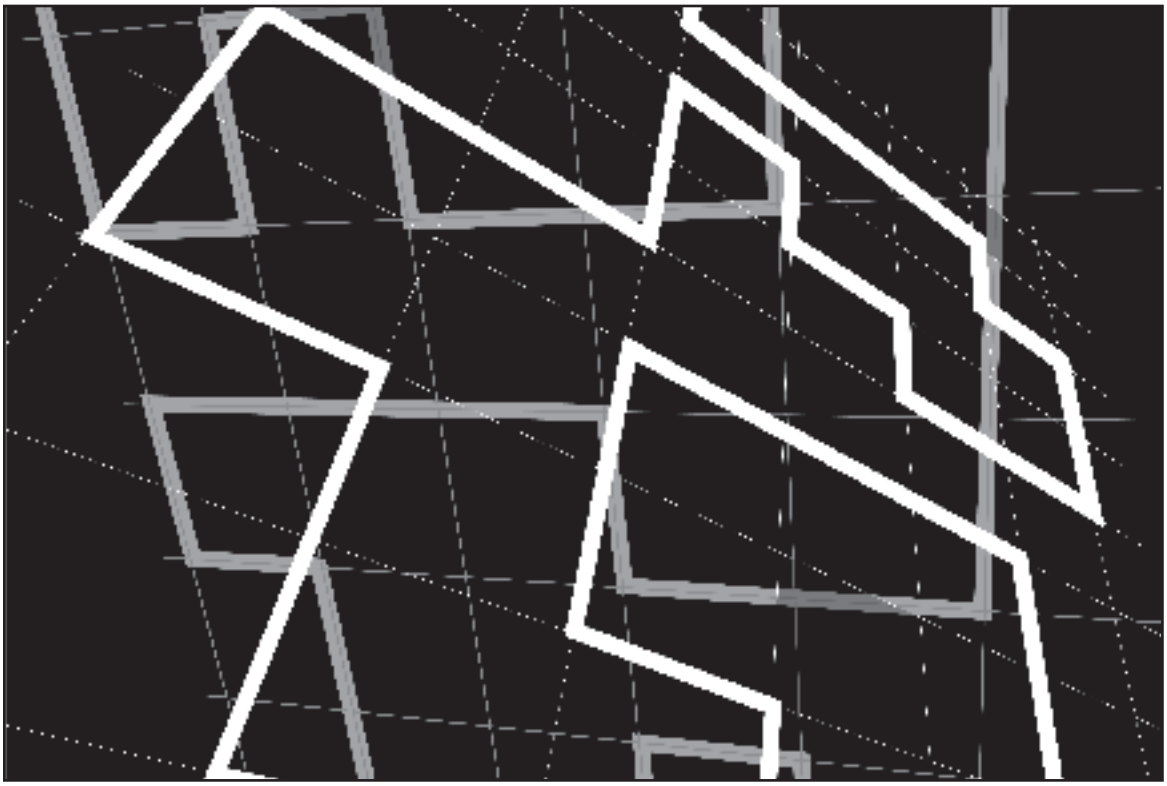
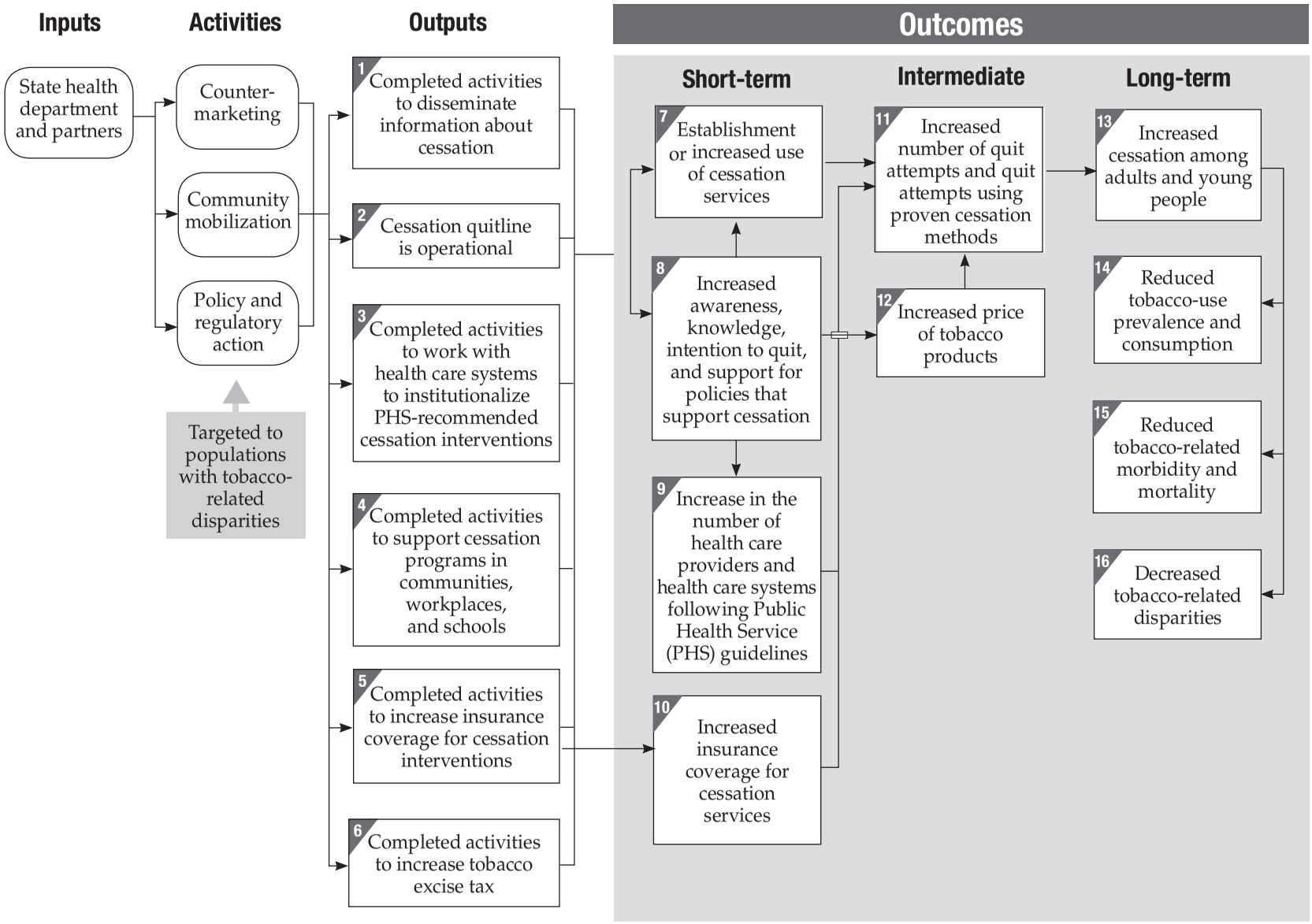
CHAPTER 4

Goal Area 3: Promoting Quitting Among Adults and Young People



Promoting Quitting Among Adults and Young People



Promoting Quitting Among Adults and Young People

Short-term Outcomes

- **Outcome 7: Establishment or increased use of cessation services**
  - **3.7.1** Number of callers to telephone quitlines
  - **3.7.2**[NR] Number of calls to telephone quitlines from users who heard about the quitline through a media campaign
  - **3.7.3** Number of calls to telephone quitlines from users who heard about the quitline through a source other than a media campaign
  - **3.7.4** Proportion of smokers who have used group cessation programs
  - **3.7.5** Proportion of health care systems with telephone quitlines or contracts with state quitlines
  - **3.7.6** Proportion of worksites with a cessation program or a contract with a quitline

- **Outcome 8: Increased awareness, knowledge, intention to quit, and support for policies that support cessation**
  - **3.8.1** Level of confirmed awareness of media campaign messages on the dangers of smoking and the benefits of cessation
  - **3.8.2** Level of receptivity to anti-tobacco media messages on the dangers of smoking and the benefits of cessation
  - **3.8.3** Proportion of smokers who intend to quit
  - **3.8.4** Proportion of smokers who intend to quit smoking by using proven cessation methods
  - **3.8.5** Level of support for increasing excise tax on tobacco products
  - **3.8.6** Proportion of smokers who are aware of the cessation services available to them
  - **3.8.7** Proportion of smokers who are aware of their insurance coverage for cessation treatment
  - **3.8.8** Level of support for increasing insurance coverage for cessation treatment
  - **3.8.9**[NR] Proportion of employers who are aware of the benefits of providing coverage for cessation treatment

- **Outcome 9: Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines**
  - **3.9.1** Proportion of health care providers and health care systems that have fully implemented the Public Health Service (PHS) guidelines
  - **3.9.2** Proportion of adults who have been asked by a health care professional about smoking
  - **3.9.3** Proportion of smokers who have been advised to quit smoking by a health care professional
  - **3.9.4** Proportion of smokers who have been assessed regarding their willingness to make a quit attempt by a health care professional
  - **3.9.5** Proportion of smokers who have been assisted in quitting smoking by a health care professional
  - **3.9.6** Proportion of smokers for whom a health care professional has arranged for follow-up contact regarding a quit attempt
  - **3.9.7** Proportion of pregnant women who report that a health care professional advised them to quit smoking during a prenatal visit
  - **3.9.8** Proportion of health care systems that have provider-reminder systems in place

- **Outcome 10: Increased insurance coverage for cessation services**
  - **3.10.1** Proportion of insurance purchasers and payers that reimburse for tobacco cessation services

Intermediate Outcomes

- **Outcome 11: Increased number of quit attempts and quit attempts using proven cessation methods**
  - **3.11.1** Proportion of adult smokers who have made a quit attempt
  - **3.11.2** Proportion of young smokers who have made a quit attempt
  - **3.11.3** Proportion of adult and young smokers who have made a quit attempt using proven cessation methods

- **Outcome 12: Increased price of tobacco products**
  - **3.12.1** Amount of tobacco product excise tax

Long-term Outcomes

- **Outcome 13: Increased cessation among adults and young people**
  - **3.13.1** Proportion of smokers who have sustained abstinence from tobacco use
  - **3.13.2**[NR] Proportion of recent successful quit attempts

- **Outcome 14: Reduced tobacco-use prevalence and consumption**
  - **3.14.1** Smoking prevalence
  - **3.14.2** Prevalence of tobacco use during pregnancy
  - **3.14.3** Prevalence of postpartum tobacco use
  - **3.14.4** Per capita consumption of tobacco products

Outcome 7

Establishment or Increased Use of Cessation Services

Tobacco is highly addictive.[1] Although it is possible to quit without help, evidence shows that the chance of success is much higher with the use of support services.[2] State-supported telephone quitlines overcome many of the barriers to smoking cessation classes because they are free and available at smokers' convenience.[2] They also bring services to smokers in areas that have few resources. Group cessation programs and workplace cessation programs also improve the likelihood of success. Integrated services—which link quitlines, provider services, workplace cessation initiatives, and approved pharmacotherapies—offer smokers several help options and lead to greater use of cessation services and more success.[3]

Listed below are the indicators associated with this outcome:

- **3.7.1** Number of callers to telephone quitlines
- **3.7.2**[NR] Number of calls to telephone quitlines from users who heard about the quitline through a media campaign
- **3.7.3** Number of calls to telephone quitlines from users who heard about the quitline through a source other than a media campaign
- **3.7.4** Proportion of smokers who have used group cessation programs
- **3.7.5** Proportion of health care systems with telephone quitlines or contracts with state quitlines
- **3.7.6** Proportion of worksites with a cessation program or a contract with a quitline

References

1. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.

2. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

3. Fiore MC, Bailey WC, Cohen SJ, Dorfman S, Goldstein M, Gritz E, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

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Establishment or Increased Use of Cessation Services

Indicator Rating
◄○ ◒ ● ● ► better

Number	Indicator	Overall quality (low ◄► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
3.7.1	Number of callers to telephone quitlines		$$	●	●	●	●
3.7.2[NR]	Number of calls to telephone quitlines from users who heard about the quitline through a media campaign		⊘	⊘	⊘	⊘	⊘
3.7.3	Number of calls to telephone quitlines from users who heard about the quitline through a source other than a media campaign		$$	◒	◒	◒	◒
3.7.4	Proportion of smokers who have used group cessation programs		$$	●	◒	◒	◒
3.7.5	Proportion of health care systems with telephone quitlines or contracts with state quitlines	†	$$$†	◒	◒	◒	◒
3.7.6	Proportion of worksites with a cessation program or a contract with a quitline		$$$	⊘	◒	◒	◒

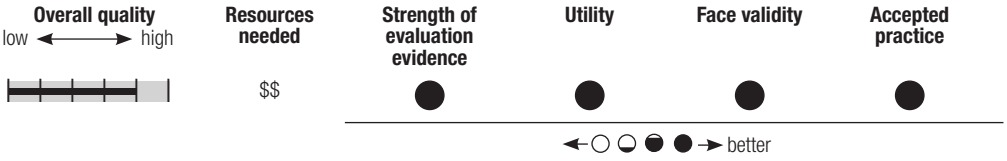
†Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⊘ Denotes no data.
[NR] Denotes an indicator that is not rated (see Appendix B for an explanation).

Indicator 3.7.1

Number of Callers to Telephone Quitlines

Goal area 3	Promoting quitting among adults and young people
Outcome 7	Establishment or increased use of cessation services
What to measure	The number of calls to telephone-based tobacco use cessation services
Why this indicator is useful	Evidence shows that telephone quitlines are an effective method of increasing tobacco cessation.[1–5] Quit rates among users of the California quitline were twice as high as among those who used self-help methods alone.[3] Quitlines can reach large numbers of smokers and services can be provided in multiple languages.[6]
Example data source(s)	Quitline call monitoring
Population group(s)	Quitline telephone callers
Example survey question(s)	Not applicable. This indicator is best measured by tracking calls to telephone quitlines.
Comments	Evaluators may also want to collect information about the proportion of smokers in the state who have received counseling from the quitline. Multiple types of information (e.g., caller demographics and location, call variability by month and time of day, and client satisfaction with quitline services) can be tracked through quitline monitoring. Additional information about quitline monitoring is available through the North American Quitline Consortium at: http://naquitline.org. For more information on how to collect data on this indicator, see references 7 and 8 below.

Rating



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1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.
2. Stead LF, Lancaster T, Perera R. Telephone counselling for smoking cessation. *Cochrane Database of Systematic Reviews.* 2003;(1):CD002850.
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4. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

References (cont.)
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6. Prout MN, Martinez O, Ballas J, Geller AC, Lash TL, Brooks D, Heeren T. Who uses the Smoker's Quitline in Massachusetts? *Tobacco Control.* 2002;11(Suppl 2):ii74–5.
7. Centers for Disease Control and Prevention. *Telephone quitlines: a resource for development, implementation, and evaluation.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
8. Miller CL, Wakefield M, Roberts L. Uptake and effectiveness of the Australian telephone quitline service in the context of a mass media campaign. *Tobacco Control.* 2003;12(Suppl 2):ii53–8.

Indicator 3.7.2[NR]

Number of Calls to Telephone Quitlines from Users Who Heard About the Quitline Through a Media Campaign

Goal area 3	Promoting quitting among adults and young people
Outcome 7	Establishment or increased use of cessation services
What to measure	The number of calls to telephone-based tobacco use cessation services from people who heard about the service through a media campaign
Why this indicator is useful	Media programs are a cost efficient way to promote cessation services because media advertisements can promote a single telephone number and broadcast it across a wide area.[1,2] Quitline media campaigns can be a cost-effective method to promote both state and local cessation programs because quitlines can also refer callers to local programs as appropriate.[1,2]
Example data source(s)	Quitline call monitoring
Population group(s)	Quitline telephone callers
Example survey question(s)	Not applicable. This indicator is best measured by tracking calls to telephone quitlines.
Comments	Evaluators may also want to collect information about the proportion of smokers in the state who received counseling from the quitline. Multiple types of information (e.g., caller demographics and location, call variability by month and time of day, and client satisfaction with quitline services) can be tracked through quitline monitoring. Additional information on quitline monitoring is also available through the North American Quitline Consortium at: http://naquitline.org.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
▮▮▮▮▮▮	⦸	⦸	⦸	⦸	⦸
			◄○◒◓●► better		

⦸ Denotes no data.

[NR] Denotes an indicator that is not rated (see Appendix B for an explanation).

References

1. Centers for Disease Control and Prevention. *Telephone quitlines: a resource for development, implementation, and evaluation.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
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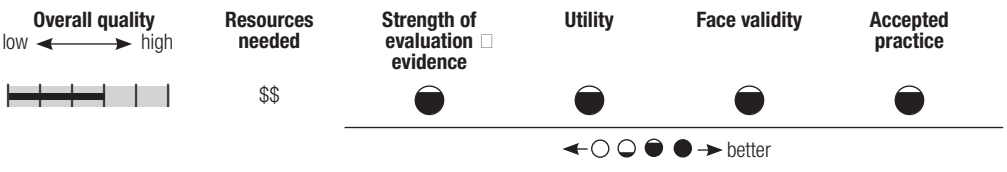
Indicator 3.7.3

Number of Calls to Telephone Quitlines from Users Who Heard About the Quitline Through a Source Other Than a Media Campaign

Goal area 3	Promoting quitting among adults and young people
Outcome 7	Establishment or increased use of cessation services
What to measure	The number of calls to a telephone-based tobacco use cessation service from people who heard about the service through sources other than media campaigns, including workplaces, community programs, and health care providers
Why this indicator is useful	Integrating multiple cessation services is an important way of increasing the use of these services.[1,2] The use of telephone quitlines can be increased by promoting them through workplaces, mass media, public insurers (e.g., Medicaid), and health care providers.[2]
Example data source(s)	Quitline call monitoring
Population group(s)	Quitline telephone callers
Example survey question(s)	Not applicable. This indicator is best measured by tracking calls to telephone quitlines.
Comments	Evaluators may also want to collect information about the proportion of smokers in the state who received counseling from the quitline. Multiple types of information (e.g., caller demographics and location, call variability by month and time of day, and client satisfaction with quitline services) can be tracked through quitline monitoring. Additional information about quitline monitoring is available through the North American Quitline Consortium at: http://naquitline.org. For more information on how to collect data on this indicator, see references 2 and 3 below.

Rating



References

1. The Pacific Center on Health & Tobacco. *Linking a network: integrate quitlines with health care systems.* Portland, OR: The Pacific Center on Health & Tobacco; 2003. Available from: http://www.paccenter.org/pages/pub_reports.htm. Accessed March 2005.
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Indicator 3.7.4

Proportion of Smokers Who Have Used Group Cessation Programs

Goal area 3	Promoting quitting among adults and young people
Outcome 7	Establishment or increased use of cessation services
What to measure	Proportion of smokers who report using a group cessation service or program (e.g., stop-smoking classes or group counseling)
Why this indicator is useful	Evidence shows that group cessation programs are effective in increasing tobacco use cessation.[1] For example, studies have shown that the quit rates of people who attended group programs were significantly higher than the quit rates of control subjects who did not attend group programs.[2]
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C: Cessation, 2003
Population group(s)	Smokers aged 18 years or older

Example survey question(s)

From ATS

The last time you tried to quit smoking, did you use any other assistance such as classes or counseling?

☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused

If respondent answers "yes," ask the following question for each option below:

Did you use:

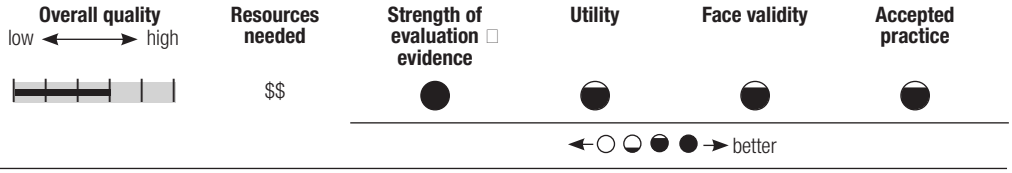
	Yes	No	Don't know Not sure	Refused
1. A stop-smoking clinic or class?	☐	☐	☐	☐
2. A telephone quitline?	☐	☐	☐	☐
3. One-on-one counseling from a doctor or nurse?	☐	☐	☐	☐
4. Self-help material, books, or videos?	☐	☐	☐	☐
5. Acupuncture?	☐	☐	☐	☐
6. Hypnosis?	☐	☐	☐	☐
7. Did you use anything else to help you quit?	☐	☐	☐	☐

Comments

The example survey questions could also be asked of young smokers.

Evaluators might want to collect information on the proportion of smokers in the state who have used group cessation programs.

Rating



References

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.
2. Stead LF, Lancaster T. Group behavior therapy programmes for smoking cessation. *Cochrane Database of Systematic Reviews.* 2002;(3):CD001007.

Indicator 3.7.5

Proportion of Health Care Systems with Telephone Quitlines or Contracts with State Quitlines

Goal area 3

Promoting quitting among adults and young people

Outcome 7

Establishment or increased use of cessation services

What to measure

Proportion of health care systems (e.g., managed care organizations) that include telephone quitlines in their tobacco cessation services

Why this indicator is useful

Not all states have statewide telephone quitlines, and in those that do, the quitlines are not always adequately funded to counsel all tobacco users in the state.[1–4] In these situations, health care systems can either contribute financially to the state quitline or develop a quitline for their own patients.

Example data source(s)

Addressing Tobacco in Managed Care (ATMC), Survey of Health Plans, 1997–1998

Population group(s)

Managed care or health care system administrators

Example survey question(s)

From ATMC

Which of the following cessation interventions are available in your plan, and which are included in your plan's formulary? [Mark all that apply.]

	Unavailable	Full coverage	Partial coverage	In formulary
1. Nicotine replacement therapy				
Over-the-counter	☐	☐	☐	☐
Prescription	☐	☐	☐	☐
Only with enrollment in cessation program	☐	☐	☐	☐
2. Buproprion (e.g., Zyban®)	☐	☐	☐	☐
3. Telephone counseling	☐	☐	☐	☐
4. Face-to-face counseling	☐	☐	☐	☐
5. Classes or group meeting	☐	☐	☐	☐
6. Self-help materials	☐	☐	☐	☐

Example questions

Does [your organization] operate a telephone quitline for smokers?
☐ Yes ☐ No ☐ Don't know

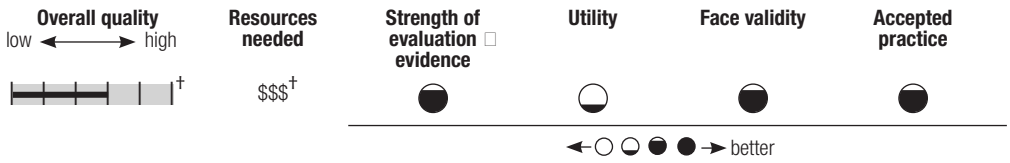
Does [your organization] inform beneficiaries about the state's telephone quitline?
☐ Yes ☐ No

Does [your organization] contribute to the financing of the state's telephone quitline?
☐ Yes ☐ No

Comments

For the second set of example questions, the authors modified questions from the State Medicaid Tobacco Dependence Treatment Survey, 2003. Information available from the Center for Health and Public Policy Studies, School of Public Health, University of California Berkeley.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. Centers for Disease Control and Prevention. *Telephone quitlines: a resource for development, implementation, and evaluation.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
2. The Pacific Center on Health & Tobacco. *Linking a network: integrate quitlines with health care systems.* Portland, OR: The Pacific Center on Health & Tobacco; 2003. Available from: http://www.paccenter.org/pages/pub_reports.htm. Accessed March 2005.
3. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.
4. Centers for Disease Control and Prevention. *Coverage for tobacco use cessation treatments.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.

