Goal Area 3: Promoting Quitting Among Adults and Young People
Goal Area 3

Promoting Quitting Among Adults and Young People

**Inputs**
- State health department and partners
- Counter-marketing
- Community mobilization
- Policy and regulatory action
  - Targeted to populations with tobacco-related disparities

**Activities**
- Completed activities to disseminate information about cessation
- Cessation quitline is operational
- Completed activities to support cessation programs in communities, workplaces, and schools
- Completed activities to increase insurance coverage for cessation interventions
- Completed activities to increase tobacco excise tax
- Completed activities to disseminate information about cessation

**Outputs**

**Short-term**
- Establishment or increased use of cessation services
- Increased awareness, knowledge, intention to quit, and support for policies that support cessation
- Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines
- Increased insurance coverage for cessation services

**Intermediate**
- Increased number of quit attempts and quit attempts using proven cessation methods
- Increased price of tobacco products

**Long-term**
- Increased cessation among adults and young people
- Reduced tobacco-use prevalence and consumption
- Reduced tobacco-related morbidity and mortality
- Decreased tobacco-related disparities

**Outcomes**
- Reduced tobacco-use consumption
- Reduced morbidity and mortality disparities
- Increased prevalence and tobacco-related morbidity and mortality
- Increased price of tobacco products
- Increased awareness, knowledge, intention to quit, and support for policies that support cessation

Goal Area 3

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 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 Proportion of employers who are aware of the benefits of providing coverage for cessation treatment
Outcome 9: Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines

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

Outcome 10: Increased insurance coverage for cessation services

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

Intermediate Outcomes

Outcome 11: Increased number of quit attempts and quit attempts using proven cessation methods

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

Outcome 12: Increased price of tobacco products

- 3.12.1 Amount of tobacco product excise tax
Long-term Outcomes

■ Outcome 13: Increased cessation among adults and young people
  ▶ 3.13.1 □ Proportion of smokers who have sustained abstinence from tobacco use
  ▶ 3.13.2^{NR} Proportion of recent successful quit attempts

■ Outcome 14: Reduced tobacco-use prevalence and consumption
  ▶ 3.14.1 □ Smoking prevalence
  ▶ 3.14.2 □ Prevalence of tobacco use during pregnancy
  ▶ 3.14.3 □ Prevalence of postpartum tobacco use
  ▶ 3.14.4 □ Per capita consumption of tobacco products
Establishment or Increased Use of Cessation Services

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

Listed below are the indicators associated with this outcome:

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

References


For Further Reading


## Outcome 7

### Establishment or Increased Use of Cessation Services

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Overall quality</th>
<th>Indicator Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7.1</td>
<td>Number of callers to telephone quitlines</td>
<td>$$$</td>
<td>○ ○ ○ ○ ○ ○ → better</td>
</tr>
<tr>
<td>3.7.2 \textsuperscript{NR}</td>
<td>Number of calls to telephone quitlines from users who heard about the quitline through a media campaign</td>
<td>$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$</td>
<td>○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>3.7.3</td>
<td>Number of calls to telephone quitlines from users who heard about the quitline through a source other than a media campaign</td>
<td>$$$</td>
<td>○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>3.7.4</td>
<td>Proportion of smokers who have used group cessation programs</td>
<td>$$$</td>
<td>○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>3.7.5</td>
<td>Proportion of health care systems with telephone quitlines or contracts with state quitlines</td>
<td>$\ddagger$</td>
<td>$\bigg\ddagger$ $\bigg\ddagger$ $\bigg\ddagger$ $\bigg\ddagger$ $\bigg\ddagger$</td>
</tr>
<tr>
<td>3.7.6</td>
<td>Proportion of worksites with a cessation program or a contract with a quitline</td>
<td>$$$</td>
<td>○ ○ ○ ○ ○ ○</td>
</tr>
</tbody>
</table>

\textsuperscript{+} 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).

\textsuperscript{Q} Denotes no data.

\textsuperscript{NR} Denotes an indicator that is not rated (see Appendix B for an explanation).
### Indicator 3.7.1

**Number of Callers to Telephone Quitlines**

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 7</td>
<td>Establishment or increased use of cessation services</td>
</tr>
</tbody>
</table>

**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. Quit rates among users of the California quitline were twice as high as among those who used self-help methods alone. Quitlines can reach large numbers of smokers and services can be provided in multiple languages.

**Example data source(s)**
Quitline call monitoring

**Population group(s)**
Quitline telephone callers

**Example survey question(s)**
Not applicable. This indicator is best measured by tracking calls to telephone quitlines.

**Comments**
Evaluators may also want to collect information about the proportion of smokers in the state who have received counseling from the quitline.

Multiple types of information (e.g., caller demographics and location, call variability by month and time of day, and client satisfaction with quitline services) can be tracked through quitline monitoring.

Additional information about quitline monitoring is available through the North American Quitline Consortium at: [http://naquitline.org](http://naquitline.org).

For more information on how to collect data on this indicator, see references 7 and 8 below.

**Rating**

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>$</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>high</td>
<td>$</td>
<td>$$$$</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

**References**
References (cont.)


**Indicator 3.7.2**

**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. 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.

**Example data source(s)** Quitline call monitoring

**Population group(s)** Quitline telephone callers

**Example survey question(s)** Not applicable. This indicator is best measured by tracking calls to telephone quitlines.

**Comments** Evaluators may also want to collect information about the proportion of smokers in the state who received counseling from the quitline.

Multiple types of information (e.g., caller demographics and location, call variability by month and time of day, and client satisfaction with quitline services) can be tracked through quitline monitoring.

Additional information on quitline monitoring is also available through the North American Quitline Consortium at: http://naquitline.org.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low</td>
<td>high</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>🎧</td>
<td>🎧</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Denotes no data.

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

**References**

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. The use of telephone quitlines can be increased by promoting them through workplaces, mass media, public insurers (e.g., Medicaid), and health care providers.

**Example data source(s)**  
Quitline call monitoring

**Population group(s)**  
Quitline telephone callers

**Example survey question(s)**  
Not applicable. This indicator is best measured by tracking calls to telephone quitlines.

