

August 2013

Professional Development Trainings Case Study Report

Final Report

Prepared for

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1. INTRODUCTION

The Vermont Tobacco Control Program (VTCP) provides funding to Vermont schools through the Agency of Education (AOE) with the goal of preventing Vermont youth from starting to use tobacco and helping youth who do use tobacco to become, and remain, tobacco-free. To accomplish this goal, the Vermont AOE funds and coordinates a comprehensive school-based tobacco use prevention program and provides noncompetitive grants to local education agencies (LEAs). The size of the grant is based on student enrollment, with a minimum of \$7,000. LEA staff across the state focus their efforts on four overarching activities: professional development training, implementation of evidence-based health education and tobacco prevention curricula, community engagement and youth leadership, and the Peer Mentor Network. Figure 1 depicts the AOE Tobacco Free Schools logic model and illustrates how the program components interact to achieve the goal of preventing and decreasing tobacco use among Vermont youth.

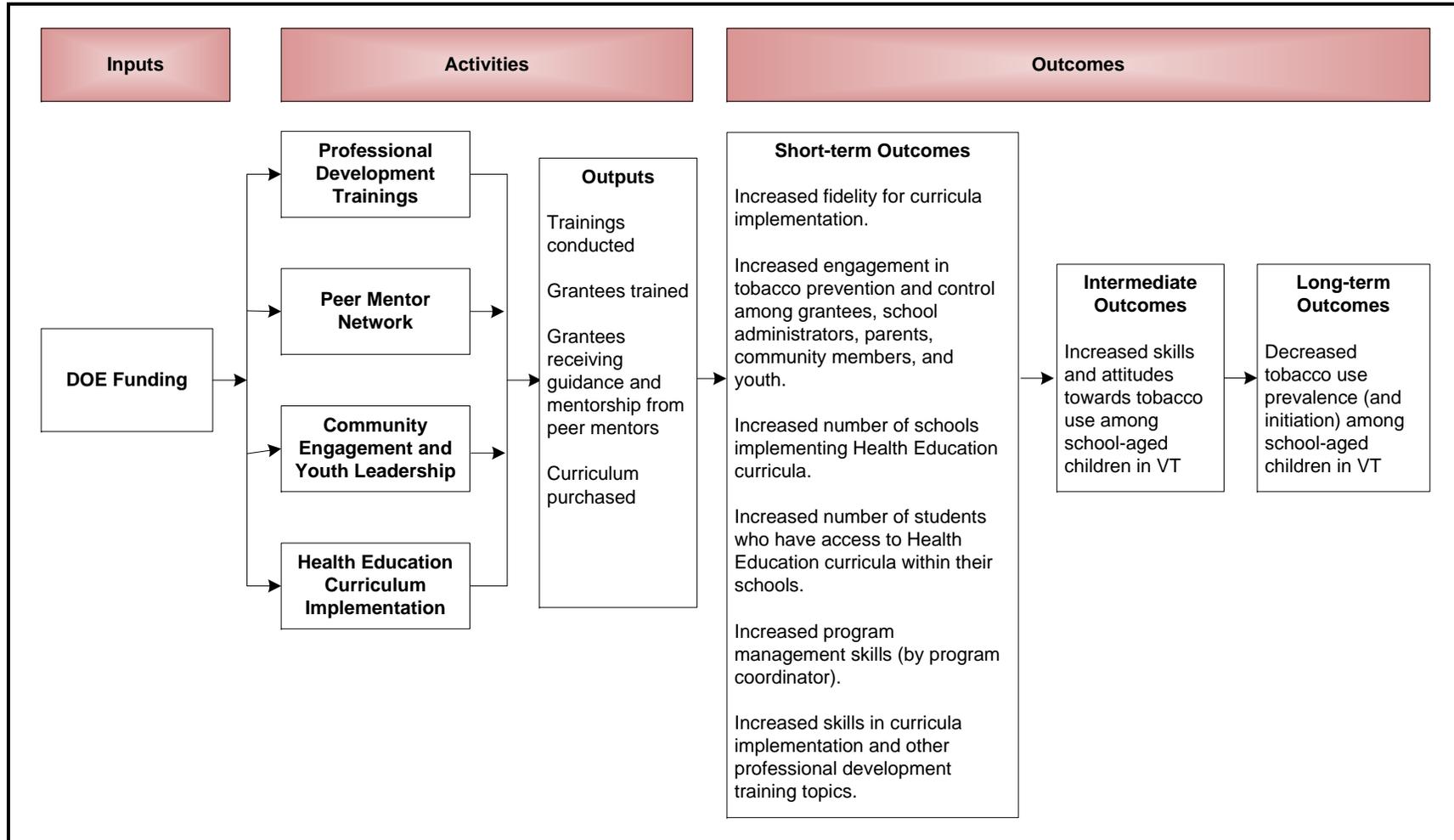
While each of the program components is important for meeting overall program goals, this case study focuses on the tobacco prevention curricula and professional development trainings in order to better understand how those trainings are being conducted and identify gaps and opportunities for improvement. Findings from this case study can be used by AOE to inform program development and to ensure that the professional development trainings are designed to meet the intermediate and long-term goals of the program.

