HIGHLIGHT
This report sets the stage for the rest of the year with an evaluation dashboard designed to help monitor and assess MISRGO and grantee performance. It includes: goals, milestones, and baselines compared with actual performance.

PREPARED BY:
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Prepared for MISRGO, Advisory Board, Arkansas Department of Health, Grantees & Legislative Offices
Introduction

MISRGO’s has been leading the challenge of addressing minority tobacco use in Arkansas for over a decade. The purpose of this report is to describe the MISRGO evaluation plan for the year. In addition, this report presents a status report of MISRGO and grantee performance in the 1st Quarter.

Problem

“Tobacco use is the single most preventable cause of disease, disability, and death in the United States” (Center for Disease Control and Prevention, November 2014). “Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined.” The annual health care costs in Arkansas directly caused by smoking is $1.21 billion, according to the Campaign for Tobacco Free Kids (2017). The tobacco industry spends over $119 million marketing tobacco in Arkansas.

Arkansas’ Master Tobacco Settlement revenue is being used in part to address this serious health issue. (See also Arkansas Department of Health (2009).) However, “as of fiscal year 2016, Arkansas allocated 47.4% of the CDC-recommended funding for tobacco control ($17.4 million of $36.7 million).”

MISRGO & Grantees

The University of Arkansas at Pine Bluff’s Minority Initiative Sub-Recipient Grant Office (MISRGO) has received a portion of the Arkansas’ Master Tobacco Settlement funds through the Arkansas Department of Health to focus on tobacco use in minority communities. MISRGO’s mission is specifically to prevent and reduce tobacco use in minority communities.

MISRGO has awarded more than 50 Arkansas organizations with funding for tobacco prevention and cessation programs. MISRGO currently sponsors and provides technical assistance for 13 grantees across the State of Arkansas. (See Appendix A for a glossary of grantee names.)

MISRGO grantees have broad-based support across the State for their tobacco prevention and cessation work. (See MISRGO Empowerment Evaluation: June 2011 Annual Report, Fetterman, Tremain, and Delaney, 2011.)

MISRGO grantees also have a strong track record of success based on past performance. For example, in the last 6 years, the majority of MISRGO grantees met or exceeded their annual performance goals. (See MISRGO Empowerment Evaluation Annual Report, 2016-2017, Fetterman and Delaney; MISRGO Empowerment Evaluation Annual Report, 2015-2016, Fetterman and Delaney; MISRGO Empowerment Evaluation Annual Report, 2014-2015, Fetterman and Delaney.

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1 See Campaign for Tobacco Free Kids (2017).
MISRGO Performance Measures

MISRGO goals and activities are aligned with CDC intervention areas, including:

- **Area 1**: Eliminate Exposure to Secondhand Smoke
- **Area 2**: Preventing Initiation Among Youth and Young Adults
- **Area 3**: Promoting Quitting Among Youth and Adults
- **Area 4**: Addressing Disparities

Their goals and activities are measureable and monitored on a quarterly basis, to allow for mid-course corrections as needed.

Quarterly Progress

During the first quarter (the focus of this report), MISRGO and the grantees established their goals, milestones, and baselines. Goals are the planned outcomes or results at the end of the year, e.g. number of smoke-free parks. Milestones are intermediate objectives or approximations of outcomes. Baselines represent, for example, the number of smoke-free environments that existed before the grantee activity or intervention.

During the second quarter, MISRGO and their grantees report on their mid-year progress toward annual goals. This provides MISRGO and grantees with an opportunity to reflect on their performance. Based on these data, MISRGO and their grantees continue as planned, make mid-course changes, and/or request assistance as needed.

The third quarter focuses on any gaps between milestones and annual goals. MISRGO staff and the evaluation team discuss strategies and tradeoffs with the aim of helping use evaluation data to improve performance and accomplish its goals. Grantees also consult with colleagues to help close the gap. They share techniques with each other, MISRGO staff provide additional recommendations, and Fetterman & Associates notify grantees about gaps and make specific recommendations to help them accomplish their goals.

The fourth quarter is the annual comparison of their goals with their actual performance throughout the year.

