

RFP 25-80349
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.

1. Information About the Respondent’s Organization and Capacity to Serve as the Indiana Department of Health, Tobacco Prevention and Cessation (TPC) External Evaluator

Please provide the following:

- a. Prior experience of the organization with program evaluation and commercial tobacco control
 - i. Demonstrate the ability to coordinate the evaluation process with TPC staff and multiple contractors.

PDA’s senior evaluators are highly experienced in managing large statewide, multi-year, multi-component evaluations that require coordination with client teams, partners, and contractors. Each senior evaluator on this proposed project has successfully managed evaluation contracts of similar size, scope, budget, and complexity as the Indiana TPC evaluation, demonstrating their ability to deliver high-quality results while ensuring seamless collaboration.

Amy Kerr, PhD, the proposed Principal Investigator for this project, has served in this role for the Indiana TPC evaluation since 2021. Over the past three years, Amy has overseen key components of the evaluation, including the 2021-2022 and 2023-2024 Indiana ATS, strategic evaluation plan development, evaluation of the Indiana Tobacco Quitline, six ad hoc studies, two youth and young adult surveys, IYTS support and analysis, the Evaluation Advisory Group, and evaluation training and technical assistance. Amy also managed nine subcontractors across multiple projects, ensuring that all deliverables met TPC’s high standards.

Beyond Indiana, Amy has led the evaluation of the Bureau of Tobacco Free Florida (BTFF) statewide group cessation program since 2014. The program funds 15 cessation centers to provide group cessation classes and build partnerships with local healthcare practices to implement tobacco systems change. As the primary client contact, Amy coordinates evaluation activities with multiple contractors including two media vendors and another evaluation firm, while working closely with the cessation centers. Her responsibilities include developing annual evaluation plans, designing data collection systems, managing surveys, producing reports, and disseminating findings, including annual

presentations to Florida's Tobacco Education and Use Prevention Advisory Council. Under her leadership, PDA's contract with BTFF has been renewed twice. Amy's prior role as project manager for the multi-component ClearWay Minnesota tobacco control program further demonstrates her expertise in leading complex evaluations and coordinating with multiple stakeholders.

Other team members bring significant experience coordinating Indiana TPC projects and other statewide tobacco control evaluations.

Belle Federman, ScD has led the Quitline evaluation and ad hoc studies, including a deep dive into Indiana Quitline enrollment and utilization under Apollo, monitoring Indiana Quitline data following the Rally transition, and creating a "Quitting Tobacco" fact sheet using Indiana ATS data. She also led the development of the 2021–2022 ATS highlights report and performed detailed analysis of ATS data for multiple cycles. Belle also leads the evaluation of the Bureau of Tobacco Free Florida's Quitline.

Abby Laib, MS has overseen the Quitline evaluation, planned and facilitated meetings for the Evaluation Advisory Group, and led a Youth and Young Adult Tobacco Use Behaviors Survey. She has also provided support on the Hawai'i Quitline evaluation.

Heather Zook, MA has managed various ad hoc studies, including focus groups with TPC community partners, interviews for the strategic evaluation plan, and the development of the Vape Free Indiana dashboard. She also led the Hancock County smoke-free air evaluation and coordinated with subcontractors such as Bingle Research Group and Transform Consulting Group. Heather is the project manager for the Hawai'i Quitline evaluation and has led various evaluation studies of the Hawai'i Quitline promotional media and the Oklahoma Helpline.

Cat Jones, MPH has supported multiple projects, including the Quitline, the ATS, and various ad hoc studies. She led the 2023-2024 ATS technical report and the 2023-2024 ATS highlights report and presentation. Cat also supports the Bureau of Tobacco Free Florida's AHEC group cessation evaluation.

Walker Pedersen, PhD has served as the lead analyst and sampling and weighting expert for numerous TPC projects, including the IYTS and the Quitline. He also provided consultation on sampling, weighting, and analysis for the ATS and the Youth and Young Adult Tobacco Use Behaviors Survey. Walker also serves as the analyst for the Bureau of Tobacco Free Florida's AHEC group cessation evaluation.

Ronan Murray, BA has provided support on many projects, including the Youth and Young Adult Tobacco Use Behaviors Survey, the ATS, the IYTS, various ad hoc studies, and provided detailed meeting notes throughout the TPC evaluation. They also support data collection and numerous studies for the Bureau of Tobacco Free Florida's Quitline evaluation and the Hawai'i Cessation Grants evaluation.

This collective expertise highlights PDA's ability to coordinate complex evaluation processes involving TPC staff, stakeholders, and multiple contractors. Our team's demonstrated success with TPC and other state tobacco control programs positions us to continue delivering high-quality

evaluations that meet TPC's strategic goals. In addition to our team, we have selected five subcontractors with specific expertise to enhance the comprehensive TPC evaluation. These include:

Chamberlin/Dunn, an Indiana based evaluation services company, have experience with evaluation from initial conception to dissemination, including expertise in youth evaluation and recruitment in Indiana. Their partners have included non-profits, educational institutes, and state government agencies, including the Indiana Department of Health and Division of Mental Health and Addiction, among others.

Bingle Research Group, an Indiana based research company with over 30 years of quantitative and qualitative research experience. They have worked with a number of State of Indiana partners, including the Department of Health's Tobacco Prevention and Cessation programs. Bingle Research Group has led numerous studies of the Indiana Tobacco Quitline and partners with PDA for the current TPC evaluation contract.

Fineline Printing Group, a full-service printing company based in Indiana, has decades of experience and prioritizes quality printing and security. The company has HIPAA certification as well.

Burton Levine of **RTI** is considered an expert in the sampling field and has extensive experience sampling for the Youth Tobacco Survey (YTS), including selecting the sample for the Indiana YTS (IYTS) in previous years.

Marketing Systems Group (MSG) is a leader in the field for survey sample design and procurement and complex weighting. MSG has experience sampling and weighting tobacco related surveys, including projects done in partnership with PDA.

- ii. Describe the organizational capacity for managing and completing required tasks for multiple projects with overlapping timelines.

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. This evaluation will benefit from PDA's level of expertise in successfully conducting complex, statewide evaluations, both with TPC and with other state clients.

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 attachment 1.a.ii PDA Tobacco Control Evaluation Experience for an overview of our statewide tobacco experience.

- iii. Highlight any experience in managing or coordinating a team of specialized subcontractors or consultants.

PDA's unique composition—including experts in evaluation, statistics, software development, data management, and our in-house survey team—allows us to meet the majority of our clients' needs internally. However, when a project requires local expertise or specialized content knowledge or services, PDA has a long history of effectively supporting our team with strategic use of subcontractors and consultants. This ensures that every project receives the highest level of expertise to meet its unique needs.

For example, during the previous TPC evaluation, PDA successfully managed nine subcontractors, including Women Business Enterprises and a Veteran Owned Small Business, across multiple projects. These subcontractors fulfilled diverse roles, including administering phone surveys for the Indiana ATS, consulting on survey weighting, supporting qualitative data collection, assisting with youth survey implementation, conducting in-person training and technical assistance, and supporting sampling for the IYTS. This experience demonstrates our ability to manage complex, multi-faceted evaluations involving numerous specialized contributors.

We have extensive experience managing subcontractors on other projects as well. For example, we have contracted with a Hawai'i-based survey vendor for many years to collect Quitline participant follow-up surveys. Using a local vendor ensures culturally responsive data collection and eliminates logistical challenges posed by time zone differences. Similarly, we have engaged a Hawai'i-based technical assistance contractor to support grantees in data collection and reporting. Recently, we contracted with a research firm to administer address-based sampling for a youth vaping and media survey in Hawai'i. A similar partnership in Minnesota involved a research firm providing address-based sampling and mailing letters for a survey on secondhand smoke in multi-unit housing.

We have also engaged subcontractors for specialized content expertise and data collection. In Hawai'i, we collaborated with media evaluation experts to refine our survey recruitment practices and review key media deliverables as part of our formative evaluation. In Florida, we subcontracted with two health economists to design and review an in-depth cost analysis. For ClearWay Minnesota, we subcontracted with a local evaluator for an intensive interview study. Other partnerships in Florida included local market research and survey firms for recruiting and conducting phone surveys, focus groups, and an RDD landline/cell sample survey.

- iv. Describe expertise in the following areas: evaluation methodology, research methodology; quantitative analysis; qualitative analysis; evaluation of public health programs and any related commercial tobacco control expertise; evaluation of media, marketing or communications programs; working with local community programs; writing technical reports; writing economic impact studies.

Areas of Expertise

PDA has extensive expertise in evaluation and research methodology, quantitative and qualitative analysis, public health program evaluation, including tobacco control, media and communications program evaluation, collaboration with local community programs, and producing technical reports and economic impact studies. We frequently present at conferences and have published over 40 articles in peer-reviewed journals in the fields of evaluation methodology, survey methodology, and tobacco control. See attachment 1.a.iv. PDA Publications for a list of our tobacco publications. A sample of PDA's work is summarized below.

Evaluation and Research Methodology

PDA has evaluated tobacco control programs in ten states, including cessation, policy, media, prevention, and systems change initiatives. We have evaluated in-person 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 principles-focused evaluation and select the appropriate framework based on the needs of the client and project. Here we provide three examples of methodological expertise.

Quantitative Analysis: Throughout the evaluation process, PDA's 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, R, Power BI, and SSRS 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.

For TPC, we have conducted two iterations of the Indiana Adult Tobacco Survey (ATS). One of TPC's priorities is to identify populations disproportionately impacted by tobacco. To meet this need, PDA has carried out various analyses on ATS data to examine tobacco-related disparities. Examples include identifying populations that use tobacco products at a higher rate than their peers and calculating tobacco use prevalence based on the number of priority populations an individual identifies with. We are currently expanding these analyses to use latent class analysis to examine tobacco use patterns of subgroups with shared disparity-related characteristics.

In Florida, we recently used a quasi-experimental design to evaluate the impact of financial incentives on attendance and retention in group cessation courses. Fourteen centers that provide cessation courses across the state were assigned to even, non-equivalent treatment and control groups. PDA used general linear modelling and control charts to examine the impact of incentives on course attendance and retention, while controlling for relevant covariates. This study provided some

evidence of a positive effect of the incentives on course attendance and was used by leadership to assess program effectiveness and make decisions about future funding strategies.

Qualitative Analysis: PDA has extensive experience planning and implementing qualitative studies. Our evaluation team collects qualitative data through interviews and focus groups, in person, virtually, and by telephone, 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 use NVivo software to code the data, identify themes, and conduct qualitative analysis. We often employ respondent validation to further challenge our own assumptions, by sharing an interview summary or emerging themes with the respondents to gather their feedback. We also have experience with other qualitative methods, such as document review and observation.

In the current TPC evaluation, we conducted several qualitative studies. These included virtual focus groups with local community partners, interviews with state and local partners about the strategic evaluation plan, interviews with experts about evaluation advisory groups, and a virtual feedback session with teens to inform IYTS planning. Other PDA examples of qualitative studies in tobacco control include interviews with program staff, leadership, and partners about implementing a new behavioral health cessation program in Florida, interviews with grantees in Hawai'i to identify successes, challenges, and lessons learned in using innovative strategies to reach populations that face additional barriers to cessation, and interviews with Quitline participants in Oklahoma who don't have health insurance to better understand their cessation experiences and needs. For each of these projects, we recorded, transcribed, and coded the interviews for analysis. Then, we conducted thematic analysis and wrote reports summarizing the findings and providing recommendations to the client.

Facilitation: PDA is adept at planning and facilitating both in-person and virtual meetings with program leaders, staff, partners, grantees, and community members. Staff participate in ongoing professional development through webinars and trainings and reference new and established publications, like Michael Quinn Patton's *Facilitating Evaluation*. We use a variety of virtual tools to facilitate collaboration both within and outside of meetings, including Zoom whiteboards, Microsoft OneDrive, Mentimeter, Miro, and Padlet. We also use facilitation strategies from resources such as Liberating Structures and the templates available in Miro to help fit our approach to the meeting purpose and ensure robust discussions.

For example, we recently created a Community Advisory Group for the Minnesota Department of Health (MDH) to support a statewide survey about secondhand smoke in multi-unit housing. We worked with MDH and their local partner organizations to recruit community members with lived experience in multi-unit housing for the advisory group. For the meetings, we developed a facilitation guide, assigned roles (facilitator, notetaker, technical support), and ensured the meeting was accessible across multiple modes. We used a combination of large and small group formats to facilitate discussion and provide opportunities for all participants to share their ideas. Findings from these meetings helped inform survey development and recruitment strategies.

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 surveillance surveys, statewide Quitlines and cessation programs, local grantee initiatives, youth prevention programs, tobacco-free policy efforts, prevention and cessation media campaigns, and health systems change initiatives, among others. Please see attachment 1.a.ii PDA Tobacco Control Evaluation Experience for an overview of our tobacco control clients. Below we highlight an example from the previous TPC evaluation.

In 2022, we worked with TPC to develop an evaluation plan to align with their 2025 Strategic Plan. We assessed TPC's existing evaluation strategy to identify strengths of their approach and opportunities for growth, and from this review, developed recommendations for future evaluation activities. We created the plan through facilitated conversations with TPC staff, document review, and detailed program mapping. To develop the program map, we reviewed existing data and engaged staff in conversations around their current evaluation design, data sources, measures, dissemination, and use of findings. After writing the recommendations, we developed a survey for staff and leadership to rate the importance and feasibility of each evaluation recommendation. We used the survey results to facilitate discussions, identify program priorities, and plan evaluations for the upcoming year, including the addition of an evaluation advisory group. Next, we conducted interviews with state and local partners to gather feedback about their data and evaluation needs, uses, and ideas to increase community engagement with TPC evaluation efforts. TPC used this information to enhance data collection and dissemination strategies for the partners.

Media, Marketing, or Communication Evaluation

PDA evaluates media campaigns for effectiveness in reaching target populations and driving desired outcomes and has evaluated tobacco prevention and cessation media campaigns for nine state clients. Three examples are shown below.

Indiana Department of Health: In 2023, PDA implemented an online survey of teens and young adults for TPC on attitudes and behaviors related to vaping. This survey included questions on awareness and perceptions of recent vaping prevention media and Vape Free Indiana efforts. PDA collaborated with TPC to design then program the survey into LimeSurvey. We recruited participants on popular social media platforms like Meta (Facebook and Instagram), TikTok, and Snapchat through targeted ads that PDA developed. Throughout the fielding we continuously adapted to changing social media landscapes to allocate ad spend to sites with higher advertisement interactions. For the 2025 iteration of this survey, we will be recruiting via address based sampling (ABS) in response to increasing barriers to social media recruitment.

Hawai'i State Department of Health: PDA has experience implementing online surveys of teens, including statewide evaluations of Hawai'i's youth vaping prevention media. Annual surveys assess youth recall of campaign messages, attitudes about vaping, and use of tobacco and vaping products. Working collaboratively with the client and their media contractor, we designed and programmed surveys that successfully engaged over 200 youth participants per year. Recruitment included targeted social media outreach on TikTok, Instagram, and Snapchat with ongoing monitoring of ad performance metrics such as reach, link clicks, and survey completions. When response rates fell below targets for key demographic groups, we refined our strategy by promoting effective ads,

targeting specific groups through Ad Manager, and adjusting keywords to better target the underrepresented groups.

For our most recent iteration of this survey, we utilized an address-based sample of households throughout the state, resulting in over 300 youth respondents. PDA monitored recruitment materials and sent tailored follow up mailings to increase representation of the sample across islands. We then analyzed the data using statistical approaches including descriptive statistics, tests of differences, multivariable regression modeling, and latent class analysis to assess population-level reach, audience characteristics, and teen attitudes, perceptions, and behaviors related to tobacco use. We compared findings to state and national surveillance data from sources including BRFSS, NYTS, and YRBS to provide additional context and insights.

Oregon Health Authority: In 2024 PDA led the outcome evaluation for the Oregon Health Authority's Smokefree Oregon media campaign created in partnership with the Addressing Commercial Tobacco Advisory Group. We analyzed quantitative pre-and post-campaign survey data to measure short- and intermediate-term outcomes achieved by the media campaign. As part of the quantitative analysis, we used descriptive statistics and tests of comparison such as t-tests and Chi-Square / Mann-Whitney tests to assess recall and changes in outcomes pre- and post-campaign. PDA collaborated with Dr. Antonia Alvarez to summarize findings from Ripple Effects Mapping of the ACT advisory group and incorporate them in with the quantitative findings.

Working with Local Community Programs

PDA values the expertise that local community tobacco programs bring to the evaluation partnership and has engaged with community tobacco control programs across six states. PDA has gained experience working with local community tobacco control programs in Indiana over the last three years. In 2022, we recruited local TPC grant coordinators to participate in virtual focus groups about grant work plan requirements, deliverables, training, and future opportunities. We interviewed several local TPC partners about the strategic evaluation plan, and we collaborated with the Hancock County grant coordinator to develop a video and infographic celebrating successes around smoke-free air policy. PDA worked with local VOICE Ambassadors and staff across Indiana to recruit teens and conduct a virtual feedback session about the IYTS. We have also had the opportunity to meet numerous TPC partners at the Indiana Commercial Tobacco Control Partner X-Change Conferences and learn about their priorities and experiences. In addition, PDA staff served as a grant reviewer for the 2023-2025 TPC grant cycle.

In Florida, PDA has evaluated the Area Health Education Center (AHEC) group tobacco cessation program since 2009. We work with fifteen local AHECs across the state to conduct annual outcome and process evaluations and ad hoc studies, produce quarterly reports, support local data collection and reporting, provide technical assistance, and offer other evaluation support as needed.

