USING EVALUATION CAPACITY BUILDING (ECB) TO INTERPRET EVALUATION STRATEGY AND PRACTICE IN THE UNITED STATES NATIONAL TOBACCO CONTROL PROGRAM (NTCP): A PRELIMINARY STUDY

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Abstract: The Office on Smoking and Health (OSH) of the Centers for Disease Control and Prevention (CDC) supports state programs for the prevention and control of tobacco use through the National Tobacco Control Program (NTCP). OSH provides the NTCP with expert guidance and technical assistance on tobacco use control and disease surveillance as well as evaluation of tobacco control programs. These services fit national health goals and provide data to inform national and state policy making and program planning. However, the NTCP's delivery of services, achievement of goals, and evaluation of efforts is hindered by fluctuations in dedicated state funds to support tobacco use prevention and control programs. To maximize effort and resources, evaluation capacity building (ECB) is a strategy for strengthening evaluation services, program efficiency, and program effectiveness, that is, program improvement. This article interprets NTCP using an ECB frame to learn the utility of this approach for making suggestions for structural and practice changes that lead to program improvement.

Résumé :   L'Office on Smoking and Health (OSH) des Centers for Disease Control and Prevention (CDC) soutient les programmes des états

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pour la prévention et le contrôle du tabagisme par le National Tobacco Control Program (NTCP). L'OSH fournit au NTCP des conseils d'experts et d'assistance technique sur la surveillance de l'usage du tabac et des maladies et l'évaluation des programmes. Ces services sont conformes aux objectifs nationaux de santé et fournissent des données qui servent à l'établissement de politiques nationales et des états ainsi qu'à la planification des programmes. Toutefois, la prestation des services du NTCP, la réalisation des objectifs, et l'évaluation des efforts prodigués sont gênées par les fluctuations dans le financement accordé par les états pour soutenir les programmes de prévention et de contrôle de l'usage du tabac. Pour optimiser les efforts et les ressources, le renforcement des capacités d'évaluation (RCÉ) est une stratégie pour renforcer les services d'évaluation et l'efficience et l'efficacité des programmes, c'est-à-dire, l'amélioration des programmes. Cet article interprète les résultats du NTCP en utilisant un cadre RCÉ pour apprendre l'utilité de cette méthode pour faire des suggestions de changements structuraux et de pratique qui mènent à l'amélioration du programme.

INTRODUCTION

Attention must be paid to the necessary capacities for professional evaluation practice in public health, as is well documented (Gebbie, Rosenstock, & Hernandez, 2003). Also needed are a commitment to and the practice of long-term infrastructure development for ongoing evaluation and its uses in policy development, program improvement, and accountability. Evaluation capacity building (ECB) is one such approach (Compton, Baizerman, & Stockdill, 2002). The purpose of this article is to show program evaluators and program managers the value of this approach by describing the work of the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) from an evaluation capacity building perspective. OSH is the CDC office responsible for the National Tobacco Control Program (NTCP), a federal strategy to prevent and control tobacco use nationwide. As such, it is the CDC office responsible for working with states to design, implement, evaluate, and sustain the NTCP.

Although the article shows how CDC OSH contributed to increased evaluation capacity among grantees of one particular program, the framework and principles are applicable to a range of national and local public health programs.

NATIONAL TOBACCO CONTROL PROGRAM

The goal of the NTCP is to reduce tobacco-related morbidity and mortality by preventing the initiation of tobacco use among youth and young adults, promoting cessation among adults and young people, eliminating nonsmokers' exposure to second-hand smoke, and identifying and eliminating the disparities related to tobacco use and its effects among different population groups (CDC, 2007). In the United States, tobacco use is the single most preventable cause of death and disease, causing approximately 438,000 deaths annually (CDC, 2005). Smoking causes multiple cancers, heart disease, and lung disease (U.S. Department of Health and Human Services, 2004). For every person who dies of a smoking-related disease, 20 more suffer with at least one serious illness caused by smoking (CDC, 2003).

We can dramatically reduce the health and economic burdens of tobacco use by implementing proven strategies. Achieving this reduction requires collaboration among state decision-makers, public health officials, business leaders, and community members. In 2005, the states invested $500 million in tobacco use prevention and control, and CDC invested another $50 million. All 50 states and 7 territories have NTCP programs (Campaign for Tobacco Free Kids, 2008).

CDC recommends that states establish tobacco use prevention and control programs that are comprehensive, sustainable, and accountable (CDC, 2007). To this end, surveillance and evaluation are necessary program components, inextricably integrated into program planning and implementation. Surveillance is the monitoring of tobacco-related behaviours, attitudes, and health outcomes at regular intervals, while evaluation builds on surveillance data to assess program implementation and outcomes.

In 1998, OSH began a variety of surveillance and evaluation activities to inform and support state tobacco control programs in response to demands for accountability by funding agencies and key national and state decision-makers. These activities emphasized increasing NTCP participants' capacity to implement and use surveillance and evaluation to show the short- and long-term benefits of comprehensive tobacco use prevention and control programs.