**Comments**  
Evaluators may also want to collect information about the proportion of smokers in the state who received counseling from the quitline.  
Multiple types of information (e.g., caller demographics and location, call variability by month and time of day, and client satisfaction with quitline services) can be tracked through quitline monitoring.  
Additional information about quitline monitoring is available through the North American Quitline Consortium at: http://naquitline.org.  
For more information on how to collect data on this indicator, see references 2 and 3 below.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low</td>
<td>High</td>
<td>$$</td>
<td></td>
<td></td>
<td>better</td>
</tr>
</tbody>
</table>

**References**
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. 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.

**Example data source(s)**
Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C: Cessation, 2003

**Population group(s)**
Smokers aged 18 years or older

**Example survey question(s)**
From ATS
The last time you tried to quit smoking, did you use any other assistance such as classes or counseling?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If respondent answers “yes,” ask the following question for each option below:
Did you use:

1. A stop-smoking clinic or class?
2. A telephone quitline?
3. One-on-one counseling from a doctor or nurse?
4. Self-help material, books, or videos?
5. Acupuncture?
6. Hypnosis?
7. Did you use anything else to help you quit?

**Comments**
The example survey questions could also be asked of young smokers.
Evaluators might want to collect information on the proportion of smokers in the state who have used group cessation programs.

**Rating**
- **Overall quality:** Accepted high
- **Resources needed:** Better
- **Strength of evaluation evidence:** $\$$
- **Utility:** Better
- **Face validity:** Better
- **Accepted practice:** Better

**References**
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. In these situations, health care systems can either contribute financially to the state quitline or develop a quitline for their own patients.

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

Population group(s)  Managed care or health care system administrators

Example survey question(s)  From ATMC
Which of the following cessation interventions are available in your plan, and which are included in your plan’s formulary? [Mark all that apply.]

<table>
<thead>
<tr>
<th>Intervention</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only with enrollment in cessation program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Bupropion (e.g., Zyban®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Telephone counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Face-to-face counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Classes or group meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Self-help materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example questions
Does [your organization] operate a telephone quitline for smokers?  □ Yes □ No □ Don’t know

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

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

Comments  For the second set of example questions, the authors modified questions from the State Medicaid Tobacco Dependence Treatment Survey, 2003. Information available from the Center for Health and Public Policy Studies, School of Public Health, University of California Berkeley.
GOAL AREA 3

Goal Area 3: Promoting Quitting Among Adults and Young People

### Outcome 7

<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low</td>
<td>high</td>
<td>$$$†</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

† 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

**Indicator 3.7.6**

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

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 7</td>
<td>Establishment or increased use of cessation services</td>
</tr>
<tr>
<td>What to measure</td>
<td>Proportion of worksites that support a tobacco cessation program for employees</td>
</tr>
<tr>
<td>Why this indicator is useful</td>
<td>Like health care systems, employers can contribute financially to the state quitline in order to ensure access to these services for their employees. 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.</td>
</tr>
</tbody>
</table>

**Example data source(s)**

Partnership for Prevention, Tobacco Survey: National Survey of Employer-sponsored Health Plans, 2002

Information available at: http://www.mercerhr.com

**Population group(s)**

Employers

**Example survey question(s)**

From Partnership for Prevention, Tobacco Survey: National Survey of Employer-sponsored Health Plans

Which of the following tobacco/smoking cessation (tobacco/nicotine dependence) service(s) are offered at the worksite/outside of the health plan? Check all that apply

- Individual counseling (face-to-face)
- Group counseling (face-to-face)
- Telephone counseling (including referrals to quitlines)
- Self-help programs (such as brochures, videos, Internet support)
- Cessation treatment as part of prenatal care
- Prescription medications
- Over-the-counter medications
- Other (please specify)
- No services covered
- Don’t know

**Comments**

None

**Rating**

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>$$$</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>better</td>
</tr>
</tbody>
</table>

Denotes no data.

**References**

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. 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. 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.

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
- **3.8.9NR** Proportion of employers who are aware of the benefits of providing coverage for cessation treatment

Reference


For Further Reading


Outcome 8

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Overall quality</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Acceptability</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8.1</td>
<td>Level of confirmed awareness of media campaign messages on the dangers of smoking and the benefits of cessation</td>
<td>$SS_+$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.2</td>
<td>Level of receptivity to anti-tobacco media messages on the dangers of smoking and the benefits of cessation</td>
<td>$SS_+$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.3</td>
<td>Proportion of smokers who intend to quit</td>
<td>$SS_+$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.4</td>
<td>Proportion of smokers who intend to quit smoking by using proven cessation methods</td>
<td>$SSS_+$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.5</td>
<td>Level of support for increasing excise tax on tobacco products</td>
<td>$SS_+$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.6</td>
<td>Proportion of smokers who are aware of the cessation services available to them</td>
<td>$SS_+$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.7</td>
<td>Proportion of smokers who are aware of their insurance coverage for cessation treatment</td>
<td>$SSS_+$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.8</td>
<td>Level of support for increasing insurance coverage for cessation treatment</td>
<td>$SSS_+$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.9</td>
<td>Proportion of employers who are aware of the benefits of providing coverage for cessation treatment</td>
<td>$\square$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

† 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. Evidence shows that mass media campaigns are effective in increasing tobacco-use cessation.

Example data source(s)
Legacy Media Tracking Survey (LMTS), 2003
Information available at: http://tobacco.rti.org/data/lmts.cfm

Population group(s)
Young people less than 18 years of age

Example survey question(s)
From LMTS
Have you recently seen an anti-smoking or anti-tobacco ad on TV that shows ________?
☐ Yes  ☐ Maybe, not sure  ☐ No  ☐ Refused to answer

What happens in this ad? (DO NOT READ RESPONSE CATEGORIES.)

What do you think the main message of this ad was?

Comments
The example questions could also be asked of adults. Evaluators may want to categorize awareness of the medium (e.g., billboard, television, or print) through which respondents learned of the message.

Programs may want to evaluate confirmed awareness of an advertisement by respondents’ smoking status (current, former, or never) and addiction level (e.g., light, moderate, or heavy) because awareness levels may differ significantly among groups with different levels of addiction.