For the proposed evaluation, we are planning to subcontract with an Indiana-based organization, Chamberlin/Dunn, who also has experience working with local community programs. Since 2019, Chamberlin/Dunn has served as an external evaluator of several multi-state and multi-level initiatives for the Appalachian Regional Commission. In this role, they work with local grantees across multiple states to collect and analyze data through surveys, interviews, document review, and data extraction

and review. They also partner with grantees to conduct participatory evaluations, build capacity, gather feedback, and provide technical assistance.

Technical Reports

PDA has produced detailed reports that focus on distinct project subcomponents as well as more comprehensive reports that describe broader agency efforts. We are well-versed in a wide variety of reporting mediums 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, such as clients, grantees, legislators, and 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. 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.

In the current TPC evaluation, PDA provided guidance and oversaw the creation of the 2021 Adult Tobacco Survey (ATS) technical report by one of our subcontractors and produced numerous supplemental materials detailing key metrics for the TPC programs. To better meet the needs of TPC, PDA produced the 2023 ATS technical report internally. These technical reports provided detailed descriptions of the sampling, surveying, and data weighting methodologies. Responses to each question were provided in tabular format overall and by key demographic subgroups (age, race, education level, tobacco use status, etc.) determined in collaboration with TPC. Accompanying each report, PDA provided three documents intended to summarize and improve the usability of ATS data: a highlights summary with key findings presented using best practices in data visualization, a table of current tobacco product prevalence estimates with 95% confidence intervals provided overall and by priority subgroups, and a table demonstrating progress towards TPC's strategic plan indicators collected via the ATS.

In addition, 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.

Economic Impact Studies

In North Dakota, PDA has conducted multiple cost-related analysis for various components of the tobacco program, including the Quitline, Medicaid coverage of cessation medications, and length of hospitalization for COVID-19 patients who used tobacco. First, PDA conducted 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 the Bureau of 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.

- 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 commercial tobacco control-specific is desired.

We have selected four examples of statewide tobacco control program evaluations that demonstrate PDA’s expertise in delivering services similar to those requested in this RFP. These examples highlight our evaluation processes, analysis methodologies, and measurable documented results.

1) Indiana Tobacco Prevention and Cessation Program Evaluation

Since 2021, PDA has evaluated the Indiana Department of Health Tobacco Prevention and Cessation (TPC) program. We have developed and updated evaluation plans and strategic recommendations for TPC and provided user-friendly reports and presentations. Our work includes leading and supporting statewide surveys, such as the Adult Tobacco Survey (ATS), a biennial phone survey on attitudes and the use of tobacco, e-cigarette, and cannabis products. PDA also supports the biennial Indiana Youth Tobacco Survey (IYTS), through subcontractor coordination for weighting and stipend fulfillment for participating schools. In addition, PDA has planned and implemented the 2023 statewide Youth and Young Adult Tobacco Use Behaviors Survey using social media recruitment and is currently planning the 2025 survey using address-based sampling.

For the Indiana Quitline, which provides free counseling and cessation services to people in Indiana who use tobacco products, PDA administers the seven-month follow-up survey and reports on outcome measures and has completed more in-depth monitoring and reporting at key time points. We have collaborated with state and local partners to conduct ad hoc studies, such interviews with stakeholders about community engagement, the creation of an Evaluation Advisory Group, and focus groups with local TPC grant coordinators to inform grant activities. Our deliverables include both internal and external-facing reports tailored to the needs of TPC and its intended audiences.

2) Tobacco Free Florida: Quitline and AHEC Cessation Program Evaluation

Since 2008, PDA has evaluated the cessation programs for the Bureau of Tobacco Free Florida (BTFF). This includes separate but coordinated evaluations of the Florida Quitline and the Area Health Education Center (AHEC) group cessation program, each with an annual budget of \$500,000.

The Florida Quitline serves over 60,000 people who use tobacco annually and offers a range of services, including phone, web, texting, email, and NRT starter kits. The AHEC cessation program,

serves over 20,000 individuals who use tobacco annually and offers in-person and virtual courses, including specialized courses for behavioral health settings. PDA's evaluation work includes annual reports, a variety of monitoring reports, cross-program synthesis reports, and follow-up surveys with approximately 800 participants, conducted through our SynchronizedSurvey™ system.

We produce quarterly automated reports developed in SAS to track trends in enrollments or participant demographics and to identify potential data errors. These 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.

Additionally, we produce 5-7 ad hoc studies across both evaluations 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 a novel incentive program piloted in the AHEC cessation courses, secret shopper studies investigating the Quitline's Spanish language services and referral processes, and a study testing the youth vaping cessation texting program.

Through these evaluations, PDA has provided BTFF with tools and insights to refine and improve cessation program strategies, delivering measurable outcomes and actionable recommendations.

3) Evaluation of the Hawai'i Tobacco Quitline, Community Cessation Grants, and Prevention and Cessation Media

PDA has conducted tobacco control evaluations for the state of Hawai'i since 2005. This work includes the Hawai'i Tobacco Quitline (annual budget \$130,000), the Community Cessation Grants Program (annual budget \$259,000), and tobacco and vaping prevention and cessation media activities (annual budget \$250,000). We evaluate these initiatives on their own and in collaboration to understand their impact on Hawai'i's Tobacco Prevention and Control Plan 2030. The evaluation is similar in complexity to the Indiana TPC evaluation, and the clients use our findings and recommendations to improve their programs. PDA leads web and phone follow-up surveys for both cessation programs, and we oversee a Hawai'i-based subcontractor to administer the phone surveys.

For the Quitline, we conduct annual and ad hoc evaluations to assess participant outcomes, service utilization, demographics, healthcare referrals, and engagement with their youth cessation program. It also explores tobacco use and cessation outcomes for groups that face additional barriers to cessation and are disproportionately targeted by the tobacco industry. PDA recently created a monthly dashboard in Power BI for tracking Quitline service delivery, allowing the client to monitor benchmarks and to communicate with the Quitline vendor about potential issues and program changes. Examples of recent ad hoc studies include a secret shopper study of a new youth cessation program and a secret shopper study after transition to a new quitline vendor.

PDA also evaluates Hawai'i's Community Cessation Grants Program, which funds 15 community and clinic-based grantees to provide tobacco cessation counseling services to populations that face additional barriers to cessation. Throughout the year, we create quarterly summaries, bi-annual reports, meet with grantees to develop program roadmaps, and facilitate grantee gathering learning

activities. PDA also creates comparison reports to measure benchmarks across grantees and aggregate reports to measure the impact of the program as a whole. PDA has developed strong relationships with the grantees, and we work closely with them when we develop culturally appropriate materials, such as registration forms, to ensure their utility and relevance for their programs. In 2024, grantees had the chance to interview former participants of their programs. PDA created the interview guide, provided technical support, and developed summaries for the grantees to showcase the impact of their program through participant stories.

In media evaluation, PDA has led an annual study for the past four years to assess the relationship between promotional media activities and Quitline enrollments. We assess patterns based on media activities, spending, channels, gross rating points, digital impressions, and other media metrics. As part of this study, we also evaluate promotion of the Quitline's youth cessation program. For the overall media evaluation, PDA produces a monthly dashboard of Quitline enrollments among key populations that is used to monitor the media vendor's progress towards program benchmarks.

4) Evaluation of the North Dakota Department of Health and Human Services Tobacco Prevention and Control Programs

Since 2011, PDA has conducted evaluations for the North Dakota Department of Health and Human Services (NDDoHHS) Tobacco Prevention and Control Programs (most recent contract for FY25, budget \$260,000). The NDDoHHS 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. PDA's scope of work includes 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 NDDoHHS 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, and a variety of ad hoc reports that are determined in partnership with the NDDoHHS.

- vi. Provide an example of a brief report demonstrating data visualizations and summary of an evaluation conducted.

At PDA, we prioritize the use of clear and impactful data visualizations to enhance the accessibility and usability of evaluation findings. We have cultivated a culture that promotes continuous improvement in this area, ensuring that our staff remain at the forefront of data visualization practices. Our team includes a dedicated data visualization specialist who consults on projects, ensures that our visuals adhere to best practices, and leads bi-monthly data visualization meetings for staff. In these meetings, 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 also 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. PDA staff have presented at national conferences and workshops on data visualization, reflecting our leadership and expertise in this field. For example, we collaborated with TPC staff to present a poster about using data visualization techniques to effectively

communicate about statewide surveillance data at the 2023 American Evaluation Association Annual Conference.

We are proficient in creating a wide array of graphics and visuals, including charts, graphs, infographics, and dashboards. We can adapt to clients' style guides or apply PDA's internally developed style guide to produce visually engaging and effective materials. For example, we used data visualization to create a 4-page summary of a coalition member survey for the Vermont Department of Health's Comprehensive Cancer Control Program (see attachment 1.a.vi Data Visualization Example). The report presented quantitative and qualitative survey findings using graphs, icons, and other visuals to highlight key takeaways and opportunities for the program. We used the client's style guide to ensure the report aligned with their branding guidelines. We synthesized the results into a brief summary that used language and graphics tailored for the intended audiences. In addition, we have used data visualization to create multiple fact sheets and summaries for TPC across two iterations of the Indiana ATS. Below we include several examples that demonstrate our ability to transform evaluation results into user-friendly data visualizations.

2024 Indiana ATS Summary of Findings:

https://www.in.gov/health/tpc/files/IN-ATS-Highlights-Report_FINAL_Updated-09.16.24.pdf

2022 Indiana ATS Cessation Fact Sheet:

https://www.in.gov/health/tpc/files/Indiana-Adult-Tobacco-Survey-ATS-2021_2022-Cessation_Jun23.pdf

Assessing Vermont's 2019 Tobacco Control Policies:

https://www.healthvermont.gov/sites/default/files/documents/pdf/HPDP_TCP_Tobacco%20Policy%20Brief.pdf

Tobacco Product Sales in Vermont 2022 – 2023:

<https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-vt-tobacco-sales-brief.pdf>

- vii. Demonstrate capacity to sufficiently handle the robust and changing nature of commercial tobacco control evaluation.

Through our many years evaluating tobacco control programs, we have seen the field continue to evolve. New tobacco, vaping, and nicotine 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), with nearly a third of adults in Indiana using multiple products according to the 2023-2024 ATS. Co-use of tobacco and cannabis is also common in Indiana, with over 60% of adults currently using cannabis also using tobacco. As recreational cannabis legalization continues to expand, increased monitoring of the impacts on the tobacco control environment is needed as well. 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 and Vuse, 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. Nationally, “T21” age restrictions, flavor bans on vaping products, increased regulation by the FDA of vaping products, funds to states from a JUUL settlement, and continued work on banning menthol cigarettes 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 can change. In North Dakota, PDA tracked efforts by the tobacco control partners to educate on the importance of that state’s comprehensive smoke-free policy prior to the passage of cigar bar legislation. These efforts were incorporated into evaluation deliverables, including a report to the state legislature during session. In other states, PDA stays up to date on legislative actions that may impact the tobacco control field.

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 currently has staff represented on the NAQC Advisory Council, which is a leadership group that provides guidance on issues affecting tobacco Quitlines. PDA employees have also 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 over 40 articles and presented at numerous conferences specifically on tobacco control topics.

In our projects, we are able to pivot quickly in response to changes that affect a program we are evaluating. For example, PDA helped TPC draft new language for parental consent of the IYTS in accordance with a recently passed law regarding surveys in schools. We also gathered input from adults and youth to help inform IYTS planning amidst these changes. In our evaluation of a local prevention program in Florida, we quickly responded to changes in the availability of youth surveillance data (i.e., YRBS), and assisted the client in finding alternative data sources to monitor county level trends. At the onset of the COVID-19 pandemic, the Florida in-person cessation program began to offer virtual courses and has continued to offer these courses to meet the needs of Floridians seeking tobacco cessation counseling. PDA adapted our evaluation in numerous ways to reflect this change. These include monitoring program activities and helping the client establish new processes, protocols, and benchmarks, providing technical assistance to the grantees to adapt the evaluation protocols for virtual cessation programs, and creating an ad hoc evaluation report on the virtual course activities to inform their continued work. We also shared findings with the field at several conferences.

- b. Financial procedures and references of the organization
 - i. Identify two current clients and a minimum of two former clients, including contact names and phone numbers.

Current Clients

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

Florida Department of Health, Bureau of Tobacco Free Florida
Laura Corbin | Bureau Chief
(850) 245-4068

Former Clients

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

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

ii. Provide a standard fee structure.

PDA's hourly rates for Years 1 – 4 are below:

- **Director:** \$230
- **Principal:** \$190
- **Senior:** \$165
- **Mid-level:** \$130
- **Associate:** \$95
- **Surveyor:** \$55

iii. Submit one letter of reference from a financial institution.

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

c. Capacity of the organization to serve as TPC's external evaluator.

i. Provide a succinct summary of respondent's ability to develop, implement and manage a comprehensive program evaluation plan for TPC.

PDA has a proven ability to develop, implement, and manage comprehensive program evaluation plans for tobacco control programs, grounded in our utilization-focused approach to evaluation. From the start of a project to the delivery of final products, we take a utilization-focused approach that focuses on how evaluation findings will be used, ensuring that every aspect of the evaluation is designed to meet client needs. We work collaboratively with our clients to identify intended users of evaluation products and engage these users throughout the design and implementation process. This approach ensures that the evaluation design, processes, and outcomes are contextually relevant, feasible, and meaningful.

One of PDA's core values is to excel together, which reflects our commitment to providing client-centered, collaborative evaluation services from design to dissemination. While there are many

commonalities across the eight state tobacco control programs we evaluate, each program is unique, and we tailor every evaluation plan to reflect the specific information needs of the client and the communities they serve. By grounding our evaluation plans in the context of each program, we ensure that they provide actionable insights and practical recommendations.

Our approach prioritizes building strong client relationships. This begins with asking thoughtful questions and actively listening to understand what clients need to know about their programs' functioning and opportunities for improvement. PDA project managers maintain close communication with clients, ensuring flexibility and responsiveness to their evolving needs throughout the design, implementation and management of the evaluation. We employ a collaborative planning process to define evaluation audiences, timelines, report content, and strategies for disseminating and using findings, ensuring the evaluation is aligned with client goals and stakeholder expectations.

With a deep understanding of tobacco control efforts and a track record of successfully developing, managing, and implementing complex evaluation projects, PDA is well-positioned to serve as TPC's external evaluator, delivering high-quality, actionable evaluations that drive program improvement.

- ii. 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.

This summary of our four-year evaluation plan is organized in this way: first, we describe the administrative, budget, and general evaluation responsibilities as outlined in the RFP. Next, we describe our proposed tasks associated with the requested evaluation and surveillance components, including the ATS, IYTS, 5-year Evaluation Plan, Quitline, Survey of Youth and Young Adult Tobacco Use Behaviors, Evaluation Advisory Group, and Emerging Areas for Evaluation. Each section references how the work corresponds to the seven sections of the Cost Proposal.

Administrative, Budgetary, and General Evaluation Responsibilities

Administrative and budget responsibilities (Budget Task 3: 5-Year Evaluation Plan)

Since 2021, the PDA team has built strong relationships with TPC staff and key stakeholders, enabling us to effectively plan and implement evaluation work. PDA will continue to foster collaboration, trust, and responsiveness while bringing our knowledge of the Indiana tobacco landscape, past TPC research evaluation reports, program documentation, and strategic plans. We also will study the 2030 Indiana Tobacco Control Strategic Plan to gain a thorough understanding of the direction of the program, its context, and its goals over the next five years.

PDA prides itself on being accessible and responsive to clients, and we develop mutually respectful, collaborative relationships throughout the evaluation process. We propose continuing our twice monthly meeting schedule, which is a crucial part of our work and provides an opportunity to check in, adjust to evolving needs, and provide evaluation insights when they are most useful. We will also discuss whether any new regular communications or meetings are needed. PDA will maintain an open dialog with TPC and be available for any ad hoc meetings with TPC, vendors, or other key stakeholders.

At the start of the contract, PDA will review existing administrative and budget processes, such as monthly invoice reporting, with TPC to confirm they are satisfactory and make changes as needed. Throughout the contract, we will continue to work closely with TPC staff and remain flexible to ensure that we maximize the budget to adapt to TPC's needs and contextual changes. Budgets will be reviewed with TPC annually and at any key decision points throughout the year to allow TPC to make decisions about their evaluation priorities.

During the start-up phase, PDA will finalize agreements with existing and new subcontractors identified in this proposal and approve their workplans, timelines, and invoicing processes. As the current evaluator, PDA already has a HIPAA Business Associate Agreement (BAA) in place with the Quitline provider, RVO, facilitating ongoing and secure data transfers. Our availability for regularly scheduled meetings with the vendor will further support a seamless transition. Additionally, PDA will assess whether any new agreements are needed with external vendors, such as media partners, depending on the studies selected in emerging areas or the finalized methodology for other surveillance or evaluation projects. Any such agreements will be pursued at the beginning of the contract for known needs or as individual projects are identified throughout the evaluation period.

To support TPC staff and grantees, PDA will offer evaluation training and technical assistance tailored to their needs throughout the four-year contract period. Topics may include reviewing Quitline data provided by the vendor, locating and utilizing surveillance data to inform program decisions, conducting local-level evaluation activities, and sharing evaluation results and applications to partners' work. Support may be provided in the form of presentations, webinars, or ad hoc assistance.

Onboarding a new evaluator requires significant time and resources from both the evaluator and the client. As the existing external evaluator, PDA will be able to smoothly continue our evaluation without building additional time into our evaluation plan for extensive start-up tasks. Instead, we will immediately begin the project work, bringing our relationships with TPC and their stakeholders and familiarity with TPC programs, datasets, and protocols. PDA will be able to maintain our established connections with vendors and grantees to ensure uninterrupted transfer of data and information. PDA has existing processes and procedures to give and receive information from TPC and their stakeholders along with internal systems to ensure seamless sharing. For example, PDA has familiarity with the grantee SharePoint site, so will be able to easily access any information needed. With our experience, systems, and relationships, the transition to a new evaluation contract with PDA will be both efficient and cost-effective.

