

IDENTIFYING AND ELIMINATING TOBACCO-RELATED DISPARITIES: KEY OUTCOME INDICATORS FOR EVALUATING COMPREHENSIVE TOBACCO CONTROL PROGRAMS

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ICEBREAKER

Introduce yourself via the chat box: Name, Title, Program

Apps Galore:

- Take 30-60 seconds to determine what is the most interesting or useful app on your phone
- Share the app name with the rest of the group via the chat box



PRESENTATION OUTLINE

1. Introduction

2. Overview of the KOI Guide

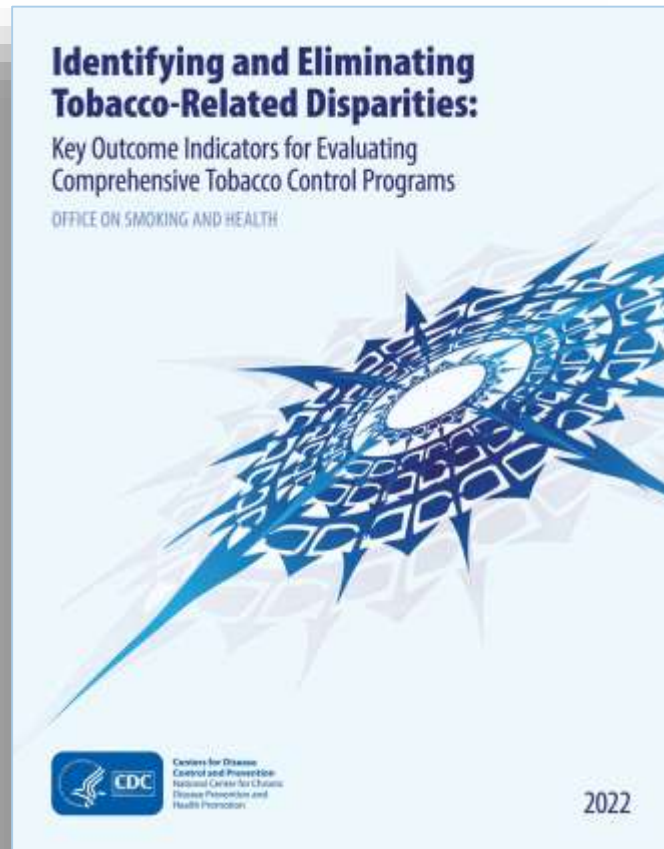
3. Logic Model and Indicators

4. Measurement Options/Considerations

5. Q&A

6. Wrap Up

KOI DISPARITIES GUIDE: INTRODUCTION



- NTCP Goal Area 4: Identifying and Eliminating Tobacco-Related Disparities
- Multi-Level approaches to addressing tobacco-related disparities
- KOI Disparities Guide supports evaluation of evidence-based tobacco control and prevention strategies