Evaluators should work closely with countermarketing campaign managers to (1) develop a separate series of questions for each main media message and (2) coordinate data collection with the timing of the media campaign.
<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low</td>
<td>high</td>
<td>$\ddagger$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$\ddagger$ 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
### Indicator 3.8.2

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

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 8</td>
<td>Increased awareness, knowledge, intention to quit, and support for policies that support cessation</td>
</tr>
</tbody>
</table>

#### What to measure

Level of receptivity to media messages by the intended audience. Receptivity is generally defined as the extent to which people are willing to listen to a persuasive message. In tobacco control evaluation, however, the definition is narrower; receptivity is the extent to which people believe that the message was convincing, made them think about their behavior, and stimulated discussion with others.\(^1\)

#### Why this indicator is useful

Message awareness is necessary but not sufficient to change the knowledge, attitudes, and intentions of young people and adults. Media campaigns are effective only if their messages reach and resonate with the intended audience. A well-received message helps ensure campaign effectiveness.\(^2-5\)

#### Example data source(s)

Legacy Media Tracking Survey (LMTS), 2003
Information available at: http://tobacco.rti.org/data/lmts.cfm

#### Population group(s)

Young people less than 18 years of age

#### Example survey question(s)

From LMTS
Tell me how much you agree or disagree with the following statement: This ad is convincing. Would you say you:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No opinion
- Don’t know
- Refused

Would you say the ad gave you good reasons not to smoke?

- Yes
- No
- Don’t know
- Refused

Did you talk to your friends about this ad?

- Yes
- No
- Don’t know
- Refused

#### Comments

The example questions could also be asked of adults.

Evaluators may want to assess the public’s level of receptivity to anti-tobacco media campaigns that address (1) smoking during pregnancy and (2) telephone quitlines and other quitting strategies.

Evaluators may want to assess media message receptivity by communication medium (e.g., television, print, or radio).

Evaluators should work closely with countermarketing campaign managers to (1) develop a separate series of questions for each main media message and (2) coordinate data collection with the timing of the media campaign.

#### Rating

<table>
<thead>
<tr>
<th>Overall quality of evaluation evidence</th>
<th>Resources needed</th>
<th>Strength of evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>high</td>
<td>$$\dagger$$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(\dagger\) 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
**Indicator 3.8.3**

**Proportion of Smokers Who Intend to Quit**

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 8</strong></td>
<td>Increased awareness, knowledge, intention to quit, and support for policies that support cessation</td>
</tr>
<tr>
<td><strong>What to measure</strong></td>
<td>Proportion of smokers who are seriously considering stopping smoking</td>
</tr>
<tr>
<td><strong>Why this indicator is useful</strong></td>
<td>Evidence shows that intention to quit using tobacco is a strong predictor of actual quit attempts.¹²</td>
</tr>
<tr>
<td><strong>Example data source(s)</strong></td>
<td>▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ¹²</td>
</tr>
<tr>
<td></td>
<td>▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ¹²</td>
</tr>
<tr>
<td><strong>Population group(s)</strong></td>
<td>▶ Smokers 18 years of age or older ¹²</td>
</tr>
<tr>
<td></td>
<td>▶ Smokers aged less than 18 years ¹²</td>
</tr>
</tbody>
</table>
| **Example survey question(s)** | From ATS  
Are you seriously considering stopping smoking within the next 6 months?  
☐ Yes  ☐ No  ☐ Don’t know/Not sure  ☐ Refused  
Are you planning to stop smoking within the next 30 days?  
☐ Yes  ☐ No  ☐ Don’t know/Not sure  ☐ Refused  
From YTS  
Do you want to stop smoking cigarettes?  
☐ I do not smoke now  ☐ Yes  ☐ No |
| **Comments** | None |
| **Rating** | Overall quality | Resources needed | Strength of evaluation evidence | Utility | Face validity | Accepted practice |
| | low | high | $\$^{†}$ | | | | |
| | | | | | | | |

† 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**
Indicator 3.8.4

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

Goal area 3
Promoting quitting among adults and young people

Outcome 8
Increased awareness, knowledge, intention to quit, and support for policies that support cessation

What to measure
Proportion of smokers who report that they intend to quit smoking using proven cessation methods (FDA-approved pharmacotherapies, in-person individual counseling, counseling from telephone quitlines, or stop-smoking classes)

Why this indicator is useful
Approximately 46% of smokers attempt to quit each year in the United States, but only about 5% of those attempting to quit are still abstinent 1 year later. The use of proven cessation strategies—such as FDA-approved pharmacotherapies, counseling, and telephone quitlines—improves the chances of a successful quit attempt.

Example data source(s)
No commonly used data sources were found

Population group(s)
- Smokers 18 years of age or older
- Smokers aged less than 18 years

Example survey question(s)
Do you intend to quit smoking in the next 30 days?
- Yes
- No
- Don’t know/Not sure
- Refused to answer

If yes to above, then ask:
Which of the following cessation methods do you intend to use?
- Call a quitline
- See a physician
- Join a cessation program
- Use a nicotine patch, gum, nasal spray, inhaler, lozenge, or tablet
- Quit with a friend, relative, or acquaintance
- Quit on your own
- Other methods

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

Evaluators may want to assess smokers’ intention to quit by respondents’ tobacco use (current, former, or never) and addiction level (e.g., light, moderate, or heavy) because awareness levels may differ significantly among groups with different levels of addiction. Addiction levels are often inversely related to strength of intention to quit.

Rating

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>$ssss$</td>
<td>$s$</td>
<td>$s$</td>
<td>$s$</td>
<td>better</td>
</tr>
</tbody>
</table>

† 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
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)

Population group(s)
Adults aged 18 years or older

Example survey question(s)
From ATS
How much additional tax on a pack of cigarettes would you be willing to support if some or all the money raised was used to support tobacco control programs?

- More than two dollars a pack
- Two dollars a pack
- One dollar a pack
- Fifty to ninety-nine cents a pack
- Less than fifty cents a pack
- No tax increase
- Don’t know/Not sure
- Refused

Comments
The example question could be asked of decision makers or opinion leaders. Evaluators may want to analyze the level of support for increasing an excise tax on tobacco products according to the smoking status of the respondent. To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).

Rating

Overall quality
- low
- high

Resources needed

Strength of evaluation evidence

Utility

Face validity

Accepted practice

† 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
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.

