MFH Tobacco Prevention & Cessation Initiative Evaluation Core Data Set

December 2010

Introduction

As the external evaluator for the Tobacco Prevention and Cessation Initiative (TPCI), the Center for Tobacco Policy Research (CTPR) focuses on answering important questions about the <u>overall</u> Initiative. To answer these questions we gather information from several sources: 1) surveillance data routinely collected by state, counties, etc.; 2) data collected by CTPR; and 3) data collected by Community Grants Strategy and Tobacco Policy Change Strategy grantees. Data collected by grantees are considered the "core data set" for the Initiative evaluation. This core data set is based on the evaluation questions identified by CTPR, MFH, and grantees.

In the following pages, the core data set is listed. Each grantee is responsible for submitting these data to CTPR through our web-based data collection system, the Tobacco Initiative Evaluation System (TIES), on a monthly and quarterly basis.

Please incorporate the core data set into your evaluation efforts from January 1, 2011 forward. Please use the following pages to guide the incorporation of the core data set into your current program evaluation activities. If you have any questions or would like assistance with this, please contact:

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MONTHLY REPORTING

Staff and Volunteers

<u>**Estimate**</u> **the total number of paid Full Time Equivalents (FTE) who worked on MFH-funded TPCI efforts this month:** _____

> *For example:* At your organization, full time employment is 40 hours a week. You have two employees, Employee A and Employee B.
> - If Employee A worked 40 hours per week, then 40 hours divided by 40 possible hours = 1.0 FTE
> - If Employee B worked 15 hours per week, then 15 hours divided by 40 possible hours = .38 FTE
> - Enter a total of 1.38 FTE (1.0 FTE + .38 FTE) in the space provided above

<u>**Estimate**</u> **the amount of hours volunteers spent implementing grant activities this month:** _____

Partnerships

A partnership is a relationship between you and another organization that exists in the interest of achieving a common goal. Partners can share expertise, funding, staff, technology or other resources.

For each partner you have worked with this month, complete the following information:

Partner Profile

Partner Name: _____

Partner Role: _____

Organization Type: Please select one option from the list below:

☐ School (preschool-12)	☐ College/University	☐ Community resident
☐ Faith-based organization	☐ Health care provider	☐ Local government
☐ State & federal government	☐ Local business	☐ Foundation
☐ Advisory/consulting organization	☐ Voluntary or advocacy group	☐ Coalition
☐ Other non-profit organization	☐ Other: _____	

Service Area: Choose all that apply:

☐ Outside Missouri	☐ All Missouri Counties
☐ Specific Missouri Counties: _____	

Partnerships (continued)

Partner Activity

Indicate which activities were conducted during the past month with this partner.
Check all that apply.

Activity
☐ Provided/received technical assistance and/or informational resources to/from partner
☐ Provided/received financial resources to/from partner
☐ Worked with partner to plan or implement *educational* activities
☐ Worked with partner to plan or implement *advocacy* activities
☐ Worked with partner to plan or implement *cessation* activities

Policy Change

A policy is a set of formal rules (including, but not limited to laws) intended to promote prevention or cessation of tobacco use. Policies can include statewide OR community wide changes, but can also include policies at the organizational level (e.g., worksites, schools).

Was your project involved with the creation of new tobacco-related policies during this month?

☐ Yes (complete the information below)   ☐ No (skip to page 7)

Sites involved in policy change: _____

Policy Type: ☐ School-based

☐ Worksite-based

☐ Community-based

School, Worksite *or* Community name where policy was enacted: _____

How many locations (including the one above) does this policy apply to?

☐ 1   ☐ 2-5   ☐ 6-10   ☐ 11-15   ☐ 16 or more

Policy Change (continued)

On a monthly basis, approximately how many people does this policy apply to?

For example:

- A community of 250,000 approves a policy to ban smoking in all workplaces, including restaurants and bars. Enter 250,000 in the 'number of patrons' field below.
- A restaurant becomes completely smokefree. They have 50 employees and approximately 4400 customers/month. You would enter 50 in the 'number of employees' field and 4400 in the 'number of patrons' field below.

Number of *employees*:_____   **Number of *patrons*: _____**

Is the policy change officially documented?   ☐ Yes   ☐ No

Please obtain a copy of the policy and send it to CTPR.

