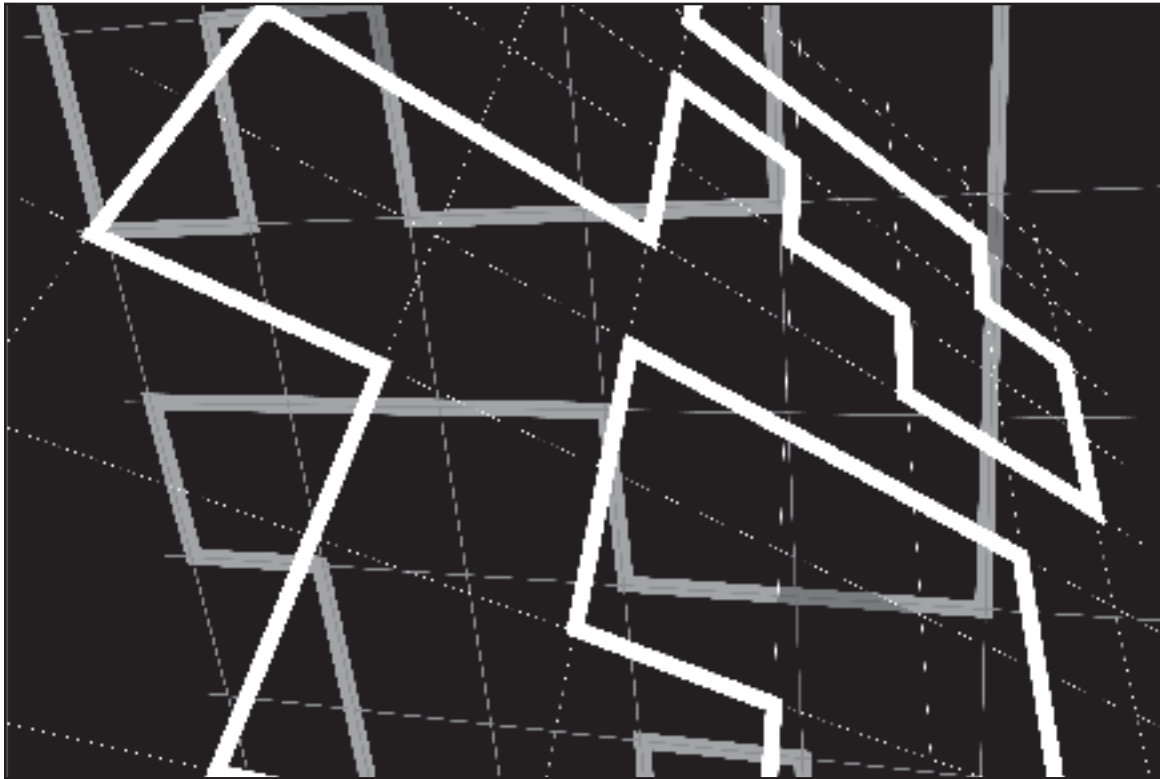


Goal Area 3: Promoting Quitting Among Adults and Young People



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

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

For Further Reading

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Kozlowski LT, Goldberg ME, Sweeney CT, Palmer RF, Pillitteri JL, Yost BA, White EL, Stine MM. Smoker reactions to a “radio message” that Light cigarettes are as dangerous as Regular cigarettes. *Nicotine and Tobacco Research*. 1999;1(1):67–76.

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Wakefield M, Borland R. Saved by the bell: the role of telephone helpline services in the context of mass-media anti-smoking campaigns. *Tobacco Control*. 2000;9(2):117–9.

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 □	<p>Evaluators may also want to collect information about the proportion of smokers in the state who have received counseling from the quitline.</p> <p>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.</p> <p>Additional information about quitline monitoring is available through the North American Quitline Consortium at: http://naquitline.org.</p> <p>For more information on how to collect data on this indicator, see references 7 and 8 below.</p>



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.
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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□	<p>Evaluators may also want to collect information about the proportion of smokers in the state who received counseling from the quitline.</p> <p>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.</p> <p>Additional information on quitline monitoring is also available through the North American Quitline Consortium at: http://naquitline.org.</p>												
Rating□	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed  </td> <td style="text-align: center;"> Strength of evaluation evidence □  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: right;">← ○ ● ● → better</td> </tr> </table> <p>□ Denotes no data.</p>	Overall quality low ← → high 	Resources needed 	Strength of evaluation evidence □ 	Utility 	Face validity 	Accepted practice 	← ○ ● ● → better					
Overall quality low ← → high 	Resources needed 	Strength of evaluation evidence □ 	Utility 	Face validity 	Accepted practice 								
← ○ ● ● → better													

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

References

- Centers for Disease Control and Prevention. *Telephone quitlines: a resource for development, implementation, and evaluation*. Atlanta, GA: Centers for Disease Control and Prevention; 2004.
- The World Bank. *Tobacco quitlines: at a glance*. Washington, DC: The World Bank; 2002. Available from: <http://wbln0018.worldbank.org/HDNet/hddocs.nsf/vtlw/7de69862c4402da485256ea1004e73b2> or <http://www.cdc.gov/tobacco/quit/CRC/TobaccoQuitlineataGlance.pdf>. Accessed March 2005.

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	<p>Evaluators may also want to collect information about the proportion of smokers in the state who received counseling from the quitline.</p> <p>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.</p> <p>Additional information about quitline monitoring is available through the North American Quitline Consortium at: http://naquitline.org.</p> <p>For more information on how to collect data on this indicator, see references 2 and 3 below.</p>



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.
2. Centers for Disease Control and Prevention. *Telephone quitlines: a resource for development, implementation, and evaluation*. Atlanta, GA: Centers for Disease Control and Prevention; 2004.
3. 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 3.7.4

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)	<p>From ATS</p> <p>The last time you tried to quit smoking, did you use any other assistance such as classes or counseling?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p> <p><i>If respondent answers "yes," ask the following question for each option below:</i></p> <p>Did you use:</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know Not sure</th> <th>Refused</th> </tr> </thead> <tbody> <tr> <td>1. A stop-smoking clinic or class?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. A telephone quitline?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. One-on-one counseling from a doctor or nurse?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Self-help material, books, or videos?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Acupuncture?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Hypnosis?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. Did you use anything else to help you quit?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Don't know Not sure	Refused	1. A stop-smoking clinic or class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. A telephone quitline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. One-on-one counseling from a doctor or nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Self-help material, books, or videos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Acupuncture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Hypnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you use anything else to help you quit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.



