

Fetterman & Associates

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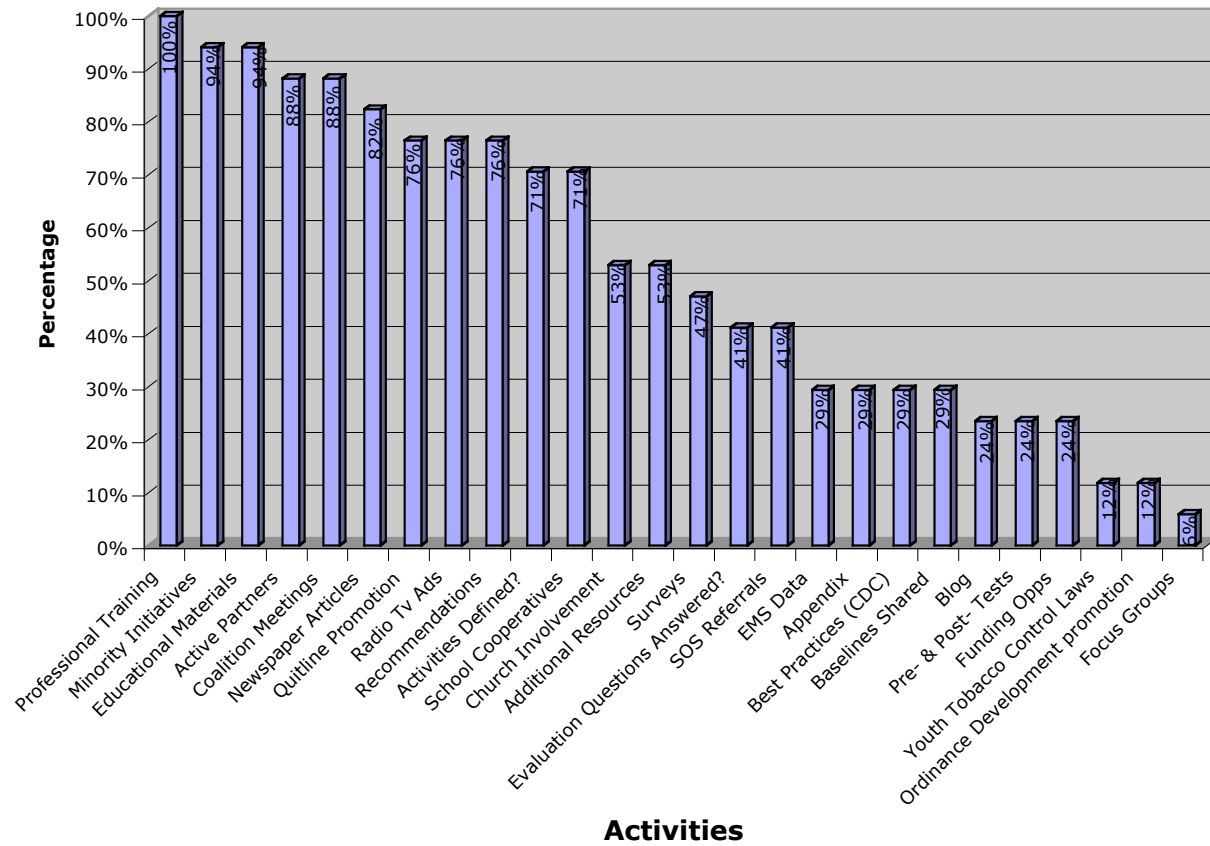
Visual Alert System Evaluation Monitoring System & Summer Evaluation Workshop Update

Fetterman Associates
Dr. David Fetterman
Stanford University
University of Arkansas
Ms. Linda Delaney

