

MISRGO ANNUAL EMPOWERMENT EVALUATION REPORT 2025-2026

PREPARED FOR USE BY MISRGO,
ADVISORY BOARD, ARKANSAS
DEPARTMENT OF HEALTH, THE
COMMISSION, AND LEGISLATIVE
OFFICES



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July 10, 2026



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ANNUAL EVALUATION REPORT 2025-2026

Introduction

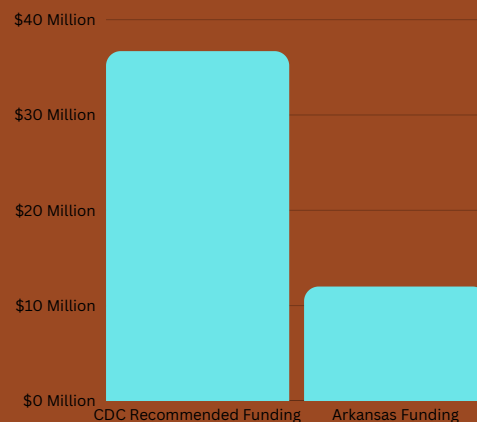
MISRGO has been leading the challenge of addressing minority tobacco use in Arkansas for two decades. This annual report describes MISRGO and grantee progress, as well as the evaluation and monitoring plan for the year.

Problem

The problem is simple: “Tobacco use is the single most preventable cause of disease, disability, and death in the United States” (Centers for Disease Control and Prevention, 2017). The scale of the problem is monumental: “Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined” (See Arkansas Department of Health, 2022).

The annual health care costs in Arkansas directly caused by smoking is \$1.41 billion, according to the Campaign for Tobacco Free Kids (2023). The tobacco industry spends over \$110.1 million marketing tobacco in Arkansas (Campaign for Tobacco Free Kids, 2023; CDC, 2018b).

There is ample evidence that tobacco control funding reduces per capita cigarette consumption and per capita healthcare expenditures (Lightwood and Glantz, 2013). California’s tobacco control program “yielded a \$55:\$1 return on investment during 1989-2008” (CDC, 2014). However, as of fiscal year 2022, Arkansas only allocated \$12 million for tobacco control programs in Arkansas, which is approximately 37% of the \$36.7 million the CDC recommends (American Lung Association, 2022).



Regrettably Arkansas is Not Alone Spending Less Than CDC Recommendation

AFRICAN AMERICANS AND TOBACCO USE

Tobacco use is a major contributor to death among African Americans, specifically in the areas of heart disease, cancer, and stroke. In addition, there is a 30-40% increased risk of developing diabetes for cigarette smokers as compared with nonsmokers (CDC, 2018a). This is significant because diabetes is the fourth leading cause of death among African Americans (U.S. Department of Health and Human Services, 2014). There are also significant disparities between Black and White tobacco use. According to the CDC (2019a): “Although African Americans usually smoke fewer cigarettes and start smoking cigarettes at an older age, they are more likely to die from smoking-related diseases than Whites (U.S. Department of Health and Human Services, 1998; Kochanek, Murphy, Xu, Tejada-Vera, 2016; Heron, 2013; Schoenborn, Adams, Peregoy, 2018; American Lung Association, 2010).

These statistics are compounded by an equally aggressive tobacco industry marketing campaign, directed at African Americans. They disproportionately advertise in African American publications, exposing African Americans to more tobacco related advertisements than Whites (U.S. Department of Health and Human Services, 1998). It is no accident that 9 out of 10 African American smokers prefer menthol cigarettes (Giovino, Villanti, Mowery, 2013).

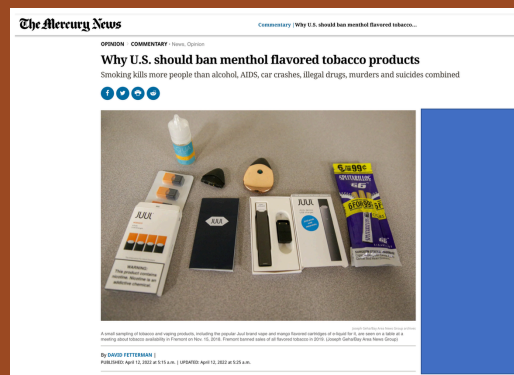


It is in large part, because the tobacco industry promotes menthol cigarettes to African Americans using culturally tailored advertising images and messages (National Cancer Institute, 2009; Gardiner, 2004). Menthol makes it easier to inhale cigarette smoke and inhale it more deeply, contributing to the addiction (Giovino, Villanti, Mowery, 2013; Smokefree.gov, 2015). Menthol products are also given more shelf space in stores in African American communities (Center for Public Health Systems Science, 2014).

FDA BANNING MENTHOL

The Food and Drug Administration proposed a ban concerning the sales of menthol-flavored cigarettes in the United States (New York Times, April 28, 2022). They have been developing a national plan to take menthol cigarettes off the market for years (New York Times, January 11, 2023).

This is a "game changer" and a major public health victory. It is in response to the African American Tobacco Control Council lawsuit and a variety of op-ed pieces calling for a ban on menthol flavored tobacco products.



According to the National Survey on Drug Use and Health (2019), 85 percent of Black smokers use menthol cigarettes, compared with a rate of 30 percent among white smokers. Therefore, the ban is expected to have the deepest impact on Black smokers,

The ban “would, among other things, improve the health and reduce the mortality risk of current smokers of menthol cigarettes or flavored cigars by substantially decreasing their consumption and increasing the likelihood of cessation,” the F.D.A. commissioner, Dr. Robert Califf, told a Senate committee.

“This is potentially an extraordinary, landmark intervention to reduce the No. 1 preventable cause of death and disease,” according to Geoffrey Fong, principal investigator of the International Tobacco Control Policy Evaluation Project. The rule does not cover menthol e-cigarettes. The F.D.A. is currently reviewing all vaping products being sold in the United States.

PUBLIC HEALTH RESPONSE TO TOBACCO USE IN ARKANSAS

SECOND HAND SMOKE

Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults.

According to the CDC, "During 2011-2012, secondhand smoke exposure" was found in:

- 67.9% OF AFRICAN AMERICAN CHILDREN AGED 3-11 YEARS

- 54.6% OF AFRICAN AMERICAN ADOLESCENTS AGED 12-19 YEARS

- 39.6% OF AFRICAN AMERICAN ADULTS AGED 20 YEARS AND OLDER

Arkansas passed the Arkansas Clean Indoor Act in 2006. It was designed to "protect workers in Arkansas from secondhand smoke in the workplace and to protect the citizens of Arkansas from secondhand smoke in public places" (Senate Bill 29).

Although, "Arkansas does not have a comprehensive smoke-free law to protect people from secondhand smoke in all indoor areas of workplaces, restaurants, and bars... building on the Clean Indoor Act, the state has implemented state laws that prohibits smoking in cars with children" (Act 13 - 2006, Act 811 - 2011).

In addition, the state provides research, data, and scientific consultation to communities, multi-unit housing operators, hospitals, businesses, and colleges and universities that want to protect residents from secondhand smoke. Arkansas has established over 126 tobacco-free policies protecting more than 669,421 residents in parks, colleges, and businesses. Arkansas college campuses have been smoke-free since 2009, including electronic cigarettes since 2015. (CDC, 2018).

VAPING AND MINORITY COMMUNITY USE

Youth vaping has been recognized as an epidemic by government agencies, Governors, and the President of the United States.

Vaping dominated the media, before COVID-19, and compounded the current battle to reduce or eliminate tobacco consumption. It typically involves the use of electronic cigarettes (e-cigarettes). Users inhale an aerosol created by heating nicotine, flavorings, and other substances. It was introduced as an alternative to smoking, because it doesn't contain tar and other carcinogenic substances that cause cancer.

However, long before serious health issues were raised about vaping, it posed serious social and economic threats to tobacco prevention work.

Socially, the threat to public health from vaping has been the “re-normalization” of smoking which has declined for many years.

Economically, since tobacco settlement funds are determined by cigarette sales, the more that people vaped instead of smoked cigarettes, the less money there was to fight tobacco consumption.

The social and economic problems have been overshadowed by the health risks associated with vaping. It has been linked to a sudden lung illness outbreak, affecting over two thousand people, the youngest 12 years of age (Centers for Disease Control and Prevention, 2020 and NBC, 2018). To-date vaping related illnesses have resulted in 68 deaths in 29 states. The Centers for Disease Control and Prevention have identified an additive, vitamin E acetate, that may be associated with the vaping-related lung injuries. However, the precise cause of this vaping-related illness remains elusive.



VAPING AND MINORITY COMMUNITY USE

"Menthol products are preferred by youth from communities who are disproportionately impacted by health inequalities."

Youth vaping has been recognized as an epidemic by government agencies, governors, and the President of the United States. 1.63 million middle and high school students use e-cigarettes. Vaping has increased from 15.4% in 2020 to 26.3% in 2024. Vaping products have been marketed to youth, with flavor options such as cotton candy, cupcake, and tutti-frutti. 4 out of 5 youth who vape nicotine use flavors, according to the National Institutes of Health (Villanti, A. C. et al, 2017). Teens are almost 7 times more likely to vape nicotine than adults, according to the American College of Physicians (Mirbolouk M, Charkhchi P, Kianoush S, et al, 2018).

This national health problem has prompted policy decisions designed to combat this epidemic. They include:

On December 20, 2019, the President signed legislation to amend the Federal Food, Drug, and Cosmetic Act, and raise the federal minimum age of sale of tobacco products from 18 to 21 years.

January 2, 2020, The Food and Drug Administration banned most fruit- and mint-flavored nicotine vaping products in an effort to reduce teen use. (The industry can still sell tobacco and menthol-flavored pods for the adults who use the products to quit smoking).

These policies are important, however, "menthol is the preferred flavor of youth aged 12-17 who vape" (Matthews, 2020). When menthol was exempted in 2009 rates of menthol use increased among youth.

In addition, African American smokers often prefer menthol and the tobacco industry markets menthol to African Americans with advertising, free products, and discounted coupons. 80 percent of African American youth who smoke use a mentholated brand.