Indicator 3.7.6

Proportion of Worksites with a Cessation Program or a Contract with a Quitline

Goal area 3	Promoting quitting among adults and young people
Outcome 7	Establishment or increased use of cessation services
What to measure	Proportion of worksites that support a tobacco cessation program for employees
Why this indicator is useful	Like health care systems, employers can contribute financially to the state quitline in order to ensure access to these services for their employees.[1] Employers can also set up their own cessation programs, although the results to date from numerous worksite-based cessation projects suggest either no impact or a small net effect.[2]
Example data source(s)	Partnership for Prevention, Tobacco Survey: National Survey of Employer-sponsored Health Plans, 2002 Information available at: http://www.mercerhr.com
Population group(s)	Employers
Example survey question(s)	**From Partnership for Prevention, Tobacco Survey: National Survey of Employer-sponsored Health Plans** Which of the following tobacco/smoking cessation (tobacco/nicotine dependence) service(s) are offered at the worksite/outside of the health plan? *Check all that apply* ☐ Individual counseling (face-to-face) ☐ Group counseling (face-to-face) ☐ Telephone counseling (including referrals to quitlines) ☐ Self-help programs (such as brochures, videos, Internet support) ☐ Cessation treatment as part of prenatal care ☐ Prescription medications ☐ Over-the-counter medications ☐ Other (please specify)_____ ☐ No services covered ☐ Don't know
Comments	None

Rating

Overall quality (low ↔ high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$$	⦸	◓	◓	◓

◔ ◑ ◕ ● better

⦸ Denotes no data.

References

1. The Pacific Center on Health & Tobacco. *Comprehensive statewide tobacco cessation.* Portland, OR: The Pacific Center on Health & Tobacco; 2003. Available from: http://www.paccenter.org/pages/pub_reports.htm. Accessed March 2005.
2. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.

Outcome 8

Increased Awareness, Knowledge, Intention to Quit, and Support for Policies That Support Cessation

Programs to encourage tobacco users to quit using tobacco start with activities to increase the number of smokers who intend to quit.[1] Increasing the number of smokers who intend to quit involves (1) providing tobacco users with the tools needed to quit successfully and (2) eliminating barriers to services that will help them to quit. Evidence shows that media campaigns increase tobacco cessation rates.[1] Evidence also shows that policies that encourage people to stop using tobacco (e.g., increasing the price of cigarettes or providing insurance coverage for cessation treatment) increase rates of successful cessation.[1]

Listed below are the indicators associated with this outcome:

- **3.8.1** Level of confirmed awareness of media campaign messages on the dangers of smoking and the benefits of cessation
- **3.8.2** Level of receptivity to anti-tobacco media messages on the dangers of smoking and the benefits of cessation
- **3.8.3** Proportion of smokers who intend to quit
- **3.8.4** Proportion of smokers who intend to quit smoking by using proven cessation methods
- **3.8.5** Level of support for increasing excise tax on tobacco products
- **3.8.6** Proportion of smokers who are aware of the cessation services available to them
- **3.8.7** Proportion of smokers who are aware of their insurance coverage for cessation treatment
- **3.8.8** Level of support for increasing insurance coverage for cessation treatment
- **3.8.9**[NR] Proportion of employers who are aware of the benefits of providing coverage for cessation treatment

Reference

1. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

For Further Reading

Commonwealth Department of Health and Aged Care. *Australia's National Tobacco Campaign: evaluation report volume one: every cigarette is doing you damage.* Canberra, Australia: Commonwealth Department of Health and Aged Care; 1999. Available from: http://www.health.gov.au/pubhlth/publicat/document/metadata/tobccamp.htm. Accessed March 2005.

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Outcome 8

Increased Awareness, Knowledge, Intention to Quit, and Support for Policies That Support Cessation

Indicator Rating
←○ ◒ ◓ ● → better

Number	Indicator	Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
3.8.1	Level of confirmed awareness of media campaign messages on the dangers of smoking and the benefits of cessation			$$†	●	◓	◓	◓
3.8.2	Level of receptivity to anti-tobacco media messages on the dangers of smoking and the benefits of cessation			$$†	◓	◓	◓	◓
3.8.3	Proportion of smokers who intend to quit			$$†	◓	●	◓	●
3.8.4	Proportion of smokers who intend to quit smoking by using proven cessation methods			$$$†	○	◓	◒	◓
3.8.5	Level of support for increasing excise tax on tobacco products			$$†	◒	◓	◓	●
3.8.6	Proportion of smokers who are aware of the cessation services available to them			$$	◓	◓	◓	◓
3.8.7	Proportion of smokers who are aware of their insurance coverage for cessation treatment			$$$	⊘	◓	◓	◓
3.8.8	Level of support for increasing insurance coverage for cessation treatment			$$$	⊘	◓	◓	◓
3.8.9[NR]	Proportion of employers who are aware of the benefits of providing coverage for cessation treatment			⊘	⊘	⊘	⊘	⊘

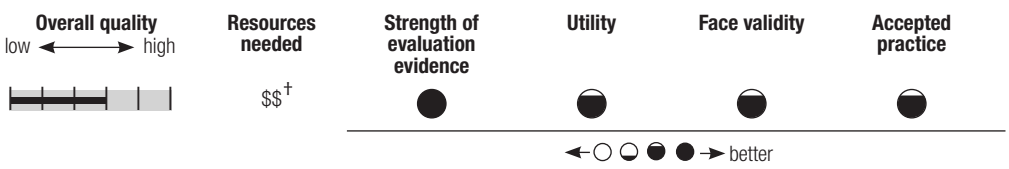
†□Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⊘ Denotes no data.
[NR] Denotes an indicator that is not rated (see Appendix B for an explanation).

Indicator 3.8.1

Level of Confirmed Awareness of Media Campaign Messages on the Dangers of Smoking and the Benefits of Cessation

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Proportion of the target population that can accurately recall a media message about the dangers of smoking and the benefits of cessation
Why this indicator is useful	Evaluators should measure exposure to media messages to confirm awareness of these messages by asking respondents to provide specific information about the messages.[1] Evidence shows that mass media campaigns are effective in increasing tobacco-use cessation.[1,2]
Example data source(s)	Legacy Media Tracking Survey (LMTS), 2003 Information available at: http://tobacco.rti.org/data/lmts.cfm
Population group(s)	Young people less than 18 years of age
Example survey question(s)	**From LMTS** Have you recently seen an anti-smoking or anti-tobacco ad on TV that shows _____? ☐ Yes ☐ Maybe, not sure ☐ No ☐ Refused to answer What happens in this ad? (DO NOT READ RESPONSE CATEGORIES.) _____ What do you think the main message of this ad was? _____
Comments	The example questions could also be asked of adults. Evaluators may want to categorize awareness of the medium (e.g., billboard, television, or print) through which respondents learned of the message. Programs may want to evaluate confirmed awareness of an advertisement by respondents' smoking status (current, former, or never) and addiction level (e.g., light, moderate, or heavy) because awareness levels may differ significantly among groups with different levels of addiction. Evaluators should work closely with countermarketing campaign managers to (1) develop a separate series of questions for each main media message and (2) coordinate data collection with the timing of the media campaign.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

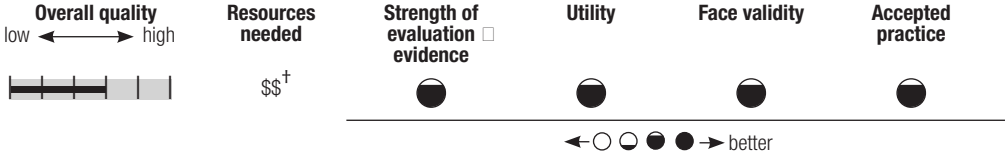
1. Sly DF, Heald GR, Ray S. The Florida "truth" anti-tobacco media evaluation: design, first year results, and implications for planning future state media evaluations. *Tobacco Control.* 2001;10(1):9–15.
2. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

Indicator 3.8.2

Level of Receptivity to Anti-tobacco Media Messages on the Dangers of Smoking and the Benefits of Cessation

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Level of receptivity to media messages by the intended audience. Receptivity is generally defined as the extent to which people are willing to listen to a persuasive message. In tobacco control evaluation, however, the definition is narrower; receptivity is the extent to which people believe that the message was convincing, made them think about their behavior, and stimulated discussion with others.[1]
Why this indicator is useful	Message awareness is necessary but not sufficient to change the knowledge, attitudes, and intentions of young people and adults. Media campaigns are effective only if their messages reach and resonate with the intended audience. A well-received message helps ensure campaign effectiveness.[2–5]
Example data source(s)	Legacy Media Tracking Survey (LMTS), 2003 Information available at: http://tobacco.rti.org/data/lmts.cfm
Population group(s)	Young people less than 18 years of age
Example survey question(s)	**From LMTS** Tell me how much you agree or disagree with the following statement: This ad is convincing. Would you say you: ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ No opinion ☐ Don't know ☐ Refused Would you say the ad gave you good reasons not to smoke? ☐ Yes ☐ No ☐ Don't know ☐ Refused Did you talk to your friends about this ad? ☐ Yes ☐ No ☐ Don't know ☐ Refused
Comments	The example questions could also be asked of adults. Evaluators may want to assess the public's level of receptivity to anti-tobacco media campaigns that address (1) smoking during pregnancy and (2) telephone quitlines and other quitting strategies. Evaluators may want to assess media message receptivity by communication medium (e.g., television, print, or radio). Evaluators should work closely with countermarketing campaign managers to (1) develop a separate series of questions for each main media message and (2) coordinate data collection with the timing of the media campaign.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. Sly DF, Heald GR, Ray S. The Florida "truth" anti-tobacco media evaluation: design, first year results, and implications for planning future state media evaluations. *Tobacco Control.* 2001;10(1):9–15.
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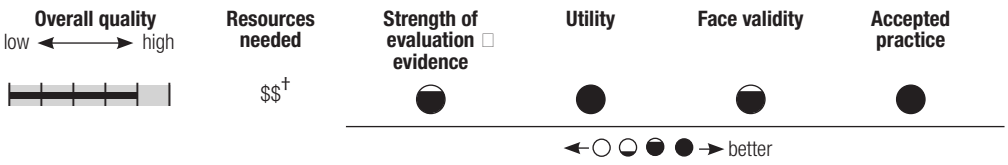
5. Maibach E, Parrott RL, editors. *Designing health messages: approaches from communication theory and public health practice.* Thousand Oaks, CA: Sage; 1995.

Indicator 3.8.3

Proportion of Smokers Who Intend to Quit

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Proportion of smokers who are seriously considering stopping smoking
Why this indicator is useful	Evidence shows that intention to quit using tobacco is a strong predictor of actual quit attempts.[1,2]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	▶ Smokers 18 years of age or older ▶ Smokers aged less than 18 years
Example survey question(s)	**From ATS** Are you seriously considering stopping smoking within the next 6 months? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused Are you planning to stop smoking within the next 30 days? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused **From YTS** Do you want to stop smoking cigarettes? ☐ I do not smoke now ☐ Yes ☐ No
Comments	None

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 2000.
2. Hellman R, Cummings KM, Haughey BP, Zielezny MA, O'Shea RM. Predictors of attempting and succeeding at smoking cessation. *Health Education Research.* 1991;6(1):77–86.

