



# Evaluation

# matters

Fall 2007

## MISSOURI EVALUATION CONNECTION: MEMBERSHIP HAS ITS PRIVILEGES

We all know that group membership has its advantages, and the Missouri Evaluation Connection (MEC) is no exception. This fantastic group, made up of tobacco control and evaluation specialists across Missouri, has much to offer its members. As a member of the Missouri Evaluation Connection you can:

- Communicate and network with other MEC members using an online message board
- Access innovative tobacco control and evaluation science
- Share your program ideas and successes with other tobacco control professionals
- Be one of the first to see updates and evaluation findings from the MFH Initiative
- Share your ideas to help shape the future of the Missouri Evaluation Connection
- Attend networking events throughout the year that feature nationally-recognized speakers
- Ask questions and get assistance from other tobacco control and evaluation professionals
- Enjoy all of this for free!



The Missouri Evaluation Connection website, <http://mec.slu.edu>, will be launched in the coming months, so stay tuned for more information.

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### EVALUATION CALENDAR Fall 2007

September	Dissemination of Strategy 1 evaluation results
September 15	TIES data due
October 15	TIES data due
October 24- 26	National Conference on Tobacco or Health
October 31	TIES 3rd Quarter data due
November 3-7	American Public Health Association Annual Meeting
November 7-11	American Evaluation Association Annual Meeting
November 15	TIES data due



## SHOW ME HEALTH EVALUATION FINDINGS

Under one of the first strategies of MFH's Tobacco Prevention and Cessation Initiative, the American Lung Association (ALA) implemented a short-term education campaign, *Show Me Health: Clearing the Air About Tobacco* (SMH). The primary goal of SMH was to:

*Increase knowledge of, improve attitudes towards, and build support to increase Missouri's tobacco tax.*

As the initiative evaluator, CTPR conducted a comprehensive evaluation of SMH involving information collected from interviews and focus groups with stakeholders, phone surveys of Missouri adults, and newspaper coverage of tobacco-related issues. See pages 2 and 3 for highlights from this evaluation and recommendations for future public education efforts.

## SHOW ME HEALTH RESULTS (CONTINUED)

### Background

ALA spent a total of \$844,700 for the implementation of SMH from 2005 through 2007. Funding from MFH made up 77% of the total budget. Additional funding was received from the Health Care Foundation of Greater Kansas City and United Healthcare.

ALA organized the state into four regions for targeting SMH's activities:

- 1) *Central and Northeast*, including Kirksville, Columbia, and Jefferson City
- 2) *Southwest*, including Springfield, Joplin, and the Lake of the Ozarks
- 3) *Kansas City metro area*, including Lafayette and Cass counties
- 4) *St. Louis metro area*, including several surrounding counties and Cape Girardeau

Over half of the first year of SMH was devoted to hiring staff and developing the project plan. Long-term plans for field work and an earned media campaign were finalized in August 2005 and SMH held its first outreach activity in September. Two months later, a

petition drive to put a tobacco tax increase on the ballot was announced. From the point of their first outreach activity up to the election, SMH staff and volunteers had approximately 14 months to implement the education campaign. On November 6, 2006, Missouri voters rejected the tax amendment: 51.4% against, 48.6% in support. After the election, SMH's education efforts came to an end.

### Evaluation Highlights

Findings from the evaluation identified several strengths and challenges for SMH. The following are some of the highlights:

#### Strengths

- Had full-time staff whose primary role was SMH
- Acquired sufficient funding for proposed activities
- Used existing tobacco control partners as a base for outreach
- Developed a regional structure that provided local points of contact for community members
- Carried out regular communication between stakeholders through email, phone calls, and in-person meetings

### Frequency of SMH Message Recognition and Recall

The percentage of Missouri adults who recalled hearing one of SMH's primary messages ranged from 11-22%. Only 50% of adults believed the message regarding the effect of a tax increase was accurate.