"Mentholated tobacco products account for one third of tobacco industry profits" (Matthews, 2020).

VAPING AND MINORITY COMMUNITY USE

Menthol regulation is not only a tobacco prevention and control issue but a social justice imperative.

This omission has a serious impact on the minority community. An article addressed this issue. It is titled: We Should Ban All Menthol-Flavored Nicotine Products (It's not just for health: there's a social justice issue)

As reported in Scientific American, 2020: "Although current attention is focused on e-cigarette use, renewed efforts must be placed on eliminating menthol flavoring in all nicotine-containing products including e-cigarettes, cigarettes, cigars, cigarillos and smokeless tobacco. Menthol regulation is not only a tobacco prevention and control issue but a social justice imperative. Adolescents who use nicotine-containing products prefer menthol flavorings, but there are enormous differences in preferences for menthol among youth of color. Menthol products are preferred by youth from communities who are disproportionately impacted by health inequalities."



VAPING & STATE INITIATIVES

One important step to improving the health of all of our children is to close the loopholes.

Several states have also stepped in to respond to the crisis:

- Massachusetts banned the sale of all flavored vaping products, including menthol e-cigarettes.
- New York State passed a law raising the minimum aged to purchase e-cigarettes from 18 to 21. The governor has proposed legislation to ban the sale of all flavored e-cigarettes.
- California legislators banned candy- and fruit-flavored e-cigarette products including flavored products not covered by the federal ban, such as menthol-flavored cartridges.

However, there are additional flaws in the ban. A loophole permits all flavored nicotine in disposable devices. Teenagers now flock to disposable vaping devices. We can no longer turn a blind eye to a national crisis. One important step to improving the health of all of our children is to close the loopholes.

Closing loopholes involve litigation and legislation. It also involves writing op-ed pieces to influence public opinion, including persuading the public to support bans on menthol.

A consistent and conscientious national effort is required (in conjunction with State efforts), to remove the loopholes, including menthol and disposables from the tobacco consumption equation, with a focus on vaping.

Highlight: FDA banned sales of **Juul** e-cigarettes. (June 23, 2022). **Juul** is appealing the decision.

Highlight: FDA is attempting to close the **synthetic-nicotine** loophole that Puff Bar made infamous.



COVID-19

Arkansans have not been spared. Cases have reached every part of the state from Washington to Calhoun counties.

The pandemic dominated the news and shaped all of our lives. It only took 3 months from the beginning of the outbreak of COVID-19 to hit 1 million cases and only 2 weeks for COVID-19 cases to increase from 1 to 2 million.

According to the Johns Hopkins Coronavirus Resource Center, there were 13,512,693 reported cases in the world and 583,359 deaths in July 2020. In February 2023, there were 672,712,281 global cases and 6,853,031 deaths. In the U.S. there were 102,844,074 cases and 1,114,355 deaths in February 2023.

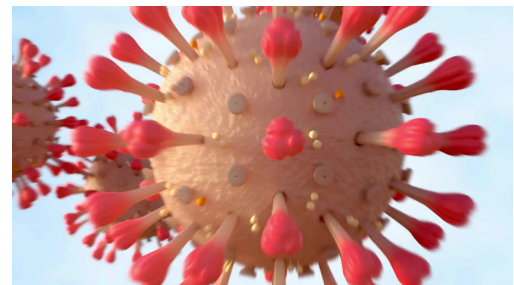
Arkansans have not been spared. Cases reached every part of the state from Washington to Calhoun counties. There were 30,292 cases and 334 deaths in July 2020. There were over 999,053 cases and 12,911 deaths as of February 2023.

The threat of the pandemic, however, appears to be receding. A reflection of this shift is The Johns Hopkins University shut down its COVID tracker on March 10, 2023. This is in large part a result of people adhering to recommended public health practices. However, COVID has not been eradicated.



999,053

There have been 999,053 cases and 12,911 deaths in Arkansas (February 2023). These numbers are expected to plateau because people have adhered to recommended public health practices such as: wearing a mask, maintaining social distancing, getting vaccinated, and washing hands.



COVID-19

The observed disparities highlight inequities in socio-economic status, education, employment, and access to health care.

According to Dr. Lisa Cooper, Bloomberg Distinguished Professor at the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins School of Medicine and director of the Johns Hopkins Center for Health Equity, “African Americans are more likely to die from all (health related) causes than their white counterparts. They suffer from higher rates, at younger ages, of high blood pressure, heart disease, kidney disease, and colon cancer than white Americans. In old age, millions of older African Americans, Native Americans, and Latinx Americans suffer more than do older whites from disease and disability” (2020). The observed disparities highlight inequities in socio-economic status, education, employment, and access to health care. They are manifestations of structural and institutional racism in the United States.

Based on available data to-date (July 2020), Black Americans experienced disproportionately high rates of COVID-19 infections and death. African Americans account for 34% of total COVID-19 deaths in states reporting racial/ethnic information. However, they are only 13% of the population in those states. According to APM Research

Lab (November 2020): “Black Americans continue to experience the highest actual COVID-19 mortality rates nationwide—two or more times as high as the rate for Whites and Asians, who have the lowest actual rates.

34%

Black Americans experienced the highest actual COVID-19 mortality rates nationwide—two or more times as high as the rate for Whites and Asians.



COVID-19

Ethnic minorities have a disproportionately higher rate of chronic medical conditions than whites.

The pandemic amplified existing racial disparities, including socio-economic status, living conditions, and access to care in the U.S.

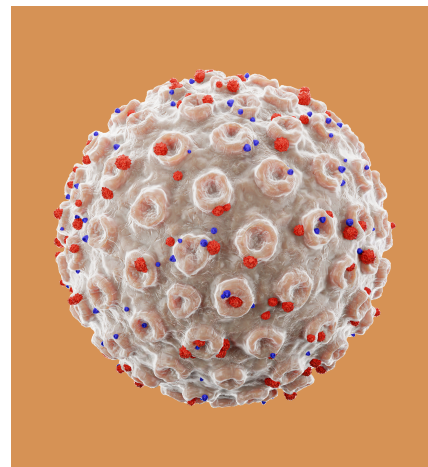
Ethnic minorities have a disproportionately higher rate of chronic medical conditions than whites. These pre-existing conditions compound the risk of serious complications of the novel coronavirus – resulting in higher death rates. Tobacco consumption and exposure to second hand smoke rates are higher among minority populations and contribute to chronic medical conditions, making African Americans and other minorities more vulnerable in a COVID-19 context.

The economics associated with the pandemic have been thoroughly documented. .

Restaurants, gyms, beauty parlors, and many non-essential industries were closed. Unemployment, at one point, approximated the figures of the great depression (14.7% compared with 24.9%).

The economics of the COVID-19 context disproportionately impacted minority communities in part because they are overrepresented in essential jobs in transportation, government, health care, and food supply services. In addition, many employers associated with these industries, do not allow telework or provide paid sick leave.

This context in the past had an impact on MISRGO and MISRGO grantees in terms of reaching their annual goals. They acted in an exemplary manner during the pandemic and made significant strides. However, the pandemic continues to have a carry-over effect in some tobacco prevention contexts..



THEORY OF CHANGE AND TRANSFORMATION

An empowerment or self-evaluation approach conducted by stakeholders is designed to build evaluation capacity.

MISRGO has limited resources and strategically decided to invest in a multitude of minority communities instead of allocating small grants to a select few in the State.

This means more minority communities benefit from the funding, training, and evaluation capacity building. However this approach precludes a longitudinal assessment since the grantees, type of project, and CDC intervention category changes in many cases every two years (annually in the past).

Given this funding format, MISRGO required all grantees to adopt CDC recommended tobacco prevention and cessation intervention activities.

The logic is that if grantees successfully implement CDC recommended tobacco prevention and cessation activities they will contribute to CDC goals of reducing tobacco consumption in minority communities.

The activities are organized into 4 domains and include: preventing initiation, eliminating exposure to second hand smoke, promoting quitting, and addressing disparities. These categories overlap in practice, however, they remain a useful heuristic to organize tobacco prevention and cessation activities.

The evaluation plan builds on this logic and practice. It is not possible to track the same intervention over time since grantees vary and intervention activities change periodically. It is possible, however, to monitor grantees performance and their success in implementing CDC recommended tobacco prevention and cessation activities.

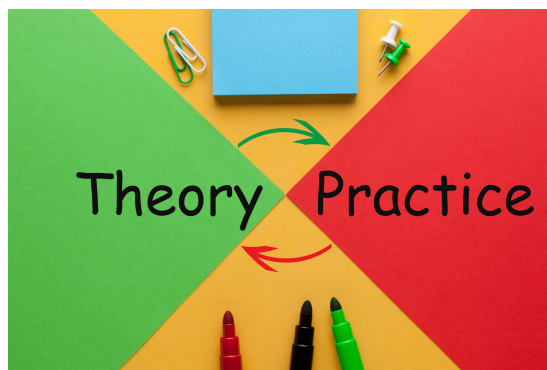
The higher the percentage of implementation, the higher the probability of impacting tobacco consumption in minority communities.

THEORY OF CHANGE AND TRANSFORMATION (CONTINUED)

The evaluation dashboard bar charts help MISRGO and MISRGO grantees monitor the implementation of CDC recommended activities contributing to CDC goals.

Therefore, monitoring performance on a quarterly basis is critical. It allows for midcourse corrections if grantees are not reaching quarterly milestones or approximations of their annual goals.

This approach is also beneficial because it is designed to help grantees learn how to monitor their own performance, building their capacity to implement their proposed programs, and continually assess their progress toward desired goals.



MISRGO MISSION

MISRGO's mission is specifically to prevent and reduce tobacco use in minority communities, including vaping.

The University of Arkansas at Pine Bluff's Minority Initiative Sub-Recipient Grant Office (MISRGO) is required by law to evaluate its program to justify continued support. They received a portion of the Arkansas' Master Tobacco Settlement funds through the Arkansas Department of Health in the past to focus on tobacco use in minority communities. Currently, they receive support from the commission. MISRGO's mission is specifically to prevent and reduce tobacco use in minority communities, including vaping.