Indicator 3.8.4

Proportion of Smokers Who Intend to Quit Smoking by Using Proven Cessation Methods

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Proportion of smokers who report that they intend to quit smoking using proven cessation methods (FDA-approved pharmacotherapies, in-person individual counseling, counseling from telephone quitlines, or stop-smoking classes)
Why this indicator is useful	Approximately 46% of smokers attempt to quit each year in the United States, but only about 5% of those attempting to quit are still abstinent 1 year later.[1] The use of proven cessation strategies—such as FDA-approved pharmacotherapies, counseling, and telephone quitlines—improves the chances of a successful quit attempt.[1]
Example data source(s)	No commonly used data sources were found
Population group(s)	▶ Smokers 18 years of age or older ▶ Smokers aged less than 18 years
Example survey question(s)	Do you intend to quit smoking in the next 30 days? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused to answer *If yes to above, then ask:* Which of the following cessation methods do you intend to use? ☐ Call a quitline ☐ See a physician ☐ Join a cessation program ☐ Use a nicotine patch, gum, nasal spray, inhaler, lozenge, or tablet ☐ Use a prescription pill, such as Zyban, Buproprion, or Wellbutrin ☐ Quit with a friend, relative, or acquaintance ☐ Other methods ☐ Quit on your own
Comments	The authors created these example questions. They are not in any commonly used data source. Evaluators may want to assess smokers' intention to quit by respondents' tobacco use (current, former, or never) and addiction level (e.g., light, moderate, or heavy) because awareness levels may differ significantly among groups with different levels of addiction. Addiction levels are often inversely related to strength of intention to quit.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$$†	○	◒	◒	◒
		←○ ◒ ◒ ● → better			

† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Reference

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

Indicator 3.8.5

Level of Support for Increasing Excise Tax on Tobacco Products

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Proportion of the population that supports an increase in excise tax on cigarettes and the amount of tax increase they support
Why this indicator is useful	Public opinion is a major determinant of the feasibility of enacting an excise tax increase on tobacco products. Tobacco policies are unlikely to be adopted without support among business owners, policy makers, and the general public.[1–4] Measuring policy makers' support for a tax increase will also assess their willingness to support legislation for a tax increase.[5]
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section F: Policy Issues, 2003
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** How much additional tax on a pack of cigarettes would you be willing to support if some or all the money raised was used to support tobacco control programs? ☐ More than two dollars a pack ☐ Two dollars a pack ☐ One dollar a pack ☐ Fifty to ninety-nine cents a pack ☐ Less than fifty cents a pack ☐ No tax increase ☐ Don't know/Not sure ☐ Refused
Comments	The example question could be asked of decision makers or opinion leaders. Evaluators may want to analyze the level of support for increasing an excise tax on tobacco products according to the smoking status of the respondent. To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$†				
			◄—○ ◒ ◓ ● —► better		

† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.
2. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
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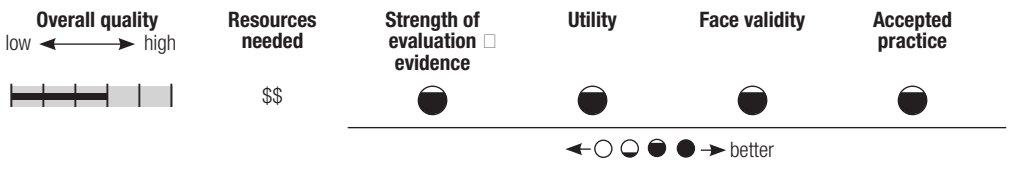
Indicator 3.8.6

Proportion of Smokers Who Are Aware of the Cessation Services Available to Them

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Proportion of smokers who know about available cessation services, such as individual counseling (face-to-face), group counseling (face-to-face), telephone counseling, self-help programs (such as brochures, videos, and Internet support), on-site treatment, follow-up counseling, and FDA-approved pharmacotherapies[1–3]
Why this indicator is useful	An increase in the availability of cessation services will not have an effect if tobacco users do not learn about these services.[2–5]
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C : Cessation, 2003
Population group(s)	Smokers aged 18 years or older
Example survey question(s)	**From ATS** Are you aware of assistance that might be available to help you quit smoking, such as telephone quitlines, local health clinic services? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused
Comments	The example survey question could be modified to include a more expansive list of cessation services. The example survey question could be asked of young people.

Rating



References

1. McMenamin SB, Halpin HA, Ibrahim JK, Orleans CT. Physician and enrollee knowledge of Medicaid coverage for tobacco-dependence treatments. *American Journal of Preventive Medicine.* 2004;26(2):99–104.
2. Schauffler HH, Barker DC, Orleans CT. Medicaid coverage for tobacco-dependence treatments. *Health Affairs.* 2001;20(1):298–303.
3. Centers for Disease Control and Prevention. *Coverage for tobacco use cessation treatments.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
4. Miller CL, Wakefield M, Roberts L. Uptake and effectiveness of the Australian telephone quitline service in the context of a mass media campaign. *Tobacco Control.* 2003;12(Suppl 2):ii53–8.
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Indicator 3.8.7

Proportion of Smokers Who Are Aware of Their Insurance Coverage for Cessation Treatment

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Proportion of smokers who know whether their insurance coverage includes smoking cessation treatments. Such coverage could include individual counseling (face-to-face), group counseling (face-to-face), telephone counseling, self-help programs (such as brochures, videos, and Internet support), on-site treatment, follow-up counseling, and all types of FDA-approved pharmacotherapies.[1–3]
Why this indicator is useful	Insurance coverage lowers barriers to cessation services if tobacco users know about the coverage. Increased awareness of the cessation services that are covered by insurers may lead to greater use of these services.[3]
Example data source(s)	American Smoking and Health Survey (ASHES), 2003 Information available at: http://tobacco.rti.org/data/New/surveys.cfm
Population group(s)	Smokers aged 18 years or older
Example survey question(s)	**From ASHES** Does any of your health insurance include coverage for treatment to quit smoking cigarettes or to stop using other tobacco products? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused
Comments	Evaluators may want to assess awareness of the specific types of cessation treatments covered rather than awareness of cessation treatment coverage in general.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$$	⦸	◓	◓	◓
			◄○◒◓●► better		

⦸ Denotes no data.

References

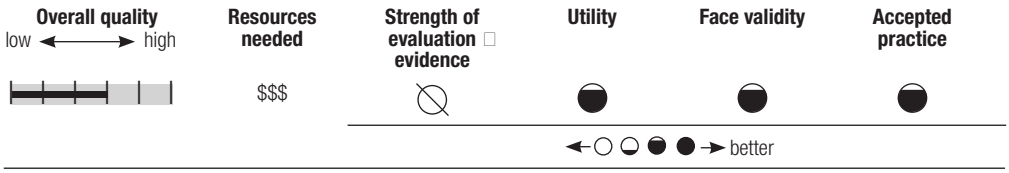
1. McMenamin SB, Halpin HA, Ibrahim JK, Orleans CT. Physician and enrollee knowledge of Medicaid coverage for tobacco-dependence treatments. *American Journal of Preventive Medicine.* 2004;26(2):99–104.
2. Schauffler HH, Barker DC, Orleans CT. Medicaid coverage for tobacco-dependence treatments. *Health Affairs.* 2001;20(1):298–303.
3. Centers for Disease Control and Prevention. *Coverage for tobacco use cessation treatments.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.

Indicator 3.8.8

Level of Support for Increasing Insurance Coverage for Cessation Treatment

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Proportion of decision makers or opinion leaders who support increasing health care coverage to include proven behavioral and pharmacologic treatments that help people stop smoking
Why this indicator is useful	Studies show that the number of managed care organizations offering even partial coverage of cessation services is still low.[1] Measuring decision maker support for increasing insurance coverage of cessation treatment may assist with efforts to improve coverage.[2]
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 should be covered by health insurance plans. Do you… ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree
Comments	The authors created this example question. It is not in any commonly used data source. This example question could be asked of adults in the general population.

Rating



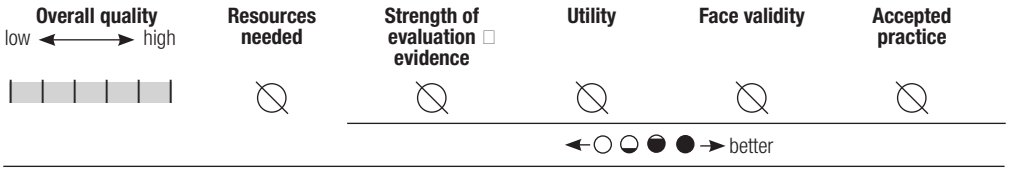
Denotes no data.

References

1. McPhillips-Tangum C. Results from the first annual survey on addressing tobacco in managed care. *Tobacco Control.* 1998;7(Suppl):S11–3.
2. Centers for Disease Control and Prevention. *Coverage for tobacco use cessation treatments.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.

Indicator 3.8.9[NR]

Proportion of Employers Who Are Aware of the Benefits of Providing Coverage for Cessation Treatment

Goal area 3	Promoting quitting among adults and young people
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation
What to measure	Proportion of employers or other group insurance purchasers (e.g., purchasing coalitions) that are aware of the benefits (e.g., improved employee health and greater employee productivity) of providing insurance coverage for proven behavioral and pharmacologic treatments that help people stop smoking
Why this indicator is useful	If purchasers of group insurance packages are aware of the direct benefits of providing coverage for tobacco dependence treatments, they may demand such coverage.[1]
Example data source(s)	No commonly used data sources were found
Population group(s)	Employers
Example survey question(s)	Health plan coverage that includes proven therapies for tobacco cessation lead to improved employee heath. Do you… ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree Health plan coverage that includes proven therapies for tobacco cessation lead to greater employee productivity. Do you… ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree
Comments	The authors created these example questions. They are not in any commonly used data source. This indicator was not rated by the panel of experts, and therefore no rating information is available. See Appendix B for an explanation.
Rating	 ⦸ Denotes no data.

[NR] Denotes an indicator that is not rated (see Appendix B for an explanation).

Reference

1. Centers for Disease Control and Prevention. *Coverage for tobacco use cessation treatments.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.

Outcome 9

Increase in the Number of Health Care Providers and Health Care Systems Following Public Health Service (PHS) Guidelines

The Clinical Practice Guideline: Treating Tobacco Use and Dependence was produced by a consortium of experts charged with "identifying effective, experimentally validated, tobacco-dependence treatment and practices."[1] To ensure that the *Guideline* would be based on the best evidence available, the experts reviewed approximately 6,000 scientific publications on how health care providers and health care systems can reduce tobacco use. Given that many tobacco users visit a primary care clinician each year, it is important that clinicians be prepared to intervene with tobacco users who are willing to quit. The five major steps (the "5 A's") to intervention include asking the patient if he or she uses tobacco, advising him or her to quit, assessing the patient's willingness to make a quit attempt, assisting him or her in making a quit attempt, and arranging for follow-up contact to prevent relapse.[1] Evidence shows that cessation counseling and FDA-approved pharmacotherapies contribute to increases in quit rates. In addition, evidence is strong that institutionalizing cessation counseling in health care settings leads to an increase in the number of patients who quit smoking.[1]

Listed below are the indicators associated with this outcome:

- **3.9.1** Proportion of health care providers and health care systems that have fully implemented the Public Health Service (PHS) guidelines
- **3.9.2** Proportion of adults who have been asked by a health care professional about smoking
- **3.9.3** Proportion of smokers who have been advised to quit smoking by a health care professional
- **3.9.4** Proportion of smokers who have been assessed regarding their willingness to make a quit attempt by a health care professional
- **3.9.5** Proportion of smokers who have been assisted in quitting smoking by a health care professional
- **3.9.6** Proportion of smokers for whom a health care professional has arranged for follow-up contact regarding a quit attempt
- **3.9.7** Proportion of pregnant women who report that a health care professional advised them to quit smoking during a prenatal visit
- **3.9.8** Proportion of health care systems that have provider-reminder systems in place

Reference

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman S, Goldstein M, Gritz E, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

For Further Reading

Barker DC, Robinson LA, Rosenthal AC. A survey of managed care strategies for pregnant smokers. *Tobacco Control.* 2000;9(Suppl 3):iii46–50.