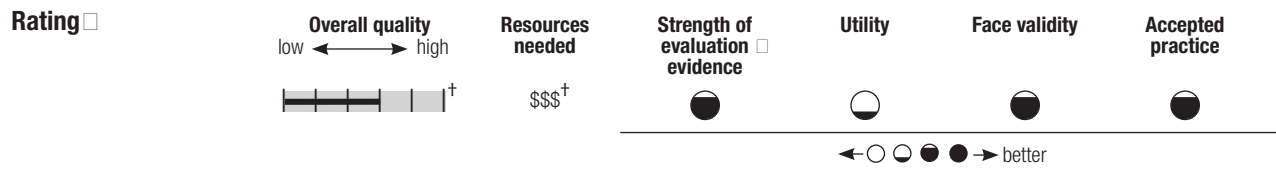
References

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)	<p>From ATMC</p> <p>Which of the following cessation interventions are available in your plan, and which are included in your plan’s formulary? [Mark all that apply.]</p> <table border="1"> <thead> <tr> <th></th> <th>Unavailable</th> <th>Full coverage</th> <th>Partial coverage</th> <th>In formulary</th> </tr> </thead> <tbody> <tr> <td>1. Nicotine replacement therapy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Over-the-counter</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td> Prescription</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td> Only with enrollment in cessation program</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Bupropion (e.g., Zyban®)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Telephone counseling</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Face-to-face counseling</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Classes or group meeting</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Self-help materials</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Example questions</p> <p>Does [your organization] operate a telephone quitline for smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know</p> <p>Does [your organization] inform beneficiaries about the state’s telephone quitline? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does [your organization] contribute to the financing of the state’s telephone quitline? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Unavailable	Full coverage	Partial coverage	In formulary	1. Nicotine replacement therapy					Over-the-counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Only with enrollment in cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Bupropion (e.g., Zyban®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Telephone counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Face-to-face counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Classes or group meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Self-help materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.																																																		



[†] 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).

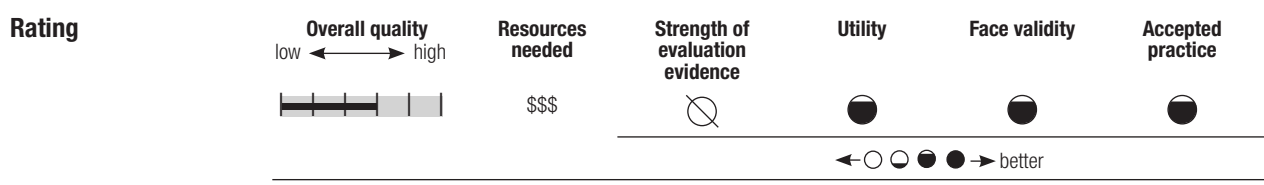
References

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? <i>Check all that apply</i> <input type="checkbox"/> Individual counseling (face-to-face) <input type="checkbox"/> Group counseling (face-to-face) <input type="checkbox"/> Telephone counseling (including referrals to quitlines) <input type="checkbox"/> Self-help programs (such as brochures, videos, Internet support) <input type="checkbox"/> Cessation treatment as part of prenatal care <input type="checkbox"/> Prescription medications <input type="checkbox"/> Over-the-counter medications <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> No services covered <input type="checkbox"/> Don't know
Comments	None



⊘ Denotes no data.

References

- 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.
- 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

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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).

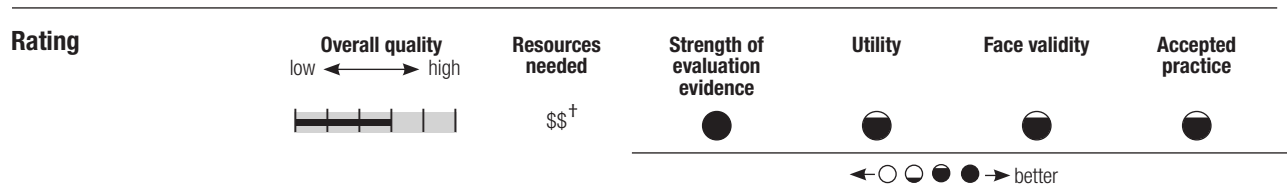
∅ □ Denotes no data. □

^{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 _____? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe, not sure <input type="checkbox"/> No <input type="checkbox"/> 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.



[†] 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).

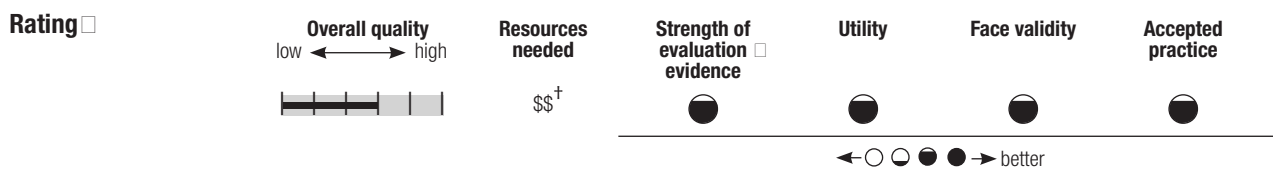
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Indicator 3.8.2 □

