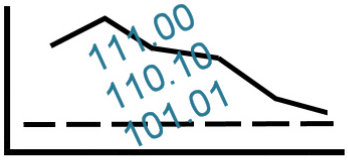
Case Study: Tobacco Use Prevention Data and Evaluation Planning Process



Tobacco Use Prevention
Data & Evaluation Workgroup

2007

Kansas Tobacco Use Prevention Program
Kansas Department of Health and Environment

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Executive Summary

During 2007, the Tobacco Use Prevention Program (TUPP), Kansas Department of Health and Environment (KDHE) convened a Tobacco Use Prevention Data and Evaluation Planning Process (TUPDEPP) to develop a strategic plan for producing, using and disseminating tobacco use prevention and control data and indicators. A multi-organizational workgroup, including both state and local representatives, was formed and four day-long planning meetings were held during the summer and fall of 2007.

A multi-state scan of statewide comprehensive evaluation plans was conducted as a precursor to the planning process, which showed that few states have implemented a truly comprehensive evaluation process, though documents from a couple of the states were particularly helpful to Kansas' process. CDC's evidence-based model approach to evaluation was used as the framework for Kansas' efforts. The *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* provided a "how to" guide for planning and implementing evaluation activities. CDC's *Key Outcome Indicators* provided a detailed profile and rating for each of 120 indicators, organized within logic models by Goal Area:

- Goal Area 1: Preventing Initiation of Tobacco Use Among Young People
- Goal Area 2: Eliminating Nonsmokers' Exposure to Secondhand Smoke
- Goal Area 3: Promoting Quitting Among Adults and Young People
- Goal Area 4: Identifying and Eliminating Tobacco-Related Disparities

The Tobacco Use Prevention Data and Evaluation Planning Process (TUPDEPP) relied heavily on the *Key Outcome Indicators*, structuring small group work around the four goal areas, using the logic models as a basis for nearly all group tools and worksheets, and using the key outcome indicators as a starting point for indicator selection and prioritization.

The planning process resulted in a number of useful documents and recommendations, including the following:

- Compilation of Kansas data resources and surveys
- Prioritized list of outputs and short-term, intermediate, and long-term outcomes and indicators by Goal Area
- Broad strategies to address tobacco-related disparities
- Recommendations on other groups and plans to consult as tobacco evaluation efforts proceed
- Prioritized list of cross-cutting issues, which included creating an electronic registry/information hub

Details on these recommendations can be found in the Results section of this report.

Immediate next steps include the completion and release of the tobacco evaluation report in Spring 2008.

Section I: Introduction and Background

A. Goals of the Planning Process

In the spring of 2007, the Tobacco Use Prevention Program (TUPP), Kansas Department of Health and Environment (KDHE), convened a Tobacco Use Prevention Data and Evaluation Planning Process (TUPDEPP). The goals of the strategic planning process were to

- Involve state and local tobacco use prevention and control partners in the development and implementation of a statewide evaluation plan. The end product should meet partners' internal data and evaluation needs, such as grant reporting requirements, as well as the partners' needs to communicate progress "with one voice" to external audiences.
- Develop a comprehensive plan for producing and disseminating tobacco use control and prevention data.
- Reach consensus on data sources and indicators used by all partners to evaluate Kansas' progress towards tobacco control and prevention.

B. Overview of Related Planning and Program Efforts

The Tobacco Use Prevention Program (TUPP) is housed within the Office of Health Promotion (OHP) in the Kansas Department of Health and Environment (KDHE). Both TUPP and OHP have provided leadership and have been involved in similar planning and program efforts. Results and lessons learned from these three planning and program efforts were foundational to this effort:

1. Healthy Kansans 2010
2. Tobacco Prevention for Specific Populations
3. TUPP Action Plan and Data Resources

1. Healthy Kansans 2010

Throughout 2005, the OHP convened a group of Kansans representing multiple disciplines and organizations to identify and adopt health priorities that will improve the health of all Kansans. Healthy Kansans 2010 builds on the comprehensive, nationwide health promotion and disease prevention agenda, Healthy People 2010. The Healthy Kansans 2010 process resulted in a set of recommendations for change. If implemented, they will markedly improve the health of all Kansans. Progress is measured by Kansas' performance on Healthy People 2010's objectives for the 10 Leading Health Indicators, one of which is Tobacco Use.

The Healthy Kansans 2010 process identified three cross-cutting issues impacting multiple Leading Health Indicators:

- Reducing and Eliminating Health and Disease Disparities
- System Interventions to Address Social Determinants of Health
- Early Disease Prevention, Risk Identification and Intervention for Women, Children and Adolescents

Each of the workgroups formed for these cross-cutting issues identified action steps related to both tobacco use prevention and data/evaluation as part of their recommendations.

Additionally, the Healthy Kansans 2010 Steering Committee identified three topical issues for immediate action:

- Tobacco
- Disparities Data
- Cultural Competency

Note two of the three immediate-action issues are related to tobacco and data. The Tobacco Use Prevention Data and Evaluation Planning Process (TUPDEPP) drew upon not only action steps identified in related areas but also upon lessons learned and partner relationships formed/strengthened through the HK2010 Planning Process. Likewise, the outcomes of this process are fulfilling some of the HK2010-recommended strategies. The HK2010 final report and related materials can be found online at http://www.healthykansans2010.com/.

2. Tobacco Prevention for Specific Populations

In 2006, Kansas TUPP was awarded a grant from the Centers for Disease Control and Prevention to develop a strategic plan for addressing disparities related to tobacco. Kansas began work on the project in September 2006, with a diverse workgroup meeting during Spring 2007. The resulting Strategic Plan identified three critical issues and objectives, as well as multiple action steps. The three critical issues are

1. Increase community-level quantitative and qualitative data to eliminate identified data gaps among selected populations.
2. Increase population-specific prevention and cessation resources that can be integrated into community programs.
3. Increase advocacy for the elimination of tobacco-related health disparities among specific populations in Kansas.

The first critical issue identified was related to community-level data. Although the TUPDEPP focused on a *state*-level plan, it did help move this issue forward as well as some of the related strategies and action steps for the Specific Populations plan. The TUPDEPP also benefited substantially from lessons learned, tools developed, and partner relationships formed/strengthened during the Specific Populations planning process, particularly related to evaluation plans around Goal Area 4: Identifying and Eliminating Tobacco-Related Disparities. (For more information on the four goal areas and CDC's evaluation framework, see page 3.)

The Specific Population strategic plan and related resources are available online at http://www.healthykansans2010.com/tobacco/

3. Tobacco Use Prevention Program (TUPP) Plan and Data Resources

The Kansas Tobacco Use Prevention Program (TUPP) currently tracks multiple objectives and related indicators structured according to CDC's evaluation framework using the TUPP Program Plan document. TUPP's program plan is generated through the Centers for Disease Control and Prevention's Office of

Smoking and Health web-based system. The program plan describes long, intermediate and short term objectives. Not only do the objectives guide the program's focus and strategies, but they also dictate the frequency and use of evaluation indicators.

