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***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 overall 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

Estimate 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

Estimate 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:

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

Service Area: Choose all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Outside Missouri | <input type="checkbox"/> All Missouri Counties |
| <input type="checkbox"/> Specific Missouri Counties: _____ | |

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Partnerships (continued)

Partner Activity

Indicate which activities were conducted during the past month with this partner.

Check all that apply.

Activity
<input type="checkbox"/> Provided/received technical assistance and/or informational resources to/from partner
<input type="checkbox"/> Provided/received financial resources to/from partner
<input type="checkbox"/> Worked with partner to plan or implement <i>educational</i> activities
<input type="checkbox"/> Worked with partner to plan or implement <i>advocacy</i> activities
<input type="checkbox"/> Worked with partner to plan or implement <i>cessation</i> 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

Section Continued on Next Page →

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)

- | | |
|---|--|
| <input type="checkbox"/> School buildings (indoors)
<input type="checkbox"/> Complete school campus/grounds
<input type="checkbox"/> Specific distance from any enclosed area where smoking is prohibited
<input type="checkbox"/> Sports arenas/complexes
<input type="checkbox"/> School vehicles
<input type="checkbox"/> University housing, private residential space
<input type="checkbox"/> School-sponsored events
<input type="checkbox"/> All of the time within the site, 24 hours/day, 365 days per year
<input type="checkbox"/> Students | <input type="checkbox"/> Faculty/Staff
<input type="checkbox"/> Visitors/Contractors/Patrons
<input type="checkbox"/> Mention cessation and/or education not just punitive measures for violation(s)
<input type="checkbox"/> Prohibit possession for students under 18
<input type="checkbox"/> Identify specific enforcement provisions
<input type="checkbox"/> Prohibit sponsorship from tobacco companies
<input type="checkbox"/> Identify cessation services for staff
<input type="checkbox"/> Identify cessation services for students
<input type="checkbox"/> Other _____ |
|---|--|

Section Continued on Next Page →

Description of Policy (continued)

Policy Change at a WORKSITE:

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

- | | |
|---|---|
| <input type="checkbox"/> Indoor facilities with exemptions | <input type="checkbox"/> Provide self-help materials for cessation |
| <input type="checkbox"/> Indoor facilities with no exemptions | <input type="checkbox"/> Allow employee time to attend cessation classes during work hours |
| <input type="checkbox"/> Entire campus, including the grounds | <input type="checkbox"/> Offer cessation classes on site |
| <input type="checkbox"/> Company vehicles | <input type="checkbox"/> Include other incentives to quit (e.g., time off, recognition) |
| <input type="checkbox"/> All Employees | <input type="checkbox"/> Identify specific consequences for violations to the policy |
| <input type="checkbox"/> Clients/Visitors/Others | <input type="checkbox"/> Apply all of the time within the site, 24 hours/day, 365 days a year |
| <input type="checkbox"/> Specify distance from entrances and exits where smoking is allowed | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Provide financial coverage for cessation services | |

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)

- | | |
|--|---|
| <input type="checkbox"/> Bar areas of restaurant | <input type="checkbox"/> Separately enclosed smoking room |
| <input type="checkbox"/> Ventilation | <input type="checkbox"/> Time (e.g., smoking allowed after 9pm) |
| <input type="checkbox"/> Casinos | <input type="checkbox"/> Bingo Halls |
| <input type="checkbox"/> Private Clubs | <input type="checkbox"/> Other Exemptions _____ |
| <input type="checkbox"/> Bowling Alleys | <input type="checkbox"/> No Exemptions |
| <input type="checkbox"/> Age (e.g., smoking allowed if no one <18 can enter) | |

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
<input type="checkbox"/> Developed capacity-building materials <i>(e.g., manuals, lesson plans, promotional fliers)</i>	_____ materials
<input type="checkbox"/> Developed educational materials <i>(e.g., brochures, factsheets)</i>	_____ materials
<input type="checkbox"/> Developed advocacy materials <i>(e.g., factsheets, policy briefs, position statements)</i>	_____ materials
<input type="checkbox"/> Developed cessation materials <i>(e.g., factsheets, tips for quitting)</i>	_____ materials
<input type="checkbox"/> Developed educational media messages <i>(e.g., PSAs, letters to the editor, press releases)</i>	_____ messages
<input type="checkbox"/> Developed advocacy media messages <i>(e.g., PSAs, letters to the editor, press releases)</i>	_____ 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 Profile