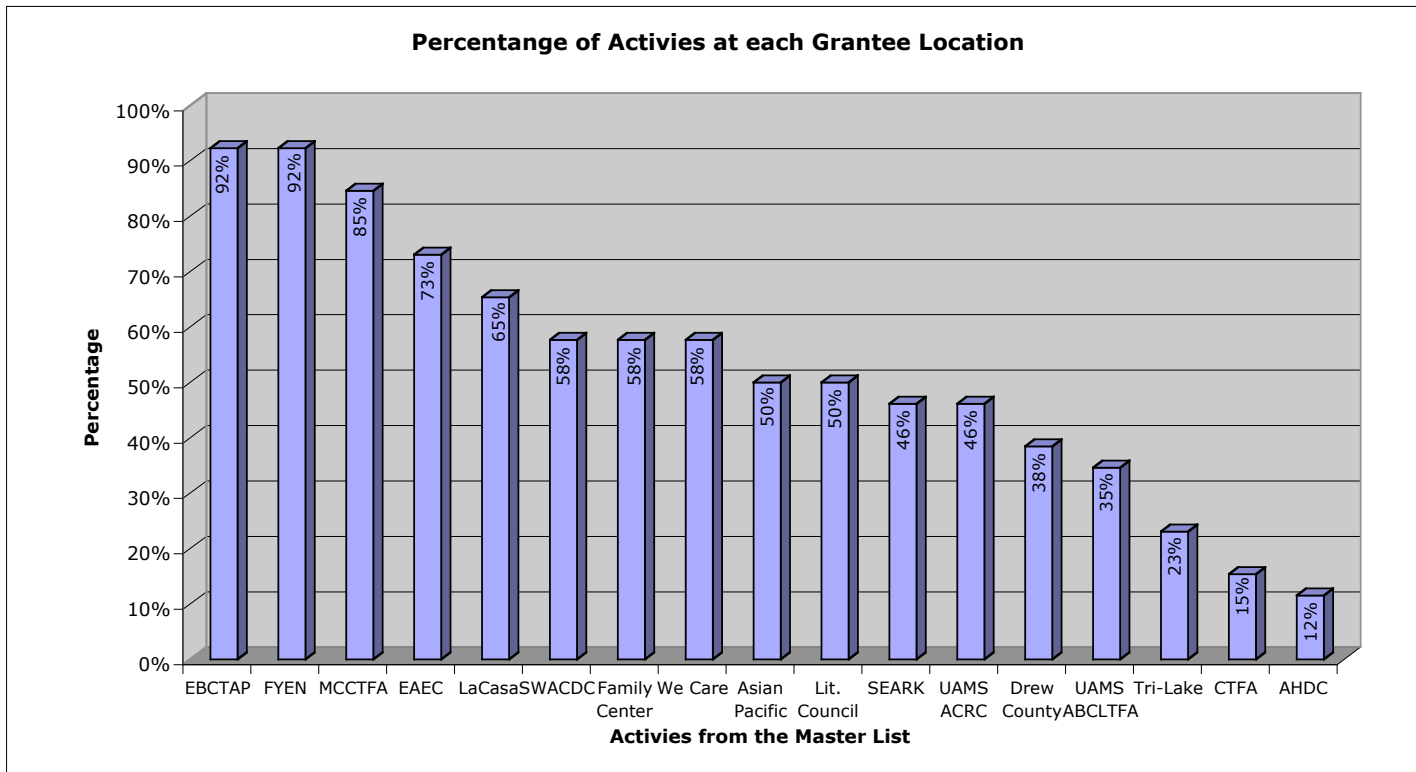
Little Rock, AR April 24, 2008

Activities

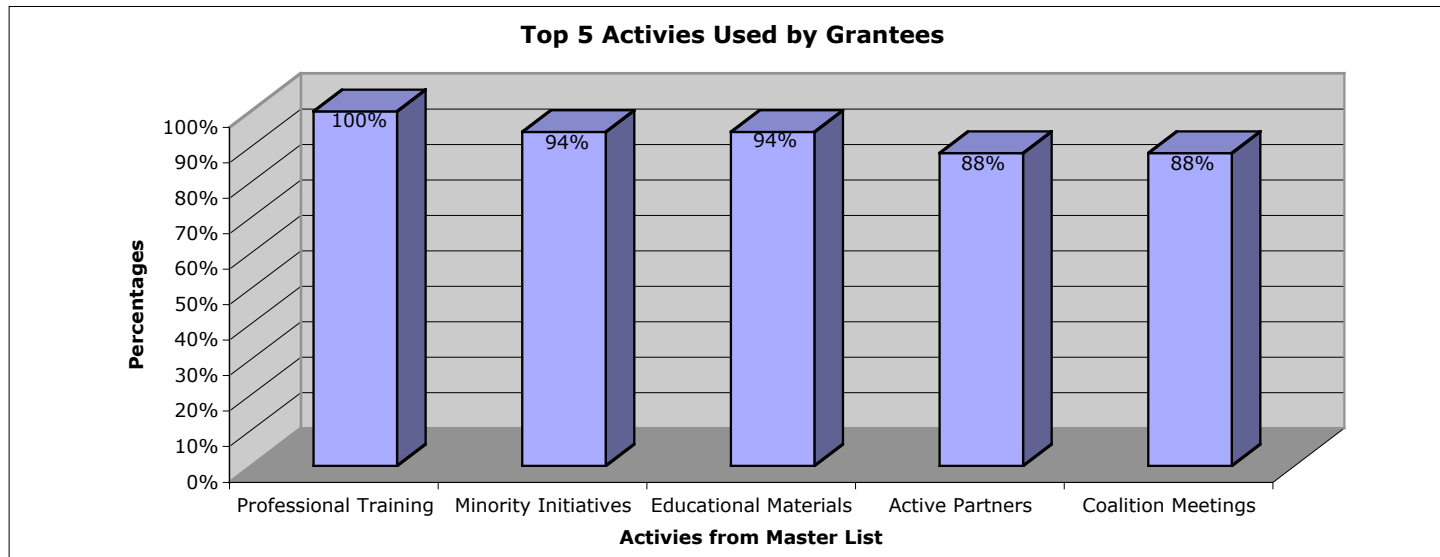
Percentage of Grantees with Activities



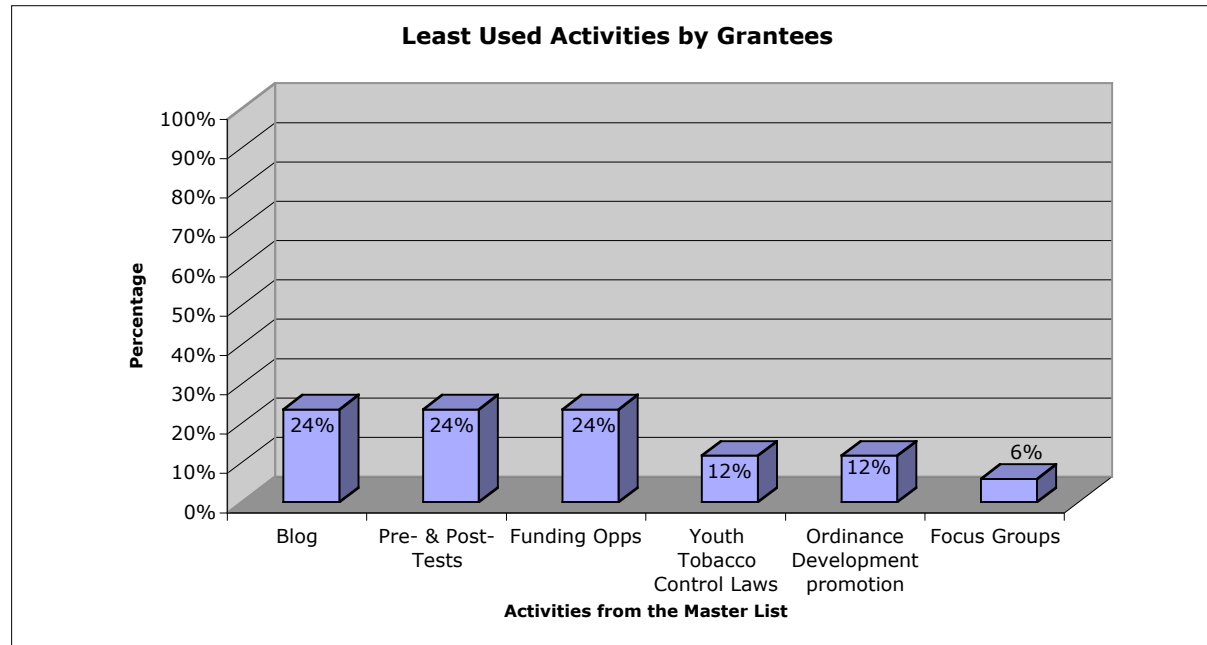
Activities



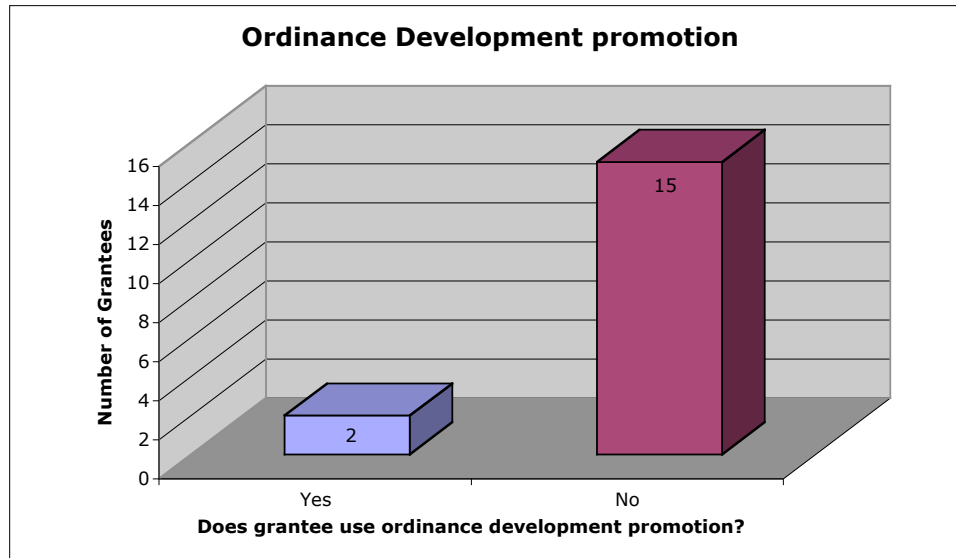
Activities



Activities



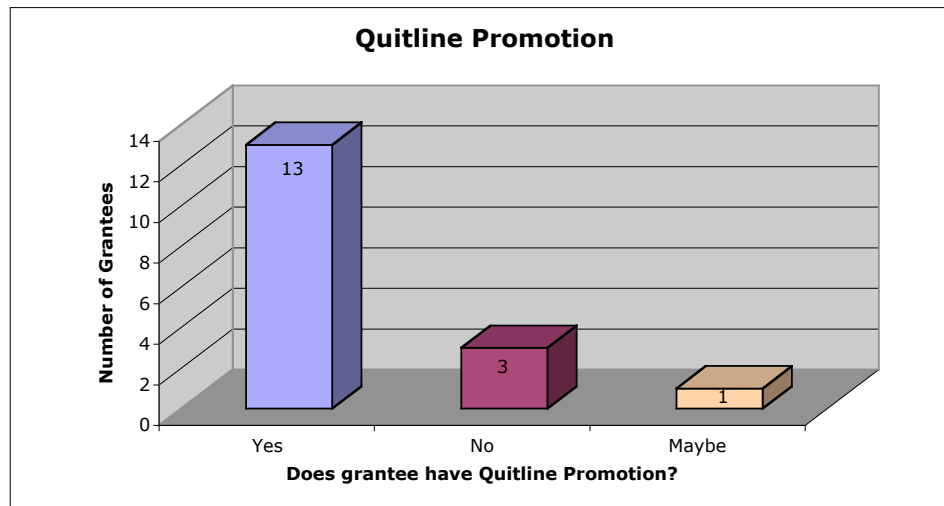
Tobacco Law & Policy



Tobacco Law & Policy



Tobacco Prevention Direct Education Activities



Quitline



UNITED STATES

Arkansas

PRINT

Quitline: Arkansas Tobacco Quitline
In operation since January 2003

Website: www.uams.edu/coph/tobacco

Phone No:	Line#	Toll Free Number	Language
	1	(866) 669-7848	English
	2	(866) 669-7848	Spanish
	3	(800) 590-8026	Spanish

Eligibility Criteria

For counseling: None

For free medications: None

Languages

Counseling offered in: English and Spanish.

Third party counseling: Translation services are provided through ATT Language Line Services, which provides translation of 173 languages.

