

Promoting Quitting among Adults and Young People: Updates to Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs

Yessica Gomez, MPH

CDC Office on Smoking and Health

Todd Rogers, PhD

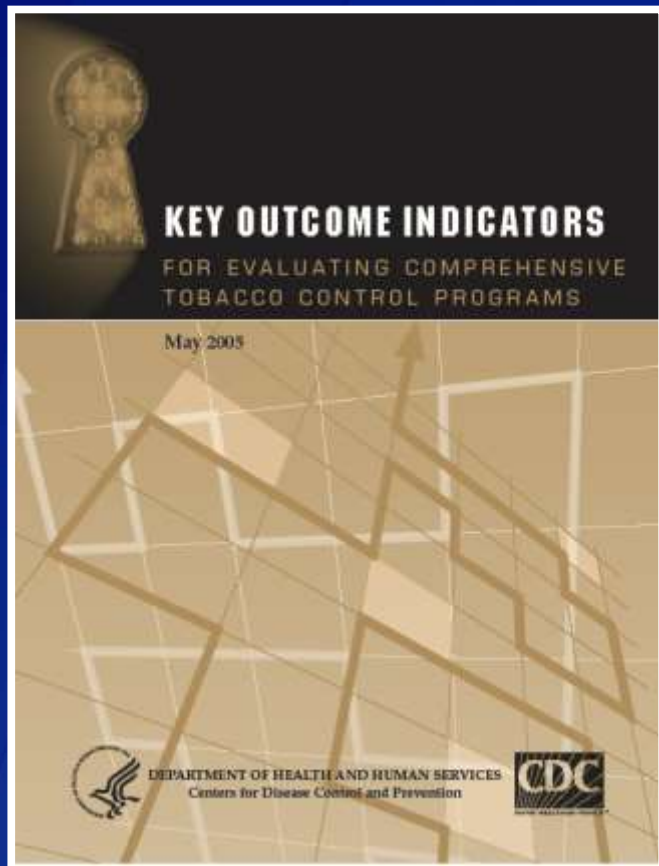
RTI International

OSH Surveillance and Evaluation Coffee Break

Thursday, March 31, 2016

The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention.

Key Outcome Indicators (KOI) for Evaluating Comprehensive Tobacco Control Programs



- Evidence-based logic models linking activities to outcomes for National Tobacco Control Program (NTCP) goals
- In-depth information on indicators to measure progress toward outcomes
- Consumer Reports-type ratings to allow for flexibility in local tailoring
- Instruction on how to use indicators to integrate program and evaluation planning

Historic Policy Opportunities in Tobacco Control

Family Smoking Prevention and Tobacco Control Act (2009)

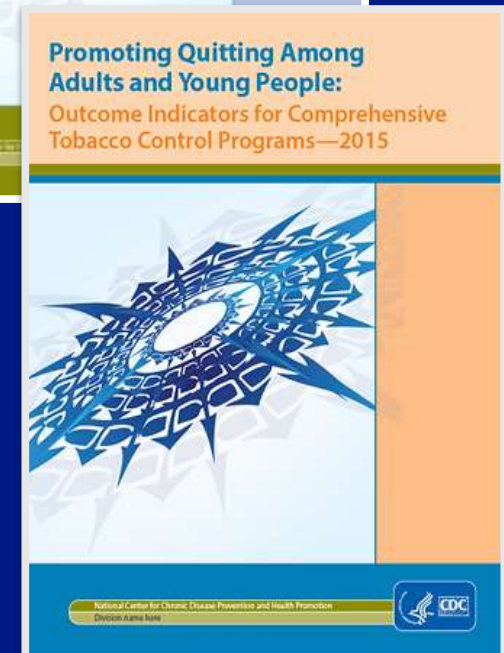
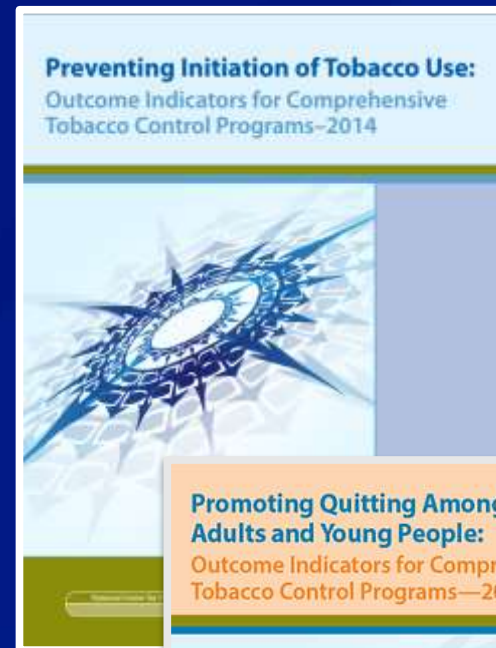
- Grants from the U.S. Food and Drug Administration authority to regulate the manufacture, marketing, and distribution of tobacco products.

