Assessing the Impact of the
Leadership and Advocacy Institute to Advance
Minnesota’s Parity for Priority Populations
A Summary of Evaluation Findings

November 2008
The Leadership and Advocacy Institute to Advance Minnesota’s Parity for Priority Populations (LAAMPP), its evaluation and the accompanying reports were funded by ClearWay Minnesota.

This is a summary of The Final Evaluation Report: Assessing the Impact of the Leadership and Advocacy Institute to Advance Minnesota’s Parity for Priority Populations. The full evaluation report was written by Rod Lew, M.P.H.; Junko Honma, M.S.W.; Cecilia Portugal, M.P.H.; and Lourdes Baezconde-Garbanati, Ph.D.

The evaluation of LAAMPP was a collaborative effort involving staff and consultants from Asian Pacific Partners for Empowerment, Advocacy and Leadership, ClearWay Minnesota, the University of Southern California and Ericson Associates.

Evaluation Partners

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<tr>
<th>Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)</th>
<th>ClearWay Minnesota</th>
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<tbody>
<tr>
<td>Rod Lew, M.P.H.</td>
<td>Ann St. Claire, M.P.H.</td>
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<td>Junko Honma, M.S.W.</td>
<td>Jaime Martinez, M.Ed.</td>
</tr>
<tr>
<td>University of Southern California</td>
<td>Consultants</td>
</tr>
<tr>
<td>Lourdes Baezconde-Garbanati, Ph.D.</td>
<td>Becky Ericson, Ph.D.</td>
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<td>Cecilia Portugal, M.P.H.</td>
<td>Julie Jensen</td>
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<td>Claradina Soto, M.P.H.</td>
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<td>Rosa Barahona</td>
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For more information about the LAAMPP program or this evaluation, contact:
Jaime Martinez, M.Ed.
ClearWay Minnesota
(952) 767-1400
jmartinez@clearwaymn.org

Rod Lew, M.P.H.
APPEAL
(510) 272-9536, ext. 114
www.appealforcommunities.org
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introduction

The Leadership and Advocacy Institute to Advance Minnesota’s Parity for Priority Populations (LAAMPP Institute) was convened to build the capacity of priority populations in Minnesota to more effectively respond to tobacco issues and to help reduce tobacco disparities. Thirty-two Fellows from five priority population groups—African and African American; American Indian; Asian American; Latino; and the Lesbian, Gay, Bisexual and Transgender community—successfully completed the Institute and each had a role in the implementation of tobacco control activities in their community. The Institute was successful in facilitating positive change in a variety of ways and through multiple levels. The Fellows were trained in leadership skills and empowered to move their communities forward to address tobacco disparities.

Valuable lessons were learned during the planning, implementation and evaluation of the first LAAMPP Institute. This knowledge can be used while planning subsequent Institutes and trainings but is not intended to be a prescription or recipe for such activities because environments and circumstances are crucial, yet highly variable, factors. In addition, effective implementation of the program requires thoughtful planning and skilled facilitators who understand the underlying principles and are adept at adjusting to the dynamics of the training atmosphere while adhering to the foundational principles of the Institute.

Leadership development occurs over a long time and the long-term impact of the Institute may not be seen for some time. It may be difficult to distinguish specifically between the impact of the Institute and other influences on an individual Fellow’s development. Similarly, when evaluating the tobacco-related outcomes of this program, it may be difficult to distinguish between the impact of the Institute and other contributing factors and events such as Minnesota’s statewide smoke-free indoor air campaign, which resulted in the passage of the Freedom to Breathe Act in 2007.
Institute Design

The Institute, which began in November 2005 and ended in August 2007, was built upon the Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) model of leadership development (Figure 1).

The LAAMPP Institute trainings were designed to achieve the following four outcomes.

1. Increase Fellows’ competencies in five core areas:
   a. Expanding tobacco prevention and control capacities;
   b. Fostering collaboration;
   c. Developing cultural and community competence;
   d. Refining facilitation and communication skills; and
   e. Building advocacy skills.
2. Provide support to Fellows by training a team of Coaches.
3. Build relationships between cross-cultural teams that would continue beyond the Institute.
4. Increase the community teams’ capacity to develop and implement Community Action Plans.

