

MFH Tobacco Prevention and Cessation Initiative

**Evaluation Findings:
School and Workplace Strategies
2005-2007**

Prepared for:

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Table of Contents

<i>i</i>	Executive Summary
1	Introduction <i>Background ■ Report Purpose ■ Evaluation Design Data Sources and Methods</i>
6	Missouri's Environment for Tobacco Control
10	Structure of Workplace & School Strategies
15	Workplace Strategy <i>Inputs ■ Activities/Outputs ■ Outcomes</i>
37	School Strategy <i>Inputs ■ Activities/Outputs ■ Outcomes</i>
56	Conclusions & Recommendations
60	Appendix- Strategy Logic Models

Executive Summary

Introduction ● ● ● ● ● ● ● ●

Due to the significant burden of tobacco use in Missouri and the limited tobacco prevention and cessation funding available, the Missouri Foundation for Health (MFH) identified tobacco use as a major health issue in their service area. In 2004, the MFH Board of Directors committed funding for nine years to establish the Tobacco Prevention and Cessation Initiative (TPCI). Since its first grant award in late 2004, the Initiative has provided over 30 agencies and organizations with funding to address tobacco use through several strategies including promotion of smoke-free workplaces and prevention of youth smoking.

As the Initiative evaluator, the Center for Tobacco Policy Research (CTPR) at the George Warren Brown School of Social Work at Washington University in St. Louis is collecting process and outcome data over the life of the Initiative. This report presents the key evaluation findings for the first three years of the school and workplace based strategies (*i.e.*, 2005-2007). Highlights from the complete report are presented below.

Findings ● ● ● ● ● ● ● ●

Missouri's Environment

High smoking rates, a low tobacco tax, and minimal state funding for tobacco control contributed to a challenging state environment for TPCI grantees. However, the environment also provided an opportunity for TPCI's efforts to have noticeable effects on the prevalence of tobacco use in Missouri. Grantees reported beginning to see changes in the acceptability of tobacco use within their communities and an increase in community support for their programs. To ensure these changes are sustained, there will continue to be a need for TPCI grantees to promote their program efforts and advocate for more support for tobacco prevention and cessation efforts.

Structure of Strategies

The initial development of the TPCI school and workplace strategies instituted a two-tiered funding and implementation approach: regional and community grants. Overall, stakeholders felt the vision of the regional/community grant structure fit well with the school and workplace strategies. Having community grantees that would implement programs developed by regional grantees, with their support, seemed logical and a good utilization of available resources. However, the capacity of regional grantees to integrate community grants into their programs varied. This led to limited incorporation of community grants into most of the regional programs. Now past their third year in the Initiative, regional staff reported being better prepared for community grants and perhaps with more time could fully realize the original intentions of the structure.

Workplace Strategy

Overall resources provided for the workplace strategy were good. High demand for free or discounted cessation services posed a challenge for some grantees' budgets, but in general they had the funding they needed to implement their programs. Time was cited as one of the biggest challenges by grantees. Grantees underestimated the amount of time it took to start a new program (*e.g.*, hiring, getting accounts set up, etc). This was particularly applicable to community grantees who had never implemented the regional programs before.

All of the programs within the workplace strategy were working towards the same long-term goals, however their approaches varied. What was originally viewed as a strategy where programs would conduct interventions at specific worksites, changed into a strategy that had programs with targets ranging from individual employees to communities.

Grantees' worked with a number of sites that changed their policies regarding tobacco use. However, the most common activity grantees were involved in was distribution of materials. While material distribution is a component of most interventions, it should not be the sole intervention. A focus on increasing activity related to access for cessation services and smoke-free policy change will continue to be important for TPCI in the future.

School Strategy

School-based grantees found the financial resources for their programs to be more than adequate. In addition, the training and networking opportunities available to grantees were extremely helpful, particularly for community grantees with less experience. Similar to workplace programs, needing more time was cited as a challenge that grantees faced.

All three programs educated students about the effects of tobacco use, involvement of the tobacco industry, and skills to communicate this information. Due to their involvement in school programs, grantees reported that students became more aware of the impact of tobacco in their communities and had learned the skills to become better teachers, advocates, and leaders.

Fewer programs had schools with students advocating for policy change. Smokebusters identified students conducting advocacy activities the most out of the three programs. Consequently, students affiliated with Smokebusters were involved with all but one of the reported 19 policy changes. These policy changes were a great start and should be viewed as a base to continue to build on in the future with stronger policies that have a broad reach.

Conclusions ● ● ● ● ● ● ● ●

Prior to the initiation of TPCI, tobacco control stakeholders were working in a very challenging state environment with little funding. With support from MFH, grantees increased the availability of prevention and cessation programs within the MFH service region and successfully advocated for

over 30 policy changes in schools, worksites, and communities. Due to these changes, grantees have reported an increase in support for tobacco control efforts in communities where it had not been before. Now in the fourth year of implementation, there are many lessons learned that will be helpful for the Initiative as it moves forward. Below are the main lessons from the evaluation findings.

Finding balance between focused and flexible approaches is important

TPCI is characterized by its breadth of focus, but it risks a lack of cohesiveness. All of the programs within the two strategies were working towards the same long-term goal of reducing tobacco use, though their approaches greatly varied. Now that TPCI has had the opportunity to see these various approaches in action, it will be important for future years of the Initiative to focus in on the programs that have been particularly successful and work to ensure a coordinated approach throughout the state.

Evidence-based approaches should be utilized more

The first three years of TPCI did not result in an increase in the implementation of evidence-based approaches for tobacco control in Missouri. The use of evidence-based programs and approaches by grantees will increase the effectiveness of their efforts and ultimately ensure MFH gets the most out of their investment.

Relationships matter

Stakeholders consistently emphasized the importance of building and maintaining partnerships with other organizations and groups within their communities. Continuing to maintain established relationships will be important for TPCI grantees moving forward, but strengthening connections within the Initiative will also be key. Ensuring a coordinated approach with fellow TPCI grantees promotes efficient use of dollars which in turn increases grantees' ability to reach individuals within their communities.

Levels of readiness will affect implementation

Grantees often reported initially targeting sites that were ready for change. Targeting the sites that are ready is the best approach for accomplishing change. However, achieving the same or even larger reach in the future may take more time due to the lower levels of readiness within the schools, worksites, and communities that remain.

Strengthening internal evaluations is needed

At the end of the third year, grantees often reported they were just beginning to collect relevant evaluation data for their programs. For TPCI grantees moving forward a stronger focus on internal data collection and analysis is needed. This will not only require commitment of grantees' resources for these efforts, but also continued support from MFH and CTPR staff.

Advocating for policy change is key

The Initiative resulted in important policy changes in Missouri, but many of the grantees need to continue beyond simply education. While education and availability of services are important pieces of a comprehensive effort, policy change either to increase the price of tobacco or reduce exposure to second-hand smoke has some of the clearest and largest effects on reducing prevalence.

Building capacity and creating change takes time

At the beginning of TPCI, MFH staff were looking for regional grantees that could immediately begin implementation upon receipt of their grant awards. The capacity of grantees to do this was drastically overestimated. Achievement of short-term outcomes has begun to occur, however changes in longer-term goals such as reducing smoking prevalence still require more time.

Planning for sustainability is essential

Grantees were at various stages of planning for sustainability, with the majority just beginning to address it. For the sustainability of TPCI programs moving forward, finding a balance between the

resources grantees provide and what sites or participants contribute is needed. In addition, more comprehensive plans for sustainability need to be developed.

Recommendations

Based on the evaluation findings, recommendations for future TPCI efforts were identified. These recommendations were specifically written for MFH, but many are applicable to grantees and other stakeholders.

- Focus on and expand efforts that have been particularly successful.
- Coordinate efforts with similar activities in the state to maximize the effect.
- Choose grantees that have demonstrated the ability to move quickly from planning to implementation.
- Clearly define and communicate roles and responsibilities of all stakeholders.
- Develop realistic timelines for grants and include time devoted to capacity-building and formative work.
- Review intended outcomes for TPCI as a whole and individual strategies. Make sure they are clear, realistic, and measurable with emphasis on short-term and intermediate changes.
- Continue to provide formal opportunities for grantees and stakeholders to network.
- Adjust approaches based on the level of readiness for a particular individual or population.
- Incorporate advocating for policy change into all programs and strategies.
- Require detailed evaluation plans from grantees either prior to or at the beginning of their grant award.
- Emphasize evidence-based approaches in future RFAs.
- Require comprehensive sustainability plans from grantees within the first year of their grant. In addition to funding, the plans should include items such as enhancement of staff skills.

Introduction

→ Introduction

- Missouri's Environment
- Structure of Strategies
- Workplace Strategy
- School Strategy
- Conclusions

Smoking remains the leading preventable cause of disease and death in the United States, resulting in more than 400,000 premature deaths nationally and 9,800 deaths in the state of Missouri each year (Campaign for Tobacco Free Kids, 2008). Since the Master Settlement Agreement (MSA) was reached in 1998, 46 states have received approximately \$62 billion from the tobacco industry with about 5% being dedicated to tobacco prevention and control. To date, Missouri has received over \$1 billion from the tobacco industry (Campaign for Tobacco Free Kids, 2006). However, the overwhelming majority of this funding has not been dedicated to tobacco prevention and control.

Due to the significant burden of tobacco use in Missouri and the limited tobacco prevention and cessation funding, the Missouri Foundation for Health (MFH) identified tobacco use as a major health issue in their service area. In 2004, the MFH Board of Directors committed \$40 million over nine years to establish the Tobacco Prevention and Cessation Initiative (TPCI). With the goal of implementing comprehensive tobacco prevention and control efforts, TPCI involves several activities including grant making, policy development, and capacity-building to address the problem of tobacco use across the state. The TPCI activities supported by MFH address a significant gap in Missouri's formally funded tobacco control efforts.

Since its first grant award in late 2004, the Initiative has provided agencies and organizations with funding to address the following strategies:

- An education campaign to increase support for a tax on tobacco products (ended November 2006)
- Programs to promote smoke-free workplaces
- Programs to prevent youth from smoking

In 2007, two additional strategies were included:

- Short-term projects to advocate for policy change
- Programs working to eliminate tobacco-related disparities

Report Purpose ● ● ● ● ● ● ● ● ● ●

The Center for Tobacco Policy Research (CTPR) at the George Warren Brown School of Social Work at Washington University in St. Louis serves as the evaluator for the overall Initiative. This report presents the key findings from CTPR's process evaluation and preliminary outcomes of the first three years of the school and workplace based strategies (*i.e.*, 2005-2007). This report will be of particular interest to the primary stakeholders of the two strategies, including MFH staff and board, Initiative grantees, and community members.

Evaluation Design ● ● ● ● ● ● ● ● ● ●

CTPR utilized a participatory, logic model driven approach to planning and implementing the TPCI evaluation. The evaluation logic model for each strategy led to a focused set of evaluation questions, the majority of which are answered in this report. The remaining, long-term evaluation questions will be addressed in future reports.

Logic Model

A logic model for each strategy was developed based on information provided by regional grantees' original proposals and their staff. A logic model visually represents how a program works. It describes the sequence of activities thought to bring about change and how these activities are linked to the results the program is expected to achieve (Kellogg Foundation, 2004). The models were first drafted internally by CTPR and then went through several rounds of feedback from the primary stakeholders (MFH staff and regional grantees). At each step in the process, CTPR made changes, additions, and revisions based on the stakeholders' input. The final logic models (see Appendix) were completed in December 2005 and were representative of the primary components of the school and workplace based strategies at that point in time.

TPCI stakeholders were involved in the development of the evaluation.

Evaluation Questions

After development of the logic model, the next step in the process was the identification of questions to be answered by the evaluation. In spring 2006, CTPR met with staff from MFH and the regional grants to brainstorm questions for the evaluation of school and workplace based programs. To help in the process, CTPR used a tool called an “Evaluation Question Matrix” to facilitate the generation of a set of evaluation questions. The matrix allowed for consideration of the most important elements in the two strategies and ensured the evaluation was not biased towards either quantitative or qualitative questions.

During the initial brainstorming, more than 30 questions were identified for each strategy. At this stage in the process, no question was deemed inappropriate or too difficult to answer. Once the stakeholders had exhausted all possible questions, individuals prioritized their top five questions. Next, CTPR developed a short list of questions based on their prioritization and feasibility. The focused list of questions for each strategy was disseminated to stakeholders for final approval. The process-related and short-term outcome evaluation questions are answered in this report (see Tables 1 and 2).

Data Sources and Methods

Once the evaluation questions were finalized, the data sources and methods for answering these questions were identified by CTPR. CTPR developed a mixed methods design (quantitative and qualitative) to evaluate the school and workplace programs. The following is a description of the primary data sources and methods used.

Tobacco Initiative Evaluation System

Regional grantees were responsible for collecting and reporting a standard set of data for the Initiative evaluation regarding their work as well as the work of their community

Table 1. Evaluation questions for workplace programs

<u>Inputs</u>	<u>Activities/Outputs</u> <small>(continued)</small>
1) What outside factors in the environment influenced the workplace programs?	5) What were the characteristics of successful and unsuccessful program sites?
2) How adequate were the resources available for workplace programs?	
3) What collaborations occurred during the implementation of workplace programs?	
	<u>Outcomes</u>
<u>Activities/Outputs</u>	1) What changes did grantees observe due to the implementation of their programs?
1) What were the main components of the workplace programs?	2) What cessation services were utilized by program participants?
2) What was the reach of workplace programs?	3) What policy changes were grantee programs involved with?
3) What strategies were used for recruiting program sites?	4) What was the level of sustainability for workplace programs?
4) What capacity-building and intervention activities were implemented through workplace programs?	

Table 2. Evaluation questions for school programs

<u>Inputs</u>	<u>Activities/Outputs</u> <small>(continued)</small>
1) What outside factors in the environment influenced the school programs?	4) What capacity-building and intervention activities did schools participate in?
2) How adequate were the resources available for school programs?	5) What were the characteristics of successful and unsuccessful program sites?
3) What collaborations occurred during the implementation of school programs?	
	<u>Outcomes</u>
<u>Activities/Outputs</u>	1) What changes did grantees observe due to the implementation of their programs?
1) What were the main components of the school programs?	2) What policy changes were grantee programs involved with?
2) What was the reach of school programs?	3) What was the level of sustainability for school programs?
3) What strategies were used for recruiting program sites?	

A mix of qualitative and quantitative data were used for the Initiative evaluation.

grantees. Beginning in January 2007, grantees' data sets were submitted via an online data collection system, the Tobacco Initiative Evaluation System (TIES). The type of data collected included program site characteristics, activities conducted, policies enacted, and people reached. For grant activities conducted prior to 2007, CTPR collected data retrospectively from grantees.

Data from TIES were exported into SPSS and analyzed along with data collected retrospectively to examine the implementation of the two strategies by program, across regions, and over time.

Qualitative Interviews

To assess their experience with the implementation of the school and workplace programs CTPR conducted qualitative interviews with primary stakeholders in January - April 2008. Three qualitative instruments were developed, one for each stakeholder group: MFH TPCI staff, regional grantee staff, and community grantee staff. The instruments covered similar topics including: working with program sites, adequacy of resources, plans for sustainability, and lessons learned.

A total of 30 individuals were interviewed: 5 MFH TPCI staff, 15 regional grantee staff (2-3 staff per grant), and 10 staff from a sample of community grantees. Interviews were conducted in person or over the phone by a trained CTPR staff member. Upon completion, interviews were transcribed and teams of two CTPR staff conducted a thematic analysis of transcripts from the group of interviews with MFH staff and grantees of each program (*e.g.*, Freedom from Smoking). Once analyses of individual programs were completed, themes were examined across grantees working on the same strategy to identify the primary themes related to school and workplace programs overall.