Standard Hours of Operation:

Counseling assistance available:

Mon	7:00:00	-	19:30:00
Tues	7:00:00	-	19:30:00
Wed	7:00:00	-	19:30:00
Thurs	7:00:00	-	19:30:00
Fri	7:00:00	-	19:30:00
Sat	7:30:00	-	16:30:00
Sun	Closed	-	

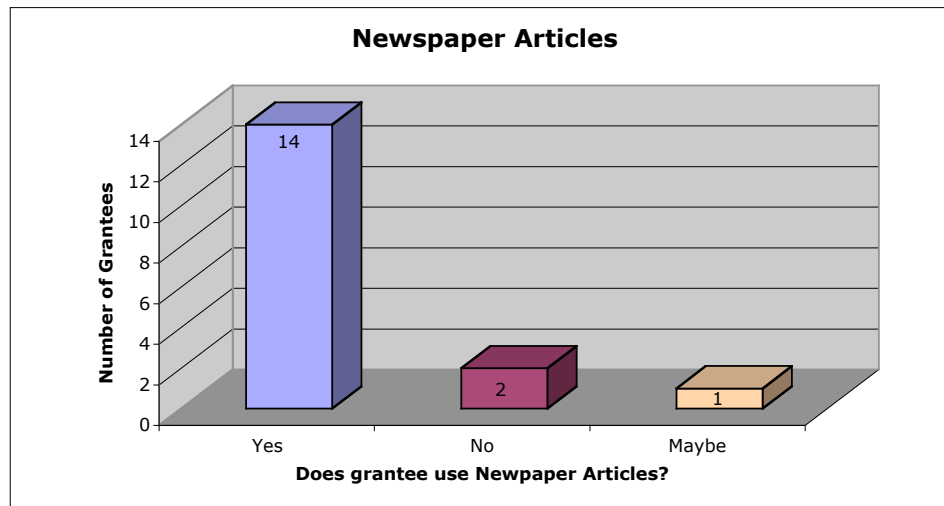
Live pickup of incoming calls:

Mon	7:00:00	-	19:00:00
Tues	7:00:00	-	19:00:00
Wed	7:00:00	-	19:00:00
Thurs	7:00:00	-	19:00:00
Fri	7:00:00	-	19:00:00
Sat	10:00:00	-	16:00:00
Sun	Closed	-	

Closed On:

Sundays, New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day.

Tobacco Prevention Direct Education Activities



Newspaper Articles



Courtesy photo
Elroy Brown, chairman/coordinator of the Mississippi County Coalition for a Tobacco-Free Arkansas, congratulates Emma O'Neal for quitting dipping snuff after 71 years.

Tobacco Coalition honors O'Neal

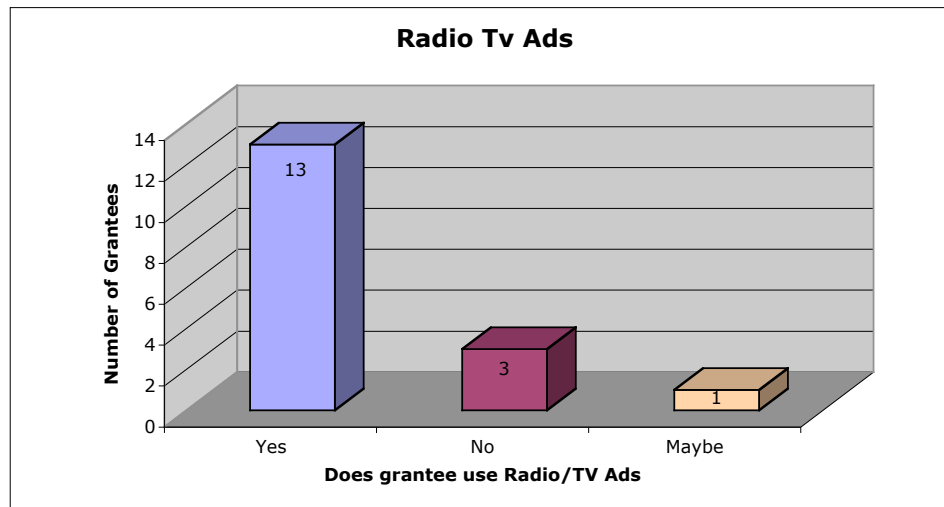
The Mississippi County Coalition for a Tobacco-Free Arkansas recently recognized Emma O'Neal of Blytheville for quitting the use of snuff tobacco after using it for 71 years.

According to Elroy Brown, the chairman/coor-

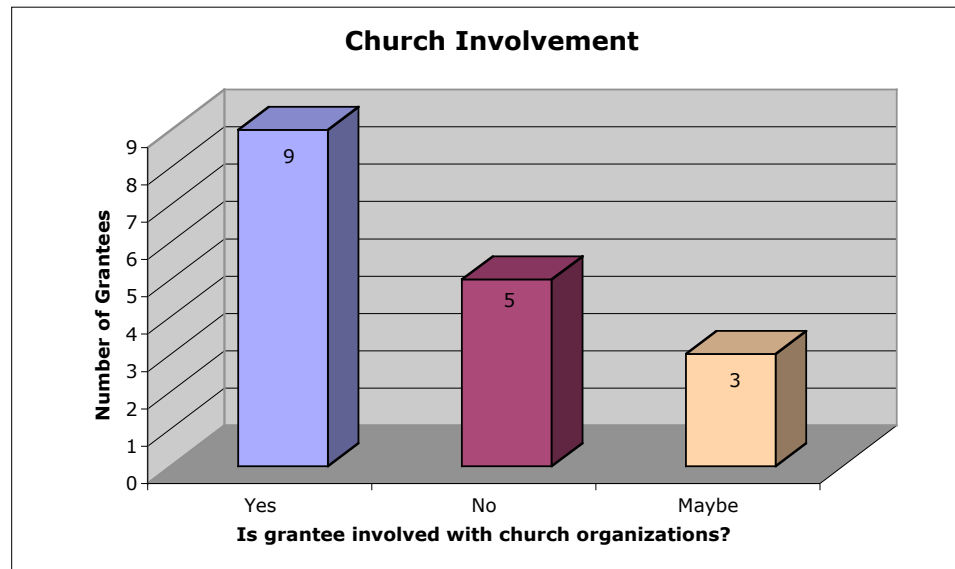
dinator of the coalition, to quit after 71 years is "something to shout about."

O'Neal credits the coalition for helping her quit by attending coalition meetings and educational sessions.

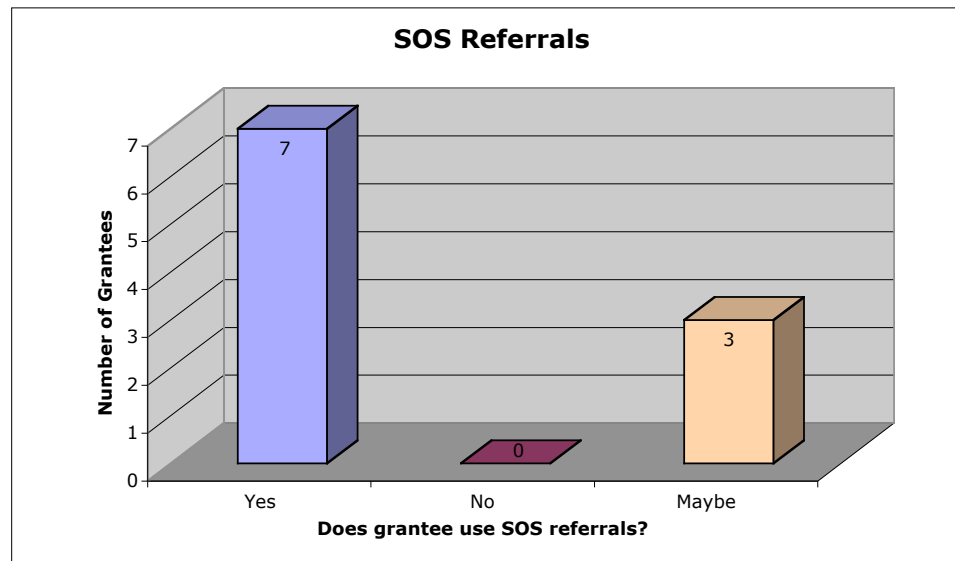
Tobacco Prevention Direct Education Activities



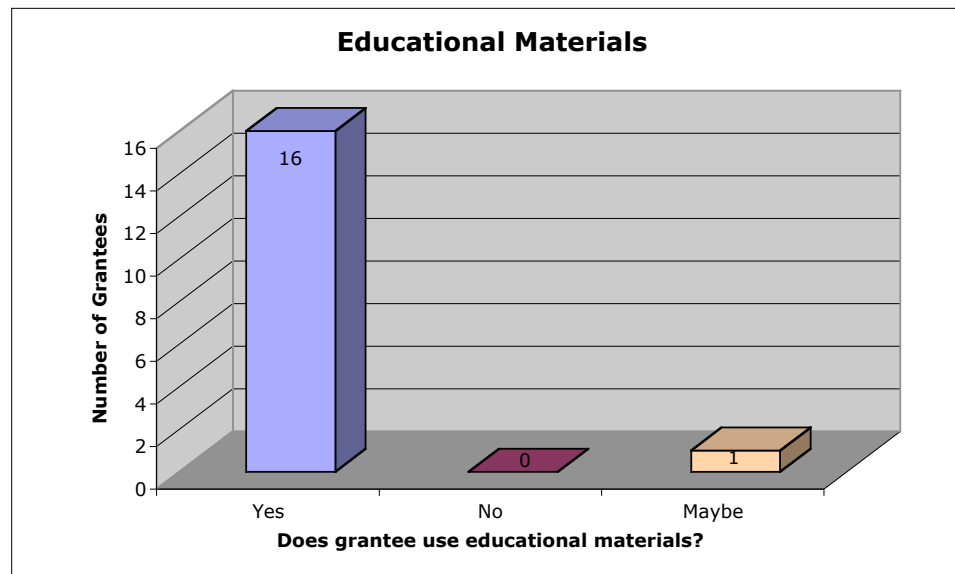
Tobacco Prevention Direct Education Activities