MISRGO has awarded more than 100 Arkansas organizations with funding for tobacco prevention and cessation programs. MISRGO currently sponsors and provides technical assistance for 8 grantees across the State of Arkansas. (See Appendix A for a glossary of grantee names.)

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

MISRGO grantees also have a strong track record of success based on past performance. For example, over the last decade the majority of MISRGO grantees met or exceeded their annual performance goals.

- Fetterman and Delaney, 2011-2012, 2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025.
- Fetterman, Delaney, and Tremain, 2012-2013, 2013-2014

MISRGO grantees have broad-based support across the State for their tobacco prevention and cessation work.

MISRGO PERFORMANCE MEASURES

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

CDC INTERVENTION AREAS



AREA

*Eliminate Exposure to
Secondhand Smoke*



AREA

*Preventing Initiation Among
Youth and Young
Adults*



AREA

*Promoting Quitting Among Youth
and Adults*



AREA

Addressing Disparities

QUARTERLY PROGRESS

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

1

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

2

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

3

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

4

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

MISRGO GOAL AREAS

1

Decreasing Initiation of Tobacco Among Youth and Young Adults (CDC area 2)

2

Decrease Exposure to Second Hand Smoke (CDC area 1)

3

Decrease Tobacco Use Among Adults & Youth (CDC area 3)

4

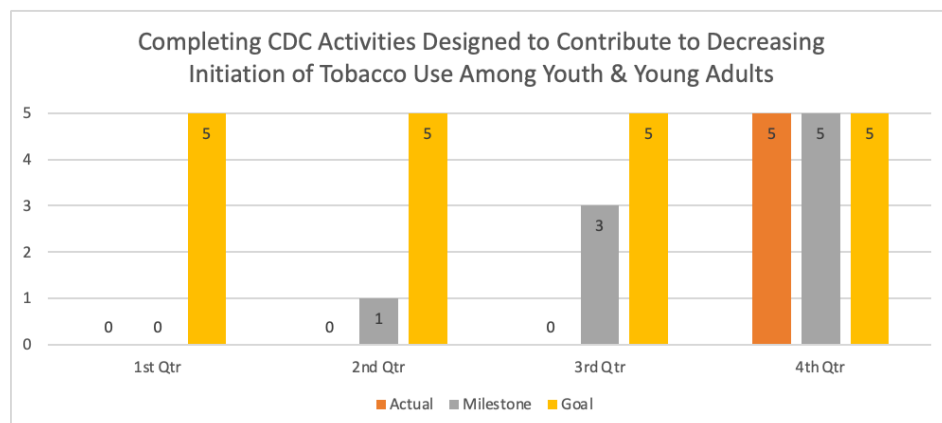
Surveillance and Evaluation (CDC area 1, 2, 3, and 4)

MISRGO ACCOMPLISHMENTS

Decreasing Initiation of Tobacco Among Youth and Young Adults

MISRGO established its goal concerning completing CDC recommended activities designed to decrease initiation of tobacco among youth and young adults (CDC area 2). Churches and other faith-based organizations are influential in the Black community. They can connect their members to local “Freedom from Smoking” or “No Menthol Sunday” group programs and clinics. They increased the number of faith-based institutions from 30 to 35 involved in tobacco control advocacy.

MISRGO is using an evaluation dashboard to monitor their own performance and accomplish their quarterly and annual goals, specifically concerning increasing the number of faith-based institutions involved in tobacco prevention and cessation.. Simultaneously, it allows external bodies, including Fetterman & Associates, to monitor their progress and offer assistance as needed.



Churches and other faith-based institutions are influential in the Black Community.

MISRGO ACTIVITIES

MISRGO is engaged in substantive activities to contribute to their CDC interventions.

1

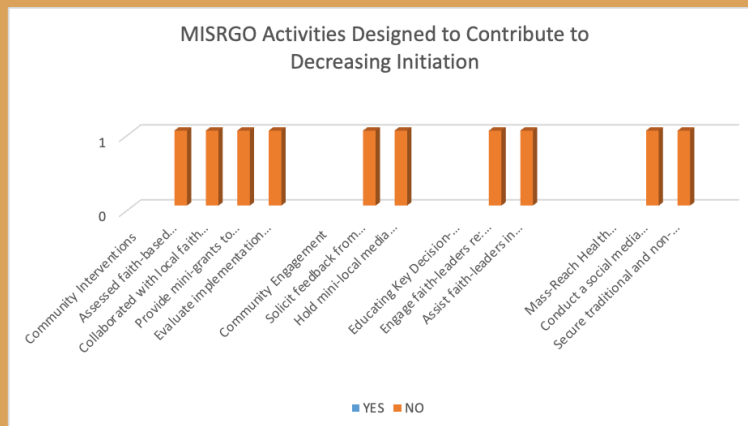
Community Interventions

- Assessed faith-based institutions re: No Menthol Sunday
- Collaborated with local faith-based institutions to implement No Menthol Sunday
- Provide mini-grants to support churches to implement No Menthol Sunday
- Evaluate implementation (post intervention data)

2

Community Engagement

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



3

Educating Key Decision-Makers

- Engage faith-leaders re: menthol, point of sale ordinances
- Assist faith-leaders in assessing No Menthol info and implementation

4

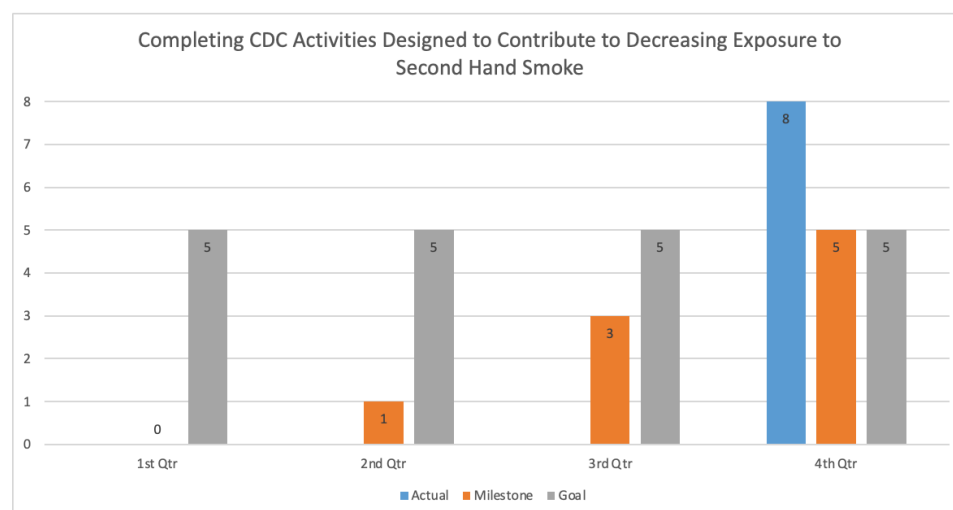
Mass-Reach Health Communications

- Conduct a social media campaign re: No Menthol Sunday (accomplished – push for digital information)
- Secure traditional and non-traditional media for policy change

MISRGO ACTIVITIES

Decrease Exposure to Second Hand Smoke

MISRGO is committed to conducting CDC recommended activities designed to contribute to decreasing exposure to second hand smoke (CDC area 1). School policies can influence youth, particularly concerning tobacco consumption. MISRGO planned to provide technical assistance to 5 schools and provided assistance to 8 schools wishing to strengthen tobacco free policies. This evaluation dashboard helped them monitor their own performance and simultaneously allowed external bodies to monitor their progress and offer assistance as needed.



MISRGO provided technical assistance to 8 schools wishing to strengthen tobacco free policies.

MISRGO ACTIVITIES

Decrease Exposure to Second Hand Smoke

1

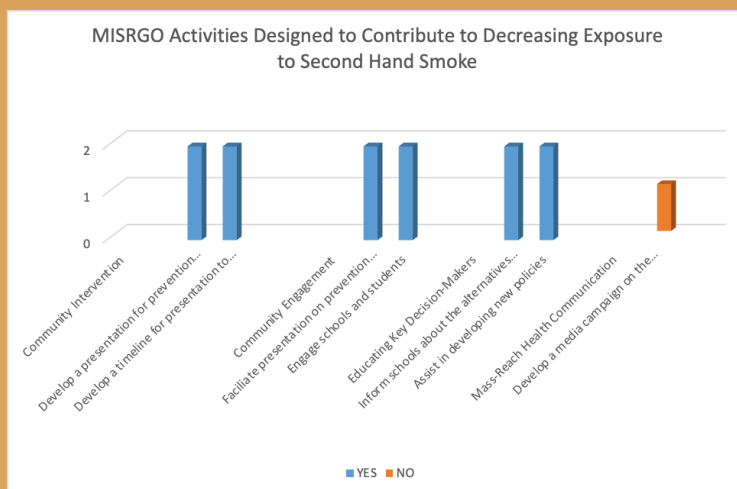
Community Interventions

- Develop a tobacco free policy presentation - schools - vaping
- Develop a timeline for schools to establish tobacco free policies

2

Community Engagement

- Facilitate presentations on e-cigarettes and vaping
- Develop a No Vaping virtual tour
- Engage youth in schools (snowball and convenience method)



3

Educating Key Decision-Makers

- Inform target audience - e-cigarette/vaping policy
- Hold community information sessions - FDA Menthol Ban
- Highlight tobacco industry infiltrates menthol in minority communities

4

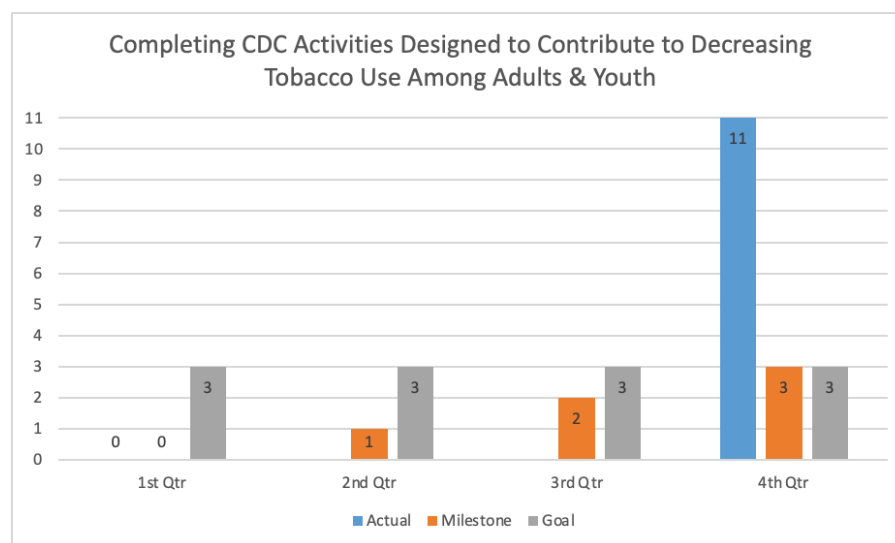
Mass-Reach Health Communications

- Develop a media campaign - effects of e-cigarettes and menthol

MISRGO ACTIVITIES

Decrease Tobacco Use Among Adults & Youth

MISRGO planned to work with 3 businesses to strengthen tobacco-free policies. However, they exceeded that plan and worked with 11 businesses. Businesses play a pivotal role in decreasing tobacco use among adults and youth, particularly businesses selling tobacco. CDC-related activities are designed to contribute to decreasing tobacco use among adults & youth (CDC area 3). This evaluation dashboard helps MISRGO monitor their own performance and simultaneously allows external bodies to monitor their progress and offer assistance as needed.