Evaluation

The evaluation of the Institute provides a valuable case study on designing and implementing a comprehensive community health leadership program for priority populations. Further, the evaluation provides some insight regarding the challenges involved in maintaining

Figure 1: Principles of the APPEAL Model of Leadership Development

- Being inclusive of priority populations in a strategic and respectful way;
- Recognizing and tailoring trainings and programs at different stages of community readiness to do tobacco control;
- Believing in and nurturing the leadership capacity of each individual regardless of position;
- Working from an asset-based model rather than a deficiency-based model of training;
- Addressing tobacco comprehensively and relevantly as one of many social justice issues facing priority populations;
- Being a learning community and working across communities to find a more responsive way to deal with social justice issues;
- Modeling the work that we do and providing opportunities to apply our learnings to real and meaningful actions and advocacy; and
- Recognizing and balancing the people, process and product in any tobacco control initiative and training opportunity.
principles of cultural and community competency while balancing programmatic and evaluation activities.

The purpose of the evaluation was to determine the effectiveness of the Institute, and to provide input to strengthen and enhance programmatic activities. The evaluation assessed the impact of LAAMPP on core leadership competencies among the Fellows and its impact on multiple levels of individual, community and systems change to address parity in tobacco control and tobacco disparities.

The evaluation plan included three measurable goals, seven process evaluation questions and four outcome evaluation questions, which were based on the LAAMPP Logic Model and Conceptual Framework (Figure 2).

Data Sources
There were two primary sources of data: results from paper surveys administered at all 13 LAAMPP meetings and trainings (which 25 Fellows completed), and results from telephone interviews conducted during the summer of 2007 (which 27 Fellows completed).

Figure 2: LAAMPP Logic Model and Conceptual Framework

![Diagram of LAAMPP Logic Model and Conceptual Framework]

EVALUATION (Methods of measurement, timeline, instrument development, data collection, analysis & interpretation, report writing and dissemination)
Evaluation Team

The evaluation team consisted of APPEAL Executive Director Rod Lew, M.P.H.; APPEAL Research and Training Coordinator Junko Honma, M.S.W.; independent oversight evaluator Becky Ericson, Ph.D., of Ericson Associates; and Barbara Schillo, Ph.D., and Ann St. Claire, M.P.H., from the ClearWay Minnesota\textsuperscript{SM} Research Department. Also on the team were evaluation consultants from the University of Southern California: Lourdes Baezconde-Garbanati, Ph.D.; Cecilia Portugal, M.P.H.; Claradina Soto, M.P.H.; and Rosa Barahona.

APPEAL staff members were actively involved in developing the overall evaluation design and played a critical role in coordinating and integrating evaluation activities with program implementation. The highly participatory model used for evaluating the first Institute ensured the development of a culturally appropriate evaluation framework, questions, methods and instruments that can be used in future evaluations. Because APPEAL staff were involved in both programmatic and evaluation activities, evaluation consultants and an independent evaluator were included on the evaluation team to provide external oversight.
Key Evaluation Findings

Launching a Leadership Institute

The LAAMPP Institute consisted of 17 days of training during the year:

• The first LAAMPP strategic planning meeting in November 2005.

• Expanding the Movement: 2006 Minnesota Tobacco Disparities Conference in May 2006. Although the conference was particularly designed to benefit the Fellows, more than 130 other priority population members, tobacco control advocates and members of the general public attended the first statewide tobacco disparities conference held in nearly five years.

• The second LAAMPP strategic planning meeting in May 2006.

• Core Leadership Summit in June 2006 and Capstone Leadership Summit in June 2007. The summits were intensive four-day trainings primarily focused on the five core competency areas.

• Four two-day, theme-based trainings on:
  – Policy and legislative advocacy, in September 2006;
  – Fund development, in November 2006;
  – Media training, in January 2007; and
  – A topic chosen by each priority population group, in March 2007.

  Topics chosen were:
  • Community participatory research, African and African American group;
  • Clean indoor air campaigns, Asian American group;
  • Effective communication with mainstream organizations, American Indian group;
  • Radio and print media, Latino group; and
  • Program evaluation, Lesbian, Gay, Bisexual and Transgender (LGBT) group.