**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.

**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)**

Are you aware of assistance that might be available to help you quit smoking, such as telephone quitlines, local health clinic services?

- Yes
- No
- Don’t know/Not sure
- Refused

**Comments**

The example survey question could be modified to include a more expansive list of cessation services.

The example survey question could be asked of young people.

**Rating**

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>strong</td>
<td>$$</td>
<td>strong</td>
<td>strong</td>
<td>weak</td>
</tr>
</tbody>
</table>

**References**

**Indicator 3.8.7**

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

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 8</strong></td>
<td>Increased awareness, knowledge, intention to quit, and support for policies that support cessation</td>
</tr>
<tr>
<td><strong>What to measure</strong></td>
<td>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)</td>
</tr>
<tr>
<td><strong>Why this indicator is useful</strong></td>
<td>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)</td>
</tr>
</tbody>
</table>

**Example data source(s)**

American Smoking and Health Survey (ASHES), 2003
Information available at: [http://tobacco.rti.org/data/New/surveys.cfm](http://tobacco.rti.org/data/New/surveys.cfm)

**Population group(s)**

Smokers aged 18 years or older

**Example survey question(s)**

Does any of your health insurance include coverage for treatment to quit smoking cigarettes or to stop using other tobacco products?

- Yes
- No
- Don’t know/Not sure
- Refused

**Comments**

Evaluators may want to assess awareness of the specific types of cessation treatments covered rather than awareness of cessation treatment coverage in general.

**Rating**

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>$$$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

\(\odot\) Denotes no data.

**References**

## Indicator 3.8.8

### Level of Support for Increasing Insurance Coverage for Cessation Treatment

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 8</strong></td>
<td>Increased awareness, knowledge, intention to quit, and support for policies that support cessation</td>
</tr>
<tr>
<td><strong>What to measure</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Why this indicator is useful</strong></td>
<td>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)</td>
</tr>
<tr>
<td><strong>Example data source(s)</strong></td>
<td>Decision Maker or Opinion Leader Survey</td>
</tr>
<tr>
<td><strong>Population group(s)</strong></td>
<td>Decision makers</td>
</tr>
</tbody>
</table>
| **Example survey question(s)** | Proven therapies for treatment of tobacco dependence should be covered by health insurance plans. Do you…  
\(\square\) Strongly agree  \(\square\) Agree  \(\square\) Disagree  \(\square\) Strongly disagree |
<p>| <strong>Comments</strong> | 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. |
| <strong>Rating</strong> |</p>
<table>
<thead>
<tr>
<th>Overall quality</th>
<th>low (\overset{\searrow}{\to}) high</th>
<th>Resources needed</th>
<th>$$$</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(\square\) Denotes no data.

### References

**Indicator 3.8.9**

**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...
- [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

Health plan coverage that includes proven therapies for tobacco cessation lead to greater employee productivity. Do you...
- [ ] Strongly agree  [ ] Agree  [ ] Disagree  [ ] Strongly disagree

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

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

**Rating**

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Denotes no data.

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

**Reference**
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


For Further Reading


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

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Overall quality</th>
<th>Indicator Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.9.1</td>
<td>Proportion of health care providers and health care systems that have fully implemented the Public Health Service (PHS) guidelines</td>
<td>low → high</td>
<td>$$$</td>
</tr>
<tr>
<td>3.9.2</td>
<td>Proportion of adults who have been asked by a health care professional about smoking</td>
<td>low → high</td>
<td>$$</td>
</tr>
<tr>
<td>3.9.3</td>
<td>Proportion of smokers who have been advised to quit smoking by a health care professional</td>
<td>low → high</td>
<td>$$</td>
</tr>
<tr>
<td>3.9.4</td>
<td>Proportion of smokers who have been assessed regarding their willingness to make a quit attempt by a health care professional</td>
<td>low → high</td>
<td>$$</td>
</tr>
<tr>
<td>3.9.5</td>
<td>Proportion of smokers who have been assisted in quitting smoking by a health care professional</td>
<td>low → high</td>
<td>$$</td>
</tr>
<tr>
<td>3.9.6</td>
<td>Proportion of smokers for whom a health care professional has arranged for follow-up contact regarding a quit attempt</td>
<td>low → high</td>
<td>$$</td>
</tr>
<tr>
<td>3.9.7</td>
<td>Proportion of pregnant women who report that a health care professional advised them to quit smoking during a prenatal visit</td>
<td>low → high</td>
<td>$$</td>
</tr>
<tr>
<td>3.9.8</td>
<td>Proportion of health care systems that have provider-reminder systems in place</td>
<td>low → high</td>
<td>$$</td>
</tr>
</tbody>
</table>

† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
Indicator 3.9.1

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

Goal area 3: Promoting quitting among adults and young people

Outcome 9: Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines

What to measure: Proportion of health care system administrators (or managed care providers) who have fully implemented PHS recommendations. For a list of the recommendations, see “Comments” below.

Why this indicator is useful: Policies implemented by managed care administrators affect whether tobacco-dependence treatment services are offered to patients. Increases in the use of these proven services will result in increases in the number of successful quit attempts.1,2

Example data source(s): Addressing Tobacco in Managed Care (ATMC), 1997–1998
Information available at: http://www.aahp.org/atmc/mainindex.cfm

Population group(s): Managed care administrators

Example survey question(s): From ATMC
With regard to the AHCPR [Agency for Health Care Policy and Research] guidelines, has your plan implemented them:
□ Fully □ Partially □ The plan has not implemented the guidelines

Comments: Note: The Agency for Health Care Policy and Research is now named the Agency for Healthcare Research and Quality (AHRQ). The AHRQ published the most recent Public Health Service (PHS) guidelines.
A more thorough way to measure this indicator would be to ask managed care administrators the example question for each of the PHS guideline recommendations for health care administrators, insurers, and purchasers. The PHS guideline recommendations are:
1. Implement a tobacco-use identification system in every clinic
2. Provide education, resources, and feedback to promote provider intervention
3. Dedicate staff to provide tobacco-dependence treatment and assess the delivery of this treatment in staff performance evaluations
4. Promote hospital policies that support and provide inpatient tobacco-dependence services
5. Include tobacco-dependence treatment (both counseling and pharmacotherapy) identified as effective in this guideline as paid or covered services for all subscribers or members of health insurance packages
6. Reimburse clinicians and specialists for delivery of effective tobacco-dependence treatments, and include these interventions in the defined duties of clinicians
### Rating:

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>high</td>
<td>$$$</td>
<td>⚫</td>
<td>⚫</td>
<td>⚫</td>
</tr>
</tbody>
</table>

References


Indicator 3.9.2

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

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 9</td>
<td>Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines</td>
</tr>
</tbody>
</table>

**What to measure**
Proportion of adults who had been asked about their smoking status by a health care professional during the previous 12 months

**Why this indicator is useful**
Evidence shows that when patients are asked about their tobacco use by a health care professional and when that response is documented, clinician interventions increase.¹

**Example data source(s)**
- Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
- Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C: Cessation, 2003

**Population group(s)**
Adults aged 18 years or older

**Example survey question(s)**
- From ATS
  During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?
  □ Yes □ No □ Don’t know/Not sure □ Refused
- From ATS, Supplemental Section C
  In the past 12 months, did a dentist ask if you smoked?
  □ Yes □ No □ Don’t know/Not sure □ Refused

**Comments**
The example question could also be asked of young people.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low → high</td>
<td>$$$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>

**Reference**
Indicator 3.9.3

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

Goal area 3
Promoting quitting among adults and young people

Outcome 9
Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines

What to measure
Proportion of smokers who had been advised to quit smoking by a health care professional during the previous 12 months

Why this indicator is useful
Evidence shows that quit rates increase when health care professionals advise their patients to stop using tobacco.

Example data source(s)
- Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
- Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section C: Cessation, 2003

Population group(s)
Smokers aged 18 years or older

Example survey question(s)
During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?
- Yes
- No
- Don’t know/Not sure
- Refused

From ATS: Supplemental Section C
In the past 12 months, did a dentist advise you to quit smoking?
- Yes
- No
- Don’t know/Not sure
- Refused

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

Rating

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>$5</td>
<td></td>
<td></td>
<td></td>
<td>better</td>
</tr>
</tbody>
</table>

Reference
Indicator 3.9.4

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

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 9</strong></td>
<td>Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines</td>
</tr>
<tr>
<td><strong>What to measure</strong></td>
<td>Proportion of smokers who have been evaluated by a health care professional regarding their willingness to stop smoking</td>
</tr>
<tr>
<td><strong>Why this indicator is useful</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Example data source(s)</strong></td>
<td>No commonly used data sources were found.</td>
</tr>
<tr>
<td><strong>Population group(s)</strong></td>
<td>Smokers aged 18 years or older</td>
</tr>
</tbody>
</table>
| **Example survey question(s)** | During the past 12 months, did any doctor, nurse, or other health care professional ask you if you were willing to make a quit attempt?  
- Yes  
- No  
- Don’t know/Not sure  
- Refused to answer  
In the past 12 months, did a dentist ask you if you were willing to make a quit attempt?  
- Yes  
- No  
- Don’t know/Not sure  
- Refused to answer |
| **Comments** | The authors created the example questions. They are not in any commonly used data source. The example questions could also be asked of young smokers. Evaluators might also wish to evaluate whether the physician inquired about the patient’s willingness to use assistance in quitting (e.g., calling a quitline, joining a group cessation program, or using FDA-approved pharmacotherapies). |
| **Rating** | Overall quality | Resources needed | Strength of evaluation evidence | Utility | Face validity | Accepted practice |
| | low | high | $$ | | | better |

Reference
Indicator 3.9.5

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

**Goal area 3**
Promoting quitting among adults and young people

**Outcome 9**
Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines

**What to measure**
Proportion of smokers who have had a health care professional actively assist them in an attempt to quit smoking. Examples of assistance include prescribing FDA-approved cessation medications, providing educational material, providing counseling or a counseling referral, and establishing a firm quit date.

**Why this indicator is useful**
Evidence is strong that clinician assistance in cessation leads to improved quit rates.\(^1\)

**Example data source(s)**
- Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
- American Smoking and Health Survey (ASHES), 2003
  Information available at: http://tobacco.rti.org/data/New/surveys.cfm

**Population group(s)**
Smokers aged 18 years or older

**Example survey question(s)**

*From ATS*
In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?  
1. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban®  
2. Suggest that you set a specific date to stop smoking  
3. Suggest that you use a smoking cessation class, program, quit line, or counseling  
4. Provide you with booklets, videos, or other material to help you quit smoking on your own

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

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

**Rating**

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>high</td>
<td>$$</td>
<td></td>
<td></td>
<td>better</td>
</tr>
</tbody>
</table>

**Reference**

Indicator 3.9.6

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

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 9</td>
<td>Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines</td>
</tr>
</tbody>
</table>

**What to measure**
Proportion of smokers who have had a health care professional schedule follow-up contact to help them quit smoking.

**Why this indicator is useful**
Brief interventions may not be sufficient to help every patient quit successfully. Arranging for follow-up contact ensures continued cessation assistance and can increase the likelihood of a successful quit attempt.\(^1\)

**Example data source(s)**
No commonly used data sources were found.

**Population group(s)**
- Smokers aged 18 years or older
- Smokers aged less than 18 years

**Example survey question(s)**
In the past 12 months, when a doctor or other health professional advised you to quit smoking, did he or she also do any of the following? If so, please select Yes or No.

1. Call and ask you about your quit attempt within one week
2. Ask you about your quit attempt in person (during an office visit) within one week
3. Call and ask you about your quit attempt within one month
4. Ask you about your quit attempt in person (during an office visit) within one month
5. Arrange for a cessation counselor, program, or quitline to make follow-up contact with you regarding your quit attempt

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

**Rating**
- Overall quality: low ➞ high
- Resources needed: $$$
- Strength of evaluation evidence: ●
- Utility: ●
- Face validity: ●
- Accepted practice: †

† 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**
Indicator 3.9.7

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

**Goal area 3**
Promoting quitting among adults and young people

**Outcome 9**
Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines

**What to measure**
Proportion of pregnant women who were advised by a health care professional during a prenatal visit of the ill effects of smoking

**Why this indicator is useful**
Tobacco use by pregnant women and exposure to tobacco smoke are causal factors in both maternal and child morbidity and mortality. Evidence shows that advising pregnant women to quit, coupled with intensive counseling, increases abstinence rates.¹

**Example data source(s)**
CDC Pregnancy Risk Assessment Monitoring System (PRAMS), Phase 4, 2000–2003

**Population group(s)**
Pregnant women

**Example survey question(s)**
From PRAMS
During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how smoking during pregnancy could affect your baby?