TUPP also regularly reports tobacco-related data to its constituency through various venues. The most recent data report was *Tobacco Use in Kansas: Status Report 2006*, which highlights Kansas' progress in tobacco use prevention and control using data from a variety of resources and survey tools. The report is available online at http://www.kdheks.gov/tobacco.

During the period 1999 to 2007, the Centers for Disease Control and Preventions' Best Practices recommendations for Comprehensive Tobacco Control Programs included a range of $18 million to $44 million for total program annual costs for Kansas. In October 2007, the Revised Best Practices recommended an annual investment $32.1 million for Kansas. Currently, $2.5 million is received annual from the state legislature and CDC for tobacco use prevention in Kansas.

C. CDC Evaluation Framework

CDC's evidence-based model approach to evaluation was used as the framework for Kansas' efforts. The *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs* provided a "how to" guide for planning and implementing evaluation activities, organized into six steps:

1. Engage stakeholders.
2. Describe the program.
3. Focus the evaluation and design.
4. Gather credible evidence.
5. Justify conclusions.
6. Ensure use of evaluation findings, and share lessons learned.

CDC's *Key Outcome Indicators* provided a detailed profile and rating for each of 120 indicators, organized within logic models by Goal Area:

- Goal Area 1: Preventing Initiation of Tobacco Use Among Young People
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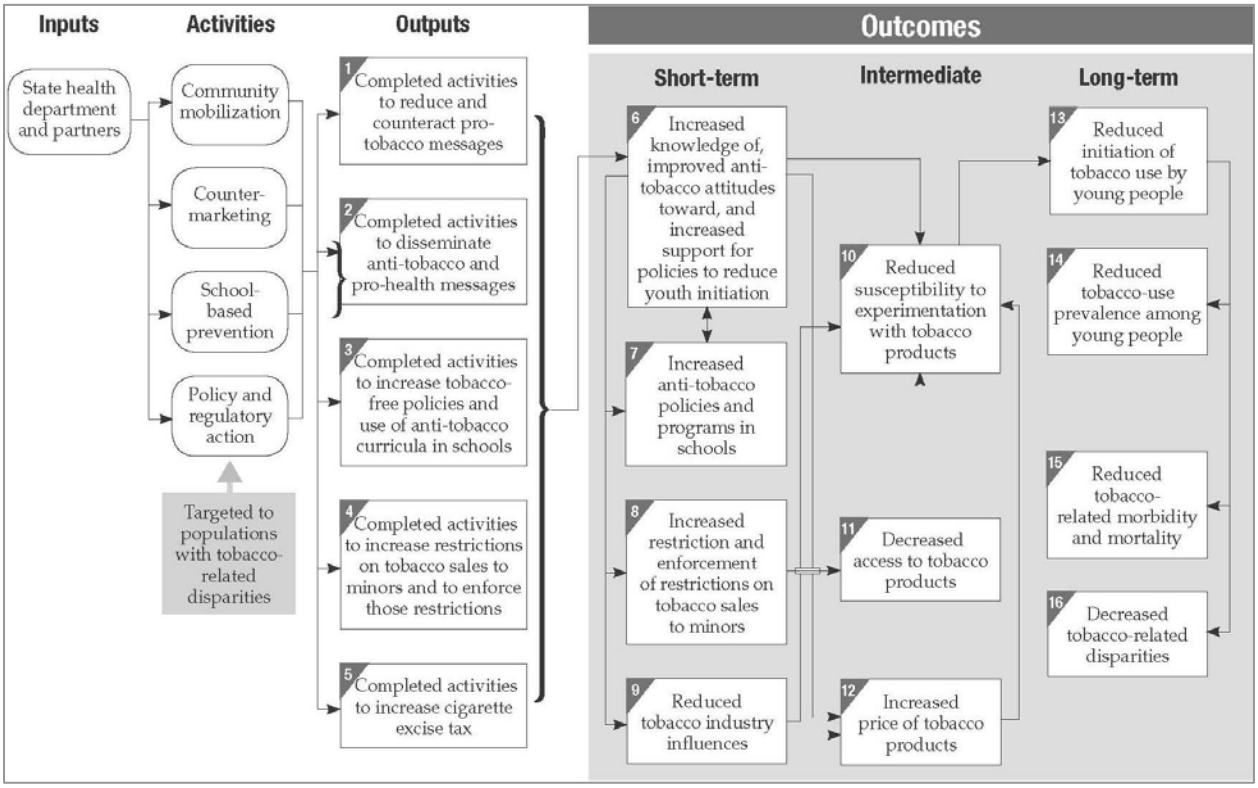
- Goal Area 4: Identifying and Eliminating Tobacco-Related Disparities

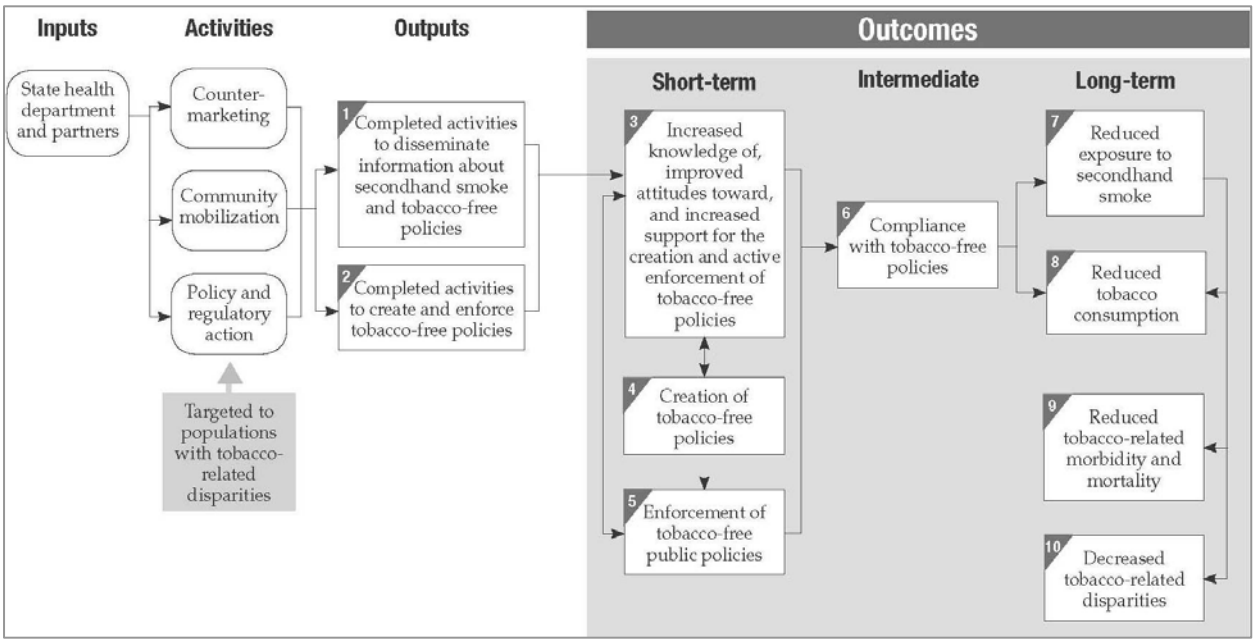
The Tobacco Use Prevention Data and Evaluation Planning Process (TUPDEPP) relied heavily on the *Key Outcome Indicators*, structuring small group work around the four goal areas, using the logic models as a basis for nearly all group tools and worksheets, and using the key outcome indicators as a starting point for indicator selection and prioritization.