Participants and Recruitment

The LAAMPP Institute was designed to create a collective, cross-cultural learning community among all Fellows, trainers and other key players. The relationships developed during the Institute were expected to contribute to long-term collaborative work among priority populations as each community works toward the common vision of eliminating tobacco disparities in Minnesota’s priority populations.

Measurable Goal 1

By May 31, 2007, launch a collaborative cross-cultural and community-led leadership institute using the APPEAL leadership model.
Fellows. Applicants were asked to submit a three-page application form along with a résumé and two letters of recommendations. Recruitment took about two months and all applicants were interviewed in person. Selection criteria included:

- Applicant’s ability to mobilize the community(ies) he or she works with.
- Applicant’s commitment to tobacco control and other health and social justice issues.
- Applicant’s leadership potential.
- Recommendations and organizational support.

Thirty-seven Fellows were accepted into the program; the initial goal was 25. The Institute received a greater response from priority populations than initially anticipated and accepted additional Fellows into the program.

Thirty-two Fellows completed the Institute: seven African and African American (four men, three women), seven American Indian (one man, six women), nine Asian American (four men, five women), seven Latino (three men, four women) and two LGBT Fellows (two women). Five Fellows (two African American, one American Indian, one Latino and one LGBT) resigned from the program because of competing priorities and other commitments. Institute staff met with the Fellows to discuss their reasons for leaving and encouraged the Fellows to continue in the program even if their participation was limited.

Other key participants in the Institute were:

Advisory Committee members. The 15-member Advisory Committee (three representatives each from the African and African American, American Indian, Asian American, Latino and LGBT communities) provided input on the training curriculum, served as expert consultants and ambassadors for the Institute, and assisted in recruiting Fellows and Coaches. Two-thirds of the members were community leaders from Minnesota. The others were national tobacco experts. Two committee members became Coaches and one became a Fellow to ensure that the voices of Institute participants were represented in the group.

Strategic Planning members. Strategic Planning members included Advisory Committee members, Fellows, Coaches and other community leaders who shared expertise from their respective communities on health and tobacco disparities. The LAAMPP Strategic Plan included objectives for each of five priority populations and provided a framework in which Fellows could develop community action plans. One Strategic Planning meeting was convened before the Fellows’ training started to identify the priorities of each of the five priority populations on tobacco in Minnesota so that the
appropriate community representatives could be recruited as Fellows. To ensure Fellows’ involvement in the planning process, a second Strategic Planning meeting was convened to refine the priorities of the five priority populations and develop community action plans.

Coaches. Two Coaches were recruited from each of the five priority populations to provide ongoing support and guidance to Fellows throughout the Institute. The Coaches also helped to facilitate discussions following activities in the Core Summit. Coaches were trained in facilitation, coaching skills and how to support the Fellows. Depending on the Coaches’ individual abilities and skills, the role of Coach varied dramatically from group to group. For example, the involvement of the Coaches for the Latino group decreased and the Fellows took on the leadership of their group. Conversely, the Coaches for the LGBT group became more involved with their team and interacted with the LGBT Fellows on a peer level.

All components and activities that were planned for the LAAMPP Institute were implemented. In addition, the curriculum was modified to respond to lessons learned and requests from the community and Fellows.

Minnesota-based LAAMPP Coordinator Vikki Sanders and a collaborative approach between APPEAL and ClearWay Minnesota Community Development staff made it possible for APPEAL to provide oversight and coordination of the Institute from its office in California.

Some initial evaluation results were incorporated into the planning of subsequent trainings. For example, because of the perceived higher level of capacity to do tobacco control in the communities, the trainings were developed at a higher level of readiness. In most cases, however, adaptations to project implementation were incorporated through a skilled trainer or facilitator knowing how to adjust the agenda or curriculum to meet the group’s needs or feedback. For example, when Fellows requested a more in-depth discussion about sexual orientation, ethnic identity and the impact on tobacco control work, Institute staff added an activity called “Privilege Walk” to the subsequent training, which prompted rich discussion among Fellows.
Increasing Tobacco Control Leadership Knowledge and Skills

Developing Leadership and Advocacy Skills

All but one of the Fellows who participated in the telephone interviews agreed that they were better equipped to act as a leader after completing the Institute. Several Fellows also mentioned they were more comfortable with collaborating with other priority populations or had experienced growth in terms of advocacy through the Institute. Some Fellows described themselves as being a better leader because they had increased their ability to identify potential funding agencies and resources.