Evaluation Responsibilities (Budget Task 3: 5-Year Evaluation Plan)

PDA has significant experience in conducting statewide, multi-component evaluations using a utilization-focused approach. This involves engaging primary users throughout the design, implementation, and reporting phases. We follow the CDC Framework for Program Evaluation and Best Practices for Tobacco Control, working closely with clients to refine evaluation designs, collect and analyze data, and present findings. PDA will develop a comprehensive evaluation plan for all projects, tailored with specific plans for each evaluation. These plans include evaluation questions, study design, data collection methods, and analysis. PDA will update the evaluation plan and provide strategic recommendations that integrate learnings from current and past TPC projects and from tobacco control literature, reports, webinars, and conferences annually and at key decision points. PDA emphasizes continuous improvement through regular meetings, participation in professional organizations, conference presentations, and collaborations with clients to advance tobacco control and evaluation practices. For the project, PDA will hold quarterly internal meetings throughout the project to discuss how to apply advances in tobacco control and

evaluation, integrate reflective practices with the client, and conduct literature reviews on emerging topics, providing findings to support strategic decision-making and enhance evaluation methods.

PDA's senior staff has extensive experience leading large, complex tobacco control projects in several states, including Indiana. Throughout the contract, PDA will ensure the efficient management of tasks and deadlines using proven project management techniques, regular team meetings, and effective supervision. This approach will guarantee the timely completion of projects and high-quality, timely evaluation deliverables, available in electronic formats.

PDA ensures effective coordination of evaluation projects through regular communication with clients, including twice-monthly meetings and additional ad-hoc meetings or emails as needed, all tailored to align with TPC's needs and decision-making timelines. We work closely with many different external parties in our tobacco control evaluation projects, leveraging established relationships with TPC contractors, like RVO and Rescue Agency, as well as external evaluators. PDA will collaborate with TPC staff to build new connections, ensuring coordination, data sharing, and minimizing duplication in the comprehensive evaluation process.

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 evolving needs and the dynamic landscape of tobacco control.

Requested Evaluation Components

In the following sections, we provide an overview of anticipated activities for each evaluation component. If awarded the contract, we will refine this general plan and the timeline in collaboration with TPC to ensure it fully aligns with their needs and priorities.

Adult Tobacco Survey (Budget Task 1: ATS)

PDA will lead the planning and implementation of the 2025 and 2027 ATS in partnership with MSG, who will provide the sample and conduct the weighting, and Finline Printing Group, who will support any printing needs for recruitment (detailed in section 3.A.). PDA will collaborate with TPC to determine the most suitable methodology for TPC, exploring options such as address-based sampling and multi-mode surveys. We will present TPC with a variety of options along with their benefits and drawbacks to help facilitate the decision.

Once the methodology is selected, PDA will optimize the survey for the chosen modes and update its content to reflect changes in TPC priorities, services, and the evolving tobacco control landscape. MSG will assist in purchasing the sample, including oversamples of priority groups identified by TPC, such as Black individuals, Hispanic individuals, and individuals who use tobacco products. PDA will ensure ample time for survey review and quality assurance by both PDA and TPC before administration.

PDA will oversee survey administration and data collection, ensuring all processes are executed smoothly. PDA will also prepare and submit the Institutional Review Board (IRB) application prior to data collection. After data collection is complete, PDA will work with MSG to weight the data. PDA will then process, clean, and analyze the data, producing a technical report and a companion document that highlights key findings from the report. The 2025 ATS will take place in Year 1 of the contract with

planning and data collection in 2025 and reporting complete in 2026. The 2027 ATS will take place in Year 3, with planning and data collection in 2027 and reporting complete in 2028.

Youth Tobacco Survey (Budget Task 2: IYTS)

We propose supporting TPC's administration of the 2026 and 2028 IYTS through four overarching tasks: consultation, survey development, sampling, and dataset preparation, which are detailed in section 3.B.

Consultation: PDA will use our existing knowledge of the IYTS and TPC's priorities and build our expertise through further discussions with TPC to understand changing needs along with a thorough review of literature, white papers, and new and emerging information and youth survey protocols to support TPC in their administration of the IYTS. PDA will also support any IRB needs, including writing and submission of the application. Our staff will provide ongoing consultation and support to TPC throughout the four-year contract period.

Survey development: PDA's evaluators are experts in measurement and questionnaire development and will carefully consider how each question added to the IYTS 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. PDA will submit recommendations for the high school and middle school surveys and participate in reviewing the programmed survey during the first half of 2026 and 2028, or whenever it becomes available for review.

Sampling: PDA will work closely with our subcontractor, Burton Levin at RTI, who is a leading expert in sampling for YTSs, to pull the IYTS middle and high school sample using a replica of PCSample software, developed by Mr. Levin. PDA will ensure the sample is pulled to TPC's specifications and that the sample and all required documentation needed to administer the survey is provided early in 2026 and again in early 2028, or at another time selected by TPC, to ensure there is adequate time to prepare for school recruitment.

Dataset preparation: PDA will prepare the final 2026 and 2028 IYTS datasets and accompanying products, ensuring high-quality data that is ready for analysis and reporting. We will translate the final questionnaire into record layout file, which serves as metadata describing the structure of the survey fields in the raw data files. PDA will receive the raw survey data files, process them, and conduct quality assurance.

During the data preparation phase, survey fields will be labeled, missing data and out-of-range values will be assessed, and any calculated variables will be created as needed. PDA's statisticians will weight the dataset adjusting for sampling design and non-response, then compute post-stratification weights to 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 and calculated variables. Finally, we will document IYTS 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. This phase of the project will begin once data collection is complete and the dataset is available (January/February 2026 and January/February 2028). The final deliverables will be completed in the first half of 2026 and 2028.

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

Our evaluation plans are designed to prioritize clients' needs for timely information that supports learning, informs program improvement and planning, and highlights accomplishments. Working closely with TPC staff, PDA will align an actionable evaluation plan with the 2030 Indiana Tobacco Control Strategic Plan. This plan will comprehensively outline all evaluation components, tailoring the evaluation to reflect program activities, TPC priorities, and external factors that influence tobacco control efforts, such as policy changes, emerging research findings, or changes in the tobacco product landscape (detailed in Section 3.D.). This strategic evaluation plan will guide all evaluation activities under the contract, grounded in CDC Best Practices and aligned with 2030 Indiana Tobacco Control Strategic Plan.

Leveraging our experience as TPC's current evaluator, PDA will build on prior work, including insights from the previous contract's evaluation plan. Input from TPC staff, partners, and the Evaluation Advisory Group will inform the plan's development, addressing community needs and emerging topics. PDA will lead surveillance and evaluation projects that provide data needed to report metrics related to the Strategic Plan objectives. In addition to providing specific metrics for objectives, PDA will create evaluation questions and study designs for planned components and select evaluation topics for ad hoc projects that align with 2030 strategic plan priority areas.

Under the current contract, PDA plans to consult with TPC to review and provide feedback on the draft strategies and objectives for the Strategic Plan in the first half of 2025. In the new contract, PDA will continue this role or expand it as needed to attend meetings, gather external or internal information, or offer support through other means, depending on TPC's progress in developing the Strategic Plan.

PDA will begin planning at the onset of the contract, adjusting our timing as need for the completion of the 2030 Strategic Plan completion. The final Evaluation Plan will be presented to TPC for review and approval but will remain dynamic, adapting to shifts in the tobacco control landscape and incorporating advances in evaluation methods as needed throughout the four years. PDA will develop plans for each individual evaluation subproject, outlining evaluation design, data collection, analysis, and dissemination. The format and level of detail will be tailored to meet TPC's specific needs and will be timed throughout the contract as outlined in the subcomponent sections below or as new projects emerge. PDA will ensure ongoing alignment with Strategic Plan goals across the broad plan and the individual subcomponent plans through continuous collaboration, discovery, and refinement ensuring flexible, data-driven support for TPC's objectives.

Certain components of the evaluation plan will include collecting data from human subjects. PDA will work closely with TPC to obtain the necessary IRB approval or exemption. All proposed staff for this project have been CITI trained and are well-versed in human subjects protections. PDA has extensive experience working with various IRBs and will collaborate with TPC to select an appropriate review agency for this project

Quitline Evaluation (Budget Task 4: Quitline Evaluation)

PDA will implement the evaluation of the Quitline while leveraging our extensive familiarity with the standard Quitline performance measures recommended by the CDC and North American Quitline Consortium (NAQC; see details in section 3.D). These measures, commonly used by state tobacco cessation programs, include key participant outcomes such as quit attempts, quit rates, duration of abstinence, relapse rates, and participant satisfaction with services. As outlined in section 3.D, we will

collect and analyze these standard measures to produce comprehensive annual outcome reports. Our proposed methodology includes collecting a robust follow-up survey sample, allowing for detailed reporting of outcomes for the Quitline programs, as well as for various demographic subgroups.

At the start of the contract PDA will review our existing HIPAA business associate agreement with the Quitline vendor. In addition, PDA will review the follow-up survey, protocols, and sampling plan with TPC and identify any necessary modifications. As the current evaluator, PDA will be able to continue activities associated with the Quitline evaluation with little or no interruption. From contract initiation, RVO will be able to transfer Quitline data files using the same processes as the current evaluation. In addition, PDA will continue to sample participants, host the web-based follow-up survey, and complete follow-up survey calls providing TPC with 12 months of survey data. We will provide these services throughout the four-year contract period, along with general support, adjustment of the sampling plan as needed, and continued efforts to maintain and improve the survey response rates.

Using data from the rolling follow-up survey, PDA will produce a comprehensive Quitline outcomes report reflective 12 months of data expected in February each year. This report will provide a detailed analysis of Quitline effectiveness, including subgroup-specific insights and recommendations for program improvement.

Survey of Youth and Young Adult Tobacco Use Behaviors (Budget Task 5: Youth Online Panel Survey (*title listed in the cost proposal document*))

PDA will plan and implement a survey of youth and young adult tobacco use behaviors twice during the contract in Year 2 (26/27) and Year 4 (28/29; see Section 3.E for more details). We will draw on our experience leading the 2023 youth and young adult survey and the 2025 youth and young adult survey, which is currently being planned.

In addition to experience in Indiana, we have worked with other states to implement statewide tobacco control web-based surveys, including Hawai'i's teen tobacco and media survey and Minnesota's multi-unit housing secondhand smoke survey. We are skilled in developing survey instruments to address key evaluation questions, adhering to best practices for question construction and response options. PDA specializes in designing online surveys that ensure data accuracy, minimize drop-offs, and prevent fraudulent responses.

TPC has expressed interest in exploring qualitative options for this component as well. PDA has significant experience conducting qualitative studies to explore individuals' experiences, perceptions, and attitudes, using best practices to design interview and focus group guides. PDA's partner, Chamberlin/Dunn, also brings expertise in qualitative methods and youth-focused studies, such as evaluating Indiana programs supporting youth transitioning out of foster care. Chamberlin/Dunn's capabilities will complement PDA's qualitative work for future TPC studies. Through this experience, PDA is well-positioned to develop and implement both survey and qualitative methodologies for TPC, including leveraging new survey elements for future qualitative recruitment if needed.

PDA will discuss project goals with TPC at the beginning of Year 2 and Year 4 to determine the best methodology to answer key evaluation questions, providing TPC with options along with their benefits and costs. PDA will explore numerous approaches, including address-based sampling for web surveys and in-person and virtual focus groups. If TPC chooses a quantitative option, we will collaborate with

TPC to identify the sample size using a power analysis, procure a sample and/or recruit participants through other routes, refine the questionnaire, collect responses, and clean, weight, and analyze the data. If TPC chooses a qualitative method, we will work with TPC and Chamberlin/Dunn to recruit participants, develop a focus group guide, facilitate in-person and/or virtual focus groups, and analyze the data. PDA will also obtain IRB approval or exemption for either option. We will provide TPC with a summary report that details the methodology and the results for each iteration of the project by the end of Year 2 and Year 4.

Evaluation Advisory Group (Budget Task 6: Evaluation Advisory Group)

At the start of the contract, PDA will collaborate with TPC to identify Evaluation Advisory Group (EAG) projects by assessing priorities, using existing planning documents, and engaging stakeholders for input (Additional details in Section 3.E). We will identify new projects annually, or at key decision making points, such as when a previously identified project ends. We will work with TPC to recruit EAG members with diverse perspectives, expertise in tobacco control, and lived experiences. We will support recruitment drawing on current EAG members, TPC's partners, and PDA's and our subcontractor's networks, ensuring alignment with project needs. Membership may vary by EAG project. We envision there will be some core members, while others specialized participants will be brought in when their specific knowledge or experience is needed.

PDA will facilitate two EAG meetings annually, timed to key project milestones requiring feedback. PDA will collaborate with TPC to plan meetings, prepare agendas, and organize materials, with roles assigned based on meeting content. PDA will also manage logistics, provide technical support, take notes, and document input, sharing detailed summaries and guidance to integrate EAG feedback into evaluation activities.

Building on prior facilitation experience in Indiana as well as other states, PDA will use formal facilitation methods, such as the ORID framework, alongside best practices like consensus building, brainstorming, and active listening. Virtual tools like Zoom, Miro, and Mentimeter will support collaboration and input gathering. Throughout the four-year contract, PDA will tailor facilitation techniques to meet TPC's needs, fostering collaboration and actionable outcomes.

Emerging Areas (Budget Task 7: Emerging Areas of 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 tobacco product sales, cessation systems change, and smoke free air evaluation. PDA will draw on our experience in these areas and our ability to quickly learn about new developments in tobacco control by reviewing 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 recent publications and reports and tobacco control organizations and networks.

We will address emerging areas through one ad hoc project each year, offering flexibility to accommodate unplanned needs within the contract. We will 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 will also provide recommendations and guidance for smaller requests that do not require large evaluation projects.

- iii. Describe the qualitative and quantitative approaches the firm will use in the evaluation plan.

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 will recommend both qualitative and quantitative research methods for the evaluation, choosing the approach that will best answer the evaluation questions being explored.

Qualitative Approach

PDA has extensive experience planning and implementing qualitative studies. Our evaluation team collects qualitative data through interviews and focus groups, in person, 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. 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, which requires determining which initial codes align best with the data. Interview transcripts and codes are then 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

PDA's experienced analysts and statisticians collaborate closely with evaluators throughout the evaluation process to ensure robust study designs, well-defined research questions, and detailed analysis plans. Our team's diverse expertise—spanning evaluation, psychology, biostatistics, and epidemiology—enables us to tailor study designs to meet a wide range of evaluation needs. Early in the evaluation process, our analysts contribute by conducting sample size and power analyses, planning sampling strategies, and creating randomization schedules when needed. During data collection, 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 adept at selecting the most appropriate quantitative methods for each evaluation. In addition to descriptive, subgroup, and trend analyses, we apply advanced techniques when required by the research questions. Recent projects have utilized methods such as advanced regression modeling, sensitivity analysis, questionnaire validation, latent class modeling, reach ratios, Bayesian credible intervals, and geocoding and mapping.

To conduct analyses, PDA's analysts are proficient in SAS, SPSS, and R, allowing us to adapt to client preferences and project requirements. This expertise, combined with our commitment to methodological rigor, ensures that PDA's quantitative approach delivers high-quality results that drive program improvement and decision-making.

- iv. 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.

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 worked 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.

PDA has experience adapting to changing survey landscapes to collect the most accurate and relevant data. In Indiana and Hawai'i, we successfully used social media recruitment to collect survey data from youth and young adults. However, the environment around recruitment via social media has made it more difficult to collect a large and representative sample that is free of fraudulent responses for a number of reasons, including laws protecting youth. Therefore, we did extensive research on survey data collection methods for youth and young adults and ultimately pivoted to address based sampling because the benefits of this approach outweighed the costs of the others given the client resources and topic areas of interest.

We also have experience procuring and administering incentives to survey, interview, 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 pregnant individuals, Medicaid recipients, Spanish-speakers, communities of color, LGBTQ individuals, and individuals with behavioral health conditions. For example, we interviewed Quitline callers with behavioral health conditions in Oklahoma, applying anti-stigma principles, such as person-first language, and trauma-informed practices to our question design and interview approach. 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. 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 and Human Services, PDA initially planned to evaluate two tobacco cessation programs with hospital systems across all grantees. However, after the Department of Health and Human Services' partnership with Medicaid evolved, PDA and the Department of Health and Human Services 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 included in the national Tobacco Control Network Newsletter.

- v. Describe a strong working knowledge of commercial 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 to gather the best data based on science available.

With over 20 years of evaluating tobacco control programs, PDA has witnessed the continuous evolution of the field. The introduction of new tobacco and vaping products has led to rapid shifts in use patterns and necessitated updates in policies. The rise of dual use (using both tobacco and vaping) and poly-tobacco use (using multiple tobacco products) reflects these changes. The popularity of vaping has reversed years of progress in reducing nicotine addiction among youth. Even with the recent drop in reported use of vaping products in the national YTS, there is still much work to be done. 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. In addition, as states have legalized cannabis, the landscape of cannabis usage among adults and youth has become increasingly relevant to the tobacco control field.

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 the importance of staying current with these evolving trends in tobacco control and evaluation to ensure our work reflects the latest science and practices. To maintain expertise, we support our staff memberships in professional associations such as the Society for Research on Nicotine and Tobacco (SRNT), American Association for Public Opinion Research (AAPOR), American Evaluation Association (AEA), American Statistical Association (ASA), and North American Quitline Consortium (NAQC). Currently, a PDA staff member serves on the NAQC Advisory Council, which shapes best

practices and advancements in the field. PDA staff also contribute to advancing knowledge by publishing 38 articles and presenting at numerous conferences on tobacco control and evaluation topics.