The four logic models are provided on the following pages. Note the logic model for Goal Area 4 is incomplete, and there are no corresponding indicators listed in *Key Outcome Indicators.* The focus of Goal Area 4 is on developing and increasing organizational capacity to identify and eliminate tobacco-related disparities. Currently, few well-established, evidence-based indicators are available for measuring a program's success in this area. Thus, Kansas used results of the Specific Population planning process

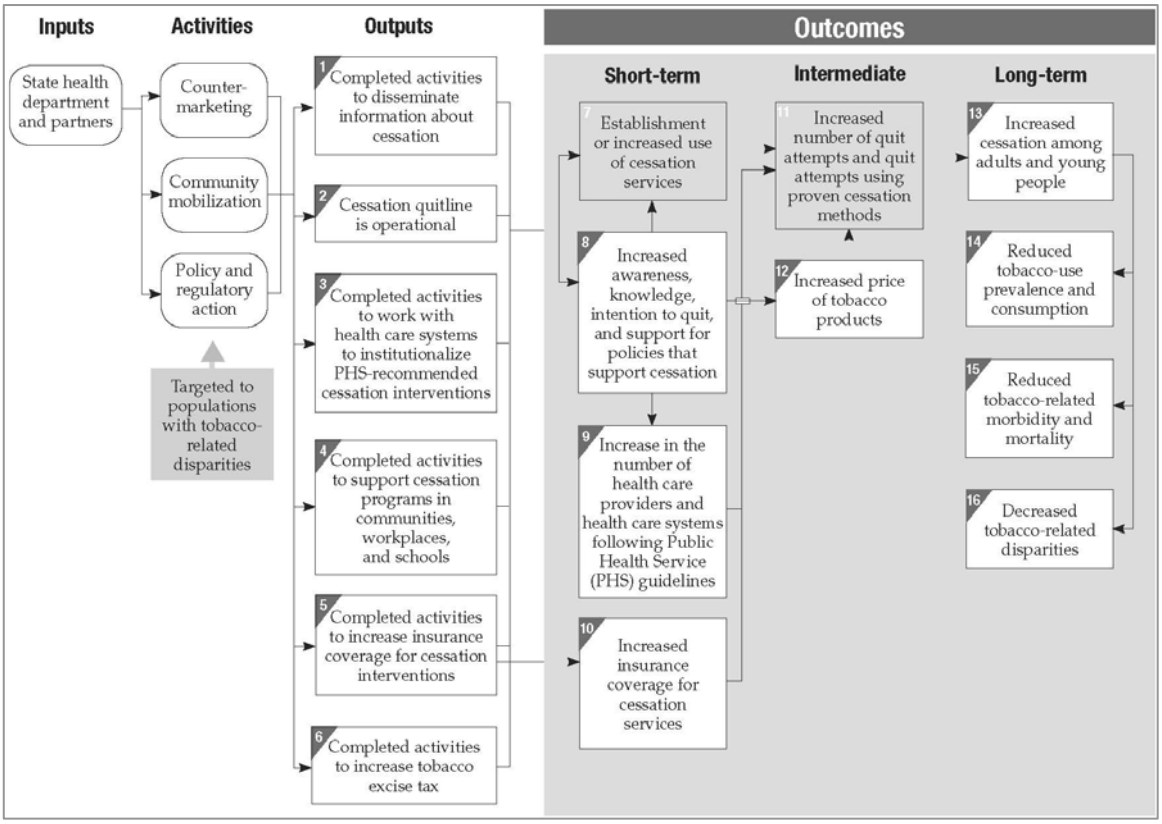
and its identified strategies for reducing disparities. Kansas also addressed Goal Area 4 by recommended subpopulation stratifications of indicators from Goal Areas 1, 2, and 3, such as cigarette smoking rates by race and ethnicity.



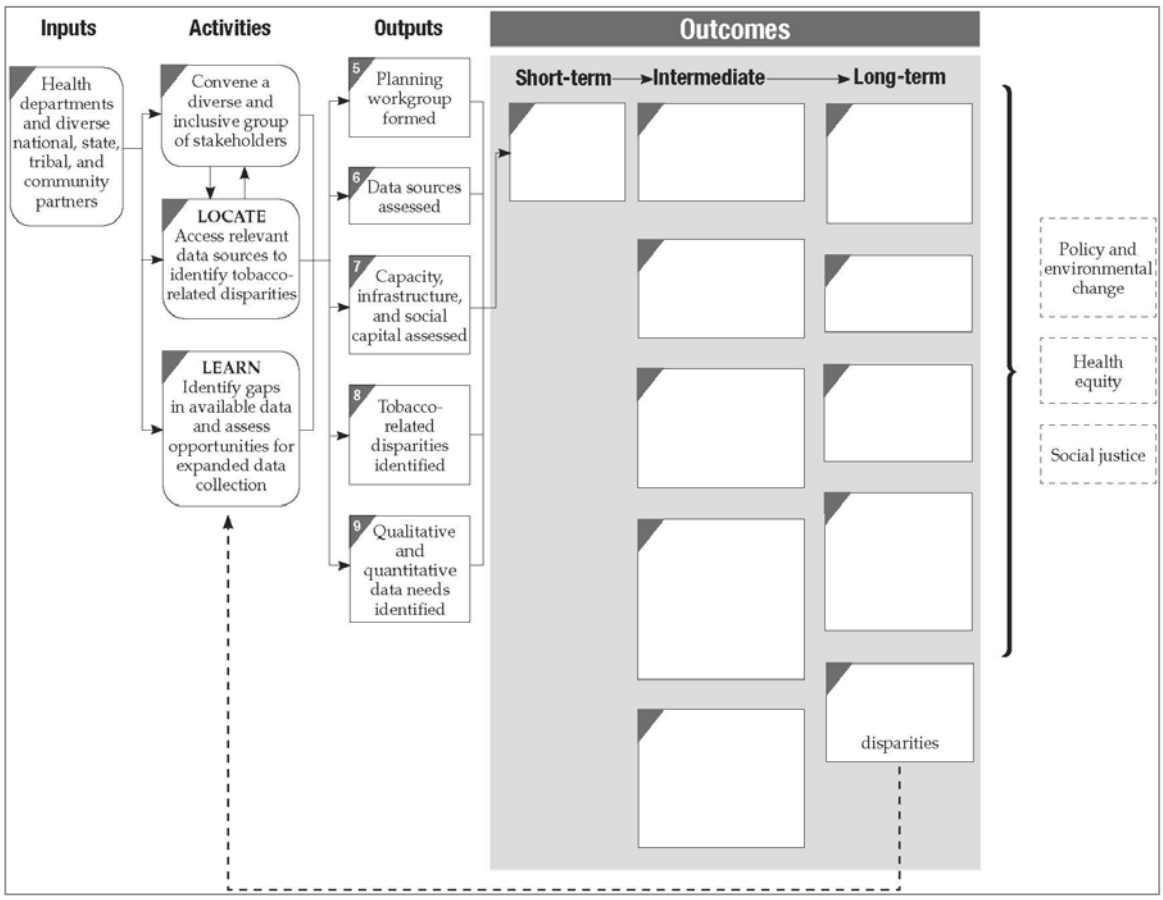
Logic Model for Goal Area 1: Preventing Initiation of Tobacco Use Among Young People