2. BACKGROUND ON AOE PROFESSIONAL DEVELOPMENT TRAINING

AOE provides funding to LEAs to cover the cost of purchasing tobacco prevention curricula for the school setting. AOE does not dictate which curricula schools should implement; rather, the Vermont Department of Health's (VDH's) scientific advisory review panel selects a set of curricula that can be purchased or implemented with tobacco use prevention funding. In fiscal year (FY) 2012, AOE provided training on the following curricula: *Know Your Body*, *Botvin's LifeSkills Training*, and the *Michigan Model for Health*. These trainings allow curriculum implementers to receive formal instruction and direction on the curricula that they will use with students.

In addition to tobacco prevention curricula training, AOE offers other professional development training to LEAs. These trainings were selected based on an informal professional development needs assessment and are designed to meet the needs of LEA staff and others working on the school-based tobacco prevention programs. These trainings cover a variety of relevant topics, including program management and implementation, health education and assessment, and evaluation. Trainings provided in FY 2012 included the following:

Figure 1. AOE Tobacco-Free Schools Logic Model



- Health Education 101
- Understanding and Combating LGBTQ Youth Tobacco
- Evaluating Your Prevention Program
- CDC Health Education Curriculum Analysis Tool
- CDC School Health Index
- Working with Your Legislators
- Building Developmental Assets Training of Trainers (TOT)

AOE professional development trainings can be attended by tobacco grant coordinators, as well as other affiliated professionals, such as teachers and curriculum implementers, individuals in student support services, and other individuals affiliated with Vermont schools.

There has not been a formal external evaluation aimed at understanding (1) how the Vermont tobacco prevention professional development trainings are conducted and (2) whether there are gaps or opportunities in the professional development training approach. RTI International collaborated with VTCP to address these overarching questions. To guide the study, we developed the following specific evaluation questions:

1. Who is attending the professional development trainings?
2. What trainings are being attended? How are these trainings selected?
3. What funds are being used to support grantee attendance at trainings?
4. In what ways are the trainings useful for professional development and program implementation?
 - a. How is the information from the trainings being used?
 - b. What trainings are being attended?
 - c. Who is attending these trainings?
 - d. Are the people being trained on curricula actually implementing those curricula? If not, why not?
5. Are curriculum components implemented or delivered as designed?
6. How can the trainings be improved?
 - a. What additional information do grantees want to receive during the trainings?
 - b. What additional assistance or resources are needed to aid implementation?
 - c. What challenges have they encountered?
 - d. Are there other trainings that would be useful, helpful, or important?

This report summarizes the professional development case study conducted in the spring of 2013. We first describe the case study methods and then present the survey results. We conclude this report with a discussion of the findings, which includes recommendations for future professional development trainings.

3. METHODS

RTI developed a survey in collaboration with VTCP for the purpose of evaluating the professional development trainings being offered by VTCP. The final survey contained 26 individual items and included a combination of open- and close-ended questions. Survey items were selected for their relevance to the evaluation questions of interest. Table 1 depicts the relationship between the evaluation questions and the selected survey items. Once the survey received approval from VTCP, RTI project staff uploaded the survey into Survey Monkey and, along with VTCP and AOE staff, conducted quality control pretesting in May 2013.

Table 1. Survey Questions Mapped to Evaluation Questions

Evaluation Question	Survey Questions
Who is attending the professional development trainings?	<ul style="list-style-type: none"> ▪ Please select your region. ▪ What is your primary role or involvement in your LEA?
What trainings are being attended? How are these trainings selected?	<ul style="list-style-type: none"> ▪ Which of the following professional development trainings have you attended in the past year? (Check all that apply.) ▪ Which of the following curricula have you received training on? (Please check all that apply.) ▪ How did you decide which training(s) to attend?
What funds are being used to support grantee attendance at trainings?	<ul style="list-style-type: none"> ▪ Where did you obtain the funding to attend the training(s)?
In what ways are the trainings useful for professional development and program implementation? <ul style="list-style-type: none"> ▪ How is the information from the trainings being used? ▪ What trainings are being attended? ▪ Who is attending these trainings? ▪ Are the people being trained on curricula actually implementing those curricula? If not, why not? 	<ul style="list-style-type: none"> ▪ How have you used the information you learned during the training(s) in your professional work? ▪ Have you been involved in implementing the curricula that you received training on? ▪ Please describe how you were involved curricula implementation. ▪ If you were not involved in implementing the curriculum, was it implemented by someone else?
Fidelity of curricula implementation <i>(added based on discussion during RTI's April site visit to Vermont)</i>	<ul style="list-style-type: none"> ▪ How closely did you keep to the curriculum as it was written? ▪ Did you use a curriculum guide during implementation? ▪ How closely did you follow the curriculum guide in teaching your lessons? ▪ How did you adapt the curriculum?