Borland R, Segan CJ, Livingston PM, Owen N. The effectiveness of callback counseling for smoking cessation: a randomized trial. *Addiction.* 2001;96(6):881–9.

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Increase in the Number of Health Care Providers and Health Care Systems Following Public Health Service (PHS) Guidelines

Indicator Rating
←○ ◒ ◓ ● → better

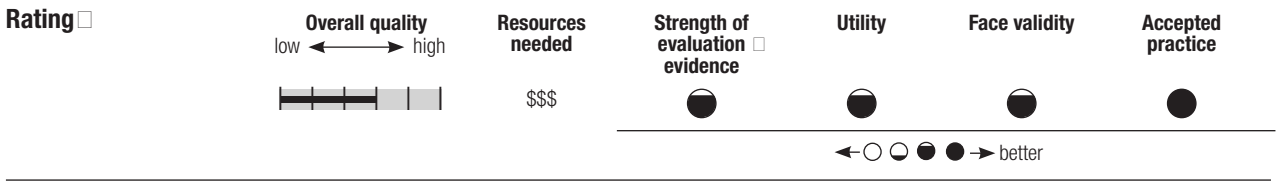
Number	Indicator	Overall quality (low ←→ high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
3.9.1	Proportion of health care providers and health care systems that have fully implemented the Public Health Service (PHS) guidelines		$$$	◓	◓	◓	●
3.9.2	Proportion of adults who have been asked by a health care professional about smoking		$$	●	◓	◓	●
3.9.3	Proportion of smokers who have been advised to quit smoking by a health care professional		$$	●	◓	◓	●
3.9.4	Proportion of smokers who have been assessed regarding their willingness to make a quit attempt by a health care professional		$$$	●	◓	◓	◓
3.9.5	Proportion of smokers who have been assisted in quitting smoking by a health care professional		$$	●	◓	◓	●
3.9.6	Proportion of smokers for whom a health care professional has arranged for follow-up contact regarding a quit attempt	†	$$$†	◓	◓	◓	◓
3.9.7	Proportion of pregnant women who report that a health care professional advised them to quit smoking during a prenatal visit		$$$†	◓	◓	◓	●
3.9.8	Proportion of health care systems that have provider-reminder systems in place		$$$	◓	◓	◓	◓

† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Indicator 3.9.1

Proportion of Health Care Providers and Health Care Systems That Have Fully Implemented the Public Health Service (PHS) Guidelines

Goal area 3	Promoting quitting among adults and young people
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines
What to measure	Proportion of health care system administrators (or managed care providers) who have fully implemented PHS recommendations. For a list of the recommendations, see "Comments" below.
Why this indicator is useful	Policies implemented by managed care administrators affect whether tobacco-dependence treatment services are offered to patients. Increases in the use of these proven services will result in increases in the number of successful quit attempts.[1,2]
Example data source(s)	Addressing Tobacco in Managed Care (ATMC), 1997–1998 Information available at: http://www.aahp.org/atmc/mainindex.cfm
Population group(s)	Managed care administrators
Example survey question(s)	**From ATMC** With regard to the AHCPR [Agency for Health Care Policy and Research] guidelines, has your plan implemented them: ☐ Fully ☐ Partially ☐ The plan has not implemented the guidelines
Comments	Note: The Agency for Health Care Policy and Research is now named the Agency for Healthcare Research and Quality (AHRQ). The AHRQ published the most recent Public Health Service (PHS) guidelines. A more thorough way to measure this indicator would be to ask managed care administrators the example question for each of the PHS guideline recommendations for health care administrators, insurers, and purchasers. The PHS guideline recommendations are: 1. Implement a tobacco-use identification system in every clinic 2. Provide education, resources, and feedback to promote provider intervention 3. Dedicate staff to provide tobacco-dependence treatment and assess the delivery of this treatment in staff performance evaluations 4. Promote hospital policies that support and provide inpatient tobacco-dependence services 5. Include tobacco-dependence treatment (both counseling and pharmacotherapy) identified as effective in this guideline as paid or covered services for all subscribers or members of health insurance packages 6. Reimburse clinicians and specialists for delivery of effective tobacco-dependence treatments, and include these interventions in the defined duties of clinicians



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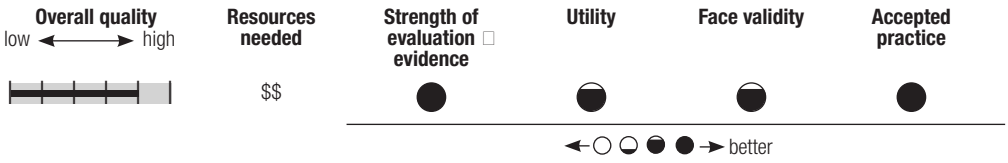
2. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

Indicator 3.9.2

Proportion of Adults Who Have Been Asked by a Health Care Professional About Smoking

Goal area 3	Promoting quitting among adults and young people
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines
What to measure	Proportion of adults who had been asked about their smoking status by a health care professional during the previous 12 months
Why this indicator is useful	Evidence shows that when patients are asked about their tobacco use by a health care professional and when that response is documented, clinician interventions increase.[1]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C: Cessation, 2003
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused **From ATS, Supplemental Section C** In the past 12 months, did a dentist ask if you smoked? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused
Comments	The example question could also be asked of young people.

Rating



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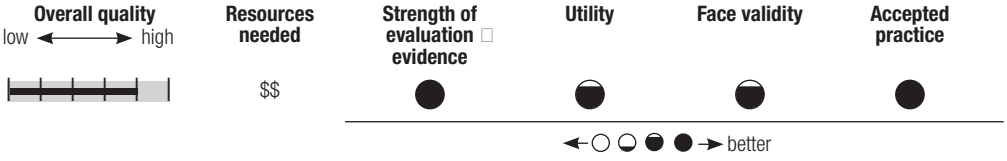
1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

Indicator 3.9.3

Proportion of Smokers Who Have Been Advised to Quit Smoking by a Health Care Professional

Goal area 3	Promoting quitting among adults and young people
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines
What to measure	Proportion of smokers who had been advised to quit smoking by a health care professional during the previous 12 months
Why this indicator is useful	Evidence shows that quit rates increase when health care professionals advise their patients to stop using tobacco.[1]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C: Cessation, 2003
Population group(s)	Smokers aged 18 years or older
Example survey question(s)	**From ATS** During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused **From ATS: Supplemental Section C** In the past 12 months, did a dentist advise you to quit smoking? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused
Comments	The example questions could also be asked of young smokers.

Rating



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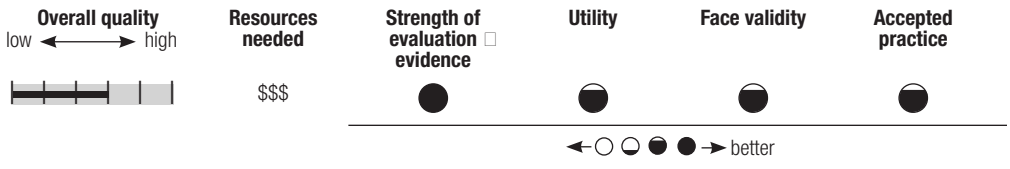
1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

Indicator 3.9.4

Proportion of Smokers Who Have Been Assessed Regarding Their Willingness to Make a Quit Attempt by a Health Care Professional

Goal area 3	Promoting quitting among adults and young people
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines
What to measure	Proportion of smokers who have been evaluated by a health care professional regarding their willingness to stop smoking
Why this indicator is useful	Evidence suggests that once a tobacco-using patient is advised to quit, assessing that patient's willingness to quit can help to tailor the cessation counseling provided to the patient.[1]
Example data source(s)	No commonly used data sources were found.
Population group(s)	Smokers aged 18 years or older
Example survey question(s)	During the past 12 months, did any doctor, nurse, or other health care professional ask you if you were willing to make a quit attempt? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused to answer In the past 12 months, did a dentist ask you if you were willing to make a quit attempt? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused to answer
Comments	The authors created the example questions. They are not in any commonly used data source. The example questions could also be asked of young smokers. Evaluators might also wish to evaluate whether the physician inquired about the patient's willingness to use assistance in quitting (e.g., calling a quitline, joining a group cessation program, or using FDA-approved pharmacotherapies).

Rating



Reference

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

Indicator 3.9.5

Proportion of Smokers Who Have Been Assisted in Quitting Smoking by a Health Care Professional

Goal area 3	Promoting quitting among adults and young people
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines
What to measure	Proportion of smokers who have had a health care professional actively assist them in an attempt to quit smoking. Examples of assistance include prescribing FDA-approved cessation medications, providing educational material, providing counseling or a counseling referral, and establishing a firm quit date.
Why this indicator is useful	Evidence is strong that clinician assistance in cessation leads to improved quit rates.[1]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ American Smoking and Health Survey (ASHES), 2003 Information available at: http://tobacco.rti.org/data/New/surveys.cfm
Population group(s)	Smokers aged 18 years or older
Example survey question(s)	**From ATS** In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?

	Yes	No	Don't know Not sure	Refused
1. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban®	☐	☐	☐	☐
2. Suggest that you set a specific date to stop smoking	☐	☐	☐	☐
3. Suggest that you use a smoking cessation class, program, quit line, or counseling	☐	☐	☐	☐
4. Provide you with booklets, videos, or other material to help you quit smoking on your own	☐	☐	☐	☐

From ASHES

During the past 12 months, that is since [FILL IN DATE], when a doctor, dentist, nurse, or other health professional advised you to quit smoking cigarettes, did they do any of the following: suggest that you use a smoking cessation class, program, quitline, or seek counseling for stopping smoking?
☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused

Comments	The example questions could also be asked of young smokers.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
▬▬▬▬	$$	●	◒	◒	●

◄○ ◒ ◒ ● ► better

Reference

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

Indicator 3.9.6

Proportion of Smokers for Whom a Health Care Professional Has Arranged for Follow-up Contact Regarding a Quit Attempt

Goal area 3	Promoting quitting among adults and young people
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines
What to measure	Proportion of smokers who have had a health care professional schedule follow-up contact to help them quit smoking
Why this indicator is useful	Brief interventions may not be sufficient to help every patient quit successfully. Arranging for follow-up contact ensures continued cessation assistance and can increase the likelihood of a successful quit attempt.[1]
Example data source(s)	No commonly used data sources were found.
Population group(s)	▶ Smokers aged 18 years or older ▶ Smokers aged less than 18 years
Example survey question(s)	In the past 12 months, when a doctor or other health professional advised you to quit smoking, did he or she also do any of the following?