Logic Model for Goal Area 2: Eliminating Nonsmokers' Exposure to Secondhand Smoke



Logic Model for Goal Area 3: Promoting Quitting Among Adults and Young People



Logic Model for Goal Area 4: Identifying and Eliminating Tobacco-Related Disparities

Kansas's approach to individual indicator selection was similar to that suggested by CDC:

- Step 1: Select and prioritize long-term outcomes.
- Step 2: Select and prioritize intermediate outcomes.
- Step 3: Select and prioritize short-term outcomes
- Step 4: Select and prioritize indicators to measure progress towards long-term, intermediate, and short-term outcomes.

D. Review of State Comprehensive Tobacco Program Evaluation Plans

As a precursor to the TUPDEPP, Kansas' Tobacco Use Prevention Program contracted with a consultant to complete a multi-state scan of statewide comprehensive evaluation plans. This included a review of evaluation approaches from ten states and identification of common evaluation elements, challenges and lessons learned. The scan showed that few states have implemented a comprehensive evaluation plan, but the Kansas workgroup found Arkansas' and Indiana's evaluation documents to be particularly helpful models. The above-mentioned report and presentation, as well as Arkansas' evaluation document, are available online with the TUPDEPP Meeting 2 materials at http://www.healthykansans2010.com/TUPP/meeting2.asp

Section II: Planning Process

A. Overview of Planning Process

Development of the evaluation process took place from Spring through Fall of 2007, with a Tobacco Data and Evaluation Workgroup representing multiple state and local partners meeting in August through October of 2007. The process was convened by the Kansas Tobacco Use Prevention program and led by a Planning Team.

B. Planning Team

Office of Health Promotion Tobacco Use Prevention Program (TUPP) staff provided leadership for the planning process. The Advanced Epidemiologist for Alcohol, Tobacco, and Other Drugs, designed the planning process and served as project coordinator. He also helped with workgroup facilitation and presented all background information to the workgroup. A consultant was hired to assist with project management, logistics, and workgroup facilitation. Rounding out the core planning team were the OHP Director of Science & Surveillance/Health Office, the TUPP Program Manager, and the TUPP Program Director. The project coordinator for the Specific Populations project (a TUPP Outreach Coordinator) also provided valuable insight to the process, presented Specific Populations information to the workgroup, served as a small group leader, and participated in several planning team conference calls. The OHP Grants Manager (who also serves as the Healthy Kansans 2010 coordinator) presented information to the workgroup and provided consultation to other Planning Team members as needed. Additional TUPP staff, including the Quitline Manager and other Outreach Coordinators, attended workgroup meetings, participated in Planning Team conference calls, and presented information as needed. Rounding out the Planning Team, the OHP Director provided overall direction to the process, participated in workgroup meetings, and was consulted as needed for major decisions.

C. Workgroup Formation

The goal of the TUPDEPP was to form a workgroup of multi-disciplinary state and local tobacco use prevention partners, including non-governmental organizations. The Planning Team brainstormed partner organizations and asked the TUPP staff to submit names and organizations as well. In particular, an effort was made to involve data producers, data communicators, and data consumers across all four CDC goal areas and related outcomes. At the first workgroup meeting, members were asked who was missing from the table and additional names and organizations were solicited.

1. Invited Organizations

Individuals from the following organizations were invited to participate or send a representative.

- American Cancer Society
- American Heart Association
- American Lung Association of the Central States
- Blue Cross Blue Shield of Kansas
- Butler County School Resource Officer

- Data & Information Systems Group, SEK Education Service Center, Greenbush
- Department of Revenue
- Douglas County Community Health Improvement Project
- Governor's Office
- Johnson County Health Department
- Juvenile Justice Authority
- Kansas Association for the Medically Underserved
- Kansas Association of Local Health Departments
- Kansas Cancer Registry
- Kansas Center for Health Disparities
- Kansas Dental Association
- Kansas Department of Education
- Kansas Department of Health and Environment (KDHE) Bureau of Family Health
- KDHE Center for Health & Environmental Statistics
- KDHE Office of Health Promotion
- KDHE Office of Health Promotion, Cancer Prevention and Control Program
- KDHE Office of Oral Health
- KDHE Tobacco Use Prevention Program
- KDHE Tobacco Use Prevention Program - Hays District Office
- Kansas Department of Revenue
- Kansas Department of Social and Rehabilitation Services, Addiction and Preventive Services
- Kansas Family Partnership
- Kansas Foundation for Medical Care
- Kansas Health Institute
- Kansas Health Policy Authority
- Kansas Hospital Association
- Kansas Recreation and Park Association
- March of Dimes
- March of Dimes - Greater Kansas Chapter
- Office of Kansas Attorney General Paul Morrison
- Salina/Saline County Health Department
- Shawnee County Regional Prevention and Recovery Services
- Sunflower Foundation
- Tobacco Free Kansas Coalition
- University of Kansas Department of Preventive Medicine and Public Health
- University of Kansas Medical Center, Department of Family Medicine
- University of Kansas Medical Center, Department of Prevention Medicine

2. Workgroup Members

The table on the following pages lists workgroup members and planning team. Individuals who accepted the invitation and participated in at least one of the four workgroup meetings are listed as members. Note that, while most of the individuals are from Topeka, they represent organizations serving the entire state.