THREE COMPONENTS OF OSH'S TECHNICAL ASSISTANCE ON SURVEILLANCE AND EVALUATION

OSH's work to improve and sustain state surveillance and evaluation for program improvement (i.e., its ECB work) includes direct technical assistance to states. It uses an educational strategy to bring about changes in structure and practice. Examples include publications to inform surveillance and evaluation practice. support for state-based surveillance, and dissemination of data. Each component is described briefly here and followed by an overview of the ECB framework (Compton et al., 2002) and perspective, and an analysis of OSH's technical assistance work using the framework.

Direct Technical Assistance to States

Basic to OSH's efforts is a multimodal approach to technical assistance for surveillance and evaluation planning, implementation, and use. This approach includes direct service to NTCP participants through site visits, telephone calls, and e-mail correspondence; training at an annual surveillance and evaluation workshop; and periodic skill-building workshops. In addition, an ongoing net-conference series focuses on surveillance and evaluation topics to foster the sharing of information among OSH, NTCP participants, and other tobacco use prevention and control partners.

Evaluation-related publications are another example of OSH's technical assistance. Five publications show how program planning, surveillance, and evaluation can contribute to program improvement (CDC, 2006, 2008a; MacDonald et al., 2001; Starr et al., 2005; Yee & Schooley, 2001). Each publication is a starting point for state practice, drawing on a rich evidence base that shows the value of comprehensive tobacco use prevention and control programs. These publications highlight the necessity for high-quality program evaluation practice and surveillance. All draw on the Joint Standards for Evaluation (Joint Committee on Standards for Educational Evaluation, 1994) and other relevant standards for public health surveillance (German et al., 2001). One publication, *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* (MacDonald et al., 2001), is a how-to guide for planning and implementing evaluation. Its purpose is to assist states in planning, designing, and implementing practical and increasingly comprehensive evaluations of tobacco use prevention programs. A second publication, *Surveillance and Evaluation Data Resources for Comprehensive Tobacco Control Programs*

(Yee & Schooley, 2001), describes various data sources useful for program planning, monitoring, and evaluation. Starr et al. (2005) wrote *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs* using empirical science to rate the relative strength of the science supporting various evaluation measures.

Also, *Introduction to Process Evaluation in Tobacco Use Prevention and Control* (CDC, 2008a) provides an overview of process evaluation and shows how it can be used to improve programs, monitor program implementation, build effective program models, and demonstrate accountability. Finally, *Sustaining State Programs for Tobacco Control: CDC Data Highlights* (CDC, 2006) provides tobacco use and control data to support states' efforts to sustain funding.

Support for State-based Tobacco-related Surveillance

Surveillance is a core component of OSH's technical assistance to support the NTCP; it strengthens and broadens national and state program evaluation. For example, state-specific data are collected through state-based Youth Tobacco Surveys (YTSs) and Adult Tobacco Surveys (ATSs). States' YTSs produce data useful for designing, implementing, and evaluating activities that prevent young people from beginning tobacco use (CDC, 2001). The ATS is intended to enhance state capacity to design, implement, and evaluate tobacco use prevention and control programs (Yee & Schooley, 2001). ATS data inform state programs about adult tobacco use and the effects of various program components that may include smoking cessation, second-hand smoke, pro-health policies, and anti-tobacco media exposure. From 2003 through 2006, OSH helped 24 states implement the ATS and 40 states and territories implement the YTS. As part of the OSH effort, CDC staff provide technical assistance to states on survey instrument development, sampling, data collection, and data analysis.

Data Dissemination

The third component of OSH's technical assistance is disseminating data for use by states and other partners. One example is the data from the State Tobacco Activities Tracking and Evaluation (STATE) system, an electronic data warehouse containing current and historical state data relevant to tobacco use prevention and control (CDC, 2008b). The STATE system, used in conjunction with the publication *Key Outcome Indicators for Evaluating Comprehensive Tobacco Con-*

trol Programs (Starr et al., 2005), has many features that facilitate data management and analysis for evaluation purposes; for example, users can generate graphs and maps. The system includes more than 330 data measures in the following areas: behaviours, funding, demographics, environment, health consequences and costs, economics, and legislation.

Another example of dissemination of data for use by tobacco use prevention and control programs is CDC's *State Highlights* (CDC, 2006), which provides information on the prevalence of tobacco use, its health effects and associated costs, and tobacco excise taxes for the 50 states and the District of Columbia.

Summary

OSH serves the states and the nation in part through regular and recurring technical assistance, support for state-based tobacco-related surveillance, and dissemination of data for use. The publication of *The Art, Craft, and Science of Evaluation Capacity Building* (Compton et al., 2002) presented an opportunity to understand OSH's surveillance and evaluation work from an ECB perspective and how the framework can be applied and used to improve organizational effectiveness.