Missouri Print Media

Content analysis of Missouri print media was conducted to better understand how the topic of tobacco was covered in newspapers throughout Missouri during the implementation of the school and workplace strategies. This was used as one indicator of the state environment regarding tobacco control during the Initiative. TPCI program and grantee names were also coded as an indicator of how Initiative programs were covered in a media source. A clipping service contracted by the MFH identified 1850 tobacco-related articles, editorials, and letters to the editor printed between October 2005 and December 2007 from 223 local newspapers. To analyze the articles, CTPR developed a 10-item codebook based on published accounts of similar projects. The codebook included codes for general information about the newspaper and story (*e.g.*, region of publication, date of

publication), the article type, and tobacco-related topics. Tobacco topics included youth prevention, adult cessation, smoke-free policy, tobacco taxes, and tobacco science.

Clippings were coded into a database by trained CTPR staff. Data were then imported into SPSS to explore the topics covered, regional variations (MFH-defined regions), and other characteristics of the newspaper coverage. To account for the differences in the number of newspapers available in each region, ratios of the number of articles per available newspaper was calculated for each measure of interest (*e.g.*, ratio of articles covering tobacco taxes).

Evaluation Findings

The evaluation of school and workplace strategies was framed using the logic models presented in the Appendix (*i.e.*, inputs, activities, outputs, outcomes) and the evaluation questions outlined in Tables 1 and 2. The rest of this report will present a description of the state environment during the first three years of the Initiative (2005-2007), followed by the most pertinent evaluation findings regarding the school and workplace strategies. Quotes from participants (offset in blue) were chosen to be representative examples of findings and provide the reader with additional detail. At the end of the report, the evaluation team has included conclusions and lessons learned. This final section is meant to provide stakeholders with a summary of the major findings from this evaluation, as well as suggestions for strengthening their current and future tobacco control efforts.

Table 3. Abbreviations used in this report

Abbreviation	Organization	Abbreviation	Organization
ALA	American Lung Association of the Central States	Randolph	Randolph County Health Department
CASE	Campus-Community Alliances for Smoke-free Environments	Smokebusters	Project Smokebusters
FFS/ EASE	Freedom from Smoking and Employer Assisted Smoking Elimination	TATU	Teens Against Tobacco Use
MDHSS	Missouri Department of Health and Senior Services	TPCI or the Initiative	Tobacco Prevention and Cessation Initiative
MFH	Missouri Foundation for Health	UMC	University of Missouri-Columbia
Policy Project	Employer Tobacco Policy Project	UMSL	University of Missouri-St. Louis
		YEA!	Youth Empowerment in Action

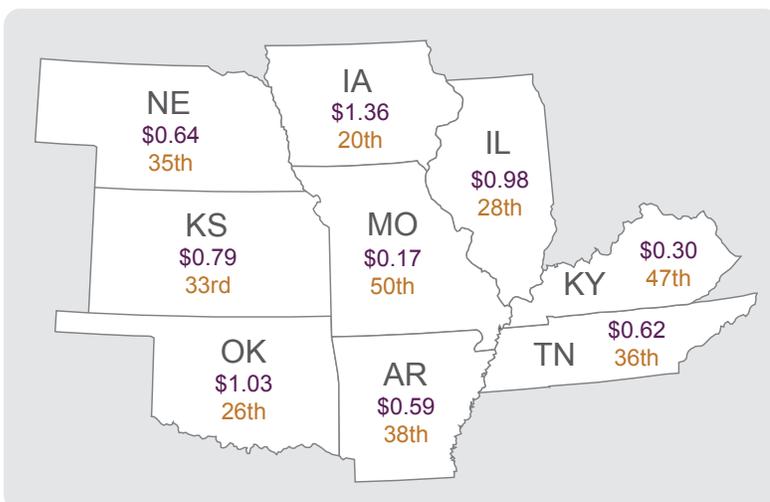
Missouri's Environment for Tobacco Control

- Introduction
- Missouri's Environment
- Structure of Strategies
- Workplace Strategy
- School Strategy
- Conclusions

Missouri's environment, by the numbers...

- 23% of adults & 21% of youth in Missouri smoke cigarettes
- The smoking rate in MO is 15% higher than the U.S. average
- 9,800 Missourians lose their lives each year due to smoking

Figure 1. Tobacco excise taxes and rankings for Missouri and surrounding states



Historically, Missouri has had a challenging state environment for tobacco control. State tobacco excise taxes and funding for tobacco control have been among the lowest in the country. Over the past decade, smoking rates for both adults and youth have, on average, been more than 2.5 percent higher than the national average. Missouri's environment is important to keep in mind when evaluating TPCI. This section presents a description of the environment regarding tobacco control in Missouri during 2005-2007 and its effects on grantees' efforts.

A major challenge in Missouri's tobacco control environment has been a low tobacco excise tax. In 2008 the national average state tobacco tax was \$1.11. Missouri's tobacco tax of 17 cents ranks 50th nationwide (including Puerto Rico). The eight states bordering Missouri have smoking rates ranging from 18.7% to 28.5% and cigarette excise taxes ranging from \$0.20 to \$1.03 per pack (see Figure 1). Forty-three states and Washington, D.C. have increased tobacco taxes since 2002. Missouri's tobacco tax last increased in 1993, going from 13 to 17 cents.

Missouri also spends less on tobacco control than recommended by the Centers for Disease Control and Prevention (CDC). In 1999, the CDC recommended a minimum annual state tobacco program expenditure of \$32.8 million for Missouri. This recommendation was increased to \$50.5 million in 2007.

Missouri receives nearly \$250 million in revenue from Master Settlement Agreement (MSA) funds and tobacco excise taxes each year. Even so, Missouri has ranked last in the U.S. for tobacco control spending, with no state funds dedicated during fiscal years 2005-2007 to prevention and cessation programs outside of enforcement of youth access laws (see Figure 2). The State budgeted \$200,000, 0.6 percent of the CDC recommended minimum, for tobacco control in fiscal year 2008.

Finally, Missouri's progress in protecting its citizens from secondhand smoke has been slower than most of the country. As of December 31, 2007, seven cities in Missouri had passed 100% smoke-free indoor air laws (see Figure 3). The various laws result in 3.9 percent of the Missouri population protected by law from secondhand smoke in non-hospitality workplaces, 6.1 percent in restaurants, and 5.7 percent in bars (see Figure 4). In the United States as a whole, 46.4 percent of the population lives in an area with a smoke-free law in non-hospitality workplaces, 59.2 percent in restaurants, and 46.8 percent in bars. (Notes: In early 2008, two additional cities in Missouri passed 100% smoke-free laws. Look for a discussion about these laws in a future report.)

These factors contribute to a difficult state environment in which to prevent and control tobacco use. The lack of funding severely hinders resources available to tobacco control stakeholders to address Missouri's high tobacco use rate. In addition, the relatively low number of smoke-free laws leaves a large majority of Missourians unprotected from secondhand smoke exposure, compared to the rest of the country.

Observations about Missouri's Tobacco Control Environment ● ● ● ● ● ● ●

CTPR asked TPCI grantees how community, state, and national events have affected their

Figure 2. Revenue from tobacco related sources and tobacco control expenditures in Missouri, 2005-2007

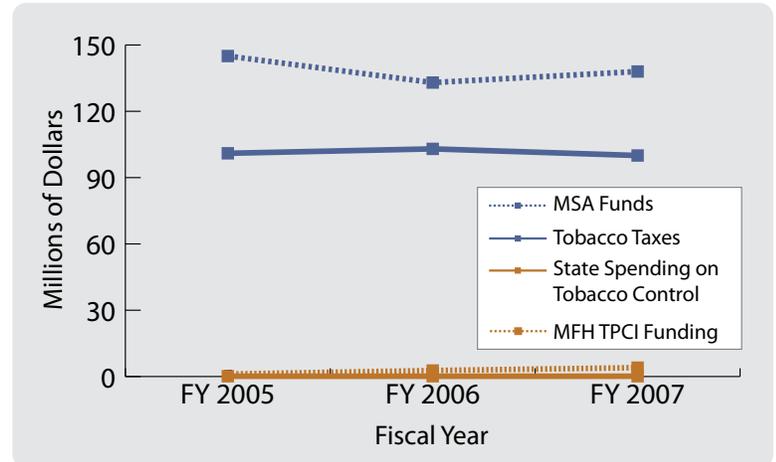


Figure 3. Missouri cities with 100% smoke-free laws through 12/31/2007

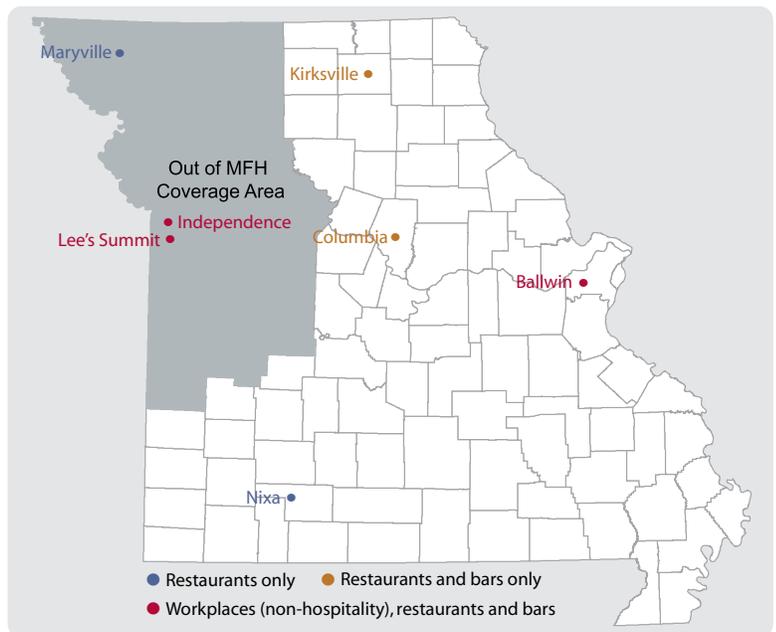
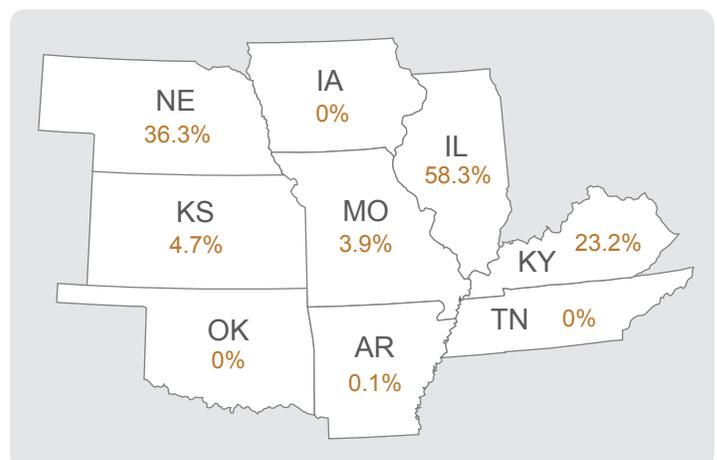


Figure 4. Percentage of population covered by smoke-free workplace laws through 12/31/07



Note: Percentages are for non-hospitality workplaces.

Missouri's tobacco control stakeholders are making progress, but are still facing significant challenges.

programs. Stakeholders agreed that the 2006 tobacco tax increase initiative, local smoking bans, and other community advocacy efforts have raised awareness about tobacco within communities throughout Missouri. However, they also noted that tobacco prevention and cessation efforts continue to be a low priority in the state overall.

The tobacco tax campaign elevated the profile of the tobacco issue, and it was something grantees could tie into their program activities. The tobacco tax campaign contributed greatly to the coverage of tobacco in Missouri's print media. The taxing policy topic was more frequently addressed in Missouri's print media than any other tobacco-related issue during the tax campaign.

The amendment on the ballot in 2006 drove a lot of the advocacy efforts of the students, for example Project Silenced Voices really raised awareness and was a great opportunity for advocacy.

Despite increased advocacy activity during the campaign, the eventual defeat of the tax initiative had a negative effect on grantees and their programs. Many stakeholders were anticipating a portion of the tax to be allocated to tobacco prevention and cessation programs. When the tax did not pass, the potential for additional funding was gone.

That [the defeat of the tobacco tax] was a huge effect on us.

Grantees also agreed that reports about the dangers of tobacco, particularly the Surgeon General's report regarding the health consequences of secondhand smoke, helped reinforce their messages. Additionally, increased media coverage about tobacco, in particular the success of smoke-free laws throughout the United States, has helped begin to change the social norms in some communities regarding the social acceptability of smoking in public.

A lot of people already knew it was not healthy to smoke themselves, but didn't have a clue what was happening to everybody else around them. And that's been a big push for us, too, was to get the education out.

...I think that more people are getting onboard with it [tobacco cessation] and have interest in not only quitting smoking, but companies have more of an interest in having healthy employees and increasing productivity.

Throughout 2005-2007, the topic of secondhand smoke was heavily covered in Missouri's print media. Second only to the topic of taxing policies, secondhand smoke was the topic of 37% of all tobacco-related newspaper articles during 2005 through 2007.

Despite increased coverage of tobacco-related issues, grantees noted that tobacco prevention and cessation is still a low priority to many Missourians, including those in the political arena. This is also evident by the lack of funding dedicated to tobacco control activities by the state of Missouri.

So smoking for the most part, at least in the political arena, is still pretty acceptable here [in Missouri].

And of course there was a lot of negative publicity about [the ordinance]. You know, the smokers came out of the woodwork to protest a smoke-free ordinance.... And trying to change the norm, you know, the thinking of people [is a challenge].

Summary: Missouri's Environment

Missouri's challenging tobacco control environment affected the work of TPCI grantees. High smoking rates, a low tobacco tax, and minimal state funding for tobacco control posed challenges for grantees. On the opposite end, an increase in coverage of the negative effects of secondhand smoke and support for policy change in several communities helped facilitate grantees' efforts. Grantees reported beginning to see changes in the acceptability of tobacco use within their communities and an increase in community support for their programs. However, tobacco control was still viewed as a low priority in the state overall, particularly for political decision makers. Consequently, there continues to be a need for grantees to continue to promote their program efforts and advocate for more support for tobacco prevention and cessation efforts. The negative tobacco control environment in Missouri provides an opportunity for MFH's Tobacco Prevention and Cessation Initiative efforts to have a noticeable and important effect on Missourians.

The Initiative has an opportunity to create noticeable effects in the prevalence of tobacco use in Missouri.

Structure of Workplace and School Strategies

- Introduction
- Missouri's Environment
- **Structure of Strategies**
- Workplace Strategy
- School Strategy
- Conclusions

TPCI School and Workplace Strategies, by the numbers...

- **5** regional grantees with
- **30** community grantees working at
- **240** worksites and **192** schools in
- **69** Missouri counties

The initial development of the TPCI school and workplace strategies instituted a two-tiered funding and implementation approach:

Regional Grants – Funding for broad-based organizations and/or collaboratives with established programs which could be coordinated and conducted at the community level. Regional grantees provide technical assistance to community grantees to help increase the reach of their programs throughout the state.

Community Grants – Funding for community-based organizations to conduct and deliver the programs developed by the regional grantees.

The first regional grant for the Initiative was awarded to the American Lung Association of the Central States (ALA) in December 2004 to address both strategies. Additional regional grants to address the school and workplace strategies were awarded in the following year, as were the first round of community grants (see Figure 5 on next page).