BUSINESSES PLAY
A PIVOTAL ROLE
IN DECREASING
TOBACCO USE

MISRGO ACTIVITIES

Decrease Tobacco Use Among Adults & Youth

1

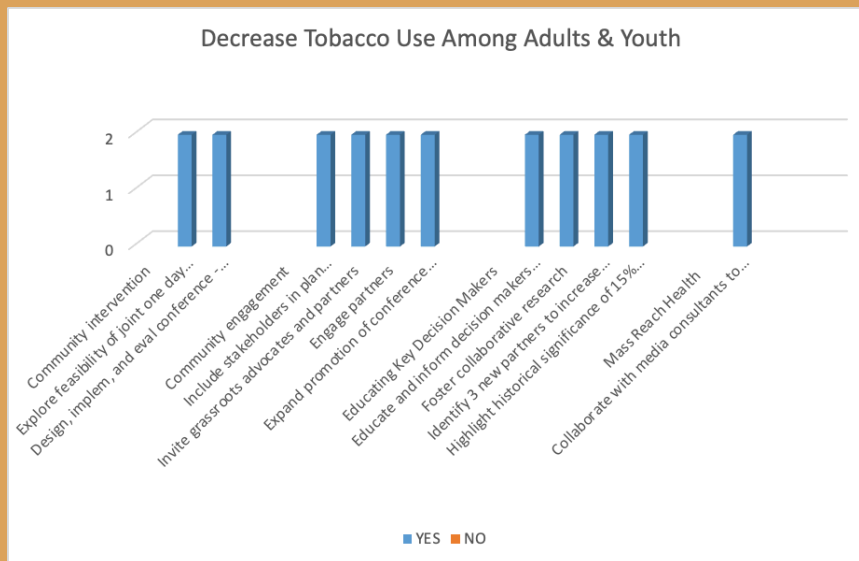
Community Interventions

- Develop a presentation
- Develop workshops
- Solicit support from national partners

2

Community Engagement (in progress)

- Partner with businesses to provide information
- Participate in community events



3

Educating Key Decision-Makers

- Inform target audience

4

Mass-Reach Health Communications

- Develop a media campaign on exposure to secondhand and third hand smoke

MISRGO ACTIVITIES

Webinars: Cultural Conversations

MISRGO presented 2 webinars devoted to issues associated with minority communities and tobacco use. The first was “There’s More to Learn About Smoke-Free Policies”. The second was “Social Media and Emerging Trends A Link to Tobacco Usage Among Youth.” In addition, MISRGO conducted the Clearing the Air in Communities of Color conference.

MISRGO webinars include experts in the field, a facilitator, and time for questions & answers from the audience.

THE MINORITY INITIATIVE SUB-RECIPIENT GRANT OFFICE
PRESENTS
CULTURAL CONVERSATIONS: MINORITIES AND TOBACCO USE
(VIRTUAL)

**“THERE’S MORE TO LEARN ABOUT
SMOKE-FREE POLICIES”**



Kellie Lamb
Kellie currently serves as a Senior Program Manager in Tobacco Control for the American Cancer Society. She leads the management of multiple state tobacco control projects, including the states of Arkansas, Oklahoma, South Carolina, and Mississippi. Kellie co-chairs the Arkansas

REGISTER
via
<http://bit.ly/4mnLExr>

**OCTOBER 16, 2025
2:00 PM – 3:00 PM
CST**



Cynthia Kesterson,
Program Director
Legacy Initiatives
Facilitator

THE MINORITY INITIATIVE SUB-RECIPIENT GRANT OFFICE
PRESENTS
CULTURAL CONVERSATIONS: MINORITIES AND TOBACCO USE
(VIRTUAL)

**“SOCIAL MEDIA AND EMERGING TRENDS, A
LINK TO TOBACCO USAGE AMONG YOUTH”**



Dr. Page Dobbs
Page Dobbs, PhD, is a native Arkansan, from De Queen, Arkansas, who started her career in tobacco control as a project coordinator for the Northwest Arkansas Tobacco Free Coalition in 2011 and MISRGO recipient from 2011-2012. Her work with the NWATFC led her to graduate school to study community health, and today she is a tobacco regulatory scientist and an associate professor at the University of Arkansas for Medical Sciences (UAMS) Fay W. Boozman College of Public Health.

REGISTER
via
<https://bit.ly/misrgooc>

**JUNE 10, 2026
1:00 PM**



Dr. Marian Evans
Facilitator

23rd **CLEARING THE AIR IN COMMUNITIES OF COLOR CONFERENCE**

FROM VISION TO VICTORY:
MOBILIZING ACTION for a TOBACCO-FREE ARKANSAS

**TUESDAY
MARCH 10
2026**

VIRTUAL PLATFORM
VIA ZOOM



MISRGO ACTIVITIES

Surveillance and Evaluation

Surveillance and evaluation systems are critical infrastructure components of any comprehensive tobacco control program. "These systems monitor and document key short-term, intermediate, and long-term outcomes within populations" (Best Practices for Comprehensive Tobacco Control Programs, 2014).

"Data obtained from surveillance and evaluation systems can be used to inform program and policy direction, demonstrate program effectiveness, ensure accountability to those with fiscal oversight, and engage stakeholders" (Best Practices, 2014). Dissemination of surveillance and evaluation data that show disparities can also be very effective in mobilizing community involvement, including in op-ed and professional publications (Best Practices, 2014).

MISRGO'S Surveillance and Evaluation (CDC area 1, 2, 3, and 4) represents an ongoing system. It involves funding 8 sub-grantees and an external evaluator. However, it also includes data collection, analysis, and quarterly and annual reporting of MISRGO and grantee progress toward desired outcomes. Funding the 8 grantees and hiring the external evaluator, represents the core elements of the system. However, surveillance and evaluation require an ongoing and dynamic series of activities, represented in part by quarterly and annual reports.

Surveillance &
evaluation are
ongoing and
dynamic
activities.

MISRGO ACTIVITIES

Surveillance and Evaluation

1

Community Interventions

- Review and disseminate request for proposals
- Fund 9 sub-grantees (\$58K-\$65K)
- Continue providing technical assistance (quarterly workshops)
- Monitor monthly, quarterly, and annual
- Hire external evaluator (plan, collect, analyze, and report)

2

Community Engagement

- Serve as a resource to sub-grantees
- Provide continuous monitoring of sub-grantees (facilitate peer-to-peer TA)
- Conduct community assessment (gaps)
- Engage stakeholders (outcome evaluation plan)

3

Educating Key Decision-Makers

- Inform Advisory Board about MISRGO successes
- Report monthly to TPCP on work plan activities
- Disseminate findings and evaluation reports to Advisory Board
- Utilize findings to educate and improve performance

4

Mass-Reach Health Communications

- Collaborate with media consultant

MISRGO ACTIVITIES

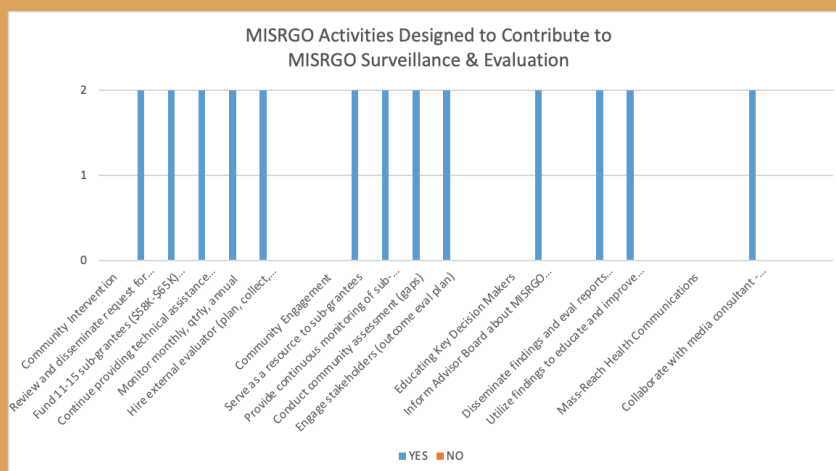
Surveillance and Evaluation

This list of key activities represents MISRGO's road map to accomplishing its larger goals and objectives. See Appendix B for a log of the frequency of activities designed to accomplish MISRGO goals.

