
- Becoming a District Tobacco Coordinator
- The District Tobacco Coordinator Position
- Necessary Skills
- Resources, Training and Technical Assistance
- Work Environment
- Overall Experience

PLEASE take a few minutes to answer each of the questions as they apply to your work as a District Tobacco Coordinator.

The survey will take about 15 - 20 minutes. All answers are anonymous and will come directly to the evaluation team at the University of New England. Data collected through these surveys will be shared only in aggregate format with state programs at Maine CDC.

THANK YOU in advance for your time and perspective. If you have any questions, please contact Michelle Mitchell directly at mici.mitchell@gmail.com.

2. GENERAL INFORMATION

1. Since its inception in 2001, how many years have you been involved with the HMP Initiative?

- 0 - 1 years
- 2 - 3 years
- 4 - 5 years
- 6 - 7 years
- 8 - 10 years

2. Since its inception in 2007, how many years have you fulfilled the role of District Tobacco Coordinator?

- 0 - 1 year
- 2 - 3 years
- 4 years

3. Which of the following best describes your position of DTC (please check all that apply)?

- I am employed full time
- I am employed part time
- I share my position with one other person
- My position is funded through the DTC funds
- My position is funded through non-DTC funds
- I am employed by a local HMP to do non-DTC work

Comments:

4. How many HMPs within your Public Health District are you assigned to work with to provide support and guidance in the implementation of anti-tobacco work?

- Less than 25% of local HMPs in this Public Health District
- 25 – 50% of local HMPs in this Public Health District
- More than 50% of local HMPs in this Public Health District

Comments:

3. BECOMING A DISTRICT TOBACCO COORDINATOR

1. What factors led you to apply for a job as a DTC?

2. Has your perception of these factors changed during the time you've been here?

Yes

No

Do you have any comments that will help us understand your response?

3. What experience did you have in public health and / or tobacco prevention and control prior to becoming a DTC?

4. Were your job responsibilities characterized correctly by your lead agency during the interview process and orientation?

Yes

No

Do you have any comments that will help us understand your response?

5. Did you have clear goals and know what was expected of you in your job?

Yes

No

Do you have any comments that will help us understand your response?

4. THE DISTRICT TOBACCO COORDINATOR POSITION

1. Did your job duties turn out to be as you expected?

Yes

No

Do you have any comments that will help us understand your response?

2. What is (was) the MOST satisfying part of your job?

3. What is (was) the LEAST satisfying part of your job?

4. What is (was) your greatest accomplishment as a DTC?

5. What is (was) your biggest challenge as a DTC?

5. NECESSARY SKILLS

1. For doing tobacco work at a local level, how important is knowledge in the following areas:

	Not Important	Somewhat Important	Important	Very Important
Tobacco prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco cessation/treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coalition development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobilizing and organizing communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDC best practices /tobacco control and prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy development process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legislative process/advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco related health disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding and working with data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring and reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments that will help us understand your responses?

2. Are there skill areas not mentioned above that you think are essential to tobacco work at a local level?

6. RESOURCES, TRAINING AND TECHNICAL ASSISTANCE

1. Did you receive enough resources, training and technical assistance to do your job effectively?

Yes

No

Do you have any comments that will help us understand your responses?

2. What additional resources, training and technical assistance do you think would be useful for doing tobacco work at a local level?

3. What resources, training and technical assistance did you find most useful in preparing you to work in your district? (Please select N/A if you did not attend or use the resources)

	Not Useful	Somewhat Useful	Useful	Very Useful	N/A
Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conference calls hosted by PTM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day visits to the PTM office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Google groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TA from PTM Project Officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal training conducted by PTM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National or regional tobacco conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National or regional webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meetings / trainings conducted by PTM for local HMPs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus group videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Material and literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments that will help us understand your responses?

4. In the absence of the DTCs, what resources, training and technical assistance do you think local HMPs will need from the PTM Program?

7. WORK ENVIRONMENT

1. Please rate the following:

	Inadequate	Adequate	Excellent
PTM's support to do your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local HMPs' support to do your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PTM Program leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local HMPs leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feedback about your performance from PTM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feedback about your performance from local HMPs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feedback about your performance from your lead agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your working relationship with your fellow DTCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your working relationship with the local HMPs in your district	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your working relationship with PTM staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to understand the community environment (the political, economic and social context)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to meet community needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to meet state needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments that will help us understand your responses?

2. In your role as DTC, did you have any experiences that you felt were detrimental to an effective working relationship? If so, what suggestions do you have about how to address or improve these areas?

3. In your role as DTC, did you have any experiences that you felt were supportive to an effective working relationship? If so, what suggestions do you have about how to maintain these areas?



8. OVERALL EXPERIENCE

1. Do you believe the role of the DTC was important and significant in achieving the mission of the PTM Program to reduce death and disability from tobacco use among Maine residents by creating an environment supportive of a tobacco-free life?

Yes

No

Do you have any comments that will help us understand your response?

2. Do you have any other comments you would like to share?

9. COMPLETE

Thank you for your thoughtful responses!



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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