	Yes	No
1. Call and ask you about your quit attempt within one week	☐	☐
2. Ask you about your quit attempt in person (during an office visit) within one week	☐	☐
3. Call and ask you about your quit attempt within one month	☐	☐
4. Ask you about your quit attempt in person (during an office visit) within one month	☐	☐
5. Arrange for a cessation counselor, program, or quitline to make follow-up contact with you regarding your quit attempt	☐	☐

Comments	The authors created these example questions. They are not in any commonly used data source.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
†	$$$†	◒	◒	◒	◒

←○ ◒ ◒ ● → better

† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Reference

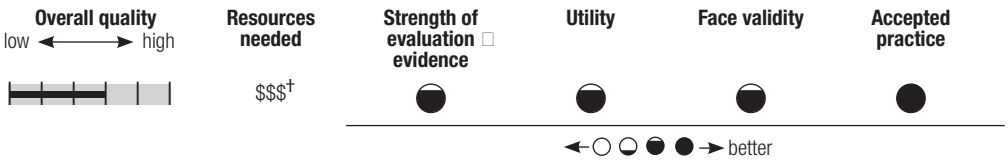
1. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

Indicator 3.9.7

Proportion of Pregnant Women Who Report That a Health Care Professional Advised Them to Quit Smoking During a Prenatal Visit

Goal area 3	Promoting quitting among adults and young people
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines
What to measure	Proportion of pregnant women who were advised by a health care professional during a prenatal visit of the ill effects of smoking
Why this indicator is useful	Tobacco use by pregnant women and exposure to tobacco smoke are causal factors in both maternal and child morbidity and mortality. Evidence shows that advising pregnant women to quit, coupled with intensive counseling, increases abstinence rates.[1]
Example data source(s)	CDC Pregnancy Risk Assessment Monitoring System (PRAMS), Phase 4, 2000–2003
Population group(s)	Pregnant women
Example survey question(s)	**From PRAMS** During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how smoking during pregnancy could affect your baby? ☐ No ☐ Yes
Comments	Evaluators could also collect information on whether the health care professional advised the patient to quit smoking or provided assistance in quitting.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Reference

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

Indicator 3.9.8

Proportion of Health Care Systems That Have Provider-reminder Systems in Place

Goal area 3	Promoting quitting among adults and young people
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines
What to measure	Proportion of health care systems that include smoking status information (e.g., stickers) in their patients' records. This information is recorded in order to prompt health care professionals to discuss smoking cessation during patients' visits.
Why this indicator is useful	Evidence shows that reminder systems for health care providers increase the rate of clinician intervention to assist patients in quitting, thereby increasing the number of patients who successfully quit.[1,2]
Example data source(s)	Addressing Tobacco in Managed Care (ATMC), Survey of Health Plans, 1997–1998
Population group(s)	Managed care administrators

Example survey question(s)

From ATMC

Mark all that apply	Yes	No
Has your plan implemented systems for any of the following?		
1. Documentation of patient smoking status in an administrative computer database	☐	☐
2. Documentation of patient smoking status in the medical record	☐	☐
3. Computerized clinic reminders to encourage providers to advise patients to quit	☐	☐
4. Provider training in effective smoking cessation interventions	☐	☐
5. Routine cessation advice/brief provider counseling of patients	☐	☐
6. Provider incentives that promote tobacco cessation assessment and intervention	☐	☐
7. Patient incentives for use of/adherence to recommended cessation treatment	☐	☐
Are the providers in your plan required to carry out any of the following activities?		
1. Ask new patients about their smoking status	☐	☐
2. Include smoking status as a vital sign (i.e., ask about and document smoking status at every visit)	☐	☐
3. Document smoking status in the patient's medical record	☐	☐
4. Strongly advise all patients who smoke to quit	☐	☐
5. Assess willingness of patient to make a quit attempt	☐	☐
6. Refer the patient who smokes to intensive treatment when the physician considers it appropriate or the patient prefers it	☐	☐
7. Arrange for follow-up with patients who are trying to quit smoking	☐	☐
8. Ensure that support staff is trained to counsel patients about smoking cessation	☐	☐
9. Have literature about smoking cessation and the health risks of smoking readily available in waiting rooms and exam rooms	☐	☐
10. Encourage parents who smoke to provide a smoke-free environment for their children at home and in day care	☐	☐
11. Other (please specify)_____		

Comments None

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$$	◓	◓	◓	◓
			◄○◒◓●► better		

References

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.
2. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

Outcome 10

Increased Insurance Coverage for Cessation Services

The Guide to Community Preventive Services recommends that insurance carriers cover proven cessation therapies and strongly recommends reducing patients' out-of-pocket costs for cessation therapies to increase quit rates.[1] A review of five studies showed that pre-paid or discounted prescription drug benefits increased the percentage of patients who received pharmacotherapy and increased smoking abstinence rates.[1] *The Guide to Community Preventive Services* and *Treating Tobacco Use and Dependence: Clinical Practice Guideline* also recommends that smoking cessation treatment (both pharmacotherapy and counseling) be included as a covered benefit by health plans because doing so increases the use of these services and improves overall abstinence rates.[1,2] Full coverage of tobacco-dependence treatment is an effective and relatively low-cost strategy for significantly increasing the use of proven interventions and increasing quit attempts and quit rates.[3] Reviewers of tobacco-dependence treatments found that full insurance coverage of treatment services produced the highest level of use of these services.[4] In addition, full coverage produced the highest use of nicotine replacement therapy, increased the number of quit attempts, and yielded the greatest decline in overall smoking prevalence.[4]

Listed below are the indicators associated with this outcome:

- **3.10.1** Proportion of insurance purchasers and payers that reimburse for tobacco cessation services

References

1. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

2. Fiore MC, Bailey WC, Cohen SJ, Dorfman S, Goldstein M, Gritz E, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

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4. Fiore MC, Hatsukami DK, Baker TB. Effective tobacco-dependence treatment. *Journal of the American Medical Association.* 2002;288(14):1768–71.

For Further Reading

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Zhu SH, Anderson CM, Tedeschi GJ, Rosbrook B, Johnson CE, Byrd M, Gutierrez-Terrell E. Evidence of real-world effectiveness of a telephone quitline for smokers. *New England Journal of Medicine.* 2002;347(14):1087–93.

Outcome 10

Increased Insurance Coverage for Cessation Services

Indicator Rating
◀○◒●●▶ better

Number	Indicator	Overall quality (low ◀——▶ high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
3.10.1	Proportion of insurance purchasers and payers that reimburse for tobacco cessation services		$$$	●	●	●	●

Indicator 3.10.1

Proportion of Insurance Purchasers and Payers That Reimburse for Tobacco Cessation Services

Goal area 3	Promoting quitting among adults and young people
Outcome 10	Increased insurance coverage for cessation services
What to measure	Proportion of purchasers and payers of health insurance (public and private) who reimburse for some level of tobacco cessation services. Examples of such services are (1) medications approved by the FDA and (2) individual, group, and telephone counseling.
Why this indicator is useful	Reducing out-of-pocket costs for cessation treatment increases the use of both effective cessation therapies and cessation.[1] In addition, reimbursement of expenses increases the number of quit attempts and decreases smoking relapse rates.[2,3]
Example data source(s)	Addressing Tobacco in Managed Care (ATMC), Survey of Health Plans, 1997–1998
Population group(s)	Managed care administrators

Example survey question(s)

From ATMC

Coverage for smoking cessation intervention is:
- ☐ Available to selected members as outlined in their coverage agreement
- ☐ Available to selected members with specific co-morbidities
  Please list: _____
- ☐ Available to all members
- ☐ Not available
- ☐ Other (please specify) _____

Is there an annual or lifetime limit on coverage for smoking cessation interventions?
- ☐ Yes, annual
- ☐ Yes, lifetime
- ☐ No limit
- ☐ Other (please specify) _____

Which of the following cessation interventions are available in your plan, and which are included in your plan's formulary? (Mark all that apply.)

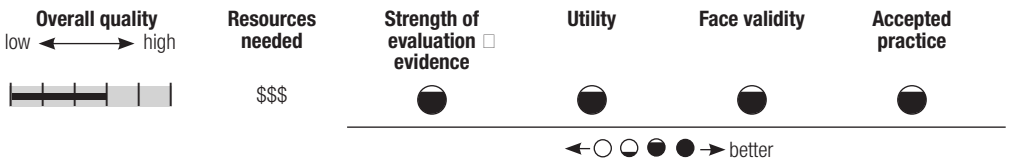
	Unavailable	Full coverage	Partial coverage	In Formulary
1. Nicotine replacement therapy				
Over-the-counter	☐	☐	☐	☐
Prescription	☐	☐	☐	☐
Only with enrollment in cessation program	☐	☐	☐	☐
2. Buproprion (e.g., Zyban®)	☐	☐	☐	☐
3. Telephone counseling	☐	☐	☐	☐
4. Face-to-face counseling	☐	☐	☐	☐
5. Classes or group meeting	☐	☐	☐	☐
6. Self-help materials	☐	☐	☐	☐

Comments

Evaluators need to determine which employers and/or health insurance organizations provide coverage for that state's population in order to obtain meaningful data regarding reimbursement of tobacco cessation services.

Evaluators may also want to measure whether tobacco cessation treatment is fully or partially reimbursed by public and private health insurance purchasers or payers.

Rating



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2. Centers for Disease Control and Prevention. *Coverage for tobacco use cessation treatments.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
3. Centers for Disease Control and Prevention. State Medicaid coverage for tobacco-dependence treatments—United States, 1994–2002. M*orbidity and Mortality Weekly Report.* 2004;53(3):54–7.

Increased Number of Quit Attempts and Quit Attempts Using Proven Cessation Methods

Quitting smoking has immediate and long-term benefits, such as reducing smokers' risk of diseases caused by smoking and improving health in general.[1] Attempting to quit is the first step in becoming tobacco-free. Although some smokers can quit without help, the probability of a quit attempt leading to sustained abstinence is increased by using behavioral and pharmaceutical interventions.[2] Effective interventions include FDA-approved pharmacotherapies and various forms of counseling (individual or group, in person or by telephone).[3]

Listed below are the indicators associated with this outcome:

- **3.11.1** Proportion of adult smokers who have made a quit attempt
- **3.11.2** Proportion of young smokers who have made a quit attempt
- **3.11.3** Proportion of adult and young smokers who have made a quit attempt using proven cessation methods

References

1. U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
2. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.
3. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

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McBride PE, Plane MB, Underbakke G, Brown RL, Solberg LI. Smoking screening and management in primary care practices. *Archives of Family Medicine.* 1997;6(2):165–72.

Increased Number of Quit Attempts and Quit Attempts Using Proven Cessation Methods

Indicator Rating
◄○ ◒ ◓ ● ► better

Number	Indicator	Overall quality (low ◄► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
3.11.1	Proportion of adult smokers who have made a quit attempt		$$†	◓	●	◓	●
3.11.2	Proportion of young smokers who have made a quit attempt	†	$$	○	◓	◓	◓
3.11.3	Proportion of adult and young smokers who have made a quit attempt using proven cessation methods		$$	●	◓	◓	●

† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

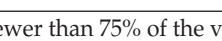
Indicator 3.11.1

Proportion of Adult Smokers Who Have Made a Quit Attempt

Goal area 3	Promoting quitting among adults and young people
Outcome 11	Increased number of quit attempts and quit attempts using proven cessation methods
What to measure	Proportion of adult smokers who have stopped smoking for at least 1 day during the previous 12 months in an attempt to quit smoking
Why this indicator is useful	Attempting to quit is an essential step in the process of becoming tobacco-free. Stopping tobacco use entirely is often preceded by several quit attempts.[1] Increasing the number of quit attempts may lead to increased smoking cessation rates and a lower prevalence of smoking.[1]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Behavioral Risk Factor Surveillance System (BRFSS), 2002 ▶ Current Population Survey: Tobacco Use Supplement (CPS TUS), 2003
Population group(s)	Smokers aged 18 years or older
Example survey question(s)	**From ATS, BRFSS, and CPS TUS** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused
Comments	Evaluators may also want to measure the number of quit attempts made by smokers over a given time period.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$†				



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Reference

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

Indicator 3.11.2

Proportion of Young Smokers Who Have Made a Quit Attempt

Goal area 3	Promoting quitting among adults and young people
Outcome 11	Increased number of quit attempts and quit attempts using proven cessation methods
What to measure	Proportion of young smokers who have stopped smoking for at least 1 day during the previous 12 months in an attempt to quit smoking
Why this indicator is useful	Attempting to quit is an essential step in the process of becoming tobacco-free. Successful cessation of tobacco use is often preceded by several quit attempts.[1] Increasing the number of quit attempts can lead to increased smoking cessation rates and a lower prevalence of smoking.[1]
Example data source(s)	▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ▶ CDC Youth Risk Behavior Surveillance System (YRBSS), 2003
Population group(s)	Smokers less than 18 years of age
Example survey question(s)	**From YTS** How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking? ☐ I have not smoked in the past 12 months ☐ I have not tried to quit ☐ 1 time ☐ 2 times ☐ 3 to 5 times ☐ 6 to 9 times ☐ 10 or more times **From YTS and YRBSS** During the past 12 months, did you ever try to quit smoking cigarettes? ☐ I did not smoke during the past 12 months ☐ Yes ☐ No
Comments	None