- No
- Yes

**Comments**
Evaluators could also collect information on whether the health care professional advised the patient to quit smoking or provided assistance in quitting.

**Rating**

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>high</td>
<td>$$$^\dagger$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

† 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**
Indicator 3.9.8

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

Goal area 3: Promoting quitting among adults and young people

Outcome 9

Increase in the number of health care providers and health care systems following the Public Health Service (PHS) guidelines

What to measure

Proportion of health care systems that include smoking status information (e.g., stickers) in their patients’ records. This information is recorded in order to prompt health care professionals to discuss smoking cessation during patients’ visits.

Why this indicator is useful

Evidence shows that reminder systems for health care providers increase the rate of clinician intervention to assist patients in quitting, thereby increasing the number of patients who successfully quit.1,2

Example data source(s)

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

Population group(s)

Managed care administrators

Example survey question(s)

From ATMC

Mark all that apply

Has your plan implemented systems for any of the following?

1. Documentation of patient smoking status in an administrative computer database
2. Documentation of patient smoking status in the medical record
3. Computerized clinic reminders to encourage providers to advise patients to quit
4. Provider training in effective smoking cessation interventions
5. Routine cessation advice/brief provider counseling of patients
6. Provider incentives that promote tobacco cessation assessment and intervention
7. Patient incentives for use of/adherence to recommended cessation treatment

Are the providers in your plan required to carry out any of the following activities?

1. Ask new patients about their smoking status
2. Include smoking status as a vital sign (i.e., ask about and document smoking status at every visit)
3. Document smoking status in the patient’s medical record
4. Strongly advise all patients who smoke to quit
5. Assess willingness of patient to make a quit attempt
6. Refer the patient who smokes to intensive treatment when the physician considers it appropriate or the patient prefers it
7. Arrange for follow-up with patients who are trying to quit smoking
8. Ensure that support staff is trained to counsel patients about smoking cessation
9. Have literature about smoking cessation and the health risks of smoking readily available in waiting rooms and exam rooms
10. Encourage parents who smoke to provide a smoke-free environment for their children at home and in day care
11. Other (please specify)
Comments

None

<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low →</td>
<td>high</td>
<td>$$$.</td>
<td></td>
<td></td>
<td>better</td>
</tr>
<tr>
<td></td>
<td>$$$.</td>
<td>$$$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

References
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. 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. 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. 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. Reviewers of tobacco-dependence treatments found that full insurance coverage of treatment services produced the highest level of use of these services. 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.

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


For Further Reading


KEY OUTCOME INDICATORS for Evaluating Comprehensive Tobacco Control Programs
### Outcome 10

** Increased Insurance Coverage for Cessation Services **

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Overall quality</th>
<th>Indicator Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.10.1</td>
<td>Proportion of insurance purchasers and payers that reimburse for tobacco cessation services</td>
<td>🍀ReturnValue: 3 🍀</td>
<td>$$$</td>
</tr>
</tbody>
</table>
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. In addition, reimbursement of expenses increases the number of quit attempts and decreases smoking relapse rates.

**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.)

<table>
<thead>
<tr>
<th>Intervention</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only with enrollment in cessation program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Buproprion (e.g., Zyban®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Telephone counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Face-to-face counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Classes or group meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Self-help materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>high</td>
<td>$$</td>
<td>○</td>
<td>○</td>
<td>better</td>
</tr>
</tbody>
</table>

References
Outcome 11

**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. 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. Effective interventions include FDA-approved pharmacotherapies and various forms of counseling (individual or group, in person or by telephone).

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**


**For Further Reading**


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

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Indicator Rating</th>
<th>Overall quality</th>
<th>Strength of evidence</th>
<th>Utility</th>
<th>Acceptance</th>
<th>Practice</th>
<th>Validity</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.11.1</td>
<td>Proportion of adult smokers who have made a quit attempt</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
</tr>
<tr>
<td>3.11.2</td>
<td>Proportion of young smokers who have made a quit attempt</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
</tr>
<tr>
<td>3.11.3</td>
<td>Proportion of adult and young smokers who have made a quit attempt using proven cessation methods</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
<td>$\bullet$</td>
</tr>
</tbody>
</table>

† 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. Increasing the number of quit attempts may lead to increased smoking cessation rates and a lower prevalence of smoking.

Example data source(s):
- Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
- Behavioral Risk Factor Surveillance System (BRFSS), 2002

Population group(s): Smokers aged 18 years or older

Example survey question(s):
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- Yes
- No
- Don’t know/Not sure
- Refused

Comments: Evaluators may also want to measure the number of quit attempts made by smokers over a given time period.

Rating:
- Overall quality: low → high
- Resources needed
- Strength of evaluation evidence: $\$$
- Utility
- Face validity
- Accepted practice

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

Reference
### Indicator 3.11.2

**Proportion of Young Smokers Who Have Made a Quit Attempt**

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 11</strong></td>
<td>Increased number of quit attempts and quit attempts using proven cessation methods</td>
</tr>
</tbody>
</table>

**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. Increasing the number of quit attempts can lead to increased smoking cessation rates and a lower prevalence of smoking.

**Example data source(s)**

- Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
- CDC Youth Risk Behavior Surveillance System (YRBSS), 2003

**Population group(s)**

Smokers less than 18 years of age

**Example survey question(s)**

**From YTS**

How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?
- I have not smoked in the past 12 months
- I have not tried to quit
- 1 time
- 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times

**From YTS and YRBSS**

During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months
- Yes
- No

**Comments**

None

**Rating**

- **Overall quality**
- **Resources needed**
- **Strength of evidence**
- **Utility**
- **Face validity**
- **Accepted practice**

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

**Reference**

## 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. Less evidence is available concerning young tobacco users, but preliminary studies suggest that cognitive-behavioral interventions are a promising approach.