(continued)

Table 1. Survey Questions Mapped to Evaluation Questions (continued)

Evaluation Question	Survey Questions
<p>How can the trainings be improved?</p> <ul style="list-style-type: none"> ▪ What additional information do grantees want to receive during the trainings? ▪ What additional assistance or resources are needed to aid implementation? ▪ What challenges have they encountered? 	<ul style="list-style-type: none"> ▪ Did the training(s) you attended meet your needs and expectations? ▪ If No, what other information were you hoping to get from the training? ▪ What suggestions do you have for improving the professional development and curricula trainings? ▪ What additional resources or assistance would help you implement your program?
<p>Are there other trainings that would be useful/helpful/important?</p>	<ul style="list-style-type: none"> ▪ Are there other trainings offered through the Tobacco Use Prevention Grant Program that you would like to take? ▪ If Yes, which trainings are you most interested in taking? (Check all that apply.) ▪ Why haven't you been able to take this training/these trainings? ▪ Are there other topics or trainings that you would like to see offered through the Tobacco Use Prevention Grant Program that aren't currently available? ▪ If Yes, what types of trainings would you like? ▪ How would these trainings be useful or helpful to you? ▪ What other feedback do you have on the professional development and curricula trainings?

The data collection period ran from May through June 2013. Recruitment for the study was conducted in collaboration with AOE staff. Individuals who had participated in at least one professional development training in FY 2012 received an e-mail from AOE requesting their participation in the Professional Development Training Survey. The e-mail included a link to the online survey. Participants were given a 2.5-week window in which to respond to the survey, and a reminder e-mail was sent roughly 1 week after the initial e-mail invitation went out. Following the data collection period, responses were downloaded from Survey Monkey, aggregated, and formatted for analysis. RTI conducted a descriptive analysis of close-ended survey responses and a thematic analysis of open-ended responses.

4. FINDINGS

Training records indicated that a total of 215 individuals participated in the professional development trainings in FY 2013, with 39 people taking more than one training. We received survey responses from 52 (24%) of these training participants. The following section describes the findings from the Professional Development Training Survey. Responses are organized around the key evaluation questions of interest.

4.1 Who Attended Trainings?

The survey began with introductory questions about county of residence and professional role in order to understand some background on the participants. The 52 respondents were affiliated with LEAs in 12 different counties in Vermont (Table 2). Franklin County had the largest representation with 12 respondents (23.1%). On the other end of the spectrum, there were no respondents from Bennington County and Orleans County. Representation among the remaining 10 counties ranged from one respondent (1.9%) from Grand Isle to seven respondents (13.5%) from Chittenden.

Table 2. Respondents by County (n=52)

County	Response Count	% of Total
Addison	2	3.8%
Bennington	0	0.0%
Caledonia	3	5.8%
Chittenden	7	13.5%
Essex	2	3.8%
Franklin	12	23.1%
Grand Isle	1	1.9%
Lamoille	2	3.8%
Orange	5	9.6%
Orleans	0	0.0%
Rutland	3	5.8%
Washington	5	9.6%
Windham	5	9.6%
Windsor	5	9.6%
Total	52	100.0%

The most common role that respondents filled within their LEA was Student Support Services (e.g., nursing, counseling, with 13 respondents (25%), followed by Student Assistance Program (SAP) (15.4%), Teacher/Curriculum Implementer (13.5%), Tobacco Grant Coordinator (11.5%), and Administrator (1.9%) (Table 3). The largest proportion of respondents, 17 (32.7%), selected the "Other" category, meaning that they did not feel that their primary role was represented in the pre-specified response categories. Those who selected the Other category on the survey were asked to self-report their role in a provided text box. Examination of the self-report data revealed that some of the respondents who selected Other may have, in fact, fit into one of the pre-specified categories. For instance, 3 Other respondents indicated that their primary role pertained to Student Support Services,

Table 3. Primary Role of Respondents in LEA (n=52)

Role	Response Count	% Total
Tobacco Grant Coordinator	6	11.5%
Teacher/Curriculum Implementer	7	13.5%
SAP	8	15.4%
Administrator	1	1.9%
Student Support Services (nursing, counseling)	13	25.0%
Other (please specify)	17	32.7%
Total	52	100.0%

one respondent indicated a primary role of school counselor (Student Support Services), and several respondents described roles that may have fit into the pre-specified Administrator category. Additional Other category self-report responses included four state agency employees, including three from VDH, three career/employment services employees, and several other school system personnel.