In addition to ALA, the following groups were awarded regional grants through the Initiative:

- Project Smokebusters and University of Missouri-St. Louis for promoting school-based programs

[The structure works well]. We have to have somebody that we can get a hold of and talk to on a weekly and monthly basis, they [regional grantee] have to have somebody that they need to be responsible to which is the Missouri Foundation. For us to go directly to the Missouri Foundation, I think that would put an extra load on them [MFH].

Though the regional/community approach seemed to fit well with the two strategies, grantees' capacity to integrate it into their programs was varied. For one regional grantee, ALA, the structure appeared to work well from the beginning. ALA had been able to recruit a number of organizations who applied for and were awarded community grants. They attributed this success to several factors:

- Contacting organizations with which they had established relationships;
- Knowing who was most appropriate to implement their programs;
- Providing assistance with proposal writing;
- Incorporating what they learned from previous community grant submissions; and
- Having programs that were well known and ready for community grantees to begin implementing.

We have several examples of organizations that applied for a RFA, were rejected, and then in the next round applied again and were awarded a grant because of how we have been able to work with them and help them reevaluate their approach.

For other regional grantees, the integration of community grants developed more slowly due to several factors including:

- Timing of community grant releases;
- Availability of staff and other resources in the community to write a proposal and/or implement the program; and
- Readiness of the regional grantee to coordinate community grants.

People that are writing the grants are full time, have other jobs, and are not necessarily writing grants for a living. That [having enough time and experience] has probably been the hardest part in terms of [writing proposals] for them [community organizations].

We didn't have our infrastructure set up in a lot of the communities. We were just getting started when the community grant rolled out.

The capacity of regional grantees to integrate community grants into their programs varied.

Stakeholders suggested the following changes to the structure:

- **Allow more time between the RFP release and the deadline.** Time was the biggest challenge cited by regional grantees in relation to recruiting community grantees. The application process was not overly burdensome, but grantees felt the time it took for a school or other community organization to prepare a good application could take more time than what was often allowed. Stakeholders felt three months would be an appropriate timeframe.
- **Clearly communicate expectations and roles of each stakeholder within the strategies.** Stakeholders felt that in the beginning the responsibilities of the various groups within the strategies were unclear. Though it was often worked out within each program, it would have been helpful to have had it communicated clearly by MFH from the start.

Spelling out exactly what we [regional grantees] can do for them [community grantees]... and what they can get from MFH [would help with implementing programs at the different levels].

- **Set the deadlines for the RFP releases based on the schedules of the programs.** In particular for school programs, grantees felt the timing of the RFPs often did not fit in well with the schedule of the school year. Grantees felt this had started to improve, but emphasized the importance of continuing to be aware of the issue.
- **Provide additional educational opportunities for community grantees, particularly related to tobacco prevention and cessation.**

They [community grantees] are working on a very small piece right here and they need to see the big picture.

- **Continue to encourage and provide opportunities for interactions between grantees to share ideas and experiences.** Stakeholders across the board cited limited communication between the various groups in TPCI as a challenge. Some grantees admitted that they could be more proactive about this, but also reported that it was helpful when MFH organized more formal opportunities to communicate.

If somebody is really doing good with something and you don't already have that networking opportunity, [a formal training or meeting] might be a chance to say, 'Hey what are you doing? How can we implement that?'

“Spelling out exactly what we can do for them and what they can get from MFH [would help with program implementation at the different levels]”

Summary: Structure of Strategies

Overall, stakeholders felt the regional/community grant structure fit well with the school and workplace strategies. Having community grantees that would implement programs developed by regional grantees, with their support, seemed logical and a good utilization of the resources available for TPCI. The idea of the structure was well received; however, the implementation of the structure did not work out as originally expected.

By now we [MFH TPCI staff] thought we would have maybe a hundred grantees and they'd be much smaller doing local stuff versus the larger programs that we're funding now across the state...It is just not that perfect canned structure that we had originally expected, which was obviously unrealistic at the time.

In the first three years of TPCI, only one grantee had been able to recruit several community applicants who were successfully funded. For other grantees, barriers such as readiness of their programs, uncertainty of how the structure worked, timing of grant releases, and capacity of organizations to apply, led to limited incorporation of community grants into their programs. Now past their third year in the Initiative, regional staff reported being better prepared for community grants and perhaps with more time could fully realize the original intentions of the regional/community grant structure.

Workplace Strategy

- Introduction
- Missouri's Environment
- Structure of Strategies
- **Workplace Strategy**
- School Strategy
- Conclusions

TPCI Workplace Strategy, by the numbers...

- 3 regional grantees with
- 16 community grantees working at
- 240 worksites and communities
- In which 19 policies were changed

The goal of TPCI's workplace strategy is to reduce the prevalence of tobacco use by increasing access to cessation resources (e.g., classes, nicotine replacement therapy) and advocating for policy change within workplaces and their surrounding communities. This includes building capacity for and implementing various educational, cessation, and advocacy activities.

The following programs were implemented as part of the workplace strategy in 2005-2007:

- *Campus-Community Alliances for Smoke-free Environments*
 - Regional Grantee: University of Missouri-Columbia
 - Awarded: November 2005
 - 1 community grantee
 - 13 program sites
- *Employer Tobacco Policy Project*
 - Regional Grantee: Missouri Department of Health and Senior Services
 - Awarded: November 2005
 - 1 community grantee
 - 89 program sites
- *Freedom from Smoking and Employer Assisted Smoking Elimination*
 - Regional Grantee: American Lung Association of the Central States
 - Awarded: December 2004
 - 14 community grantees
 - 138 program sites

What the funding has allowed us to do is expand and actually help people quit smoking, which we couldn't do before. We're focused on outcomes like getting policies changed and more people to quit smoking. But we're coming to realize too that just building leaders, building people who are informed and aware and willing to do things in all these communities is real important for any future work we do too. So the fact that they [MFH] were willing to do that [fund capacity-building] is tremendous.

One financial challenge grantees experienced was not having enough funds to support additional programs when demand increased. Stakeholders reported increased community buy-in from businesses and other organizations interested in TPCI-funded cessation services. Some community grantees experienced such high demand for their programs that they had to put individuals on waiting lists. Ways grantees dealt with this challenge included enforcing more selective screening standards for participation in their programs and looking for additional resources (e.g., other services, discounts on NRT) in their communities.

After we ran out of funding [for nicotine replacement products] I probably had a list of 50 to 75 people that were still requesting assistance, and at the time, I would automatically refer them to Missouri Quitline. Some of them were eligible for help [because] they had Medicaid.

There are several groups that have waiting lists that they don't know what to do with... As much as it pains us not to be able to increase the funds that are available to those entities, it is also a good thing that they're at least making their communities aware of the need for these services.

“The fact that they [MFH] were willing to do that [fund capacity-building] is tremendous.”

Program Staffing

On average, TPCI workplace programs utilized 4 full time equivalent (FTE) regional staff, 7 FTE community staff, and 174.25 volunteer hours each month in 2007. The CASE program had the most regional FTE staff and volunteer hours, while the FFS/EASE program had the most community FTE staff (see Table 5 on next page). In comparison to 2006, both CASE and FFS/EASE experienced an increase in regional staff for 2007 from 3 to 9.5 FTE and 1.8 to 2.5 FTE respectively. The Policy Project experienced a slight decrease in regional staff working on the project, going from 0.6 FTE in 2006 to 0.3 FTE in 2007.

Staffing was cited as a challenge by some of the regional grantees. For UMC their challenge was related to limited staff experience. Coordinators who worked with a particular college campus and community were often just starting their careers and required additional training beyond how to implement the program. For MDHSS, they lacked staff that could focus the majority of their time

Table 5. Average monthly staffing, 2007

Worksite Program	Regional FTE Staff*	Community FTE Staff*	Volunteer Hours*
Campus-Community Alliances for Smoke-Free Environments	9.5	1.4	283.75
Freedom from Smoking/Employer Assisted Smoking Elimination	2.5	12.3	11.4
Employer Tobacco Policy Project	0.3	0.2	0

*average per month in 2007. Human resource data were not collected for all levels in 2005 & 2006.

*average per month across all community grantees in 2007. Human resource data were not collected for all levels in 2005 & 2006.

on the project. Everyone had more than one project in their workload and they were unable to hire additional employees.

We are training staff to get events and all that done, but we're also training them to be responsible in a timely fashion for reporting and all that. So that's a challenge with the [staffing] resources that seem to be most available to us.

As a state department we are restricted on hiring. There is an edict that there can be no more than 60,000 state employees and we are somewhere near 59,900. So, it makes it difficult to create new positions and hire additional staff.

Training and Technical Assistance for Grantees

Overall, the training and technical assistance available to grantees was considered useful. Grantees cited the Summer Training Institute organized by the Center for Tobacco Policy Research, training from Americans for Nonsmokers' Rights, and training from the Tobacco Technical Assistance Consortium as valuable for their work. Trainings were particularly valued by regional and community staff who had limited experience in tobacco control or evaluation.

I enjoy the trainings. Not only are the trainers really good, but it gives you the opportunity to focus on that issue exclusively and spend some time with other people doing what you're doing.

Both regional and community grantees also discussed the valuable support they received from MFH staff. MFH TPCI staff were always available for grantees to answer questions and connect them with resources.

When I have a budget question or need to figure out how to do something they are always very helpful.

Additional Resources

Community grantees requested a longer timeframe for grant awards. For several, it took a few months to get the program up and running in their area. The initial start-up time cut into a good percentage of the time available for implementation on their two-year grants. They felt an additional year would be beneficial.

Grantees also requested additional training or technical assistance in the following topic areas:

- Making data relevant for various audiences
- Tracking outputs and outcomes
- Planning community events
- Communicating to specific target audiences

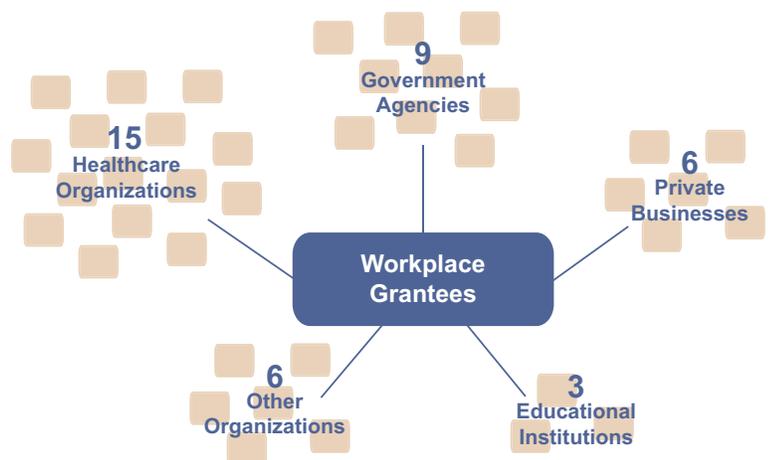
I can make statements about what the data is showing and we're using the statistically significant markers, but when I give it to an audience I want to give them something that's useful, not just some data.

What collaborations occurred during the implementation of workplace programs?

Grantees identified collaboration as essential to developing, implementing, and marketing their workplace programs. Most partners were in the healthcare field, in particular local health departments.

Via TIES, the online monitoring system, regional grantees identified 39 collaborative partners that assisted with achieving their program goals in 2007. Partners fell into five main categories: healthcare; government agencies (e.g., local health departments); private businesses; educational institutions; and other (see Figure 7).

Figure 7. Number of partners for workplace grantees by category, 2007



At the time they were reported to TIES, these partners were not currently community grantees or program sites. However, by the end of the year:

- 10 partners had become community grantees
- 11 partners had become program sites

Collaboration was key for regional and community grantees in helping to develop, implement, and market their workplace programs. Grantees reported that most of their collaborators provided information and technical assistance for them and their program participants, including local coalitions and individual employers.

[Local health departments] have proven to be advocates even though they can't necessarily advocate on a policy, they've been helpful as far as training and technical assistance purposes, especially for local coalitions. Some of the local coalitions in small communities have so few resources to pull from, but the state and local health departments have been really helpful.

Collaborators were also helpful and effective in getting the word out about the workplace programs as well as implementing them.

We usually try to figure out who knows who and who can help us get it done.

Collaboration was integral for the development and implementation of workplace programs.

Summary: Workplace Inputs

Overall financial and informational (e.g., technical and programmatic support) resources provided for the workplace strategy were good. High demand for free or discounted cessation services posed a challenge for some grantees' budgets, but in general they had the funding they needed to implement their programs. Support provided by MFH in the form of technical assistance and training opportunities was also cited by grantees as a facilitator.

Staffing and time were cited as some of the biggest challenges. Not having enough staff to work with all interested sites or having staff with limited experience were cited as barriers by grantees. In regard to time, grantees underestimated the amount of time it took to start a new program (e.g., hiring, getting accounts set up, etc). This was particularly applicable to community grantees who had never implemented the regional programs before. Not surprisingly, grantees identified collaborations with other organizations as an integral part of developing, implementing, and marketing their workplace programs.

- Introduction
- Missouri's Environment
- Structure of Strategies
- **Workplace Strategy**
 - Inputs
 - **Activities/Outputs**
 - Outcomes
- School Strategy
- Conclusions

Activities/Outputs ● ● ● ● ●

What were the main components of the workplace programs?

Though the goal of reducing the prevalence of tobacco use was the same for each program, the approaches grantees took to achieve this goal varied. Initially MFH staff saw this strategy as primarily being implemented within worksites. However, submitted grant proposals targeted various levels of a workplace environment leading to a more broadly focused approach for the strategy.

At a more individual level, ALA's program primarily focused on implementing cessation classes. At an organizational level, MDHSS's intervention focused on meeting with employers to encourage them to strengthen their policies regarding tobacco. Lastly, at the broadest level, UMC worked with campus and community groups to advocate for policy change in their communities. The following are brief descriptions of each program's components and the timeframe in which they were implemented.

Freedom from Smoking/Employer Assisted Smoking Elimination

ALA's program focused on implementing cessation classes in the worksite or community. The primary goal of the program was to help individuals learn strategies to quit smoking and remain smoke-free. Regional or community grant staff assisted employers with strengthening their policies from time to time, but it was typically at the initiation of the employer.

Due to FFS/EASE being a long-standing program of ALA, the regional grant was ready for implementation from the beginning of the grant award in late 2004. As mentioned in a previous section, having a pre-packaged program allowed organizations to apply for community grants as soon as the first RFP was released in late 2005.

Campus-Community Alliances for Smoke-free Environments

Beginning in 2006, UMC worked to bring college

Workplace Activities/Outputs

campus and community leaders together to advocate for changes in policies regarding tobacco, including adoption of smoke-free workplaces and access to cessation resources. At the beginning of 2006, regional staff piloted the program in Columbia where the local coalition had initiated efforts to pass a smoke-free workplace policy. As success was achieved in Columbia, CASE expanded their program to other college communities in the state. In addition, a community grantee was brought on board in 2007 to offer cessation services to residents of Columbia.