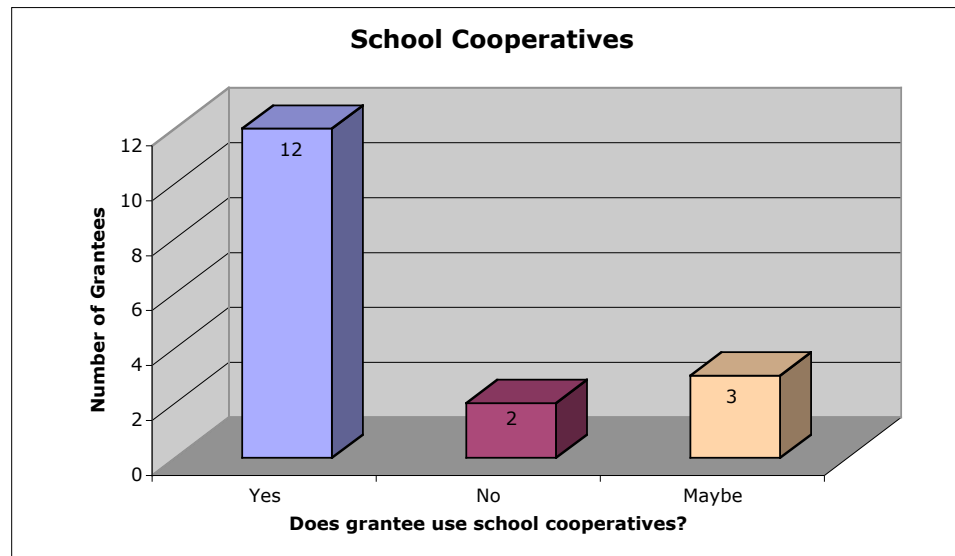
Tobacco Prevention Direct Education Activities



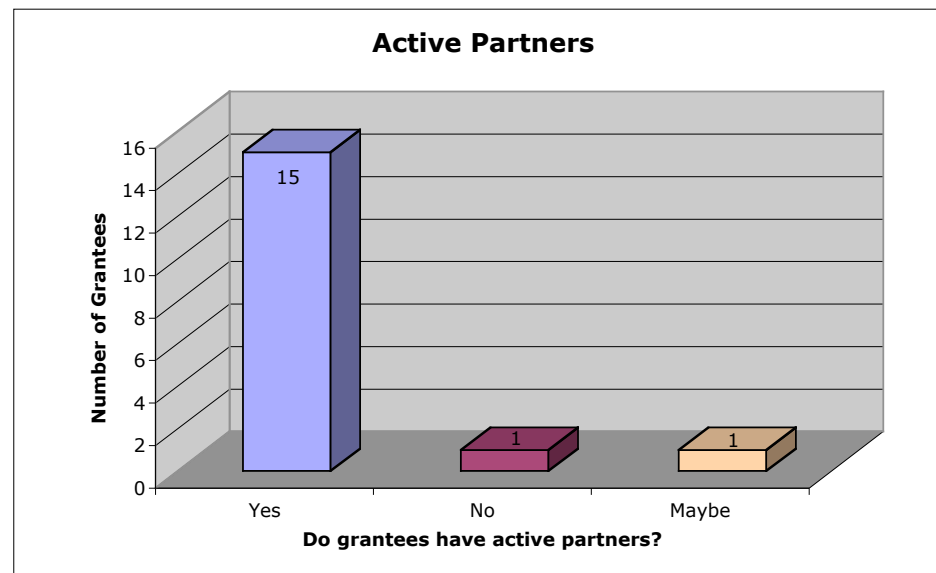
Tobacco Prevention Direct Education Activities



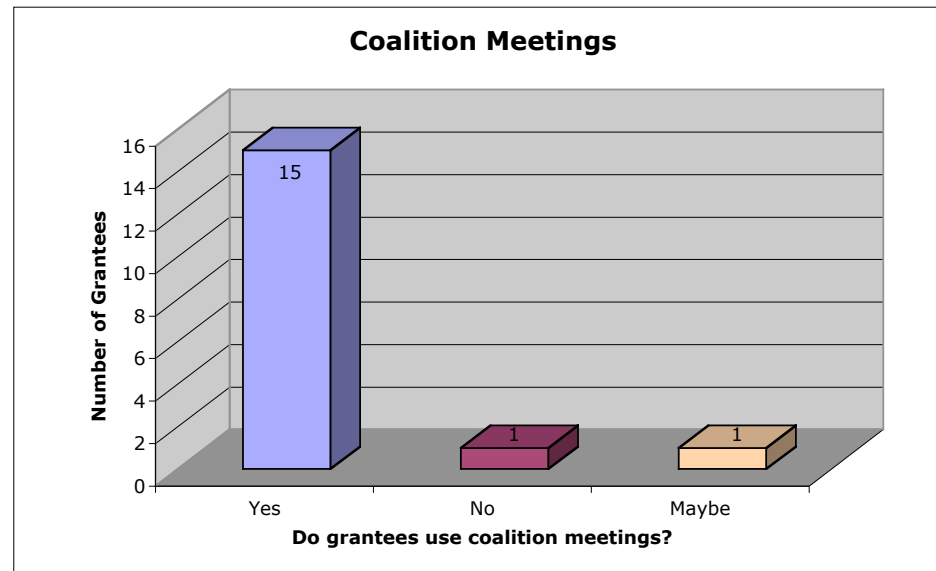
Tobacco Prevention Leveraging Activities



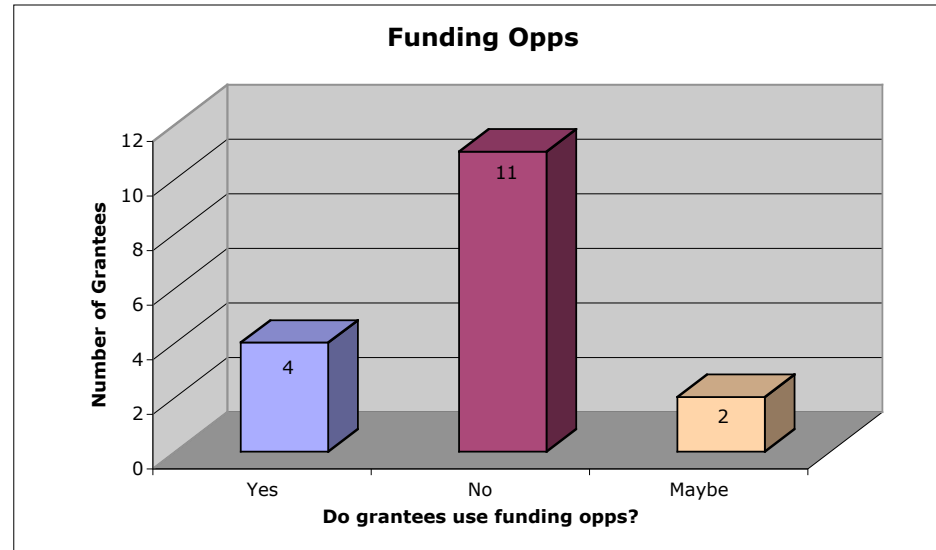
Tobacco Prevention Leveraging Activities