5

Completed Activities (blue bars)

- 1) review and disseminate request for proposals;
- 2) fund 9 sub-grantees (\$58K-\$65K); ;
- 3) continue providing technical assistance (qtr workshops)
- 4) monitor monthly, qtrly, and annual performance
- 5) hire external evaluator;
- 6) serve as a resource to sub-grantees
- 7) provide continuous monitoring of sub-grantees - facilitate peer
- 8) conduct community assessment (gaps)
- 9) engage stakeholders (outcome eval plan)
- 10) inform Advisory Board about MISRGO successes;
- 11) report quarterly to TPCP on work plan activities
- 12) disseminate findings and evaluation reports to Advisory Board



- 13) utilize findings to educate and improve performance
- 14) collaborate with media consultant

MISRGO GRANTEE INTERVENTION AREAS

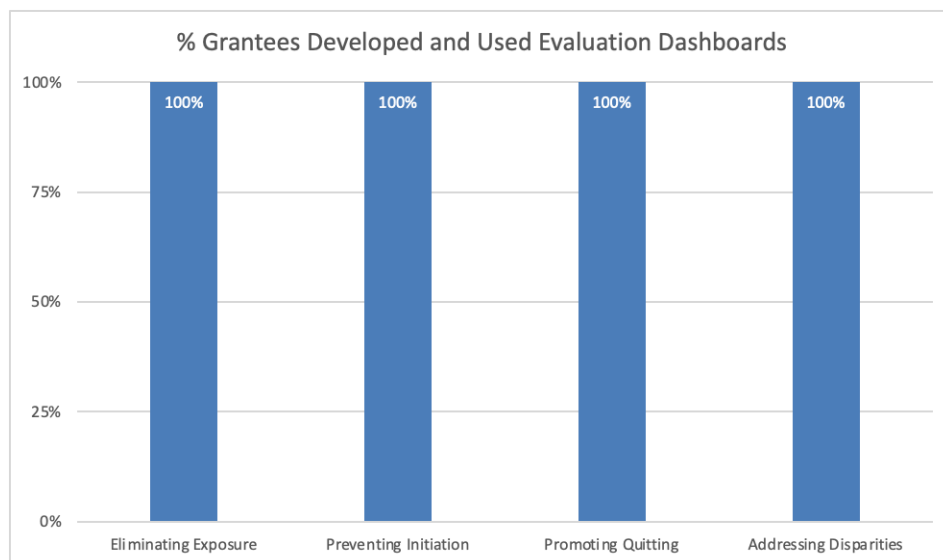
MISRGO grantees also adhere to the Centers for Disease Control and Prevention's (CDC) approved and recommended intervention areas.

Area 1: Eliminate Exposure to Secondhand Smoke

Area 2: Preventing Initiation Among Youth and Young Adults

Area 3: Promoting Quitting Among Youth and Adults

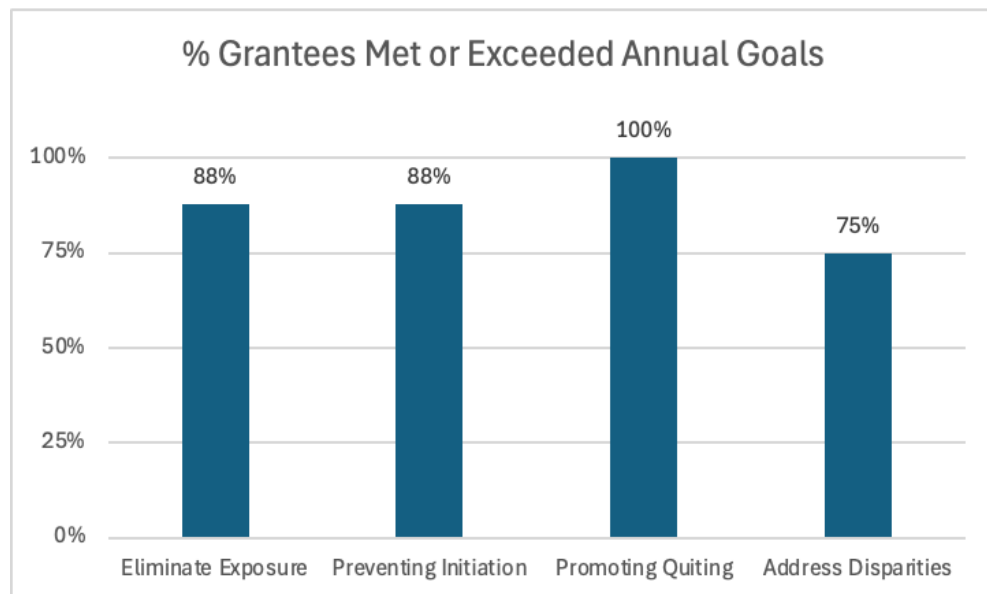
Area 4: Addressing Disparities



100%
developed and
used evaluation
dashboards to
monitor their
progress

MISRGO GRANTEE ANNUAL FINDINGS

88% met or exceeded their annual goals concerning eliminating exposure to secondhand smoke. 88% met or exceeded their annual goals concerning preventing initiation among youth and young adults. 100% met or exceeded their annual goals concerning promoting quitting among youth and adults. 75% met or exceeded their annual goals concerning addressing disparities.



88% Eliminate Exposure to Secondhand Smoke

88% Preventing Initiation Among Youth and Young Adults

100% Promoting Quitting Among Youth and Adults

75% Addressing Disparities

MISRGO GRANTEE ANNUAL FINDINGS

CDC Area 1: Eliminate Exposure to Secondhand Smoke

88% met or exceed their annual goals concerning Area 1: Eliminate Exposure to Secondhand Smoke.

Primary grantee activities focused on:

- Encourage voluntary smoke-free perimeter policies
- Produce mass media messages concerning effects of tobacco use, including Juul (focus on African-American and Hispanic youth and parents)
- Increase number of businesses with voluntary tobacco-free policies
- Help establish smoke-free park policies
- Encourage tobacco-free policies, including vape products

Additional activities included:

- Implement anti-smoking media campaigns (via radio, social media and television)
- Promote smoke-free home and car campaign
- Educate about the impact of marketing strategies
- Educate about the benefits of smoke free environments in the car (ACT 811) and home
- Conduct operation storefront/STARTS surveys
- Organize tobacco free workshops/coalition meetings
- Educating faith-based organizations about the usefulness of adopting a tobacco-free policy
- Conduct community forums/listening sessions to share information and promote norm change.

88% Met or
Exceeded Their
Annual Goals

MISRGO GRANTEE ANNUAL FINDINGS

CDC Area 2: Preventing Initiation Among Youth and Young Adults

88% met or exceed their annual goals concerning Area 2: Preventing Initiation Among Youth and Young Adults.

Primary grantee activities focused on:

- Educate young individuals about dangers of using emerging tobacco products, including vaping (focus on African-Americans and Hispanics)
- Conduct Operation Store Front/STARS surveys
- Educate minority youth and parents about the effects of tobacco use (African American and Hispanic youth and parents)
- Increase number of voluntary smoke/tobacco free policies (faith-based or other community organizations)
- Increase the number of voluntary smoke-free/tobacco-free home policies
- Educate tobacco retailers on the benefits of being responsible retailers (sales age restrictions)
- Educate and encourage legislators to raise (MLA) age to purchase tobacco (18 to 21)
- Conduct National Tobacco Control Observation Events
- Obtain Alert Pledges to prevent initiation
- Secure smoke free youth and/or home/car pledges to prevent initiation of tobacco use
- Create faith-based coalition
- Decrease chewing tobacco use
- Secure comprehensive tobacco-free pledges
- Train youth to be tobacco control advocates, strategies include use of media outreach and youth rallies (receive evidence-based tobacco prevention training)

Additional activities included:

- Encourage increase tax on tobacco products
- Use media, include radio campaigns, social media (such as Facebook) and promotions, to inform youth about dangers of smoking
- Help to implement point of purchase policy
- Educate youth about benefits of increasing legal age (concerning purchase)
- Encourage youth to pledge to be tobacco free
- Use media to educate about prevention strategies
- Participate in youth related events such as Red Ribbon Week, Kick Butts Day, and school health fairs to educate on the dangers of tobacco and nicotine

88% Met or Exceed Their
Annual Goals

MISRGO GRANTEE ANNUAL FINDINGS

CDC Area 3: Promoting Quitting Among Youth and Adults

100% met or exceed their annual goals concerning Area 3: Promoting Quitting.

Primary grantee activities focused on:

- Encourage use of Arkansas Quit-line Fax Referral System
- Increase social support concerning eliminating tobacco use
- Increase pro-health messages and/or videos targeting Juul youth and adults users
- Use social media to promote Be Well Arkansas
- Use media to promote pro-health messages (social media and websites)
- Increase the number of African-American smokers educated about quitting and referred to a statewide or local cessation service
- Educate through evidence-based radio/social media and print about the dangers of tobacco products
- Encourage youth to pledge to quit
- Work with churches, schools and peers to help friends quit smoking

Additional activities included:

- Partner with community organizations to host or take part in events, presentations, and/or activities to help people quit smoking (including health fairs and conferences)
- Help increase the number of participants in cessation programs
- Educate people about cessation services
- Present information (tobacco facts) concerning the effects of tobacco
- Encourage people to participate in the established cessation programs
- Educate about the dangers of tobacco through evidence-based strategies
- Educate about cessation services using surveys, education activities, and media outreach
- Engage local grassroots advocates and health professionals to educate community residents on the health benefits of tobacco-free homes
- Conduct outreach such as, workshops, trainings, lunch & learns, prevention banquets, and barbershop wellness events to inform on the perils of secondhand and third-hand smoke exposure
- Encourage adults to adopt a tobacco-free home policy
- Educate, mobilize, and equip youth to design/develop and implement tobacco control activities

100% Met or Exceed Their
Annual Goals

MISRGO GRANTEE ANNUAL FINDINGS

CDC Area 4: Addressing Disparities

75% met or exceeded their annual goals concerning Area 4: Addressing Disparities.