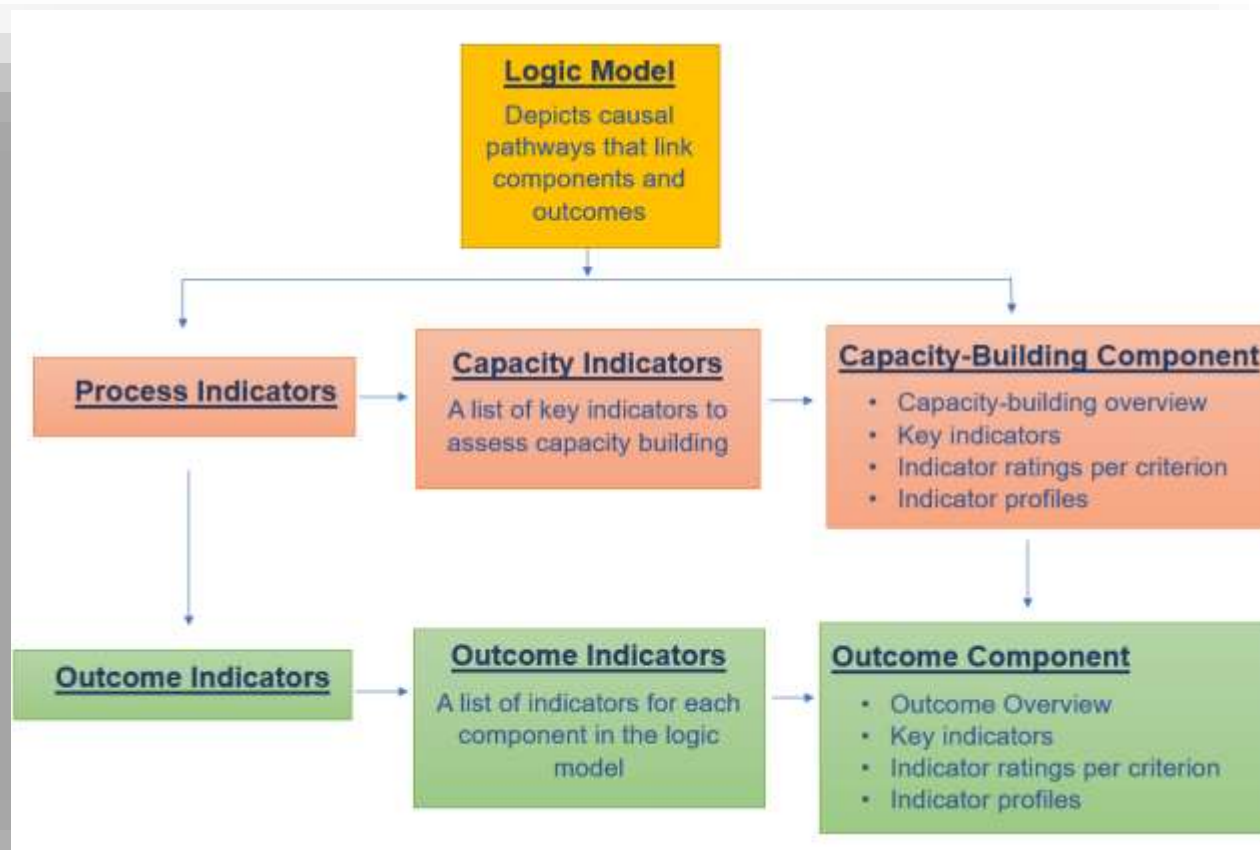
<https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2022-KOI-Guide-508.pdf>

KOI DISPARITIES GUIDE: OVERVIEW

- KOI Disparities Guide uses the CDC Evaluation Framework
- Focus of the Guide
 - ❑ Logic Model
 - ❑ Process Indicators
 - ❑ Outcome Indicators

