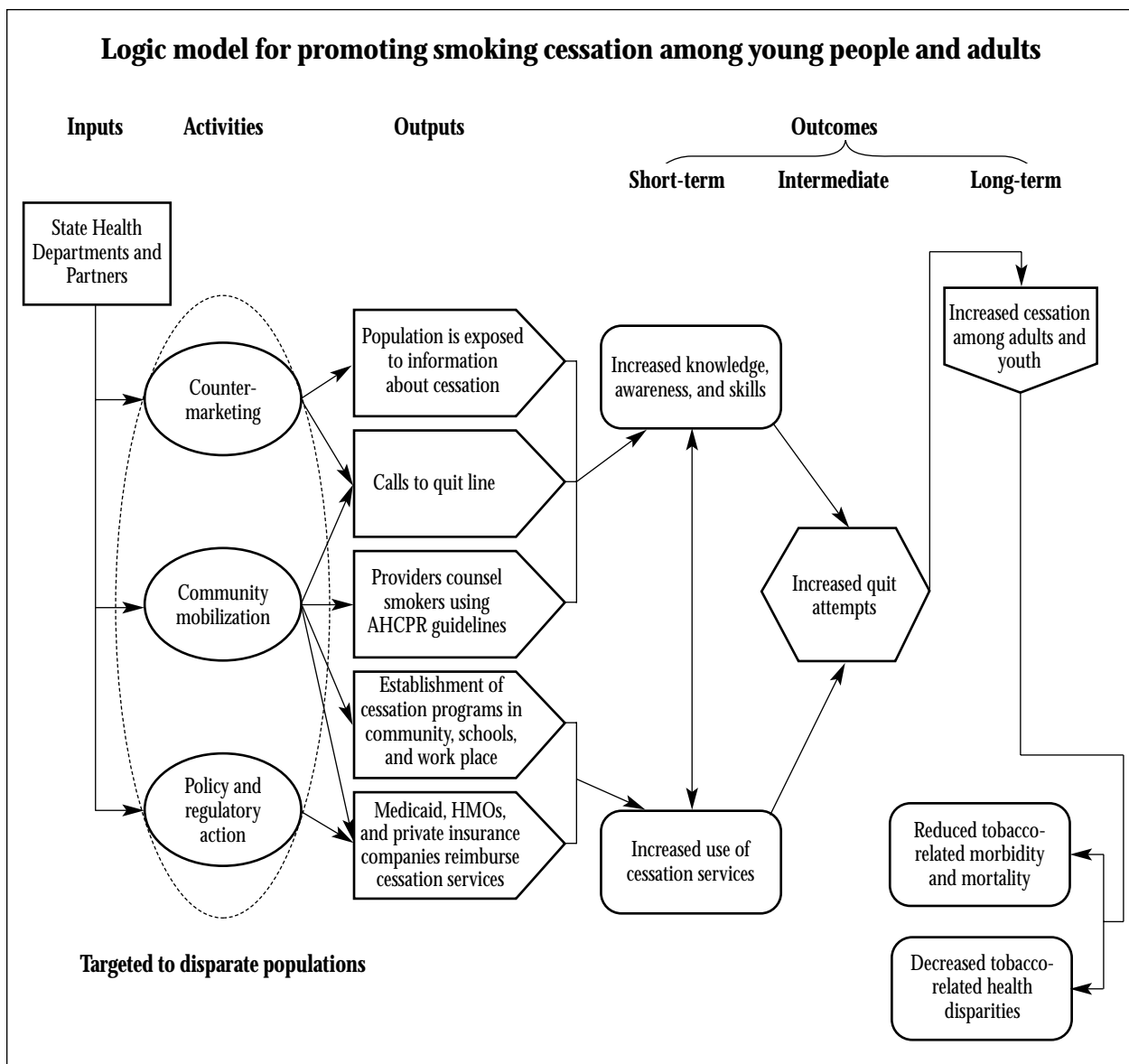


Appendix C

Promoting Smoking Cessation Among Young People and Adults

- Example of Logic Model
- Examples of Outcome and Process Objectives
- Example Outcomes, Outputs, Indicators, and Data Sources

Promoting Smoking Cessation Among Young People and Adults



Program goal: promote smoking cessation among young people and adults

Examples of outcome objectives

Examples of long-term objectives

- In state X, increase the proportion of adults who report they have quit smoking in the prior 12 months from X% in 2001 to Y% in 2005.
- In state X, increase the proportion of adolescent smokers who report they did not smoke cigarettes in the prior 6 months from X% in 2001 to Y% in 2005.

Strategy: Decrease smoking rate among pregnant women.

- Increase the proportion of women smokers who did not smoke in the last 3 months of pregnancy and remained abstinent through postpartum from X% in 2001 to Y% in 2005.
- Increase the proportion of target-population women smokers who did not smoke in the last 3 months of pregnancy and remained abstinent through postpartum from X% in 2001 to Y% in 2005.