At PDA, we take a responsive and client-focused approach to evaluation, ensuring findings are timely, relevant, and adaptable to changing circumstances. This approach is essential for producing evaluations that remain relevant and actionable. To maintain flexibility, we review evaluation plans annually and update them as clients' information needs evolve. If we identify that a particular strategy is becoming less effective, we adapt our methods to ensure continued relevance and impact.

For example, we typically allocate a portion of the budget for ad hoc reports to investigate emerging questions, explore newly identified challenges, or delve deeper into areas of interest to our clients. We also constantly monitor survey response rates so that we can shift recruitment and survey processes quickly if participation declines. Additionally, our ongoing tracking of developments in the field enables us to provide TPC with up-to-date insights and recommendations at regular meetings or in the process of evaluation planning, ensuring that the evaluation remains aligned with current best practices and emerging trends.

2. Proposed Solution for Fulfilling Responsibilities of an External Evaluator for Indiana's Commercial 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 Commercial 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.

PDA is uniquely positioned to seamlessly fulfill the responsibilities of the external evaluator for Indiana's Commercial Tobacco Control Program (TPC). With over 20 years of experience evaluating statewide tobacco control programs across the country and over three years as TPC's incumbent evaluator, PDA brings the expertise, processes, and relationships necessary to effectively support administrative, budget, and evaluation activities. Below, we outline how PDA will fulfill these responsibilities, as well as our proposed transition approach and timeline.

Administrative and budget responsibilities:

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

PDA values program staff and grantees as essential partners in the evaluation process. We recognize their expertise in the programs they manage and the communities they serve. We respect their knowledge, skills, and dedication while acknowledging that they may have varying levels of evaluation experience and readiness. PDA is committed to meeting individuals where they are and providing the appropriate level of evaluation support to empower their success.

PDA will continue to lead the training and technical assistance (TA) for TPC staff grantees, drawing on over a decade of experience providing TA to public health programs. For example,

- Since 2010, we have provided TA and training to the Bureau of Tobacco Free Florida staff and their Area Health Education Centers, which have been funded to provide tobacco cessation to 14 community areas.
- PDA has provided TA to Hawai'i Cessation grantees funded through the Hawai'i Community Foundation for over 10 years.

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

PDA project leads have extensive experience managing multi-component evaluation budgets. Each project lead monitors financial reports to ensure efficient use of staff time and resources while maintaining quality and timeliness. We prioritize regular communication with clients, enabling quick adaptations to changing evaluation needs. 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.

For TPC, PDA has successfully managed evaluation projects within budget and on schedule during the current contract period. Our track record extends to other state and nonprofit clients, including ClearWay Minnesota, Florida Department of Health Bureau of Tobacco Free Florida, Hawai'i State Department of Health, the North Dakota Department of Health and Human Services, 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 systems for tracking and reporting finances. Our Operations Manager oversees billable staff hours, invoicing, and expenditures using QuickBooks Online and internal tools. We customize financial reporting to meet client needs, delivering reports that outline expenditures, progress, and remaining budgets. For clients with complicated invoicing structures like the Florida Department of Health, we have developed automated SAS reports to monitor billable hours and project progress.

PDA will submit monthly financial reports to TPC in a format that meets their requirements, ensuring transparency and accountability. We will maintain a financial status report documenting the financial health of the project as we do for all of our contracts. This documentation will be used to provide quarterly financial reports outlining expenditures and work completed for the project, including project subcomponents.

Work with TPC staff and its contractors to develop and implement procedures for gathering information in order to evaluate media campaigns (if applicable), local 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 has received monthly data reports from RVO and National Jewish Health for a number of state Quitlines, including Indiana, Minnesota, Florida, Hawai'i, North Dakota, Vermont, and Oklahoma. In addition, we have

created databases for both the Florida Department of Health and other state clients 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 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 TPC to conduct extensive document review to understand TPC's complex network of state and local partners. We reviewed documents on TPC and partner websites, as well as information on their internal partner SharePoint site. This included grantee reports, work plans, dashboards, presentations, deliverables, trainings, tracking documents, and resources. As needed for specific projects, we requested documents from TPC or partners directly. PDA has worked directly with ClearWay staff on a Community Engagement Grant Evaluation to retrieve and organize quarterly grantee activity reports over time that were compiled into a final evaluation report, synthesizing both the activity reports and grantee interviews.

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. In our contract with TPC, PDA has overseen nine subcontractors throughout the course of the project. We have subcontracted for data collection through multiple partners, including SSRS, the Eagleton Institute of Politics at Rutgers University, and Logit, Inc. We have worked with partners for sampling and weighting, including RTI and Dr. Robert Baskins. In addition, we have partnered with other evaluation and research professionals to support various TPC evaluation projects, including Ann St. Claire, Bingle Research Group, Transform Group, and InAct.

We have also subcontracted for data collection in areas where we need local expertise, collaborating with organizations such as Ward Research in Hawai'i and Downs & St. Germain Research in Florida. In Hawai'i, we also oversaw SMS Research, who provided technical assistance to cessation grantees, and partnered with a media subject matter expert for the Hawai'i media evaluation project. Since 2015, we have engaged with two Minority Based Enterprise (MBE) subcontractors in Ohio. From 2015 – 2017, one MBE supported sub-studies in local Ohio communities as part of a chronic disease prevention and management project. Since 2017, a second MBE has led 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 (list in section 1.a.i.) to ensure the timely delivery of high-quality work that aligns with TPC's needs and the overall project vision. PDA is fully equipped to provide subcontractors with the necessary support, including reviewing work plans and

deliverables, overseeing their subcontracts, and managing invoicing and payment to align with the broader contract.

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.

As the current external evaluator, PDA is uniquely positioned to ensure a seamless continuation of work without the need for additional time or resources to transition. Our established familiarity with the datasets, protocols, analysis plans, and background information about TPC allows us to maintain uninterrupted progress on all projects. This eliminates the typical challenges associated with onboarding a new evaluator, such as acquiring and learning project-specific information, datasets or operational procedures.

For example, in the Quitline evaluation, PDA can continue to monitor RVO data, sample participants, and complete follow-up surveys without any delays or disruptions. Our deep understanding of the Quitline's systems and protocols ensures consistent and reliable data collection and analysis. Similarly, our existing FY25 contract deliverables for planning the 2025 ATS position us to transition smoothly into the implementation phase in FY26. This includes the ability to program ATS questions, initiate data collection efforts, and manage project timelines efficiently. PDA is also well equipped to handle any potential lag between the current and next contract. If necessary, we can efficiently pause our work and quickly resume activities once the new contract is in place.

With over three years of experience as TPC's evaluator, PDA has cultivated strong working relationships with TPC staff and stakeholders. These relationships, combined with our proven methodologies and deep familiarity with TPC's strategic plan, provide a solid foundation for continued success.

Evaluation Responsibilities

Produce a 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 will 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 will be supplemented by specific plans for each evaluation project that will be codeveloped with TPC. Supporting evaluator(s) and statistician(s) with the most appropriate expertise and historical knowledge of

the TPC evaluation will 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 TPC's needs. PDA will 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 will develop a summary of the purpose, methods, and timeline for that evaluation activity. We have found these summaries to be extremely valuable in establishing common understanding with our clients before beginning implementation.

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 and disseminating reports to clients and other stakeholders in a timely and efficient manner. Our reporting process begins with careful planning that includes mapping out stakeholder groups and the reporting needs of each. We utilize project management tools, such as Team GANTT and Notion, to ensure PDA staff members and subcontractors adhere to established timelines. To further support this process, we write dissemination plans to ensure findings are shared with stakeholders so that they have the information they need for decision making at the right time.

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 effectively coordinate evaluation projects, PDA maintains regular communication with our clients. We propose continuing to hold team meetings twice per month to provide project updates, gather feedback, discuss plans, and present findings and reports. These meetings are thoughtfully planned and supplemented with additional communications as needed to address emerging priorities. We will submit agendas to TPC prior to our meetings to solicit additional agenda items and gain approval. 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 relevant TPC contractors and grantees, in conjunction with TPC staff, as well as with ongoing tobacco surveillance programs conducted by other state agencies or contractors.

PDA has established relationships with a number of TPC's contractors, such as RVO and Rescue Agency, through the contract with Indiana and other state departments of health. PDA also has had the opportunity to meet with other external evaluators who partner with TPC, as well as TPC partners and grantees, through attendance at annual TPC in-person meetings and projects conducted during the current evaluation contract. We will work with TPC staff to establish any new relationships and communications with outside contractors and agencies who conduct surveillance or evaluation. Building on these new and established relationships, we will coordinate to ensure we have shared and received all information and data needed to adequately complete the comprehensive evaluation. PDA will use our knowledge of the TPC evaluation landscape to ensure that we have a clear picture of all contractors and grantees, so that we can coordinate work, limit duplication, and identify areas for potential synergies.

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. For example, we 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 that focus on evaluation methodologies, tobacco control, and data visualization to promote shared learning across projects and share resources and knowledge across our 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 current 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. We also have staff who hold leadership roles in both the North American Quitline Consortium, as a member of the Advisory Council, and the American Evaluation Association as the chair for the Health Evaluation Topical Interest Group.

PDA frequently presents at conferences held by these and other groups, including the National Conference on Tobacco or Health. In addition, we partner with clients, including TPC, on submissions to these conferences as well as manuscripts to peer-reviewed journals to help build the evidence base for the programs and the tobacco control field. 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 quarterly 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 TPC to ensure that the evaluation is useful and that we are utilizing the most effective methods for communication and dissemination. We will also conduct informal literature reviews on emerging topics as needed, such as when planning and updating the broad evaluation plan or for the individual evaluation project plans. 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 evaluation based on internal and external research.

PDA works closely with our clients to ensure that our evaluation activities align with their strategies and incorporate the latest advancements in evaluation and tobacco control research. We actively stay informed about emerging trends and innovations by reviewing leading journals such as *Nicotine and Tobacco Research* and *MMWR*, and by participating in professional organizations and networks, such as NAQC, SRNT, AEA, AAPOR, and the Smoking Cessation Leadership Center. This commitment enables us to integrate the latest research and best practices into our evaluation planning and strategy.

In developing the strategic recommendation for evaluation, we will facilitate an annual meeting with TPC to revisit the evaluation plan to determine what planned activities need revision, or what new activities or methods might be needed. We recommend revisiting the plan throughout the year when making key decisions around the ad hoc reports or any adjustments to the planned activities. For example, at the beginning of the first contract year, PDA created a report that reviewed TPC's current and proposed strategies to determine the strengths and the gaps from the TPC and community perspective and to narrow down projects based on feasibility and interest. Later in the contract, it was determined that one of the ad hoc projects should be an Evaluation Advisory Group, based on a recommendation in the strategic report. PDA will revisit this report and build upon the ideas to suggest new approaches or topic areas based on new investigation as well as our extensive knowledge of TPC and the Indiana tobacco control landscape gained through the previous contract. PDA will present these findings to the client in a user-friendly document that outlines the options and potential benefits and costs of each approach to facilitate strategic decision making.

3. Proposed Scope of Work for External Evaluation Services

A. Measure Adult Tobacco Use (2025 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.

PDA meets and exceeds the requirement of having a minimum of three years' experience conducting state-level Adult Tobacco Surveys (ATS). As TPC's external evaluator since 2021, PDA successfully managed the two most recent iterations of the Indiana Adult Tobacco Survey (IN ATS) in 2021-22 and 2023-24. Prior to each round of fielding, PDA collaborated closely with TPC throughout the planning, implementation, and reporting phases to ensure the surveys addressed emerging trends in commercial tobacco use and evolving program priorities.

As part of this process, PDA conducted a comprehensive review of existing measures to develop the survey and proposed new questions related to behavioral health, cannabis, and exposure to secondhand

smoke in the community and among residents who live in multiunit housing. PDA then had the survey translated into Spanish. After finalizing the questionnaire with TPC, PDA performed rigorous testing of the English and Spanish-version of the survey once it was programmed into the Computer-Assisted Telephone Interviewing (CATI) system to ensure skip logic functioned correctly and question flow was smooth and intuitive. PDA also trained survey staff on the instruments and best practices around surveying, refusal conversion, and probing for responses.

While the surveys were in the field, PDA implemented ongoing data monitoring to identify and address data issues, such as irregular cases (e.g., respondents with a high percentage of refused questions) or incomplete surveys. This process ensured a clean, high-quality dataset. Throughout the fielding process, we provided TPC with regular updates on overall completion rates and progress toward specific subpopulation quotas.

After the data was collected, PDA worked with our subcontractors to weight the data to be representative of the Indiana adult population. With the 2021-22 ATS, PDA provided oversight and guidance to Eagleton, the subcontractor responsible for data collection and producing the technical report. PDA produced several companion documents: a highlights report summarizing key findings, a data brief focused on cessation, tables of strategic plan indicators and current prevalence of tobacco use products, and a presentation of findings for TPC staff. We used data visualization and plain language to create the highlights report and cessation data brief for TPC to share with their partners and the general public.

The data visualization approach for the highlights report was also presented as a poster at the 2023 American Evaluation Association (AEA) annual meeting. For the 2023-24 ATS, PDA staff analyzed the survey data and produced the technical report and accompanying highlights document. Additionally, we presented findings to TPC staff and their partners and created talking points to assist TPC staff in talking through some of the more complicated data around disparities in tobacco use. PDA and TPC have proposed two presentations for the 2025 National Conference on Tobacco or Health (NCTOH) based on the 2023-24 ATS: 1) a poster sharing the cannabis data and 2) a presentation that uses latent class analysis to further examine tobacco-related disparities in Indiana.

In addition to working with the Indiana ATS, PDA has a long history of collaboration with the Minnesota Adult Tobacco Survey (MATS), regarded as a model for conducting state tobacco surveillance. In the 2018 MATS administration, PDA was contracted to provide statistical services to the managing research team. 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 secondhand 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.

PDA has also designed and implemented other statewide population-based surveys and frequently analyzes national and state-level datasets. For example, PDA is currently leading a statewide survey assessing attitudes and experiences of adults related to secondhand smoke in multi-unit housing for the Minnesota Department of Health. PDA is collaborating with state leadership, advisory groups, grantees, and other stakeholders through all phases of this project, including developing survey questions and metrics, administering the survey, analyzing the data, creating reports, and providing recommendations. The study combines a probability-based sample using address-based sampling with a convenience sample of surveys collected through flyers placed at partner sites. The findings from this survey will produce

state-level estimates for use by the Minnesota Department of Health and their stakeholders to plan programs, monitor data over time, share with partners, and advocate for local policies.

PDA has worked with BRFSS datasets in public health evaluations and research since 2004, using state-level BRFSS data in analyses for Hawai'i, 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 adults who use tobacco. 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, combining five years of BRFSS data to enable county-level estimates of health burden and have used BRFSS as the matching dataset for propensity score analysis with a small non-probability sample of individuals who use tobacco. We have also combined state-level ATS and BRFSS data with cessation program registration data to calculate reach ratios for specific subgroups in Minnesota and Florida. A reach ratio compares the proportion of cessation program participants in a subgroup to the proportion of individuals who use tobacco across the state 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.

- b. Respondent shall program all 2025 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.

PDA's experienced programmers will program the 2025 ATS questionnaire and response categories, including detailed instructions for interviewers, into PDA's proprietary Computer-Assisted Telephone Interviewing (CATI) system, SynchronizedSurvey. This HIPAA-compliant web application supports multimode survey administration, including phone, web, and mail surveys, as well as surveyor activity tracking and incentive management.

The programming process will begin with a thorough review of the questionnaire to ensure all questions, response categories, and skip patterns are accurately captured. Our programmers will encode the survey, incorporating complex skip patterns, logic flows, and real-time data validation checks. This ensures that the survey flow adheres to the design specifications and minimizes interviewer or respondent error during data collection.

SynchronizedSurvey will be the primary tool used during the telephone survey administration. It captures all data, including detailed disposition codes for each calling attempt and all survey responses, ensuring comprehensive tracking and accurate record-keeping. Data collected through the CATI system can be imported into SAS for advanced analysis and reporting. PDA has more than two decades of experience successfully using this CATI system for similar large-scale survey projects.

For the Spanish-language version of the survey, PDA will program and administer the questionnaire in Spanish, ensuring inclusivity and accessibility for diverse populations. Additionally, if data collection modes are expanded to include web-based surveys, PDA will integrate LimeSurvey, an open-source survey platform hosted securely on PDA's servers, to administer the web version of the survey.

LimeSurvey is fully integrated with SynchronizedSurvey, enabling seamless management of multimode data collection. Both systems support complex survey structures, including intricate skip patterns, logic, and robust data validation.

This streamlined programming process and integrated system capabilities will ensure efficient, accurate, and high-quality data collection of the 2025 ATS administration.

- c. Respondent will propose alternative or complimentary data collection modes, such as combinations of phone, web-based, and in-person, and samples, including random digit dialing, address based sampling, and blended approaches.

PDA will begin the 2025 Indiana ATS study design process by reviewing potential sampling and data collection options with TPC. Based on TPC's feedback, PDA will then recommend an approach that optimizes the benefits and drawbacks of available methods to help ensure that the selected design best meets TPC's priorities and needs for the survey.

For sampling, PDA proposes that TPC consider using Address Based Sampling (ABS) alone, or in combination with a Random Digit Dial (RDD) sample. ABS has several advantages over RDD sampling. One of the primary advantages is coverage of the Indiana adult population. The U.S. Postal Service Computerized Delivery Sequence (CDS) file is estimated to have almost full coverage of residential households in Indiana. RDD samples have lower coverage due to shifting patterns of phone use and issues related to cell-phone over-coverage (i.e., where a person maintains an Indiana cell phone number but lives elsewhere) and under-coverage (i.e., where a person moves to Indiana but maintains their cell phone number from a different state).