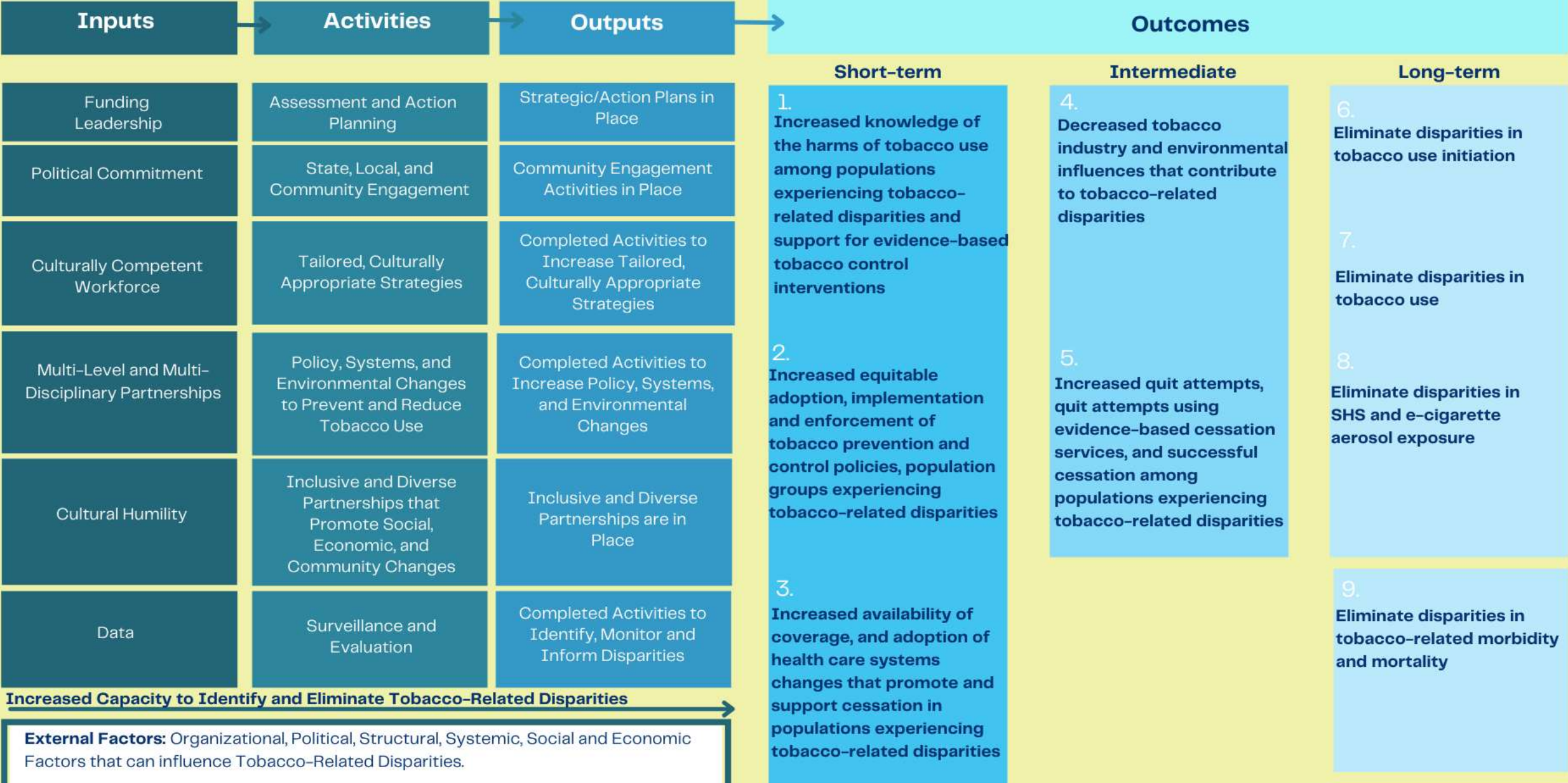


KOI DISPARITIES GUIDE: MAIN CONTENT



NTCP Goal Area 4 Logic Model

Identifying and Eliminating Tobacco-Related Disparities



KOI DISPARITIES GUIDE: INDICATORS (PROCESS)

Process Indicators

Increased capacity to develop and implement tobacco control interventions to identify and eliminate tobacco-related disparities

- 1: Decision-maker support to address tobacco-related disparities
- 2: Commitment to address tobacco-related disparities
- 3: Resources to address tobacco-related disparities
- 4: Culturally competent workforce to address tobacco-related disparities
- 5: Data systems to identify, monitor, and evaluate tobacco-related disparities
- 6: Multisectoral coalitions and partnerships to address tobacco-related disparities
- 7: State-tribal-local collaborations to address tobacco-related disparities
- 8: Community engagement in efforts to address tobacco-related disparities

- Process Indicators
 - ❑ Building Capacity
 - ❑ Connecting Resources
 - ❑ Increase Culturally Appropriate Efforts
 - ❑ Address Structural and Social Determinants of Health