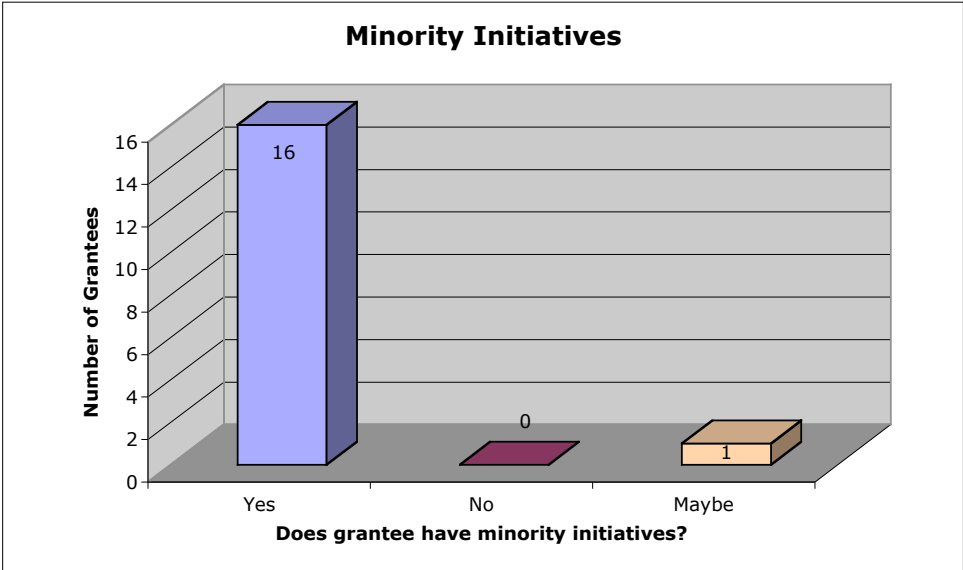
Tobacco Prevention Leveraging Activities