Affordable Care Act (2010)

- Requires insurers to cover evidence-based tobacco cessation treatments
- Expands smoking cessation coverage for priority populations
- Establishes the Prevention and Public health Fund

Status of KOI Update

- Updates to OSH Goal Areas 1 – *Preventing Initiation of Tobacco Use* and 3 – *Promoting Quitting Among Adults and Young People* guides are published:
 - http://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/index.htm
- Goal Area 2 – *Eliminating Exposure to Secondhand Smoke* – update is in progress.



Promoting Quitting among Adults and Young People: Updating the Goal 3 Logic Model and Outcome Indicators

Using science to clarify pathways of change

Updating Key Outcome Indicators

Literature Review



2005 KOI

Internal and External Expert Review

Goal Area 3 Reviewers

- **Linda Bailey, MHS, JD:** President and CEO, North American Quitline Consortium
- **Carsten Baumann, MA:** External Evaluation Director, Colorado Public Health Department
- **Frank Chaloupka, PhD:** Distinguished Professor of Economics, University of Illinois at Chicago
- **Michael Cummings, PhD, MPH:** Co-director, Tobacco Policy and Control Program, Medical University of South Carolina
- **Michael Fiore, MD, MPH, MBA:** Professor and Director of Medicine, Center for Tobacco Research and Intervention
- **Jonathan Foulds, PhD:** Professor, Penn State College of Medicine
- **Corinne Husten, MD, MPH:** Senior Medical Advisor, FDA Center for Tobacco Products
- **Andrew Hyland, PhD:** Department Chair, Roswell Park Cancer Institute
- **Mark Paskowsky, MPP:** Director of Surveillance and Evaluation, Massachusetts Department of Public Health
- **Kurt Ribsl, PhD:** Professor, UNC Gilings School of Global Public Health
- **Stacey Schubert, MPH:** Health Promotion and Chronic Disease Prevention, Oregon Public Health Division
- **Donna Warner, MBA, MA:** Multi-state Collaborative for Health Systems Change to Address Tobacco Use
- **Shu-Hong Zhu, PhD:** Principal Investigator, California Smoker's Helpline and the Center for Tobacco Cessation

Characteristics of a “Good” Indicator

RELEVANT

important/useful
information

AFFORDABLE

requires reasonable
resources

VALID

appropriate &
understandable

RELIABLE

minimal
measurement error

Indicator Rating Criteria

Proposed Indicator:		3.1.a Level of confirmed awareness of media campaign messages that promote cessation	
Please darken the circle that best reflects your rating:			
<p>1. Scientific literature supports use of the indicator:</p> <p><input type="radio"/> Strong support</p> <p><input type="radio"/> Moderate support</p> <p><input type="radio"/> Minimal support</p> <p><input type="radio"/> No support</p> <p><input type="radio"/> Don't know</p>	<p>2. Cost (in money, time, and other resources) required to collect and analyze indicator data:</p> <p><input type="radio"/> Low cost</p> <p><input type="radio"/> Moderate cost</p> <p><input type="radio"/> High cost</p> <p><input type="radio"/> Very high cost</p> <p><input type="radio"/> Don't know</p>	<p>3. Utility of the indicator to answer key program effectiveness and impact:</p> <p><input type="radio"/> Strong utility</p> <p><input type="radio"/> Moderate utility</p> <p><input type="radio"/> Minimal utility</p> <p><input type="radio"/> No utility</p> <p><input type="radio"/> Don't know</p>	
<p>4. How face valid the indicator would be to policy and decision makers:</p> <p><input type="radio"/> Highly valid</p> <p><input type="radio"/> Moderately valid</p> <p><input type="radio"/> Minimally valid</p> <p><input type="radio"/> Not at all valid</p> <p><input type="radio"/> Don't know</p>	<p>5. Contributes unique information:</p> <p><input type="radio"/> Unique</p> <p><input type="radio"/> Not unique</p> <p>IF NOT UNIQUE, write number of redundant indicator <input style="width: 40px; height: 20px;" type="text"/></p>	<p>6. How consistent the indicator is with accepted tobacco control practice:</p> <p><input type="radio"/> Highly consistent</p> <p><input type="radio"/> Moderately consistent</p> <p><input type="radio"/> Minimally consistent</p> <p><input type="radio"/> Not at all consistent</p> <p><input type="radio"/> Don't know</p>	
<p>7. Overall quality of the indicator:</p> <p>LOW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> HIGH</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p>			
Reviewer Comments (including recommendations on other data sources/measures or alternative indicators):			