KOI DISPARITIES GUIDE: INDICATORS (OUTCOME)

Outcome 1: Increased knowledge of the harms of tobacco use among populations experiencing tobacco-related disparities and support for evidence-based tobacco control interventions

- 4.1.a: Disparities in the perceived harm of tobacco use
- 4.1.b: Disparities in the perceived harm of secondhand smoke
- 4.1.c: Disparities in the awareness of available cessation services
- 4.1.d: Support for policies to reduce tobacco industry influence
- 4.1.e: Support for comprehensive smokefree policies

Outcome 2: Increased equitable adoption, implementation, and enforcement of tobacco prevention and control policies

- 4.2.a: Policies that regulate tobacco retail sales
- 4.2.b: Policies that regulate tobacco marketing
- 4.2.c: Retail licensing for tobacco sales
- 4.2.d: Policies that regulate the number, type, location, and density of tobacco retail outlets
- 4.2.e: Policies that regulate tobacco promotions, discounts, and coupons

- **Outcome Indicators**

- ❑ Specific, observable and measurable changes that represent achievement of an outcome
- ❑ Measures changes in commercial tobacco-related policy, systems, environmental and behavioral change
- ❑ 8 outcomes of interest in KOI Disparities Guide

KOI DISPARITIES GUIDE: 8 OUTCOMES OF INTEREST

Outcome 1: Increased knowledge of the harms of tobacco use among populations experiencing tobacco-related disparities and support for evidence-based tobacco control interventions

Outcome 2: Increased equitable adoption, implementation, and enforcement of tobacco prevention and control policies

Outcome 3: Increased health systems changes and coverage that promote and support cessation in populations experiencing tobacco-related disparities

Outcome 4: Decreased tobacco industry and environmental influences that contribute to tobacco-related disparities

Outcome 5: Increased quit attempts, quit attempts using evidence-based cessation services, and successful cessation among populations experiencing tobacco-related disparities

Outcome 6: Eliminate disparities in tobacco use initiation

Outcome 7: Eliminate disparities in tobacco use

Outcome 8: Eliminate disparities in secondhand smoke exposure

KOI DISPARITIES GUIDE: INDICATOR TABLE

Disparities in the Perceived Harm of Tobacco Use	
Indicator number	4.1.a
Goal area	4. Identify and eliminate tobacco-related disparities
Outcome	1. Increased knowledge of tobacco-related disparities and support for evidence-based interventions
What to measure	Proportion of the population that thinks tobacco products are harmful, overall, and among population groups experiencing tobacco-related disparities
	Differences in the proportion of the population that thinks tobacco products are harmful by population group characteristics
Similar existing indicator(s) from other goal areas	Goal 3 (2015) 3.1.c, "Level of perceived risk of tobacco products among tobacco users."
Rationale	Harm perceptions about tobacco products can influence initiation, sustained use, and cessation. ^{1,2} Research supports the relationship between increased harm perceptions and reductions in tobacco use. ¹⁻³ Monitoring perceptions of harm can help inform interventions to prevent tobacco use, promote cessation, and garner support for evidence-based tobacco control interventions.
Applying health disparities framing	Studies have shown that certain population groups, including youth, African Americans or Black persons, and LGBTQ+ persons have disproportionately lower harm perceptions of tobacco use. ⁴⁻⁶
Example data source(s)	National Youth Tobacco Survey (NYTS), 2020 Population Assessment of Tobacco and Health Youth Survey (PATH-Y), 2016-2017 Population Assessment of Tobacco and Health Adult Survey (PATH-A), 2016-2017