Employer Tobacco Policy Project

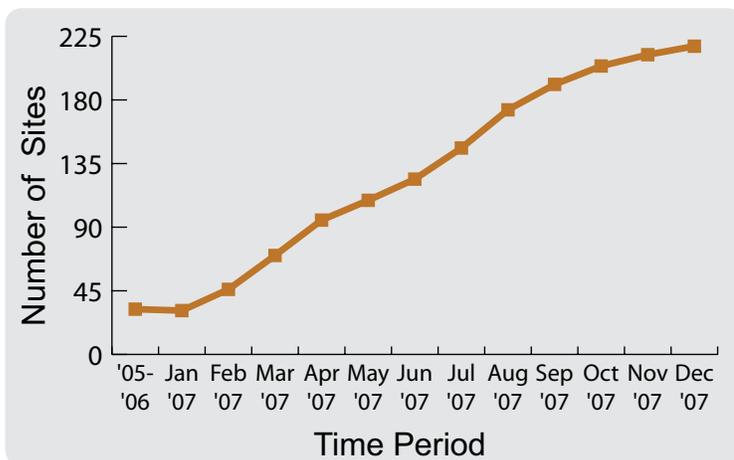
MDHSS's project started in 2006 with a survey of large employers (*i.e.*, >250 employees) located throughout the MFH service region. Over 150 employers were asked to provide information on their current policies regarding smoking and tobacco cessation assistance, as well as their interest in strengthening their policies. During this same time period MDHSS staff developed an employer "toolkit" that provided information on the benefits of strong workplace tobacco policies and tips for effectively implementing them.

In 2007, staff of MDHSS and their community grantee targeted employers to discuss strengthening their policies. During meetings with the interested employers, staff went over the toolkit entitled, *Smoke and Money: An Employer's Toolkit for Smoke-free Workplaces and Tobacco Cessation Assistance*. For those employers that indicated an interest in strengthening their policies, their employees were allowed additional counseling sessions through the state quitline.

What was the reach of the workplace programs?

By the end of 2007, employers and communities of all kinds across the state of Missouri were participating in TPCI workplace programs. In the first three years of the workplace strategy, a total of 240 work or community sites were involved in TPCI at some point between 2005-2007 (see Figure 8). The first 26 worksites started their

Figure 8. Accumulation of sites, 2005-2007



involvement with the Initiative through FFS/EASE in 2005. Six more program sites affiliated with CASE's efforts joined in 2006. Nine of these sites continued into 2007 and an additional 208 sites became involved with TPCI programs by the end of the year. This was a dramatic increase in the number of sites from 2005 to 2007.

The length of time sites were actively involved in TPCI depended on the program. Sites affiliated with the Policy Project were involved for the shortest amount of time overall (see table to left). Typically no additional programmatic activities occurred after the initial meeting regarding strengthening a specific worksite's policy. Sites involved with CASE, were on average active for the longest time period. This most likely can be attributed to the amount of time it takes to build capacity and successfully advocate for policy change within a community.

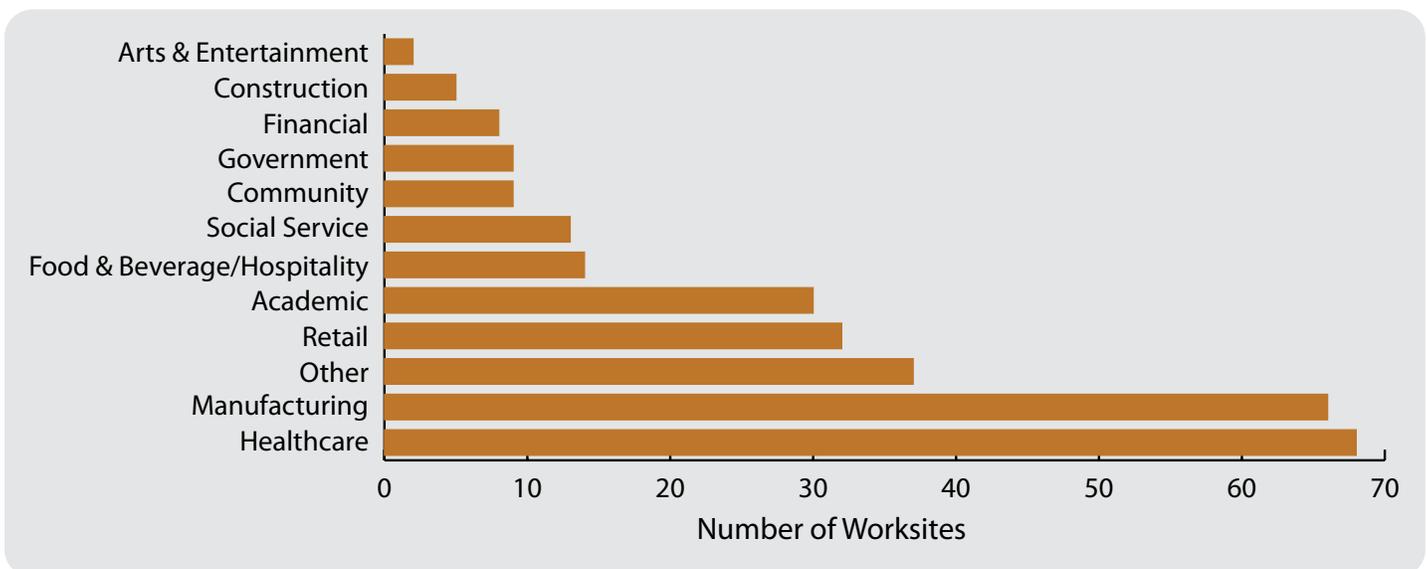
Of the 240 unique TPCI sites, more than half were either healthcare-related or in manufacturing (see Figure 9 below). All three programs were implemented throughout the MFH service region. CASE's programs were focused on communities that had a strong presence of at least one college campus. FFS/EASE programs were located throughout the state with a strong presence in Jasper County and southeastern Missouri, both locations in

Table 6. Average number of months a TPCI program site was active in 2007

Worksite Program	Months Active*
Campus-Community Alliances for Smoke-Free Environments	10.5
Freedom from Smoking/Employer Assisted Smoking Elimination	2.9
Employer Tobacco Policy Project	1.2

* average number of months a site was involved in at least one programmatic activity in 2007

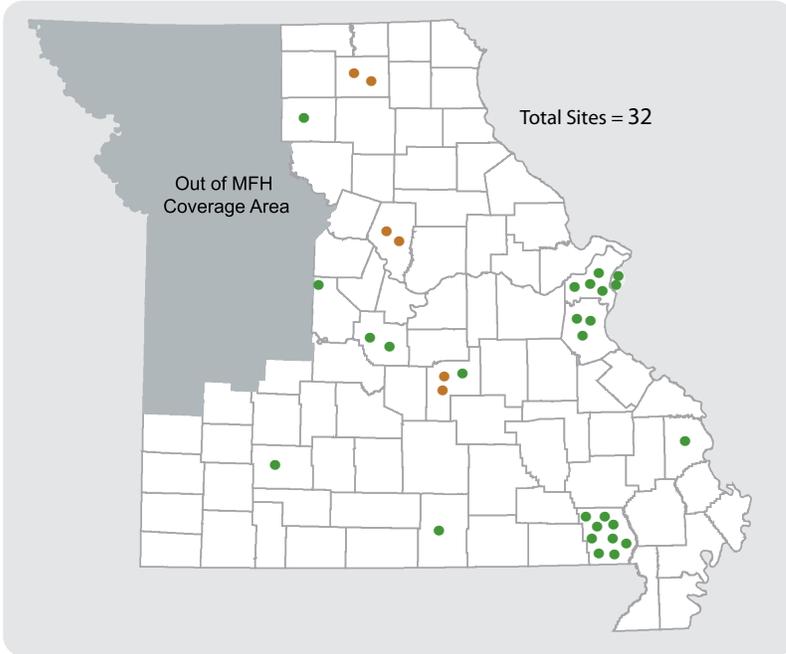
Figure 9. Types of sites involved in TPCI in 2007



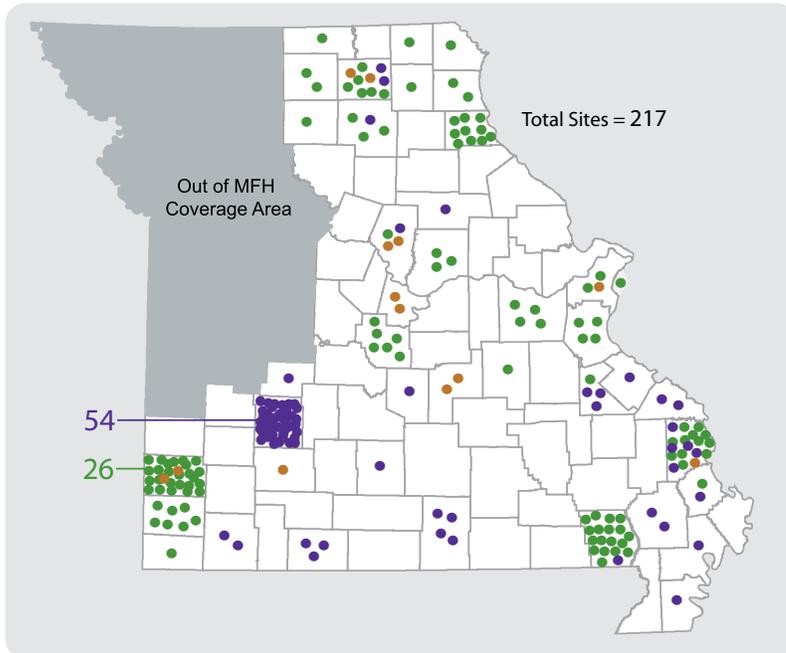
Workplace Activities/Outputs

Figure 10. Increase in number of TPCI workplace program sites

2005-2006



2007



- Campus-Community Alliance for Smoke-free Environments
- Employer Tobacco Policy Project
- Freedom From Smoking/Employer Assisted Smoking Elimination

which community grantees were present. The Policy Project was most heavily present in Polk County, the location of the only community grantee for that program.

The two maps on the adjacent page show the distribution of sites in the state at two time points, 2005-2006 and 2007. A drastic increase in geographic coverage can be seen between the two maps. This most likely can be attributed to the timing of initial implementation for the three programs as well as the addition of community grantees.

As for the reach of the programs in the print media during 2005 through 2007, CASE was specifically mentioned in three tobacco-related articles during 2005-2007, and FFS/EASE was mentioned in 25 articles. The majority of the CASE articles (67%) were in Boone County. Jefferson County had the most FFS/EASE articles (eight) of all counties across the state.

What strategies were used for recruiting program sites?

TPCI grantees found that their existing relationships, Missouri's state environment related to tobacco, and individual site characteristics each influenced the success of program site recruitment. Grantees found previously established relationships to be a key resource for identifying and recruiting worksites. Specifically, word of mouth via their contacts at community coalitions and other organizations was noted as a strategy that worked for both community and regional grantees. For those grantees that individuals in the community may not find familiar, having a well-known organization aid in promoting their program was very effective.

We have a lot of resources available to us... if we can't get a hold of somebody, or if we want some information, all we have to do is pick up the phone and call other individuals who may have developed a relationship with somebody. This has been really beneficial in helping us bring on people.

The increase in prevalence of smoke-free policies and coverage of cessation assistance also helped with recruitment of sites. Due to higher insurance rates and the availability of incentives for smokers to quit, more businesses were going smoke-free. They were also hearing about other businesses that were smoke-free and happy with their decision. Often times once grantees began spreading the word regarding their availability to assist worksites, businesses would approach them. Grantees felt it also helped when they could offer a benefit for employees such as vouchers for nicotine replacement products or extra access to cessation resources (e.g., state quitline).

A lot of businesses are starting to go smoke-free or at least trying to try out some kind of smoke-free areas. They are dealing with higher insurance costs and have started providing incentives for employees to quit. It's something that's getting more and more popular in various communities across the state. So a lot of people that we do train, they already have those inroads with some of these organizations to kind of get in there and sell the program.

Other strategies or factors that were useful for recruiting sites and program participants included:

- Targeting letters to decision makers;
- Working with staff within human resource departments;
- Disseminating focused marketing materials (e.g., information that goes out with employees' checks, strategically placed posters); and
- Being affiliated with a well-known entity.

For some grantees, creating and sustaining interest in the issue of cessation was a challenge for recruiting both program sites and participants. Grantees felt some employers did not see the economic benefit of going smoke-free and were more concerned about other issues related to their business or organization.

Grantees struggled at times with maintaining participants' interest in completing cessation programming.

I think the smaller employer seems to think well, this may be a nice thing, but I don't have the time for it, or it's not going to be that much benefit to me... they'd rather worry more about meeting payroll or something like that.

Generating interest in the classes [can be a challenge] especially with individuals in the community. That is where they have the most problems; worksites not as much. But in community group settings where it is open to the public, keeping people in classes, and promoting the classes [can be challenging].

More businesses
are interested
in going
smoke-free.

Challenges associated specifically with recruiting participants included scheduling conflicts, not having enough space, and determining the most appropriate setting to hold cessation programs. For some employees, they preferred to attend classes off site which allowed for a higher level of privacy. For others, attending classes on site was more convenient.

Other challenges grantees experienced in recruiting sites and program participants included:

- Determining the most effective promotion strategies;
- Identifying the most appropriate persons to contact; and
- Determining the worksite or community's level of readiness for change.

The only negative thing about this is the phone calls and the time it takes to get a hold of the people that you need to talk to. That has really been my biggest challenge. But usually once I get my foot in the door [it works well from there].

What capacity-building and intervention activities were implemented through workplace programs?

Activities conducted in worksite or community settings fell into two categories:

Capacity-Building – Activities conducted by grantees to prepare sites for implementing worksite or community-based programs.

Intervention – Activities implemented at a worksite or in a community to increase cessation or reduce exposure to second-hand smoke.

Within the two categories there were a variety of specific activities that ranged from conducting trainings for capacity-building to providing Nicotine Replacement Therapy as an intervention. In 2007, 91% of all TPCI workplace sites were involved in capacity-building activities and 86% of sites were involved in intervention activities (see Figure 11 on next page). Most sites were provided capacity-building related information (*e.g.*, manuals) or intervention materials, while few were involved in formal trainings or pursuing policy change. See Table 7 on the next page for the number of people reached by some activities of the workplace programs during 2005-2007.

Figure 11. Types of activities conducted by TPCI workplace programs in 2007

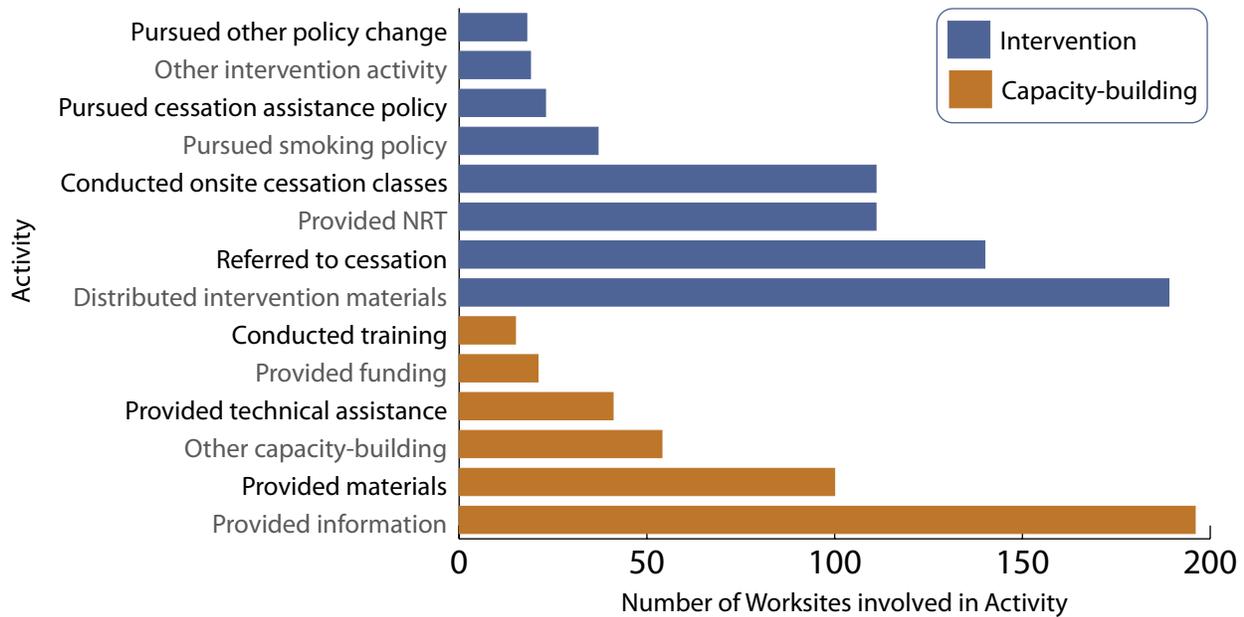


Table 7. Reach of TPCI workplace programs, 2005-2007

Capacity-Building	CASE	FFS/EASE	Policy Project	Total*
Conducted a training	72	67	0	139
Provided funding	\$ 35,895	\$ 100	\$ 0	\$ 35,995
Intervention	CASE	FFS/EASE	Policy Project	Total*
Distributed brochures or other materials	15,028	19,489	14,707	49,224
Referred employees to outside cessation services, provided nicotine replacement therapy, or conducted cessation classes at site	160	5,578	0	5,738**

Note: Only activities for which numbers reached were reported are presented in the table.