**MISRGO Goal Areas** include:

- **Decreasing Initiation of Tobacco Among Youth and Young Adults** (CDC area 2)
- **Decrease Exposure to Second Hand Smoke** (CDC area 1)
- **Decrease Tobacco Use Among Adults & Youth** (CDC area 3)
- **Surveillance and Evaluation** (CDC area 1, 2, 3, and 4)
The status of their work, organized by goal area is presented below:

**Decreasing Initiation of Tobacco Among Youth and Young Adults**

MISRGO’s goal concerning decreasing initiation of tobacco among youth and young adults (CDC area 2) is to increase the number of faith-based institutions from **37 to 47** involved in tobacco control advocacy.

MISRGO has established quarterly milestones to accompany their goals. The following chart depicts their 1st (0), 2nd (5), 3rd (5), and 4th (10) quarter milestones. This evaluation dashboard is designed to help them monitor their own performance and simultaneously allow external bodies, including Fetterman & Associates, to monitor their progress and offer assistance as needed. MISRGO devoted their 1st quarter to planning and implementation. The first numerical milestones begin in the 2nd quarter.

MISRGO is also engaged in key activities designed to contribute to their CDC aligned interventions. The activities are categorized as follows: Community Interventions, Community Engagement, Educating Key Decision-makers, and Mass-Reach Health Communications. The details associated with each category are provided below:

**Community Interventions**
- Assessed faith-based institutions re: No Menthol Sunday
- Collaborated with local faith based to implement No Menthol
- Provide mini-grants to support churches to implement
- Evaluate implementation

**Community Engagement**
- Solicit feedback from partners re: No Menthol Sunday
Hold mini-local media events re: No Menthol Sunday

**Educating Key Decision-Makers**
Engage faith-leaders re: menthol, point of sale ordinances
Assist faith-leaders in assessing No Menthol
Disseminate a paper on effects of menthol tobacco

**Mass-Reach Health Communications**
Conduct a social media campaign re: No Menthol Sunday
Secure traditional and non-traditional media for policy change
Share information at Ark Dept of Health Quarterly Meeting
Hold press conference No World Tobacco Day

This list of key activities represents MISRGO’s road map to accomplishing its larger goals and objectives. They are moving rapidly toward awarding mini-grants to support churches to help them implement agreed upon tobacco prevention projects. The timeline has been adjusted as a result of larger fiscal issues in the State. The remaining activities are planned for the next three quarters.

### MISRGO Decrease Initiation

<table>
<thead>
<tr>
<th>Community Engagement</th>
<th>Educate faith leaders</th>
<th>Mass Reach Health Communication</th>
<th>Decrease initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>NO</strong></td>
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</table>

**Decrease Exposure to Second Hand Smoke**

MISRGO’S overarching goal, concerning decreasing exposure to second hand smoke (CDC area 1), involves increasing by 2 the number of tobacco-free housing policies. The following chart depicts their 1\textsuperscript{st} (0), 2\textsuperscript{nd} (0), 3\textsuperscript{rd} (1), and 4\textsuperscript{th} (2) quarter milestones. This evaluation dashboard is designed to help them monitor their own performance and simultaneously allow external bodies to monitor their progress and offer assistance as needed. MISRGO was realistic. They did not plan to increase the number of tobacco-free housing policies during the first and second quarters. They have learned about the preliminary steps required to accomplish even small steps towards these goals. The steps taken to-date, however, are promising and will contribute to their desired outcomes.
Their goals and milestones are presented below. MISRGO will document their progress throughout the year by populating this chart with their actual performance.

MISRGO is also engaged in key activities designed to contribute to their CDC aligned interventions. The activities are categorized as follows: Community Interventions, Community Engagement, Educating Key Decision-makers, and Mass-Reach Health Communications. The details associated with each category are provided below:

**Community Intervention**
- Survey residents
- Identify organizations within targeted counties
- Develop a presentation tobacco free policy - housing
- Facilitate 2 property owner tobacco free housing policies
- Develop a model for local sub-grantees for local policy

**Community Engagement**
- Facilitate presentation on tobacco free multi-unit housing
- Engage housing developers at Chamber of Commerce

**Educating Key Decision-Makers**
- Inform property owner association tobacco free housing policy
- Assist in distributing MRC data - impact on health

**Mass-Reach Health Communication**
Advertise presentations using traditional and non-traditional advertising

This list of key activities represents MISRGO’s path to accomplish its larger goals and objectives. They are making progress in the following areas during the first quarter: 1) identify organizations within targeted counties; 2) developing a tobacco free policy presentation – housing; 3) informing property owner association about tobacco free housing policy. They have made less progress in the remaining areas of: 1) facilitate 2 property owner tobacco free housing policies; 2) facilitating presentation on tobacco free multi-unit housing; and 3) engaging housing developers at Chamber of Commerce.

