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Getting Started

Assessing Whether to Implement an Intervention and Developing a Plan

When planning a tobacco-use cessation intervention for youth, you should invest time and energy in developing plans for implementation and evaluation first. This will help you achieve your goals and use your resources effectively. More information is available in later chapters on what types of interventions to consider (Chapter 3), how to plan the evaluation process (Chapter 5), and how to conduct evaluations (Chapter 5).

Understanding Your Organization's Role and the Needs of Your Community

Before you select an intervention or develop a plan for its implementation, you should do the following:

- Assess current tobacco prevention and control efforts in the area where you plan to provide services (e.g., a school, community, state or province) and decide where further effort is needed. Assess whether other activities might benefit youth more. Try to determine whether there are gaps that need to be filled to establish a comprehensive tobacco control program.
- Evaluate where your organization could have the greatest impact in reducing tobacco use. If you believe a youth tobacco-use cessation intervention is the best choice, consider whether your organization is prepared to support that intervention and how it will fit with the organization's other interventions and services. Examine your organization's role and credibility in the community you serve. You will have a better chance of succeeding if you have the support of all levels of your organization and the community you serve.



This chapter will help you

- Determine whether your organization can or should support an intervention to help youth quit using tobacco.
 - Identify the key elements you should consider when developing your intervention plan.
 - Understand how to set realistic goals for your intervention.
 - Learn the importance of involving stakeholders in planning activities.
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- Determine whether your organization has the capacity to implement a youth tobacco-use cessation intervention that will meet the needs of your community. If your organization lacks sufficient resources, consider partnering with another group or supporting existing initiatives.
- Assess the needs of the youth you serve and the ability of your organization to serve them. Figure 3 presents a list titled *Assessing Community Needs and Your Organization's Capabilities*, which can be used to create a profile of the population you intend to serve. Every organization will not have to conduct a formal needs assessment before selecting and implementing a youth tobacco-use cessation intervention. However, every group should take time to address these issues to ensure that implementing an intervention is the best approach and that the intervention selected is appropriate.

Even if you have decided already to implement a youth tobacco-use cessation intervention, the assessment list will help you to develop your implementation plan. Other recommended steps include the following:

- Set realistic goals, including specific expectations for how the intervention will be delivered (e.g., what method will be developed and used to deliver it, what personnel will be needed, how youth will be recruited, what level of effectiveness is expected).
- Determine the best type of intervention (see Chapter 3) based on your program's resources and the needs of your target population. You can choose an existing or prepackaged intervention or develop one with help from researchers and other experts.
- Recruit and train staff to deliver the intervention. If you want staff members to contribute to the planning process, recruit them beforehand. Develop an implementation plan that considers issues such as youth access, recruitment strategies, and the cultural relevance of intervention materials. Anticipate potential challenges, and prepare a backup plan whenever possible.
- Enlist the help of evaluation experts, if possible, to identify indicators for tracking the intervention's progress and outcomes. If evaluation experts are not available in your area, be prepared to conduct basic evaluation activities yourself (see Chapter 5). The quality and consistency with which an intervention is delivered is often as important as its composition and outcomes. The first step is to collect baseline information about the young tobacco users you plan to serve.
- Proceed with implementing, monitoring, and evaluating the intervention.

FIGURE 3. Assessing Community Needs and Your Organization's Capabilities

To assess the needs of the youth you plan to serve and the ability of your organization to serve them, consider the following factors.