PDA plans to contract MSG to procure the 2025 Indiana ATS sample and weight the final dataset. MSG has more than 35 years of experience in the field and is a leader in sampling and weighting methodologies. They routinely provide RDD and ABS samples for state and national surveys and have recently provided ABS samples to PDA for multiple studies. For ABS samples, MSG has the capability to append data from the census and consumer data from commercial sources to the CDS file. These ancillary data can then be used to optimize the sample design and oversample based on certain characteristics to help ensure that there are enough respondents for selected priority populations (e.g., racial/ethnic minorities, those who are low income, those who live in rural areas) to produce publishable estimates that meet TPC's data suppression criteria. PDA will work with TPC to identify key indicators to be used in sample size calculations to inform oversampling.

Another advantage of ABS is that it can more easily accommodate additional data collection modes. RDD samples are generally constrained to phone surveys due to the dwindling use of landline numbers (which can be mapped to addresses) and the low percentage of cell phone numbers that can be matched to an address. ABS samples open the opportunity for multi-modal data collection which can, in some circumstances, be more cost-effective and have been found to have better receptivity from certain groups and better overall response rates.

If TPC chooses this approach, sample members will be mailed a survey invitation that includes a push-to-web QR code and link. Those that utilize the QR code/link will complete a web-based survey that is also mobile-friendly. PDA proposes that the invitation also provide contact information so that participants can call in and complete the survey by telephone interview if they need or prefer that method. Follow-up will include multiple rounds of reminder letters/postcards sent to non-respondents. Additional follow-up to reach nonrespondents after the scheduled mailings could include sending a hardcopy survey as a final

mailing or using email or telephone outreach for the portion of the ABS sample where email/phone information can be matched. ABS sampling requires a large number of mailings to obtain a sample of 2000 responses, so PDA will partner with Fineline Printing Group to print and prepare the mailings. As one of the largest providers of commercial print and mailing in the Midwest and over 40 years of experience, Fineline is an ideal partner for producing high quality recruitment materials.

Other complimentary approaches to data collection, including in-person modes, are sometimes used to supplement data collected from ABS or RDD samples. Additional surveys could be collected from a convenience sample through posted flyers or in-person data collection at community locations identified by partners, or through an online panel. MSG has experience combining convenience sample surveys with a probability-based ABS or RDD sample using additional information collected from survey respondents. Additionally, we could pilot whether respondents are willing to agree to participate in future studies. Contact information for those who are willing will be maintained in a separate database and could serve as a resource for additional data collection efforts including ad hoc studies, the Youth and Young Adult study, and future rounds of the ATS. PDA will discuss the costs and benefits of these complimentary approaches with TPC to determine a methodology that best fits TPC's needs.

One challenge faced by several state-level ATS surveys in recent years is obtaining a sufficient number of respondents who use tobacco to allow for more in-depth analyses of use patterns, including use of menthol/flavored products and cessation. While currently there is not a reliable database to directly identify individuals based on their current use of tobacco, consumer data appended to an ABS sample frame (e.g., history of tobacco purchase) can help identify households that may be more likely to include an adult who uses tobacco. In addition to using ABS augmented data to oversample those who have a higher probability of using tobacco, a multi-modal push-to-web design will make it more feasible to screen for tobacco use at the beginning of the survey. These approaches can be used to obtain a sufficient number of tobacco users while still maintaining the representativeness of the sample.

Changes in sampling approaches and data collection modes have been shown to impact survey estimates, with survey mode having the larger impact. Some surveys completely change the approach and mode between iterations for a variety of reasons including greater confidence in the estimates under the new methodology, complexities in applying adjustment factors effectively (e.g., adjustment factors vary across demographic subgroups), and the need for fewer resources. This breaks the trend in estimates but establishes a new baseline for future trends. Other surveys have transitioned methodologies using a blended approach for one or more cycles of data collection. In this more resource intensive blended approach, a portion of the sample is allocated to the new methods (e.g., ABS with multimodal surveys) and the rest to the original methods (e.g., RDD sample with telephone surveys). Results are then used to create an adjustment factor that can be applied to the results to maintain trends in any estimates during the transition. Since TPC is developing a new 5-year strategic plan, the 2025 Indiana ATS may be an optimal time to reset baseline and target estimates without a blended approach. If TPC opts to use alternatives to RDD phone-based surveys for the 2025 Indiana ATS, PDA will recommend an approach for the transitioning of methods based on the available resources and TPC's priorities.

With any approach, PDA will work with TPC to take the obtain IRB approval or exemption for the ATS. PDA will write and prepare all necessary materials and handle the logistics and cost of submission. As a public health surveillance project, the ATS is likely to be exempt, as it was in the two previous iterations PDA oversaw.

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

The confidentiality of survey responses will be rigorously maintained throughout the project. Once the project is complete, no personal identifiers will link survey participants with their responses in any public release of the data or in the final datasets provided by PDA to TPC. Respondents will be identified solely by a case number attached to their responses and basic, standard demographic information. Any potentially identifying information, such as recorded IP addresses, will be removed from the final archived dataset to ensure anonymity. Respondents will not be identifiable from the data or in any report of the study.

All survey data will be stored in an encrypted SQL database on virtual encrypted drives hosted on PDA's private servers. These servers are protected by firewalls and regularly updated security protocols to safeguard against unauthorized access. Access to the survey data is strictly limited to authorized PDA team members who use company-issued, password-protected devices. Remote access to the servers is only permitted through PDA's secure virtual private network (VPN). Additionally, any data transmitted electronically, such as between survey platforms or during data sharing with authorized parties, will use secure protocols, including HTTPS and Secure File Transfer Protocol (SFTP). PDA's IT team monitors systems regularly to detect and address any potential security vulnerabilities or breaches.

For telephone surveys, respondents will be read an oral script of informed consent before the survey begins, explaining the confidentiality measures and asking for their explicit consent to proceed. Respondents will also receive contact information for the Principal Investigator and the IRB should they have questions or concerns.

If alternative modes of data collection are used, such as web-based surveys, the informed consent process will be adapted to ensure respondents are informed and provide their consent before completing the survey. For example, in web-based surveys, consent information will be included in the survey invitation and on the main landing page. Respondents will indicate their consent by selecting "I agree" before accessing the survey. Web surveys hosted on PDA's encrypted servers will be configured to strip any potentially identifying metadata, such as IP addresses, from the response data to preserve anonymity.

By implementing rigorous data security measures and maintaining robust informed consent procedures, PDA will ensure the confidentiality and privacy of all survey respondents throughout the project.

- e. 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.

PDA employs a dedicated team of interviewers with extensive experience contacting participants for structured and semi-structured surveys related to health, behaviors, and addiction. To ensure the highest quality of data collection, we follow a rigorous recruitment and selection process. Candidates are evaluated based on their communication skills and prior experience in customer service, research, or interviewing roles. All candidates must pass a background check as part of the hiring process, which includes verification of employment history and a review of any criminal records.

Upon hiring, interviewers undergo comprehensive training in how to use SynchronizedSurvey and survey best practices. Interviewers also receive training tailored to the specific needs of each study, including the ATS project. Training covers the study protocol, proper use of the CATI system, effective communication techniques, and confidentiality and data security requirements. Informed consent protocols and respondent interaction best practices are also emphasized. Refresher training sessions are conducted regularly to reinforce skills and keep interviewers updated on any study-specific changes or best practices.

PDA ensures quality and consistency in data collection through rigorous performance evaluation and monitoring. This system is particularly effective for the remote staff, ensuring that remote interviewers receive the same level of oversight and support as those in our office. To evaluate overall job performance, PDA uses performance assessment tools that measure key metrics such as call completion rates, adherence to scripts and protocols, and data accuracy. Interviewers' performance is reviewed regularly through reports generated by the CATI system and by listening to a selection of recorded calls. Feedback is provided on an ongoing basis, and interviewers demonstrating excellence are recognized, while those needing improvement receive targeted retraining or additional coaching.

- f. 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 while the ATS is being administered. Describe how the Respondent will maximize the response rate. Include Respondent's definition of "make every effort."

PDA will provide TPC with ongoing updates regarding the number of completed interviews and response rates while the ATS is being administered. To meet the target of no fewer than 2,000 completed interviews, PDA's best effort approach will include multiple attempts to contact sample members. For an RDD study, PDA will make up to 5 call attempts per phone number in the sample frame, schedule callbacks, and leave voicemails when answering machines are available. The timing of call attempts will be varied with attempts made on weekdays and weekends and during morning, afternoon, and evening hours.

If TPC selects a multimodal approach with ABS sampling, PDA will send multiple mailings to the survey sample including an initial survey invitation letter, and follow-up letters/postcard reminders for those who have not yet responded. PDA has extensive experience designing respondent communications, including invitation letters, reminder post cards/letters, and email notifications, using best practices to maximize response and representativeness. We design communication materials that are personalized and visually interesting, emphasize the benefits of the survey, and are accessible to those with low reading levels. All materials will be made available in English and Spanish, using a native-language translator.

Additional options to minimize non-response could include the development of an Indiana ATS website that can be used to promote the ATS and provide answers to frequently asked questions for potential respondents, the use of incentives (a check or digital gift card) for those who complete the survey, sending a hardcopy survey as a final mailing, and/or using email/telephone outreach for the portion of the ABS sample where a contact information can be matched. PDA will provide information about the costs and benefits of each of these approaches to TPC and collaborate to design an optimal approach.

- g. 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.

For a phone-interview based survey, live interviewers will make up to five (5) call attempts to 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 participate or finish the survey at the time they are called. PDA's interviewers are trained in minimizing soft refusals and strategies to encourage respondents to complete interviews once they have started. If TPC selects a multimodal approach with ABS sampling, PDA will send reminders to those who have started the survey but not yet completed it, as well as to those who have not started the survey.

Efforts to minimize partial completes will also be incorporated into the survey design. We will focus on designing a concise, user-friendly survey that has clear instructions and an engaging design that follows survey best practices. For example, sensitive questions like sexual orientation and income will be placed at the end of the survey to reduce the impact of breakoffs, and we will program web-based surveys (if TPC selects this approach) to encourage response and reduce survey fatigue. PDA will conduct ongoing monitoring of interviews/surveys to identify partial completes, potential fraudulent responses based on response timing for web-based surveys, and completed surveys with a high number of don't know and/or refused responses. We will use this information to determine if any features of the survey or interviewer practices are contributing to partial completes. Because all components of the survey will be internal to PDA, we will be able to quickly and nimbly adjust the survey protocol, design, or interviewer techniques with no or limited impact on data collection.

- h. 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 and/or TPC 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.

PDA will consult with TPC about survey content and 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. PDA will utilize information from the ATS Methodology Ad Hoc study being prepared for TPC in the current contract to gather TPC's feedback and will use that feedback to recommend an approach that optimizes TPC's priorities and needs for the survey. Activities during the first quarter of the 2025 contract period will then focus on survey updates, adaptations needed for any additional survey modes, and preparation for data collection. PDA plans to launch the survey during the second quarter of the 2025 contract period, with the aim of completing the 2-to-3-month data collection process by the end of calendar year 2025. The survey will be available for review by the end of the first quarter with an adequate time for TPC to complete a thorough review and for PDA to make any revisions before programming the survey.

PDA will work collaboratively with TPC to update the survey and provide TPC with multiple opportunities to review and approve the survey. TPC will receive a Microsoft Word version of the survey, complete with skip logic and interviewer instructions, to review and approve the survey content once

revisions have been completed. In addition, PDA will provide TPC with a pre-test link of the survey for preview, mimicking what the live interviewers will see on-screen during data collection efforts. If a web-based approach is used for data collection, PDA will also provide TPC with a pretest link to the web survey to preview what respondents will see.

- i. What software system for data collection is used by the Respondent? Please provide any relevant information pertinent to the software system regarding features or benefits that it provides.

PDA uses its proprietary SynchronizedSurvey system for data collection, a Computer-Assisted Telephone Interviewing (CATI) platform that is specifically designed to optimize multimode survey administration, including phone, web, and mail surveys. This system is HIPAA-compliant and provides a robust set of features and benefits tailored to meet the needs of complex data collection projects.

SynchronizedSurvey allows for seamless survey administration by integrating advanced capabilities such as tracking of surveyor activity and management of detailed call disposition codes. It also supports complex skip patterns, branching logic, and data validation checks, ensuring the highest quality of collected data. The system securely captures all survey data in a SQL Server database for data management and subsequently imports data into SAS for in-depth analysis.

The software also includes features such as instant reporting and tools for generating mail merges and incentive checks. This comprehensive functionality enhances the efficiency of data collection efforts while maintaining strict data security and confidentiality standards.

For projects requiring multimode data collection, SynchronizedSurvey integrates seamlessly with LimeSurvey, an open-source web-based survey platform hosted on PDA's secure servers. This integration enables consistent data management across multiple collection methods and ensures uniformity in data validation and processing. Together, these systems provide a highly adaptable and reliable infrastructure for collecting and managing survey data.

- j. 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 TPC 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 and stakeholders, if requested. Describe in detail how the contractor will prepare and deliver raw data files, data analyses, and report on relevant findings. Describe the files and reports that will be provided to TPC upon conclusion of survey administration and data analyses. Analyses will emphasize priorities outlined by TPC.

PDA will process the data and prepare the dataset for weighting. All analyses will then be conducted in SAS using weighted data and survey procedures (e.g., SURVEYFREQ, SURVEYMEANS). PDA will provide the following deliverables after the survey and analysis is complete:

- A de-identified dataset formatted for SAS (or statistical program of TPC choosing) and including statistical weights and a codebook. This dataset will be transferred via Secure File Transfer Protocol (SFTP).

- A written report with a methodological summary of the design and fielding process. This report will also include frequencies for all survey items and agreed-upon crosstabulations as well as estimates for current use of tobacco products (overall and by various demographics) and strategic plan indicators.
- A data brief/short report that highlights key findings. PDA will work collaboratively with TPC to develop the analysis plan for this report to ensure it is based on TPC's priorities. The report will use data visualizations, person-first language, and appropriate framing to create a sharable summary that is easily understandable to a wide variety of audiences. PDA can provide a version of this report in Microsoft Word or PowerPoint format so that data visualizations and written text can be easily used and adapted by TPC. In past years, this report has included data on tobacco use (including flavored products and tobacco-related disparities), opinions and exposure to secondhand smoke/vapor, tobacco cessation, and cannabis.
- PDA will create a presentation and reserve time to share findings with TPC staff and stakeholders as requested. A PowerPoint version of the presentation can be provided to TPC.
- Availability for media inquiries, press conferences, or additional organizational meetings and events to discuss existing findings and analysis.

B. Measure Youth Tobacco Use (2026 Indiana Youth Tobacco Survey (YTS))

- a. Respondent will draw middle school and high school samples for the 2026 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.

For the 2026 Indiana Youth Tobacco Survey (IYTS) sampling, PDA will partner with Burton Levin at RTI International, who subcontracted with PDA to complete the middle school sampling for the 2024 IYTS. He has committed to sampling both the middle and high school samples for the 2026 and 2028 IYTS, as needed. Mr. Levin has been a research statistician at RTI International since 1999 where he has overseen sampling design for population health surveillance. Mr. Levine is the sampling statistician for the 2023, 2024, and 2025 National Youth Tobacco Survey (NYTS). He redesigned the NYTS sample in 2024. His expertise includes creating sampling frames, designing samples, selecting schools and students, and calculating sampling weights, which ensures that survey results are generalizable to the broader population.

From 2014 to 2018, Mr. Levine was contracted by the CDC, through RTI, to provide technical assistance to states conducting their State YTS. From 2018 to date, Mr. Levine has been the sampling statistician for 8 states (CA, IN, HI, MS, NY, SC, SD, WI) and 19 iterations of the State YTS. He has both created the sampling frame as well as selected the probability sample for schools and classes and calculated the sampling weights.

PDA has coordinated and supported sampling for the past iterations of the IYTS and has conducted more complex sampling for other studies including a population-based longitudinal survey employing random digit dialing (RDD) dual-frame methodology. Our expertise includes stratified random sampling, weighting of complex survey data, and conducting analyses using weighted data, which informs our sampling strategies and ensures methodological rigor. PDA staff stay current on sampling best practices through professional development courses, webinars, and literature reviews.

For the 2026 IYTS, PDA and RTI will take the following steps to select the sample, deliver a dataset, and provide documentation of the sampling methodology, which will be used by TPC to administer the survey:

- 1) Review the prior administrations of IYTS, as well as other state YTS implementations, to identify areas for potential improvement of the sampling process.
- 2) Work with TPC to complete key sampling documents, including:
 - Sampling Parameters Worksheet like the ones used for the previous iterations of the IYTS
 - Middle school sample frame - a datafile with all eligible middle schools containing an identification variable, school names, and the total enrollment of eligible 6th, 7th, and 8th graders
 - High school sample frame - a datafile with all eligible high schools containing an identification variable, school name, and the total enrollment of eligible 9th, 10th, 11th, and 12th graders
- 3) Replicate the sampling procedures used by CDC when CDC selected the IYTS sample for Indiana prior to 2018. These are the same procedures that have been implemented by Mr. Levine for TPC in 2019, 2020, and 2024. These procedures are also identical to the methodology implemented by the program PCSample, ensuring continuity and reliability.
- 4) Collaborate with TPC to determine any stratification and oversampling needed. This may include exploration of the feasibility of regional sampling and adjusting the number of schools that are sampled as needed. Once decided, we will work with TPC to identify the strata in the frame file and to identify the level of oversample in the appropriate section of the Sampling Parameters Worksheet. In addition, we will consult with TPC on the implementation of any oversample, including replicating previous stratification of black and Hispanic students using schools that are identified by the percent of students that are black and percent of students that are Hispanic.
- 5) Deliver a dataset with the sample that includes the schools selected, the school weight, and the student weight, as well as the other variable that were delivered in previous samples.
- 6) Deliver, for each selected school, a school-level sample information form, as has been provided in previous iterations of the IYTS, if needed.
- 7) Deliver the other data files that are output from the replica of the PCSample program and delivered when RTI selected the previous IYTS sample.
- 8) Prepare documentation outlining decisions made in the sampling process, eligibility criteria, sample size calculations, and schools' characteristics in frame and the sample.