The remaining activities are planned for the next three quarters.

Decrease Tobacco Use Among Adults & Youth

MISRGO’S overarching goal, concerning decreasing tobacco use among adults & youth (CDC area 3), involves increasing by two the number of minority serving organizations that MISRGO partners with to address African-American & Hispanic males’ cessation. The following chart depicts their 1st, 2nd, 3rd, and 4th quarter milestones. This evaluation dashboard is designed to help them monitor their own performance and simultaneously allow external bodies to monitor their progress and offer assistance as needed. MISRGO remains in the planning and initial implementation stages, concerning these activities during the 1st quarter and will continue to do so in the second quarter. The steps taken to-date are promising and will contribute to their desired outcomes in the 3rd and 4th quarters. Their goal and milestones are presented below. MISRGO will document their progress throughout the year by populating this chart with their actual performance.
MISRGO is also engaged in key activities designed to contribute to their CDC aligned interventions. The activities are categorized as follows: Community Interventions, Community Engagement, Educating Key Decision-Makers, and Mass-Reach Health Communications. The details associated with each category are provided below:

**Community Intervention**
Access and review county data on African American male use
Conduct surveys – attitudes, beliefs, and knowledge
Collaborate with statewide advocacy groups to enroll in cessation

**Community Engagement**
Collaborate with TPCP cessation
Identify key spokespersons within partner organizations

**Educating Key Decision-Makers**
Share preliminary data with thought leaders - reduction of AA male use

**Mass-Reach Health Communications**
Work with media consultant to develop materials - cessation/advocacy

**One-day Conference (educate 150 tobacco control coalition members)**

**Community Interventions**
Explore feasibility of joint one-day conference MRC and ASP
Design, implement, and evaluate conference
Community Engagement
Include stakeholders in planning conference
Invite grassroots advocates and partners to conference - best practices
Engage partners who attend conference - identify research opportunities
Expand promotion of conference outside sub-grantees

Educating Key Decision-Makers
Educate and inform decision makers about conference (minority com)
Foster collaborative research - across institution
Identify 3 new partners to increase reach of tobacco control in minority community

Mass-Reach Health Communications
Collaborate with media consultants to advertise conference
Submit write up to Ark Depart of Health for TPCP Times Newsletter
Promote conference - state and nationwide partners

This list of key activities represents MISRGO’s path to accomplish its larger goals and objectives. They have made limited progress in the following areas during the first quarter: 1) access data on African American male use; 2) conduct focus groups and surveys – attitudes; 3) collaborate with TPCP cessation; 4) explore feasibility of joint one day conference MRC and ASP; 5) foster collaborative research - across institution; and 6) identify 3 new partners to increase reach of tobacco control in minority community.

They have made less progress in the areas of: 1) facilitate 3 property owner tobacco free housing policies (although one is in the process); 2) facilitate presentation on tobacco free multi-unit housing; and 3) engage housing developers at Chamber of Commerce. The remaining activities are planned for the next three quarters.
Surveillance and Evaluation

MISRGO’S overarching goal, concerning Surveillance and Evaluation (CDC area 1, 2, 3, and 4), involves funding 13 sub-grantees. The following chart depicts their 1st (13), 2nd (13), 3rd (13), and 4th (13) quarter milestones. In essence, by funding the 13 grantees they have accomplished their annual goal in the 1st quarter.