Tobacco Prevention Data and Evaluation Planning Team Members

Name	*Role*	*Organization*	*City*
Carol Cramer	TUPP Program Manager	KDHE Office of Health Promotion	Topeka
Clarence Cryer	TUPP Program Director	Kansas Department of Health and Environment	Topeka
Harlen Hays	TUPDEPP Project Coordinator/Advanced Epidemiologist	KDHE Office of Health Promotion	Topeka
Jenna Hunter	Regional Outreach Coordinator	KDHE TUPP	Topeka
Heidi Johnson	Regional Outreach Coordinator	KDHE TUPP	Salina
Paula Marmet	Bureau Director	KDHE Office of Health Promotion	Topeka
Karry Moore	Regional Outreach Coordinator/ Specific Populations Project Coordinator	KDHE TUPP	Pittsburg
Jena Morgan	Regional Outreach Coordinator	KDHE TUPP	Wichita
Ginger Park	Media and Policy Coordinator	KDHE TUPP	Topeka
Ghazala Perveen	OHP Director of Science & Surveillance/Health Officer II	KDHE Office of Health Promotion	Topeka
Travis Rickford	Regional Outreach Coordinator	KDHE TUPP	Hays
Connie Satzler	Consultant	EnVisage Consulting, Inc.	Manhattan
Brandon Skidmore	Healthy Kansans 2010 Project Coordinator	KDHE Office of Health Promotion	Topeka
Becky Tuttle	Regional Outreach Coordinator/ Quitline Coordinator	KDHE TUPP	Wichita

Tobacco Prevention Data and Evaluation Planning Workgroup Members

Note: **Bolded** workgroup members attended all four meetings.

Name	*Organization*	*City*
Candace Ayars	**Kansas Health Institute**	Topeka
Graham Bailey	Blue Cross Blue Shield of Kansas	Topeka
Lynette Bakker	Office of Kansas Attorney General	Topeka
Nicole Brown	Johnson County Health Department	Olathe
Patrick Broxterman	Office of Kansas Attorney General Paul Morrison	Topeka
Lisa Chaney	Data & Information Systems Group, SEK Education Service Center, Greenbush	Girard
Won Choi	KC-MPH Program University of KS Medical Center	Kansas City
Greg Crawford	**Office of Health, Center for Health & Environmental Statistics, Division of Health, KDHE**	Topeka

Name	Organization	City
Ana-Paula Cupertino	University of Kansas Department of Preventive Medicine and Public Health	Kansas City
Joyce Cussimanio	Addiction and Prevention Services, SRS	Topeka
Linda De Coursey	American Heart Association	Topeka
Yvette Desrosiers-Alphonse	**Sunflower Foundation**	Topeka
Sarma Garimella	Kansas Cancer Registry, KUMC	Kansas City
Farooq Ghouri	KDHE Office of Health Promotion	Topeka
Mary Jayne Hellebust	**Tobacco Free Kansas Coalition**	Topeka
Kim Kimminau	Department of Family Medicine, University of Kansas Medical Center	Kansas City
Sue Min Lai	Kansas Cancer Registry	Kansas City
Janelle Martin	Douglas County Community Health Improvement Project	Lawrence
Hareesh Mavoori	Kansas Health Policy Authority	Topeka
Dawn McGlasson	KDHE Office of Oral Health	Topeka
Henri Ménager	KDHE Office of Health Promotion, Cancer Prevention and Control Program	Topeka
Carol Moyer	**KDHE Bureau of Family Health**	Topeka
Del Myers	Salina/Saline County Health Department	Salina
Pam O'Neil	Department of Revenue	Topeka
Kim Rice	American Cancer Society	Topeka
Kimber Richter	Department of Preventive Medicine, University of Kansas Medical Center	Kansas City
Rebecca (Becky) Ross	Kansas Health Policy Authority	Topeka
Monica Scheibmeir	University of Kansas Medical Center	Kansas City
Caron Shipley	KDHE Office of Oral Health	Topeka
Edie Snethen	Kansas Association of Local Health Departments	Topeka
Jennifer Taylor	American Cancer Society	Topeka
Michelle Voth	Kansas Family Partnership	Topeka
Katherine Weno	KDHE Office of Oral Health	Topeka
Lisa Williams	Kansas Foundation for Medical Care	Topeka
Max Wilson	Shawnee Regional Prevention and Recovery Services	Topeka

D. Processes and Milestones

Although the process followed CDC's evaluation framework, this section is structured to highlight some of the practical steps of the workgroup planning process. First, an overview of the evaluation timeline is given. Next, the following key workgroup tasks are described:

- Reviewing Information

- Identifying Data Sources
- Identifying and Prioritizing Outcomes and Indicators
- Additional Workgroup Processes
- Evaluating the Planning Process

The workgroup website was utilized as a key tool during the process. Additional materials and discussion worksheets not directly mentioned in this section are available online: http://www.healthykansans2010.com/TUPP/

1. Overview of Timeline

Workgroup members were originally asked to participate in three day-long meetings. A fourth meeting was added mid-way through the process. Key tasks and milestones are listed in the table below.

Date	*Task/Milestone*
Early 2007	Initial planning by Advanced Epidemiologist and TUPP staff regarding Tobacco Use Prevention Data and Evaluation Planning Process (TUPDEPP)
April, 2007	Consulting assistance secured; contract in place
April - June, 2007	Regular Planning Team conference calls
July, 2007	Meeting dates set; workgroup invitees identified and invited; workgroup website launched
July - August, 2007	Details of first meeting planned; presentations and other materials finalized; regular Planning Team conference calls continue
August, 2007	Initial materials emailed to workgroup members
August 27, 2007	Workgroup Meeting 1: Information presented
August 27-31, 2007	Workgroup members complete Output and Outcome Worksheet, Kansas Tobacco-Related Data Resources worksheet
August 27 - September 5, 2007	Planning Team prepares for Meeting 2, compiles workgroup information
September 5, 2007	Workgroup Meeting 2: Additional information presented; outcome and indicator selection and prioritization begins
September 5-14, 2007	Planning Team prepares for Meeting 3, compiles workgroup information from Meeting 2
September 10, 2007	Fourth meeting added in response to workgroup member feedback
September 14, 2007	Meeting 3: Outcome and indicator prioritization completed; Goal 4 (Disparities) strategies drafted
September 14 - October 5, 2007	Planning Team prepares for Meeting 4, compiles workgroup information from Meeting 3.
October 5, 2007	Meeting 4: Outcome and indicator prioritization reviewed and finalized; cross-cutting themes prioritized; general disparities strategies prioritized; collaboration opportunities identified; next steps/implementation discussed
October - December, 2007	Next steps finalized by planning team; case study completed
February 2008	Evaluation report template drafted
Spring 2008	First annual evaluation report produced

2. Reviewing Information

Although several members of the workgroup were familiar with CDC's comprehensive tobacco program goals and logic models, very few were familiar CDC's complete evaluation framework. Meeting 1 was dedicated primarily to bringing every workgroup member up to the same level of understanding on the background information. In addition to detailed information on CDC's evaluation framework, informational presentations were given on the following topics during Meetings 1 and 2:

- Tobacco 101 (introduction to Tobacco and Tobacco Use Prevention and Control)
- Overview of Kansas Tobacco-Related Data Resources
- Healthy Kansans 2010
- Kansas Tobacco Prevention for Specific Populations Strategic Planning Process
- Kansas Tobacco Quitline
- State Comprehensive Tobacco Program Evaluation Plans: A Multi-State Scan

These informational presentations are available on the workgroup website at http://www.healthykansans2010.com/TUPP. Also see Appendix A for the workgroup meeting agendas.