Examples of intermediate objectives

Strategy: Increase the rate of quit attempts.

- Increase the proportion of adult smokers who, in the previous year, made at least one quit attempt that lasted longer than 24 hours from X% in 2001 to Y% in 2003.
- Increase the proportion of smokers in grades 9 through 12 who have tried to quit smoking in the previous 12 months from X% to Y% in 2003.
- Increase the proportion of target-population smokers in grades 9 through 12 who have tried to quit smoking in the previous 12 months from X% to Y% in 2003.

Strategy: Increase the percentage of smokers who intend to quit.

- Increase the percentage of adult smokers who report they would like to quit smoking from X% in 2001 to Y% in 2003.
- Increase the percentage of adult smokers who report they are seriously considering quitting smoking within the next 6 months from X% in 2002 to Y% in 2003.

- Increase the percentage of target-population adult smokers who report they are seriously considering quitting smoking within the next 6 months from X% in 2002 to Y% in 2003.
- Increase the percentage of young people in grades 9 through 12 who report they are seriously considering quitting smoking within the next 6 months from X% in 2002 to Y % in 2003.
- Increase the percentage of target-population young people in grades 9 through 12 who report they are seriously considering quitting smoking within the next 6 months from X% in 2002 to Y% in 2003.

Strategy: Promote smoking-cessation programs in workplaces and other community settings.

- Increase the proportion of smokers who report their workplace offers formal smoking-cessation programs from X% in 2001 to Y % in 2002.
- Increase the proportion of smokers in particular groups (e.g., Hispanics, pregnant women) who report their workplace offers formal smoking-cessation programs from X% in 2001 to Y% in 2002.
- Increase the percentage of minority-owned businesses offering formal workplace smoking-cessation programs from X% in 2001 to Y% in 2002.
- Increase the proportion of smokers who can identify at least one smoking-cessation resource from which they could receive help from X% in 2001 to Y% in 2002.
- Increase the proportion of smokers who know about a quitline from X% in 2001 to Y% in 2002.

Strategy: Encourage health care providers to counsel patients to quit using tobacco.

- Increase the proportion of health care providers who routinely counsel their tobacco-using patients to quit from X% in 2001 to Y% in 2002.
- Increase the proportion of adult smokers who report that a doctor or other health care professional advised them to quit smoking during the previous 12 months from X% in 2001 to Y% in 2002.

Strategy: Increase the proportion of health insurance plans that offer cessation services.

- Increase the proportion of health insurance plans that offer smoking-cessation services as a covered benefit from X% in 2001 to Y% in 2002.
- Increase the proportion of health insurance plans that offer pharmaceutical treatment of nicotine addiction as a covered benefit from X% in 2001 to Y% in 2002.

Examples of short-term objectives

Strategy: Improve awareness, knowledge, and attitudes related to cessation among adult smokers.

- Increase the proportion of adult smokers who recall the content of cessation advertising, brochures, posters, or presentations from X% in 2001 to Y% in 2002.
- Increase the proportion of a particular group of adult smokers (e.g., Hispanics, low-literacy groups, gays and lesbians) who recall the content of cessation advertising, brochures, posters, or presentations from X% in 2001 to Y% in 2002.
- Increase the proportion of adult smokers who believe quitting smoking is beneficial to their health from X% in 2001 to Y% in 2002.
- Increase the proportion of adult smokers who are confident they would be able to quit smoking permanently from X% in 2001 to Y% in 2002.

Strategy: Improve awareness, knowledge, and attitudes related to cessation among health care system staff, health care professionals, and insurance purchasers (e.g., businesses, managed care organizations, business coalitions, Medicaid staff, state employee benefits managers).

- Increase the proportion of health care system staff that receive training on reminder systems from X% in 2001 to Y% in 2002.
- Increase the proportion of insurers and purchasers of insurance who receive briefings on insurance coverage from X% in 2001 to Y% in 2002.
- Increase the proportion of insurers and purchasers of insurance who receive model descriptions of insurance benefits from X% in 2001 to Y% in 2002.

Examples of process objectives

Strategy: Promote smoking-cessation programs.

- By October 2001, have at least three local coalitions with Web sites that list smoking-cessation programs in their communities.
- By June 2002, establish new smoking-cessation programs in at least five rural communities with no prior cessation resources.

Strategy: Promote health systems change

- By February 2002, meet with decision makers from at least two managed care plans to provide the rationale for covering smoking-cessation benefits through their employer-funded plans.
- By May 2002, distribute chart stickers for tracking patient tobacco use through at least five county medical societies.

Strategy: Promote decreased social acceptability of tobacco use.