* Unless otherwise specified, totals are an estimate of the number of people reached by or involved in each activity.

** This is the total number of people who received at least one of the cessation services/resources.

What were the characteristics of successful and unsuccessful sites?

Grantees experienced varying levels of success in implementing worksite and community programs. Factors that often led to successful program implementation with a worksite or community included:

- Support for cessation programs or policy change from employers, supervisors, or other higher level decision makers;
- Availability of incentives or awards for employees who complete their classes (*e.g.*, \$100 vouchers for nicotine replacement products);
- Willingness of businesses to expand their smoke-free policies to include tobacco and their “campus”; and
- Presence of an active community coalition.

Challenges to program implementation leading to limited program success included:

- Lack of organizational support;
- Low participation in classes;
- Conflicts with scheduling;
- Lack of a full commitment from businesses to change their tobacco related policies; and
- Disconnect between a college campus and community to work together on policy change.

Summary: Workplace Activities/Outputs

All of the programs within the workplace strategy were working towards the same long-term goals, however their approaches varied. What was originally viewed as a strategy where programs would conduct interventions at specific worksites, changed into a strategy that had programs with targets ranging from individual employees to communities.

There were still some gaps in coverage both geographically and in the types of sites targeted, however workplace programs had shown a steady increase in their reach from the start of the first grant award through 2007. Relationships with other agencies and organizations within the community were very important for marketing and implementing grantees’ programs. Collaborating with an organization

Summary (contd.)

that was well-known worked particularly well for grantees whose name may not have been as prevalent in their targeted communities.

Grantees experienced varying levels of success in implementing workplace programs. Many grantees were able to identify sites that were supportive of cessation services and ready for change. This was a major facilitator for grantees' in achieving their short-term to intermediate goals (*i.e.*, increased utilization of cessation services and policy change).

The most common activity grantees were involved in was distribution of materials. While material distribution is a component of most interventions, it should not be the sole intervention. A focus on increasing activity related to access for cessation services and smoke-free policy change will continue to be important for TPCI in the future.

Focusing more on policy change and less on distribution of educational materials will be important for TPCI in the future.

- Introduction
- Missouri's Environment
- Structure of Strategies
- **Workplace Strategy**
 - Inputs
 - Activities/Outputs
 - **Outcomes**
- School Strategy
- Conclusions

Outcomes ● ● ● ● ● ● ● ● ● ●

What changes did grantees observe due to the implementation of their programs?

Grantees reported progress towards achieving their goals of increasing the utilization of cessation services and the presence of smoke-free policies. Due to participation in their programs, grantees observed participants quitting smoking or at least moving closer to being ready to quit.

The ones who have quit are so thankful. They're just beside themselves when they've gone the eight weeks without a cigarette. Then 30 days later they are still smoke-free.

Worksites became more interested in supporting cessation services as they saw their employees complete the programs and at least some successfully quit. Worksites also started to see support of cessation services as a component for a complete worksite wellness program.

Most of them [worksites] are already in the process of formulating some sort of smoke-free policy or providing some incentives for employees not to smoke, like a lower rate of insurance payments or just an overall employee wellness program. They are making this [cessation classes] one of the stepping stones in their complete wellness program.

Grantees felt they were also increasing awareness of the status of current policies and the need for change. College students gained experience in the policy arena through CASE and the capacity to advocate for policy change within community coalitions was growing. Already with the involvement of grantees, several policies at worksites and in communities were strengthened.

In most places what's happening is that there are coalitions that have been formed; that are laying down the groundwork in their communities to build the support necessary to do policy change.

I just try to keep planting seeds, get them thinking about it [policy change]. It has been a different journey with all of them [worksites].

What cessation services were utilized?

Utilization of cessation services varied. Employees at most worksites were referred to outside cessation services. For those with employers involved in the Policy Project only a few actually contacted the state Quitline. Half of the worksites had employees who were offered cessation classes. For those who participated in FFS/EASE classes, quit rates appeared to be promising, though more stringent criteria for those considered abstinent from smoking was needed.

Of the 178 worksites active in 2007, grantees reported that:

- 61% had employees that were referred to outside cessation services;
- 52% had employees who received samples or vouchers for nicotine replacement products or medication; and
- 50% had cessation classes conducted at the worksite.

As would be expected, FFS/EASE reported the highest number of worksites where cessation classes were conducted. Grantees involved in FFS/EASE also reported the highest number of worksites where employees were referred to outside cessation services or provided nicotine replacement products. In total for 2007, FFS/EASE reported that at least 3,899 individuals were provided one or more of the cessation related services. The Policy Project solely referred employees to outside cessation services, primarily the state Quitline. Towards the end of 2007, the community grantee working with CASE, Columbia/Boone County Health Department, began conducting a cessation program. In 2007 they reported conducting interventions at several sites, reaching approximately 160 individuals.

As mentioned in the Activities/Outputs section, one incentive of the Policy Project was the availability of enhanced access for employees to the state Quitline. This access allowed employees to receive multiple counseling sessions from the Quitline free of charge. MDHSS offered employers flyers, check stuffers, and other materials to promote the Quitline services. Unfortunately, the Quitline did not receive as many phone calls from participating worksites as they had originally anticipated. In total, Free and Clear, the state Quitline provider, reported only seven callers who identified themselves as being from one of the participating employers. It was unknown why calls into the Quitline from this particular group of employees were so low because MDHSS did not conduct an outcome evaluation of their efforts.

“I just try to keep planting the seeds, get them thinking about policy change. It has been a different journey with all of them.”

We don't have near the numbers of employees calling into the Quitline that we had planned for. I think a big part of this is because if the employer already has a health plan that covers for Quitline counseling then the health plan gets all the data and we don't. A number of these larger employers do have coverage for it. So the only ones that we're capturing data on are those that have no health plan coverage for the Quitline.

Quit Rates

Only one program reported quit rate data into TIES for 2007. FFS/EASE followed-up with program participants at three time points: 3, 6, and 12 months from the completion of their class. Only participants who were smoke-free at the end of the class were contacted for follow-up. Those participants were asked the following question to assess smoking abstinence: *Are you currently smoking?*

Validity Issues

The data collection and analysis procedures used by FFS/EASE to report quit rates into TIES resulted in two important validity issues:

- 1) **Follow-up procedure.** FFS/EASE followed-up only with program participants who were smoke-free at the end of their class. This procedure leads to inflated quit rates. The protocol provided by CTPR to regional grantees called for follow-up attempts with all participants who completed the program.
- 2) **Smoking abstinence measure.** FFS/EASE asked program participants if they were currently smoking to assess smoking abstinence during follow-up. However, a well-established standard for assessing smoking abstinence is to ask about smoking occurrence during a specific timeframe, usually seven days (*i.e.*, Have you smoked in the past seven days?). This measure is suggested in *Treating Tobacco Use and Dependence* (U.S. Department of Health and Human Services, 2000) and other cessation guidelines.

To determine final FFS/EASE quit rates (see Table 8), CTPR conducted a secondary analysis of the FFS/EASE raw data, following the protocol provided to regional grantees. This analysis partially addresses the first validity issue described on the previous page because the quit rates were calculated by dividing the number of participants who reported abstinence by the number of participants who completed the program. However, follow-up with program participants who were not smoke-free at the completion of the class were not included in the available data.

The analysis does not address the second validity issue because that would require re-surveying all

Table 8. Quit rates for FFS/EASE participants in 2007, as calculated by CTPR

Time Since Program Completion	Follow-ups Attempted	Reported Abstinent*	Quit Rate
3 months	525	194	37.0%
6 months	424	101	23.8%
12 months	369	65	17.6%

*number of participants who reported not currently smoking

individuals who completed an FFS/EASE program in 2007 with a more appropriate smoking abstinence measure.

As previously stated, regional grantees were provided a protocol to follow and distribute to their community grantees in October 2006. This protocol included standard questions for collecting quit rate information that assessed abstinence for seven and 30 days at 3, 6, and 12 months. Grantees were reminded of the protocol several times since its release. We strongly suggest that MFH use quit rate data presented in Table 7 rather than quit rate data reported in TIES. These quit rates should also be used only with the caveat that they are a result of asking participants about their current smoking status at the time of the call, which often provides a less conservative rate.

What policy changes occurred?

Workplace grantees were involved in a total of 19 policy changes since July 2006, affecting over 100,000 people. The Policy Project reported the most sites that changed their policies. The community grantee, Polk County Health Department, reported working with a total of 11 sites that changed their policies. Within communities, CASE reported being involved in two policy changes. Due to the nature of community-wide policies, these changes affected the most people. The table on the next page presents a brief description of each of the policy changes. Based on the information provided by grantees, the policies were rated on their strength and reach. The rating levels for each category are as follows:

Strength

Low– the policy applies to one area of the facility (e.g., offices, break room, a section of a restaurant)

Medium– the policy applies to all indoor areas of a facility with no exemptions; it applies to all employees, patrons, and visitors

High– the policy applies to the entire campus of the facility (inside and outside the property) with no exemptions; it applies to all employees, patrons, and visitors

Highest– the policy is a community-based, 100% smoke-free indoor workplace policy

Reach

Low– the policy applies to one facility

Medium– the policy applies to all locations of a multi-site business

High– the policy applies to all workplaces in a community

TPCI workplace grantees were involved in 19 policy changes between 2005-2007.

Workplace Outcomes

Table 9. Policy changes workplace grantees were involved with, 2005-2007

Site	County	Program Involved	Brief Description	Strength	Reach
City of Columbia	Boone	CASE	<ul style="list-style-type: none"> Community-based policy 100% indoor smoke free workplace policy 	Highest	High
City of Kirksville	Adair	CASE, FFS/EASE	<ul style="list-style-type: none"> Community-based policy Indoor facilities with no exemptions 	Highest	High
Halfway School District	Polk	Policy Project	<ul style="list-style-type: none"> School-based policy District-wide Tobacco-free building, facilities, transportation, and grounds at all times 	High	Medium
Marion C. Early School District					
Jack Henry & Associates	Barry	Policy Project	<ul style="list-style-type: none"> Worksite-based policy Entire campus, including the grounds Applies to all employees, clients, visitors and others 	High	Low
Polk County Health Department	Polk	Policy Project	<ul style="list-style-type: none"> Worksite-based policy Smoke free campus, including the grounds Applies to all employees, clients, visitors and others 	High	Low
Polk County Fire and Rescue					
American Family Plaza					
Kids Across America	Taney	Policy Project	<ul style="list-style-type: none"> Worksite-based policy Entire campus, including the grounds Applies to all employees, clients, visitors and others 	High	Low
Beehler Corporation	Wright	Policy Project	<ul style="list-style-type: none"> Worksite-based policy Entire campus, including the grounds Applies to all employees, clients, visitors and others 	High	Low
Havco	Cape Girardeau	FFS/EASE	<ul style="list-style-type: none"> Worksite-based policy Indoor facilities with no exemptions 	Medium	Low
Cori Manor	Jefferson	FFS/EASE	<ul style="list-style-type: none"> Worksite-based policy Provide self-help materials for cessation Offer cessation classes on site 	Medium	Low
Lutheran Home	Cape Girardeau	Policy Project	<ul style="list-style-type: none"> Worksite-based policy Indoor facilities with no exemptions Applies to all employees, including company vehicles Provide self-help materials for cessation Offer cessation classes on site 	Medium	Low
Korean House	Polk	Policy Project	<ul style="list-style-type: none"> Worksite-based policy Smoke free indoor facilities 	Medium	Low
Norma's					
Linda Nifty's					
Simon Bees					
Cathy's Pasta					
Advance Auto Body	Polk	Policy Project	<ul style="list-style-type: none"> Worksite-based policy Smoke free offices 	Low	Low

Smoke-free policies received more attention than any other tobacco-related topic in Missouri's print media during 2005-2007 (5.8 articles per newspaper during 2005-2007). The region of Missouri not covered by MFH, which includes the Kansas City area, had the most articles about smoke-free policies during this time period (9.1 articles per newspaper during 2005-2007). This region of Missouri experienced a large amount of activity regarding smoke-free policies near the beginning of 2007.

In fact, Missouri saw four city smoke-free laws advocated for and implemented during the time period of July 2006 through July 2007 (i.e., Columbia, Lee's Summit, Independence, and Kirksville). Interestingly, the most frequent topic in tobacco-related articles during this time period in the Central and Northeast MFH regions (which include Columbia and Kirksville) was tobacco-related taxing policies (4.5 and 3.3 articles per newspaper, respectively during 2005-2007) rather than smoke-free policies.

What was the level of sustainability for workplace programs?

Applying for new funding was the most common sustainability activity cited by grantees. As far as comprehensive plans for sustainability, there were very few grantees that were implementing more than one type of sustainability activity.

Regional grantees and several community grantees were getting closer to the end of their grant awards in late 2007. For some there was an opportunity to re-apply; however one goal for MFH TPCI staff was to encourage grantees to plan for sustainability of their programs. For some grantees this was more of a challenge. MFH staff felt that several of the organizations were still new to implementing these types of efforts and some programs may be more sustainable than others.

They probably will not be sustainable at quite the same level [they are at with funding]. I don't think any program is. But I think most of them can certainly be sustainable, especially if they work in conjunction with the businesses and they get buy-in from the businesses.

Searching for additional funding sources or applying for continuation of funding was cited as the most common sustainability activity by regional and community grantees. For example, UMC received funding from RWJF to expand CASE in areas not covered by their MFH grant. CASE staff were also working on establishing partnerships with other potential funders. Several community grantees reporting starting to network to find funding from sources other than MFH, including businesses and hospitals.

The majority of grantees lacked comprehensive plans for sustainability.

Our guess is that many of the businesses that we talk to will continue to at least help supplement something for the program.

Additionally, grantees noted that program sites could continue pieces of their programs because of trainings and materials given to them during their funded program implementation.

The trainings, technical assistance we provide as far as keeping facilitators informed of any type of changes we have to the program, and the support that we can provide them as far as suggestions on how to reach out to these different groups...That's how we help with sustaining the program.

Policy changes
achieved in
2005-2007
should be viewed
as a base for TPCI
grantees to
continue to build on.