Description of Policy

Policy Change at a SCHOOL:

Does the policy apply to…? (Check all that apply)

☐ School buildings (indoors)

☐ Complete school campus/grounds

☐ Specific distance from any enclosed area where smoking is prohibited

☐ Sports arenas/complexes

☐ School vehicles

☐ University housing, private residential space

☐ School-sponsored events

☐ All of the time within the site, 24 hours/day, 365 days per year

☐ Students

☐ Faculty/Staff

☐ Visitors/Contractors/Patrons

☐ Mention cessation and/or education not just punitive measures for violation(s)

☐ Prohibit possession for students under 18

☐ Identify specific enforcement provisions

☐ Prohibit sponsorship from tobacco companies

☐ Identify cessation services for staff

☐ Identify cessation services for students

☐ Other _____

| Description of Policy (continued) |

Policy Change at a WORKSITE:
Does the policy apply to...? (Check all that apply)

- ☐ Indoor facilities with exemptions
- ☐ Indoor facilities with no exemptions
- ☐ Entire campus, including the grounds
- ☐ Company vehicles
- ☐ All Employees
- ☐ Clients/Visitors/Others
- ☐ Specify distance from entrances and exits where smoking is allowed
- ☐ Provide financial coverage for cessation services

- ☐ Provide self-help materials for cessation
- ☐ Allow employee time to attend cessation classes during work hours
- ☐ Offer cessation classes on site
- ☐ Include other incentives to quit (*e.g.*, time off, recognition)
- ☐ Identify specific consequences for violations to the policy
- ☐ Apply all of the time within the site, 24 hours/day, 365 days a year
- ☐ Other _____

Policy Change within a COMMUNITY:
Does the policy apply to...? (Check all that apply)

- ☐ Workplaces (public and private non-hospitality workplaces, including, but not limited to offices, factories, and warehouses)
- ☐ Restaurants
- ☐ Freestanding bars
- ☐ Municipal Buildings
- ☐ Public Places (*e.g.,* Parks)
- ☐ Other _____

| Exemptions |

Does the policy allow exemptions for...? (Check all that apply)

- ☐ Bar areas of restaurant
- ☐ Ventilation
- ☐ Casinos
- ☐ Private Clubs
- ☐ Bowling Alleys
- ☐ Age (e.g., smoking allowed if no one <18 can enter)

- ☐ Separately enclosed smoking room
- ☐ Time (e.g., smoking allowed after 9pm)
- ☐ Bingo Halls
- ☐ Other Exemptions _____
- ☐ No Exemptions

Systems Change

Tobacco-related systems changes involve specific strategies, implemented at an organizational level, which aim to prevent or treat tobacco dependence (i.e., tobacco user-id system; resources allocated to worksite tobacco dependency services). This is in contrast to strategies which target the individual tobacco user.

Was your project involved with the creation of new tobacco-related systems changes this month?

☐ Yes (complete the information below)   ☐ No (skip to page 8)

Sites involved in systems change: _____

Systems Change Type:

☐ Implement hospital/clinic-wide tobacco identification system

☐ Provide education, resources and feedback to promote healthcare provider intervention

☐ Dedicate staff to provide tobacco dependence treatment

☐ Implement hospital/clinic policy that supports and provides inpatient tobacco dependence services

☐ Other _____

Name of location where systems change was enacted: _____

How many locations (including the one above) does this systems change apply to?

☐ 1   ☐ 2-5   ☐ 6-10   ☐ 11-15   ☐ 16 or more

Number of persons to which systems change applies: _____

Is the systems change officially documented?   ☐ Yes   ☐ No

Please obtain a copy of the policy and send it to CTPR.

Material & Media Development

Please check all that apply and record the corresponding number of units for this month:

Activity	Total Number of Units Across Sites
☐ Developed capacity-building materials (*e.g.,* manuals, lesson plans, promotional fliers)	_____ materials
☐ Developed educational materials (*e.g.,* brochures, factsheets)	_____ materials
☐ Developed advocacy materials (*e.g.,* factsheets, policy briefs, position statements)	_____ materials
☐ Developed cessation materials (*e.g.,* factsheets, tips for quitting)	_____ materials
☐ Developed educational media messages (*e.g.,* PSAs, letters to the editor, press releases)	_____ messages
☐ Developed advocacy media messages (*e.g.,* PSAs, letters to the editor, press releases)	_____ messages

Published/Aired Media Messages

Did your project publish or air media messages during this month?