Primary grantee activities focused on:

- Mass campaign to reach Hispanics with information about existing tobacco laws, emerging products, cessation resources, and the Arkansas Quitline
- Educate about health disparities among African-Americans and Hispanic youth and young adults
- Use media messages to increase education of African-American and Hispanic youth about the effects of tobacco use
- Secure mental and behavioral health facilities addressing promoting tobacco prevention strategies
- Decrease the number of African-American smokers smoking inside their homes
- Increase media communication in geographic target area, e.g. minority population
- Create new coalitions and partnerships to help address related health disparities
- Conduct different radio campaigns to educate African American and Hispanic youth and young adults
- Sign smoke free home/car pledges
- Use advocacy skills to reduce the use of tobacco and ENDS among their peers
- Secure faith and community-based comprehensive tobacco-free holy grounds policy
- Promote approved evidence-based best practices
- Conduct human billboard campaigns at fairs, games and large gatherings
- Encourage businesses to adopt voluntary policies concerning advertising tobacco and nicotine products, particularly Juul and other e-products
- Increase number of adults signing smoke free home/car pledges (minority focus)

75% Met or Exceed Their
Annual Goals

MISRGO GRANTEE ANNUAL FINDINGS

CDC Area 4: Addressing Disparities (continued)

75% met or exceeded their annual goals concerning Area 4: Addressing Disparities.

Additional activities included:

- Provide information about dangers of tobacco use and secondhand smoke and the importance of tobacco laws
- Encourage minority community members to call and enroll with the Arkansas Tobacco Quitline
- Help increase the number of voluntary smoke-free home policies
- Encourage people to make smoke-free home pledges
- Help to increase knowledge about tobacco policies and regulations regarding youth
- Conduct media campaigns to increase awareness of tobacco dangers and tobacco industry advertising tactics using radio, social media, billboards, and flyers (disproportionately targeting minorities)
- Educate about the hazards of secondhand smoke through a radio, print, and social media campaign (focusing on African American males)
- Educate tobacco retailers about the laws associated with selling tobacco to underage minority youth
- Encourage smoke-free policy or point of purchase policy to reduce advertising to youth and disparity groups
- Encourage health care providers to talk with minority patients about the dangers of tobacco, encourage their patients to quit, and refer them to the Quitline.
- Participate in community events with a large African-American presence to promote quitting and introduce available cessation services, including the Fax Referral System
- Conduct STARS surveys at tobacco retail establishments to determine how minorities are being targeted in order to tailor counter marketing to minorities
- Contact minority owned daycare centers, and places of worship in targeted zip codes that do not have a tobacco free perimeter policy in place
- Contact faith-based leaders and discuss the benefits of tobacco-free holy grounds
- Enlist additional facilities that promote tobacco prevention strategies
- Increase media communication concerning tobacco prevention
- Increase tobacco-free home/car pledges

75% Met or Exceed Their
Annual Goals

EVALUATION TECHNICAL ASSISTANCE

MISRGO receives evaluation technical assistance throughout the year, including assistance monitoring and evaluating their progress. For example, during the 1st quarter, Fetterman & Associates helped draft the MISRGO evaluation dashboard. Feedback continued throughout the year to contribute to their progress.

Fetterman & Associates also provided grantees with guidance concerning the development of their evaluation dashboards during the 1st Quarter. They continued to help grantees prepare their dashboards, ensuring figures are cumulative, evidence-supported figures, numbers were used, rather than percentages, and so on. In addition, Fetterman & Associates helped grantees as they thought about mid-course

corrections and changes, based on evaluation feedback. They also provided online professional development, specifically concerning the 3-step empowerment evaluation approach, Zoom videoconferencing, Google Sheets shared assessment workspace, artificial intelligence, and related technologies, to facilitate communication and program activities. Fetterman & Associates disseminated useful information about smoking statistics, resources, and related concerns, such as vaping, COVID-19, and menthol. Fetterman & Associates also provided workshops concerning the evaluation and the use of qualitative methods (Fetterman, 2020). [See Appendix C & D.]

Artificial Intelligence & Workshops
Dialogue Facilitation
Tobacco Prevention Resources
Evaluation Dashboards
Dissemination

EVALUATION TECHNICAL ASSISTANCE

ARTIFICIAL INTELLIGENCE

Artificial Intelligence. Fetterman & Associates provided AI-generated tobacco prevention products for MISRGO and grantees. They include podcasts, slideshows, and infographics. In addition, AI-tutorials were designed and distributed, including how to use ChatGPT, NotebookLM, and Rural Senses. A few products and guides are provided below:

NotebookLM Audio PowerPoint presentation
<https://davidfetterman.com/EEAINotebookLMtobaccoPrevention.pptx>

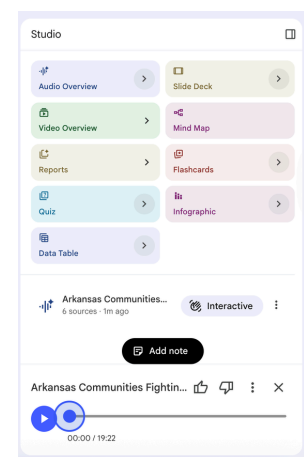
NotebookLM Slide Show
https://davidfetterman.com/Tobacco_s_Target_in_Arkansas.mp4

NotebookLM Podcast
https://davidfetterman.com/Arkansas_Communities_Fighting_Menthol_Tobacco.m4a

Notebook Infographic
<https://davidfetterman.com/infographic.png>



Guide to Podcast



Artificial
Intelligence

EVALUATION TECHNICAL ASSISTANCE

WORKSHOPS

Workshops. Previous technical assistance workshops focused on: 1) facilitating dialogue to problem solve; 2) sharing tobacco prevention resources; 3) highlighting challenges, such as vaping and E-cigarettes; and 4) refreshing grantees concerning the application of the 3-step empowerment evaluation approach and the development of evaluation dashboards. (See also Fetterman, 2015 for details concerning approaches to establishing financial stability and sustainability.)



Workshops

EVALUATION TECHNICAL ASSISTANCE

DIALOGUE FACILITATION

During empowerment evaluation workshops (face-to-face and virtual), grantees openly discuss obstacles and generously share advice and best practices, based on their own experience.

These opportunities promote networking and sharing information, build programmatic and evaluation capacity, and solve common problems

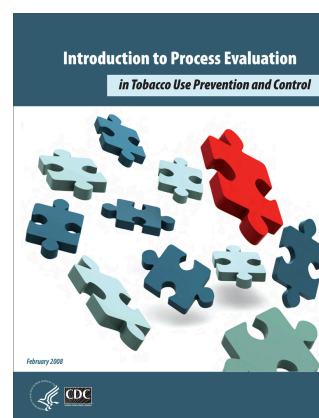
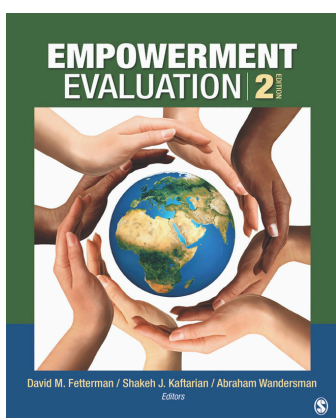


Dialogue Facilitation

EVALUATION TECHNICAL ASSISTANCE

TOBACCO PREVENTION RESOURCES

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



In addition, a chapter about 10-years of MISRGO tobacco prevention evaluation was distributed and discussed. The title is “Empowerment Evaluation and Evaluation Capacity Building in a 10-Year Tobacco Prevention Initiative. It was published in: Fetterman, D.M., Kaftarian, S. and Wandersman, A. (2015) *Empowerment Evaluation: Knowledge and Tools for Self-assessment, Evaluation Capacity Building, and Accountability*. Thousand Oaks, CA: Sage. (See Appendix D for an example of additional periodic technical assistance communications.)

Resources

EVALUATION TECHNICAL ASSISTANCE

EVALUATION DASHBOARDS

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

Coalition Name	Arkansas Human Development Corporation			
	Intervention Area 2: Preventing Initiation Among Youth and Adults (Group Education)			
IV Area				
Objective	<i>By June 30, 2020, we would have educated 2,000 young individuals about the dangers of using emerging tobacco products to Hispanics in Pulaski, Faulkner, Saline and Lonoke Counties.</i>			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Actual Performance	220	930	1790	2115
Milestone	500	1000	1500	2000
Goal	2000	2000	2000	2000
Baseline	0	0	0	0

Evaluation team members also use these evaluation dashboards to enhance accountability, signaling precisely when assistance is required to increase the probability of MISRGO and their grantees accomplishing their end-of-year goals.

The evaluation dashboards are designed to build capacity and produce outcomes. They are in accordance with an empowerment evaluation approach. (Fetterman, 2023; Fetterman and Wandersman, 2005; Fetterman, Kaftarian, and Wandersman, 2015; Fetterman & Ravitz, 2017; and Fetterman, 2013; and Fetterman, Rodriguez-Campos, Zukoski, and Contributors, 2018, p. 85.)

Evaluation Dashboards

EVALUATION TECHNICAL ASSISTANCE

TOBACCO RELATED INFORMATION

One type of tobacco related update provided by Fetterman & Associates was the FDA's plan to ban menthol flavored tobacco. Similarly, San Francisco's ban of flavored tobacco products was discussed. Another series of communications focused on E-cigarette trends. For example, Fetterman & Associates posted relevant CDC findings. They found that: "E-cigarette use tripled among middle and high school students in just one year" (CDC, 2015). The FDA and World Health Organization called for stricter regulation of E-cigarettes. Vaping and E-cigarette use were discussed to better prepare grantees for the next wave of tobacco prevention work. Recently, science updates concerning the use of heated devices (heats solid tobacco instead of e-liquid), as well as vaping have been shared with grantees. [E-cigarettes were identified as the basis for stalls in the decline of youth smoking statistics. In addition, they have been documented as a youth health epidemic, as discussed earlier.] Fetterman & Associates also provided updates concerning tobacco-related disparities and COVID-19, tobacco, and vaping. [See Appendix D.]