Summary: Workplace Outcomes

Utilization of cessation services varied. Employees at most worksites were referred to outside cessation services. For those with employers involved in the Policy Project only a few actually contacted the state Quitline. Due to lack of an internal program evaluation, it was unclear why this occurred. For those that participated in FFS/EASE classes, quit rates appeared to be promising, though more stringent, established criteria for following up with participants (as described in CTPR's protocol) needed to be incorporated into grantees' evaluations.

Grantees' worked with a number of sites that changed their policies regarding tobacco use. Polk County Health Department had the most number of worksites that changed their policies. CASE was involved with fewer policy changes, but because they were community policies, the potential number of individuals affected was much larger. These policy changes were a great start and should be viewed as a base to continue to build on in the future with stronger policies that have a broad reach.

Finally, efforts by grantees to increase the sustainability of their programs were limited. Most grantees focused on one type of sustainability activity, finding additional funding sources. For many, re-applying to MFH was their sole resource. Due to the nature of some of the programs, once a site was trained in implementing it, they could continue the intervention with very little funding. However, it was unclear if sites had the support necessary to continue efforts once MFH grantees were no longer funded to do their work.

School Strategy

- Introduction
- Missouri's Environment
- Structure of Strategies
- Workplace Strategy
- **School Strategy**
- Conclusions

TPCI School Strategy, by the numbers...

- 3 regional grantees with
- 19 community grantees working at
- 192 school sites who were involved in
- 19 policy changes

The goal of TPCI's school-based programs is to prevent tobacco use through education and policy change within schools and their surrounding communities. This includes planning and implementing various educational and advocacy activities.

The following programs were implemented as part of the school strategy in 2005-2007:

- *Project Smokebusters*
 - Regional Grantee: Randolph County Health Department
 - Awarded: November 2005
 - 4 community grantees
 - 43 program sites
- *Teens Against Tobacco Use*
 - Regional Grantee: American Lung Association of the Central States
 - Awarded: December 2004
 - 15 community grantees
 - 128 program sites
- *Youth Empowerment in Action*
 - Regional Grantee: University of Missouri-St. Louis
 - Awarded: November 2005
 - 0 community grantees*
 - 21 program sites

* No community grantee RFPs were released for this program

- Introduction
- Missouri’s Environment
- Structure of Strategies
- Workplace Strategy
- **School Strategy**
 - **Inputs**
 - Activities/Outputs
 - Outcomes
- Conclusions

Table 10. School Grantees, 2005 - 2007

Organization
- American Lung Association of the Central States
- Clark County Health Dept.
- Douglas County Health Dept.
- Institute for Family Medicine
- Jefferson County Health Department
- Kirksville R-3 School District
- Knox County Health Dept.
- Lincoln County Health Dept.
- Living Word Apostolic Church
- Marquand-Zion R-6 School District
- Miller County Health Center
- National Council on Alcoholism and Drug Abuse - St. Louis
- Ozark Center
- Prevention Consultants of Missouri
- Putnam County R-1 Schools
- Randolph County Health Department
- Saint Francis Medical Center
- Susana Wesley Family Learning Center
- Union R-11 School District
- University of Missouri-St. Louis

Inputs ● ● ● ● ● ● ● ● ● ●

How adequate were the resources available for school programs?

School-based grantees found the financial resources for their programs to be adequate. Having funds available to provide the programs at no cost to the schools greatly increased school participation. The training and networking available to grantees was extremely helpful, particularly for community grantees with less experience. A major resource challenge for some school grantees was changes in staffing.

Financial

Between 2005 and 2007, TPCI school programs received \$3,423,747 from MFH. In addition, three organizations (*i.e.*, American Lung Association of the Central States, Miller County Health Center, and Jefferson County Health Department) received a total of \$2,049,422 for their efforts in both school and workplace programs (see Table 10). Regional grants were funded for approximately three years and community grants for two years, with the opportunity to re-apply. Community grant awards ranged from \$6,000 to over \$100,000 depending on the program they chose to implement, in-kind resources available, and the number of counties and schools they were aiming to reach.

Overall, grantees reported that the financial resources provided by MFH were more than adequate. With the resources provided by the Foundation, grantees were able to focus on developing, implementing, and strengthening their programs, rather than worry about where their funding was coming from.

We have been able to focus on the program itself instead of trying to figure out where we're going to get funds.

In addition, stakeholders found that having the resources to be able to provide programs at no cost to schools was a major facilitator for recruiting program sites.

I think it is a huge selling point to the schools that they don't have to do it themselves. They don't have to dedicate the resources. I think that makes it much easier to get in to work with the schools.

One regional grantee did cite a financial related challenge. MFH's policy that prohibited groups from the same institution to apply for a grant opportunity separately caused some challenges for UMSL. They were paired with UMC for the regional grant award in the beginning. However, though they were both part of the same larger institution of the University of Missouri system, the two schools operated very differently administratively. This led to slowdowns in the approval process for many administrative activities (*e.g.*, staffing, purchasing). Eventually MFH allowed the two groups to split, easing the challenges both groups faced in the beginning.

Staff

On average, TPCI school programs utilized three full time equivalent (FTE) regional staff, 5 FTE community staff, and 82.75 volunteer hours each month in 2007. TATU had the most community FTE staff, while Smokebusters had the most volunteer hours and regional FTE staff (see Table 11). In comparison to 2006, both Smokebusters and YEA! experienced an increase in regional staff for 2007 from 2.9 to 3.5 FTE and 2.1 to 3.3 FTE, respectively. TATU experienced a decrease in regional staff working on the project, going from 3.4 FTE in 2006 to 2.3 FTE in 2007.

Regional grantee staff highlighted the importance of community grants as a resource. The community grants were integral to expanding the reach of their program. Community grantees often had established relationships in place and were often ready to go shortly after they received funding.

Table 11. Average monthly staffing, 2007

School Program	Regional FTE Staff*	Community FTE Staff*	Volunteer Hours*
Teens Against Tobacco Use	2.3	8.5	18.8
Project Smokebusters	3.5	1.6	146.8
Youth Empowerment in Action	3.3	0	0

*average per month in 2007. Human resource data were not collected for all levels in 2005 & 2006.

*average per month across all community grantees in 2007. Human resource data were not collected for all levels in 2005 & 2006.

If we had to do this on our own, first of all we have to spend time and resources just building relationships with local school districts and that takes time. Then once those relationships are built, then we could see about implementing the program. The big advantage of working with the community grantee is we were able to work with organizations that already had those relationships established in their schools.

The primary challenge grantees experienced related to human resources were changes in staffing. For example, Smokebusters experienced a change in project director and one other staff member in the middle of the grant. This affected other regional and community staff due to changes in responsibilities and time needed to orient the new project director.

It's been kind of confusing I think due to the fact that we've kind of changed people in the middle of the grant...It kind of put a burden on me, because I didn't know who I was supposed to be responsible for and what I was supposed to be doing.

Training and technical assistance opportunities supported by MFH have been valuable resources for grantees.

Training and Technical Assistance for Grantees

Overall the training and technical assistance available to grantees was considered good; particularly for regional or community staff who had limited experience in tobacco control. Networking opportunities at trainings, particularly the Summer Training Institute, were also key for stakeholders.

The Foundation has provided a lot of support... [there are a lot] of professional development opportunities for tobacco recipients, and I always find those things useful.

They've [grantees] found a lot of value in whatever technical assistance we've provided or paid for from the sustainability training and policy training to the Summer Training Institute. Everything I've heard has been very positive.

I see an improvement from year one to now...in resources, materials, meetings and those kind of things. I think that we have a lot more of that now than when we had it the first year.

Beyond supporting training opportunities, assistance provided directly by MFH staff has been a valuable resource. MFH TPCI staff were always available for grantees to answer their questions, help them determine solutions to challenges, and connect them with resources.

The foundation staff is always available to help and is very accessible...So when we do have any questions that come up, we know they are a phone call or email away and they will respond. They are very flexible too in working with us, so that is good.

They [MFH staff] go outside of their scope to help us, and that's been huge. Just knowing that they are really there to help you, even when it's not set in black and white [has been great].

Community grantee staff reported that the technical assistance they have received from regional staff for their program was helpful and supportive overall. Regional staff assisted with finding needed resources, grant and report writing, and other technical support.

The [regional] staff has been very willing to talk with me and to find resources that are going to make the program better.

Additional Resources

Community grantees requested a longer timeframe for grant awards. This would allow for plenty of time for them to put in place the administrative components needed to implement their program and still allow for an adequate amount of time to reach their implementation goals.

An extra year might have been beneficial because it takes six months to get up and running.

Other suggested changes with regard to resources included:

- Expanding trainings already offered (e.g., offering advanced versions)
- Creating more opportunities to network with other grantees in person

I think hearing from the regional grantees and their successes and their failures and specific numbers and data would be very useful.

What collaborations occurred during the implementation of school programs?

Partnerships, particularly between the regional and community grantees, were an important facilitator for school-based programs. Partnerships allowed for more efficient program implementation and provided grantees opportunities to utilize resources available from other organizations.

Via TIES, the online evaluation monitoring system for the Initiative, regional grantees identified 101 collaborative partners that they or their community grantees partnered with in 2007:

- 55 partners were supporting TATU
- 42 partners were supporting Smokebusters
- 9 partners were supporting YEA!

Grantees requested a longer timeframe for grant awards (i.e., an extra year).

At the time they were reported to TIES, these partners were not currently program sites. However, by the end of the year, three of them began implementing TPCI programs.

Grantees partnered with many types of organizations including:

- Schools and school districts;
- Boy Scout and Girl Scout troops;
- Government agencies;
- Healthcare providers;
- Restaurants; and
- Numerous media outlets.

These collaborative partners assisted the grantees with many aspects of their programs, including:

- Providing food, locations, and materials to TATU and Smokebusters teams;
- Helping recruit new TATU, Smokebusters, and YEA! teams;
- Permitting TATU teens to present to various audiences including elementary school students and boy/girl scout troops; and
- Providing training, advocacy updates, and other information to all three programs.

The partnerships are huge. When I go to a coalition meeting I always report what we've been doing and what is going on [in the future]. We want to make sure they know what is going on in their area...There is always collaboration between our partners even if they are outside the scope of the grant.

Stakeholders emphasized the importance of collaboration between the regional grantees and the community grantees in facilitating the implementation of school programs. Specifically, both regional and community grantees had roles in implementing the programs, but neither had to do everything. However, MFH staff found developing collaborative relationships between TPCI grantees as well as externally with other stakeholders to be a challenge.

When folks are in a room for a few hours, they talk. Do they actually follow up afterwards with each other? Is there a way you could encourage that? Is there a way to get them to work with a different type of program in the same area and understand how they interrelate and how they can make each other stronger? I'd say those are some of the relationship issues that are really, really challenging.

Partnerships were an important resource for school programs.

Summary: School Inputs

School-based grantees found the financial resources for their programs to be more than adequate. Having funds available to provide the programs at no cost to the schools greatly increased school participation. In addition, the training and networking opportunities available to grantees were extremely helpful, particularly for community grantees with less experience.

Similar to workplace programs, changes in staffing and needing more time were cited as challenges that grantees faced. In regard to time, grantees underestimated the amount of time it takes to start a new program. This was particularly applicable to community grantees who had never implemented the regional programs before. In addition to longer timeframes for the grant awards, grantees suggested expanding the training and networking opportunities available to them in the future.

- Introduction
- Missouri’s Environment
- Structure of Strategies
- Workplace Strategy
- **School Strategy**
 - Inputs
 - **Activities/Outputs**
 - Outcomes
- Conclusions

Activities/Outputs ● ● ● ● ● ●

What were the main components of school programs?

As part of TPCI, three different school-based programs were implemented in Missouri from 2005 to 2007. The majority of program sites were high schools or middle schools. All of the programs focused on educating students about the effects of tobacco use and helped students develop skills to communicate to others through presentations or media. Smokebusters was the only program to focus on policy change as one of their goals for students to work towards. Both TATU and YEA! supported their students participating in advocacy-related activities, though their students were not required to explicitly advocate for policy change. The following are brief descriptions of each program’s components and the timeframe in which they were implemented.

Teens Against Tobacco Use

ALA’s program focused on working with teens to develop the skills necessary to educate younger students about the effects of tobacco use. TATU groups primarily conducted classroom presentations, though students also organized school-wide events and participated in advocacy-related activities.

Due to TATU being a long-standing program of ALA, the regional grant was ready for implementation from the beginning of the grant award in late 2004. Having a packaged program also facilitated organizations to apply for community grants as soon as the first RFP was released in late 2005.

Project Smokebusters

Smokebusters is a three-phase program that primarily works with high school students. The primary goal for the program is for students to learn how to effectively advocate for and ultimately achieve policy changes. In the first phase, students learn about the issue of tobacco and how to present information to various audiences. Over time, students work towards changing a policy that they have identified at the school, business, or community level.

Smokebusters had been implemented in various areas of the state for several years prior to the award of their TPCI grant. Once their grant was awarded in November 2005, they began recruiting additional schools and training new mentors to begin the program in the next school year.

Youth Empowerment in Action

YEA! is a multi-component program that involves classroom exercises regarding tobacco and media literacy, hands-on media production experience, and opportunities to participate in Project Citizen, a program that takes students through the process of analyzing a policy. The primary goal of the program is to empower students to address the negative health issues, including tobacco, which they face every day.

Due to the regional grantee, UMSL, not finding the tobacco-related curriculum and materials they felt were necessary to address their goals, they spent a good portion of their first year developing a new program. In 2006, the program was piloted with a few schools in the St. Louis area. In the 2007-2008 school year, they expanded their program to other St. Louis area schools as well as a few schools in Southeast Missouri.

What was the reach of the school programs?

By the end of 2007, the three programs had been implemented in schools across the state. Over the first three years, a total of 192 schools were active in TPCI funded programs at some point in time. The length of time sites were actively involved with TPCI-funded activities depended on the program (see Table 12). Sites affiliated with TATU had students involved in activities for a total of five months on average in 2007. Both YEA! and Smokebusters reported activities at program sites for approximately eight months in 2007.