Example survey question(s)	<p>From NYTS (2020)</p> <p>How much do you think people harm themselves when they smoke cigarettes some days but not every day?</p> <ul style="list-style-type: none"> • No harm • A little harm • Some harm • A lot of harm
	<p>From PATH-Y Survey (2016-2017)</p> <p>How much do you think people harm themselves when they use e-cigarettes or other electronic nicotine products?</p> <ul style="list-style-type: none"> • No harm • A little harm • Some harm • A lot of harm
	<p>From PATH-A Survey (2016-2017)</p> <p>How harmful do you think cigarettes are to health?</p> <ul style="list-style-type: none"> • Not at all harmful • Slightly harmful • Somewhat harmful • Very harmful • Extremely harmful
Comments	Consider measuring this indicator by product type, as harm perceptions may vary by tobacco product. Tobacco control programs may also want to measure absolute and relative harm perceptions.
Rating	<p>Overall quality low ↔ high</p> <p>Resources needed</p> <p>Strength of evaluation evidence</p> <p>Utility</p> <p>Face validity</p> <p>Accepted practice</p> <p>← ○ ● ● ● ● → better</p>

MEASUREMENT OPTIONS & CONSIDERATIONS

- ❑ Reference Point
- ❑ Absolute vs. Relative Scale
- ❑ Measuring Disaggregated Population Group Differences
- ❑ Definition of Progress

KOI DISPARITIES GUIDE: APPENDICES

- Supplemental Materials
 - ☐ Instructions for Expert Panel Reviewers
 - ☐ Data Source Indicator Table
- Glossary and Acronyms
 - ☐ Definitions of terms used in the guide

Appendix B: Data Source Indicator Table

The following table cross-references example data sources and indicators in this publication. The example data sources do not represent all data sources available. When possible, Web addresses are provided. For additional information on tobacco-related data sources and data collection methods, refer to the *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* or *Surveillance and Evaluation Data Resources for Comprehensive Tobacco Control Programs*.

Data source	Indicator number	For more information
American Lung Association's State Legislated Actions on Tobacco Issues (SLATI)	4.2.a, 4.2.b, 4.2.c, 4.2.d, 4.2.e	► https://www.lung.org/policy-advocacy/tobacco/slati
American Lung Association (ALA), State Cessation Coverage	4.3.g	► https://www.lung.org/policy-advocacy/tobacco/cessation/state-cessation-coverage
American Nonsmokers' Rights (ANR) Foundation, 100% Smokefree U.S. Hospital Campuses and Psychiatric Facilities, 2019	4.3.f	► https://no-smoke.org/wp-content/uploads/pdf/smokefreehealthcare.pdf
American Nonsmokers' Rights (ANR) Foundation U.S. Tobacco Control Laws Database	4.2.a, 4.2.b, 4.2.f, 4.2.g, 4.2.h, 4.2.i	► https://no-smoke.org/tobacco-control-laws-database-tool-researchers/
Behavioral Risk Factor Surveillance System (BRFSS), 2019	4.5.b, 4.5.e, 4.5.f, 4.7.a, 4.7.c	► https://www.cdc.gov/brfss/index.html
Behavioral Risk Factor Surveillance System (BRFSS), 2011	4.1.c	► https://www.cdc.gov/brfss/index.html
California Adult Tobacco Survey (CATS), 2018	4.1.e, 4.3.d	► Not publicly available

CDC EVALUATION RESOURCES

- CDC Evaluation Framework, <https://www.cdc.gov/evaluation/framework/index.htm>
- KOI Guide: Preventing Initiation of Tobacco Use, https://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/preventing_initiation/pdfs/preventing_initiation.pdf
- KOI Guide: Eliminating Exposure to Secondhand Smoke, <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/pdfs/eliminating-exposure-koi-goal2-508.pdf>
- KOI Guide: Promoting Quitting Among Adults and Young People, <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/pdfs/eliminating-exposure-koi-goal2-508.pdf>
- KOI Guide: Identifying and Eliminating Tobacco-Related Disparities, <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2022-KOI-Guide-508.pdf>

QUESTIONS?



THANK YOU

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