4.2 What Trainings Are Being Attended?

To understand what trainings survey respondents have taken, and are thus referring back to when completing the survey, we asked respondents to indicate which professional development trainings they had attended. AOE offered a total of 10 trainings as part of the Professional Development Training program. Three of these were curriculum trainings, and seven covered a variety of other professional development topics. Of the 52 individuals who responded to this survey, 25 respondents (48.1%) reported attending a noncurriculum-focused professional development training (Table 4). Selection for this question was not mutually exclusive; respondents were asked to select all of the trainings they attended, and several respondents had attended multiple trainings. *Health Education 101* and *Building Development Assets in School Communities TOT* were the most attended trainings with nine respondents (36.0%) reporting attendance for each. Other training attendance ranged from 12.0% (*CDC School Health Index*) to 24.0% (*Understanding and Combating LGBTQ Youth Tobacco* and *Evaluating Your Prevention and Intervention Program*). The Other response category indicated that the respondent had taken a training titled *Vermont Kids Against Tobacco Trainings*.

Table 4. Trainings Attended (Non-curricula trainings only) (n=25)

Trainings Offered	Response Count (n)	% Total (n/25)
Health Education 101	9	36.0%
Building Developmental Assets in School Communities TOT	9	36.0%
Understanding and Combating LGBTQ Youth Tobacco	6	24.0%
Evaluating Your Prevention and Intervention Program	6	24.0%
Health Education Curriculum Analysis Tool	4	16.0%
CDC School Health Index	3	12.0%
Working With Your Legislators	0	0.0%
Other (please specify)	1	4.0%

Note: Categories were not mutually exclusive; respondents were encouraged to select all responses that applied. Percentages were calculated as proportions of the response count/total respondents (n/25).

Of the 52 survey respondents, 23 (44.2%) reported attending a curriculum training with 31 trainings attended among these respondents overall (Table 5). Selection for this question was not mutually exclusive; respondents were asked to select all of the curriculum trainings they attended. *Michigan Model for Health* was the most attended curriculum training with 12 respondents (52.1%) reporting that they had taken this training. This was followed by *Botvin's LifeSkills Training*, which 11 respondents (47.8%) attended, and *Know Your Body*, which eight respondents (34.8%) attended.

Table 5. Curriculum Trainings Attended (n=23)

Curriculum Trainings Offered	Response Count (n)	% Total (n/23)
Michigan Model for Health	12	52.1%
Botvin's LifeSkills Training	11	47.8%
Know Your Body	8	34.8%

Note: Categories were not mutually exclusive; respondents were encouraged to select all responses that applied. Percentages were calculated as proportions of the response count/total respondents (n/23).

4.3 How Were Trainings Selected?

Reasons for attending specific trainings varied across survey respondents. Several respondents (n=4) indicated that they had chosen the training(s) to attend based on its potential usefulness and relevance to their work, whereas others (n=4) selected their training(s) out of curiosity or personal interest in the training. Two respondents reported decisional factors including the desire for professional development and interest in the opportunity to take a training because it was free.

Of the 52 survey respondents, 18 (34.6%) indicated that they would like to take additional trainings. Among these respondents, *Evaluating Your Prevention Program I* and *Assessing for Student Learning: Health Education 301* were of greatest interest with eight selections (44.4%) each (Table 6). Interest in other trainings ranged from six respondents (33.3%) indicating interest in *Evaluating Your Prevention Program II* to two respondents (11.1%) indicating interest in the *CDC School Health Index*.

Table 6. Interest in Additional Trainings (n=18)

Training	Response Count (n)	% Total (n/18)
Evaluating Your Prevention Program I	8	44.4%
Assessing for Student Learning: Health Education 301	8	44.4%
Evaluating Your Prevention Program II	6	33.3%
Building Developmental Assets TOT	5	27.8%
Evaluating Your Prevention Program III	5	27.8%
Service Learning Summer Institute	5	27.8%
Assessing for Student Learning: Health Education 201	4	22.2%
Health Education 101	3	16.7%
Working with Your Legislators	3	16.7%
Masons C.A.R.E Training	3	16.7%
CDC Health Education Curriculum Analysis Tool	3	16.7%
Understanding and Combating LGBTQ Youth Tobacco	2	11.1%
CDC School Health Index	2	11.1%
Other (please specify)	2	11.1%

Note: Categories were not mutually exclusive; respondents were encouraged to select all responses that applied. Percentages were calculated as proportions of the response count/total respondents (n/18).

