

Future Directions

In this publication, we discuss key outcome indicators to evaluate comprehensive state tobacco control programs. Outcome indicators are important for program planning, monitoring, and evaluation. In addition, increasing demands for timelier program performance measures and the need to synthesize existing evidence for evaluation of tobacco control programs contributed to the need for this publication.

The Centers for Disease Control and Prevention's (CDC's) future plans include (1) developing process indicators for evaluating comprehensive tobacco control programs, (2) developing process and outcome indicators for evaluating activities that address tobacco-related disparities (National Tobacco Control Program [NTCP] goal area 4), and (3) conducting research and building scientific evidence for indicators and theories related to tobacco control.

Process Indicators

Process indicators are used to measure success in program planning and implementation. Indicators in this area help to answer questions about the planning, infrastructure, and implementation of a program's activities and the extent to which these activities are reaching the target population. Process indicators are also used to understand why outcomes were or were not achieved as planned. For example, program managers can learn whether implementation of a program component could be improved or whether a new strategy is needed to overcome an unexpected obstacle (e.g., political opposition).

In the NTCP logic models, the emphasis is on environmental, behavioral, and health outcomes; it is assumed that the capacity and infrastructure needed for goal-specific activities are, for the most part, in place. However, for fully informed program planning and evaluation, the program's capacity, infrastructure, and processes must also be assessed. To do so, well-defined indicators of these aspects of the program are needed. Although considerable work has been completed on defining indicators that can be used by program planners and evaluators for measuring program capacity, working with CDC partners to define these indicators in a meaningful and systematic way is necessary.

Indicators for NTCP Goal Area 4: Eliminating Tobacco-related Disparities

Unlike activities to prevent initiation of tobacco use by young people, eliminate nonsmokers' exposure to secondhand smoke, and promote quitting among adults and young people, activities to identify and eliminate tobacco-related disparities lack a definitive evidence base for implementing a program and identifying target outcomes. Sufficient public health knowledge and experience exists, however, to provide a well-founded framework for approaching tasks associated with improving

the public health infrastructure and related capacities so that tobacco control programs can address tobacco-related disparities among specific populations.

Building on successful capacity-building and infrastructure activities during the past 10 years, CDC began the Disparities Pilot Training Project, an initiative to improve the state and territorial public health capacity and infrastructure needed to address tobacco-related disparities. To assist health departments and their partners with planning and implementing strategic activities to identify and eliminate tobacco-related disparities, CDC prepared a draft logic model that is based on state practices, published scientific findings, and input from external partners (see draft logic model, page 271). Instead of focusing on traditional health outcomes, this logic model focuses on the minimum capacity needed by state and territorial health departments to pursue strategic activities that would identify and eliminate tobacco-related disparities.

In cooperation with its partners, CDC will continue the task of developing an approach to identifying, evaluating, and eliminating tobacco-related disparities. The draft logic model is a window to the work that is being done now and that needs to continue.

Research Opportunities

We encourage researchers outside CDC who read this publication to identify research opportunities. For example, where the strength of the evidence for using certain indicators is low, expanding that evidence base would be beneficial. Researchers might also consider developing new evaluation designs that could (1) further refine theories related to tobacco control or (2) identify other outcome indicators, especially indicators for program components that need additional research or scientific evidence to support them. In addition, researchers might work on developing methods for measuring indicators for which no well-established methods are currently available.