MISRGO is also engaged in key activities designed to contribute to their CDC aligned interventions. The activities are categorized as follows: Community Interventions, Community Engagement, Educating Key Decision-Makers, and Mass-Reach Health Communications. The details associated with each category are provided below:

**Community Intervention**
- Review and disseminate request for proposals
- Fund 13 sub-grantees ($58K-$65K)
Provide technical assistance (qtrly workshops)
Monitor monthly, qtrly, annual
Hire external evaluator (annual report)

**Community Engagement**
Grant proposal application workshop
Provide continuous monitoring of sub-grantees
Conduct community assessment (gaps)
Engage stakeholders (outcome eval plan)

**Educating Key Decision Makers**
Inform Advisor Board about MISRGO successes
Report monthly to TPCP on work plan activities
Inform Advisor Board about MISRGO successes
Disseminate findings and eval reports to Advisory Board
Utilize findings to educate and improve perform

**Mass-Reach Health Communications**
Collaborate with media consultant - promote sub
Submit write up to ADH for TPCP Times Newsletter
Submit success stories to TPP for reports

This list of key activities represents MISRGO’s road map to accomplish its larger goals and objectives. They have made progress in the following areas during the first quarter: 1) fund 13 sub-grantees ($58K-$65K); 2) provide technical assistance (qtrly workshops); 3) monitor monthly, qtrly, annual; 4) hire external evaluator (annual report); 5) provide continuous monitoring of sub-grantees; 6) engage stakeholders (outcome eval plan); 7) inform Advisory Board about MISRGO successes; 8) report monthly to TPCP on work plan activities; 9) inform Advisor Board about MISRGO successes; 10) disseminate findings and evaluation reports to Advisory Board; and 11) utilize findings to educate and improve perform.

MISRGO has made less progress in the areas of: 1) conduct community assessment (gaps); 2) collaborate with media consultant - promote sub; 3) submit write up to ADH for TPCP Times Newsletter; and 4) submit success stories to TPP for reports.

The remaining activities are planned for the next three quarters.
See Appendix B for a log of the frequency of activities designed to accomplish MISRGO goals.
MISRGO Grantee Intervention Areas

MISRGO grantees also adhere to the Centers for Disease Control and Prevention’s (CDC) approved and recommended intervention areas. They include:

- **Area 1: Eliminate Exposure to Secondhand Smoke**
- **Area 2: Preventing Initiation Among Youth and Young Adults**
- **Area 3: Promoting Quitting Among Youth and Adults**
- **Area 4: Addressing Disparities**

As discussed earlier, grantee progress and activities are reported on both a quarterly and annual basis, according to these CDC intervention areas.

1st Quarter Findings

100% of MISRGO grantees have established their goals, milestones, and baselines for the year. Between 23% and 62% of the grantees have met or exceeded their quarterly milestones.

**Area 1: Eliminate Exposure to Secondhand Smoke**
**Area 2: Preventing Initiation Among Youth and Young Adults**
**Area 3: Promoting Quitting Among Youth and Adults**
**Area 4: Addressing Disparities**

<table>
<thead>
<tr>
<th>Intervention Area</th>
<th>% Met/Exceeded Milestones</th>
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<tbody>
<tr>
<td>1. Eliminating</td>
<td>23%</td>
</tr>
<tr>
<td>2. Preventing</td>
<td>38%</td>
</tr>
<tr>
<td>3. Promoting</td>
<td>62%</td>
</tr>
<tr>
<td>4. Addressing</td>
<td>31%</td>
</tr>
</tbody>
</table>

![Bar chart showing % of MISRGO grantees met/exceeded milestones for each area, with values 23, 38, 62, and 31 for Eliminating, Preventing, Promoting, and Addressing respectively.](image-url)
CDC Area 1: *Eliminate Exposure to Secondhand Smoke*

100% of the grantees have developed and are using their 1st Quarter evaluation dashboards. 23% have met or exceeded their quarterly milestones concerning **Area 1: Eliminate Exposure to Secondhand Smoke.**

Grantee activities focused on:

- Encourage voluntary smoke-free perimeter policies
- Conduct secondhand smoke tobacco prevention messaging
- Help establish smoke-free park policies
- Encourage tobacco-free policies
- Implement anti-smoking media campaigns (via radio, social media and television)
- Promote smoke-free home and car campaign
- Educate about the impact of marketing strategies
- Educate about the benefits of smoke free environments in the car (ACT 811) and in the home
- Conduct operation storefront/STARTS surveys
- Organize tobacco free workshops/coalition meetings
- Translating tobacco prevention program information into Spanish (in some cases using the Mexican Consulate)
- Assessing the number of faith-based organizations and businesses without smoke-free policies
- Educating faith-based organizations about the usefulness of adopting a tobacco-free policy (and sharing sample policies with them)

CDC Area 2: *Preventing Initiation Among Youth and Young Adults*

100% of the grantees have developed and are using their 1st Quarter evaluation dashboards. 38% have met or exceeded their quarterly milestones concerning **Area 2: Preventing Initiation Among Youth and Young Adults.**

Grantee activities focused on:

- Conduct Operation Store Front/STARS surveys
- Conduct retailer visits regarding sales to minors
- Encourage smoke-free or tobacco-free church campus policy
- Use media, include radio campaigns, social media (such as Facebook) and promotions, to inform youth about dangers of smoking (focus on African Americans and Latina youth)
- Educate youth about the effects of smoking
- Help to implement point of purchase policy
- Partner with organizations to prevent initiation of tobacco use by youth (presentations)
- Educate tobacco retailers on the benefits of being responsible retailers
• Encourage youth to pledge to be tobacco free
• Train youth in prevention strategies through media outreach and youth rallies
• Use media to educate about prevention strategies (attention grabbing commercials)
• Participate in youth related events such as Red Ribbon Week, Kick Butts Day, and school health fairs to educate on the dangers of tobacco and nicotine

CDC Area 3: Promoting Quitting Among Youth and Adults

100% of the grantees have developed and are using their 1st Quarter evaluation dashboards. 62% have met or exceeded their quarterly milestones concerning Area 3: Promoting Quitting.

Grantee activities focused on:

• Encourage use of Arkansas Quit-line Fax Referral System
• Encourage youth to pledge to quit
• Work with churches, schools and peers to help friends quit smoking
• Partner with community organizations to host or take part in events, presentations, and/or activities to help people quit smoking
  o celebrate “Great American Smokeout”; organize a “Vestido Rojo” (Red Dress) celebration; organize a health festival celebrating “Cinco de Mayo”; organize a “Kicks Butt Day”
• Help increase the number of participants in cessation programs
• Educate through radio/social media and print about the dangers of tobacco products
• Educate people about cessation services
• Present information (tobacco facts) concerning the effects of tobacco
• Encourage people to participate in the established cessation programs
• Educate about the dangers of tobacco through evidence-based strategies
• Educate about cessation services using surveys, education activities, and media outreach
• Engage local grassroots advocates and health professionals to educate community residents on the health benefits of tobacco-free homes
• Conduct outreach such as, workshops, trainings, lunch & learns, prevention banquets, and barbershop wellness events to inform on the perils of secondhand and third-hand smoke exposure
• Encourage adults to adopt a tobacco-free home policy
• Educate, mobilize, and equip youth to design/develop and implement tobacco control activities
• Engage physicians and staff to refer patients to ADH cessation resources or other local cessations
• Conduct CO monitoring to show level of CO in tobacco users vs non-smokers

**CDC Area 4: Addressing Disparities**

100% of the grantees have developed and are using their 1st Quarter evaluation dashboards. 31% have met or exceeded their quarterly milestones concerning **Area 4:**

**Addressing Disparities.**

Grantee activities focused on:

• Provide information about dangers of tobacco use and secondhand smoke and the importance of tobacco laws
• Encourage people to call and enroll with the Arkansas Tobacco Quitline (focus on African American and Hispanic women)
• Help increase the number of voluntary smoke-free home policies
• Encourage people to make smoke-free home pledges
• Educate about tobacco disparities using focus groups and media campaigns (addressing tobacco-related health disparities, focusing on African American and Latino tobacco users)
• Help to increase knowledge about tobacco policies and regulations regarding youth
  o Provide STARS survey data to youth and youth leaders to use in educating their peers about tobacco and tobacco marketing
• Conduct media campaigns to increase awareness of tobacco dangers and tobacco industry advertising tactics using radio, social media, billboards, and flyers (disproportionately targeting minorities)
• Educate about the hazards of secondhand smoke through a radio, print, and social media campaign (focusing on African American males)
• Educate tobacco retailers about the laws associated with selling tobacco to underage minority youth
• Encourage smoke-free policy or point of purchase policy to reduce advertising to youth and disparity groups
• Help increase the number of minorities who acknowledge tobacco related disparities and the practices used by the tobacco industry to create these disparities
• Educate underserved about the ills of tobacco products through surveys and media outreach
• Encourage health care providers to talk with minority patients about the dangers of tobacco, encourage their patients to quit, and refer them to the Quitline.
• Translate Quitline posters into Spanish and Marshallese
• Organize a Tobacco Cessation Campaign (A Su Salud Mass Media Campaign)
• Participate in community events with a large African-American presence to promote quitting and introduce available cessation services, including the Fax Referral System
• Conduct STARS surveys at tobacco retail establishments to determine how minorities are being targeted in order to tailor counter marketing to minorities
• Contact minority owned daycare centers, and places of worship in targeted zip codes that do not have a tobacco free perimeter policy in place
• Contact faith-based leaders and discuss the benefits of tobacco-free holy grounds; implement 40 Days to Freedom for tobacco users
• Help youth educate policy makers about park/street or campus tobacco use findings and offer policy to implement appropriate signage to help reduce secondhand smoke exposure and youth advertisement

Grantee’s maintain an evaluation dashboard, consisting of baseline, goal, milestone, and actual performance data. It helps them monitor their own performance and facilitates technical assistance efforts. The MISRGO Grantee Activity Log provides an additional insight into the list of grantee activities across sites and intervention areas (Appendix B).

Technical Assistance

MISRGO receive evaluation technical assistance throughout the year, including assistance monitoring and evaluating their progress. During the 1st quarter, Fetterman & Associates drafted the MISRGO evaluation dashboard.

Fetterman & Associates also provided grantees with guidance concerning the development of their evaluation dashboards.

Dissemination

Fetterman & Associates keep MISRGO and grantees informed of preliminary results, technical assistance opportunities, and updates on tobacco prevention news initiatives, and trends nationally and internationally.

The MISRGO tobacco prevention blog is one of the outlets for this information.
Previous technical assistance workshops focused on 1) tobacco prevention resources; 2) e-cigarettes; and 4) evaluation dashboards. (See also Fetterman, 2015 for details concerning approaches to establishing financial stability and sustainability.)

**Tobacco Prevention Resources**

The evaluation resources shared with the grantees included: Campaign for Tobacco-Free Kids; County Health Ranking; County Health Calculator; Arkansas Department of Health; CDC State Tobacco Activities, Tracking, and Evaluation System; as well as the MISRGO Evaluation blog.

Evaluation Dashboards

Grantees participated in both face-to-face training and webinars in previous years focusing on the use of evaluation dashboards, specifically to monitor their own progress throughout the year. The exercise highlighted the value of establishing goals, milestones, and baselines. Once established, only the actual performance measures were needed throughout the year – comparing actual performance with milestones and goals to determine if adequate progress has been made.

<table>
<thead>
<tr>
<th>MISRGO Evaluation Dashboard</th>
<th>Family Youth Enrichment Network</th>
<th>Document Support for Tobacco Free Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>1st Qtr</td>
<td>2nd Qtr</td>
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Evaluation team members also use these evaluation dashboards to enhance accountability, signaling precisely when assistance is required to increase the probability of MISRGO and their grantees accomplishing their end-of-year goals.

The evaluation dashboards are designed to build capacity and produce outcomes. They are in accordance with an empowerment evaluation approach. (Fetterman & Ravitz, 2017; Fetterman, 2013; Fetterman and Wandersman, 2005; Fetterman, Kaftarian, and Wandersman, 2015.)

E-cigarette Example

One type of update provided by Fetterman & Associates during the year is e-cigarette trends. For example, Fetterman & Associates posted relevant CDC findings. They have found that: “E-cigarette use tripled among middle and high school students in just one year” (CDC, 2015). The FDA and World Health Organization have called for stricter regulation of e-cigarettes. The e-cigarette has repeatedly been discussed at previous workshops to better prepare grantees for the next wave of tobacco prevention work.
**Dialogue**

In addition, during previous empowerment evaluation workshops, grantees openly discuss obstacles and generously shared advice and best practices, based on their own experience.