- Resources needed
- Strength of evaluation evidence
- Utility
- Face validity
- Accepted practice
- Overall quality

Indicator Profile

Indicator 3.1.i

Level of Support for Policies within Health Care Settings that Promote Cessation

KOI 2005	3.8.8																								
Goal area 3	Promoting Quitting Among Adults and Young People																								
Outcome 1	Increased intention to quit, perceived harm of tobacco use, and awareness of and support for cessation services																								
What to measure	Proportion of decision makers, including health administrators, insurers and purchasers, who support policies promoting cessation within health care settings (e.g., providing comprehensive coverage for proven behavioral and pharmacologic treatments to help people stop using tobacco products; implementing referral programs that link health care organizations, providers, and patients with tobacco quitlines)																								
Why this indicator is useful	Measuring decision-maker support for policies that promote tobacco cessation may help to integrate cessation into the delivery of health care. ¹ Widespread implementation of health care systems-level policies that promote cessation has been shown to increase the number of successful quit attempts and decrease tobacco prevalence rates. ¹⁻⁴																								
Example data source(s)	Decision Maker or Opinion Leader Survey																								
Population group(s)	Decision makers																								
Example survey question(s)	Proven therapies for treatment of tobacco dependence, such as nicotine replacement therapy, telephone counseling, face-to-face counseling, and/or cessation group counseling, should be fully covered by health insurance plans. Do you... <ul style="list-style-type: none"> • Strongly agree • Agree • Disagree • Strongly disagree 																								
Comments	The authors created this example question. It is not in any commonly used survey or other data source. The example questions could be asked of decision makers, opinion leaders, or the public.																								
Rating	<table border="0"> <tr> <td>Overall quality</td> <td>Resources needed</td> <td>Strength of evaluation evidence</td> <td>Utility</td> <td>Face validity</td> <td>Accepted practice</td> </tr> <tr> <td>low ←→ high</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SSS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">← ○ ● ● ● ● → better</td> </tr> </table>	Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice	low ←→ high							SSS					← ○ ● ● ● ● → better					
Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice																				
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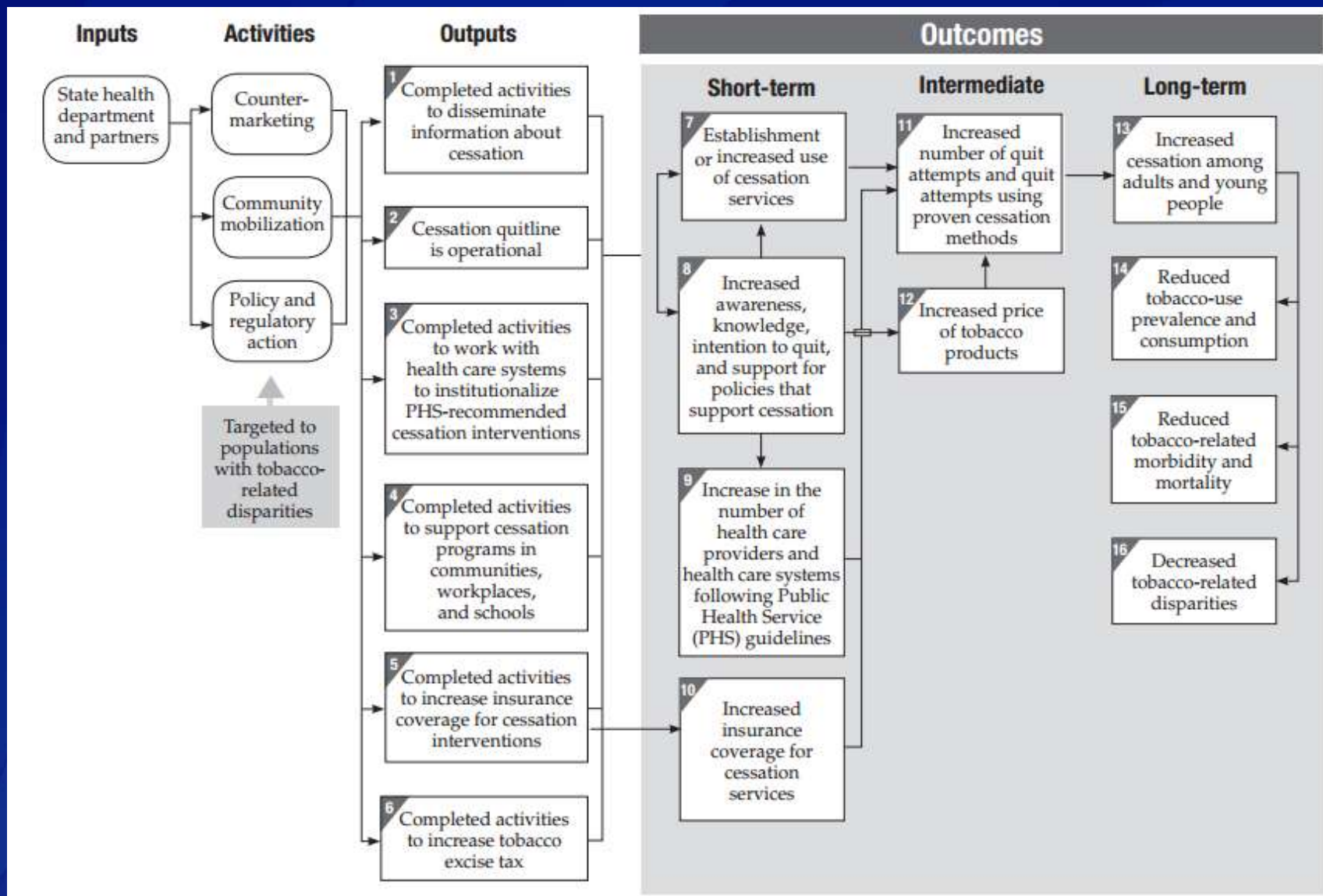
- What to measure
- Rationale
- Example data sources
- Population group
- Example questions
- Comments
- Ratings
- References