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)	<p>From LMTS</p> <p>Tell me how much you agree or disagree with the following statement: This ad is convincing. Would you say you:</p> <p><input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> No opinion <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>Would you say the ad gave you good reasons not to smoke?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>Did you talk to your friends about this ad?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
Comments □	<p>The example questions could also be asked of adults.</p> <p>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.</p> <p>Evaluators may want to assess media message receptivity by communication medium (e.g., television, print, or radio).</p> <p>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.</p>



† 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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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)	<ul style="list-style-type: none"> ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	<ul style="list-style-type: none"> ▶ Smokers 18 years of age or older ▶ Smokers aged less than 18 years
Example survey question(s)	<p>From ATS</p> <p>Are you seriously considering stopping smoking within the next 6 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p> <p>Are you planning to stop smoking within the next 30 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p> <p>From YTS</p> <p>Do you want to stop smoking cigarettes?</p> <p><input type="checkbox"/> I do not smoke now <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Comments None



[†] 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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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.
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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 <input type="checkbox"/>												
Outcome 8	Increased awareness, knowledge, intention to quit, and support for policies that support cessation												
What to measure <input type="checkbox"/>	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 <input type="checkbox"/>	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) <input type="checkbox"/>	<ul style="list-style-type: none"> ► Smokers 18 years of age or older <input type="checkbox"/> ► Smokers aged less than 18 years <input type="checkbox"/> 												
Example survey question(s)	<p>Do you intend to quit smoking in the next 30 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused to answer</p> <p><i>If yes to above, then ask:</i></p> <p>Which of the following cessation methods do you intend to use?</p> <table border="0"> <tr> <td><input type="checkbox"/> Call a quitline</td> <td><input type="checkbox"/> Use a prescription pill, such as Zyban, Bupropion, or Wellbutrin</td> </tr> <tr> <td><input type="checkbox"/> See a physician <input type="checkbox"/></td> <td><input type="checkbox"/> Quit with a friend, relative, or acquaintance</td> </tr> <tr> <td><input type="checkbox"/> Join a cessation program</td> <td><input type="checkbox"/> Other methods</td> </tr> <tr> <td><input type="checkbox"/> Use a nicotine patch, gum, nasal spray, inhaler, lozenge, or tablet</td> <td><input type="checkbox"/> Quit on your own</td> </tr> </table>	<input type="checkbox"/> Call a quitline	<input type="checkbox"/> Use a prescription pill, such as Zyban, Bupropion, or Wellbutrin	<input type="checkbox"/> See a physician <input type="checkbox"/>	<input type="checkbox"/> Quit with a friend, relative, or acquaintance	<input type="checkbox"/> Join a cessation program	<input type="checkbox"/> Other methods	<input type="checkbox"/> Use a nicotine patch, gum, nasal spray, inhaler, lozenge, or tablet	<input type="checkbox"/> Quit on your own				
<input type="checkbox"/> Call a quitline	<input type="checkbox"/> Use a prescription pill, such as Zyban, Bupropion, or Wellbutrin												
<input type="checkbox"/> See a physician <input type="checkbox"/>	<input type="checkbox"/> Quit with a friend, relative, or acquaintance												
<input type="checkbox"/> Join a cessation program	<input type="checkbox"/> Other methods												
<input type="checkbox"/> Use a nicotine patch, gum, nasal spray, inhaler, lozenge, or tablet	<input type="checkbox"/> Quit on your own												
Comments <input type="checkbox"/>	<p>The authors created these example questions. They are not in any commonly used data source.</p> <p>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.</p>												
Rating <input type="checkbox"/>	<table border="0"> <tr> <td style="text-align: center;"> <p>Overall quality</p> <p>low ← → high</p> </td> <td style="text-align: center;"> <p>Resources needed</p> <p>\$\$\$[†]</p> </td> <td style="text-align: center;"> <p>Strength of evaluation <input type="checkbox"/></p> <p>evidence</p> </td> <td style="text-align: center;"> <p>Utility</p> </td> <td style="text-align: center;"> <p>Face validity</p> </td> <td style="text-align: center;"> <p>Accepted practice</p> </td> </tr> <tr> <td colspan="6" style="text-align: center;"> <p>← ○ ● ● ● → better</p> </td> </tr> </table> <p>[†] 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).</p>	<p>Overall quality</p> <p>low ← → high</p>	<p>Resources needed</p> <p>\$\$\$[†]</p>	<p>Strength of evaluation <input type="checkbox"/></p> <p>evidence</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>	<p>← ○ ● ● ● → better</p>					
<p>Overall quality</p> <p>low ← → high</p>	<p>Resources needed</p> <p>\$\$\$[†]</p>	<p>Strength of evaluation <input type="checkbox"/></p> <p>evidence</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>								
<p>← ○ ● ● ● → better</p>													

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)	<p>From ATS</p> <p>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?</p> <p> <input type="checkbox"/> More than two dollars a pack <input type="checkbox"/> Less than fifty cents a pack <input type="checkbox"/> Two dollars a pack <input type="checkbox"/> No tax increase <input type="checkbox"/> One dollar a pack <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Fifty to ninety-nine cents a pack <input type="checkbox"/> Refused </p>
Comments	<p>The example question could be asked of decision makers or opinion leaders.</p> <p>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.</p> <p>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).</p>



[†] 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).