After selecting additional trainings of interest, respondents were asked if there were specific reasons why they had not attended these trainings yet. Table 7 shows the reasons given by the 18 respondents who had an interest in taking more trainings. "Lack of time" was the most reported barrier among respondents with eight selections (44%). Other common barriers included "I was not free on the date(s) of the trainings" and "The class was not offered this past year." Six respondents cited other reasons for not attending additional trainings; three reported that they were not aware that some of the trainings on the list existed, and two said that they were either discouraged or prohibited from attending.

Table 7. Barriers to Attending Additional Trainings of Interest (n=18)

Barriers	Response Count (n)	% Total (n/18)
Lack of time	8	44.4%
Lack of funding	5	27.8%
I was not free on the date(s) of the training(s)	6	33.3%
The class was not offered this past year	4	22.2%
The class was already full when I tried to sign up	1	5.6%
Other (please specify)	6	33.3%

Note: Categories were not mutually exclusive; respondents were encouraged to select all responses that applied. Percentages were calculated as proportions of the response count/total respondents (n/18).

4.4 What Funds Are Being Used to Support Attendance at Trainings?

Given that funding and resources often dictate what activities can be conducted and trainings attended, we were interested in assessing what funding sources training participants utilize. Respondents were asked where they obtained funding to attend a professional development training. They were encouraged to select all sources of funding that applied, and some respondents indicated that they used multiple funding streams to attend trainings. Of the 52 survey respondents, 36 (69.2%) identified the sources of funding that they used to attend trainings. Half of all respondents (18) reported using the AOE Tobacco Use Prevention Grant Program to attend trainings, and one-third (12) reported using school district funds (Table 8). A large proportion of respondents (38.9%) received funding from other sources, primarily grants and funding from state agency budgets. A number of respondents also stated that the trainings they attended were free.

Table 8. Funding Sources for Attending Trainings (n=36)

Funding Source	Response Count (n)	% Total (n/36)
AOE Tobacco Use Prevention Grant Program	18	50.0%
School district	12	33.3%
Other (please specify)	14	38.9%

Note: Categories were not mutually exclusive; respondents were encouraged to select all responses that applied. Percentages were calculated as proportions of the response count/total respondents (n/36).

4.5 In What Ways Are the Trainings Useful for Professional Development and Program Implementation?

To understand the perceived benefits of AOE professional development trainings, we asked participants how they used the information that gained from the professional development

trainings and, for respondents who had taken a curricula training, whether they were responsible for implementing the curricula following the training. Professional development training participants found the trainings useful in several ways, including informing program activities, enhancing the attendees' knowledge base, educating other staff (e.g., health educators), and informing evaluation efforts. Table 9 provides additional detail on the specific ways that information from the trainings was used to enhance program implementation and professional development.

Table 9. Select Examples of the Ways in Which AOE Trainings Were Useful to Participants

Domain	Specific Activities
Inform program activities	<ul style="list-style-type: none"> ▪ Informed future planning for district-wide initiatives ▪ Used to develop models for Teacher Advisory activities and goals
Enhancing personal knowledge base	<ul style="list-style-type: none"> ▪ Built professional awareness and sensitivity ▪ Strengthened my knowledge base
Educating other staff	<ul style="list-style-type: none"> ▪ Conducted teacher and parent workshops ▪ Shared information with health educators
Inform evaluation efforts	<ul style="list-style-type: none"> ▪ Evaluated educational lessons taught in support blocks ▪ Created an evaluation plan

In total, 23 respondents attended one of the three curriculum trainings offered in FY 2012. Several respondents took more than one curriculum training; four took two trainings, and two took all three trainings. In total, 95.6% (n=22) who took at least one training said the training(s) met their needs and expectations, and 73.9% (n=17) were subsequently involved with implementing the curricula following the training. Of the 17 respondents who provided details on the ways in which they were involved with curriculum implementation, nine stated that they implemented the curriculum, five co-facilitated curriculum implementation, and three indicated that they implemented parts of the curriculum. In the six cases where the person who received training did not implement the curricula, another individual, often a school educator or nurse in his/her school district or LEA, was responsible for curriculum implementation.

4.6 Were Curriculum Components Implemented or Delivered as Designed?

One of the key components of curriculum implementation fidelity is adherence, that is, whether the curriculum is delivered as it was intended. To assess curriculum adherence among survey respondents, we asked (1) how closely curriculum implementers followed the curriculum plan, (2) whether implementers followed the curriculum guide, (3) how closely they followed the guide, and (4) how, if at all, they adapted the guide. It is important to

keep in mind that the three curricula were developed with varying levels of recommended strictness in adherence to the curriculum guide. For example, *Botvin's Life Skills Training* is structured and scripted, but *Know Your Body* and *Michigan Model for Health* have more flexibility built into the curricula.