Target Population Profile

- Number of youth expected to participate in the cessation intervention.
- Their age(s) or grade level(s).
- Types and amounts of tobacco used.
- Significant patterns of tobacco use (e.g., use in particular social situations or physical settings, age at which use typically begins).
- Physical factors that may influence tobacco use and cessation (e.g., medical conditions, involvement in athletic activities, pregnancy).
- Emotional or psychological factors that may influence tobacco use and cessation (e.g., depression, social anxiety, violence or other risk-taking behavior).
- Other substance use/abuse.
- Involvement in academic activities, performance in school, and level of literacy.
- Social situations (e.g., peer groups, religious affiliations) or cultural differences that might affect tobacco use and cessation.
- Tobacco-use status of family members or others who live with your target population.
- Other family situations that might influence youth tobacco use and cessation (e.g., the presence or absence of parents, relationships with siblings, socioeconomic status, access to health care, family expectations about youth behavior, substance abuse or mental illness in the family).
- Apparent level of interest or motivation to quit among youth and their willingness to participate in supportive interventions or services.
- Previous or current involvement in tobacco-related counseling, disciplinary actions, or activities designed to change behavior.
- Previous or current participation in counseling or therapeutic interventions not related to tobacco.
- Previous or current participation in extracurricular school activities or other organized leisure activities.
- Segments of the target population that may be difficult to reach (e.g., high school dropouts, youth living in rural areas).

Community Context/Environmental Factors

- Level of support or demand among community members (e.g., parents, school administrators, health care providers) for tobacco-use cessation services for youth.
- Level of support or demand for other youth programs and services, compared with support or demand for cessation services.
- Community activities and interventions that reinforce tobacco-use cessation messages (e.g., prevention programs, mass media campaigns, increased price of tobacco products).
- Existing tobacco-control policies in the community (e.g., restrictions on youth access to tobacco products, tobacco use in public spaces, or tobacco product advertising) and the degree to which they are enforced.
- Pro-tobacco messages to which youth are exposed (e.g., events sponsored by tobacco companies; advertisements in stores, magazines, or other public venues).
- Social acceptability of tobacco use in the community and factors that may lead to community resistance to cessation activities (e.g., local economic dependence on tobacco production, cultural norms involving tobacco use).
- Opportunities for intervening in the community to increase interest in youth tobacco-use cessation (from young tobacco users and other members of the community).

Sponsoring Agency/Organization Profile

- Level of priority placed on tobacco control, substance-use prevention and treatment, and the health and well-being of youth within the mandate and activities of the sponsoring agency or organization.
- Leaders within the organization who have indicated or demonstrated support for youth tobacco-use cessation activities.
- Existing interventions or services sponsored by the organization that may either compete with or reinforce the cessation intervention's messages about tobacco use.
- Level of support for the intervention (e.g., funds, services, materials) and mechanisms of funding support (e.g., through new revenue sources, partnerships, reallocation of funds).
- Other agencies or organizations involved in cessation activities or adolescent services that might be willing to form partnerships or add youth tobacco-use cessation activities to their existing services.
- Estimates of the potential costs to the organization, including costs for personnel, material resources, and activities aimed at recruiting youth and encouraging them to fully use the services. Estimates of whether the benefits to youth will justify the costs.
- Time period during which resources to support the intervention are guaranteed (e.g., 1 school year, 3 fiscal years).
- Credibility of the agency or organization as a source of information for youth who might take advantage of the cessation intervention and in the community at large.
- Organizational goal for the intervention (e.g., to ensure that youth in the community have access to effective cessation programs, to provide a program that will help 20% of young smokers quit over the next year).

Your Implementation Plan

Clearly identifying your target audience, your organization's strengths and weaknesses, and the reinforcements and barriers to implementing an intervention in your community will help you deliver a better intervention. Figure 4 presents a list titled Key Elements of an Intervention Plan, which will guide you through planning your intervention. Information collected with the previous assessment list (page 17) also will be useful at this stage.

Although the key elements listed in Figure 4 should be considered during the planning process, your understanding of them may improve after you implement your intervention. Your intervention is an open system that will evolve over time as it adapts to its environment. Continued reassessment of key factors is recommended.

SETTING REALISTIC GOALS

Cessation should be viewed as a process, not a single event. Achieving sustained abstinence from tobacco use may be difficult for some people but not others, regardless of their apparent or reported motivation to quit. Unique challenges faced by young tobacco users (e.g., perceptions that youth who smoke are independent, mature, or “cool”) add to the complexity.¹

Typically, the more intensive the intervention, the higher the quit rate.² However, intensive interventions usually require a significant investment of resources, which may not be appropriate given your organization's capacity and the current limits in best practices for youth tobacco-use cessation interventions.