### Example data source(s)

- Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
- Youth Tobacco Survey (YTS): Supplemental Questions, 2004

### Population group(s)

- Smokers aged 18 years or older
- Smokers aged less than 18 years

### Example survey question(s)

#### From ATS

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes
- No
- Don’t know/Not sure
- Refused

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

- Yes
- No

*If yes, ask*

Did you use? *(Check all that apply)*

1. A stop-smoking clinic or class
2. A telephone quitline
3. One-on-one counseling from a doctor or nurse
4. Self-help material, books or videos
5. Acupuncture
6. Hypnosis
7. Other, specify_____________________

The last time you tried to quit smoking, did you use the nicotine patch, gum, or any other medication to help you quit?

- Yes
- No

Did you use?

1. Nicotine gum
2. A patch
3. A nasal spray
4. An inhaler
5. Bupropion, Zyban®, Wellbutrin®
6. Other, specify_____________________

---

**(Chapter 4)**

Goal Area 3: Promoting Quitting Among Adults and Young People
<table>
<thead>
<tr>
<th>Example survey question(s) (cont.)</th>
<th>From YTS Supplemental Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever participated in a program at school to help you quit using tobacco?</td>
<td></td>
</tr>
<tr>
<td>□ I have never used tobacco</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall quality</td>
</tr>
<tr>
<td>Resources needed</td>
</tr>
<tr>
<td>Strength of evaluation evidence</td>
</tr>
<tr>
<td>Utility</td>
</tr>
<tr>
<td>Face validity</td>
</tr>
<tr>
<td>Accepted practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ low</th>
<th>□ high</th>
<th>□ $ $</th>
<th>□ $ $</th>
<th>□ $ $</th>
<th>□ $ $</th>
<th>□ $ $</th>
</tr>
</thead>
<tbody>
<tr>
<td>better</td>
<td>□ low</td>
<td>□ high</td>
<td>$ $</td>
<td>$ $</td>
<td>$ $</td>
<td>$ $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>References</th>
</tr>
</thead>
</table>
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**


**For Further Reading**


### Outcome 12

**Increased Price of Tobacco Products**

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Overall quality</th>
<th>Indicator Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.12.1</td>
<td>Amount of tobacco product excise tax</td>
<td>$</td>
<td>better</td>
</tr>
</tbody>
</table>

**Indicator Rating**

- $: Low
- $: Medium
- $: High
- $: Better

**Other Rating Criteria**

- Resources needed
- Strength of evaluation evidence
- Utility
- Face validity
- Accepted practice
**Indicator 3.12.1**

**Amount of Tobacco Product Excise Tax**

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 12</td>
<td>Increased price of tobacco products</td>
</tr>
<tr>
<td>What to measure</td>
<td>(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</td>
</tr>
<tr>
<td>Why this indicator is useful</td>
<td>Increasing the tax on tobacco products reduces tobacco consumption and prevalence, especially among the most price-sensitive populations (e.g., young people). 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.</td>
</tr>
<tr>
<td>Example data source(s)</td>
<td>CDC State Tobacco Activities Tracking and Evaluation (STATE) system Data available at: <a href="http://www.cdc.gov/tobacco/STATEsystem">http://www.cdc.gov/tobacco/STATEsystem</a> Campaign For Tobacco-Free Kids (CTFK) Information available at: <a href="http://tobaccofreekids.org/research/factsheets">http://tobaccofreekids.org/research/factsheets</a> State departments of revenue</td>
</tr>
<tr>
<td>Population group(s)</td>
<td>Not applicable. This indicator is best measured by tracking and monitoring state excise tax on tobacco products.</td>
</tr>
<tr>
<td>Example survey question(s)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Comments</td>
<td>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).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low high</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

References
Outcome 13

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** Proportion of recent successful quit attempts

Reference


For Further Reading


### Outcome 13

**Increased Cessation Among Adults and Young People**

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Overall quality</th>
<th>Strengthening indicators</th>
<th>Evaluation methods</th>
<th>Using</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.13.1</td>
<td>Proportion of smokers who have sustained abstinence from tobacco use</td>
<td>low ✅</td>
<td>medium ✅</td>
<td>high</td>
<td>$ $</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>3.13.2 NR</td>
<td>Proportion of recent successful quit attempts</td>
<td>low ✅</td>
<td>medium ✅</td>
<td>high</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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**

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 13</td>
<td>Increased cessation among adults and young people</td>
</tr>
<tr>
<td>What to measure</td>
<td>Proportion of former smokers who have sustained abstinence from tobacco use for 6 months or longer</td>
</tr>
<tr>
<td>Why this indicator is useful</td>
<td>The longer the time since a person smoked, the more likely that person will continue not smoking.</td>
</tr>
<tr>
<td>Example data source(s)</td>
<td>Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003</td>
</tr>
<tr>
<td></td>
<td>Behavioral Risk Factor Surveillance System (BRFSS): Tobacco Use Prevention Module, 2002</td>
</tr>
<tr>
<td></td>
<td>Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004</td>
</tr>
<tr>
<td>Population group(s)</td>
<td>Former smokers aged 18 years or older</td>
</tr>
<tr>
<td></td>
<td>Former smokers aged less than 18 years</td>
</tr>
</tbody>
</table>

#### Example survey question(s)

From ATS and BRFSS

- About how long has it been since you last smoked cigarettes regularly?
  - Within the past month (0 to 1 month ago)
  - Within the past 3 months (1 to 3 months ago)
  - Within the past 6 months (3 to 6 months ago)
  - Within the past year (6 to 12 months ago)
  - Within the past 5 years (1 to 5 years ago)
  - Within the past 15 years (5 to 15 years ago)
  - 15 or more years ago
  - Don’t know/Not sure
  - Refused

From YTS

- When was the last time you smoked a cigarette, even one or two puffs?
  - I have never smoked even one or two puffs
  - Earlier today
  - Not today but sometime during the past 7 days
  - Not during the past 7 days but sometime during the past 30 days
  - Not during the past 30 days but sometime during the past 6 months
  - Not during the past 6 months but sometime during the past year
  - 1 to 4 years ago
  - 5 or more years ago