All survey respondents reported using the curriculum guide for implementation, although only 41.2% (n=7) followed it very closely (Table 10). The remaining 58.8% acknowledged that they did not follow it closely, but adapted the materials as they thought appropriate. More than half of the respondents adapted the curriculum to fit the amount of time available (64.7%) and added more information on relevant topics (58.8%) (Table 11). An additional 47.1% adapted the curriculum to make it more interesting to students. Only 17.6% reported that they did not adapt the curriculum at all in implementation.

Table 10. Respondent Use of Curriculum Guide (n=17)

Use of Guide	Percent	N
Very closely—I taught the material as specified	41.2%	7
Not very closely—I adapted the materials as appropriate	58.8%	10
I did not use a curriculum guide	0.0%	0

Table 11. Adaptation of Curriculum Guide (n=17)

Adaptation of Guide	Percent	N
Adjusted curriculum to fit in amount of time available	64.7%	11
Adapted curriculum to add more information on relevant topics	58.8%	10
Adapted curriculum to make it more interesting to students	47.1%	8
Adapted curriculum to make it more culturally relevant	29.4%	5
Adapted curriculum in response to parent resistance to curriculum as written	0.0%	0
I didn't adapt the curriculum	17.6%	3
I did not use a curriculum guide	0.0%	0
Other	11.8%	2

4.7 How Can the Professional Development Trainings Be Improved?

Given that the professional development trainings are conducted every year and open to a large group of people, we wanted to better understand how these trainings could be improved to meet the needs of participants in the future. Thus, respondents were asked

(1) whether the training(s) they took met their needs; (2) whether they would like to see additional trainings offered and, if so, what type of training; and (3) whether they had other suggestions for improving the professional development trainings.

In FY 2012, 36 respondents indicated that they had attended one or more of the non-curricula focused professional development trainings and 30 respondents (83.3%) said the training(s) met their needs and expectations. In addition, 24 respondents (66.6%) felt that the training had helped them implement their program. The training *Understanding and Combating LGBTQ Youth Tobacco* stands out as having a low satisfaction rating, as half of the respondents (3 of 6) felt it did not meet their needs and expectations. Similarly, only half of respondents (3 of 6) felt it helped in program implementation. *Health Education Curriculum Analysis Tool* also was rated low in being useful for informing program implementation; two out of four respondents felt it did not help with program implementation. Table 12 provides an overview of the trainings that were attended, whether respondents felt that the training met their needs and expectations, and whether it helped in program implementation. Although the training *Working with Your Legislators* was offered in FY 2012, none of the respondents who completed these questions reported having taken that course.

Table 12. Number of Training Attendees and Perceived Utility of Training (n=36)

Training	Number of Attendees	Training Met Respondents' Needs and Expectations	Training Helped Respondents Implement Program
Health Education 101	9	8	7
Building Developmental Assets in School Communities TOT	8	7	4
Understanding and Combating LGBTQ Youth Tobacco	6	3	3
Evaluating Your Prevention and Intervention Program	6	6	6
Health Education Curriculum Analysis Tool	4	3	2
CDC School Health Index	3	3	2

In addition to the trainings highlighted above, AOE provided three curriculum trainings during FY 2012. In total, 31 of the survey respondents participated in one of these trainings, with 24 respondents (77.4%) indicating that the training met their needs and expectations and 19 (61.2%) stating that it helped them implement their program.

In looking ahead to future professional development training sessions, 36.1% (n=13) of respondents said they would like to see additional trainings offered. The topics they would like covered included training on prevention efforts (e.g., specific ways to keep teenagers from smoking especially as they get older) (n=3); working with teenagers, including recruiting teens for student-led empowerment groups (n=2); specific program management tasks (e.g., grant writing) (n=2); and a selection of other topics (n=5), including ethics, Internet safety, violence prevention, and obesity prevention. In the shorter term, there were a range of other additional resources that respondents felt would help in program implementation. These included additional materials (e.g., Scholastic Choices magazines, children's literature, and additional curriculum kits), information or technical assistance (e.g., information on different curricula, assistance with grant writing), training for other staff members, and opportunities for collaboration with peers and time to discuss strategies for program success.

Finally, respondents were asked to provide suggestions for improving the professional development trainings (including the curricula trainings) and any other feedback they may have. Many respondents reported that they were happy with the program as it was structured and had no requests for change. A specific suggestion raised by one individual was to offer some of the trainings as Webinars. Other suggestions included offering more opportunities for practice (e.g., using the training in a concrete manner) (n=3), offering new training selections (n=3), advertising the trainings more (n=2), tailoring the trainings to the objectives presented in the grants (n=1), offering more "local" trainings (n=1), and offering a mentoring or buddy system to keep skills going after the training has been completed (n=1).