ECB: DEFINITION AND FRAMEWORK

Compton et al. (2002) define ECB conceptually as

> a context-dependent, intentional action system of guided processes and practices for bringing about and sustaining a state of affairs in which quality program evaluation and its appropriate uses are ordinary and ongoing practices within and/or between one or more organizations/ programs/sites. (p. 8)

ECB is intentional work on an organization as a system and on its structure, culture, and everyday practices.

Evaluation structure is the organizational home in OSH, the Evaluation Team, the expectations of evaluation held by OSH managers and states and others in CDC, and evaluator roles.

Evaluation culture is the language and meanings of evaluation and its practice that are joined to the evaluation structure of roles, types,

and numbers of employees, and relationships with universities, contractors, partners, other states, and OSH. *Evaluation literacy* includes, for both OSH and states, a common

- understanding of professional evaluation as research practice
- evaluation framework
- conceptual and practice vocabularies
- process for developing, implementing, and using evaluation methods, processes, and findings
- structure and culture embedded in the organization and supportive of evaluation practice.

Evaluation practice is the professional evaluation models, the associated languages, the ways these are implemented, and findings used for program improvement, accountability, and other purposes. Ideally, all are at the level of expert evaluation literacy.

The intention is to create and sustain a home in an organization for professional expert program evaluation and its uses. In more practical terms, a working definition is "ECB is the intentional work to continuously create and sustain overall organizational processes that make quality evaluation and its uses routine" (Compton et al., 2002, p. 14).

For our purposes, ECB is a vision, a conception of responsible, empirical program planning, evaluation, and enhancement (Baizerman, Compton, & Stockdill, 2002, pp. 102–107). Moreover, ECB comprises the practical processes necessary to sustainably build planning and evaluation into an organization's or program's structure, culture, and everyday practices. ECB also uses empirical data for program improvement, but it goes further to suggest ways to use evaluation and other empirical data in the everyday, routine practices of policy and program decision-making. ECB is a framework that can be used by all chronic disease prevention programs to frame evaluation technical assistance.

An overall ECB framework is described in Compton et al. (2002, pp. 102–103; see Appendix A). The purpose of the framework is to present the ECB model, major concepts, and specific actions that are intended to increase evaluation capacity. The framework includes the structural elements of ECB (e.g., overall process, actual practices, occupational orientation, and practitioner role), core themes

(e.g., ECB is a guided and ongoing process), basic ECB concepts (e.g., intentional, collaborative efforts), and ECB skills (e.g., ensuring the conduct of high-quality evaluation). Taken together, the definition and the framework provide powerful perspectives for analyzing a program's or an organization's evaluation efforts, as well as its evaluation technical assistance. ECB was designed to meet the challenge of lack of evaluation infrastructure and capacity in many programs, and it continues to be refined to achieve this goal.

In everyday practice, however, it is very difficult to implement and sustain ongoing attention to ECB, given the multiple, conflicting realities and environments of public health agencies and programs.

A SELECTIVE REVIEW OF THE LITERATURE

The intention of the 2002 *New Directions for Evaluation* issue on ECB was to name ECB as a form of practice and to develop a model that allowed the field to focus on intentional ECB work as structure, culture, and evaluation practice and to stimulate ECB practice and scholarship within the family of evaluation practices. Since that 2002 publication, there has been significant growth in scholarship and practice as shown by the increase in numbers of papers published and the number of ECB sessions at the annual meeting of the American Evaluation Association. Despite growing interest in ECB, the central idea is conceptualized in multiple ways, and authors seldom focus on what we take as the necessary three dimensions: structure, culture, and practice.

A literature review shows that while the same language is used, authors implicitly or explicitly use different frameworks (Naccarella et al., 2007). That is, the ECB literature can be understood as a Wittgensteinian "family of resemblences" (Glock, 1996). Typically in social science and evaluation, definitions are operational forms of a class of phenomena, with explicit rules of intension and extension—what is included and excluded from the class. In contrast, Wittgenstein proposed that definitions of the same term are like members of a biological family, sharing some characteristics and not others in their face and body, as shown in the ECB literature. As a result, the ECB literature may appear to be cumulative. This may not be the case, however, due to the range of ways ECB is operationalized. ECB is typically considered as "an exercise in developing the evaluation skills and knowledge of some or all of the organization's staff, with a view to increase their ability to undertake high quality

evaluations" (Beere, 2005, p. 41). Therefore, much of the ECB work is directed toward changes in individuals (e.g., training) rather than organizational development (Preskill & Russ-Eft, 2004). Other authors focus on fostering a learning organization through changes in organization, culture, and practice (Lennie, 2005; McDonald, Rogers, & Kefford, 2003; Owen, 2003; Stevenson, Florin, Mill, & Andrade, 2002), but they rarely emphasize creating organizational structures that we believe are necessary to sustain ECB. Our conception of ECB advanced the field because it is more than developing individual expertise and promoting the organizational culture/environment needed to conduct high-quality and useful evaluations. We emphasize creating structures and systems to make high-quality evaluation and its uses routine and to carry out the necessary, mundane work to sustain these structures.