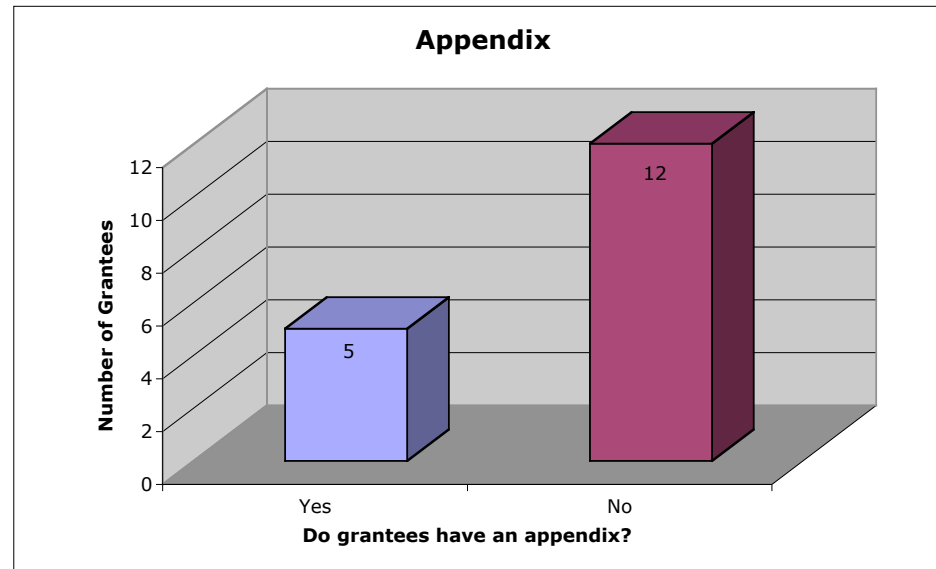
Program Sustainability



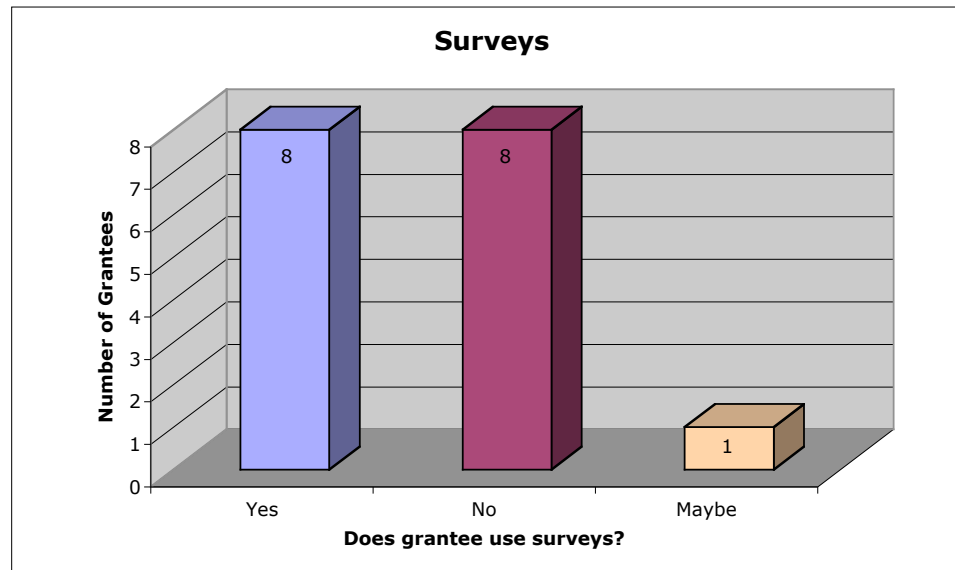
Contractual



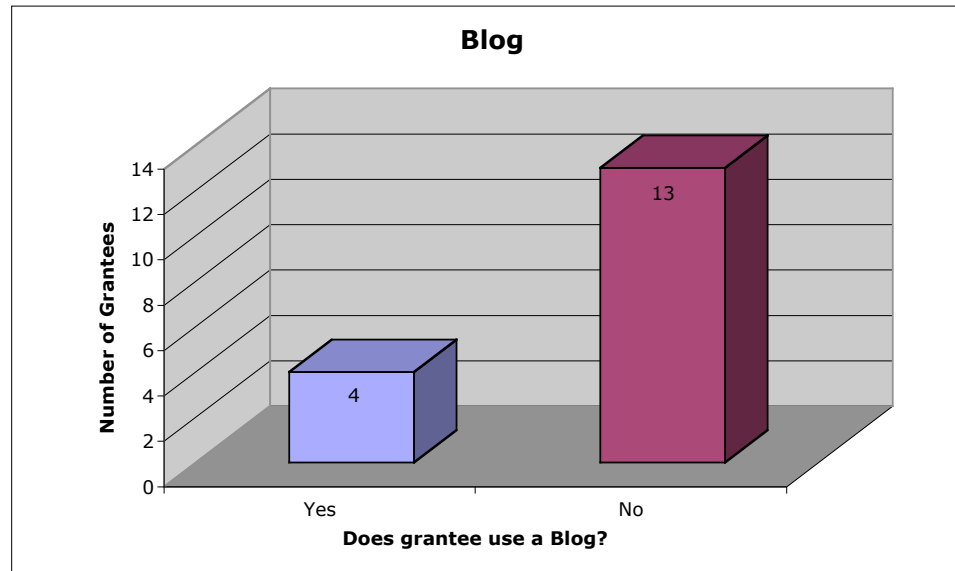
Contractual



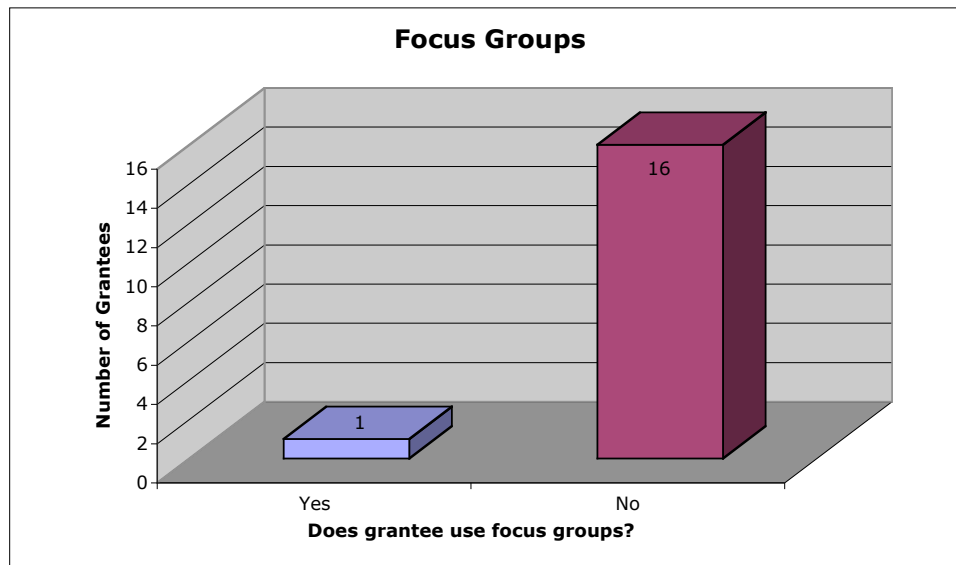
Evaluation Monitoring Tools



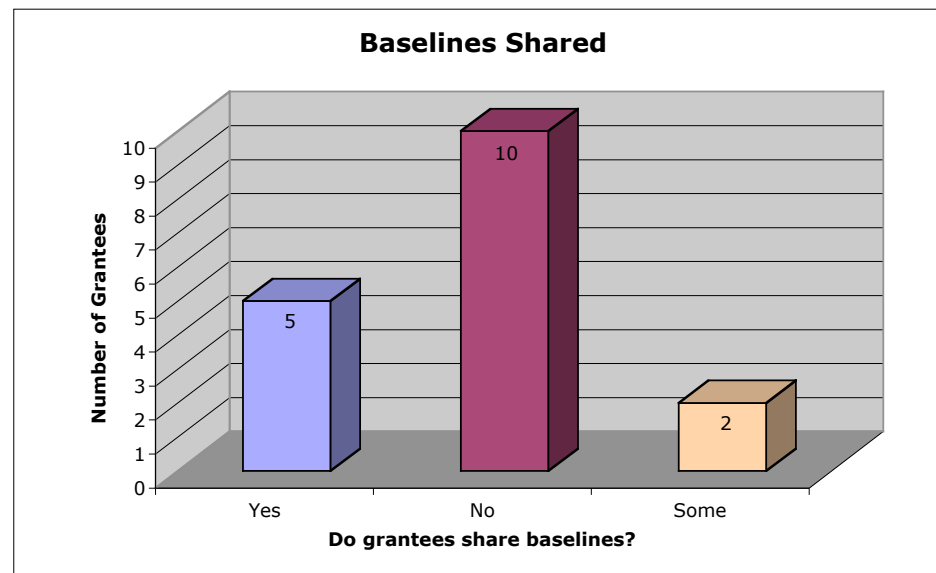
Evaluation Monitoring Tools



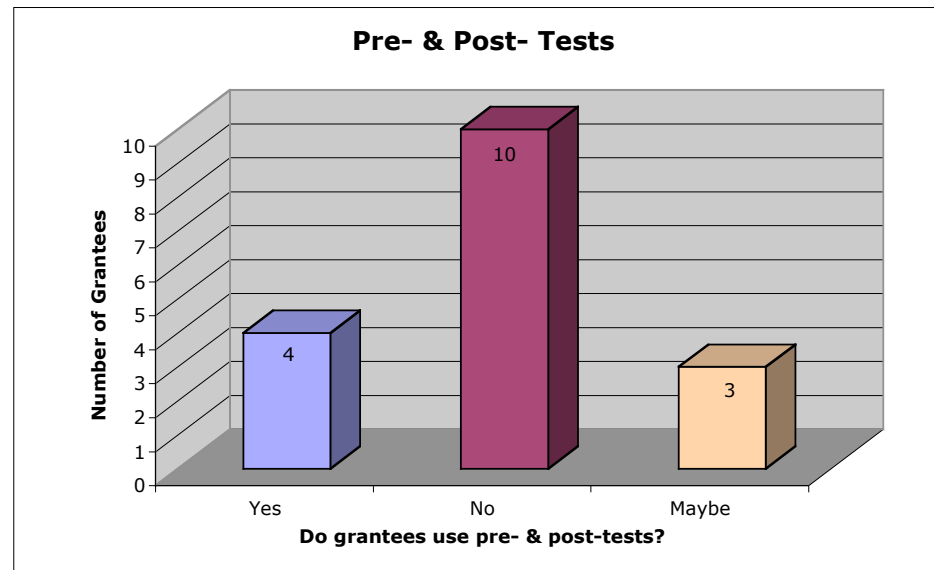
Evaluation Monitoring Tools, Methods & Training



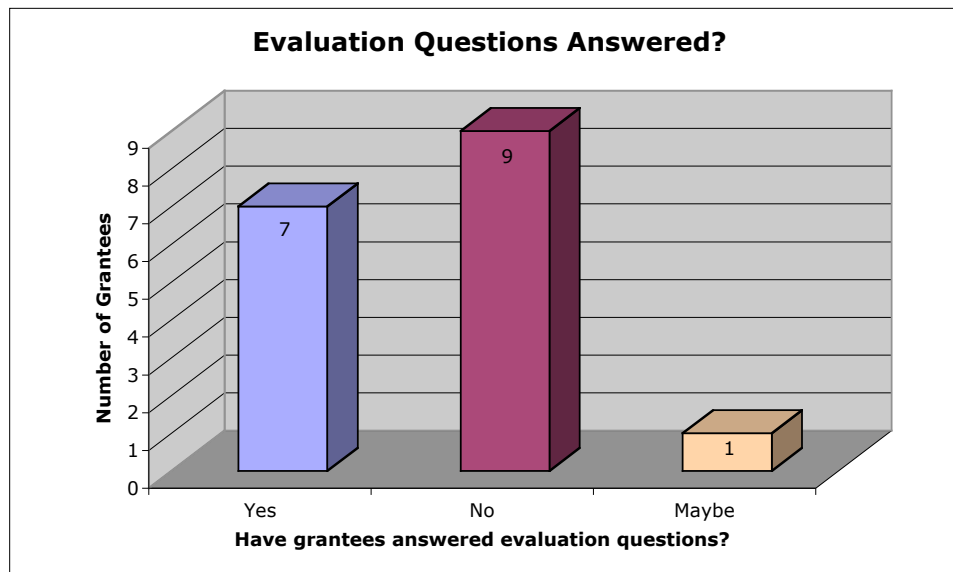
Evaluation Monitoring Tools, Methods & Training



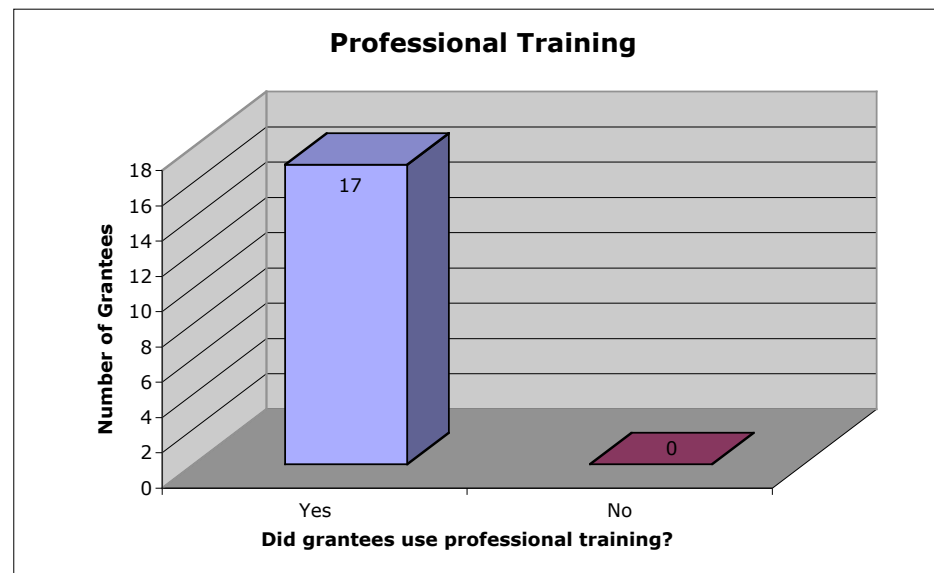
Evaluation Monitoring Tools, Methods & Training



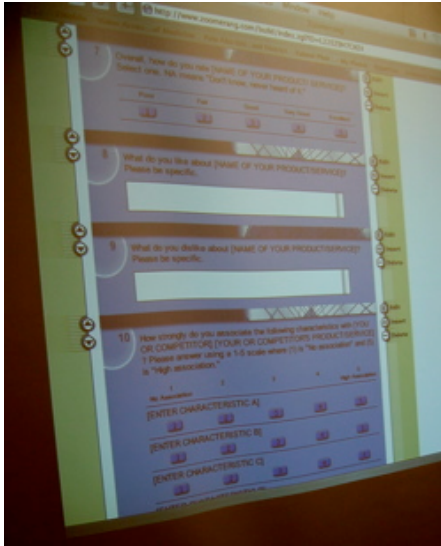
Evaluation Monitoring Tools, Methods & Training