5. DISCUSSION

We conducted this study to gain a better understanding of how the AOE professional development trainings are being conducted. Ideally, the professional development trainings will help the program reach their goal of reducing tobacco use prevalence (and initiation) among youth in Vermont by increasing the reach of curricula among Vermont students, building program management skills among LEA staff and other associated professionals, building skills around curricula implementation and skills related to other professional development topics, and contributing to a school environment that reinforces community tobacco-free norms. Although AOE conducts post-training evaluations to receive immediate feedback on each training, it is also important to examine the professional development trainings from a broader perspective. We sought to determine whether there are ways in which the trainings could be made more relevant or useful to participants and to assess whether there are any gaps or opportunities in the trainings.

The professional development trainings provide useful information to participants by building program management skills, informing program activities, educating other staff, and informing evaluation efforts. These are all important steps toward achieving the program's intermediate- and long-term goals. It is especially helpful that program participants are taking the information they receive through the trainings and disseminating it to others (e.g., teachers, parents, health educators), as this is a cost-effective way in which to increase the reach of the professional development trainings. Clearly, it would be time and cost-prohibitive for all these individuals to attend the trainings themselves, but to have one person receive training and disseminate it to others in the LEA is a model that AOE may want to pursue for the non-curricula trainings. For curricula trainings, it is important that the person implementing the curricula receive the formal trainings; thus, pursuing a train-the-trainer model would not be appropriate. Nonetheless, encouraging attendees of the other professional development trainings to consider the ways in which they can share the information, resources, and knowledge gained through the training could benefit the entire VTCP. If AOE decides to move in this direction, it is important to keep in mind that conducting a training is different from preparing someone to train others, and the trainings may need to be modified to accommodate a "train-the-trainer" approach.

We found that three-quarters of curricula training attendees actually implement the curricula on which they receive training. Those who did not implement the curricula reported that another individual was responsible for implementation. Given the time and resources that go into conducting the curricula trainings, we would hope to see all attendees being responsible, in some capacity, for the implementation of the curricula. More follow-up may be needed to better understand why, in some cases, the implementers are not the ones receiving the training in the first place. It may be that LEAs need more information up-front to better assess who should be attending the training or that more follow-up is needed after the training to help facilitate implementation in districts around the state. This follow-up may be as simple as speaking with a few individuals who have participated in the trainings or could be as rigorous as conducting focus groups or interviews with past attendees.

The majority of survey respondents who were responsible for curriculum implementation reported that they adhered to the curriculum guide "exactly" or "pretty" closely. More than half indicated that they adapted the guide to fit their needs. Some adaptation may be necessary to fit the curriculum into the time allowed, modify it to the intended audience, or to respond to technological innovations that can be used in ways that still adhere to the curriculum developer's message. Adaptation is more concerning in cases where the curriculum implementer has not received the AOE-sponsored training and may not understand key teaching methods, messages, or theory behind the curriculum. Encouraging all curriculum implementers to receive trainings prior to teaching any of the AOE tobacco prevention curricula should help to minimize adaptation that is not consistent with the original intent of the curriculum guide. Given that the majority of respondents are adapting

the curricula, it may be worth understanding what changes are being made and how they are being implemented. Curricula adaptation involves individual implementers making judgment calls on what is important to cover in the course. AOE may want to acknowledge the challenges that implementers face (e.g., limited time to convey the curricula messages) and provide suggestions for adaptation that are consistent with the original intent of the curriculum developer.

As AOE looks forward to professional development trainings in FY 2013 and beyond, there are some suggestions from past training participants that they should keep in mind. For the most part, participants reported that the trainings met their needs and expectations and also helped them implement their program. However, two trainings (*Understanding and Combating LGBTQ Youth Tobacco* and *Health Education Curriculum Analysis Tool*) stood out as receiving low ranking for meeting needs and expectations and helping to improve the attendee's program implementation. Given the low response rate, it is difficult to make strong conclusions about the applicability of these trainings to the overall program. Respondents may have felt that the advertising information on the trainings did not accurately reflect what the training would cover, or that the actual trainings could be better adapted to provide clear linkages between training content and applicability for tobacco prevention programs. Conducting some additional follow-up with participants of those trainings could help AOE determine what changes, if any, may be worth considering for those trainings.