Message	Remembered Hearing	Believed Accurate
Every 10% increase in cigarette prices results in a 7% reduction in cigarette use by youth and 4% by adults.	11.6%	50.4%
Every day 26 Missourians die due to tobacco use.	11.8%	71.2%
Missouri ranks 49th with its 17cent cigarette tax and 50th in tobacco prevention spending.	17.1%	62.0%
23.7% of Missouri high school students smoke whereas the U.S. high school smoking rate is 21.7%.	12.8%	70.4%
In 2002, smoking cost Missouri \$4.3 billion in lost productivity and direct medical costs or \$760 for every man, woman, and child.	13.3%	64.6%
Missouri's adult smoking rate of 24.1% ranks 13th highest among all states.	11.1%	70.5%
For the past six years, Missouri has spent \$0 in state funds for a comprehensive tobacco use prevention and cessation program, ranking us last in the country, although it has received over \$1 billion in Master Settlement payments.	21.9%	61.0%

### Frequency of Articles by Position with Specific SMH Messages

The message stating that Missouri spends none of the MSA for tobacco control was often used by the opposition to the tobacco tax.

Message	Anti-Tobacco Control	Neutral	Pro-Tobacco Control
Every 10% increase in cigarette prices results in a 7% reduction in cigarette use by youth and 4% by adults.	1.4%	34.7%	63.9%
Every day 26 Missourians die due to tobacco use.	2.2%	23.1%	74.7%
Missouri ranks 49th with its 17cent cigarette tax and 50th in tobacco prevention spending.	6.0%	23.5%	70.5%
23.7% of Missouri high school students smoke whereas the U.S. high school smoking rate is 21.7%.	1.3%	23.1%	75.6%
In 2002, smoking cost Missouri \$4.3 billion in lost productivity and direct medical costs or \$760 for every man, woman, and child.	2.8%	29.6%	67.6%
Missouri's adult smoking rate of 24.1% ranks 13th highest among all states.	4.2%	17.5%	78.3%
For the past six years, Missouri has spent \$0 in state funds for a comprehensive tobacco use prevention and cessation program, ranking us last in the country, although it has received over \$1 billion in Master Settlement payments.	22.9%	27.5%	49.5%

- Organized a number of volunteers across the state through new advocacy committees or involvement in existing groups
- Implemented a successful outreach event, Project Silenced Voices, that garnered a large amount of participation and earned media coverage in communities across the state

### Challenges

- Inadequate time for planning and implementation
- Confusion among stakeholders due to unclear expectations for SMH and its relationship to the tobacco tax political campaign
- None of the primary messages for SMH clearly stood out as effective due to the large number of messages and their complexity
- Events in the environment led to delays in activity at several timepoints during the campaign
- SMH was a small voice in a loud arena; health arguments regarding tobacco control were outnumbered by economic-related arguments made by the opposition to the tax increase

### Total Contacts and Earned Media by Region April '05 - November '06

Overall, the Kansas City region appeared to have the most activity in regard to contacts and earned media.

Region	Public Contacts <sup>a</sup>	Organizational Contacts <sup>b</sup>	Earned Media Hits <sup>c</sup>
Kansas City	16,960	2,348	136
Southwest	13,523	1,162	45
Central/Northeast	5,100	1,595	79
St. Louis	1,924	1,248	27
<b>Total</b>	<b>37,507</b>	<b>6,353</b>	<b>287</b>

a Public Contacts- counted when a new contact was made via phone call, meeting, presentation, or information was taken by general public

b Organizational Contacts- counted when a new contact was made via phone call, meeting, presentation, etc. with a community leader, business, agency, or health care provider

c Earned Media Hits- counted when newspaper articles, radio interviews, etc... involving SMH staff and/or volunteers were published or aired

### Recommendations

Based on the Show Me Health evaluation findings, several recommendations for future public education efforts were identified:

#### Planning

- 1) Identify clear, realistic, and measurable outcomes and objectives
- 2) Develop realistic timelines for planning and implementation
- 3) Develop regional-specific plans based on regional needs and populations
- 4) Require detailed implementation plans from grantees

#### Development and Implementation

- 5) Include staff or consultants with specific training in health communication
- 6) Use existing evidence to guide campaign development
- 7) Identify one or two primary messages based on pre-testing and existing evidence
- 8) Include an extensive mass media component
- 9) Coordinate efforts with similar activities in the state to maximize the effect
- 10) Plan for potential external influences which may affect an education campaign

#### Partners

- 11) Ensure there is a diverse set of committed partners
- 12) Clearly define and communicate roles and responsibilities for all stakeholders

*To access the full evaluation report, visit our website at:*

<http://ctpr.slu.edu>

*For additional information about the evaluation, please contact:*

Stephanie Herbers at [herberss@slu.edu](mailto:herberss@slu.edu)

# Updates & Resources



## SUMMER TRAINING INSTITUTE A SUCCESS

The 2nd Annual Summer Training Institute was held this past June and once again received very positive reviews from participants. Attendees at this year's Training Institute included 59 participants from 30 different organizations. The highlight of Institute was the Missouri Evaluation Connection Reception, where Stan Glantz spoke about how Missouri can increase its advocacy efforts to further curb tobacco use in our state.