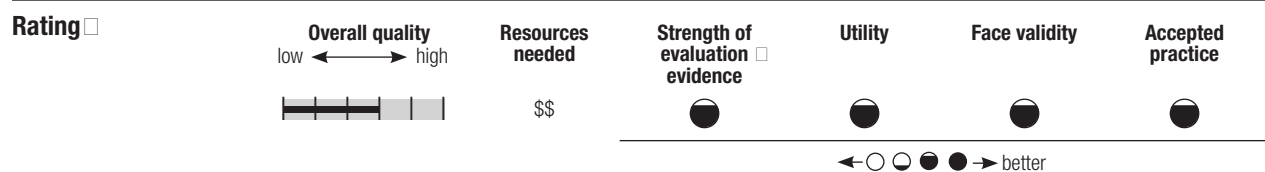
References

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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) □	<p>From ATS</p> <p>Are you aware of assistance that might be available to help you quit smoking, such as telephone quitlines, local health clinic services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p>
Comments □	<p>The example survey question could be modified to include a more expansive list of cessation services.</p> <p>The example survey question could be asked of young people.</p>


















References

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> 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 □	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed \$\$\$ </td> <td style="text-align: center;"> Strength of evaluation □  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: center;"> ← ○ ● ● ● → better </td> </tr> </table> <p>□ Denotes no data.</p>	Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation □ 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● → better					
Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation □ 	Utility 	Face validity 	Accepted practice 								
← ○ ● ● ● → better													

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 □	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed \$\$\$ </td> <td style="text-align: center;"> Strength of evaluation evidence □  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: center;"> ← ○ ● ● ● → better </td> </tr> </table> <p>⊘ Denotes no data.</p>	Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation evidence □ 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● → better					
Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation evidence □ 	Utility 	Face validity 	Accepted practice 								
← ○ ● ● ● → better													

References

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

Indicator 3.8.9^{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 health. Do you... <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree Health plan coverage that includes proven therapies for tobacco cessation lead to greater employee productivity. Do you... <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> 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 [□]	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed  </td> <td style="text-align: center;"> Strength of evaluation evidence[□]  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: right;"> ← ○ ● ● ● → better </td> </tr> </table> <p>[□] Denotes no data.</p>	Overall quality low ← → high 	Resources needed 	Strength of evaluation evidence [□] 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● → better					
Overall quality low ← → high 	Resources needed 	Strength of evaluation evidence [□] 	Utility 	Face validity 	Accepted practice 								
← ○ ● ● ● → better													

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

Reference

- [□]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

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Outcome 9 □

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	Indicator Rating				
			Resources needed	Strength of 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: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> 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

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.

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 <input type="checkbox"/>
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) <input type="checkbox"/>	<ul style="list-style-type: none"> ► Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 <input type="checkbox"/> ► Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C: Cessation, 2003
Population group(s)	Adults aged 18 years or older <input type="checkbox"/>
Example survey question(s) <input type="checkbox"/>	<p>From ATS</p> <p>During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p> <p>From ATS, Supplemental Section C</p> <p>In the past 12 months, did a dentist ask if you smoked?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p>
Comments	The example question could also be asked of young people.



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 3.9.3

**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 <input type="checkbox"/>
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) <input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 <input type="checkbox"/> ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C: Cessation, 2003
Population group(s)	Smokers aged 18 years or older <input type="checkbox"/>
Example survey question(s) <input type="checkbox"/>	<p>From ATS</p> <p>During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p> <p>From ATS: Supplemental Section C</p> <p>In the past 12 months, did a dentist advise you to quit smoking?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p>
Comments	The example questions could also be asked of young smokers.


















Reference

- 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 <input type="checkbox"/>																								
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 <input type="checkbox"/>																								
Example survey question(s)	<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused to answer</p> <p>In the past 12 months, did a dentist ask you if you were willing to make a quit attempt?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused to answer</p>																								
Comments <input type="checkbox"/>	<p>The authors created the example questions. They are not in any commonly used data source.</p> <p>The example questions could also be asked of young smokers.</p> <p>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).</p>																								
Rating <input type="checkbox"/>	<table border="0"> <tr> <td style="text-align: center;">Overall quality</td> <td style="text-align: center;">Resources needed</td> <td style="text-align: center;">Strength of evaluation <input type="checkbox"/></td> <td style="text-align: center;">Utility</td> <td style="text-align: center;">Face validity</td> <td style="text-align: center;">Accepted practice</td> </tr> <tr> <td style="text-align: center;">low ← → high</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;">\$\$\$</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td colspan="6" style="text-align: center;">← ○ ● ● ● → better</td> </tr> </table>	Overall quality	Resources needed	Strength of evaluation <input type="checkbox"/>	Utility	Face validity	Accepted practice	low ← → high							\$\$\$					← ○ ● ● ● → better					
Overall quality	Resources needed	Strength of evaluation <input type="checkbox"/>	Utility	Face validity	Accepted practice																				
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- 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 <input type="checkbox"/>																													
Outcome 9	Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines																													
What to measure <input type="checkbox"/>	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) <input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 <input type="checkbox"/> ▶ 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 <input type="checkbox"/>																													
Example survey question(s)	<p>From ATS</p> <p>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?</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">Don't know Not sure</th> <th style="width: 10%; text-align: center;">Refused</th> </tr> </thead> <tbody> <tr> <td>1. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban®</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Suggest that you set a specific date to stop smoking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Suggest that you use a smoking cessation class, program, quit line, or counseling</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Provide you with booklets, videos, or other material to help you quit smoking on your own</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>From ASHES</p> <p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p>						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®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Suggest that you set a specific date to stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Suggest that you use a smoking cessation class, program, quit line, or counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Provide you with booklets, videos, or other material to help you quit smoking on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don't know Not sure	Refused																										
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4. Provide you with booklets, videos, or other material to help you quit smoking on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Comments	The example questions could also be asked of young smokers.																													
Rating <input type="checkbox"/>	Overall quality low ← → high 	Resources needed \$\$	Strength of evaluation evidence <input type="checkbox"/> 	Utility 	Face validity 	Accepted practice 																								
← ○ ● ● ● → better																														