3. Identifying Data Sources

The workgroup's first task was to identify a comprehensive list of data sources for tobacco-related indicators. Several survey tools are regularly used, many measuring the same indicators. Thus, there was also an effort to determine which survey tools were most utilized to promote consistency in reporting among partners. Workgroup members were given a draft table of data resources and asked to edit and make additions to the table.

4. Identifying and Prioritizing Outcomes and Indicators

The definitions of "outcome" and "indicator" provided in CDC's *Key Outcome Indicators* document were adopted for this planning process. An outcome refers to "the results of an activity such as a countermarketing campaign or an effort to reduce nonsmokers' exposure to smoke. Outcomes can be short-term, intermediate, or long-term." An indicator is "an observable and measurable characteristic or change that shows the progress a program is making toward achieving a specific outcome."

Before Meeting 2, workgroup members completed a survey ranking their organization's use of Outputs and Outcomes. The Outcome and Output Worksheet is available in Appendix B.1). The results of this survey were made available to the workgroups for their reference during the prioritization process.

During Meetings 2 and 3, the workgroup identified and prioritized outcomes and indicators to be included in the plan, working from general (outcomes) to specific (indicators) and from long-term to short-term. The workgroup was divided into three small groups, one for each of the first three goal areas. Each group was asked to address Goal Area 4: Identifying and Eliminating Disparities, at both the outcome and the indicator level. While it is the intention to address *all* outcomes in the logic models, the outcomes were prioritized, should available resources limit the number of outcomes that Kansas can address. The number of regularly reported indicators will be limited to far less than the 120 listed in *Key Outcome Indicators*, so small groups were asked to prioritize accordingly.

Small groups were also asked to limit their selection of outcomes and indicators to those that would be tracked on the state level. Although portions of the evaluation plan may be applied at the local program level or may help guide local evaluation efforts, the scope of this workgroup's efforts was limited to developing a state-level evaluation plan.

Using the outcomes and indicators from CDC's *Key Outcome Indicators*, the small groups' tasks were as follows:

(1) Identify and prioritize outcomes.

   a. Review outcomes, starting with the long-term outcomes. Suggest modifications and new outcomes as needed.

   b. Indicate how to address disparities for each outcome.

   c. Prioritize (rank) outcomes, should resources limit the number of outcomes that can be evaluated.

(2) Identify and prioritize indicators.

   a. Select no more than two indicators per long-term outcome.

   b. Select no more than three indicators per intermediate outcome.

   c. Select no more than four indicators per short-term outcome.

   d. Indicators from *Key Outcome Indicators* may be edited, or the small group may recommend new indicators for consideration.

   e. Prioritize long-term, intermediate, and short-term indicators. Indicators should be selected and prioritized based on the following criteria (Note: *Key Outcome Indicators* rating criteria were modified to meet Kansas' needs):

      i. Availability: Whether or not the indicator is available for Kansas at the necessary frequency

      ii. Resources: Whether or not additional resources will be needed to track this indicator regularly

      iii. Face validity: The degree to which data on the indicator will appear valid to tobacco program stakeholders, such as Kansas policy makers

      iv. Accepted practice: The degree to which using the indicator to measure a tobacco control program's progress is consistent with accepted practice

   f. From the list of populations included in Kansas' Specific Populations strategic plan, indicate which subpopulations should be reported for each indicator.

A portion of the worksheet used by the small groups is provided in Appendix B.2. (See website for the complete version: http://www.healthykansans2010.com/TUPP/meeting2.asp)

5. Additional Workgroup Processes

As the workgroup meetings progressed, the need for additional information was identified. Some of these workgroup tasks had been identified by the Planning Team before the meetings began. Others were

identified by the Planning Team or requested by workgroup members during the process. Additional processes charged to the workgroup included

- Identifying and prioritizing broad strategies to address disparities: In addition to discussing disparities and specific populations within each outcome and indicator, the group reviewed disparities information from other statewide plans and prioritized broad disparities-related strategies.
- Identifying other partners and plans to be consulted for improved coordination and results.
- Identifying and prioritizing cross-cutting themes and collaboration opportunities.

6. Evaluating the Workgroup Planning Process

At the end of each workgroup meeting, workgroup members were asked to submit an evaluation form. This helped the planning team make adjustments throughout the process. Most notably, a fourth meeting data was added based on member feedback. Workgroup evaluation results are listed in Appendix C.

Section III: Results

A. Data Resources

Final results of the data resources compilation efforts are provided in the table in Appendix D. This is a living document that will continue to be augmented and updates as Kansas implements the evaluation plan.

B. Prioritized Outcomes and Indicators

The key result of the workgroup evaluation planning process is the list of prioritized outputs and indicators, with related information such as data source and availability. Appendix E.1 provides a summary list of indicators selected, in priority order, to show at-a-glance which *Key Outcome Indicators* have been recommended for Kansas' evaluation plan. Appendices E.2 through E.4 provide more detail on the selected outcomes and indicators by goal area. These, too, are living documents that will be updated as Kansas implements the evaluation plan.

C. Broad Strategies for Disparities

The group discussed disparities at multiple levels – related to each outcome and indicator, reviewing disparities-related information from other plans, and identifying and prioritizing broad strategies to address disparities. The final strategies receiving votes in Meeting 4 are listed at right in order of those receiving the most votes for immediate action.

After discussion, the group recommended that the top two vote-winners be combined and addressed first. Thus, the strategy related to the evaluation of disparities selected for immediate action is

Define a broad-based <u>minimum data set</u> for tobacco prevention that includes

- ***Data standards and definitions***
- ***Determining the best way to track progress for disparities (e.g., ratio, percent improvement, difference)***
- ***Steps for improving reporting ability of high-priority stratifying variables: age, gender, race/ethnicity, and pregnant females.***

Results of Workgroup Disparities Strategies Prioritization

1. * Develop better reporting of tobacco-related indicators by the following stratifying variables: age, gender, race/ethnicity, and pregnant females.
2. * Define a broad-based minimum data set for tobacco prevention that includes
   a. Data standards and definitions.
   b. Determining the best way to track progress for disparities (e.g., ratio, percent improvement, difference).
3. (tie) Develop improved small-area geographic-specific data (by county, by zip code).
3. (tie) Research best ways to aggregate and stratify tobacco-related data, including addressing small number considerations.
4. Develop better reporting of low socioeconomic (SES) indicators, including income, education, employment, and occupation indicators.