☐ Yes (complete the information below)   ☐ No (skip to page 10)

If yes, complete the following fields:

Title of message: _____

Medium: ☐ Print   ☐ Web   ☐ Radio   ☐ Television

Sites involved: _____

Primary purpose of message: ☐ Tobacco-related education

☐ Tobacco-related policy change

Audience Reach: _____
   An estimate of the number of people in your target audience who saw, heard or read the media message.

Total Population: _____
   Total number of people in the media coverage area.

Frequency: _____
   The number of times the media message was published or aired during the month.

Note: Gross Rating Points will be calculated by TIES, according to the following formula:
   GRPs = Reach x Frequency, where Reach = (Audience Reach/Total Population) x 100

Site Data

For each site you have worked with this month, complete the following information:

Site Name:_____

County where the site is located:_____

Number of persons in organization: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Setting/Site Type: Please select one option from the list below:

☐ Elementary School	☐ Food and Beverage/Hospitality	☐ Healthcare
☐ Middle School	☐ Community Agency/Organization	☐ Academic
☐ High School	☐ Construction	☐ Financial
☐ College/University	☐ Social Service	☐ Religious
☐ Retail	☐ Government	☐ Arts and Entertainment
☐ Manufacturing	☐ School District Administration	☐ Community
☐ Food and Beverage/Hospitality	☐ Other_____	

Site Data (continued)

Capacity-Building Activity

Capacity-building activities are activities which aim to promote your project or prepare sites for implementing grant activities (e.g., funding, materials, technical assistance).

Site Name: _____

What did you do in the past month to prepare this site for implementing your grant activities?
Check all that apply, and fill in corresponding number of units.

Activity	Number of Units
☐ Provided funding	_____ dollars
☐ Provided information	
☐ Distributed program products (*e.g.,* manuals, lesson plans)	
☐ Distributed program results	_____ persons reached
☐ Marketed program (*e.g.,* advertisements, giveaways, promotional fliers)	_____ persons reached
☐ Trained adults	_____ adults trained
☐ Trained youth	_____ youth trained
☐ Provided technical assistance	
☐ Other capacity building activities: _____ _____ _____	_____ persons reached _____ persons reached _____ persons reached

Site Data (continued)

Educational Activity

Educational activities are designed to increase knowledge or skills to prevent tobacco use and/or increase cessation.

Site Name: _____

What educational activities were implemented during this month at this site?
Check all that apply, and fill in corresponding number of units.

Activity	Number of Units
☐ Distributed educational materials (*e.g.,* brochures, factsheets)	_____ persons reached
☐ Conducted classroom presentations	_____ presentations _____ persons reached
☐ Presented in the community (*e.g.,* presentation to Kiwanis Club)	_____ presentations _____ persons reached
☐ Organized community event (*e.g.,* Kick Butts Day event)	_____ events _____ persons reached
☐ Communicated with *local-level* decision makers regarding tobacco (*e.g.,* met with school board members)	_____ persons reached
☐ Communicated with *state-level* decision makers regarding tobacco (*e.g.,* wrote a letter to a state representative)	_____ persons reached
☐ Other educational activities: _____ _____ _____	_____ persons reached _____ persons reached _____ persons reached

Center for **Tobacco Policy** RESEARCH

Site Data (continued)

Advocacy Activity

Advocacy includes a wide range of activities conducted to influence decision makers at various levels. Advocacy activities can involve arguing for, defending, or recommending a specific cause or proposal.

Site Name:_____

What advocacy activities were implemented during this month at this site?
Check all that apply, and fill in corresponding number of units.