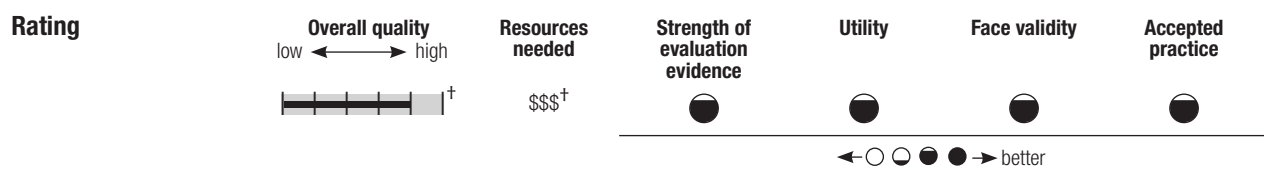
Reference

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) □	<ul style="list-style-type: none"> ► Smokers aged 18 years or older □ ► Smokers aged less than 18 years □ 																		
Example survey question(s)	<p>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?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Call and ask you about your quit attempt within one week</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Ask you about your quit attempt in person (during an office visit) within one week</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Call and ask you about your quit attempt within one month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Ask you about your quit attempt in person (during an office visit) within one month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Arrange for a cessation counselor, program, or quitline to make follow-up contact with you regarding your quit attempt</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	1. Call and ask you about your quit attempt within one week	<input type="checkbox"/>	<input type="checkbox"/>	2. Ask you about your quit attempt in person (during an office visit) within one week	<input type="checkbox"/>	<input type="checkbox"/>	3. Call and ask you about your quit attempt within one month	<input type="checkbox"/>	<input type="checkbox"/>	4. Ask you about your quit attempt in person (during an office visit) within one month	<input type="checkbox"/>	<input type="checkbox"/>	5. Arrange for a cessation counselor, program, or quitline to make follow-up contact with you regarding your quit attempt	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																	
1. Call and ask you about your quit attempt within one week	<input type="checkbox"/>	<input type="checkbox"/>																	
2. Ask you about your quit attempt in person (during an office visit) within one week	<input type="checkbox"/>	<input type="checkbox"/>																	
3. Call and ask you about your quit attempt within one month	<input type="checkbox"/>	<input type="checkbox"/>																	
4. Ask you about your quit attempt in person (during an office visit) within one month	<input type="checkbox"/>	<input type="checkbox"/>																	
5. Arrange for a cessation counselor, program, or quitline to make follow-up contact with you regarding your quit attempt	<input type="checkbox"/>	<input type="checkbox"/>																	
Comments	The authors created these example questions. They are not in any commonly used data source.																		



[†] 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 <input type="checkbox"/>																								
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 <input type="checkbox"/> is useful <input type="checkbox"/>	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 <input type="checkbox"/>																								
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? <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/>	<table border="0"> <tr> <td style="text-align: center;">Overall quality</td> <td style="text-align: center;">Resources needed</td> <td style="text-align: center;">Strength of evaluation evidence <input type="checkbox"/></td> <td style="text-align: center;">Utility</td> <td style="text-align: center;">Face validity</td> <td style="text-align: center;">Accepted practice</td> </tr> <tr> <td style="text-align: center;">low ← → high</td> <td style="text-align: center;">\$\$\$[†]</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"></td> <td></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td></td> <td></td> <td colspan="4" style="text-align: center;">← ○ ● ● ● → better</td> </tr> </table> <p>[†] 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).</p>	Overall quality	Resources needed	Strength of evaluation evidence <input type="checkbox"/>	Utility	Face validity	Accepted practice	low ← → high	\$\$\$ [†]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									← ○ ● ● ● → better			
Overall quality	Resources needed	Strength of evaluation evidence <input type="checkbox"/>	Utility	Face validity	Accepted practice																				
low ← → high	\$\$\$ [†]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
		← ○ ● ● ● → better																							

Reference

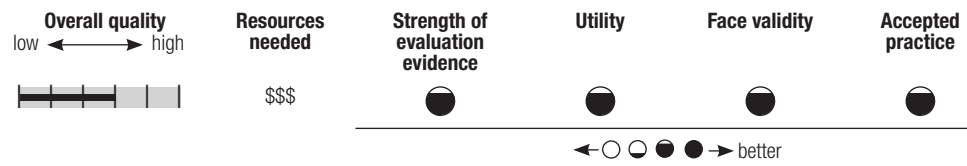
- Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz EG, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. *Treating tobacco use and dependence: clinical practice guideline*. Rockville, MD: U.S. Department 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		
	<i>Mark all that apply</i>	Yes	No
	Has your plan implemented systems for any of the following?		
	1. <input type="checkbox"/> Documentation of patient smoking status in an administrative computer database	<input type="checkbox"/>	<input type="checkbox"/>
	2. <input type="checkbox"/> Documentation of patient smoking status in the medical record	<input type="checkbox"/>	<input type="checkbox"/>
	3. <input type="checkbox"/> Computerized clinic reminders to encourage providers to advise patients to quit	<input type="checkbox"/>	<input type="checkbox"/>
	4. <input type="checkbox"/> Provider training in effective smoking cessation interventions	<input type="checkbox"/>	<input type="checkbox"/>
	5. <input type="checkbox"/> Routine cessation advice/brief provider counseling of patients	<input type="checkbox"/>	<input type="checkbox"/>
	6. <input type="checkbox"/> Provider incentives that promote tobacco cessation assessment and intervention	<input type="checkbox"/>	<input type="checkbox"/>
	7. <input type="checkbox"/> Patient incentives for use of/adherence to recommended cessation treatment	<input type="checkbox"/>	<input type="checkbox"/>
	Are the providers in your plan required to carry out any of the following activities?		
	1. <input type="checkbox"/> Ask new patients about their smoking status	<input type="checkbox"/>	<input type="checkbox"/>
	2. <input type="checkbox"/> Include smoking status as a vital sign (i.e., ask about and document smoking status at every visit)	<input type="checkbox"/>	<input type="checkbox"/>
	3. <input type="checkbox"/> Document smoking status in the patient's medical record	<input type="checkbox"/>	<input type="checkbox"/>
	4. <input type="checkbox"/> Strongly advise all patients who smoke to quit	<input type="checkbox"/>	<input type="checkbox"/>
	5. <input type="checkbox"/> Assess willingness of patient to make a quit attempt	<input type="checkbox"/>	<input type="checkbox"/>
	6. <input type="checkbox"/> Refer the patient who smokes to intensive treatment when the physician considers it appropriate or the patient prefers it	<input type="checkbox"/>	<input type="checkbox"/>
	7. <input type="checkbox"/> Arrange for follow-up with patients who are trying to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>
	8. <input type="checkbox"/> Ensure that support staff is trained to counsel patients about smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>
	9. <input type="checkbox"/> Have literature about smoking cessation and the health risks of smoking readily available in waiting rooms and exam rooms	<input type="checkbox"/>	<input type="checkbox"/>
	10. <input type="checkbox"/> Encourage parents who smoke to provide a smoke-free environment for their children at home and in day care	<input type="checkbox"/>	<input type="checkbox"/>
	11. <input type="checkbox"/> Other (please specify) _____		