** Recommended for immediate action.*

Additionally, the group made the following recommendations regarding disparities:

- Be strategic when addressing disparities. Collect, analyze and review data for the same subpopulations as the tobacco companies are targeting.
- Look at disparities not only in the negative, but also in the *positive*. If a particular population is doing well, why and what can be learned that we can apply to other populations?
- Consider/analyze cost/benefit. What is the potential benefit of applying more resources to a certain population to get greater gains or better outcomes?
- Consider need or prevalence versus total number affected: Some populations may have a high "need" or prevalence but low numbers affected due to small population. Others may have low prevalence rates but have high numbers affected. (In particular, the group was referring to urban areas with low prevalence rates that may have a high numbers in need of tobacco prevention and cessation services.)

D. Collaboration Recommendations

An overall theme of the group's recommendations was the call for increased collaboration among partners. Throughout the process, workgroup members were given the opportunity to share data resources and surveys that were used in their own planning process. In response to workgroup comments, additional plans were reviewed in the middle of the planning process. Information from these plans was reviewed by the workgroup:

- American Heart Association Kansas Public Policy Agenda
- American Lung Association of the Central States Goals
- Center for Health Disparities Strategic Plan
- Healthy Kansans 2010 Plan
- Kansas Comprehensive Cancer Prevention and Control Plan
- Specific Populations Strategic Plan
- Tobacco Free Kansas Coalition Strategic Plan

Additionally, the group recommended that information or strategic/data plans from the following organizations should be compiled and consulted as evaluation efforts move forward:

- American Cancer Society of Northeast Kansas
- Child Death Review Board
- Coordinated School Health
- Department of Revenue Plan - Synar
- Diabetes Plan
- Healthy Start
- Kansas Chamber of Commerce
- Kansas Parks and Recreation
- Maternal and Child Health Needs Assessment

- Master Settlement Fund detail
- Regional Prevention Centers
- SRS/Regional Prevention Centers (RPCs)/Alcohol Beverage Control (ABC) – Retailer Education Plan
- State Cardiovascular Health Plan
- State Injury Plan
- State Oral Health Plan
- Tobacco Use Prevention Program (TUPP) Strategic Plan
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

E. Cross-Cutting Issues

The group identified multiple cross-cutting issues. Those receiving votes at the final meeting are listed in priority order in the box at right. The group agreed that creating a registry/information hub should be a first priority. Additional workgroup suggestions regarding the electronic registry/information hub are listed below:

Results of Cross-Cutting Issues Prioritization

1. *Create an electronic registry/information hub.
2. Address lack of resources across the board. Leverage available resources to the best of our ability by encouraging collaboration and building capacity at the local level.
3. Highlight the economic burden of tobacco use by reporting economic statistics, particularly the burden on nonsmokers and the burden related to health insurance costs.
4. Coordinate with other plans and initiatives.

** Recommended for immediate action.*

- The electronic registry *must* be maintained regularly and kept up-to-date.
- It should function like a clearinghouse, making information available from *one* place in the state.
- Both data and policy information should be part of the registry/information hub. All informational categories mentioned is important to the hub: tobacco-related data, cessation resources, workplace policies, school policies, local ordinances, programs, etc.
- Regarding policies, the registry should track what and where policies/ordinances are in place as well as the quality of those policies.
- Steps for implementing the information hub
    - Step 1: Compile information that is already available.
    - Step 2: Develop/compile new data.

F. Next Steps

1. Use of Evaluation Plan and Resulting Evaluation Report

In discussing next steps, the workgroup identified multiple ways the evaluation plan would be used by multiple partners:

- To provide information to programs at both state and local levels
- To advocate for change among decision makers at both state and local levels
- To answer detailed questions by policy makers
- For planning, defining what "success" is, and monitoring progress towards "success"
- For marketing
- For identifying specific action steps – what needs to be done next
- To provide information for cost/benefit analyses
- To create a foundation for coordination and collaboration opportunities on tobacco and other health issues

2. Type of Report and Frequency of Release

The workgroup encouraged the production of a complete annual report with media-friendly reports on subtopics and updates released quarterly. Venues may include print, electronic, and speakers presenting to communities and interested parties.

An initial release before the 2008 legislative session was encouraged.

3. Steps for Immediate Action

The TUPDEPP Planning Team debriefed and set an action course after Meeting 4. Due to the short timeline before the start of the 2008 legislative session, KDHE staff recommended that TUPP take the lead on producing the first report with the immediate course of action outlined in the following table.

Task	*Primary Responsibility*	*Target Date*
Produce a case study, documenting the TUPDEPP process and results.	Contractor	December 2007
Produce an evaluation report template.	Advanced Epidemiologist	January 2008
Provide feedback on report template.	Core Evaluation Partners and/or TUPDEPP Workgroup	February 2008
Populate the reporting template with available data.	Advance Epidemiologist	March 2008
Release report.	KDHE TUPP	Spring 2008

Section IV: Lessons Learned

In conclusion, the following lessons learned are offered to groups embarking on similar efforts:

- Don't reinvent the process. Build on lessons learned from similar planning processes conducted by your organization and others. The Specific Populations and Healthy Kansans 2010 processes were especially helpful when planning this evaluation effort.

- Use available resources. CDC's *Key Outcome Indicators* and *Introduction to Program Evaluation* were invaluable in providing the framework for Kansas' evaluation planning.

- Customize resources to meet your needs. Use available resources, but don't hesitate to customize them to suit your group's particular needs. The Planning Team shared portions of the CDC resources most useful to the process with workgroup members.

- Provide initial background information to insure everyone is at the same level. With the diversity of the workgroup, everyone came to the process with a different level of understanding of data/evaluation and tobacco prevention and control. Extensive information was provided to the group at the beginning of the process to fill any informational gaps.

- Break up presentations. The first meeting consisted primarily of informational presentations. While essential, it was difficult to keep all workgroup members engaged throughout the day, even though there was some time built in for discussion. Perhaps shortening some of the presentations or allowing for additional small group discussions and self-discovery of information between presentations may have helped with the group's attention level. Overall, the workgroup agreed the presentations were useful and the information needed to be shared as background for the group.

- Keep it simple. Because the *Introduction to Program Evaluation* and *Key Outcome Indicators* were so voluminous, it was difficult to pare it down to the most essential portions. There was not time for the workgroup members to sufficiently review all relevant information provided. The TUPDEPP process may have benefited from a further paring of information to make it more readily comprehensible within the short timeline.

- Take advantage of the opportunities to collect information from workgroup members without overloading them with too much "homework". The Planning Team took advantage of every opportunity to gather information from workgroup members during the process, such as how their organizations used information, whether they were producers or consumers, and which outcomes and indicators were most important to them. At the same time, the Planning Team attempted to limit assignments and responsibilities for workgroup members outside of the four day-long meeting times. However, by the end of the process, workgroup members had filled out several detailed worksheets, and the response rate for one of the final "assignments" from this busy group of individuals was very limited.

- Vary methods of capturing information from workgroup members. Workgroup member recommendations were made through large group discussions, small group discussions, and individually-submitted forms or worksheets. These varied methods accommodated those preferring certain venues for feedback.