Activity	Number of Units
☐ Distributed advocacy materials (*e.g.,* factsheets, policy briefs, position statements)	_____ persons reached
☐ Gave presentation promoting adoption of a smoke-free policy	_____ persons reached
☐ Collected endorsements supporting a tobacco policy from *individuals*	_____ endorsements
☐ Collected endorsements supporting a tobacco policy from *community organizations* (*e.g.,* Kiwanis Club, Optimist Club, coalitions, other non-profit organizations)	_____ endorsements
☐ Collected endorsements supporting a tobacco policy from *businesses*	_____ endorsements
☐ Organized community event to educate about/advocate for smoke-free policy (*e.g.,* rallies, marches, forums)	_____ events _____ persons reached
☐ Attended community event to educate about/advocate for smoke-free policy (*e.g.,* rallies, city/county council meetings, local fair or parade)	_____ events _____ persons reached
☐ Communicated with *local-level* decision makers regarding policy change (*e.g.,* testified at a city/county council hearing, met with school board members)	_____ decision makers
☐ Communicated with *state-level* decision makers regarding policy change (*e.g.,* wrote a letter to a state representative, met with a state senator or his/her staff)	_____ decision makers
☐ Held coalition meeting	_____ meetings _____ persons reached
☐ Involved youth in advocacy activities	_____ youth involved _____ hours spent in activity
☐ Developed/drafted a new or enhanced policy	
☐ Other advocacy activities: _____ _____ _____	_____ persons reached _____ persons reached _____ persons reached

Site Data (continued)

Cessation Activity

Cessation activities are designed to facilitate cessation through the provision of information (materials, tip sheets), referral to cessation services, conducting cessation classes, or providing NRT.

Site Name: _____

What cessation activities were implemented during this month at this site?
Check all that apply, and fill in corresponding number of units.

	Activity	Number of Units
☐	Distributed cessation materials (*e.g.,* cessation program workbook, tips for quitting)	_____ persons reached
☐	Referred employees to outside cessation services (*e.g.,* Missouri Tobacco Quitline)	_____ persons reached
☐	Provided free nicotine replacement therapy	_____ persons reached
☐	Conducted cessation classes	_____ persons reached _____ hours spent conducting classes
☐	Conducted carbon monoxide tests	_____ persons reached
☐	Pursued cessation-related systems change (*e.g.,* hospital/clinic-wide tobacco-user identification system)	
☐	Other cessation activity: _____ _____ _____	_____ persons reached _____ persons reached _____ persons reached

QUARTERLY REPORTING

Quarters are as follows:
Quarter 1- January, February, March
Quarter 2- April, May, June
Quarter 3- July, August, September
Quarter 4- October, November, December

Resources

Excluding MFH funding, list any additional funding that was used to implement your project during the past quarter.

Total Amount	Describe the Source of This Funding

List any in-kind resources you received for your worksite programs in the past quarter.

Type	Brief Description	Quantity
People's Time		
Materials & Supplies		
Travel		
Other		

List any new materials or information you have used in the past quarter to further develop or revise your program. _____

_____

_____

_____

_____

_____

Quit Rates

Enter the following information for individuals who utilized MFH-funded cessation services. This should be the total of your follow-ups from the past quarter for <u>all</u> individuals receiving cessation services. *Refer to the Quit Rate Protocol for further instructions.*

3-month follow-up	
What was the total number of people who <u>attended</u> at least one meeting of a cessation intervention which ended in the **3** months prior to the quarter?	
What was the total number of people who <u>completed</u> your cessation services in the **3** months prior to the quarter?	
Of that total, how many follow-up assessments did you <u>attempt</u> in the past quarter?	
How many follow-up assessments did you actually <u>complete</u>, in the past quarter?	
How many people reported being abstinent for 7 days?	
How many people reported being abstinent for 30 days?	
6-month follow-up	
What was the total number of people who <u>attended</u> at least one meeting of a cessation intervention which ended in the **6** months prior to the quarter?	
What was the total number of people who <u>completed</u> your cessation services in the **6** months prior to the quarter?	
Of that total, how many follow-up assessments did you <u>attempt</u> in the past quarter?	
How many follow-up assessments did you actually <u>complete</u>, in the past quarter?	
How many people reported being abstinent for 7 days?	
How many people reported being abstinent for 30 days?	
12-month follow-up	
What was the total number of people who <u>attended</u> at least one meeting of a cessation intervention which ended in the **12** months prior to the quarter?	
What was the total number of people who <u>completed</u> your cessation services in the **12** months prior to the quarter?	
Of that total, how many follow-up assessments did you <u>attempt</u> in the past quarter?	
How many follow-up assessments did you actually <u>complete</u>, in the past quarter?	
How many people reported being abstinent for 7 days?	
How many people reported being abstinent for 30 days?	

Note: 7 and 30 day conservative and observed quit rates will be calculated by TIES for each follow-up time period. *Refer to the Quit Rate Protocol for more information about these calculations.*