In the past, Westat has drawn the high school sample for the IYTS and YRBS in order to coordinate the sample so that no school gets selected in both samples. There is an alternative approach called the Keyfitz procedure that PDA and RTI could use if TPC would like to avoid duplication as much as possible. The Keyfitz procedure minimizes the number of schools selected in both samples, which would likely be zero unless a school is required for both samples. (See Keyfitz, N. (1951). Sampling with probabilities proportional to size: Adjustment for changes in the probabilities. *Journal of the American Statistical Association*, 46 (253), 105-109)

- b. Respondent will provide input and guidance on the 2026 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.

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. Having analyzed IYTS in the past, we can evaluate whether proposed changes will affect any of the calculated variables that are included in the report. PDA has extensive experience designing surveys for our clients, giving us insights into IYTS 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. To stay current with emerging practices in survey research, we support staff memberships in the American Association for Public Opinion Research (AAPOR) and in the American Evaluation Association (AEA).

Considering tobacco surveillance specifically, we are conversant with current literature regarding youth tobacco product use and are familiar with the national tobacco surveillance surveys. For the last two iterations of the IYTS (2022 and 2024), PDA has worked with Indiana TPC on revisions to the survey instrument. We have provided feedback across the survey including suggesting validated questions from other sources, such as curiosity to measure susceptibility, updating tobacco brand names as the industry evolves, or suggesting methods to incorporate emerging products, such as nicotine pouches, among others. Our feedback is based on information external to Indiana, such as our knowledge of other state youth tobacco surveys or findings in the literature, as well as information gathered from Indiana. We have been able to use our familiarity with results from previous IYTSs or youth studies and the adult and youth IYTS evaluation advisory groups, led by PDA, to guide survey development. For example, we used findings from the youth evaluation advisory group to suggest language recognizable to the youth for product names and tobacco or cannabis terminology.

In addition to our work with the IYTS, 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 also incorporate surveillance questions into our data collection so that data collected within a program can be directly compared to the state population. This is a strategy we have used for tobacco and cannabis products and media studies that we have conducted with youth and young adults in Indiana and Hawai'i since 2020. For example, in the online youth panel survey we conducted in Hawai'i, we incorporated a bank of questions from the YTS which measured the susceptibility of youth to initiate use of vaping devices. In our analyses, we compared 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, was one of the primary factors considered when analyzing awareness of the media campaign and attitudes about vaping.

For the IYTS, we will use our existing knowledge of TPC's priorities as well as discuss any new uses for the IYTS survey data to guide our feedback. 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. All recommendations will seek to balance obtaining accurate, detailed information with a clear, understandable survey experience for youth. In addition to providing guidance on the survey instrument, PDA will also be able to continue to support quality assurance and review the programmed survey on the online survey platform noting any issues with skip logic, clarity, or other areas. PDA will also support the IYTS by leading an IRB application, if needed. We will collaborate with TPC to write and submit all materials to obtain approval or exemption.

- c. Respondent will provide questionnaire record layouts, conduct data processing using the raw data files, 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.

PDA's experienced analysts have extensive experience in processing raw survey data, including preparing data from CATI systems, online survey applications, and our own custom developed survey management application. We have successfully weighted survey data from online non-probability panels, clustered sampling designs, and stratified sampling designs.

PDA has a proven track record with the Indiana Youth Tobacco Survey (IYTS), having completed data analysis for the 2022 IYTS, which included preparing and quality-checking the data, calculating TPC-preferred variables, and applying sampling and post-stratification weights. This data weighting factored in the school and class sampling weight, non-response adjustments, and post-stratification adjustments. PDA is currently preparing to complete the 2024 IYTS data analysis, further strengthening our expertise in Indiana-specific youth tobacco surveillance.

PDA will take the following steps to prepare final 2026 IYTS datasets and products:

- Translate final questionnaire into record layout file. This metadata will define how the survey fields are 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 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 applying post-stratification to calibrate to select characteristics. Design weights adjust for differences in probabilities of being selected for sampling, by school and classroom. The non-response adjustment applies both school and student non-response information to the weight. Post-stratification adjustments balance the dataset to benchmarks from the target population (e.g., grade, sex, race). A raking procedure is employed for the post-stratification step to iteratively re-weight the dataset until the benchmarks are met.
- Produce a final dataset with variable values formatted to work with TPC's internal SAS code.
- Produce codebook for final dataset, include calculated variables and skip logic.
- Create reports for the high school and middle school samples, respectively, with weighted prevalence rates and confidence intervals, and unweighted frequencies for all survey items and calculated variables. These statistics will be reported within gender, grade and race, as well as for the total

sample. Reports will flag estimates that may be unreliable, based on criteria that will be determined in discussion with TPC, for example estimates with a relative standard error greater than 30% or with an effective N < 50.

- 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 Commercial Tobacco Control 5-year Plan

- a. Describe how the Respondent will assist in the implementation of the 2030 Indiana Commercial Tobacco Control Strategic Plan (currently in development) by developing a corresponding 5-year evaluation plan.

PDA will work collaboratively with TPC and its partners to develop a comprehensive 5-year evaluation plan that aligns with the goals and objectives of the 2030 Indiana Tobacco Control Strategic Plan. Our approach will focus 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 and surveillance projects, 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, infrastructure and management). 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 national, state, and local levels, which may include the Indiana State Health Improvement Plan, Healthy People 2030, The Guide to Community Preventive Services for Tobacco Control Programs, historical and new Surgeon General’s Reports on Tobacco, and other guidance based on evidence-based studies in tobacco control.

As the current evaluator for TPC, PDA brings a unique perspective to the development of the 5-year evaluation plan. Our knowledge of TPC’s programs, priorities, and existing evaluation strategies will serve as a foundation for the plan. During our current contract, we conducted an in-depth review of TPC’s previous evaluation work for the previous 5-year evaluation plan that aligned with the 2025 Indiana Tobacco Control Strategic Plan, delineating TPC’s existing evaluation activities and identifying strengths of their approach, opportunities for growth, and recommendations for future evaluation activities. This groundwork will allow us to build a thoughtful and dynamic plan for the 2030 Strategic Plan.

In the new contract, we will continue to expand our understanding of TPC’s programs and priorities by facilitating conversations with TPC staff during ongoing meetings and participating in conversations about the 2030 Strategic Plan as is appropriate. At certain points throughout the contract, as appropriate, we could gather input from the Evaluation Advisory Group to gather feedback about their data and evaluation needs, uses, and ideas to provide a community perspective to the 5-year plan, which was one of the recommendations in the evaluation plan corresponding to the 2025 Strategic Plan.

PDA will lead surveillance and evaluation projects that provide data needed to report metrics related to the Strategic Plan objectives. For example, as with the 2025 Strategic Plan, objectives in the 2030 Plan may require data points from Quitline evaluations, the ATS, and the IYTS. To ensure alignment with Strategic Plan objectives, we will design the sampling strategies, survey protocols, and methods to collect data on priority populations. This may include purposeful oversampling of specific groups as identified in the Strategic Plan.

In addition to providing specific metrics for objectives, PDA will create evaluation questions and study designs for planned components and select evaluation topics for ad hoc projects that align with 2030 strategic plan priority areas. These areas could include topics identified in the RFP (tobacco product sales, cessation systems change, and smoke free air evaluation) or others that emerge from evaluation findings, insights from broader surveillance data (e.g. BRFSS, ACS, YRBS, ATS, YTS), programmatic changes, or changes in the tobacco control landscape. These projects will be designed to inform programmatic decisions that further the goals outlined in the Strategic Plan. Throughout our partnership, PDA has provided this support through a number of studies. One example relates to the 2025 Indiana Tobacco Control Strategic Plan priority to decrease Indiana adult smoking rates. PDA produced an ad hoc report for TPC that delved into the service delivery for the Quitline provider showing who was receiving services, what they were receiving, and where improvements could be made. Reports such as these allow TPC to make continual improvements to their cessation services which helps to achieve the 2025 goal of decreased adult smoking rate.

PDA will work collaboratively with TPC to create an evaluation plan corresponding to the 2023 Strategic Plan that is dynamic, rather than static. We will engage in continuous discovery, conversations with TPC and key partners, and review of the tobacco control landscape in Indiana and nationally to understand the information that TPC needs to best meet the Strategic Plan goals. We also will monitor the latest advances and novel approaches in tobacco control evaluation that could benefit Indiana. As with the evaluation planning in our current contract, we will adapt and adjust our approaches and focus areas annually and when needed, while ensuring that the metrics connected to the Strategic Plan objectives are collected and available and the evaluation topics, questions, and methodology across the components of the plan align with the Strategic Plan priorities broadly.

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

For the current contract, PDA plans to work with TPC in a consulting role to review and provide feedback on the draft strategies and objectives for the Strategic Plan in the first half of 2025. For the new contract, PDA will seamlessly continue this role, or if needed, expand the role to attend any meetings, gather resources, or provide feedback in other ways, depending on where TPC is in the process of creating the Strategic Plan. 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 will recommend.

In emerging areas where standardized measures may not yet exist, PDA will conduct a thorough review of existing measures and practices to develop tailored recommendations. For instance, as definitions and

measurement of ENDS (Electronic Nicotine Delivery Systems) use continue to evolve, PDA brings expertise from authoring peer-reviewed articles on capturing various levels of ENDS use and testing strategies for accurate reporting. This knowledge enables us to adapt and improve metrics to meet TPC's specific needs.

We will also collaborate with TPC to identify the most appropriate data sources for evaluating each strategy or objective. These sources may include existing datasets, planned studies, or new evaluations. PDA will assess the need for in-depth studies or more resource-efficient methods, ensuring that evaluation efforts align with TPC's priorities and available resources.

All components of the evaluation plan will align with the CDC's *Best Practices for Comprehensive Tobacco Control Programs*, which provides guidance for both evaluation and surveillance. PDA has extensive experience evaluating statewide tobacco control programs built on CDC Best Practices, making us well-equipped to provide expert consultation. Additionally, we utilize a range of tobacco control resources, including:

- CDC Best Practices User Guide: Health Equity in Tobacco Prevention and Control
- Recent Surgeon General's Reports (e.g., the 2024 report addressing disparities, 2020 report on smoking cessation, and 2016 report on ENDS use)
- Clinical Practice Guideline for Treating Tobacco Use and Dependence
- CDC's Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs

Our team also references resources from the North American Quitline Consortium (NAQC), as well as papers and webinars from peer-reviewed journals such as *Nicotine and Tobacco Research* and the *Journal of Smoking Cessation*. PDA evaluators actively participate in communities of practice like The Evaluators' Network, which focuses on advancing evaluation methodologies in tobacco control. We also stay current by attending key conferences, such as the National Conference on Tobacco or Health (NCTOH). Beyond tobacco control, PDA evaluators remain engaged in advancements in the evaluation field more broadly through the American Evaluation Association (AEA) and by referencing leading texts such as *Utilization-Focused Evaluation* and *Transformative Research and Evaluation*. To ensure best practices in survey methodology, our team also participates in the American Association for Public Opinion Research (AAPOR), a premier association for public opinion and survey researchers.

D. Indiana Tobacco Quitline Evaluation

- a. Respondent will conduct an outcome evaluation of the Indiana Tobacco Quitline (Quit Now Indiana). Describe the qualifications of the Respondent 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.

Qualifications and Experience

PDA brings extensive experience and a proven track record in conducting state Quitline evaluations, making us uniquely qualified to support TPC's needs. Over the past 15 years, PDA has evaluated

Quitlines in eight states, including Indiana. These evaluations have encompassed a variety of service delivery modalities such as phone, web, text messaging, in-person coaching, and group programs. We utilize both quantitative and qualitative methodologies, including surveys, interviews, program data, call reviews, secret shopper calls, and quality assurance testing. PDA has also supported clients in exploring innovative approaches to Quitline services, such as evaluating behavioral health programs, county-level program reach, and new web platforms.

Best practices in Quitline outcome survey methods

PDA's expertise in survey methodology is recognized nationwide. 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 nine tobacco follow-up survey projects in the field for six state clients; the response rate for the most recent batches of each of these surveys was between 40.0% and 57.0%.

Development of survey administration application, SynchronizedSurvey

PDA developed SynchronizedSurvey, a HIPAA-compliant web application that supports multimode survey administration (phone, web, and mail), surveyor activity tracking, and incentive management. This system has facilitated over 1,000,000 survey calls for clients, consistently achieving high response rates. 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. Built 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, reporting and surveyor monitoring, and incentive management.

Response rates improvements in Indiana and North Dakota

PDA has a vetted callback protocol for Quitline follow-up surveys and a robust survey and response rate monitoring system. PDA consistently reviews survey monitoring reports and can easily make timely modifications to protocols or modalities to ensure high response rates are achieved and maintained.

PDA has conducted the follow-up survey for Indiana's Quitline since January 2022. In this time, we have achieved an overall response rate of 48.5%, a considerable increase from the prior vendor's response rates that ranged between 22% for web participants and 32% for phone participants in FY2020.

The North Dakota Department of Health and Human Services 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 years of follow-up survey data and reached an overall response rate of 45%, all without the use of any financial incentives.

Vendor experience and independent third-party evaluation

As an independent evaluator, PDA provides objective, evidence-based findings to help clients monitor program effectiveness and make informed decisions. We have successfully partnered with multiple Quitline service vendors (e.g., RVO Health, formerly Optum), supporting clients through data migrations and ensuring seamless analysis and reporting. We have a long history of producing findings that are unbiased and relevant to clients, leading to program improvements. We also have experience supporting our clients when Quitline service vendors migrate to new service delivery and data platforms. When Indiana's Quitline vendor migrated its services and data from the Apollo to the Rally platform, we conducted in-depth monitoring of the Quitline enrollment, assessment, referral, and service utilization data, meeting regularly with TPC and the Quitline vendor to resolve identified issues. Because PDA works with the same vendors across multiple contracts, we are able to apply our expertise and knowledge across these contracts, providing clients with efficiency in our work and a more in depth understanding of Quitline data. We also provide technical support on how States can analyze the data they receive from their Quitline vendor for our clients who, like Indiana, want to conduct their own analyses.

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 areas of interest. 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; confidence intervals and significance testing to allow for comparisons across subgroups or time periods.

Proposed Approach

PDA will leverage our extensive experience and existing infrastructure to conduct a robust outcome evaluation of the Indiana Tobacco Quitline. Our approach centers on a 7-month follow-up survey, with flexibility to include additional components such as assessing service delivery, calculating Quitline reach, and detailed reporting on participant engagement. We will also be able to coordinate with RVO on data extract sharing, update sampling plans and modify the survey to meet TPC's emerging reporting needs.

Survey development and administration

Upon the contract initiation, we will review the existing follow-up survey, protocols, and sampling plan with TPC and identify any necessary modifications. For example, we can integrate questions about the use of nicotine pouches, a growing area of interest. We will also revisit the survey with TPC at key times such as vendor changes, service delivery changes, or as emerging tobacco trends are observed to make any necessary modifications to the instrument. We will continue to use a dual-mode survey (phone and web), which has proven effective for Indiana and other Quitline evaluations.

Sampling plan and sample sizes

PDA will first consult with TPC to understand any changes to their information needs for the follow-up survey and will design a sampling plan to meet those needs. We may continue to draw a random sample of eligible participants or use a stratified sample if it is important to report on outcomes for selected subgroups. We recommend continuing to oversample pregnancy program participants, to ensure sufficient respondents for subgroup analysis. To produce reliable quit rate estimates, we will aim to collect 600 completed surveys annually. This sample size exceeds NAQC's minimum recommendation of 400

responders, allowing for quit rate calculations with +/-4% certainty and subgroup analysis with 75 responders. 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.

Callback protocol

PDA's established outreach protocol for Quitline surveys maximizes response rate. Each sampled respondent receives a mailed letter and email (when available), followed by phone calls over three to four weeks. Working numbers receive up to 15 calls, and not-in-service numbers receive nine calls to account for reactivated mobile numbers. Voicemails are left twice during the calling period to encourage responses and identify the reason for the call to encourage participants to answer calls from an unknown number. Email reminders and postcards are also sent to non-responders to boost participation.

Acceptable response rates and incentives

PDA adheres to NAQC guidelines, targeting a 50% response rate for follow-up surveys. 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 or incentive cards based on respondent preference. PDA proposes an incentive for the Indiana Tobacco Quitline survey, which we will advertise through our outreach efforts, to assist in achieving the desired 50% response rate.

Method to compute abstinence

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 two forms: responder rates and NAQC responder 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 abstinence from conventional tobacco only and abstinence from conventional tobacco and ENDS (30-day point prevalence, 30-day prolonged quit, and 24-hour quit attempts). Due to the evolving patterns of conventional tobacco and ENDS use, PDA will work closely with TPC to review options for expanding Indiana's quit rate calculations without losing critical standardization that allows for comparisons over time and across programs.

Capabilities to analyze data and produce reports

PDA has a robust capacity to analyze Quitline outcomes and generate detailed reports that inform program improvements. We will tailor analysis of the outcome data to the evaluation needs as identified in the planning phase of the evaluation. The proposed sample size will allow us to produce outcomes for Indiana Tobacco Quitline participants overall as well as separately for each Quitline support track (Standard, Behavioral Health, and Pregnancy). 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, in Indiana we have included a section on quit outcomes for Medicaid enrollees in the Quitline outcome

reports in order for TPC to easily share results with partners in the Medicaid office. PDA has also supported ad hoc studies for Indiana and other states. For example, we analyzed participant experiences and service timeliness for Indiana in FY2022 and reported quit rates for strategic priority populations in Florida. Our tailored analyses ensure that insights are actionable and directly applicable to program planning and policy development.