Evaluation results showed that participants were very pleased with the sessions offered and the topics covered during the three day training. Over 96% said the courses they attended provided useful information. Ninety percent of participants said the Institute helped enhance their evaluation skills and 94% of participants said they would recommend their colleagues attend next summer's Training Institute. Other comments about this year's Training Institute include:

*The Institute was well organized, provided valuable and useful info, and good networking opportunities!*

*I look forward to coming and really learning and taking back the info and using it right away.*

*I most liked the networking opportunities and being able to put a face with a name.*

## ADVOCACY EVALUATION RESOURCES

Evaluation is scary enough, but put the word advocacy or policy in front of it, and it's downright frightening. The up-and-coming field of advocacy evaluation helps answer the question "What do I measure to evaluate my policy change and advocacy efforts?" The following are a few good resources to help get you started.

*A Guide to Measuring Advocacy and Policy*

- [http://www.organizationalresearch.com/publications/a\\_guide\\_to\\_measuring\\_advocacy\\_and\\_policy.pdf](http://www.organizationalresearch.com/publications/a_guide_to_measuring_advocacy_and_policy.pdf)

*The Challenge of Assessing Policy and Advocacy Activities: Strategies for a prospective evaluation approach*

- [http://www.calendow.org/reference/publications/pdf/npolicy/51565\\_CEAdvocacyBook8FINAL.pdf](http://www.calendow.org/reference/publications/pdf/npolicy/51565_CEAdvocacyBook8FINAL.pdf)

*Innovation Network's Advocacy Evaluation Update*

- [http://www.innonet.org/index.php?section\\_=101&content\\_id=369](http://www.innonet.org/index.php?section_=101&content_id=369)

CTPR has many additional resources on hand that we would be happy to share with you. Please contact Abbey Small at [asmall1@slu.edu](mailto:asmall1@slu.edu) for additional resources.

## THE MFH CORNER

We are excited to share with you the evaluation results of our first strategy under the Tobacco Prevention and Cessation Initiative: Increasing the tax on tobacco products. The lessons presented in this report can be used to strengthen our outreach, public education, and policy activities. Please take the time to review this important report and discover how it can inform your current efforts.

MFH introduced the Eliminating Tobacco Related Disparities and the Support for Local Tobacco Control Policy Change grantmaking programs over the summer. Opportunities such as these are an attempt to better meet the needs identified by our grantees and partners. We encourage everyone to review these funding programs and share them with other interested parties.

This year, MFH sponsored several skill-building trainings in addition to the Summer Training Institute. This includes the clean indoor air advocacy trainings conducted by the American Nonsmokers' Rights Foundation and program sustainability trainings conducted by the Tobacco Technical Assistance Consortium (TTAC). Grantees described the TTAC training as one of the best trainings offered for non-profit organizations in Missouri. Space is still available for a second sustainability training, which will be held September 26-27, 2007 in Columbia. Contact Matt Kuhlenbeck at [mkuhlenbeck@mffh.org](mailto:mkuhlenbeck@mffh.org) or 314.345.5541 for more information.

## CANCER CONTROL P.L.A.N.E.T.

The Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence-based Tools) is a web portal that provides access to data and research-tested resources that can help tobacco control planners design, implement, and evaluate evidence-based tobacco control programs. This website contains reviews of different interventions, and allows users to review research-tested interventions, programs and evaluation resources for comprehensive cancer control programs. To access these tools please visit <http://cancercontrolplanet.cancer.gov>. The research tested intervention programs (RTIPs) section provides easy access to research-tested programs and allows users to share their peer-reviewed research programs. For more information go to <http://rtips.cancer.gov/rtips/index.do>.