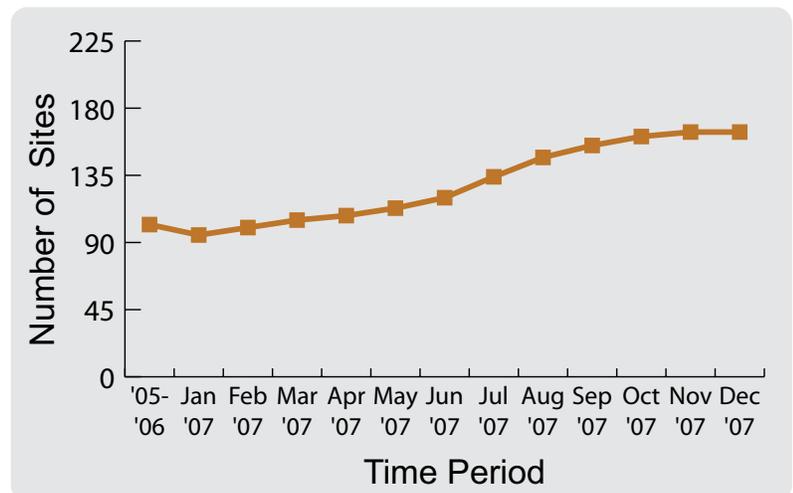
Between 2005 and 2006, 101 sites were affiliated with TPCI programs. Seventy-three of these sites continued into 2007, and by the end

Table 12. Average number of months a TPCI program site was active in 2007

School Program	Months Active*
Teens Against Tobacco Use	5.0
Project Smokebusters	7.9
Youth Empowerment in Action	8.1

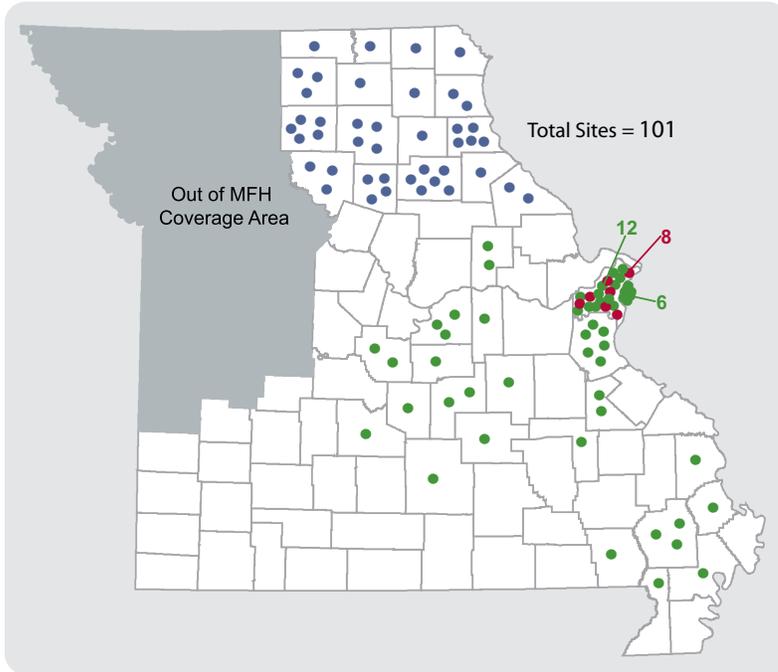
* average number of months a site was involved in at least one programmatic activity in 2007

Figure 12. Accumulation of sites, 2005-2007

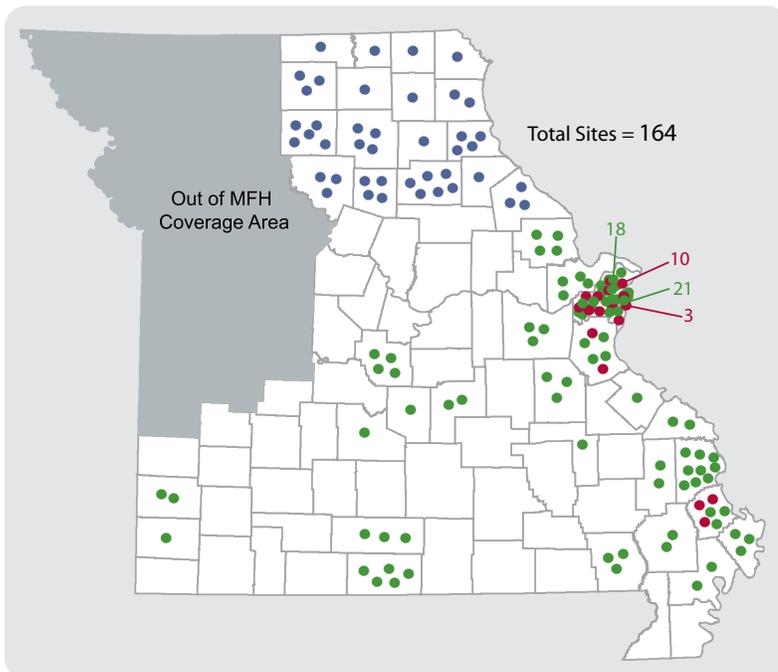


School Activities/Outputs

Figure 13. Increase in number of TPCI school program sites 2005-2006



2007



- Smokebusters
- Teens Against Tobacco Use
- Youth Empowerment in Action

of 2007 an additional 91 sites came on board. This resulted in 164 active school sites at the end of 2007 (see Figure 12 on previous page).

Many of the newly recruited school sites in 2007 were part of the TATU program. In 2006 and again in 2007, TATU significantly increased the number of community grantees implementing their program. Several of the new TATU sites were in southern Missouri, an area only covered by a few school sites in 2005-2006. The change in coverage can be seen in the maps to the right showing the location of school sites at two time points, 2005-2006 and 2007.

The maps also show the YEA! program expanding in the St. Louis area and moving into southeastern Missouri. Due to restrictions placed on the grant award, Smokebusters was only allowed to implement their program at sites in northeastern Missouri. Consequently, there was no change in regional coverage for the Smokebusters program over the course of their implementation. This was cited as a significant challenge by Smokebusters staff.

As for reach of programs in the print media during 2005-2007, the most articles about youth prevention were published in the Bootheel and Lower-East Central MFH regions (3.4 and 3.0 articles per newspaper, respectively). These regions also had a large concentration of TATU and YEA! program sites. Interestingly, the St. Louis Metropolitan MFH region, which also had a large concentration of TATU and YEA! program sites, only had 1.6 articles per newspaper about youth prevention. This is most likely due to differences in newspapers within the two regions and the types of articles they printed.

Additionally, Smokebusters was mentioned in 52 tobacco-related articles during 2005-2007, the most of all TPCI programs. TATU was mentioned in 25 tobacco-related articles during 2005-2007. Dunklin and Macon counties had the most Smokebusters articles (six and five, respectively) of all counties across the state. Jefferson and Cape Girardeau

counties had the most TATU articles (four and three, respectively) of all counties across the state.

What strategies were used for recruiting program sites?

Relationships were the main factor behind successful program site recruitment. Personal connections were key to recruitment of new school sites. Grantees often contacted someone they knew in a school first and would branch out from there. It was also helpful to promote sites already participating in their programs; other schools would hear about the program and come to the grantees requesting to be a program site.

Knowing one another, that's what did it. We didn't really have any problem at all [recruiting sites]. They came to us.

Other successful recruitment strategies for program sites included:

- Promoting the program as meeting community service requirements for students;
- Communicating the need for a program (e.g., high smoking rates in a school or region); and
- Promoting the resources and support schools would receive if they became a program site.

Even with several successful strategies to employ, grantees often had difficulty recruiting new school sites. The biggest challenge facing grantees in recruitment was the amount of activities schools were already required to do under state and federal mandates. Schools often do not have the capacity or interest in taking on another program.

It's kind of tough to get TATU on the agenda of some schools...they already have so much on their agenda and things that they have to cover that it's sometimes tough for them to get buy-in on another activity.

Other recruitment challenges included:

- Limited resources, especially in smaller counties
- Getting the right people committed to the program

Finding that right composition of teachers who can implement the program in the classroom effectively is a challenge. But once there's a lead teacher who's really enthusiastic, they seem to be pretty successful at finding the other appropriate teachers and bringing them on.

Similar to recruitment of sites, the level of success in recruiting participants at each school varied. As with sites, personal connections

Personal connections were a key facilitator for site recruitment. A school's capacity to bring in a new program was the biggest barrier.

School Activities/Outputs

were helpful in recruiting students. Marketing the program to students and faculty within a school was also a successful recruitment strategy.

Challenges to student recruitment also mirrored the challenges to site recruitment. Specifically, time was an issue for both students and faculty since there were a lot of existing programs in schools that competed for students' and faculty's time.

What capacity-building and intervention activities were implemented with schools?

Activities conducted in school settings fell into three categories:

Capacity-Building – Activities conducted by grantees to prepare sites for implementing their program.

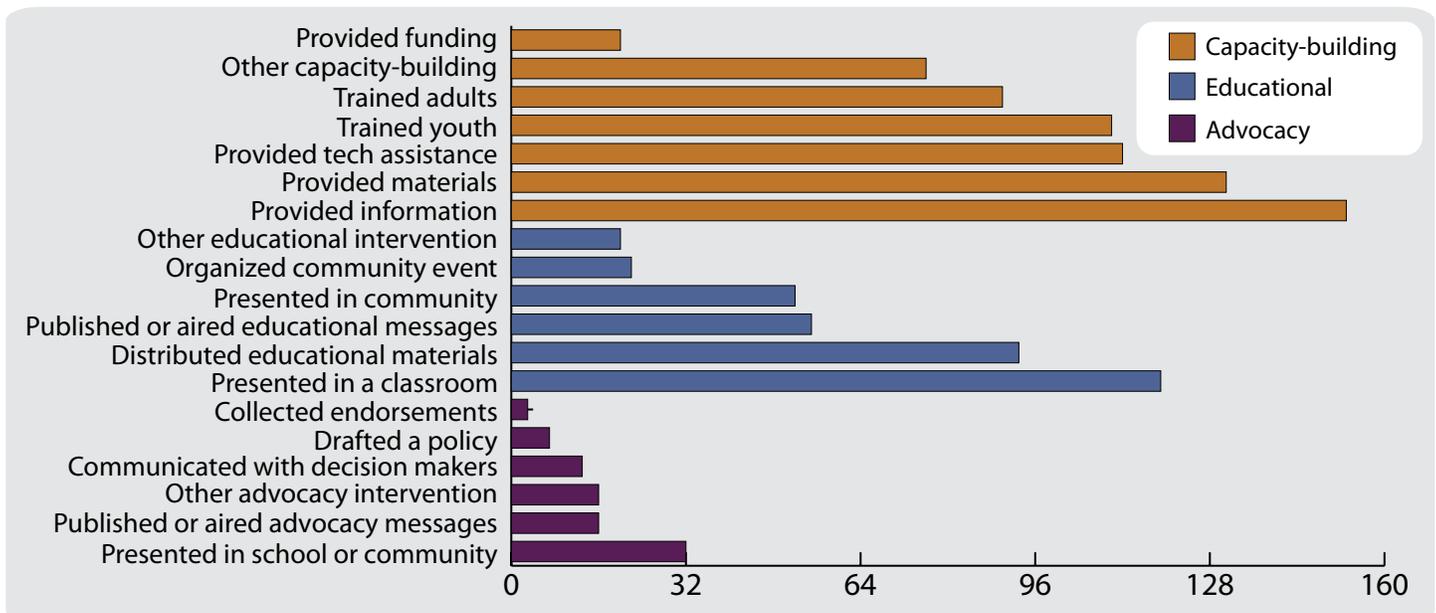
Educational – Activities conducted by or with youth to increase knowledge or skills to prevent tobacco use.

Advocacy – Activities that involve youth arguing for, defending, or recommending a specific policy change regarding tobacco issues.

Within the three categories there were a variety of specific activities ranging from training youth under capacity-building to communicating with decision makers under advocacy.

The figure below shows the types of activities each program implemented with sites in 2007. The table on the adjacent page shows the number of people reached by some of the activities during 2005-2007. All programs had school sites that were involved in some

Figure 14. Types of activities conducted by TPCI school programs in 2007



type of capacity-building and educational activity. There were few schools that had students advocating for policy change.

What were the characteristics of successful and unsuccessful school sites?

Levels of enthusiasm and commitment from program site administrators, sponsors, and students both facilitated and challenged the implementation of school programs. Sites with enthusiastic students and faculty/sponsors were more successful, while sites with a lack of support were less successful. Grantees identified the following characteristics of successful school sites:

- High student involvement
- Enthusiastic program site sponsor
- Strong support from administration or other stakeholder
- Enthusiasm to advocate in the community
- Involvement in policy change

They [the kids] put together a wonderful powerpoint presentation and wowed the school board. They were just ecstatic. That makes it all worthwhile, just to see how they did it. They did it all. Little things like that are big.

Several grantees reported having more students participating in their programs than many of them originally anticipated. Due to the structure of the programs, some grantees had more students than they could easily handle at one time. This led to them becoming more creative with how they structured student groups (e.g., creating committees for specific activities).

Several of the programs thought maybe they would have ten or 20 kids participate and they have 70 or more. They're doing far more presentations than they ever anticipated, which is great.

Table 13. Reach of TPCI school programs, 2005-2007

Capacity-Building	TATU	Smokebusters	YEA!	Total*
Trained Adults	208	195	209	459
Trained Youth	2,293	1,320	2,732	4,550
Provided funding	\$ 389	\$ 160	\$154,017	\$ 96,549
Educational	TATU	Smokebusters	YEA!	Total*
Conducted classroom presentations	32,022	42,777	1,760	63,839
Presented in the community	11,769	41,464	1,440	49,410
Distributed brochures or other materials	9,396	34,229	4,811	41,221
Organized community awareness event	10,786	37,126	1,600	45,512
Published or aired educational media messages	1,000	23,766,397	422,785	24,190,182
Advocacy	TATU	Smokebusters	YEA!	Total*
Presented in the school or community	3,886	1,618	1,946	4,514
Published or aired media messages encouraging policy change	# not reported	527,938	189,300	717,238
Collected endorsements	# not reported	7,213	0	7,213
Communicated with decision makers	# not reported	734	89	823

* Unless otherwise specified, totals are an estimate of the number of people reached by or involved in each activity.
 Note: For numbers related to media messages it is an estimate of the maximum number of possible exposures a message may have had (i.e., an individual may have heard the message more than once).

Many of the sites faced challenges in implementing the programs. Grantees identified the following challenges:

- Lack of administrative support;
- Problems with getting the program up and running;
- Lack of communication between the program site and the grantee; and
- Lack of commitment from the program site sponsor.

It's been like pulling teeth. I email them [the site sponsors] constantly, and I'll have a meeting and think everyone is on-board and then I don't hear from them. They haven't turned in any materials; they haven't followed through on anything.

Ways grantees reported addressing these challenges included serving as a facilitator for schools that could not identify one as well as scheduling regular on-site meetings with school sponsors at the beginning of the year.

Summary: School Activities/Outputs

All of the programs within the school-based strategy incorporated training and activities that educated students on the effects of tobacco use and helped students develop skills to communicate to others through presentations or media. Though both TATU and YEA! supported student involvement in advocacy-related activities, Smokebusters was the only program to focus on policy change as one of their goals for students to work towards.

There were still gaps in geographic coverage for TPCI school programs at the end of 2007. TATU sites had begun to expand into the southern and southwest portions of the state, regions not covered in the first two years of TPCI. However, there were still a number of counties that had yet to be reached by TPCI programs. A restriction on the geographic coverage of their grant award was cited as a significant challenge by Smokebusters staff. Without this restriction, more counties within the MFH service region may have been covered.

Building on preexisting relationships was essential to the success of promoting and implementing school programs. Partnerships allowed for more efficient program implementation and provided grantees opportunities to utilize resources and connections available from other organizations. The biggest challenge grantees faced in recruitment was the amount of activities schools were already required to do under state and federal mandates. Schools often did not have the capacity or interest in taking on another program.

Summary (contd.)

Level of commitment from program site administrators, sponsors, and students both facilitated and challenged the implementation of school programs. Sites with enthusiastic students and faculty/sponsors were viewed as more successful, while sites with a lack of support from administrators were less successful. Several grantees reported having more students participating in their programs than many of them originally anticipated. This led to them becoming more creative with how they structured student groups (e.g., creating committees for specific activities).

- Introduction
- Missouri’s Environment
- Structure of Strategies
- Workplace Strategy
- **School Strategy**
 - Inputs
 - Activities/Outputs
 - **Outcomes**
- Conclusions

Outcomes ● ● ● ● ● ● ● ● ● ●

What effect did involvement in school programs have on students conducting advocacy efforts?

Due to their involvement in school programs, grantees reported that students became more aware of the impact of tobacco in their communities and had learned the skills to become better teachers, advocates, and leaders.

In the city [St. Louis], where they have an ordinance that says you’re not allowed to have outdoor cigarette advertising a certain number of feet from a school, you can’t get that number of feet from a school without seeing outdoor advertising. So for the kids it’s not just an issue of the outdoor advertising for cigarettes; it’s an issue of the law is being ignored in their community, and they aren’t being protected. So that’s a big issue for them.