- By August 2002, develop a media campaign, with materials tailored to the target population, that encourages adults and adolescents to quit smoking to improve their health.

Example Outcomes, Outputs, Indicators, and Data Sources for the Program Goal of Increasing Smoking Cessation Among Young People and Adults		
Long-Term Outcomes	Long-Term Indicators	Data Sources*
Increased nonsmoking during pregnancy.	<ul style="list-style-type: none"> ■ Proportion of women who report smoking less than one cigarette a day during the prior 3 months of their pregnancy. ■ Proportion of women who report smoking 3 months before pregnancy and not smoking after pregnancy. 	<ul style="list-style-type: none"> ■ Pregnancy Risk Assessment Monitoring System.
Increased smoking cessation.	<ul style="list-style-type: none"> ■ Percentage of adult smokers who report quitting in the prior year. ■ Percentage of young smokers who report quitting in past 6 months. 	<ul style="list-style-type: none"> ■ Behavioral Risk Factor Surveillance System, optional module. ■ Youth Tobacco Survey.
Intermediate Outcomes	Intermediate Indicators	Data Sources*
Increased quit attempts.	<ul style="list-style-type: none"> ■ Percentage of adult smokers who stopped smoking for 1 day or longer in the prior 12 months in an attempt to quit smoking. ■ Percentage of adolescent smokers who tried to quit smoking cigarettes during the prior 12 months. 	<ul style="list-style-type: none"> ■ Behavioral Risk Factor Surveillance System, optional module. ■ Youth Tobacco Survey. ■ Adult Tobacco Survey.
Increased intentions to quit.	<ul style="list-style-type: none"> ■ Percentage of adult smokers who report they would like to quit smoking. ■ Percentage of adult smokers who report they are seriously considering quitting within the next 6 months. ■ Percentage of adolescent smokers who report they would like to quit smoking. 	<ul style="list-style-type: none"> ■ Adult Tobacco Survey. ■ Youth Tobacco Survey.
Short-Term Outcomes	Short-Term Indicators	Data Sources*
Improved awareness, knowledge, attitude, and skills related to smoking cessation.	<ul style="list-style-type: none"> ■ Proportion of adults who recall the content of cessation PSAs, brochures, posters, or presentations. ■ Proportion of adult smokers who believe quitting smoking is beneficial to their health. ■ Proportion of adults who are confident they could quit smoking permanently. 	<ul style="list-style-type: none"> ■ Adult Tobacco Survey. ■ State-specific surveys.
Increased availability of cessation programs in wide variety of settings.	<ul style="list-style-type: none"> ■ Proportion of adolescent smokers who report participation in a program to help them quit using tobacco. ■ Proportion of pregnant women who report attending classes on how to stop smoking. ■ Proportion of smokers who report their workplace offers a smoking-cessation program. ■ Proportion of adults who can identify at least one smoking-cessation resource from which they could receive help. 	<ul style="list-style-type: none"> ■ Youth Tobacco Survey. ■ Pregnancy Risk Assessment Monitoring System. ■ Adult Tobacco Survey.
Increased smoking-cessation counseling by health care providers.	<ul style="list-style-type: none"> ■ Proportion of adult smokers who have been advised to quit smoking by a health care professional in the prior 12 months. ■ Proportion of women who report a health care professional spoke to them during prenatal visits about how smoking can harm their baby. 	<ul style="list-style-type: none"> ■ BRFSS optional module. ■ Pregnancy Risk Assessment Monitoring System. ■ Adult Tobacco Survey.
Increased coverage of cessation services in health insurance plans.	<ul style="list-style-type: none"> ■ Proportion of health insurance plans that cover smoking-cessation services. ■ Proportion of health insurance plans that cover treatment of nicotine addiction. 	<ul style="list-style-type: none"> ■ State surveys.

Example Outcomes, Outputs, Indicators, and Data Sources for Programs with a Goal of Increasing Smoking Cessation Among Young People and Adults		
Process Outcomes	Process Indicators	Data Sources*
Increased availability of smoking-cessation programs.	<ul style="list-style-type: none"> ■ Number of Web sites listing community smoking-cessation services. ■ Number of new smoking-cessation programs offered in rural communities. 	<ul style="list-style-type: none"> ■ State or local progress reports.
Increased greater attention to smoking-cessation by health care systems.	<ul style="list-style-type: none"> ■ Number of meetings with managed care plans about adding coverage of smoking-cessation. ■ Number of county medical societies distributing chart stickers for tracking patient tobacco use. 	<ul style="list-style-type: none"> ■ State or local progress reports. ■ Copies of meeting agendas.
Decreased acceptability of tobacco use.	<ul style="list-style-type: none"> ■ Copies of media spots developed as part of the media campaign to promote smoking cessation. 	<ul style="list-style-type: none"> ■ State or local progress reports.