Summary of Changes

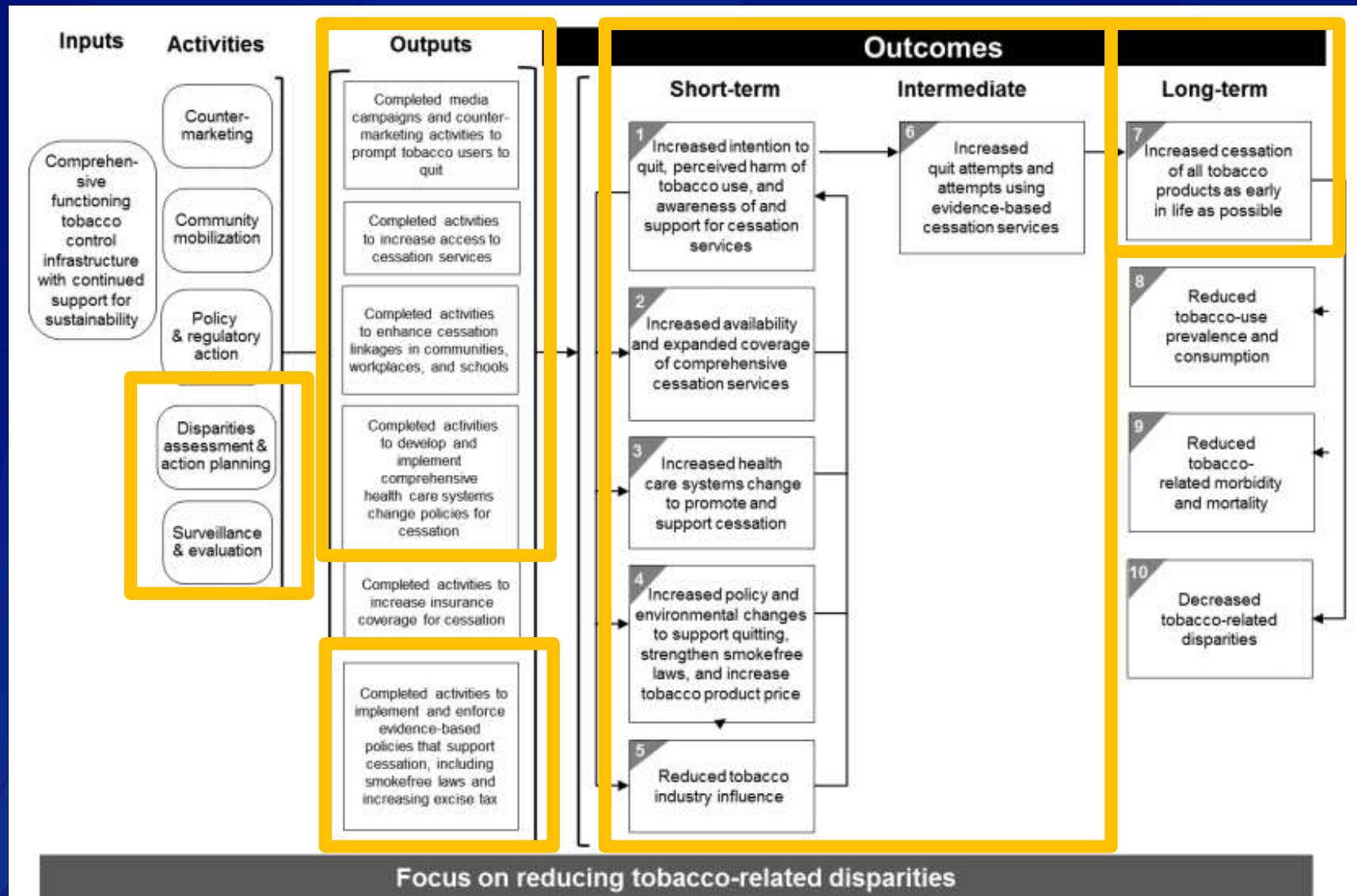
- Updated logic model
- Revised indicator numbering
- Indicator title revisions
 - 20 Indicator Titles Revised
- Indicator additions
 - 24 Indicators Added
- Indicator deletions
 - 12 Indicators Removed