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.

- b. A 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 and stakeholders, if requested.

PDA has extensive experience creating visually appealing and informative reports and presentations tailored to client information needs. For the Indiana Quitline evaluation, we have produced annual outcome reports and preliminary "snapshot" reports, which provide insights based on a few months of data. These reports have been instrumental in supporting TPC's program monitoring and strategic decision-making.

As part of this contract, PDA will update existing report templates or create new ones to reflect any changes made to the Indiana Quitline evaluation. These updates will be reviewed with TPC staff to ensure all information needs are met. In these reports, PDA will primarily report on follow-up survey results with some additional findings related to less complex extract data, such as participant characteristics and Quitline entry method. For more complex participant information, like service utilization details, PDA could provide in-depth information in ad hoc reports. Because we are flexible and nimble, PDA could also discuss creative solutions to reporting, in which we adapt the reporting methods and data collection to allow for more in-depth reporting in some years. For example, to meet ClearWay Minnesota's needs, we adjusted participant sampling and produced a series of smaller reports, including a brief Quitline outcome report, in place of one large summary evaluation report. This approach allowed ClearWay to have more in-depth studies in key areas of interest, like a report on the predictors of outcomes. With all reporting options, PDA will create clear summaries of survey outcomes and key findings, presented in a format that is both accessible and actionable for diverse audiences.

In addition to written reports, PDA will continue to engage with TPC staff and stakeholders through formal and informal reviews of results. We will reserve time to present and discuss key findings, address questions, and facilitate reflection on implications for program improvement. Feedback gathered during these discussions will be incorporated into final deliverables to ensure they align with TPC's priorities and objectives. This collaborative and iterative process ensures that TPC receives high-quality, actionable insights and has opportunities to engage meaningfully with the evaluation findings.

In addition, PDA is open to collaborating with TPC on conference presentations and publications to further disseminate learnings to broader tobacco control stakeholder groups, public health or evaluation networks. For example, we recently submitted a NCTOH abstract with three state partners, including

Indiana, to discuss how best to expand tobacco cessation metrics to reflect the shifting tobacco and e-cigarette use patterns.

E. Survey of Youth and Young Adult Tobacco Use Behaviors (Budget task 5: 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.

Instrument development

Survey development experience

PDA has extensive experience developing survey instruments to collect information critical to addressing the key evaluation questions outlined in each study. We follow measurement best practices on our construction of survey questions and response options. We often source questions from publicly available surveys to allow for comparison to the target population and to identify new or emerging questions, such as the Youth Tobacco Survey and Youth Risk Behavior Surveillance System. Through our experience, 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. Some recent examples to highlight our experience developing tobacco control survey instruments include our work with TPC, the Hawai‘i State Department of Health, and the Minnesota Department of Health.

In Indiana, PDA worked with TPC to develop and refine the Youth and Young Adult Tobacco Use Behaviors Survey in FY2023 and again in FY2025. The survey was designed to assess the “Behind the Haze” campaign awareness and impact, document beliefs about the use of cigarettes, nicotine vapes, and cannabis vapes, and create estimates of statewide use rates of these products. PDA updated the survey to ensure it met TPC’s information needs while providing time to review and approve the survey before implementation. As part of the review, PDA provided copies of the survey with clearly indicated skip patterns, eligibility screening, and consent/assent forms. PDA has plans to add a question asking for consent to future research to the FY2025 survey to aid recruitment efforts for future qualitative studies TPC has expressed interest in pursuing.

We also have conducted an online survey of teens for the Hawai‘i State Department of Health annually for the past four years as part of PDA’s evaluation of Hawai‘i’s youth vaping prevention media. Like Indiana’s survey, it is designed to assess teens’ recall of ad messages, attitudes about vaping, and their past and current use of tobacco and vaping products. We led a collaborative survey review and approval process involving both the media vendor and the client. As part of the review, PDA also provided copies of the survey with clearly indicated skip patterns, eligibility screening, youth consent/assent form, and post-survey participant debriefing information.

PDA is currently conducting an online survey to understand, identify, and monitor trends in secondhand smoke exposure, attitudes and beliefs around smoking, and smoke-free policies among Minnesota adults who rent in multi-unit housing. The study aims to gather data from a representative sample of adults, as

well as low-income communities who have been disproportionately impacted by secondhand smoke exposure to gather population level estimates. PDA worked collaboratively with state leadership to develop the instrument, prioritizing key topic areas and constructs most important to inform Minnesota's future policy and program efforts. PDA conducted a literature review and reviewed public surveys to identify the most relevant questions and response options to design the survey. The instrument was collaboratively reviewed and approved by the client before administration.

Focus group and interview experience

We also have experience planning qualitative studies to answer key questions and identify themes related to individuals' experiences, perceptions and attitudes. We follow best practices in qualitative research design and methods to develop interview and focus group guides or other observational data collection tools. For example, in FY2024 PDA conducted a feedback session (i.e., focus group) with Indiana teens via Zoom to gather input on language, popular tobacco products and flavors, and cessation support needs to inform updates to the Indiana Youth Tobacco Survey. We developed the focus group guide, materials to recruit teens, facilitated the session, and summarized feedback for TPC.

In FY2021, we conducted virtual interviews for the Vermont Department of Health with youth who have special healthcare needs to learn about their lived experiences navigating public health and healthcare systems. We developed stories highlighting individuals' experiences and paired them with findings from state surveillance data. This pairing provided a human element in a report that focused on the disproportionate burden of chronic disease and related risk factors among people living with disabilities.

Our partner, Chamberlin/Dunn, has expertise in qualitative methods and experience with projects focused on youth, mental health, addiction, social determinants of health, achievement and education. Since 2018 Chamberlin/Dunn has evaluated the services and impact of an Indiana program that supports and empowers youth transitioning out of the state's foster system while they build self-sufficiency and stability. The evaluation included virtual interviews with youth to understand the impact of food and housing insecurity on their life and education achievement, as well as virtual focus groups with youth regarding the barriers to obtaining and retaining high quality employment opportunities. They have completed similar qualitative projects with other non-profits, school districts, and universities gathering perspectives on youth and young adults' experiences. Chamberlin/Dunn Group's expertise and connections throughout Indiana will be leveraged for potential future qualitative studies if selected by TPC, to support the design of focus group or interview guides, youth recruitment, and co-facilitation support for PDA as needed.

As demonstrated, PDA has extensive experience with instrument development and study design for both survey and qualitative studies. PDA will work with TPC to determine the most appropriate method for the youth and young adult tobacco use behavior study. The consent to future research question added to the FY2025 survey could help with recruitment for qualitative studies if TPC decides to pursue this option in the future.

- b. Respondent will implement a multipronged recruitment approach for youth and young adult participants and target a sample size of 750 youth and young adults in Indiana. Describe past experience recruiting participants using multiple approaches.

PDA has conducted several online surveys specifically on tobacco prevention and cessation topics, surveying both youth and adults. We have used different recruitment methods including address-based sampling (ABS) and mailings, probability-based panels, convenience panels, social media advertising, and community recruitment. We work with clients to select the recruitment approaches that will meet their study goals. In this section, we will describe our recruitment method experiences with a few sample projects as well as describe the advantages and limitations of each recruitment method, as the landscape continues to change. Finally, we will share a proposed approach and recommendation for a recruitment method that could best meet the needs of the requested TPC youth and young adult survey.

Recruitment experience

Address-based Sampling

PDA has extensive experience with ABS, having conducted three recent studies utilizing this method for the Indiana TPC (currently underway), the Hawai'i State Department of Health, and the Minnesota Department of Health (currently underway). Each survey leveraged ABS to effectively target specific populations and subgroups, as described below.

For these studies, PDA partnered with a vendor to generate samples from address frames based on USPS files. These samples were then augmented using supplementary data sources matched to sampled households to identify target populations or subgroups. For instance, in the Indiana and Hawai'i studies, we identified households likely to have teens and young adults, while in Minnesota, we focused on multi-unit, renter households in buildings with three or more units.

We designed and implemented comprehensive recruitment strategies for each study, including developing survey invitation letters, reminder postcards, emails, texts, survey FAQs, screening questions, and consent/assent forms. Initial invitation letters are mailed to an adult in the household requesting they visit the screening survey to determine eligibility. Some letters include a pre-incentive. Each invitation and reminder contains information about the survey and a unique survey code, which allows us to monitor responses and inform future reminder mailing lists.

In Hawai'i and Indiana, parents and/or guardians are asked to provide consent for their teen to participate, as well as the teen's email address and cell phone number. If consent is provided, teens are directly invited to the survey via email or text where they are asked to provide assent to continue with the survey. For Indiana young adults aged 18-21, an adult in the household can either share their contact information to be sent the survey, or if they are the target audience, complete the screening questions and be directed to the survey upon qualify. In Minnesota, the survey targets adults in the household who are asked to complete screening questions to determine eligibility for the survey. A series of reminders are sent to non-responders to increase participation across all studies. Gift card incentives are provided to respondents as a token of appreciation for their time. Results from these studies demonstrate the effectiveness of ABS recruitment. While the Minnesota and Indiana studies are ongoing, the Hawai'i study successfully exceeded its reach goal using this method, and the Minnesota study is on track to meet its goal as well, making ABS a proven and viable option for future surveys.

Social media recruitment

In previous years for the Hawai'i and Indiana youth and young adult surveys (described above), social media recruitment was used. We developed tailored ads with engaging headlines and images to resonate with teens for use on social media platforms (Snapchat, TikTok, Facebook, Instagram, etc.). We used

platforms' Ad Managers to place and monitor the recruitment ads from PDA's social media accounts to inform any necessary refinements to the recruitment strategy. All ads were approved by each social media platform to ensure they met advertising policies. Unfortunately, during the past few years this recruitment option has become less viable due to the changes in social media platforms' advertising policies and restrictions on targeting youth, as well as the increased fraud and bot attacks for online surveys.

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 people who use tobacco and those who do not use tobacco in the state of Minnesota. The report produced useful information that informed ClearWay's programming decisions.

Convenience sample panels

PDA used a non-probability based online convenience panel for the evaluation of North Dakota Department of Health and Human Services' BreatheND media campaign, 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 adults who use tobacco 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. 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.

Community recruitment

The Minnesota Department of Health (MDH)'s secondhand smoke survey is implementing a hybrid recruitment approach, using both ABS (described above) and a convenience sample through community-based recruitment. PDA collaborated with MDH to identify interested partners and grantees, with a focus on counties with a high proportion of low-income households and in rural areas, to promote the survey in their communities (e.g., low-income MUH buildings, community sites and events, service providers). PDA developed recruitment flyers in English and Spanish with a unique URL for each community recruitment location and asked partners to post flyers at their selected locations. Publicly posted links to surveys have increased risk for fraud, so PDA will undertake more intensive monitoring of the community responses. If a community link is being used for large-scale fraudulent activity, we will deactivate that link and provide the partner with a new flyer and unique link. This community recruitment strategy is currently underway.

PDA has also used a community recruitment strategy for TPC's IYTS youth feedback session in FY2024 (described in previous section). We developed recruitment materials, and TPC met with a group of VOICE youth ambassadors who work on tobacco prevention strategies in their schools to introduce the project. The youth ambassadors were asked to share the flyer and QR code with their peers to register for the feedback session. The flyer was also shared with TPC's VOICE youth coordinator to share more broadly with their network of partners to further support youth recruitment. In this project, PDA successfully responded to fraudulent activity after a flyer was posted on social media. To control any future attempts for fraud, PDA used unique links for each ambassador's flyers. A total of nine youth attended the session of the thirteen who registered, two of whom were VOICE youth ambassadors.

Advantages and limitations of recruitment options

When selecting a recruitment option(s) PDA considers the goals of study, the survey method, how the results are to be used, and the advantages and limitations of each method. Here we will describe the advantages and limitations of recruitment methods.

In general, online surveys offer a cost advantage over other survey methods like telephone surveys. However, online surveys can have data quality issues, including multiple completions by the same person, misrepresenting eligibility, or speeding through the survey just to receive the reward, though this can be made better by implementing best practices to limit fraud and bad data. Telephone surveys avoid some of these data quality challenges but have much higher costs. In addition, surveyors have more difficulty reaching individuals via phone, especially in certain demographics like younger adults.

Online convenience samples are the least expensive but are likely to produce results that are less 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 can have low recruitment and participation levels, particularly for specific subgroups such as teens or people who use tobacco. Even when a probability-based panel can be found, the sample may underrepresent individuals who identify as Black or Hispanic/Latino/a. Lastly, some online panel vendors have instituted policies limiting the types of questions that can be asked of youth, including illegal behaviors like tobacco use.

Social media recruitment has become less advantageous as social media platforms continue to change policies limiting the targeting of youth and increased ad rejections for tobacco related ads, even when the focus is on public health. Along with these challenges, the costs to manage monitoring and fraud detection continue to increase as online bots become more sophisticated. Social media recruitment also may systematically exclude certain groups who lack reliable internet access. Overall, social media recruitment has become a less viable option to reach youth.

Address-based sampling offers several advantages to random digit dialing telephone surveys and convenience panels, such as better coverage and accessibility to households across the US and in targeted geographic areas, including states or communities, and for specific subgroups, like households with teens and young adults (see Section 3.A.c for additional details). Address-based samples are more representative and achieve higher response rates compared to telephone surveys. Many address-based sampling recruitment methods use a “push to web” technique asking participants to complete the survey online. This recruitment method ensures that households have equal opportunity to receive the mailed invite and takes advantage of more commonly used communication methods to complete the survey via an individual’s phone or computer. While costs are less than telephone surveys, address-based sampling methods require additional costs for printing and postage and are more expensive than convenience online panels. The survey fielding period is also can longer than telephone surveys and online panels.

PDA’s recommendation for data collection and recruitment approach

This RFP has requested an online/panel survey or focus groups 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 again, we will propose to collaborate with TPC to determine the most appropriate data collection and recruitment method to meet TPC’s information needs.

Based on our current understanding of TPC's information needs, including an interest in gathering greater input from youth who use vaping products and garnering reliable estimates, PDA will propose exploring an ABS method to recruit households with teens and young adults to complete an online survey. An ABS frame and supplementary data sources will allow for effective targeting of geographic areas and households with individuals between the ages of 13 to 21. We can also design the ABS to oversample households with factors associated with tobacco and vape use, such as adult education levels, to reach more youth who have used vape products. PDA will collaboratively review the previously developed survey, protocols, and timelines with TPC and make modifications to ensure information needs are met. PDA also recommends considering the continued use of incentives as a strategy to increase response rates and to thank respondents for participation.

In FY2025, PDA conducted a power analysis to determine an adequate sample size for this study. As expected, we found that larger sample sizes result in more reliable estimates, however, we found minimal differences between a sample size of 500 and 850. Both sample sizes had relative standard error (< 30%) and confidence intervals within acceptable levels, deemed by TPC, instilling confidence that results will be reliable even at a sample size of 500. PDA recommend conducting a new power analysis and aiming for a sample size that allows you to look at results by age group and for larger subgroups (>25% of the sample), while maximizing your resources.

TPC has also expressed interest in conducting a qualitative study with youth who have ever used tobacco or vape products. To support this effort, PDA plans to include a question in the current FY2025 survey to ask for consent from parents and teens/young adults to follow up with them for future study opportunities. If TPC were to choose this method for one of the Youth and Young Adults Surveys, we recommend conducting community recruitment using TPC's community partners and our local subcontractor, Chamberlain/Dunn, who have extensive experience and partnerships with youth and young adult serving organizations in Indiana. This hybrid recruitment approach could provide an opportunity to conduct a qualitative study using both virtual and in-person focus groups. With oversight from PDA, Chamberlain/Dunn will be responsible for the community recruitment efforts, developing recruitment materials, outreach to partners, and organizing focus group sessions. PDA will be responsible for designing the study, developing focus group guides, facilitation, thematic analyses, and reporting. We will aim for a sample of 40-50 teens and young adults, as any more than that is likely to lead to thematic saturation. We believe this method could be a complementary approach and provide rich contextual information regarding nicotine product use, attitudes, and perceptions. PDA will work collaboratively with TPC to identify the focus of the qualitative study to inform the design of the focus group guide and key questions for youth, if this method is prioritized in the future.

PDA will partner with two subcontractors for the Youth and Young Adult Survey: MSG and Fineline Printing Group. MSG, a leader in sample design and procurement, will provide consultation on sampling design and procure the sample, including any oversamples. Their expert statistician will also weight the data for a quantitative design. MSG is capable of providing samples for both quantitative and qualitative designs. Fineline Printing Group, an Indiana-based MWBE with decades of experience in large scale printing and mailing, will provide printing services based on the specifications and materials designed for the survey, which are especially beneficial for a quantitative design, which could require a large number of recruitment materials.

Regardless of the approach chosen by TPC, PDA will lead the IRB application to obtain approval or exemption for the Youth and Young Adult Survey. We will lead the writing, gathering of materials, and submission prior to implementing data collection.

- 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 TPC 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 and stakeholders, if requested. Describe in detail how contractor will prepare and deliver raw data files, data analyses, and report on relevant findings.

Dataset preparation, weighting, and reporting

PDA has experience cleaning, weighting, and analyzing data for TPC and other state partners. Our experience includes recent survey-based projects such as the FY2023 administration of the Youth and Young Adult Tobacco Use Behaviors Survey, Indiana Youth Tobacco Survey, Indiana Adult Tobacco Survey, a statewide survey for Hawaiian youth about vaping perceptions and vaping media recognition, and 7-month follow-up surveys for people who use tobacco enrolling in seven state quitlines. PDA also collaborated with Truth Initiative to analyze data from two youth panels, one study focused on vaping and video gaming and the other on cannabis initiation and state policies. PDA is proficient in working with weighted datasets after years of experience working with surveillance data such as BRFSS, the Youth Tobacco Survey, and the Adult Tobacco Survey.