Although our conceptions of ECB differ in definition, usage, and meaning from other authors, each ECB conception adds to new perceptions, illuminating aspects of ECB. There is value in this, but it is too early to know which conception will prove most useful, this being an empirical question (Compton & Baizerman, 2007). However, there is significant evidence that the ECB framework in the 2002 issue of *New Directions for Evaluation* has been applied in multiple domains and types of organizations in public health (Compton & Baizerman, 2009; Compton et al., 2002) and referenced in the literature in more than 20 published papers across health care (Gilliam et al., 2003; Naccarella et al., 2007), education (King, 2005), nonprofit agencies (Alaimo, 2008), and human services and cooperative extension (Taylor-Powell & Boyd, 2008).

METHODS AND RESULTS

Interpreting OSH Technical Assistance on Evaluation from an ECB Perspective

The Art, Craft, and Science of Evaluation Capacity Building (Compton et al., 2002) presents an ECB framework and methodology and gives a perspective and tools for interpreting OSH's work from an ECB point of view. We use this to examine OSH's ongoing technical assistance work to learn whether and how it could be more effective for states.

To understand what could be learned about OSH's technical assistance (i.e., direct technical assistance, support for state-based

tobacco-related surveillance, and data dissemination) with states when interpreted through an ECB frame, we used two approaches.

Approach One: Interviews

The purpose of the interviews for this preliminary study was three-fold: to learn if ECB was a viable interpretive frame of an existing program, one that would lead to suggested improvements in program structure and practice and in turn to program improvement; to make these suggestions for federal-level OSH technical assistance; and to use this interpretive frame to assess states' ECB structure and practice. We report on all of these.

A convenience sample of five states (Hawaii, New Jersey, New York, Oregon, and Washington) was selected because of their long-term involvement in NTCP, their reputations as leaders in surveillance and evaluation, and their willingness to participate in this voluntary exercise. The sample was not intended to be representative of tobacco control management nationwide. Thirty-minute telephone interviews were conducted with each state's tobacco use prevention and control manager to get at four elements in the ECB conceptual definition. The four questions were:

1. Is there intentional work to continuously create and sustain organizational processes that make routine quality evaluation and its uses?
2. Is there evidence of organizational infrastructure to sustain both long-term surveillance and program evaluation activities?
3. Is there evidence of ongoing processes to make quality program evaluation and its uses routine?
4. Is there evidence of the use of surveillance and evaluation data for program improvement and accountability?

Transcripts of the interviews were subject to a content analysis, and these data were used to assess states' ECB structure and process.

Approach Two: ECB Checklist

Second, we used the ECB checklist from Compton et al. (2002, p. 111) to examine OSH's technical assistance work, its overall ECB process, its ECB practices, the occupational orientation and practitioner

roles, and the culture and local practices within organizations and programs (see Appendix B).

Overall Interview Findings

The states' responses were unanimous and positive on the competence of the technical assistance offered by OSH. Analysis of the responses showed that OSH sensitized states participating in the NTCP to program evaluation as professional practice; informed the states about how evaluation could be initiated or strengthened; offered high-quality, appropriate training on evaluation and surveillance methods; provided ongoing, high-quality technical assistance on evaluation methods appropriate to the states' needs; and provided authentic, consistent, active, and meaningful support to these five state program managers to build or strengthen their surveillance and evaluation efforts.

All of these OSH contributions were necessary, if not always sufficient, for states to make evaluation a regular and routine part of their tobacco use prevention and control work, thereby improving programs. However, these data did not tell us about the states' evaluation capacity building. To learn this, the four questions were used to interpret how OSH supported the states' ECB work. Overall, it was found that OSH was effective in supporting ECB work in each state. This support is crucial because ECB provides the link between program evaluation and surveillance and program improvement.

The following section presents specific interview findings when the conceptual definition of ECB was operationalized and used to interpret OSH's technical assistance to NTCP states.

Specific Interview Findings

The Questions

Question 1: Is there intentional work to continuously create and sustain organizational processes that make routine quality evaluation and its uses?