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
†◄——►	$$	○	◒	◒	◒

◄○ ◒ ◓ ● ► better

† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Reference

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

Indicator 3.11.3

Proportion of Adult and Young Smokers Who Have Made a Quit Attempt Using Proven Cessation Methods

Goal area 3	Promoting quitting among adults and young people
Outcome 11	Increased number of quit attempts and quit attempts using proven cessation methods
What to measure	The proportion of adult and young smokers who have stopped smoking for at least 1 day during the previous 12 months using proven cessation methods in an attempt to quit smoking entirely. Examples of proven cessation strategies are (1) FDA-approved pharmacotherapies, (2) in-person individual counseling, (3) counseling from telephone quitlines, and (4) stop-smoking classes.
Why this indicator is useful	Evidence shows that among adult tobacco users, the use of effective cessation strategies such as counseling or FDA-approved pharmaceuticals can double quit rates compared to unassisted quit attempts.[1] Less evidence is available concerning young tobacco users, but preliminary studies suggest that cognitive-behavioral interventions are a promising approach.[2]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Youth Tobacco Survey (YTS): Supplemental Questions, 2004
Population group(s)	▶ Smokers aged 18 years or older ▶ Smokers aged less than 18 years
Example survey question(s)	**From ATS** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused The last time you tried to quit smoking, did you use any other assistance such as classes or counseling? ☐ Yes ☐ No *If yes, ask* Did you use? *(Check all that apply)* — Yes / No 1. A stop-smoking clinic or class ☐ ☐ 2. A telephone quitline ☐ ☐ 3. One-on-one counseling from a doctor or nurse ☐ ☐ 4. Self-help material, books or videos ☐ ☐ 5. Acupuncture ☐ ☐ 6. Hypnosis ☐ ☐ 7. Other, specify_____ The last time you tried to quit smoking, did you use the nicotine patch, gum, or any other medication to help you quit? ☐ ☐ Did you use? 1. Nicotine gum ☐ ☐ 2. A patch ☐ ☐ 3. A nasal spray ☐ ☐ 4. An inhaler ☐ ☐ 5. Buproprion, Zyban,® Wellbutrin® ☐ ☐ 5. Other, specify_____

Example survey question(s) (cont.)

From YTS Supplemental Questions

Have you ever participated in a program at school to help you quit using tobacco?
☐ I have never used tobacco ☐ Yes ☐ No

Comments

This example YTS Supplemental question could be expanded to include multiple types of cessation methods, as well as the number of quit attempts in the previous year (see ATS questions).

Rating

Overall quality (low ↔ high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$	●	◒	◒	●

References

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.
2. Milton MH, Maule CO, Yee SL, Backinger C, Malarcher AM, Husten CG. *Youth tobacco cessation: a guide for making informed decisions.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.

Outcome 12

Increased Price of Tobacco Products

Evidence is strong that raising the price of cigarettes encourages smokers to quit and reduces smoking prevalence and tobacco use.[1] A comprehensive review of studies of the effect of tobacco price increases shows that a 10% increase in price yields a 4% decrease in tobacco consumption (approximately 2% of which is due to reduced consumption and the remaining 2% is due to quitting smoking).[1] Certain populations—such as adolescents, young adults, and low-income smokers—are particularly price sensitive and are more likely to quit or cut back in response to cigarette price increases than other populations.[2] Even the tobacco industry recognizes the effect of price increases, as revealed by an internal Philip Morris document stating, "A high cigarette price, more than any other cigarette attribute, has the most direct impact on the share of the quitting population. Price, not tar level, is the main driving force for quitting."[3]

Listed below is the indicator associated with this outcome:

▶ **3.12.1** Amount of tobacco product excise tax

References

1. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.
2. Centers for Disease Control and Prevention. Responses to cigarette prices by race/ethnicity, income, and age groups—United States, 1976–1993. *Morbidity and Mortality Weekly Report.* 1998;47(29):605–9.
3. Schwab C. Cigarette attributes and quitting. Philip Morris Doc. 2045447810, March 4, 1993. Available from: http://www.pmdocs.com. Accessed December 2004.

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Sciamanna CN, Hoch JS, Duke GC, Fogle MN, Ford DE. Comparison of five measures of motivation to quit smoking among a sample of hospitalized smokers. *Journal of General Internal Medicine.* 2000;15(1):16–23.

U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.

Outcome 12□

Increased Price of Tobacco Products

Indicator Rating

←○ ◒ ◓ ● → better

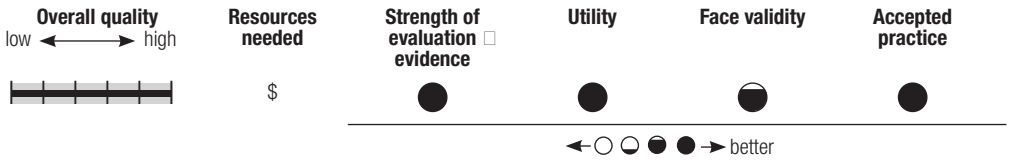
Number	Indicator	Overall quality (low ↔ high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
3.12.1	Amount of tobacco product excise tax		$	●	●	◓	●

Indicator 3.12.1

Amount of Tobacco Product Excise Tax

Goal area 3	Promoting quitting among adults and young people
Outcome 12	Increased price of tobacco products
What to measure	(1) The state excise tax per pack of cigarettes and (2) the percentage of the total price of a pack of cigarettes that is attributable to tax
Why this indicator is useful	Increasing the tax on tobacco products reduces tobacco consumption and prevalence, especially among the most price-sensitive populations (e.g., young people).[1,2] Increasing cigarette excise tax is an effective method of increasing the real price of cigarettes, although maintaining high prices requires further tax increases to offset the effects of inflation.[1,2]
Example data source(s)	▶ CDC State Tobacco Activities Tracking and Evaluation (STATE) system Data available at: http://www.cdc.gov/tobacco/STATEsystem ▶ Campaign For Tobacco-Free Kids (CTFK) Information available at: http://tobaccofreekids.org/research/factsheets ▶ State departments of revenue
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring state excise tax on tobacco products.
Example survey question(s)	Not applicable
Comments	States can also independently track the price of tobacco products by collecting "scanner data" (data obtained from product bar codes), which provide information on product price, brand, and promotions. However, this type of data collection can be cost prohibitive. To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).

Rating



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1. U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

Increased Cessation Among Adults and Young People

Scientific evidence shows that stopping smoking yields major and immediate health benefits. Former smokers live longer than smokers and they have a decreased risk of lung cancer, other cancers, heart attack, stroke, and chronic lung disease.[1] In addition, newborns of women who stop smoking before pregnancy or during the first 3 months of pregnancy have birth weights that are the same as those of nonsmokers.[1] Quitting even later than 3 months in pregnancy confers some benefit. Regardless of the age at which they stop smoking, former smokers live longer and frequently healthier lives than smokers. The excess risk of death from smoking begins to decrease shortly after cessation and continues to decrease for at least 10–15 years.[1]

Listed below are the indicators associated with this outcome:

- **3.13.1** Proportion of smokers who have sustained abstinence from tobacco use
- **3.13.2**[NR] Proportion of recent successful quit attempts

Reference

1. U.S. Department of Health and Human Services. *The health benefits of smoking cessation: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 1990. CDC Publication No. 90-8416.

For Further Reading

Fiore MC, Bailey WC, Cohen SJ, Dorfman S, Goldstein M, Gritz E, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services; 2000.

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Outcome 13

Increased Cessation Among Adults and Young People

Indicator Rating

◄○ ◒ ◓ ● ► better

Number	Indicator	Overall quality (low ◄► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
3.13.1	Proportion of smokers who have sustained abstinence from tobacco use		$$	●	●	●	●
3.13.2[NR]	Proportion of recent successful quit attempts		⊘	⊘	⊘	⊘	⊘

⊘ Denotes no data.

[NR] Denotes an indicator that is not rated (see Appendix B for an explanation).

Indicator 3.13.1

Proportion of Smokers Who Have Sustained Abstinence from Tobacco Use

Goal area 3	Promoting quitting among adults and young people
Outcome 13	Increased cessation among adults and young people
What to measure	Proportion of former smokers who have sustained abstinence from tobacco use for 6 months or longer[1]
Why this indicator is useful	The longer the time since a person smoked, the more likely that person will continue not smoking.[2]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Behavioral Risk Factor Surveillance System (BRFSS): Tobacco Use Prevention Module, 2002 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	▶ Former smokers aged 18 years or older ▶ Former smokers aged less than 18 years
Example survey question(s)	**From ATS and BRFSS** About how long has it been since you last smoked cigarettes regularly? ☐ Within the past month (0 to 1 month ago) ☐ Within the past 3 months (1 to 3 months ago) ☐ Within the past 6 months (3 to 6 months ago) ☐ Within the past year (6 to 12 months ago) ☐ Within the past 5 years (1 to 5 years ago) ☐ Within the past 15 years (5 to 15 years ago) ☐ 15 or more years ago ☐ Don't know/Not sure ☐ Refused **From YTS** When was the last time you smoked a cigarette, even one or two puffs? ☐ I have never smoked even one or two puffs ☐ Earlier today ☐ Not today but sometime during the past 7 days ☐ Not during the past 7 days but sometime during the past 30 days ☐ Not during the past 30 days but sometime during the past 6 months ☐ Not during the past 6 months but sometime during the past year ☐ 1 to 4 years ago ☐ 5 or more years ago When you last tried to quit, how long did you stay off cigarettes? ☐ I have never smoked cigarettes ☐ I have never tried to quit ☐ Less then a day ☐ 1 to 7 days ☐ More than 7 days but less than 30 days ☐ 30 days or more but less than 6 months ☐ 6 months or more but less than a year ☐ 1 year or more

Comments

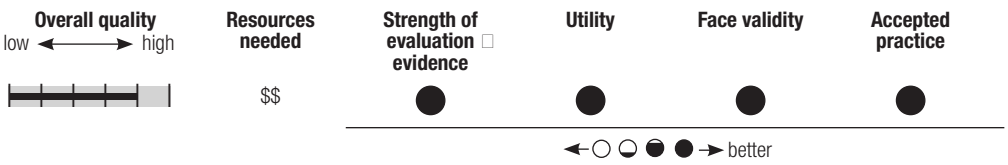
Evaluators could also ask the example questions of current smokers regarding their last quit attempt or longest quit attempt, since an increase in the duration of a quit attempt (even if the smoker begins smoking again) could indicate progress toward cessation.

This indicator can be used as a proxy for smokers who have "permanently quit."

Evaluators can determine a proxy for "former smokers" using YTS data by combining the variable of lifetime smoking (≥ 100 cigarettes) and current cigarette smoking (smoked zero cigarettes during the past 30 days).

Evaluators could also modify the example questions to measure sustained abstinence from all tobacco products.

Rating



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1. Schwartz JL. *Review and evaluation of smoking cessation methods: the United States and Canada, 1978–1985.* Bethesda, MD: National Cancer Institute; 1987.
2. Hughes JR, Keely JP, Niaura RS, Ossip-Klein DJ, Richmond RL, Swan GE. Measures of abstinence in clinical trials: issues and recommendations. *Nicotine and Tobacco Research.* 2003;5(1):13–25. Erratum in: *Nicotine and Tobacco Research*. 2003;5(4):603.