Following is a description of the approach we plan for the TPC online youth and young adult survey. After data collection is complete, the raw responses will be exported to SAS 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., IYTS, 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). Post-stratification weighting will be applied to the data 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. Post-stratification weighting will be applied using a raking algorithm via a macro in SAS or similar software (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. Weight trimming 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 TPC 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.

As part of this contract, PDA will update existing report templates or create new ones to reflect any changes made to the study methods, goals, or audiences. PDA will develop and review a report outline and example template with TPC to ensure the report meets their information needs. The study methods will be summarized alongside data tables in a written report for TPC. If a qualitative study is pursued, the report will include a description of study method, and results will be organized by themes with clear descriptions, interpretations, and example quotes. All results will be presented and discussed with TPC. Feedback gathered during these discussions will be incorporated into final deliverables and will include any additional follow-up analyses conducted after the discussion as needed. In addition, PDA is open to collaborating with TPC on conference presentations and publications to further disseminate learnings to the general public, broader stakeholder groups, and public health or evaluation networks. For example, it may be helpful to share learnings from the implementation of an ABS recruitment method to reach teens and young adults at NCTOH, APHA or AEA.

F. Evaluation Advisory Group

- a. Respondent will work with TPC staff to identify project(s) appropriate for the Evaluation Advisory Group. Respondent will work with TPC staff to plan meetings, provide guidance on meeting agenda and content and take the lead on facilitation of Evaluation Advisory Group meetings. Describe the approach the respondent will use in working with this Group.

Identification of Evaluation Advisory Group project(s)

Relying on the relationships and knowledge built during the current evaluation contract, PDA will work closely with TPC to determine their current needs and priorities to inform recommendations for TPC's Evaluation Advisory Group (EAG) projects. PDA will use the EAG planning tools collaboratively developed with TPC in the current contract to guide discussions on the EAG's focus and purpose over the next four years. These discussions will be closely tied with the annual evaluation planning process, exploring the planned and potential projects for the year. PDA will review projects, prioritizing those that will allow meaningful and actionable input from the EAG and allow EAG members to participate across the full life cycle of the evaluation. To receive community input, we could also facilitate conversations or solicit information from the current EAG members to determine if there are projects or topic areas of interest for future EAG meetings. We will bring suggestions to TPC for further discussion, documenting the advantages and disadvantages of potential projects, and facilitating a decision before moving on to recruitment and planning. Plans will be revisited annually, or as corresponds with project timelines, and updated to align with TPC's emerging evaluation needs.

Planning the Evaluation Advisory Group

Recruitment

PDA will work closely with TPC to identify expertise and perspectives needed on the EAG or in special subgroup sessions to develop a member recruitment plan tailored to the project selected for the EAG. We cross-reference these needs with TPC's partners, grantees, and local organizations to ensure the inclusion of members who provide diverse perspectives, tobacco control expertise, and lived experiences. In addition to recruiting EAG members through TPC's current partners and grantees, PDA will look to our

partners and subcontractors, like Chamberlin/Dunn, to support recruitment and the goals of the EAG. Membership on the EAG may vary from project to project, with some core members remaining across multiple projects, while others attend as their area of expertise or lived experience is needed. PDA will maintain an EAG contact and expertise list to streamline recruitment and manage turnover.

In addition to leveraging PDA's network of national partners, such as members of the NAQC Advisory Board and AEA Health Evaluation Topical Interest Group, we will partner with Indiana-based organizations like Chamberlin/Dunn, LLC. These partners support recruitment, co-facilitation, and engagement with education and youth-serving organizations. PDA will develop communication and outreach materials that outline the EAG's purpose, member roles, and time commitment, coordinating follow-ups and arranging stipends for participants or subject matter experts as needed.

Planning, agenda setting, and content creation

After identifying the purpose and projects for EAG input, we will discuss more granular details of how the EAG is to operate. This may include the type of input needed from the EAG and the level of authority or decision-making power of the group. These details will inform the development of EAG recruitment materials. PDA will also work with TPC to develop program/project and EAG orientation materials to share with recruited members, so they understand the work of TPC and their role as a member of the EAG. We will create a timeline of when EAG input is needed for prioritized evaluation and data projects, informing a biannual meeting schedule.

Prior to each EAG meeting, PDA will collaborate with TPC to develop an agenda, a facilitation guide for any activities, and organize speakers and any materials that need to be shared with members. PDA will manage EAG calendar invites and send out any pertinent materials to members prior to the meeting. Depending on the content of EAG meetings, TPC's role may include presenting and being responsible for developing presentation slides or gathering documents to share with the EAG, like with the IYTS focused EAG meeting that occurred in FY2024. PDA may also take the lead role in presenting if a PDA-led project is prioritized for EAG input and support, like the ATS or Youth and Young Adult Tobacco Use Behaviors Survey. We will determine agenda assignments prior to each EAG meeting with TPC.

Lastly, PDA will provide note-taking and technical support during EAG meetings and subgroup sessions. This includes managing Zoom and other platforms, troubleshooting issues, and documenting input, themes, and voting results. PDA will share detailed meeting summaries with TPC and provide ongoing guidance to incorporate EAG input into evaluation activities.

Facilitation and Approach to the Evaluation Advisory Group

PDA has successfully planned and facilitated TPC's EAG and a separate youth advisory session in the current evaluation contract. The EAG has primarily focused on informing the planning, administration, and dissemination of the 2024 IYTS. PDA has developed recruitment materials, slide decks, activities, and managed invites, scheduling, communications, and incentives, where used, for these sessions. During the virtual meetings, PDA employed tools like polling questions, Zoom whiteboards, and focused conversation to engage attendees and gather individual and group perspectives. Meetings incorporated large and small group formats, with detailed notetaking and technical support provided throughout.

PDA has applied a variety of facilitation techniques across other statewide partner groups, including facilitating strategic planning for Ohio's statewide cancer coalition, strategic planning for Vermont's

tobacco control programs, and evaluation planning for Safe Routes to School evaluations for Alta Planning + Design, Inc. PDA's Senior Evaluator, Abby Laib, who trained in Technology of Participation (ToP) facilitation methods, has led the TPC EAG with expertise in focused conversations, consensus building, and action planning. Abby's approach fosters productive dialogue, incorporates diverse perspectives, and builds consensus to achieve shared goals. A recent project example is with Oregon's Tobacco Control Program and their community advisory group. PDA presented results to the community advisory group and then facilitated an Objective, Reflective, Interpretive, Decisional (ORID) focused conversation. This discussion helped the group examine and reflect on the results of the recent tobacco prevention media campaign evaluation and make some decisions and recommendations for the future. We used a Menti board to help facilitate the session, allowing community members to add virtual post-it notes for each phase of the ORID process. This allowed us to document reflections, interpretations, and recommendations to incorporate into the final evaluation report.

PDA will draw on both formal approaches, like ToP facilitation methods such as the ORID framework, as well as other techniques like establishing ground rules or group norms, consensus building, brainstorming, and active listening. PDA will lead the facilitation of EAG meetings incorporating a variety of virtual tools to support collaboration, discussion, and input gathering (e.g., Zoom whiteboards, Miro, Mentimeter, and OneDrive). PDA will tailor the approach and facilitation techniques to TPC's needs for each EAG meeting.

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.

Capacity to adapt the evaluation

PDA's approach to evaluation is inherently responsive and client-focused, designed to ensure our findings remain relevant and adaptive to evolving tobacco control landscapes. Our team stays informed about current issues through continuous professional development, including literature reviews, participation in professional webinars and trainings (e.g., Evaluators' Network, North American Quitline Consortium), attending and presenting at conferences (e.g., National Conference on Tobacco or Health, American Evaluation Association), and publishing journal articles (see attachment 1.a.iv. PDA Publications).

To maintain flexibility, we review and update evaluation plans annually and as needed throughout the year, incorporating any changes in client information, tobacco product trends, or policy development. This approach allows us to modify data collection and reporting processes to focus on new tobacco products, shifting tobacco use patterns, or recent policy changes. We also allocate budgetary resources for ad hoc studies to investigate emerging questions, explore newly identified issues, or respond to client-specific areas of interest. For requests that do not require extensive evaluation projects, we provide tailored recommendations and guidance, ensuring a proactive and collaborative relationship with TPC. Our ongoing monitoring of developments in the field ensures that TPC remains informed and that evaluations adapt to these changes effectively. PDA has completed work in the proposed areas that will inform our recommendations.

Our subcontractor, Bingle Research Group, worked with us on the previous TPC evaluation and has over 40 years of experience in quantitative and qualitative research. Prior to the TPC evaluation, he conducted multiple studies of the ITQL that included focus groups, interviews, and online discussion boards. As our subcontractor, he supported several qualitative studies for TPC. He brings prior knowledge and understanding of the TPC program, partners, and tobacco control landscape, which will benefit future TPC evaluations. Under this contract, he will continue to support qualitative and ad hoc projects. Below, we highlight our expertise and provide examples of potential ad hoc studies in three critical areas: tobacco product sales, cessation systems change, and smoke-free air evaluation.

Tobacco product sales

PDA has significant experience analyzing tobacco retail sales and policy data. In Vermont, we assessed the impact of state policies on tobacco retail compliance, including Tobacco 21 laws, online sales of e-cigarettes, and increased e-cigarette taxes. In 2023, PDA produced a tobacco retail audit report, analyzing the availability of tobacco products, advertisements, and pricing and promotions in Vermont:

<https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-vermont-tobacco-retail-audit-report.pdf>. We also created a data brief on tobacco product sales in Vermont from 2022-2023 using NielsenIQ data. This data brief summarized weekly tobacco and nicotine product sales data, including trends over time, top brands, and flavors. This assessment also explored trends around e-cigarettes and oral nicotine products (e.g., pouches), which are an emerging product in the tobacco and nicotine retail environment: <https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-vt-tobacco-sales-brief.pdf>

For Indiana, PDA could complement local TPC partners' retail audits by using NielsenIQ data to identify trends in tobacco and nicotine product sales statewide. These analyses could evaluate sales before and after policy changes to measure their impact or supplement surveillance surveys like the ATS or IYTS to gather behavioral and attitudinal data on emerging products, like nicotine pouches. Findings from these studies could provide a comprehensive view of Indiana's evolving tobacco and nicotine product landscape.

Cessation systems change

PDA has extensive experience evaluating tobacco cessation systems change initiatives. In North Dakota, we have evaluated health system change efforts across 23 health systems since 2015, analyzing electronic health record (EHR) data, conducting case studies, and identifying facilitators and barriers to implementation. In 2017, we revamped the evaluation to align with the state's health system RFP and the grantee workplans. In 2020, PDA conducted a case study with a health system with longevity in the program to better understand successes, barriers, and stakeholder perspectives on the initiative. We engaged in document review, key informant interviews, and qualitative and quantitative analysis of the data. Similarly, we conducted process evaluations of two cessation health systems change grant initiatives funded by ClearWay Minnesota. PDA reviewed health system reports and documents, interviewed staff, and produced health system case studies about facilitators, barriers, lessons learned, and opportunities. PDA partnered with ClearWay Minnesota to publish two journal articles on the findings.

For Indiana, PDA could design mixed-method evaluations of TPC's systems change activities. For health care systems, we could analyze EHR and Quitline referral data to assess treatment interventions, provider referrals, and referral outcomes. Surveys, interviews, or focus groups with health care staff and patients could further assess process changes and impacts. For systems change in workplace or community

settings, PDA could evaluate social norms, attitudes, and behaviors related to cessation. Our subcontractor, Bingle Research Group, could support qualitative data collection through interviews or focus groups.

Smoke free air evaluation

PDA has a strong track record of evaluating smoke-free air policies. We are currently leading a statewide survey assessing attitudes and behaviors related to secondhand smoke (tobacco and cannabis) and vapor in multi-unit housing for the Minnesota Department of Health (MDH). We collaborated with MDH to create two advisory groups to support the project, one consisting of state and local partners working in tobacco control and the other consisting of individuals with lived experience renting in multi-unit housing. PDA worked with the advisory groups and MDH staff to develop and implement the survey, ensuring that survey questions reflected the current tobacco control landscape and the experiences of people in multi-unit housing. Results from this survey will be used by state and local level partners to plan and advocate for smoke-free policies.

PDA worked with the Vermont Department of Health's Tobacco Control and Prevention team to share stories from their concern line to encourage property managers and landlords of multi-unit housing to adopt smoke-free housing policies. The concern line is one way that Vermonters can report exposure to secondhand smoke, which is common in multi-unit housing in the state. PDA compiled transcripts from the concern line and summarized findings from individuals who lived in multi-unit housing. We created a narrative report that spotlighted Vermonters' stories about living with secondhand smoke exposure and the benefits of adopting smoke free housing that were pulled from existing literature. This report was disseminated at a housing conference in Vermont:

<https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-secondhand-smoke-in-multiunit-housing.pdf>

For Indiana, PDA could expand TPC's existing policy tracking activities to evaluate local and state smoke-free air policies. This could include surveys of TPC partners to assess attitudes and behaviors around smoke-free policies, with recruitment materials and technical assistance provided to support local implementation. Alternatively, PDA could conduct qualitative or mixed-method studies incorporating community member perspectives through interviews or focus groups, supported by Bingle Research Group. Findings could be disseminated through tailored products to assist local advocacy and policy development.

- 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 a variety of tools and devices for data collection, software utilized, network connection requirements and related security precautions taken.

PDA is well-equipped to adapt to the evolving technological needs of state tobacco control programs, ensuring comprehensive and secure data collection across diverse platforms and regions. Our extensive experience in survey methodology, paired with flexible technological solutions, allows us to respond effectively to emerging program needs.

PDA employs a variety of tools and devices to administer surveys, ensuring accessibility and usability across multiple platforms, including web, phone, and in-person modes. For example, PDA's proprietary multi-mode survey system, SynchronizedSurvey, supports seamless data collection across devices. This system has demonstrated consistent success, achieving response rates exceeding 50% at 7 months follow-up for tobacco cessation program participants. PDA also utilizes LimeSurvey, an open-source platform hosted on our secure servers, to administer web-based surveys. LimeSurvey supports mobile, tablet, and PC interfaces, making it a versatile tool for local, state, and national surveys, including tobacco cessation follow-ups and statewide studies. All survey instruments are rigorously tested for user-friendliness and compatibility across devices, ensuring participants have a smooth and accessible experience.

PDA has demonstrated the ability to adapt to evolving technological landscapes. For instance, we designed and implemented a multi-tenant survey and reporting system for the Hazelden Betty Ford Foundation, which has processed over seven million surveys and generated 20,000 dynamic reports since 2007. Additionally, in Indiana in 2023, PDA successfully conducted a statewide vaping survey using social media targeted ads, adapting ad placements in response to changing engagement patterns. In 2025, PDA plans to implement address-based sampling for a similar survey, a method proven effective for reaching youth populations in other states. In Minnesota, PDA designed and administered a bilingual (English/Spanish) statewide survey on secondhand smoke exposure, testing extensively to ensure accessibility and usability across various devices and modes.

PDA maintains rigorous security protocols to safeguard all data collected. Data is stored in an encrypted SQL Server database on virtual encrypted drives hosted on PDA's private servers. Study data is only accessible to authorized PDA team members using company-owned, password-protected computers. Remote access is restricted to computers equipped with PDA's virtual private network (VPN) software. Additionally, PDA optimizes survey platforms to ensure functionality even in areas with limited internet connectivity, reducing the risk of participant drop-offs due to network issues.

As the needs of state tobacco control programs evolve, PDA remains flexible and responsive. We regularly update and adapt survey tools to meet changing programmatic requirements, integrate new technologies as they emerge, and provide ongoing support to ensure surveys remain accessible, secure, and effective. With our proven expertise in administering surveys, adapting to new technological environments, and maintaining rigorous security measures, PDA is uniquely positioned to meet the needs of state tobacco control programs effectively.

- c. The external evaluator must have the capacity to work with TPC to evaluate one project per year, determined in partnership with TPC. Describe how the respondent will approach this project selection and support and proposal of the project's budget to TPC staff.

Over the past three years, we have collaborated closely with TPC to identify topics, approaches, and timelines for emerging areas of evaluation. At the beginning of each contract year, we facilitate strategic discussions with TPC staff and leadership to identify their priorities and information needs. This collaborative process allows us to develop a list of potential projects for the year, which we integrate into a comprehensive timeline alongside other deliverables. This planning ensures that proposed projects align with TPC's broader goals and strategic priorities.

We recognize that priorities can shift due to internal or external factors, such as policy changes or legislative mandates. To remain responsive, we maintain regular check-ins with TPC throughout the year,

ensuring that planned projects remain relevant and adjusting timelines and scopes as needed. This flexibility enables us to accommodate emerging opportunities or challenges without disrupting the overall evaluation plan.

In terms of project selection and budgeting, PDA works collaboratively with TPC to define project parameters, including scope, deliverables, and objectives. We provide clear and detailed budget proposals tailored to each project, ensuring that TPC has the information needed to make informed decisions. By leveraging our experience with similar projects, we can offer realistic budget estimates that maximize value while staying within TPC's constraints.

Examples of projects resulting from this collaborative process include an in-depth analysis of Quitline enrollment and utilization patterns, focus groups conducted with TPC community partners, the development of an ATS fact sheet on cessation, creation of the Vape Free Indiana dashboard, and the planning and implementation of youth and adult Evaluation Advisory Groups. Each of these projects demonstrates our ability to address emerging priorities effectively while delivering actionable insights that support TPC's mission.