CommentsNone

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. □ 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.
3. [Schauffler HH, McMenamin S, Olson K, Boyce-Smith G, Rideout JA, Kamil J. Variations in treatment benefits influence smoking cessation: results of a randomised controlled trial. *Tobacco Control*. 2001;10(2):175–80.
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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- 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.
- 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.
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- Morabia A, Costanza MC, Bernstein MS, Rielle JC. Ages at initiation of cigarette smoking and quit attempts among women: a generation effect. *American Journal of Public Health*. 2002;92(1):71–4.
- National Cancer Institute. Population-based smoking cessation: proceedings of a conference on What Works to Influence Cessation in the General Population. *Smoking and Tobacco Control Monograph No. 12*. Bethesda, MD: National Cancer Institute; 2000. NIH Publication No. 00-4892.
- Sargent JD, Mott LA, Stevens M. Predictors of smoking cessation in adolescents. *Archives of Pediatric and Adolescent Medicine*. 1998;152(4):388–93.
- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only with enrollment in cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bupropion (e.g., Zyban®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Telephone counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Face-to-face counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Classes or group meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Self-help materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.



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. *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. *Morbidity 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.

For Further Reading

Doescher MP, Saver BG. Physicians' advice to quit smoking: the glass remains half □ empty. *Journal of Family Practice*. 2000;49(6):543–7. □

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. □

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

Hollis JF, Bills R, Whitlock E, Stevens VJ, Mullooly J, Lichtenstein E. Implementing tobacco interventions in the real world of managed care. *Tobacco Control*. 2000;9 (Suppl 1):i18–24.

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.

Outcome 11 □

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

Indicator Rating
 ← ○ ● → better

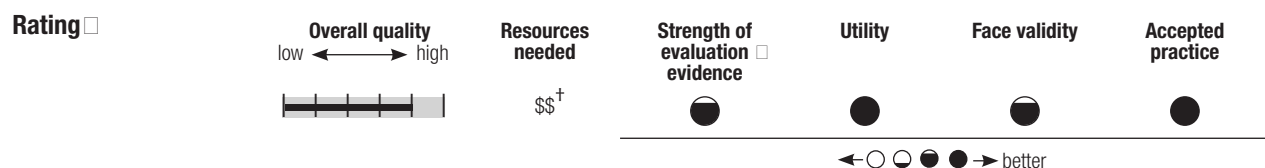
Number	Indicator	Overall quality low ← → high	Indicator Rating				
			Resources needed	Strength of evidence	Utility	Face validity	Accepted practice
3.11.1	Proportion of adult smokers who have made a quit attempt		\$\$ [†]	●	●	●	●
3.11.2	Proportion of young smokers who have made a quit attempt □		\$\$ □	○	●	●	●
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)	<ul style="list-style-type: none"> ► 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)	<p>From ATS, BRFSS, and CPS TUS</p> <p>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p>
Comments	Evaluators may also want to measure the number of quit attempts made by smokers over a given time period.



† 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)	<ul style="list-style-type: none"> ▶ 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)	<p>From YTS</p> <p>How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?</p> <p><input type="checkbox"/> I have not smoked in the past 12 months</p> <p><input type="checkbox"/> I have not tried to quit</p> <p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2 times</p> <p><input type="checkbox"/> 3 to 5 times</p> <p><input type="checkbox"/> 6 to 9 times</p> <p><input type="checkbox"/> 10 or more times</p> <p>From YTS and YRBSS</p> <p>During the past 12 months, did you ever try to quit smoking cigarettes?</p> <p><input type="checkbox"/> I did not smoke during the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Comments	None



† 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)	<ul style="list-style-type: none"> ► Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 □ ► Youth Tobacco Survey (YTS): Supplemental Questions, 2004 																																											
Population group(s) □	<ul style="list-style-type: none"> ► Smokers aged 18 years or older □ ► Smokers aged less than 18 years □ 																																											
Example survey question(s)	<p>From ATS</p> <p>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p> <p>The last time you tried to quit smoking, did you use any other assistance such as classes or counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, ask</i></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Did you use? (Check all that apply) □</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. A stop-smoking clinic or class</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. A telephone quitline</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. One-on-one counseling from a doctor or nurse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Self-help material, books or videos</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Acupuncture</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. Hypnosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>7. Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table> <p>The last time you tried to quit smoking, did you use the nicotine patch, gum, or any other medication to help you quit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you use?</p> <table border="0" style="width: 100%;"> <tbody> <tr> <td>1. Nicotine gum</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. A patch</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. A nasal spray</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. An inhaler</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Bupropion, Zyban,[®] Wellbutrin[®]</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		Did you use? (Check all that apply) □	Yes	No	1. A stop-smoking clinic or class	<input type="checkbox"/>	<input type="checkbox"/>	2. A telephone quitline	<input type="checkbox"/>	<input type="checkbox"/>	3. One-on-one counseling from a doctor or nurse	<input type="checkbox"/>	<input type="checkbox"/>	4. Self-help material, books or videos	<input type="checkbox"/>	<input type="checkbox"/>	5. Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	6. Hypnosis	<input type="checkbox"/>	<input type="checkbox"/>	7. Other, specify _____			1. Nicotine gum	<input type="checkbox"/>	<input type="checkbox"/>	2. A patch	<input type="checkbox"/>	<input type="checkbox"/>	3. A nasal spray	<input type="checkbox"/>	<input type="checkbox"/>	4. An inhaler	<input type="checkbox"/>	<input type="checkbox"/>	5. Bupropion, Zyban, [®] Wellbutrin [®]	<input type="checkbox"/>	<input type="checkbox"/>	5. Other, specify _____		
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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).