Indicator 3.13.2[NR]

Proportion of Recent Successful Quit Attempts

Goal area 3	Promoting quitting among adults and young people
Outcome 13	Increased cessation among adults and young people
What to measure	Proportion of smokers who made a quit attempt in the previous 12 months and are still not smoking
Why this indicator is useful	It is important to measure the proportion of recent successful quit attempts to document progress toward increased cessation.[1]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Behavioral Risk Factor Surveillance System (BRFSS), 2002 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	▶ Smokers aged 18 years or older ▶ Smokers aged less than 18 years
Example survey question(s)	**From ATS and BRFSS** Have you smoked at least 100 cigarettes in your entire life? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused Do you now smoke cigarettes every day, some days, or not at all? ☐ Everyday ☐ Some days ☐ Not at all ☐ Refused During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused **From YTS** During the past 30 days, on how many days did you smoke cigarettes? ☐ 0 days ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking? ☐ I have not smoked in the past 12 months ☐ I have not tried to quit ☐ 1 time ☐ 2 times ☐ 3 to 5 times ☐ 6 to 9 times ☐ 10 or more times

Example survey question(s) (cont.)

When you last tried to quit, how long did you stay off cigarettes?
☐ I have never smoked cigarettes
☐ I have never tried to quit
☐ Less than a day
☐ 1 to 7 days
☐ More than 7 days but less than 30 days
☐ 30 days or more but less than 6 months
☐ 6 months or more but less than a year
☐ 1 year or more

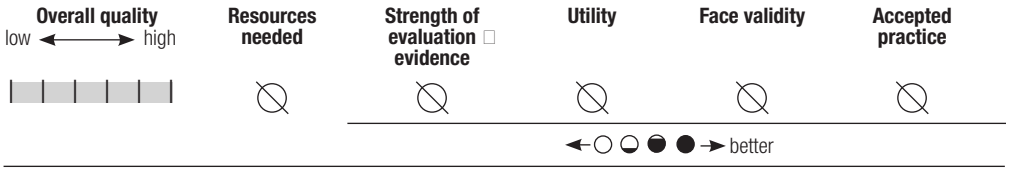
Comments

Evaluators should ask all three example questions of respondents in the target population to obtain the information necessary to measure this indicator.

Evaluators may also want to report the percentage of *ever-smokers* that have quit. This percentage is calculated by dividing the number of *former smoker*s by the number of *ever-smokers*.

This indicator was not rated by the panel of experts, and therefore no rating information is provided. See Appendix B for an explanation.

Rating



⊘ Denotes no data.

NR Denotes an indicator that is not rated (see Appendix B for an explanation).

Reference

1. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

Outcome 14

Reduced Tobacco-use Prevalence and Consumption

Evidence is strong that tobacco use, particularly cigarette smoking, is the leading cause of preventable illness and death in the United States. Cigarette smoking is responsible for more than 440,000 deaths each year, or one of every five deaths.[1] In the United States, nearly one in four adults and about one in four teenagers smoke.[1,2] If current trends continue, 25 million people (including 5 million of today's children) will die prematurely of a smoking-related disease.[3] Paralleling this enormous health and personal toll is the economic burden of tobacco use: more than $75 billion in medical expenditures and another $80 billion in indirect costs resulting from lost productivity.[1] Reducing the number of smokers is the best strategy for decreasing preventable disease and death.[4–6]

Listed below are the indicators associated with this outcome:

- **3.14.1** Smoking prevalence
- **3.14.2** Prevalence of tobacco use during pregnancy
- **3.14.3** Prevalence of postpartum tobacco use
- **3.14.4** Per capita consumption of tobacco products

References

1. Centers for Disease Control and Prevention. *Targeting tobacco use: the nation's leading cause of death, 2004* [At a Glance]. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion; 2004. Available from: http://www.cdc.gov/nccdphp/aag/aag_osh.htm. Accessed March 2005.
2. Centers for Disease Control and Prevention. Youth risk behavior surveillance–United States, 2003. *Morbidity and Mortality Weekly Report CDC Surveillance Summaries.* 2004;53(SS-2):1–29.
3. Centers for Disease Control and Prevention. Projected smoking-related deaths among youth—United States. *Morbidity and Mortality Weekly Report.* 1996;45(44):971–4.
4. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
5. U.S. Department of Health and Human Services. *The health consequences of smoking: cardiovascular disease. A report of the Surgeon General.* Atlanta, GA: Centers for Disease Control; 1983. PHS Publication No. 84-50204.
6. U.S. Department of Health and Human Services. *The health consequences of smoking: cancer. A report of the Surgeon General.* Atlanta, GA: Centers for Disease Control; 1982. PHS Publication No. 82-50179.

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Outcome 14

Reduced Tobacco-use Prevalence and Consumption

Indicator Rating
◄○◒●● ► better

Number	Indicator	Overall quality (low ◄► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
3.14.1	Smoking prevalence		$$†	●	●	●	●
3.14.2	Prevalence of tobacco use during pregnancy		$$	●	●	●	●
3.14.3	Prevalence of postpartum tobacco use		$$$	●	◒	◒	●
3.14.4	Per capita consumption of tobacco products		$	●	●	●	●

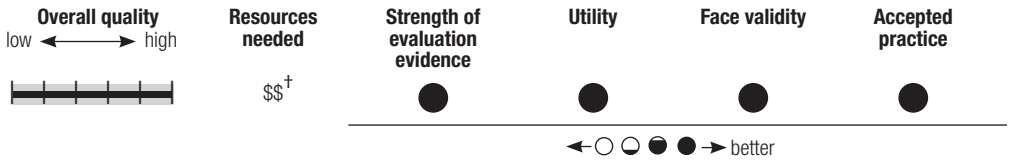
† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Indicator 3.14.1

Smoking Prevalence

Goal area 3	Promoting quitting among adults and young people
Outcome 14	Reduced tobacco-use prevalence and consumption
What to measure	Proportion of adults who have ever smoked at least 100 cigarettes in their lives and who smoke every day or some days[1] Proportion of young people who have smoked on at least 1 day during the previous 30 days[2]
Why this indicator is useful	Tobacco use remains the leading preventable cause of death and disease in the United States, resulting in more than 440,000 deaths each year.[3] Although smoking prevalence continues to decline, nearly one in four adults and about one in four teenagers smoke.[4] Reducing the number of smokers is the best strategy for decreasing preventable disease and death.[6-8]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Behavioral Risk Factor Surveillance System (BRFSS), 2003 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ▶ CDC Youth Risk Behavior Surveillance System (YRBSS), 2003
Population group(s)	▶ Adult smokers aged 18 years or older ▶ Young smokers aged less than 18 years
Example survey question(s)	**From ATS and BRFSS** Have you smoked at least 100 cigarettes in your entire life? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused Do you now smoke cigarettes everyday, some days, or not at all? ☐ Everyday ☐ Some days ☐ Not at all ☐ Refused **From YTS and YRBSS** During the past 30 days, on how many days did you smoke cigarettes? ☐ 0 days ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days
Comments	To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

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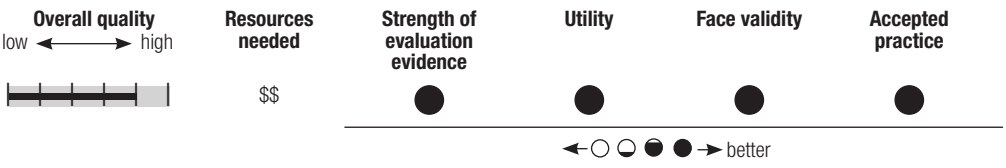
Indicator 3.14.2

Prevalence of Tobacco Use During Pregnancy

Goal area 3	Promoting quitting among adults and young people
Outcome 14	Reduced tobacco-use prevalence and consumption
What to measure	Proportion of pregnant women who smoked during pregnancy
Why this indicator is useful	Smoking is associated with a variety of complications before, during, and after pregnancy, including ectopic pregnancy, premature membrane rupture, placental complications, preterm delivery, stillbirth, neonatal and perinatal mortality, increased rates of hospital care, and low birth weight.[1] Reducing maternal smoking prevalence can lead to a reduced probability of these complications.
Example data source(s)	▶ Birth certificate data ▶ CDC Pregnancy Risk Assessment Monitoring System (PRAMS), Phase 4, 2000–2003
Population group(s)	▶ Not applicable. This indicator is best measured by examining birth certificate data from vital statistic records. ▶ Pregnant women
Example survey question(s)	**Birth certificate data are available from states' vital statistics data.** **From PRAMS** In the *last 3 months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? ☐ _____cigarettes OR _____ packs ☐ Less than 1 cigarette a day ☐ I didn't smoke ☐ I don't smoke
Comments	Using birth certificate data may lead to underestimates of smoking rates during pregnancy due to underreporting.[1] Surveys such as PRAMS might yield more accurate data regarding smoking behaviors. To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as cigars, chewing tobacco, and loose tobacco.

Rating



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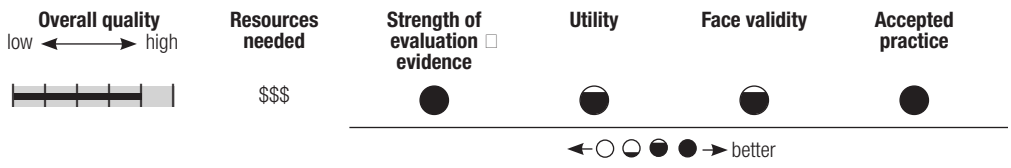
Indicator 3.14.3

Prevalence of Postpartum Tobacco Use

Goal area 3	Promoting quitting among adults and young people
Outcome 14	Reduced tobacco-use prevalence and consumption
What to measure	Proportion of women who use tobacco in the postpartum period (6 months after giving birth)
Why this indicator is useful	Although smoking prevalence among women decreases significantly during pregnancy, most mothers resume smoking within a year of delivery.[1,2] In such cases, not only is the health of the mother affected, but also that of her child; exposure to secondhand smoke is a major cause of lower respiratory infections, asthma, and chronic middle inner ear infections among infants and children.[2,3]
Example data source(s)	CDC Pregnancy Risk Assessment Monitoring System (PRAMS), Phase 4, 2000–2003
Population group(s)	Pregnant women
Example survey question(s)	Are you currently pregnant? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused to answer Have you given birth in the past 6 months? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused to answer **From PRAMS** How many cigarettes or packs of cigarettes do you smoke on an average day now? ☐ _____cigarettes OR _____packs ☐ Less than 1 cigarette a day ☐ I didn't smoke ☐ I don't smoke
Comments	The authors created the first two example questions to screen survey respondents for pregnancy status. The questions are not found in any commonly used data source. Evaluators may want to differentiate between women who continued smoking throughout pregnancy into the postpartum period and women who relapsed during the postpartum period.

Rating



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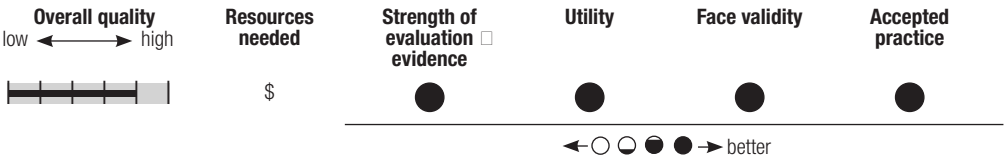
Indicator 3.14.4

Per Capita Consumption of Tobacco Products

Goal area 3	Promoting quitting among adults and young people
Outcome 14	Reduced tobacco-use prevalence and consumption
What to measure	The number of cigarette packs sold per adult aged 18 years or older in the state
Why this indicator is useful	Decreases in overall tobacco consumption indicate the success of a comprehensive tobacco control program.[1,2]
Example data source(s)	▶ CDC State Tobacco Activities Tracking and Evaluation (STATE) system Data available at: http://www.cdc.gov/tobacco/STATEsystem ▶ State departments of revenue
Population group(s)	Not applicable. This indicator is best measured by examining tax records to assess the states' sales of cigarettes.
Example survey question(s)	Not applicable
Comments	Evaluators need to measure statewide consumption of cigarettes, smokeless tobacco, and other tobacco products separately.

Rating



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