- When you last tried to quit, how long did you stay off cigarettes?
  - I have never smoked cigarettes
  - I have never tried to quit
  - Less 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 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

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td>high</td>
<td>$$</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

References


Indicator 3.13.2NR

Proportion of Recent Successful Quit Attempts

Goal area 3  Promoting quitting among adults and young people

Outcome 13  Increased cessation among adults and young people

What to measure  Proportion of smokers who made a quit attempt in the previous 12 months and are still not smoking

Why this indicator is useful  It is important to measure the proportion of recent successful quit attempts to document progress toward increased cessation.1

Example data source(s)
- Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
- Behavioral Risk Factor Surveillance System (BRFSS), 2002
- Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004

Population group(s)
- Smokers aged 18 years or older
- Smokers aged less than 18 years

Example survey question(s)
From ATS and BRFSS
Have you smoked at least 100 cigarettes in your entire life?
- Yes  No  Don’t know/Not sure  Refused

Do you now smoke cigarettes every day, some days, or not at all?
- Everyday  Some days  Not at all  Refused

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- Yes  No  Don’t know/Not sure  Refused

From YTS
During the past 30 days, on how many days did you smoke cigarettes?
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?
- I have not smoked in the past 12 months
- I have not tried to quit
- 1 time
- 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times
Example survey question(s) (cont.)

When you last tried to quit, how long did you stay off cigarettes?

- I have never smoked cigarettes
- I have never tried to quit
- Less than a day
- 1 to 7 days
- More than 7 days but less than 30 days
- 30 days or more but less than 6 months
- 6 months or more but less than a year
- 1 year or more

Comments

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

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

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Denotes no data.

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

Reference

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


For Further Reading


## Outcome 14

### Reduced Tobacco-use Prevalence and Consumption

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Overall quality</th>
<th>Indicator Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.14.1</td>
<td>Smoking prevalence</td>
<td></td>
<td>$\ddagger$</td>
</tr>
<tr>
<td>3.14.2</td>
<td>Prevalence of tobacco use during pregnancy</td>
<td></td>
<td>$\ddagger$</td>
</tr>
<tr>
<td>3.14.3</td>
<td>Prevalence of postpartum tobacco use</td>
<td>$\ddagger\ddagger$</td>
<td>$\ddagger\ddagger$</td>
</tr>
<tr>
<td>3.14.4</td>
<td>Per capita consumption of tobacco products</td>
<td>$\ddagger$</td>
<td>$\ddagger\ddagger$</td>
</tr>
</tbody>
</table>

$\ddagger$ 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

<table>
<thead>
<tr>
<th><strong>Goal area 3</strong></th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 14</strong></td>
<td>Reduced tobacco-use prevalence and consumption</td>
</tr>
</tbody>
</table>

**What to measure**
- Proportion of adults who have ever smoked at least 100 cigarettes in their lives and who smoke every day or some days
- Proportion of young people who have smoked on at least 1 day during the previous 30 days

**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. Although smoking prevalence continues to decline, nearly one in four adults and about one in four teenagers smoke. Reducing the number of smokers is the best strategy for decreasing preventable disease and death.

**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).
<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low</td>
<td>high</td>
<td>$\dagger$</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

$\dagger$ 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
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. Reducing maternal smoking prevalence can lead to a reduced probability of these complications.

Example data source(s)

- Birth certificate data

Population group(s)

- Not applicable. This indicator is best measured by examining birth certificate data from vital statistic records.
- Pregnant women

Example survey question(s)

Birth certificate data are available from states’ vital statistics data.

From PRAMS

In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

☐ cigarettes OR ☐ packs

☐ Less than 1 cigarette a day
☐ I didn’t smoke
☐ I don’t smoke

Comments

Using birth certificate data may lead to underestimates of smoking rates during pregnancy due to underreporting. Surveys such as PRAMS might yield more accurate data regarding smoking behaviors.

To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as cigars, chewing tobacco, and loose tobacco.

Rating

<table>
<thead>
<tr>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>low ➔ high</td>
<td>$$$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>

Reference

Indicator 3.14.3

Prevalence of Postpartum Tobacco Use

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 14</td>
<td>Reduced tobacco-use prevalence and consumption</td>
</tr>
</tbody>
</table>

**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. 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.

**Example data source(s)**
CDC Pregnancy Risk Assessment Monitoring System (PRAMS), Phase 4, 2000–2003

**Population group(s)**
Pregnant women

**Example survey question(s)**
- Are you currently pregnant?  
  - Yes  
  - No  
  - Don’t know/Not sure  
  - Refused to answer
- Have you given birth in the past 6 months?  
  - Yes  
  - No  
  - Don’t know/Not sure  
  - Refused to answer
- From PRAMS
  - How many cigarettes or packs of cigarettes do you smoke on an average day now?  
    - _____cigarettes OR ______packs  
    - Less than 1 cigarette a day  
    - I didn’t smoke  
    - I don’t smoke

**Comments**
The authors created the first two example questions to screen survey respondents for pregnancy status. The questions are not found in any commonly used data source. Evaluators may want to differentiate between women who continued smoking throughout pregnancy into the postpartum period and women who relapsed during the postpartum period.

**Rating**
Overall quality: high  
Resources needed: $$  
Strength of evaluation evidence:  
Utility:  
Face validity:  
Accepted practice: better

**References**
### Indicator 3.14.4

**Per Capita Consumption of Tobacco Products**

<table>
<thead>
<tr>
<th>Goal area 3</th>
<th>Promoting quitting among adults and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 14</td>
<td>Reduced tobacco-use prevalence and consumption</td>
</tr>
</tbody>
</table>

**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.²

**Example data source(s)**
- CDC State Tobacco Activities Tracking and Evaluation (STATE) system
  Data available at: [http://www.cdc.gov/tobacco/STATEsystem](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.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Overall quality</th>
<th>Resources needed</th>
<th>Strength of evaluation evidence</th>
<th>Utility</th>
<th>Face validity</th>
<th>Accepted practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low =&gt; high</td>
<td>$</td>
<td>$</td>
<td>²</td>
<td>²</td>
<td>²</td>
</tr>
</tbody>
</table>

**References**