An earlier section of this article describes OSH's technical assistance work with states. A good example of this work is found in its publications designed to help states create surveillance systems, better eval-

uate programs, and make necessary changes for improvement. Two publications show this. The first is *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* (MacDonald et al., 2001) and the second is *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs* (Starr et al., 2005). MacDonald et al. (2001) provide a framework for program evaluation planning that is consistent with both CDC's *Framework for Evaluation* (Milstein & Wetterhall, 1999) and the *Joint Standards for Evaluation* (Joint Committee on Standards for Educational Evaluation, 1994). The philosophical position that the primary purpose of program evaluation is its use for program improvement and accountability is central to MacDonald et al. (2001). MacDonald et al. (2001) guides OSH's evaluation work and is recommended as a foundation for states to evaluate their comprehensive tobacco use prevention and control programs. The book generated a common, nationwide, taken-for-granted philosophy, language, set of standards, and approach to program evaluation. In one interview, an evaluation consultant to a state health department described the use of this book by saying, "We relied on *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* for developing the evaluation workshops for communities and our evaluation tool kit. These were developed by us to support the conduct of local evaluations and build capacity to do that. We worked with our partners to teach them how to do logic models and relied on the book for that too. Also, our evaluation plan began with the CDC evaluation framework. It is a model that fits the public health situation very well" (personal communication, March 14, 2008).

Key Outcome Indicators for Comprehensive Tobacco Control Programs (Starr et al., 2005) identifies specific measurable outcomes for program evaluation from the evidence base for comprehensive tobacco use prevention and control interventions. It has logic models for three program goal areas and indicators for short-, intermediate-, and long-term outcomes relevant to each goal area. This document has been used by states to promote guidelines and ideas for creating states' indicators. One program manager noted that "we try to connect our state and local indicators to national key indicators. We view this as a critical document for our state that we will incorporate into our program over time. We are currently working with CDC to develop process indicators. These two documents will work hand-in-glove and will be most useful to states working in this area" (personal communication, March 18, 2008).

Another tool is OSH's management information system, the Chronicle (a password-protected, Web-based program monitoring tool).

States can enter their program data, allowing nationwide and state-specific assessments of progress toward intended program outcomes. In combination, these books and resources provide both state health departments and OSH with an overall evaluation approach and practices for the NTCP, and a specific evaluation model for practical, useful, and timely program evaluation.

Question 2: Is there evidence of organizational infrastructure to sustain both long-term surveillance and program evaluation activities?

OSH has an infrastructure, including dedicated human and fiscal resources, to support these ongoing processes and to ensure that evaluation is integrated into the ongoing activities at OSH and state health departments. In addition, OSH regularly and routinely co-creates with and disseminates to health departments and other stakeholders publications and other resources through its website. OSH supports state health departments and territories and consults with them on tobacco-related surveillance and program evaluation issues; financial resources are available to support program evaluation through cooperative agreements.

As noted by one state health department surveillance and evaluation staff person, "We have relied on CDC's knowledge, expertise, advice, support, guidance, and tools. There is an accumulated wisdom at the Office on Smoking and Health that has been very important for us" (personal communication, March 27, 2008).

Question 3: Is there evidence of ongoing processes to make quality program evaluation and its uses routine?

OSH's annual surveillance and evaluation workshop and net conference series are examples of ongoing processes that support state health departments' efforts to make high-quality program evaluation and its uses routine. The workshop is an annual meeting at which CDC personnel, state health department staff, and others have an opportunity to exchange knowledge on relevant surveillance and evaluation topics. One state health department surveillance and evaluation staff person commented, "The most recent evaluation workshop was very interesting because it made me think of how it would help us with our training. Clearly, it did help us to clarify our philosophy for doing evaluation and programs. It was also helpful to share our information with other states and learn their information as well" (personal communication, March 28, 2008). The quarterly surveillance and evaluation net conference series covers a range of

topics to enhance the likelihood that states will conceptualize and carry out program evaluation as ongoing and routine elements of their comprehensive tobacco use prevention and control efforts.

Question 4: Is there evidence of the use of surveillance and evaluation data for program improvement and accountability?

Both within OSH and in the states and territories, the use of surveillance and evaluation data is central to evidence-based program planning and evaluation. Within OSH, surveillance and evaluation data regularly inform decisions and show accountability to diverse stakeholders and funders. Through technical assistance and consultation with states, OSH supports the implementation and use of states' YTSs and ATSs and provides state-level data through the STATE system and Chronicle to inform program improvement and accountability.

One state surveillance and evaluation staff member found the OSH online database of ATS questions very useful: "The online database of survey questions is super helpful. Every year I decide what questions we want to have on our survey. Which ones worked, and which didn't work. To be able to access that online is pretty handy" (personal communication, April 2, 2008).

These four questions use the operational definition of ECB (Compton et al., 2002) to explore OSH's technical assistance. Next we use the ECB checklist in that same volume to again explore OSH's technical assistance with states.

ECB Checklist

A second interpretation of OSH's technical assistance work used the practical checklist for ECB site assessment in Compton et al. (2002). Because there was little consensus in the 1990s on how to design and implement ECB, a checklist was developed as a tool for assessing ECB in an organization or program. The tool is a matrix of the three structural categories of the ECB process: overall process, actual practices, and occupational orientation and practitioner role. Site structures, site cultures, and site practices are also included in the matrix because all are essential to ECB work. Basic to these indicators is the idea that ECB can be "how things are done around here" without its being called ECB and assessed as such (Compton et al., 2002, pp. 110–111; see Appendix B).