“In my day job I have used my experiences in LAAMPP (I work in mainstream populations) to have priority populations included in the implementation of our new statewide law. This is something mainstream tobacco has not done at all. Now we have priority populations sitting on two of the committees in charge of implementation of our new statewide law, participating in a real and meaningful way. I was part of making this happen.”

Fellows’ leadership knowledge and skills were evaluated throughout the program. Fellows were asked to complete a series of self-assessment surveys at the beginning of the program in May 2006 (baseline), at the Core Leadership Summit in June 2006, and at the Capstone Leadership Summit in June 2007, which concluded the Institute. Self-reported skill levels increased for all areas assessed (Figure 3) and similar increases were seen in knowledge across each of these areas.

**Figure 3: Fellows’ Skills Development During the LAAMPP Institute**

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<tr>
<th>Fellows Ratings of Their Skills (n=25)</th>
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<tr>
<td>Implementing Cross-Cultural Work</td>
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<td>Media</td>
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<td>Fundraising</td>
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<td>Facilitating</td>
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<td>Addressing Targeting</td>
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- Implementing Cross-Cultural Work: Baseline 56, Post Institute 88
- Media: Baseline 52, Post Institute 84
- Fundraising: Baseline 36, Post Institute 84
- Organizing: Baseline 56, Post Institute 92
- Advocating: Baseline 52, Post Institute 96
- Facilitating: Baseline 52, Post Institute 96
- Addressing Targeting: Baseline 36, Post Institute 92
A limitation of this data is that Fellows assessed their leadership capacities and may have overestimated their knowledge and skill levels at the beginning of the Institute. While the trainings helped the Fellows gain more knowledge and skill, perhaps the Institute also helped them better understand the full scope and breadth of each topic area. As a result, Fellows may have been better able to assess how much knowledge and skill they actually had or did not have at the end of the Institute.

“[LAAMPP] has opened up many doors and has allowed me to speak in public and in English. It allows me to feel more confident and at ease when working with other communities. I don’t think this would have been possible without LAAMPP.”
Strengthening Community Capacity and Readiness

The Institute successfully facilitated the development of strategic action plans for each of the five priority populations on tobacco. The LAAMPP Strategic Plan drafts and final version provided an overall framework from which Fellows could further develop tobacco control activities. Some of these activities developed into specific community action plans for each priority population with defined roles for each Fellow on the team. At the same time these community action plans were being developed, ClearWay Minnesota provided a funding opportunity for a group project. In some cases, the community action plan was the same as the group project; in others, the plans were different.

Developing Strategic and Community Action Plans

Through a collaborative effort, the Fellows successfully developed community action plans for each priority population group. Figure 4 provides a brief overview of the LAAMPP priority population group projects. Some of these projects were the same as or were based on community action plans. At the end of the Institute, all of the Fellows responded positively when asked about their desire to implement tobacco control action plans in their communities.

The Fellows indicated that their participation in the strategic planning process helped them plan their community action plans and increased their skills in strategic planning. The Fellows reported that their experience in learning how to develop strategic and community action plans will continue to benefit them in their work in tobacco control or other areas of health disparity.

“I will no longer only work with my community but also work with peers from other ethnic groups. This is something beautiful that I learned from LAAMPP. It was important to understand that we were all there to work with our communities and to realize we were after the same goals.”

Measurable Goal 3

By May 31, 2007, the trained Fellows will have each implemented one to two tobacco control activities (as specified in their action plans) for their respective priority populations and contributed to the overall implementation of the priority population community action plans.

By May 31, 2007, there will be strengthened community capacity and readiness to engage in tobacco control activities.