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.

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. □

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

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	Indicator Rating				
			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)

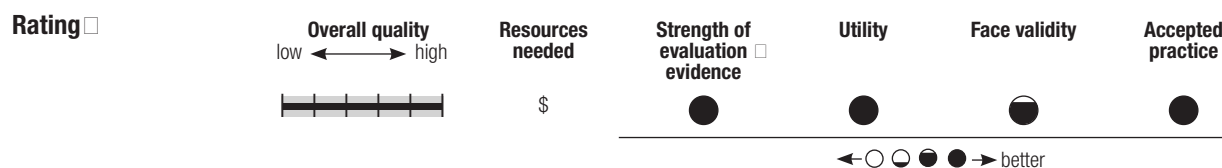
- ▶ CDC State Tobacco Activities Tracking and Evaluation (STATE) system
Data available at: <http://www.cdc.gov/tobacco/STATEsystem>
- ▶ Campaign For Tobacco-Free Kids (CTFK)
Information available at: <http://tobaccofreekids.org/research/factsheets>
- ▶ State departments of revenue

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).



References

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. □

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

Haug NA, Stitzer ML, Svikis DS. Smoking during pregnancy and intention to quit: □ a profile of methadone-maintained women. *Nicotine and Tobacco Research*. 2001;3(4): □ 333–9. □

Nicholson J, Hennrikus D, Lando H, McCarty M, Vessey J. Patient recall versus □ physician documentation in report of smoking cessation counseling performed □ in the inpatient setting. *Tobacco Control*. 2000;9(4):382–8. □

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. □

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.

Windsor RA, Warner KE, Cutter GR. A cost-effectiveness analysis of self-help smoking cessation methods for pregnant women. *Public Health Reports*. 1988;103(1):83–8.

Windsor RA, Woodby LL, Miller TM, Hardin JM, Crawford MA, DiClemente CC. Effectiveness of Agency for Health Care Policy and Research clinical practice guideline and patient education methods for pregnant smokers in Medicaid maternity care. *American Journal of Obstetrics and Gynecology*. 2000;182(Pt 1):68–75.

Outcome 13 □

Increased Cessation Among Adults and Young People

Indicator Rating
 ← ○ ● ● → better

Number	Indicator	Overall quality low ← → high	Indicator Rating				
			Resources needed	Strength of 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)	<ul style="list-style-type: none"> ► Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 <input type="checkbox"/> ► Behavioral Risk Factor Surveillance System (BRFSS): Tobacco Use Prevention Module, 2002 ► Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ► Former smokers aged 18 years or older <input type="checkbox"/> ► Former smokers aged less than 18 years <input type="checkbox"/>

Example survey question(s)	<p>From ATS and BRFSS</p> <p>About how long has it been since you last smoked cigarettes regularly?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Within the past month (0 to 1 month ago) <input type="checkbox"/> Within the past 3 months (1 to 3 months ago) <input type="checkbox"/> Within the past 6 months (3 to 6 months ago) <input type="checkbox"/> Within the past year (6 to 12 months ago) <input type="checkbox"/> Within the past 5 years (1 to 5 years ago) <input type="checkbox"/> Within the past 15 years (5 to 15 years ago) <input type="checkbox"/> 15 or more years ago <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused <p>From YTS</p> <p>When was the last time you smoked a cigarette, even one or two puffs?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have never smoked even one or two puffs <input type="checkbox"/> Earlier today <input type="checkbox"/> Not today but sometime during the past 7 days <input type="checkbox"/> Not during the past 7 days but sometime during the past 30 days <input type="checkbox"/> Not during the past 30 days but sometime during the past 6 months <input type="checkbox"/> Not during the past 6 months but sometime during the past year <input type="checkbox"/> 1 to 4 years ago <input type="checkbox"/> 5 or more years ago <p>When you last tried to quit, how long did you stay off cigarettes?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have never smoked cigarettes <input type="checkbox"/> I have never tried to quit <input type="checkbox"/> Less than a day <input type="checkbox"/> 1 to 7 days <input type="checkbox"/> More than 7 days but less than 30 days <input type="checkbox"/> 30 days or more but less than 6 months <input type="checkbox"/> 6 months or more but less than a year <input type="checkbox"/> 1 year or more
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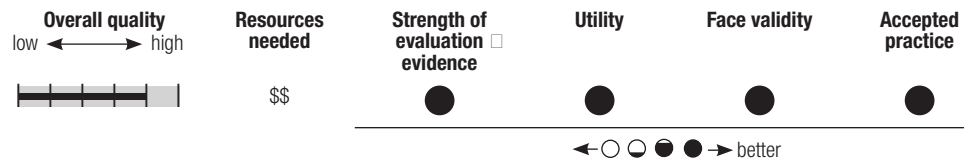
Comments □