It is clear that OSH has ECB structures, but they are not named as such. Hence, OSH does not think in explicit ECB terms about its technical assistance structure. Interpreting the five items in the category of site structures suggests that OSH is effectively, though not in name, an ECB structure. Were it explicitly and fully ECB, NTCP grantees could consider implementing ECB strategies for enhancing the use of evaluation findings for program improvement and organizational change. For example, an ECB practitioner could be identified in a state to work intentionally to make program evaluation a regular and ongoing part of the organization's work. This end could be accomplished by training staff in ECB and by working with a process orientation to sustain the evaluation function over both the short- and the long-term by co-creating and co-sustaining the evaluation function with its multiple stakeholders.

The second category in which we assessed technical assistance was "actual practices." We found ECB work being done while being named in OSH's own organizational terms. This was true also of its collaboration with NTCP participants. ECB differs from OSH's approach to partnering in that it strongly emphasizes comprehensive, explicit, and transparent co-creating and co-developing with partners and other stakeholders. OSH has done this to some extent, for example, in development of YTSs. OSH should consider shifting from partnering with NTCP participants to a more explicit and transparent effort to co-create and co-develop evaluation with partners and other stakeholders. In practice, such efforts would result in greater day-to-day participation and decision-making in workgroups and other work structures, thus garnering greater legitimacy for studies and increasing the likelihood that findings will be used for program improvement. For example, this shift could occur through the creation of an evaluation consultation group made up of NTCP grantees that would participate as an equal partner with OSH to make decisions about how grantees plan, implement, and use their evaluations.

In the third category, "occupational orientation and practitioner role," most of OSH's surveillance and evaluation work is ECB in effect but not in name. Because of the persistent absence of available data on some specific populations with tobacco-related disparities, OSH is especially attentive to helping grantees identify populations disproportionately affected by tobacco. This help extends to understanding the wide range of stakeholders required for responsive, culturally appropriate practice.

Overall, OSH's evaluation and surveillance work meets almost every test of ECB along the dimension of "site structures," "site cultures," and "site practices," with the same exceptions noted earlier. In summary, this interpretation of OSH's technical assistance component shows it to be essentially, but not in language nor self-reflectively, an ECB-driven program—in philosophy, conceptualization, and practice, with a few exceptions. It is to these exceptions and our suggestions that we turn next.

What Was Learned?

An ECB interpretation of OSH's evaluation and surveillance work illuminates elements that could be enhanced to make these services stronger and more effective. What do these interpretations teach about OSH and, in turn, ECB? This interpretation was intended to be bi-focal, that is, to show OSH and its work from an ECB perspective and, reciprocally, to make ECB clear as a philosophy and a set of related practices for the purposes of enhanced organizational and program effectiveness. First, we examine OSH.

About OSH

It is clear that OSH's surveillance and evaluation work is, in effect if not in name, an ECB philosophy and practices. Indeed, OSH's current philosophy of work and actual practices obviously overlap those proposed by Compton et al. (2002). Where there are differences, ECB suggests alternate practices for OSH, as described below.

About ECB

This exercise shows that ECB is a viable interpretive frame and derivative set of questions that can suggest directions for improvement within a variety of public health organizations and programs, including those in non-tobacco-related chronic diseases.

It also implies that the essence of ECB is changing the structure, practice, and process within and between organizations. This is an immensely complex process but possible in the short term. Whether it is sustainable in the longer term is not clear because of the nature of ongoing inter-organizational relationships, staff turnover at the federal and state levels, varying levels of staff evaluation expertise, staff's multiple responsibilities, and fluctuations in dedicated state funds for state and local health departments. That is the nature (and frustration) of ECB work.

While the goal of ECB and the focus of this article is on institutionalizing ECB as a new form of practice, our findings about state health departments reveal more about their facility with data than their use of evaluation processes and findings. However, a follow-up study of nine state health departments conducted by a university for OSH examined awareness and use of OSH surveillance and evaluation technical assistance (i.e., OSH products, services, and training). These were reported to be useful to inform decisions, to shape activities, and to justify decisions and results (Linnan & Richardson, 2008).

Suggestions for Improvement in OSH's Work with NTCP Participants

Would OSH benefit from taking on an explicit ECB philosophy and related practices? The naming as such would make a difference by facilitating OSH's comparing its ECB work to the ECB work of others and to the growing ECB literature. ECB emphasizes increased participation by partners such as states, which could open the way for new perceptions, practices, and options for surveillance and evaluation strategies in its technical assistance efforts. More specifically, ECB emphasizes increased participation by partners in (a) the conceptualization and practice of technical assistance, (b) effective modes of delivery, and (c) the increased use of technical assistance. ECB also focuses on better training of staff in the skills and practice of participation and in the systematic monitoring and evaluation of product validity, utility, and actual use. It is explicitly oriented toward co-creative and co-development strategies with its partners. The likely result would be more valid and more user-friendly approaches, products, and services.