Outcome Evaluation

Question 2

What has been the impact of the project on the Fellows’ ability to develop strategic and community action plans?
## Figure 4: LAAMPP Group Projects

<table>
<thead>
<tr>
<th>Priority Population and Project Goal</th>
<th>Activities</th>
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| **African and African American**     | 1. Develop and implement a campaign for smoke-free homes.  
                                        2. Develop community-specific presentations that illustrate how the tobacco industry targets the African American, Somali, Oromo and Liberian communities. |
| **Goal:** To educate the African and African American communities about the dangers of commercial tobacco use and secondhand smoke exposure, and organize the communities to address the direct marketing of tobacco products to their communities. |
| **American Indian**                  | 1. Identify existing cessation efforts in Minnesota.  
                                        2. Develop a resource guide of promising practices of Indigenous cessation programs.  
                                        3. Work with three or four cessation providers in Minnesota to develop culturally appropriate cessation services. |
| **Goal:** Provide information to shape the development of culturally driven commercial tobacco cessation resources and promising practices for American Indians. |
| **Asian American**                   | 1. Develop and implement an education campaign for Asian American communities using earned media, presentations and community events.  
                                        2. Develop culturally appropriate materials to support the educational campaign.  
                                        3. Develop and implement smoke-free homes campaign. |
| **Goal:** To educate the Asian American communities, stakeholders, leaders and public about the dangers of tobacco and secondhand smoke, and the tobacco industry’s targeted marketing efforts in the Southeast Asian community. |
| **Latino**                           | 1. Identify community leaders in the three target communities.  
                                        2. Educate identified leaders through workshops.  
                                        3. Develop presentations and educational materials in Spanish.  
                                        4. Develop and implement smoke-free home campaigns at community gatherings and social events. |
| **Goal:** Build knowledge and educate the communities of Moorhead, Willmar and Northfield about the dangers of commercial tobacco use and secondhand smoke, while supporting them to create a better quality of life. |
| **LGBT**                             | 1. Coordinate the planning of the Fifth Annual LGBT Anti-Tobacco Summit on the impact of tobacco on the LGBT community.  
                                        2. Plan and organize a half-day workshop on Minnesota’s LGBT community and local tobacco control efforts.  
                                        3. Convene a workshop at the National Conference on Tobacco or Health.  
                                        4. Create an asset-map of Minnesota’s readiness to counter the impact of tobacco on LGBT community. |
| **Goal:** Move tobacco control from a marginal concern in the LGBT community to a primary health concern through awareness, education and assessment |
Collaborative Relationships within and across Priority Population Communities

At baseline, the Fellows were asked about their level of involvement in cross-cultural tobacco control work during the year before the start of the Institute. Twenty-eight percent had a high or very high involvement in cross-cultural work, 20 percent had a moderate level and 52 percent stated that they had a low or very low involvement over the past year.

When asked whether they felt it is important to work on tobacco control issues through cross-cultural collaborations with other priority populations, 88 percent of the Fellows strongly agreed or agreed at baseline, and 92 percent strongly agreed or agreed after the Institute. Although Fellows may have recognized the importance of cross-cultural collaborations early on, the Institute appears to have had a major impact on translating that desire into cross-cultural collaboration knowledge and skills. Self-reported cross-cultural skill levels increased over the course of the Institute (Figure 5).

Fellows assessed their knowledge level as high or very high regarding the principles of cross-cultural collaboration, from 56 percent at baseline to 100 percent at the end of the Institute. At the end of the Institute, 70 percent of the Fellows interviewed rated collaboration as the most important competency in being an effective leader in tobacco control.

“We don’t get through life alone. We need to think outside the box and not always go to the same people to work with. We never know who in our community is going to have the most influence.”

Figure 5: Fellows’ Cross-Cultural Skills Development during the LAAMPP Institute

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<thead>
<tr>
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<th>Fellows Rating Themselves Skilled or Very Skilled (n=25)</th>
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<tbody>
<tr>
<td>Implementing Cross-Cultural Work</td>
<td>Baseline: 56</td>
</tr>
<tr>
<td>Working Cross-Culturally</td>
<td>Baseline: 72</td>
</tr>
</tbody>
</table>
“LAAMPP has provided a platform so we can have some honest dialogue about the impact of major issues on individual communities, and we do have more power when we are together.”

When asked whether they thought the Institute has led to collaborations between priority population groups in Minnesota, responses included:

“LAAMPP taught us to work in teams and that is something that can be seen as a great success because we each had a concept that each ethnicity focused on their needs but with LAAMPP we learned it is better to work as team.”

Creating Activities and Collaborations in Minnesota’s Priority Populations

As the Fellows have developed relationships with other Fellows, Coaches, Strategic Planning members, Advisory Committee members, and organizations and individuals outside the Institute, the opportunities to collaborate on other activities become greater. Fellows reported a variety of activities that occurred in their community as a result of the Institute (Figure 6).