Tobacco Related Information

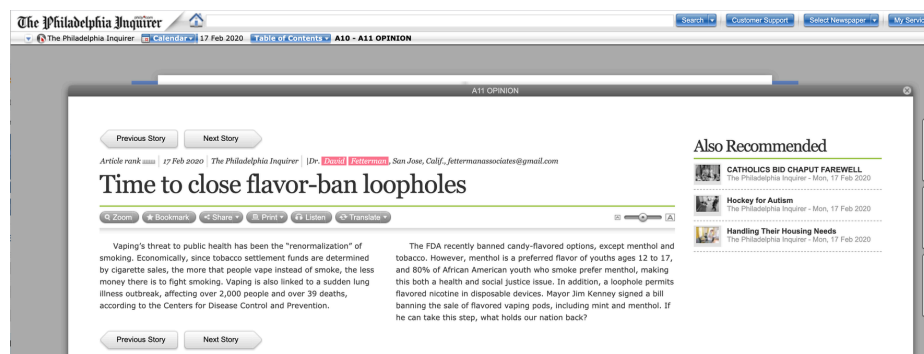
EVALUATION TECHNICAL ASSISTANCE

DISSEMINATION

Fetterman & Associates provide MISRGO and grantees with updates on tobacco prevention news initiatives, and trends nationally and internationally. The MISRGO tobacco prevention and cessation blog is an outlet for this information: <http://tobaccoprevention.blogspot.com>.

Fetterman & Associates present MISRGO evaluation findings at the American Public Health Association, American Evaluation Association, American Educational Research Association, and the Australian Evaluation Society.

Fetterman & Associates publish op-ed pieces in nationally syndicated newspapers to highlight policy recommendations. This is a CDC recommended activity to reduce tobacco consumption. Fetterman & Associate op-ed publications serve as a model for grantees, encouraging them to publish in their own local newspapers. An example of an op-ed was printed in *The Philadelphia Inquirer*. Another op-ed was published in the *San Jose Mercury*.

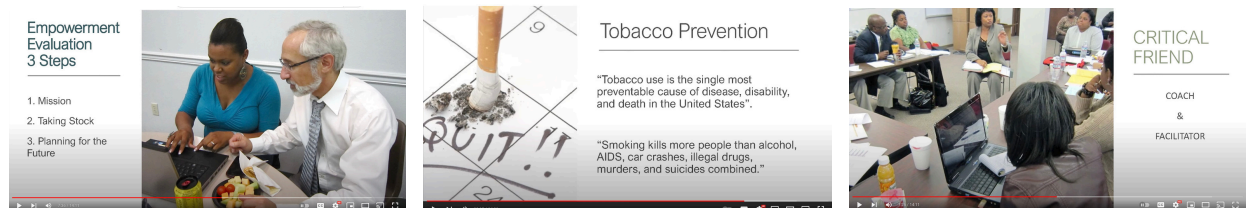


Dissemination

EVALUATION TECHNICAL ASSISTANCE

DISSEMINATION (CONTINUED)

Fetterman & Associates presented a [TED Talk](#) titled *Empowerment Evaluation: In Search of Self-determination*. It highlights the empowerment evaluation approach used in the MISRGO evaluation and MISRGO tobacco prevention and cessation efforts.



Dissemination

CONCLUSION

MISRGO adheres to CDC recommended intervention areas, specifically:



MISRGO is engaged in key activities designed to contribute to their CDC aligned interventions. The activities are categorized as follows:

- Community Interventions
- Community Engagement
- Educating Key Decision-makers, and
- Mass-Reach Health Communications.

This report presents their annual evaluation outcomes in each area.

CONCLUSION

The 2025-2026 MISRGO and Grantee Annual Evaluation Report highlights both activities and outcomes, associated with tobacco prevention and cessation in Arkansas.

1

MISRGO and 100% of their grantees have constructed and used evaluation dashboards to monitor their performance and accomplish their goals.

2

MISRGO is adhering to CDC recommended activities designed to: 1) decrease initiation of tobacco among youth and young adults; 2) decrease exposure to second hand smoke; 3) decrease tobacco use among adults and youth; and 4) use surveillance and evaluation systems to support a comprehensive tobacco control program

3

MISRGO Grantees are approximating their annual goals including: 88% met or exceeded their annual goals concerning eliminating exposure, 88% concerning preventing initiation, 100% promoting quitting, and 75% addressing disparities.

The MISRGO and grantee activities presented in this report, represent the heart of their accomplishments.

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References

APPENDIX A

GLOSSARY OF GRANTEE NAMES

Arkansas Human Development
Arts

Coalition for a Tobacco Free Arkansas
Family & Youth Enrichment
Network, Inc.

Future Builders, Inc.

Legacy Initiatives

Madison County Health Coalition

St. Francis House



APPENDIX B



ACTIVITY LOG



Minority Initiative Sub-Recipient Grant Office

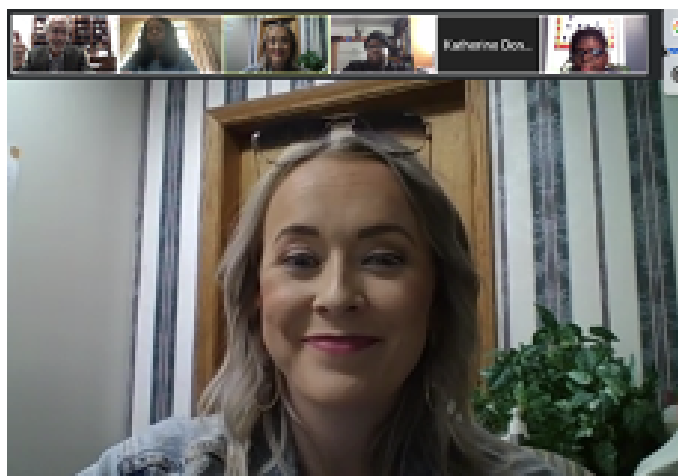
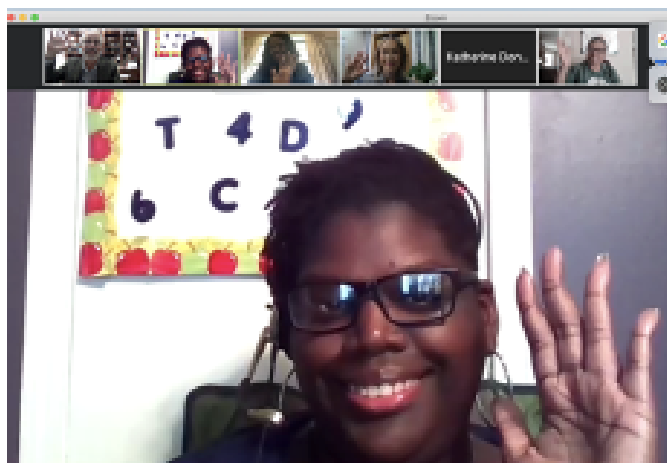
2025-26	QTR 1 July 1 - September 30	QTR 2 October 1 - December 31	QTR 3 January 1 - March 31	QTR 4 April 1 - June 30
Coalition Member(s)	1,622	1,620	1,763	1,770
Coalition Meetings(s)	12	13	33	37
Adult Pledges	28	100	684	828
Youth Pledges	0	218	383	192
Smoke-free Home/Car Pledges	154	146	644	472
Educational Items Distributed	1,290	1,921	5,159	6,224
E-News/Newsletters Distributed	203	204	11	7
Radio Spot(s)	0	1	105	833
Reach of Radio Spot(s)	0	50,000	55,997,120	56,151,879
Newspaper Ad(s)	2	3	1	2
Reach of Newspaper Ad(s)	22,000	97,000	11,000	state wide/\$200,000
Television Ad(s)	0	0	0	1
Reach of Television Ad(s)	0	0	0	Unknown
Additional TV Opportunities	0	YouTube/Press Conference	0	4
Reach of Additional TV Opportunities	0	Statewide	0	statewide
Billboard(s)	1	1	1	1
Reach of Billboard(s)	883,512	883,512	883,512	883,512
Fax Back Referrals	2	5	10	28
Website Hits	169	225	1,532	811
Facebook Likes	1,458	1,545	5,811	2,990
Facebook Posts	63	51	301	124
Facebook Shares	65	52	839	532
Twitter Followers	0	0	0	0
Instagram Followers	77	77	1,070	1,213
You Tube Suscribers	0	0	231	230
Tobacco Free Policies	1	0	2 (1 in progress)	13
Mass Media Reach	908,010	920,163	56,907,067	56,964,302/ statewide
Screenings	308	399	661	2,100

APPENDIX C

PROFESSIONAL DEVELOPMENT: ZOOM

Using Zoom to demonstrate how to continue communicating with nonprofits and related agencies in order to continue to conduct tobacco prevention work. This professional development online session included videoconferencing to: 1) conduct meetings; 2) present slide presentations remotely; 3) conduct webinars; and 4) maintain communication.

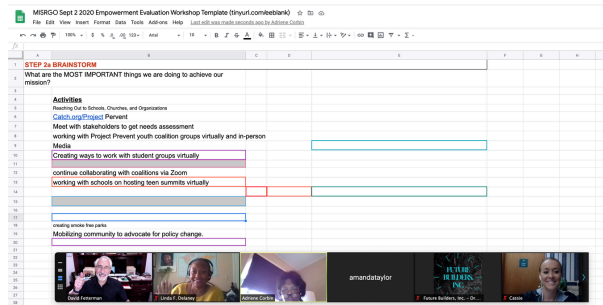
Follow-up professional development included Zoom or videoconferencing protocol guidelines, as well as precautions to prevent Zoombombing.



APPENDIX C

PROFESSIONAL DEVELOPMENT: GOOGLE SHEETS

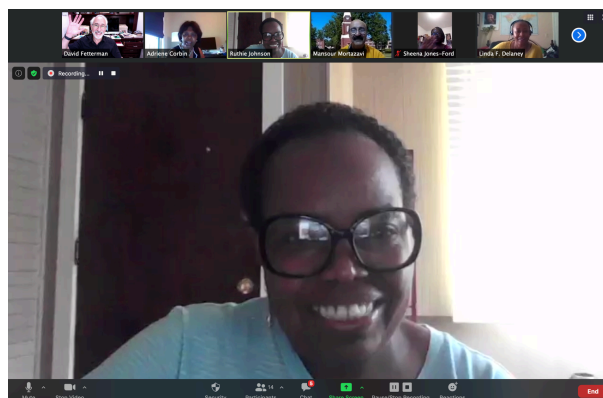
Facilitated a 3-step empowerment evaluation exercise remotely using Zoom and Google Sheets, including: 1) mission; 2) taking stock; and 3) planning for the future exercises.