Such a change in OSH could be accomplished by explicitly orienting staff to the ECB framework and process and to the growing ECB literature. Current technical assistance and training could incorporate ECB topics. These actions could serve to institutionalize ECB at the national level and then also across states and territories, thus helping to ensure long-term capacity and utilization of tobacco-related surveillance and program evaluations for program improvement.

Suggestions for Application to Other Programs

On the basis of this exercise examining OSH's experience through an ECB lens, program evaluators and program managers might consider the following: (a) involving stakeholders in all aspects of the

ECB work; (b) using the ECB framework in Compton et al. (2002) to develop an ECB plan for your organization or program (see Appendix A), including ECB concepts and language, and, in addition, explicitly framing evaluation goals and objectives, and then linking these to an ECB framework; (c) conducting ECB site assessments using the instrument in Appendix B; and (d) continuing to interpret the outcomes of surveillance and evaluation work from the perspective of increasing capacity for evaluation and enhancing the sustainability of this work.

The Reciprocal: Interpreting ECB Through NTCP

This article applies the ECB framework to NTCP surveillance and evaluation. A reciprocal interpretation would use NTCP to understand ECB. This exploration could be both theoretical and practical and result in an enriched conception of ECB. The conceptual ECB definition cited earlier in this article has 11 elements. Three of these are examined to illustrate this approach: intentional action system, "bringing about" and sustaining, and "within and between organizations/program/sites."

ECB Is an "Intentional Action System"

ECB workers try to create and sustain over a long term an organizational structure, culture, and everyday practices that make at home professional program evaluation and its uses. This means that professional practitioners (not necessarily evaluators) act with purpose and goal to make ECB and evaluation routine work, not a series of one-time studies. This is done in surveillance and evaluation within NTCP, itself an action-system of goals, structures, and activities. Several OSH publications noted earlier in this article—on program outcomes (Starr et al., 2005) and program evaluation (MacDonald et al., 2001)—give a common frame within which the intentional action system is sustained.

ECB Is "Bringing About" and "Sustaining"

ECB is about the intentional "bringing about" and "sustaining" of the philosophy-in-action, that is, the organizational infrastructure and practices of ongoing program evaluation and its uses for program improvement, accountability, and the like. All of NTCP's surveillance and program evaluation activities are made possible by the ECB work that goes on, typically invisibly to the evaluators, epidemiolo-

gists, and others who are doing these. It is, typically and at OSH, the work of managers and work groups, for example, state surveillance and evaluation teams.

ECB Occurs "Within and Between Organizations/Program/Sites"

The sociopolitical and programmatic ecologies of tobacco-use prevention and control are a complex mix of stakeholder organizations, groups, and individuals on the national, state, and community levels, and this mix varies by locale, level, and issue. It is a field of more or less constantly shifting action-systems. This requires ECB practitioners to frequently implement ECB as inter-organizational, between and among their organization and other programs and groups. ECB cannot be done alone in OSH's external environment. For example, just as ECB requires alliances, cooperative arrangements, compacts, and other tools between and among OSH and stakeholders in its external environment, OSH has an internal environment with multiple players. Here too ECB work is "between and among" these. For example, some control is brought to OSH's ECB work in program evaluation by a common language, models of work, and tools found in its exemplary *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* (MacDonald et al., 2001). The ECB task is making this real in everyday work in the short to longer term, and doing so by developing and sustaining a viable organizational infrastructure and management practices.

CONCLUSIONS

The results of this examination of OSH's technical assistance efforts for NTCP grantees support the notion that the adoption of explicit ECB-based practices could contribute to ongoing organizational development and enhanced program effectiveness. In turn, such advances would lead to improvements in comprehensive tobacco-use prevention and control programs designed to lower tobacco-related morbidity and mortality. Suggestions about ECB made to OSH could be adapted to other programs to improve long-term program effectiveness, sustainability, and accountability. Because ECB is a new construct that includes elements of older practice models, some of these ECB elements can already be found in other programs. Hence, it is reasonable to believe that an interpretive ECB reading of other programs would illuminate their strengths and effectiveness, while also locating organizational structures, cultures, and processes that could be made more effective. In these ways, ECB as a philosophy

and a set of related practices could contribute to improvements in organizational structures and practices.

