



## PROM PROMISE AWARENESS CAMPAIGN EVALUATION GUIDE

The Prom Promise Awareness Campaign evaluation plan includes process data only. As this is an awareness building campaign only process data will be collected. All documents are to be sent to a SIPP analyst within 5 working days after material distribution. SIPP analysts will follow-up if evaluation documents are not received.

### Process Evaluation:

Please complete the *Prom Promise Awareness Campaign Process Document* for each county to which you distribute materials. A material distribution tracking sheet is attached. The process document will include:

- 1) distribution information ie: date, county, TRAC
- 2) program baseline data
- 3) program data measures
- 4) barriers and facilitators to material distribution

### All documents mentioned can be found:

- 1) As attachments to this document
- 2) On the SIPP website at <http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx>
- 3) By contacting a SIPP analyst Toll-free 866-611-3445 or 501-364-3400

**RETURNING EVALUATION DOCUMENTS:** You may mail, email or fax your evaluation documents

Mail	EMAIL	FAX
Motor Vehicle SIPP Analyst 1 Children’s Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112

Return the following document

- 1) *Prom Promise Awareness Campaign Process Document-1 per county*



Form to be completed by: Project Coordinator

## PROM PROMISE AWARENESS CAMPAIGN PROCESS DOCUMENT

TRAC: \_\_\_\_\_ Project Coordinator: \_\_\_\_\_

Distribution Date: \_\_\_/\_\_\_/\_\_\_ County: \_\_\_\_\_

Mechanism: Motor vehicle

Baseline Data 2010								
METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
Motor vehicle related mortality	569	71	119	74	94	76	45	90
Motor vehicle related hospitalization	2256	289	593	312	150	410	178	324
Motor vehicle related mortality Ages 0-19	68	UR	16	UR	12	UR	10	UR
Motor vehicle hospitalization Ages 0-19	321	40	86	40	20	71	16	48

UR=counts under 10 are unreportable

Outcome Measures				
Measure		# Contacted to Participate	# Agreed to Participate	# Received Materials
1	Total number of dress/tux shops			
2	Total number of floral stores			
		<b>Overall Program Goal</b> (# materials, as per budget request)	<b>Individual Event Goal</b> (if multiple counties, # to be distributed in this county)	<b>Event Result</b> (# actually distributed in this county)
3	Total number of informational hangers distributed			
4	Total number informational stickers distributed			

Did you achieve your material distribution goals for your outcome measures? **Yes** **No**  
If no, why not? \_\_\_\_\_



Form to be completed by: Project Coordinator

## PROM PROMISE AWARENESS CAMPAIGN PROCESS DOCUMENT

Did you encounter any barriers planning for materials distribution? **Yes No**  
If YES, what? \_\_\_\_\_

\_\_\_\_\_

Did you encounter any barriers while distributing the materials? **Yes No**  
If YES, what? \_\_\_\_\_

\_\_\_\_\_

What went well during this activity? \_\_\_\_\_

\_\_\_\_\_

Do you have any lessons learned that you'd like to share? **Yes No**  
If YES, what? \_\_\_\_\_

\_\_\_\_\_

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## PROM PROMISE AWARENESS CAMPAIGN Material Distribution Tracking

Make as many copies as needed.

Date Contacted	Business Name	City	County	Business Type (check one)		Interested in Participating		Date to Deliver Materials	Materials Delivered	
				Dress or Tux	Floral	Yes	No		Yes, how many	No, why not



# Arkansas Department of Health