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 □**References**

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)	<ul style="list-style-type: none"> ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 <input type="checkbox"/> ▶ Behavioral Risk Factor Surveillance System (BRFSS), 2002 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Smokers aged 18 years or older <input type="checkbox"/> ▶ Smokers aged less than 18 years <input type="checkbox"/>
Example survey question(s)	<p>From ATS and BRFSS</p> <p>Have you smoked at least 100 cigarettes in your entire life? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p> <p>Do you now smoke cigarettes every day, some days, or not at all? <input type="checkbox"/> Everyday <input type="checkbox"/> Some days <input type="checkbox"/> Not at all <input type="checkbox"/> Refused</p> <p>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused</p> <p>From YTS</p> <p>During the past 30 days, on how many days did you smoke cigarettes? <input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days</p> <p>How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking? <input type="checkbox"/> I have not smoked in the past 12 months <input type="checkbox"/> I have not tried to quit <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 to 5 times <input type="checkbox"/> 6 to 9 times <input type="checkbox"/> 10 or more times</p>

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

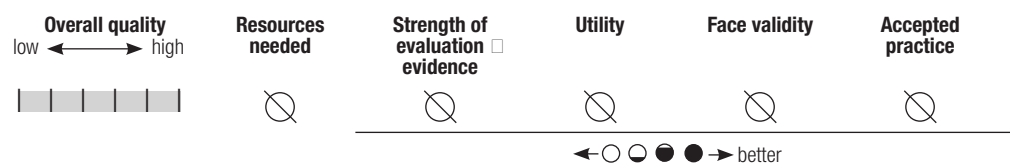
Comments

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 smokers* 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

- 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.

For Further Reading

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National Cancer Institute. Population based smoking cessation: proceedings of a conference on What Works to Influence Cessation in the General Population. *Smoking and Tobacco Control Monograph No. 12*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2000. NIH Publication No. 00-4892.

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 days¹
Proportion of young people who have smoked on at least 1 day during the previous 30 days²

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

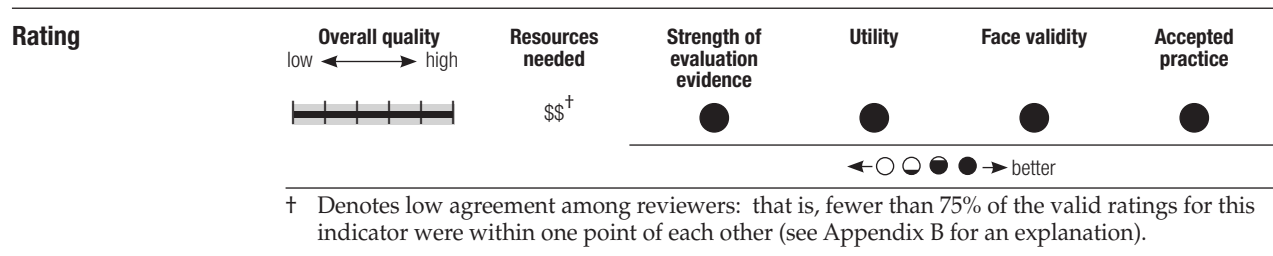
Have you smoked at least 100 cigarettes in your entire life?
 Yes No Don't know/Not sure Refused

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).



References

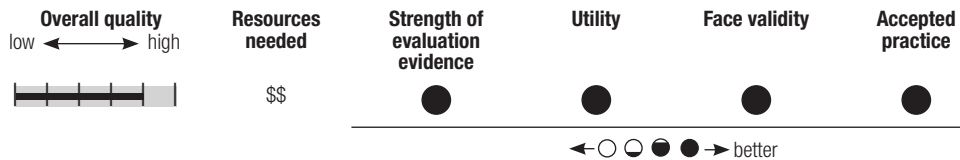
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Indicator 3.14.2 □

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)	<ul style="list-style-type: none">▶ Birth certificate data▶ CDC Pregnancy Risk Assessment Monitoring System (PRAMS), Phase 4, 2000–2003 □
Population group(s) □	<ul style="list-style-type: none">▶ Not applicable. This indicator is best measured by examining birth certificate data from vital statistic records.▶ Pregnant women
Example survey question(s)	<p>Birth certificate data are available from states' vital statistics data.</p> <p>From PRAMS</p> <p>In the <i>last 3 months</i> of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?</p> <ul style="list-style-type: none"><input type="checkbox"/> _____ cigarettes OR _____ packs<input type="checkbox"/> Less than 1 cigarette a day<input type="checkbox"/> I didn't smoke<input type="checkbox"/> I don't smoke
Comments □	<p>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.</p> <p>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.</p>

Rating



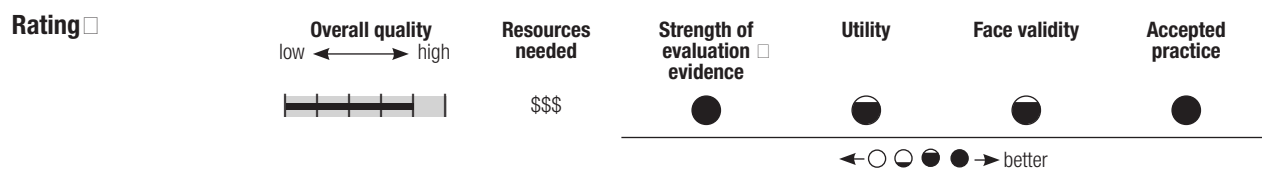
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Indicator 3.14.3

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)	<p>Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused to answer</p> <p>Have you given birth in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused to answer</p> <p>From PRAMS</p> <p>How many cigarettes or packs of cigarettes do you smoke on an average day now? <input type="checkbox"/> _____cigarettes OR _____packs <input type="checkbox"/> Less than 1 cigarette a day <input type="checkbox"/> I didn't smoke <input type="checkbox"/> I don't smoke</p>
Comments	<p>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.</p> <p>Evaluators may want to differentiate between women who continued smoking throughout pregnancy into the postpartum period and women who relapsed during the postpartum period.</p>



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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) □	<ul style="list-style-type: none"> ▶ 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 □	Overall quality low ← → high	Resources needed \$	Strength of evaluation □ ●	Utility ●	Face validity ●	Accepted practice ●
				← ○ ● ● ● → better		

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