At baseline, 72 percent of the Fellows strongly agreed or agreed that they felt empowered to help move their community forward in addressing tobacco disparities, and 100 percent agreed after the Institute. Fellows described how the Institute had a positive impact on specific tobacco control areas, regional and ethnic groups.

Outcome Evaluation Question 4

What has been the impact of the project in creating both activities and collaborations on tobacco and other health-related disparities in Minnesota’s priority populations or elsewhere?

Figure 6: Events, Gatherings and Conversations Resulting from the Institute

What, if anything, has occurred in your community that might be a result of LAAMPP? (n=20)

Fellows could choose more than one activity.

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“We tried to look at what we could do and not compete with what was already going on in the community. We wanted to fill in a gap, so that is how we came up with focusing on cessation. How do we move and how do we impact something on a broader scale that will affect the American Indian population in Minnesota for the better.”

“Being able to conduct trainings in rural areas is something that has never been done before and it has motivated the community. Just knowing that they will be receiving the education, help, and knowledge that they had never received before is wonderful.”

When asked if they had seen any positive impact of the Institute on changing the perception of smoking or commercial tobacco use in their community, 70 percent responded that they had.

“There was a threat that they were going to let the tobacco company have a booth at our Pride event and we mobilized people to contact the Pride planning committee to make sure that they did not do that.”

Other Fellows said that it was too early to see a major impact on changing community perceptions about tobacco.

“I think our community is not ready yet although there are some that are starting to get ready, but I think there is much more work that can be done for the smokers.”

When asked if they thought that the Institute would have an impact on their community in the future, Fellows described their optimism and what they believe is still needed.

“I can’t say because if LAAMPP was a one-shot thing, then there is little or no impact. It needs follow-through, if there is no effort to continue to keep people connected and connected to LAAMPP, then there is a breakdown and lack of investment. To do capacity building and have it be long term, there has to be follow-through.”

“We have never seen this before. People speak six, seven different languages working together with one goal, so it has already started.”
Recommendations

The first Institute successfully met its goals and experienced key successes in the areas of recruitment, program and evaluation. Based on the evaluation, the following recommendations for improving future Institutes were identified:

Recruitment and Participation

1. Convene a working group to review the Strategic Plan, the environment and strategic plans of partner organizations. Use the working group’s analysis to update and refine the Strategic Plan, and use the updated Strategic Plan to determine recruiting goals.

2. Increase efforts to recruit participants from areas throughout the state where priority populations live, particularly in Greater Minnesota.

3. Involve former participants in the Institute. Engage them in the planning of future conferences that address tobacco control in their communities and solicit their involvement in presentations and networking sessions. Invite them to make presentations, lead trainings, or serve as Coaches or on the Advisory Committee. Use former participants to recruit new Fellows and Coaches.

4. When recruiting Fellows, thoroughly review their role in the communities they serve, their understanding of how change happens in their community and their motivations for tobacco control work or other advocacy-related issues. When recruiting Coaches, allow enough time to find potential Coaches who have the appropriate commitment to the Institute, and strong facilitation and communication skills. Determine if there are any historical or existing relationships between Coaches and potential Fellows that may hamper or enhance relationships during the Institute. Based on the Coaches’ skills and needs, provide extensive and ongoing training and feedback to Coaches before and throughout the Institute.

Program

1. Use the updated Strategic Plan when Fellows and other participants are determining their priorities within the Plan.

2. Review the current environment, needs, resources and opportunities when considering whether to add other theme-based trainings. Consider whether having theme-based trainings every other month is the best possible schedule.

3. Add more opportunities throughout the Institute that intentionally involve work within and across communities to build ongoing relationships, emphasizing the power in diversity and unity. Building and maintaining trust among participants must be an ongoing priority.

Technical Assistance

Further define and clarify both formal and informal technical assistance and educate Fellows about the use and value of technical assistance.
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- Rod Lew, M.P.H.
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**University of Southern California**
- Lourdes Baezconde-Garbanati, Ph.D.
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- Becky Ericson, Ph.D.
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For more information about the LAAMPP program or this evaluation, contact:
Jaime Martinez, M.Ed.
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