GOOGLE SHEETS



ADVISORY BOARD MEMBER



MISRG STAFF MEMBER

APPENDIX C

PROFESSIONAL DEVELOPMENT: ARTIFICIAL INTELLIGENCE

Facilitated a workshop on artificial intelligence, evaluation, and tobacco prevention programs. Highlighting the use of AI to generate a logic model, a CDC based theory of change, and the generation of tobacco prevention images for reports, posters, and presentations.

AI AND EVALUATION

Dr. David Fetterman
Fetterman & Associates
Claremont Graduate University
Pacifica Graduate Institute

MISRGO Evaluation Webinar

January 29, 2024



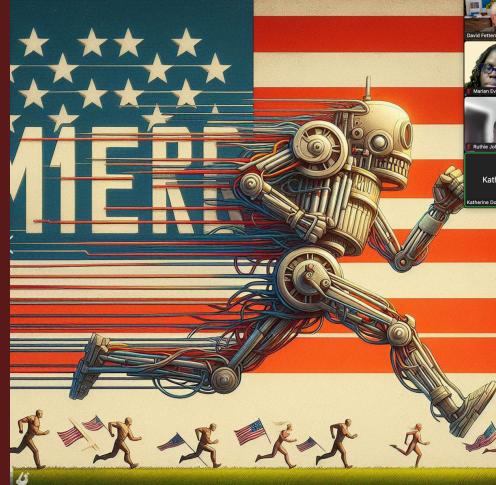
draw a painting of a high-tech artificial intelligence holding a scale of justice in one hand and a young girl holding a fishing rod and handing a fish to a boy

PROBABILITIES

United States of.....

*The next probable word is not
pizza.*

Large Language Models



draw a painting of a machine running after the word America

APPENDIX D

TECHNICAL ASSISTANCE: EMAILS

1/16/2020

We Should Ban All Menthol-Flavored Nicotine Products - Scientific American Blog Network



Observations

We Should Ban All Menthol-Flavored Nicotine Products

It's not just for health: there's also a social justice issue

By Phoenix A. Matthews on January 2, 2020



Credit: Getty Images

<https://blogs.scientificamerican.com/observations/we-should-ban-all-menthol-flavored-nicotine-products/?print=true>

1/6

APPENDIX D

TECHNICAL ASSISTANCE: EMAILS



San Francisco becomes first U.S. city to ban sales of e-cigs

Here is the link to the news: <https://www.cbsnews.com/news/san-francisco-e-cigarette-ban-makes-it-first-city-to-outlaw-vaping/>

NEW HEATED DEVICE AND VAPING – ALL TOXIC TO HUMAN LUNG CELLS

Summary: A new study that directly compares new heated tobacco devices with vaping and traditional cigarettes shows that all three are toxic to human lung cells.

The study published in ERJ Open Research suggests that the new device, which heats solid tobacco instead of an e-liquid, is no less toxic to the cells than ordinary cigarette smoke.

Researchers say the study adds to evidence that these newer electronic nicotine delivery devices may not be a safer substitute for cigarette smoking. The study was led by Dr. Pawan Sharma, a researcher at the University of Technology Sydney and the Woolcock Institute of Medical Research, Sydney, Australia.

APPENDIX D

TECHNICAL ASSISTANCE: EMAILS

E-CIGARETTES RESPONSIBLE FOR STALLS IN DECLINE OF YOUTH SMOKING STATISTICS

Summary: e-cigarettes in part responsible for stall in decline of youth smoking statistics

In this Tuesday, Dec. 10, 2002 file photo, a high school junior holds a cigarette as another high school student takes a drag in Lawrence, Kan. The smoking rate among U.S. high school and middle school students has been flat for three years now, after a fairly steady decline for nearly two decades, according to new numbers released Monday, Feb. 11, 2019. (Thad Allender/The Lawrence Journal-World via AP)

Cigarette smoking rates have stopped falling among U.S. kids, and health officials believe youth vaping is responsible.

For decades, the percentage of high school and middle school students who smoked cigarettes had been declining fairly steadily.

For the past three years, it has flattened, according to new numbers released Monday.

There may be several reasons, but a recent boom in vaping is the most likely explanation, said Brian King of the Centers for Disease Control and Prevention.

"We were making progress, and now you have the introduction of a product that is heavily popular among youth that has completely erased that progress," King said.

APPENDIX D

TECHNICAL ASSISTANCE: EMAILS

WHAT DO WE REALLY KNOW ABOUT VAPING?

E-cigarettes get teenagers hooked on nicotine. Or they aid cigarette smokers seeking to quit. Or they may be harmful in other ways. Those competing messages make the devices a tricky subject for health communicators, says Cabral Bigman, a professor of communication at Illinois whose research focuses on health communication issues around vaping. She spoke with News Bureau social sciences editor Craig Chamberlain.

What does the research say regarding public attitudes or beliefs around e-cigarettes? And how do those jibe with what we know? Some people see the risks from vaping as similar to, or even greater than, smoking. However, it is more common for people to think that vaping or exposure to secondhand vapor is less harmful. Current research suggests that vaping is less harmful overall than smoking. But less harmful doesn't necessarily mean no harm. The truth is that there isn't yet a good sense of the long-term effects of vaping or exposure to secondhand vapor or aerosol. The science is still evolving.

Some experts see e-cigarettes as a promising harm-reduction strategy for smokers. There is emerging evidence that under certain circumstances e-cigarettes may help with quitting smoking. One example is a U.K. study published in January in The New England Journal of Medicine, which found that counseling combined with the use of e-cigarettes was more effective than other nicotine-replacement methods combined with counseling.

However, it is worth noting that the U.S. Food and Drug Administration has not specifically approved e-cigarettes for quitting smoking; there are alternative nicotine-replacement strategies that have a more established track record. In the U.K. study, most of the people who quit smoking with e-cigarettes were still vaping when researchers followed up with them a year later. That wasn't the case for the other methods. So there may be risks and benefits to using e-cigarettes for this purpose.

APPENDIX D

TECHNICAL ASSISTANCE: EMAILS

POLICY: PRICE INCREASE AND RAISING SMOKING AGE

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

<https://www.nytimes.com>

Maine Raises Smoking Age to 21 After Lawmakers Override Veto

<https://www.nytimes.com>

E-CIGARETTES

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

<http://www.who.int/nmh/events/2014/backgrounder-e-cigarettes/en/>

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

<http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html>
Electronic cigarettes (e-cigarettes) or electronic nicotine delivery systems

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

Health risks of e-cigarettes emerge

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

APPENDIX D

TECHNICAL ASSISTANCE: EMAILS

POLICY: FDA PLANS TO BAN MENTHOL



F.D.A. Moves to Ban Sales of Menthol Cigarettes

Public health experts say the proposal could save hundreds of thousands of lives, especially among Black smokers — 85 percent of whom use menthol products.



According to government survey data, 85 percent of Black smokers use menthol cigarettes, compared with 29 percent of white smokers. Drew Angerer/Getty Images

APPENDIX D

TECHNICAL ASSISTANCE: EMAILS

OP-ED: WHY U.S. SHOULD BAN MENTHOL

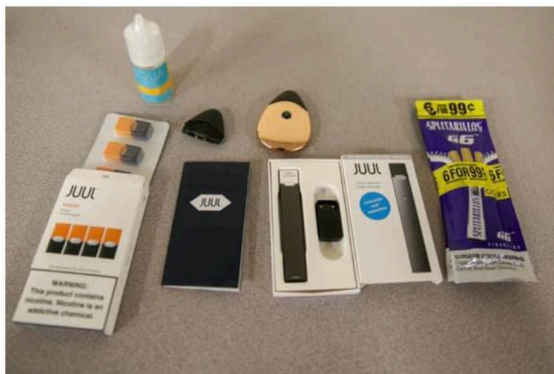


The Mercury News

OPINION > COMMENTARY • News, Opinion

Why U.S. should ban menthol flavored tobacco products

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined



Joseph Geha/Bay Area News Group archives

A small sampling of tobacco and vaping products, including the popular Juul brand vape and mango flavored cartridges of e-liquid for it, are seen on a table at a meeting about tobacco availability in Fremont on Nov. 15, 2018. Fremont banned sales of all flavored tobacco in 2019. (Joseph Geha/Bay Area News Group)

By **DAVID FETTERMAN** |

PUBLISHED: April 12, 2022 at 5:15 a.m. | UPDATED: April 12, 2022 at 5:25 a.m.

APPENDIX D

TECHNICAL ASSISTANCE: Special Reports

AI and Tobacco Prevention: Current Developments



FETTERMAN & ASSOCIATES

JANUARY 22, 2026

APPENDIX D

TECHNICAL ASSISTANCE: WORKSHOP

 **Location:** UAPB STEM CENTER
 **Date:** August 3, 2023
 **Time:** 10 AM

UAPB MISRGO TECHNICAL ASSISTANCE WORKSHOP

I. Opening Remarks	10:00 AM-10:05 AM
Dr. Marian S. Evans	
II. What's NEW in Tobacco Control?	10:05 AM-11:00 AM
Katherine Donald	
III. Break	11:00 AM-11:15 AM
IV. Let's Share	11:15 AM-12:00 PM
Facilitator: Ruthie Johnson	
V. Lunch	12:00 PM-12:30 PM
VI. What's Working...What's Not Working?	12:30 PM-1:15 PM
Facilitator: Dr. Marian S. Evans	
VII. Refresher: Baseline Assessment Reports	1:15 PM-2:15 PM
Dr. David Fetterman	
VIII. Administrative Overview/Evaluation	2:15 PM-2:30 PM
IX. MISRGO Staff Available for Individual Assistance	2:30 PM-3:00 PM

NOTES

1. See CDC site: <http://www.cdc.gov/psr/tobacco/2013/ar-tobacco.pdf>
and Campaign for Tobacco Free Kids:
<http://www.tobaccofreekids.org/microsites/statereport2016/arkansas.html>

Acknowledgements

Newport Menthol Picture: Drew Angerer Gettyimages
Juul Picture: Gettyimages

David Fetterman
Fetterman & Associates