Think carefully when establishing goals for your intervention. Do you hope to motivate as many young tobacco users as possible to quit? Or to provide as much support as possible to those already committed to quitting? When selecting and planning an intervention, balance its *reach* (i.e., the number of youth who will receive cessation messages) with its *intensity* (i.e., the amount of time spent in treatment, the type of interaction, and the supporting services provided). For example, if a low-intensity intervention has a quit rate of only 1%–2% but reaches 100,000 youth, the result is 1,000–2,000 youth who quit using tobacco. This intervention would have a greater impact than one with a quit rate of 20% that reaches only 50 people. Consider the goal of providing the most intensive intervention possible to the greatest number of youth within the constraints of available resources.

Whatever approach you choose, most of the participants are not likely to succeed on their first attempt. Make plans to re-engage participants or try a different approach if they return to tobacco use either during or after the intervention. These plans should include ideas on how to increase motivation and commitment to quitting.

FIGURE 4. Key Elements of an Intervention Plan

Several factors should be considered when planning your intervention. Collecting information on the key elements outlined in this list will guide you through this process.

- Number of youth who could benefit from tobacco-use cessation interventions or services, as well as the number who have expressed interest in the service or a willingness to participate.
 - Expected quit rate and other potential benefits (e.g., improvements in general health).
 - Time available to develop and implement an intervention and the period during which it can be delivered.
 - Available budget.
 - Settings (e.g., high school classrooms) or channels (e.g., by telephone) through which interventions can be delivered.
 - Ways in which youth can learn about the availability of the intervention.
 - Costs associated with the settings or channels used to deliver and advertise the intervention (e.g., renting space, providing additional funding to existing telephone quitline services).
 - Ways in which youth can access the intervention (e.g., release from class, transportation to venues outside school, wide publication of telephone quitline numbers, advertisements during youth-oriented television and radio programming).
 - Sources of referral (e.g., physicians, teachers) to the intervention and whether enrollment is mandatory or voluntary.
 - Persons who can support youth in their attempts to quit (e.g., peers, family members, community leaders, trained counselors).
 - Strategies in place to re-engage youth who withdraw from the intervention (e.g., re-enrollment, referral to a more suitable intervention).
 - Sources for locating and recruiting facilitators or counselors if they are not already present in the organization or ways to access existing services in other organizations.
 - Sources of funding or resources (including sufficient time) to ensure that facilitators or counselors (if required) are trained in the intervention and on general topics related to youth development and behavior.
 - Payroll costs for staff members, if required.
 - Indicators of facilitators' credibility with the target population (e.g., certification, previous experience).
 - Ways in which ongoing supervision will be provided for staff members, facilitators, and/or counselors (including peer support, if relevant).
 - Print materials (e.g., work sheets, games, brochures) needed and ways to obtain or develop them.
 - Other materials needed and sources for obtaining them.
 - Costs associated with materials and equipment.
 - Ways in which costs can be kept low without compromising the integrity or effectiveness of the intervention (e.g., finding donated materials or services, linking to existing cessation services).
 - Ways in which the intervention will be monitored to determine whether it is implemented and delivered as intended.
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If you select an existing intervention that has been evaluated previously, you should have some idea of what kind of success rate to expect. However, examine how the evaluation was conducted, and remember that results may not be reproducible in different settings with different populations. Success rates can vary even when the same provider delivers the same intervention in the same manner. Evaluation studies are often conducted under ideal, controlled conditions that are not reproducible in other settings. Before choosing to replicate an existing intervention, consider the characteristics of the population that participated in the evaluation and how the evaluation data were gathered (see Chapter 5 for information on how to determine the quality of an evaluation).

INVOLVING STAKEHOLDERS

To avoid problems later, engage stakeholders early in the process. Possible stakeholders include leaders in your organization, community leaders, people who work directly with youth, and the young people who make up your target audience. These interested parties can help you plan your intervention. Start by reviewing the components of a comprehensive tobacco control program with them. Educate them about the limitations of current youth tobacco-use cessation interventions and the available options (e.g., expanding existing services such as quitlines to include youth, expanding media campaigns, promoting policy initiatives, implementing youth cessation interventions). Know and demonstrate the critical role your organization in particular can play in the various options. Present the potential benefits to youth and the community as a whole, relative to the projected costs to the organization or community, of the various options. If the cost is greater than available resources, make the case for partnerships that will ease the financial burden.