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Appendix A
Toward a Framework of ECB

ECB structural elements	Core ECB themes	Basic ECB concepts	Relevant ECB knowledge	Basic ECB skill competencies
Overall process	• ECB is the intentional work to constantly co-create and co-sustain an overall process making quality evaluation and its uses routine in organizations and other systems. • ECB is different from evaluation practice. • ECB is a context-dependent practice. • ECB is a guided and on-going process. • ECB is done collaboratively. • ECB is political. • ECB is consistent with the call to make evaluation useful, feasible, conducted in an ethically responsible way, and accurate (Joint Committee standards).	• Emergence • Developmental • Site learning • Intentional • Guided • Co-creating • Co-sustaining • Intra- and inter-organization or program	• How to guide complex, changing, ECB process over the longer term • Quality program evaluation and its uses • How to work collaboratively	• Work with "bifocals, double vision," and on both the forest and in trees • Implement ECB ethos and philosophy • Teach evaluation process and uses • Transform site structures and cultures • Sustain a longer-term effort

Actual practices	• Actual work is on both the forest and the trees, now and in the future, here and there (that is, on multiple horizons simultaneously). • ECB work is never completed. • ECB is a group work practice with teams, coalitions, and other forms of partnership.	• Intentionality • "Practice wisdom" • "Rules of thumb" • "Way things are done" • Political • Guiding • Collaborative • Quality work	• How to operationalize ECB philosophy • How to work with and transform site practices and cultures • How to work in highly complex organizations • How to implement ECB processes in constantly changing site environments	• Work in groups • Work collaboratively • Work "politically" • Work with a process orientation • Ensure the conduct of quality evaluation • Work within and across organizational structures and cultures
Occupational orientation and practitioner role	• Occupational orientation to ECB literacy, that is, know where at the site ECB work can be successful now and in the future. • Every opportunity now must be understood in relation to larger ECB processes and to envisioning how they influence the longer-term opportunities. • The ECB practitioner's orientation is to a longer-term, on-going process of co-creation and co-sustentation rather than to completing discrete, isolated evaluation studies.	• "Gaze" • Now-later horizons • Here-there horizons • Specific-big picture • Ongoing and sustaining • Espoused theories, theories in use, and reflected theories • Expertise • Site politics • Working together	• Reflective practice, such as "reading the site" • Quality evaluation, as specified by the Joint Standards • Acceptable evaluation approaches and methods • Which disciplinary models have utility for ECB work at this site; how ECB work can be assessed • Why knowledge about formal organizations, systems, politics, group work is basic	• Read the organization and intra-and inter-organizational texts using various frames (site literacy). • Read groups and organizational units as cultural, social, and political forms. • Work reflectively and politically. • Know how to illuminate the possibilities and promise of quality evaluation. • Know how to discern what is important to work on now. • Know how to work piece by piece, keeping the big picture in mind, day after day (that is, persistence, endurance, and sense of humor). • Know how to prevent "existential burnout" (the loss of meaning about the purpose of ECB work).

Source: Compton et al. 2002, pp. 102–103.

Appendix B
ECB Indicators: A Practical Checklist for Site Assessment

	Site structures (organization, program, community, nation)	Site cultures	Site practices
Overall process	□ Identifiable ECB process is in place. □ Identifiable ECB position, role, and occupational orientation are in place. □ Identifiable structures are in place for quality evaluation and its uses. □ Identifiable and appropriate resources are at levels necessary and sufficient. □ Identifiable ECB unit is appropriately located in organizational structure.	□ ECB as a legitimate and useful organizational process □ Explicit ECB ethos, language, and discourses □ A common, positive understanding of ECB work as "how things should be done around here" □ A cultural value of inclusiveness regarding a variety of disciplines and their conceptual frames □ A cultural value of inclusiveness regarding involvement of all stakeholders	□ ECB is made explicit; it is explained and promoted actively and appropriately throughout the site.
Actual practices	□ ECB practitioner is in place. □ ECB practitioner is lead worker for ECB practices. □ Appropriate ECB resources are allocated. □ ECB process has explicit, public, executive support. □ ECB strategy is identifiable. □ Identifiable unit is responsible for creating, managing, and sustaining ECB. □ ECB practitioner is "at the table" when decisions are made. □ ECB practitioner facilitates necessary intra- and interorganizational practices. □ ECB must be demand-responsive.	□ Use of multidisciplinary practice □ Implementation of transparent and participatory practice □ Intentional effort to be inclusive of all relevant stakeholder voices □ Working to create ongoing use of common ECB language and discourse for common understanding of the ECB process and how it works	□ ECB work fits site realities—structure, culture, resources, politics, ideologies, and practices such as the ways work is done □ Within the ECB process, evaluation studies are conducted in accordance with utility, feasibility, propriety, and accuracy standards (Joint Committee standards).
Occupational orientation and practitioner role	□ Orientation to ECB theory, process, and practices □ Outward orientation toward potential collaborators □ Orientation to intentional, responsive, reflective practice □ Orientation to appropriately inclusive practice (age, sex, race, ethnicity) □ Commitment in all work to the standards of utility, feasibility, propriety, and accuracy (Joint Committee standards) □ Orientation to ECB work as ongoing learning and teaching about quality evaluation and its uses.	□ ECB practitioner works to transform the site culture composed of language, meanings, values, and discourses so it is supportive of the ECB process, including quality evaluation and its uses.	□ ECB practitioner guides ECB work to fit site structure, culture, resources, politics, ideologies, and practices.

Source: Compton et al. 2002, p. 111.