UPDATED LOGIC MODEL

2005 Goal 3 Logic Model



2015 Goal 3 Logic Model



INDICATOR REVISIONS

Revised Indicator Numbering

2005 numbering scheme: #.#.#

Indicator 3.14.2 Prevalence of Tobacco Use During Pregnancy

2015 numbering scheme: #.#.letter

Indicator 3.8.b Prevalence of Tobacco Use During Pregnancy

GOAL AREA. OUTCOME. INDICATOR

Examples of Indicator Title Revisions

2005

3.8.1 Level of confirmed awareness of media campaign messages on the dangers of smoking and the benefits of cessation



2015

3.1.a Level of awareness of anti-tobacco media messages

2005

3.9.2 Proportion of adults who have been asked by a health care professional about smoking



2015

3.3.b Proportion of the population that has been asked by a health care professional about tobacco use

2005

3.12.1 Amount of tobacco product excise tax



2015

3.4.e Amount of tobacco product taxes and fees

Examples of Indicator Additions

- **3.1.c** Level of perceived risk of tobacco products among tobacco users
- **3.2.a** Proportion of the insured population with access to comprehensive cessation services
- **3.6.f** Proportion of tobacco users who have made a quit attempt by switching to a different tobacco product

Indicator additions were included where new evidence demonstrated a gap in existing indicators.

Examples of Indicator Deletions

Indicator deletions were based on new evidence or changes in policy that made the previous indicators obsolete or unwarranted.

- **3.7.6** Proportion of worksites with a cessation program or a contract with a quitline
- **3.8.4** Proportion of smokers who intend to quit smoking by using proven cessation methods
- **3.10.1** Proportion of insurance purchasers and payers that reimburse for tobacco cessation services

Indicator Crosswalk included in 2015 Guide

Revised Indicator Number	Original KOI Number	Revised Title
Outcome 1		
3.1.a	3.8.1	✓
3.1.b	3.8.2	✓
3.1.c	New	
3.1.d	3.8.3	✓
Deleted	3.8.4	
3.1.e	3.8.6, 3.8.7	✓

National Tobacco Control Program MIS Reporting

- Quitline
 - Includes updated indicators

- Core
 - Will be reflected during next reporting period
 - Further guidance is forthcoming

Special Thanks

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- Stephen Babb, MPH
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- Boris Volkov, PhD

RTI International

- LaShawn Curtis, DrPH
- Laurel Curry, MPH
- Sandhya Joshi, BA
- Todd Rogers, PhD

Questions?



Contact Information:

Yessica Gomez at xca1@cdc.gov

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Thank you

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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