When working with stakeholders, take time to identify and prioritize their needs and expectations. Invite stakeholders to a planning work group, which can be used to develop a strategic plan for the intervention itself, as well as for surveillance and evaluation activities.

Different stakeholders will want to know different things about the intervention. Discuss with them what kinds of information they need at the beginning of the planning process. Some stakeholders may want to know what the intervention will cost per participant. Others will be more interested in participants' satisfaction with the intervention and participants' perception of your organization.

RECRUITING YOUTH

Once stakeholders buy into the process and you select your intervention, market your intervention to the community—especially to young tobacco users who might be interested in quitting. Make sure they know that the service is being offered and what its key features and benefits are. Tips for recruiting youth include the following:

- Use your understanding of your target population to craft an appealing recruitment strategy. Use the information gathered in previous assessments, but be prepared to reassess and revise your profile over time.
- Emphasize that your intervention can make cessation easier. Many youth expect to quit without assistance and may not have considered getting help.
- Use existing social networks (e.g., clubs, sports teams, criminal justice diversion interventions, schools) to inform youth about the intervention. Use a variety of different networks to reach your target population.
- Consider offering small incentives (e.g., prizes, snacks) for participation.

Although incentives have not been shown to increase cessation rates, they can improve rates of recruitment and retention. Promotional items (e.g., T-shirts, water bottles) tied to the intervention can provide an incentive that also communicates basic information about the intervention. The decision to offer incentives will depend on your resources and the type of intervention you offer.

- Use a variety of media formats (e.g., Web sites, videos, brochures, newspaper advertisements, posters, announcements at schools) and presentation methods (e.g., classroom presentations by staff members or peers, information booths at school and community events).
- Involve youth in your recruitment efforts. Peers will often be able to influence other youth to participate when those perceived as authority figures would fail. Nontraditional leaders and youth who have successfully quit tobacco can be persuasive recruiters. Young people can also tell you what strategies will work best with their peers.

PLANNING FOR EVALUATION

Develop an evaluation plan as part of your planning process. Evaluation does not just occur after the intervention has concluded. It is an ongoing process designed to monitor a variety of factors that may influence the intervention's outcomes. Begin planning your evaluation soon after you select the type of intervention you want to implement. To determine whether your intervention is meeting its goals, your evaluation plan should outline 1) what information will be collected, 2) who will provide the information, 3) how often and at what intervals information will be collected, and 4) for what purpose this information will be used (see Chapter 5 for more details).

The evaluation plan also should clearly define its terminology. Although “cessation” is the most important outcome of any cessation intervention, you must establish a specific definition (e.g., abstaining from any tobacco use for 24 hours, 7 days, 30 days, or 6 months) and a specific point in time when cessation will be assessed (e.g., 6 months or 1 year after the quit date). Secondary actions that can be measured—and also must be defined—include the number of cigarettes smoked during a specific period, motivation to quit, self-efficacy for quitting, and number and duration of quit attempts.

OTHER PLANNING TASKS

Your implementation plan should clearly identify who will conduct the intervention activities and where they will be delivered.

Recruit, train, and supervise staff members who understand and can work competently with youth. Depending on the nature of your intervention, you may find staff through local universities, health organizations, or consulting services, or within your school or organization. Be sure that staff members who have

direct contact with youth are trusted by the youth themselves, your organization, and the community. Provide ongoing support and appropriate supervision.

Intervention providers can include peers, teachers, community leaders, trained facilitators, health care workers, or others with whom youth have a positive and trusting relationship. All providers must understand the needs and perspectives of the specific group of youth with whom they will work.