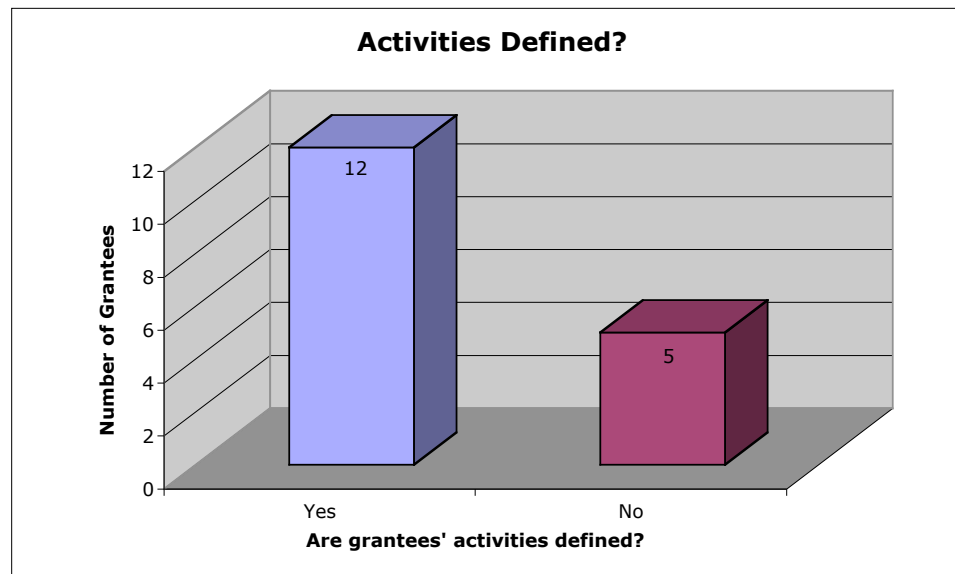
Evaluation Monitoring Tools, Methods & Training



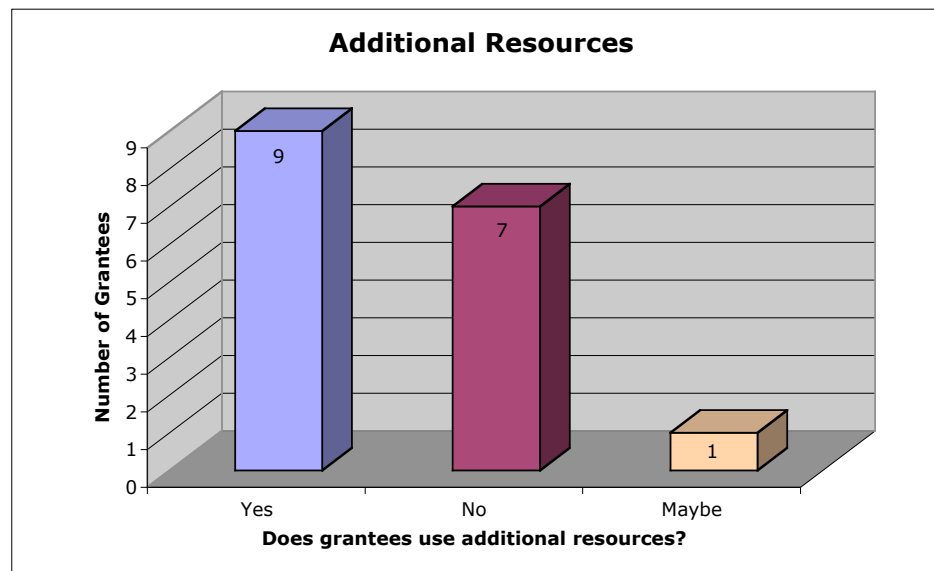
Professional Training



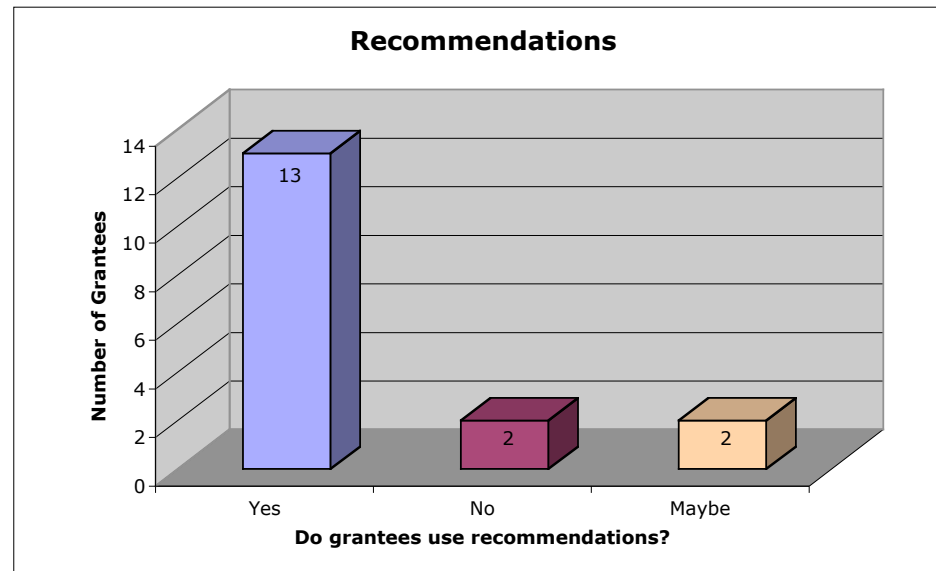
Evaluation Monitoring Tools, Methods & Training



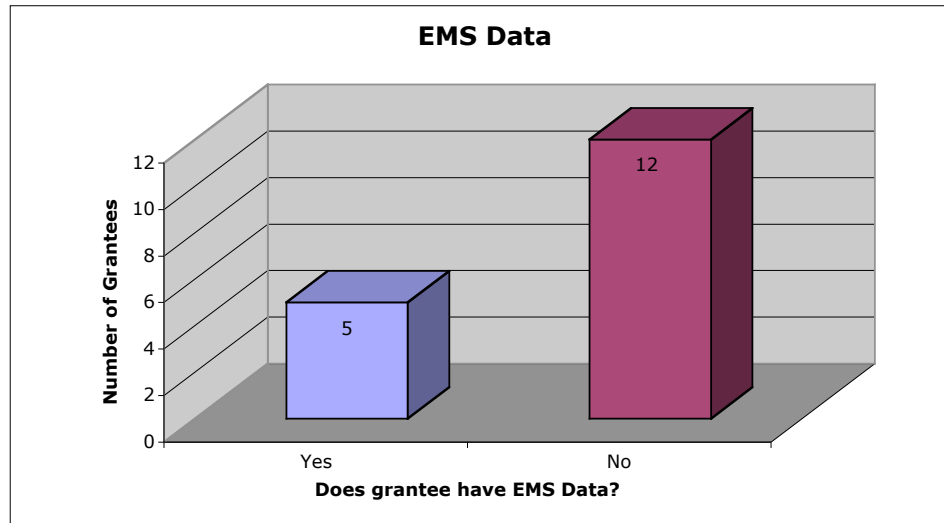
Evaluation Monitoring Tools, Methods & Training