Grantees are provided with additional tobacco prevention tools and updates to facilitate their programmatic and evaluative efforts. (See Appendix C for an example of a periodic technical assistance communication.)

Details concerning evaluation technical assistance are provided on the MISRGO tobacco prevention blog at: http://tobaccoprevention.blogspot.com

**Conclusion**

MISRGO adheres to CDC recommended intervention areas, specifically:

- **Decreasing Initiation of Tobacco Among Youth and Young Adults** (CDC area 2)
- **Decrease Exposure to Second Hand Smoke** (CDC area 1)
- **Decrease Tobacco Use Among Adults & Youth** (CDC area 3)
- **Surveillance and Evaluation** (CDC area 1, 2, 3, and 4)

MISRGO is engaged in key activities designed to contribute to their CDC aligned interventions. The activities are categorized as follows: Community Interventions, Community Engagement, Educating Key Decision-makers, and Mass-Reach Health Communications. This report presents their progress in each area.
Monitoring & Assessing Performance

The evaluation dashboard described in this report help MISRGO and grantees monitor and assess their own performance. They include their goals, quarterly milestones, and baselines. In addition, MISRGO and their grantees have compared their anticipated quarterly milestones with their actual performance.

They are being used to confirm effective performance and alert MISRGO, Fetterman & Associates, and other grantees concerning the need for mid-course corrections throughout the year.

In Sum

The findings in this report can be summarized in the following manner:

First, MISRGO and 100% of their grantees have constructed their evaluation dashboards.

Second, MISRGO’s most significant accomplishment in the 1st quarter is funding the 13 grantees. This will enable them to activate and implement their plans, representing a significant part of MISRGO’s intervention efforts.

Third, between 23% and 62% of the grantees have met or exceeded their quarterly milestones (as measured and documented by these evaluation dashboards). This represents a window into their progress. It also provides them with an opportunity to reflect on their performance and make mid-course changes as needed.

The evaluation findings reported in this 1st quarter evaluation report provide evidence of MISRGO and grantee dedication and commitment, concerning tobacco prevention. They represent the evaluation foundation that will guide them throughout the year and help them accomplish their goals.
References


Centers for Disease Control and Prevention (2015). E-cigarette use triples among middle and high school students in just one year http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html


Appendix A

Glossary of Grantee Names

Arkansas Human Development
Calhoun Heights Community Outreach Inc.
Coalition for a Tobacco Free Arkansas
Family & Youth Enrichment Network, Inc.
Future Builders, Inc.
In His Image Youth Development Center
Legacy Initiatives
Madison County Health Coalition
Ministry of Intercessions
Part of the Solution, Inc
St. Francis House NWA, Inc.
(Northwest AR Tobacco Free Coalition)
Wells Bayou Youth Development, Inc.
Women’s Council on African American Affairs
### Appendix B

#### MISRGO

<table>
<thead>
<tr>
<th>2017-18</th>
<th>Quarter 1 July 1 - September 30</th>
<th>Quarter 2 October 1 - December 31</th>
<th>Quarter 3 January 1 - March 31</th>
<th>Quarter 4 April 1 - June 30</th>
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Updated: 7/25/17
Appendix C

Sample of Email Technical Assistance

Below are a few articles sent to MISRGO and grantees, concerning cigarette policy:

POLICY: PRICE INCREASE AND RAISING SMOKING AGE

20% more Smokers quit after $1 Price Increase (New York Times)


Maine Raises Smoking Age to 21 After Lawmakers Override Veto


E-CIGARETTES

Backgrounder on WHO report on regulation of e-cigarettes and similar products


E-cigarette use triples among middle and high school students in just one year

http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html

Electronic cigarettes (e-cigarettes) or electronic nicotine delivery systems

http://www.who.int/tobacco/communications/statements/electronic_cigarettes/en/

Health risks of e-cigarettes emerge

https://www.sciencenews.org/article/health-risks-e-cigarettes-emerge