Identify the specific physical locations (e.g., pediatric offices, schools, community recreation centers) where the intervention can be delivered, as well as the specific channels (e.g., by telephone, through individual or group face-to-face sessions) that will be used to relay information. To produce printed materials, you may need a graphic designer, desktop publisher, or printer. If you plan to use the Internet or other computer resources, you may need additional technical support.

References

1. Balch GI. Exploring perceptions of smoking cessation among high school smokers: input and feedback from focus groups. *Preventive Medicine* 1998;27(5 Pt 3):A55–A63.
2. Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.



EXAMPLE A-2

How One State Developed a Tobacco Quitline for Youth

As part of its Tobacco Prevention and Control Program (TPCP), a health department in a western state decided to develop a statewide telephone quitline for youth. Program officials knew they needed something that would reach youth who were not being served by existing services. Once they had determined that a quitline was the best way to address this need, most of their planning activities focused on the specifics of making this intervention work. An advisory committee was established to oversee all TPCP activities.

First, TPCP staff members tried to predict call volumes for the quitline so they could budget accurately. They considered such factors as the total number of teenaged smokers in the state and the average percentage of smokers in other populations that use quitline services. They consulted with other quitline operators and state agencies.

Next, the staff worked with the state's private media contractor to develop a comprehensive marketing strategy consisting of radio and television advertising as well as peer-based marketing approaches.

Staff members also worked with an attorney from the state health department on issues related to parental consent. On the basis of two state laws, the attorney advised that parental consent was not needed because no medication was being prescribed, no direct medical advice was being given, and controversial issues such as family planning or sexuality were not being discussed. The attorney also helped ensure that an appropriate protocol was in place to handle issues and situations beyond the scope of the quitline (e.g., reports of abuse, threats of suicide) that might arise.

Examples A and B show how one state health department and one rural county school system chose and implemented a youth tobacco-use cessation intervention.



EXAMPLE B-2

A Rural County High School's Cessation Intervention

Responding to concerns from students, a school system in a county with a largely rural population decided to expand its tobacco-use prevention intervention to include a cessation component. Initially, the members of the intervention's advisory board wanted to target all teenagers in the county who smoked or used spit tobacco. They discussed the resources needed to reach a group that could potentially be very large and decided to target a smaller primary audience instead. They settled on high school students (grades 9–12). If demand arose for the intervention in lower grades, they would expand to include students from one middle school (grades 6–8) to test how the intervention was received.

The faculty sponsor of the prevention intervention, called Teens Against Tobacco Use (TATU), suggested that a specific staff person at the high school be recruited to lead the new cessation intervention. The sponsor also recommended that 1–2 other staff members be trained as backups.

The advisory board then discussed a potential budget and the types of costs that would be associated with a cessation intervention. To help recruit and retain staff members and parent volunteers as intervention leaders, the advisory board decided to offer a small stipend.

Additional money would be needed for training, materials, and refreshments. TATU provided \$250 in start-up funding, with the understanding that the new cessation group would apply for money from other sources (e.g., the school system, county health department, a state tobacco-use prevention intervention, local foundations and charities).

The advisory board also decided to create a work group on tobacco-use cessation that would include additional stakeholders—most notably, young tobacco users. The two students who initially requested a cessation intervention were invited to attend. Other new participants included a medical professional from the community and a representative from a local social services agency that wanted to work more with at-risk youth.

The work group conducted a brief needs assessment to better define its objectives. Data from the Youth Risk Behavior Surveillance System indicated a 42% smoking rate among state teenagers. During the past year, 163 of 800 students at the high school had received detention or been suspended for tobacco use.

Given these facts, the work group set the following objectives for its intervention:

- Reduce the rate of tobacco use among high school students in the county by 15%.
- Create an alternative intervention for students who received detention or suspension for tobacco use that would encourage more tobacco users to quit.
- Reduce the number of students receiving detention for tobacco use by one-third.

The advisory board decided that the new cessation intervention should remain strongly connected to the activities of the broader prevention intervention. Board members recognized that, although cessation services were needed, prevention and policy efforts were more likely to alter the culture of tobacco use in the area. Tying the prevention and cessation efforts together also might help both get more grant funding.