Evaluation Monitoring Tools, Methods & Training

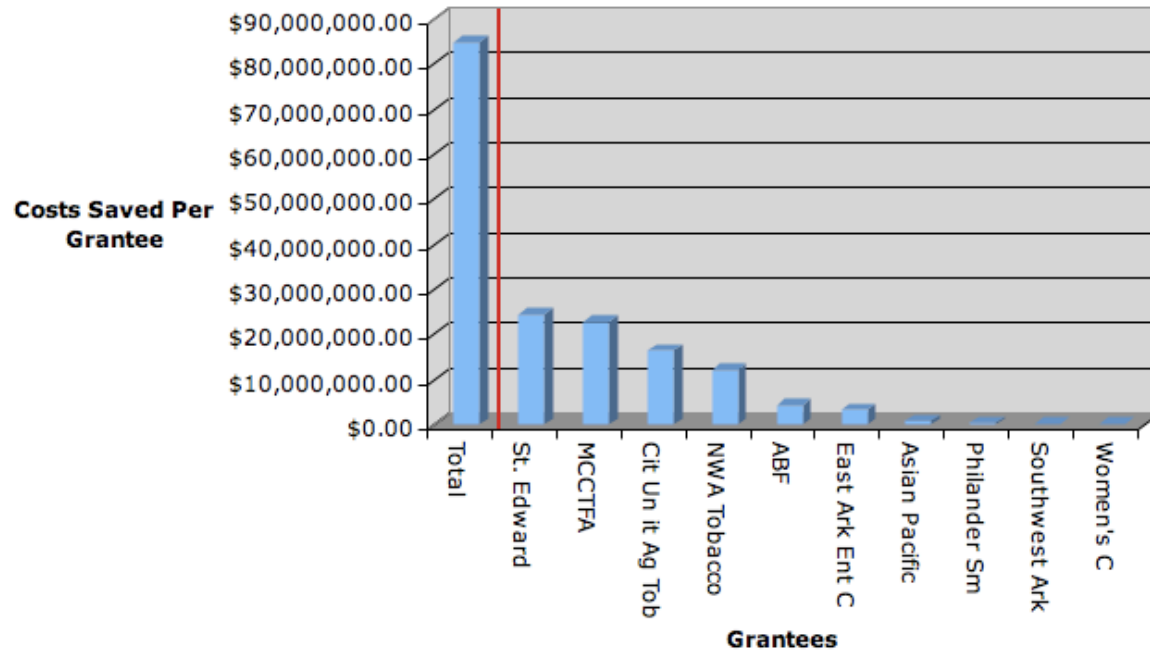


Evaluation Monitoring Tools

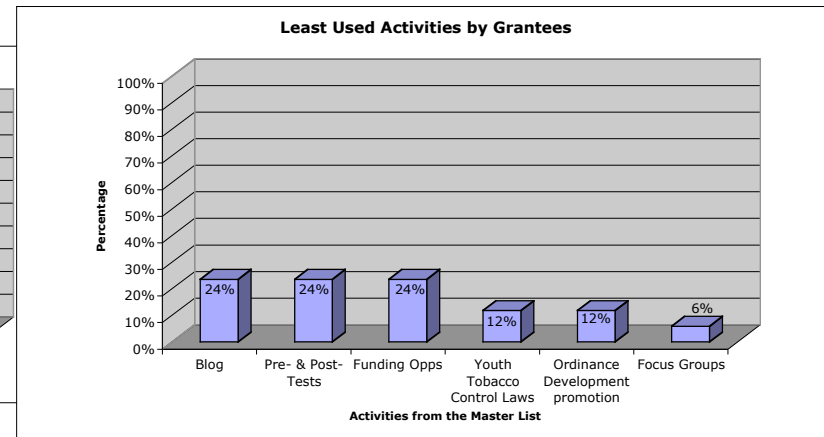
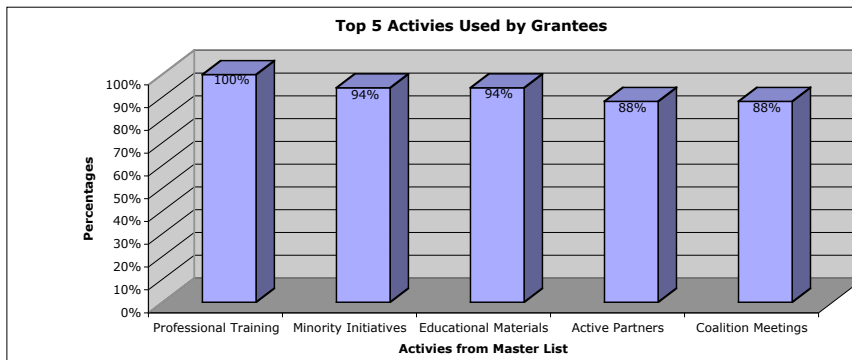


EMS Graph

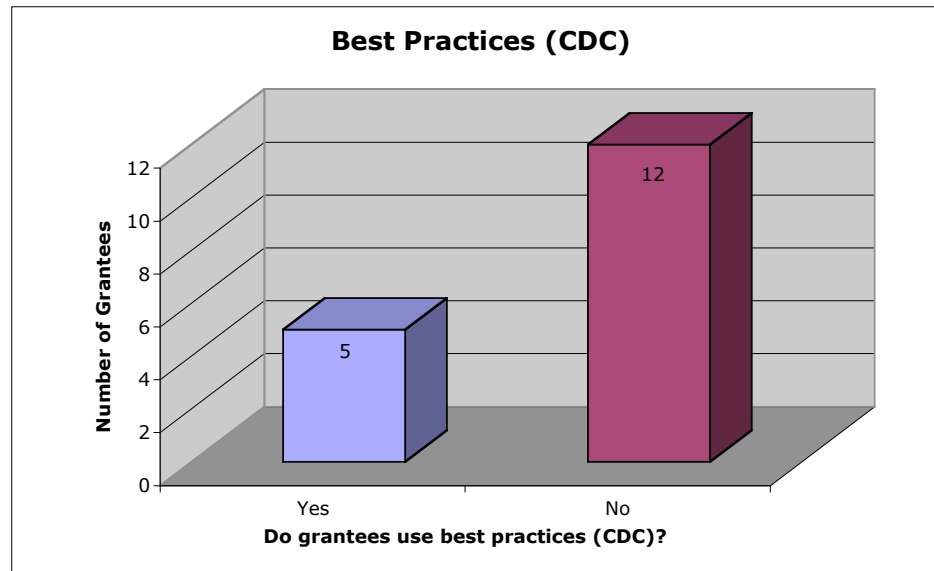
\$84,756,168 Excess Medical Costs Saved



New Evaluation Monitoring Tool Visual Alert System



CDC Best Practices





Smoking & Tobacco Use

[E-mail this page](#)

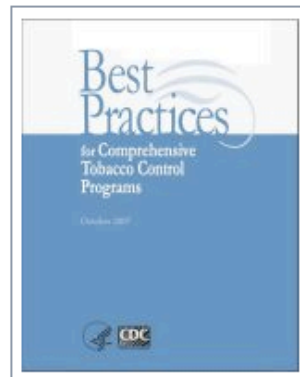
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- > [Secondhand Smoke](#)
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- > [Campaigns and Events](#)
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- > [Tobacco Industry and Products](#)

Best Practices for Comprehensive Tobacco Control Programs—2007



CDC's *Best Practices for Comprehensive Tobacco Control Programs—2007* is an evidence-based guide to help states plan and establish effective tobacco control programs to prevent and reduce tobacco use.

Order singly or in bulk.

[Order Now!](#)

This document updates *Best Practices for Comprehensive Tobacco Control Programs, August 1999*. This updated edition describes an integrated programmatic structure for implementing interventions proven to be effective and provides the recommended level of state investment to reach these goals and reduce tobacco use in each state.

- [Complete Report](#) (PDF—1077 KB)

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/

CDC Best Practices

I. State and Community Interventions

State and community interventions include supporting and implementing programs and policies to influence societal organizations, systems, and networks that encourage and support individuals to make behavior choices consistent with tobacco-free norms. The social norm change model presumes that durable change occurs through shifts in the social environment, initially or ultimately, at the grassroots level across local communities. State and community interventions unite a range of integrated programmatic activities, including local and statewide policies and programs, chronic disease and tobacco-related disparity elimination initiatives, and interventions specifically aimed at influencing youth.

II. Health Communication Interventions

An effective state health communication intervention should deliver strategic, culturally appropriate, and high-impact messages in sustained and adequately funded campaigns integrated into the overall state tobacco program effort. Traditional health communication interventions and counter-marketing strategies employ a wide range of efforts, including paid television, radio, billboard, print, and web-based advertising at the state and local levels; media advocacy through public relations efforts, such as press releases, local events, media literacy, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions. Innovations in health communication interventions include more focused targeting of specific audiences as well as fostering message development and distribution by the target audience through appropriate channels.

III. Cessation Interventions

Interventions to increase cessation encompass a broad array of policy, system, and population-based measures. System-based initiatives should ensure that all patients seen in the health care system are screened for tobacco use, receive brief interventions to help them quit, and are offered more intensive counseling services and FDA-approved cessation medications. Cessation quitlines are effective and have the potential to reach large numbers of tobacco users. Quitlines also serve as a resource for busy health care providers, who provide the brief intervention and discuss medication options and then link tobacco users to quitline cessation services for more intensive counseling. Optimally, quitline counseling should be made available to all tobacco users willing to access the service.

CDC Best Practices

IV. Surveillance and Evaluation

State surveillance is the process of monitoring tobacco-related attitudes, behaviors, and health outcomes at regular intervals. Statewide surveillance should monitor the achievement of overall program goals. Program evaluation is used to assess the implementation and outcomes of a program, increase efficiency and impact over time, and demonstrate accountability. A comprehensive state tobacco control plan—with well-defined goals; objectives; and short-term, intermediate, and long-term indicators—requires appropriate surveillance and evaluation data systems. Collecting baseline data related to each objective and performance indicator is critical to ensuring that program-related effects can be clearly measured. For this reason, surveillance and evaluation systems must have first priority in the planning process.

V. Administration and Management

Effective tobacco prevention and control programs require substantial funding to implement, thus making critical the need for sound fiscal management. Internal capacity within a state health department is essential for program sustainability, efficacy, and efficiency. Sufficient capacity enables programs to plan their strategic efforts, provide strong leadership, and foster collaboration between the state and local tobacco control communities. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance, and training.

Contact Information

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