As AOE discusses what additional trainings to provide, they should consider what training topics would help LEA staff and others affiliated with the tobacco prevention program to meet their programmatic goals. As depicted in the logic model, professional development trainings should help increase the number of schools implementing curricula trainings, the number of students receiving trainings, and increase program management skills, as well as skills in curricula implementation and other professional development training topics. Roughly one-third of respondents were interested in taking more professional development trainings, and those most commonly mentioned included *Evaluating Your Prevention Program I* and *Assessing for Student Learning: Health Education 301*. Survey participants also asked for trainings on new topics, including prevention efforts, especially how to keep teens tobacco-free as they get older; how to work with and recruit teens for antitobacco groups; and additional training on program management skills, such as grant writing. It will be important to balance overall program goals with requests from respondents. Developing new trainings or incorporating additional program management skills into existing trainings would be in line with the program goals, whereas topics such as injury prevention do not warrant additional training sessions through the current grant funding. Although respondents seem to be more interested in additional professional development skills trainings rather than more curricula trainings, AOE should ensure that curricula implementers are consistently receiving trainings on the curricula they implement.

If AOE has the resources to modify the training structure or content, there are several suggestions worth considering. One idea from respondents was to offer at least some of the trainings via Webinar. This would help eliminate the travel, and associated time commitment, for participants. It would also help address the barriers, such as lack of time and scheduling conflicts that some respondents cited for reasons they did not attend some of the other trainings that were available and had interested them. A Webinar format may also broaden the reach of training materials. On the other hand, some trainings may be better suited to a training format with in-person interaction, so decisions on moving trainings to Webinar format would have to be made on a case-by-case basis, considering the goals and content of each particular training.

Other changes that respondents suggested may be easier and less time-consuming to implement, such as organizing the trainings to allow for more practice opportunities. One respondent suggested offering a mentoring or buddy system to help maintain skills after the training has been completed. The Peer Mentor Network may serve well to address this topic, as Peer Mentors could make themselves available to answer questions or touch base with training participants in their region or could help link up individuals. Finally, some respondents suggested advertising the professional development training course more extensively, and some of the veterans of the tobacco prevention program suggested including new trainings into the offering. These respondents emphasized that they greatly valued the AOE professional development trainings and would like to have some new trainings to attend.

One major limitation of this study was the low response rate. It would have been beneficial to receive feedback from more training participants so that we could answer the evaluation questions more fully. There are a few explanations for the low response rate that merit discussion. The low response rate is likely due, in part, to the study being fielded at the end of the school year, when school staff and those on a traditional school calendar are very busy. In addition, those contacted to participate in the study may not have realized that the professional development training they took earlier in the year was under the purview of VTCP, and thus they may have thought that the survey was not applicable to them. Similarly, although the recruitment e-mail was sent from the newly hired AOE tobacco coordinator and cited RTI International, the long-standing evaluator of VTCP, both entities may have been unknown to potential survey participants, who therefore may have been less interested in participating. Finally, an incorrect skip pattern and survey formatting may have led some participants to only partially complete the survey. Although this did not affect the overall response rate, it may have limited our ability to obtain answers for some of the questions later in the survey. If there are areas in which AOE would like additional information, we will consider strategies to increase survey participation in the future (e.g., conducting the study at a different time of the year and/or allowing for more time for follow-up, providing clear recruitment information) or consider other data collection methods that

may provide more detailed information. For example, conducting focus groups or participant interviews would allow us to obtain more in-depth information.

The professional development and curricula trainings are a central component of youth tobacco prevention efforts as these school-based efforts reinforce tobacco-free messages and norms in other contexts (e.g., smoke-free workplaces, public places, media campaigns). AOE should take this opportunity to capitalize on their interactions with youth in schools to reinforce norms and messages and increase antitobacco skills and knowledge among youth in Vermont. The professional development trainings provide the opportunity for AOE to help LEA staff build the skills needed to effectively implement their program and work with youth. While the professional development trainings are well-received, it is important to look for opportunities for improvement to ensure that the trainings are designed to efficiently meet the goals of the program, as outlined in the logic model. RTI's recommendations for program improvement based on the professional development training case study include the following: (1) consider whether encouraging training attendees to disseminate information from the trainings is appropriate, and, if so, adapt trainings to teach those skills; (2) ensure that curricula implementers receive trainings on their particular curriculum; (3) determine what curricula adaptation is supported by AOE and provide additional training if necessary; (4) regularly review training topics, their relevance to program goals, and potential new training options that could benefit LEA grantees; and (5) consider other training formats, such as Webinars, to allow more individuals to participate in professional development trainings. AOE will need to prioritize what changes can be implemented based on their resources, but, ultimately, any alterations to the professional development trainings should be guided by the intent of the program, to enhance LEA capacity to work with youth and develop the knowledge and skills to decrease tobacco use initiation and tobacco use prevalence among Vermont youth.