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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Food and Beverage/Hospitality | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Community Agency/Organization | <input type="checkbox"/> Academic |
| <input type="checkbox"/> High School | <input type="checkbox"/> Construction | <input type="checkbox"/> Financial |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Social Service | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Government | <input type="checkbox"/> Arts and Entertainment |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> School District Administration | <input type="checkbox"/> Community |
| <input type="checkbox"/> Food and Beverage/Hospitality | <input type="checkbox"/> Other _____ | |

Section Continued on Next Page →

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
<input type="checkbox"/> Provided funding	_____ dollars
<input type="checkbox"/> Provided information	
<input type="checkbox"/> Distributed program products (e.g., manuals, lesson plans)	
<input type="checkbox"/> Distributed program results	_____ persons reached
<input type="checkbox"/> Marketed program (e.g., advertisements, giveaways, promotional fliers)	_____ persons reached
<input type="checkbox"/> Trained adults	_____ adults trained
<input type="checkbox"/> Trained youth	_____ youth trained
<input type="checkbox"/> Provided technical assistance	
Other capacity building activities:	
<input type="checkbox"/> _____	_____ persons reached
<input type="checkbox"/> _____	_____ persons reached
<input type="checkbox"/> _____	_____ persons reached

Section Continued on Next Page →

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
<input type="checkbox"/> Distributed educational materials (e.g., brochures, factsheets)	_____ persons reached
<input type="checkbox"/> Conducted classroom presentations	_____ presentations
<input type="checkbox"/> Presented in the community (e.g., presentation to Kiwanis Club)	_____ persons reached
<input type="checkbox"/> Organized community event (e.g., Kick Butts Day event)	_____ presentations
<input type="checkbox"/> Communicated with <i>local-level</i> decision makers regarding tobacco (e.g., met with school board members)	_____ persons reached
<input type="checkbox"/> Communicated with <i>state-level</i> decision makers regarding tobacco (e.g., wrote a letter to a state representative)	_____ persons reached
Other educational activities:	
<input type="checkbox"/> _____	_____ persons reached
<input type="checkbox"/> _____	_____ persons reached
<input type="checkbox"/> _____	_____ persons reached

Section Continued on Next Page →

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
<input type="checkbox"/> Distributed advocacy materials (e.g., factsheets, policy briefs, position statements)	_____ persons reached
<input type="checkbox"/> Gave presentation promoting adoption of a smoke-free policy	_____ persons reached
<input type="checkbox"/> Collected endorsements supporting a tobacco policy from <i>individuals</i>	_____ endorsements
<input type="checkbox"/> Collected endorsements supporting a tobacco policy from <i>community organizations</i> (e.g., Kiwanis Club, Optimist Club, coalitions, other non-profit organizations)	_____ endorsements
<input type="checkbox"/> Collected endorsements supporting a tobacco policy from <i>businesses</i>	_____ endorsements
<input type="checkbox"/> Organized community event to educate about/advocate for smoke-free policy (e.g., rallies, marches, forums)	_____ events _____ persons reached
<input type="checkbox"/> 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
<input type="checkbox"/> Communicated with <i>local-level</i> decision makers regarding policy change (e.g., testified at a city/county council hearing, met with school board members)	_____ decision makers
<input type="checkbox"/> Communicated with <i>state-level</i> 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
<input type="checkbox"/> Held coalition meeting	_____ meetings _____ persons reached
<input type="checkbox"/> Involved youth in advocacy activities	_____ youth involved _____ hours spent in activity
<input type="checkbox"/> Developed/drafted a new or enhanced policy	
Other advocacy activities:	
<input type="checkbox"/> _____	_____ persons reached
<input type="checkbox"/> _____	_____ persons reached
<input type="checkbox"/> _____	_____ 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
<input type="checkbox"/> Distributed cessation materials <i>(e.g., cessation program workbook, tips for quitting)</i>	_____ persons reached
<input type="checkbox"/> Referred employees to outside cessation services <i>(e.g., Missouri Tobacco Quitline)</i>	_____ persons reached
<input type="checkbox"/> Provided free nicotine replacement therapy	_____ persons reached
<input type="checkbox"/> Conducted cessation classes	_____ persons reached
<input type="checkbox"/> Conducted carbon monoxide tests	_____ hours spent conducting classes
<input type="checkbox"/> Conducted carbon monoxide tests	_____ persons reached
<input type="checkbox"/> Pursued cessation-related systems change <i>(e.g., hospital/clinic-wide tobacco-user identification system)</i>	
Other cessation activity:	
<input type="checkbox"/> _____	_____ persons reached
<input type="checkbox"/> _____	_____ persons reached
<input type="checkbox"/> _____	_____ 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 all 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.