All three programs educated students about the effects of tobacco use, involvement of the tobacco industry, and skills to communicate this information. However, Smokebusters was the only program that actually identified students advocating for policy change as one of their program’s primary objectives.

They did their homework, took pictures, did a survey, compiled all this data, and each one of them had something to say. They went into the school board meeting the next month and were very well organized and answered all of their questions, and got their policy passed unanimously. And I think that probably stands out as the impact of look, I really made a difference, and did it in the correct way.

What policy changes occurred?

Since 2006, program participants were involved in advocating for a total of 16 policies that were changed. Students affiliated with Smokebusters were involved with all but one of the reported policy changes. The table on page 54 presents a brief description of each of the policy changes. Based on

the information provided by grantees, the policies were rated on their strength and reach. The rating levels for each category are as follows:

Strength

Low– the policy applies to one area of the facility (e.g., offices, break room, a section of a restaurant)

Medium– the policy applies to all indoor areas of a facility or school with no exemptions; it applies to everyone (e.g., employees, students, patrons, visitors)

High– the policy applies to the entire campus of the facility or school (inside and outside the property) with no exemptions; it applies to everyone (e.g., employees, students, patrons, visitors)

Highest– the policy is a community-based, 100% smoke-free indoor workplace policy with no exemptions

Reach

Low– the policy applies to one facility

Medium– the policy applies to all locations of a multi-site business or a school district

High– the policy applies to all workplaces in a community

What was the level of sustainability for school programs?

At the time of the evaluation, the majority of grantees were at the beginning stages of planning for sustainability. Primarily they had focused on seeking additional funding. Other activities included building their evaluations to demonstrate the success of their programs as well as building the capacity of schools and other partners to carry out the programs without their support.

The first step has been to build capacity and implement those programs. The next step then is to go back to the school districts and others and say, ‘Did you see value in this program now that you have been implementing it?’ Then how do we work together to sustain that.

We put into the proposal that each school would have their own set of supplies so that for each, the lessons that they do, they have those. We thought that was great for sustainability in the sense of once the funding runs out for those schools, they have their set of supplies.

School Outcomes

Table 14. Policy changes school grantees were involved with, 2005-2007

Site	County	Program Involved	Brief Description	Strength	Reach
City of Kirksville	Adair	Smokebusters	<ul style="list-style-type: none"> Community-wide Smoke-free workplaces, restaurants, free-standing bars, municipal buildings, public places, private clubs 	Highest	High
Kirksville R-III	Adair	Smokebusters	<ul style="list-style-type: none"> School-based policy District-wide Tobacco-free building, athletic facilities, transportation, and grounds at all times 	High	Medium
Lewis County C-I	Lewis				
Brookfield R-III	Linn				
Bevier	Macon				
Bowling Green R-I	Pike				
Louisiana R-II	Ralls				
Ralls County R-II	Ralls				
Higbee R-VIII	Randolph				
Scotland County School District	Scotland				
A.T. Still University of Health Sciences	Adair	Smokebusters	<ul style="list-style-type: none"> Worksite-based policy Tobacco-free campus No exemptions 	High	Medium
Lindquist Veterinary Clinic	Knox				
Saint Louis Zoo	St. Louis City	TATU	<ul style="list-style-type: none"> Worksite-based policy Tobacco-free facilities Designated outdoor smoking areas 	Medium	Medium
LaPlata R-II	Macon	Smokebusters	<ul style="list-style-type: none"> School-based policy District-wide Tobacco-free facilities, buildings, and school transportation Tobacco use allowed in designated areas outside of 7:45am to 3:20pm (<i>i.e.</i>, regular school hours) 	Medium	Medium
Marion County R-II	Marion	Smokebusters	<ul style="list-style-type: none"> School-based policy District-wide Smoking restricted directly outside of main entrance of school building and baseball/softball field area; Smoking must be at least 50 feet away 	Medium	Medium
Edina Swim Club	Knox	Smokebusters	<ul style="list-style-type: none"> Worksite-based policy Tobacco-free facilities No exemptions 	Medium	Low
Edina Hardware					
Deano's Auto Repair					
Doss Funeral Home					

MFH staff reported that the level of sustainability varied by grantee. They found that school programs had the potential to become sustainable but most were not currently there. Schools that were making the commitment to become more involved in implementation showed more promise of sustainability than those relying on the grantee to implement the programs.

If you look at it as an aging process, they [TPCI programs] are in adolescence. They kind of know what they need to do and they're feeling their way...I would put them very early in the process, which realistically speaking maybe two years isn't enough time to get them fully there.

Summary: School Outcomes

Due to their involvement in school programs, grantees reported that students became more aware of the impact of tobacco in their communities and had learned the skills to become better teachers, advocates, and leaders. Unfortunately, these program effects are simply anecdotal observations of the grantees; they are not based on outcomes data collected by grantees' internal evaluators.

All three programs educated students about the effects of tobacco use, involvement of the tobacco industry, and skills to communicate this information. Fewer had schools with students advocating for policy change. Smokebusters identified students conducting advocacy activities the most out of the three programs. Since 2006, students were involved in advocating for a total of 19 policies that were changed. Students affiliated with Smokebusters were involved with all but one of the reported policy changes. These policy changes were a great start and should be viewed as a base to continue to build on in the future with stronger policies that have a broad reach.

At the time of the evaluation, the majority of grantees were at the beginning stages of planning for sustainability. MFH staff reported that the level of sustainability varied by grantee. Primarily grantees focused on seeking additional funding. Other activities included developing evaluation activities to demonstrate the success of their programs as well as building the capacity of schools and other partners to carry out the program without their support. Schools that were making the commitment to become more involved in implementation showed more promise of sustainability than those relying on the grantee to implement the programs.

Conclusions

- Introduction
- Missouri's Environment
- Structure of Strategies
- Workplace Strategy
- School Strategy
- **Conclusions**

This report provides a descriptive summary of the efforts implemented by TPCI school and workplace grantees during 2005-2007. Overall TPCI has positively affected tobacco prevention and cessation efforts in the state, and in turn Missourians.

Prior to the initiation of TPCI, tobacco control stakeholders were working in a very challenging state environment with little funding. With support from MFH, grantees have increased the availability of prevention and cessation programs within the MFH service region and successfully advocated for over 30 policy changes in schools, worksites, and communities. Due to these changes, grantees have reported an increase in support for tobacco control efforts in communities where it had not been before. Now in the fourth year of implementation, there are many lessons learned that will be helpful for the Initiative as it moves forward. Below are the main lessons from the evaluation findings.

Finding balance between focused and flexible approaches is important

TPCI is characterized by its breadth of focus, but it risks a lack of cohesiveness. All of the programs within the two strategies were working towards the same long-term goal of reducing tobacco use, though their approaches greatly varied, particularly among the worksite programs. In the beginning, TPCI took on a very flexible approach with their funding decisions. This allowed for variety in the programs grantees implemented and provided an opportunity for innovative approaches that may not typically be funded (*e.g.*, CASE). Though this flexibility was often viewed as a strength of the Initiative, it also posed some challenges due to a lack of clarity as to how all of the programs fit together. Now that TPCI has had the opportunity to see these

various approaches in action, it will be important for future years of the Initiative to focus in on the programs that have been particularly successful and work to ensure a coordinated approach throughout the state.

Evidence-based approaches should be utilized more

The first three years of TPCI did not result in an increase in the implementation of evidence-based approaches for tobacco control in Missouri. MFH needs to include stronger language in future RFAs that requires evidence of a proposed programs' effectiveness or promising practices within the application. The use of evidence-based programs and approaches by grantees will increase the effectiveness of their efforts and ultimately ensure MFH gets the most out of their investment.

Relationships matter

Stakeholders consistently emphasized the importance of building and maintaining partnerships with other organizations and groups within their communities. Partners are important for contributing resources, providing technical assistance, and connecting programs to participants. Partnering organizations were essential for the implementation of many grantees' programs. Grantees often attributed the success of their recruitment and program implementation to the assistance of the individuals and groups with whom they collaborated. Partners that paid attention to relationships reaped the benefits. Continuing to maintain established relationships will be important for TPCI grantees moving forward, but strengthening connections within the Initiative will also be key. Though some networking and partnerships between grantees have occurred over the past few years, there is still much more that can be done. Ensuring a coordinated approach with fellow TPCI grantees promotes efficient use of dollars which in turn increases grantees' ability to reach individuals within their communities.

Levels of readiness will affect implementation

Grantees often reported initially targeting sites that were ready for change. For example, many of the worksites where cessation programs were implemented or policy change occurred were often already considering these changes when they were contacted by grantees. Grantees provided the resources for these changes to occur, but these sites often needed little encouragement. Targeting the sites that are ready is the best approach for accomplishing change. However, achieving the same or even larger reach in the future may take more time due to the lower levels of readiness within the schools, worksites, and communities that remain. Additionally, many grantees do not have the capacity to evaluate an organization or community's level of readiness.

Strengthening internal evaluations is needed

At the end of the third year, grantees often reported they were just beginning to collect relevant evaluation data for their programs. Many anecdotal observations had been made about change due to their programs, and when it was clear cut (*e.g.*, policy change) it was recorded. However, data to make the connection between program activities that built awareness (*e.g.*, community events, media) and resulting actions were weak. For TPCI grantees moving forward a stronger focus on internal data collection and analysis is needed. This will not only require commitment of grantees' resources for these efforts, but also continued support from MFH and CTPR staff.

Advocating for policy change is key

The Initiative resulted in important policy changes in Missouri, but many of the grantees need to continue beyond simply education. As reported in the Activities/Outputs sections for both strategies, TPCI programs focused much of their time on education and providing services and less on advocating for policy change. While education and availability of services are important pieces of a comprehensive effort, policy change either to increase the price of tobacco or reduce exposure to second-hand smoke has some of the clearest and largest effects on reducing prevalence. In 2007, TPCI added a new strategy that supported groups advocating for policy change. If this is viewed as an important goal of TPCI, all grantees working with TPCI should be responsible for advocating for change, including the school and workplace programs.

Building capacity and creating change takes time

At the beginning of TPCI, MFH staff were looking for regional grantees that could immediately begin implementation upon receipt of their grant awards. The capacity of grantees to do this was drastically overestimated. For the majority of grantees, both regional and community, several months were needed to get their programs up and running. This included administrative tasks, such as hiring staff, as well as developing materials and piloting interventions. For two to three year grants, this delay significantly cut into the time period available for implementation. This potentially diminished the level at which programs were able to achieve the objectives of their programs and TPCI as a whole. Achievement of short-term outcomes has begun to occur, however changes in longer-term goals such as reducing smoking prevalence still require more time.

Planning for sustainability is essential

Grantees were at various stages of planning for sustainability, with the majority just beginning to address it. Most grantees were focused on finding funding, with many primarily focused on renewing their grants

with MFH. There was little being done to ensure buy-in from program sites. Programs were primarily being provided free of charge, which increased participation, but could hurt the sustainability of programs in the future. Though many sites now had trained facilitators that could carry out the programs if grantees' resources diminished, it was unclear whether the support was there for many sites to do this. A few grantees had begun to address this issue, but many were continuing to provide a large amount of support. For the sustainability of TPCI programs moving forward, finding a balance between the resources grantees provide and what sites or participants contribute is needed. In addition, more comprehensive plans for sustainability need to be developed. This may require a stronger emphasis from MFH.

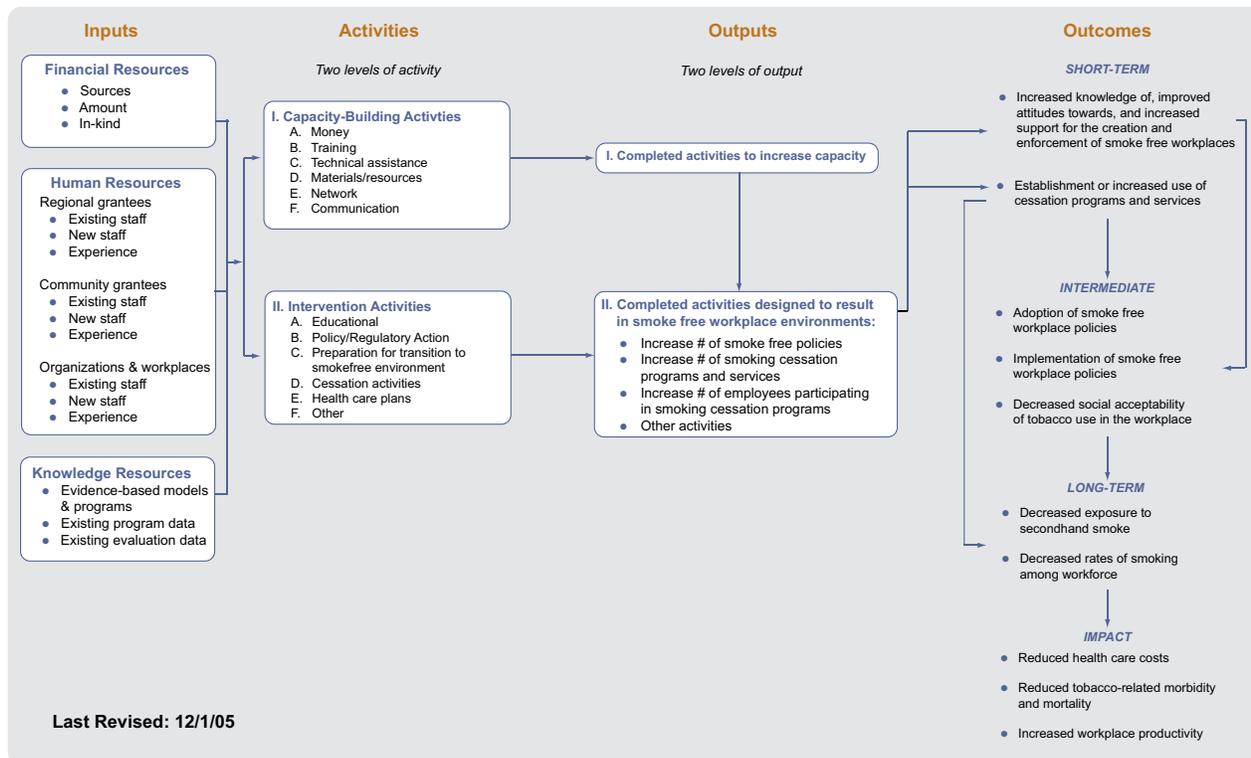
Recommendations

Based on the evaluation findings, several recommendations for future TPCI efforts were identified:

- Focus on and expand efforts that have been particularly successful.
- Coordinate efforts with similar activities in the state to maximize the effect.
- Choose grantees that have demonstrated the ability to move quickly from planning to implementation.
- Clearly define and communicate roles and responsibilities of all stakeholders.
- Develop realistic timelines for grants and include time devoted to capacity-building and formative work.
- Review intended outcomes for TPCI as a whole and individual strategies, make sure they are clear, realistic, and measurable with emphasis on short-term and intermediate changes.
- Continue to provide formal opportunities for grantees and stakeholders to network.
- Adjust approaches based on the level of readiness for a particular individual or population.
- Incorporate advocating for policy change into all programs and strategies.
- Require detailed evaluation plans from grantees either prior to or at the beginning of their grant award.
- Emphasize evidence-based approaches in future RFAs.
- Require comprehensive sustainability plans from grantees within the first year of their grant. In addition to funding, the plans should include items such as enhancement of staff skills.

Appendix

Logic model for workplace strategy



Logic model for school strategy