- The workgroup website was helpful for distributing information and keeping everyone informed, particularly those who had to miss a meeting.

- All partners may not be equally invested. Because the field of tobacco prevention is diverse, not all partners felt equally invested, though all were essential to the process. Participants ranged from organizations that focused solely on tobacco prevention program implementation or advocacy to data resource organizations responsible for a variety of data to enforcement agencies where tobacco control is one of many important issues.

- Evaluate the process. Meeting evaluations were essential to providing the Planning Team with feedback so they could make adjustments, as needed.

- Insure all Planning Team members have come to a consensus internally before presenting information or posing questions to the workgroup. When discussing next steps with the workgroup, Planning Team members had not yet internally resolved differing visions for moving forward. This created some confusion among workgroup members during the discussion period.

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Appendix A:

Meeting Agendas

Tobacco Use Prevention
Data & Evaluation Workgroup

Tobacco Data and Evaluation Planning Process: Meeting 1

August 27, 2007
Topeka Public Library
Marvin Auditorium 101B
10:00 a.m. – 3:00 p.m.

9:45	Registration
10:00	Welcome.....Paula Marmet
10:10	Workgroup Logistics .....Connie Satzler Workgroup Introductions
10:30	Charge to Group: Purpose of Planning Process.....Harlen Hays
10:40	Tobacco 101.....Carol Cramer
10:50	Healthy Kansans 2010.....Brandon Skidmore
11:10	Break
11:20	Overview of CDC Evaluation Process.....Harlen Hays
11:30	Kansas Tobacco-Related Data Resources and Performance Measures.....Harlen Hays Discussion
12:15	Lunch (on your own) and Networking
1:00	Review of Goal Area 1: Preventing Initiation of Tobacco Use among Young People.....Harlen Hays Small Group Discussion
1:30	Review of Goal Area 2: Eliminating Nonsmokers' Exposure to Secondhand Smoke.....Harlen Hays Small Group Discussion
2:00	Review of Goal Area 3: Promoting Quitting Among Adults and Young People.....Harlen Hays Small Group Discussion
2:30	Review of Goal Area 4: Identifying and Eliminating Tobacco-Related Disparities Overview of Tobacco Prevention for Specific Populations Strategic Plan.....Karry Moore Small Group Discussion
2:50	Next Steps and Workgroup Tasks.....Connie Satzler
3:00	Adjourn

Next Meeting: 10 a.m. – 3 p.m., Wednesday, September 5th, Marvin Auditorium 101C

Questions before the next meeting? Contact Connie Satzler, (785) 587-0151 or csatzler@kansas.net or check the workgroup website: **www.healthykansans2010.org/TUPP**

Tobacco Use Prevention
Data & Evaluation Workgroup

Tobacco Data and Evaluation Planning Process: Meeting 2

September 5, 2007
Topeka Public Library
Marvin Auditorium 101C
10:00 a.m. – 3:00 p.m.

10:00 Introductions

10:10 Review of Meeting 1 Progress ..... Harlen Hays
Overview of Meeting 2 Objectives
- *Assumptions*:
  - Kansas tobacco prevention will address *all* outcomes in *each* goal area.
  - The goal of the Kansas evaluation plan is to measure progress at the *state* level.
- Select indicators for each goal area to be included in the Kansas Tobacco Prevention Evaluation Plan.

10:20 State Comprehensive Tobacco Program Evaluation Plans: A Multi-State Scan ..... Kim Kimminau

10:50 A Data and Evaluation Case Study: The Kansas Tobacco Quitline..... Becky Tuttle

11:05 Form Small Groups by Goal Area ..... Connie Satzler
Review Small Group Tasks

Goal Area 1. Youth
Goal Area 2. Secondhand Smoke
Goal Area 3. Cessation

Note: Goal Area 4, Disparities, will be addressed in all three small groups.

11:20 Long-Term Outcomes..... Small Group Discussion
Review Long-Term Outcomes and Indicators
Recommend up to **2** indicators per outcome for the Kansas Tobacco Prevention Evaluation Plan

Note: Your small group should schedule a 45-minute lunch break during this time. The three small groups may wish to stagger lunch breaks to minimize waits in line at the café.

1:00 Report Recommended Long-Term Indicators to Large Group: 5 minutes per Small Group Discussion/Consensus

1:15 Intermediate Outcomes ..... Small Group Discussion
Review Intermediate Outcomes and Indicators
Recommend up to **3** indicators per outcome for the Kansas Tobacco Prevention Evaluation Plan

1:50 Report Recommended Intermediate Indicators to Large Group: 5 minutes per Small Group Discussion/Consensus

2:05 Short-Term Outcomes ..... Small Group Discussion
Review Short-Term Outcomes and Indicators
Recommend up to **4** indicators per outcome for the Kansas Tobacco Prevention Evaluation Plan

2:40 Report Recommended Short-Term Indicators to Large Group: 5 minutes per Small Group Discussion/Consensus

2:55 Review Progress ..... Connie Satzler
Next Steps: Meeting 3 Objectives

3:00 Adjourn

Next Meeting: 10 a.m. – 3 p.m., Friday, September 14th, SRS Learning Center

Questions before the next meeting? Contact Connie Satzler, (785) 587-0151 or csatzler@kansas.net or check the workgroup website: **www.healthykansans2010.org/TUPP**

Tobacco Use Prevention
Data & Evaluation Workgroup

Tobacco Data and Evaluation Planning Process: Meeting 3

September 14, 2007
SRS Learning Center, Room D
10:00 a.m. – 3:00 p.m.

10:00 Introductions

10:10 Review of Meeting 3 Progress ..... Harlen Hays
Overview of Meeting 3 Objectives
- Complete selection and prioritization of indicators for each goal area to be included in the Kansas Tobacco Prevention Evaluation Plan. Achieve group consensus.
- Draft strategies to address Goal 4, Disparities.

10:20 Overview of Small Group Progress at Meeting 2
- Goal Area 1: Youth Prevention ..... Karry Moore
- Goal Area 2: Secondhand Smoke ..... Carol Cramer
- Goal Area 3: Cessation ..... Ghazala Perveen

10:35 Small Group Instructions ..... Connie Satzler

10:40 Break

10:45 Small Groups Meet to Finalize Indicator Worksheets

Note: The following times are provided as a general guideline. Groups may work at their own paces. If a small group completes its work, members are encouraged to split up and participate in the remaining groups.

10:45 Finalize Long-Term Outcomes and Indicators

11:05 Finalize Intermediate Outcomes and Indicators

11:30 Finalize Short-Term Outcomes and Indicators

12:00 Plan Report to Group, Submit worksheet notes

12:15 Working Lunch (Provided)
Small groups may continue discussions during lunch, if needed.

1:00 Groups Review Results
Discussion and Consensus

1:00 Goal Area 1 Report: Youth Prevention Indicators

1:15 Goal Area 2 Report: Secondhand Smoke Indicators

1:30 Goal Area 3 Report: Cessation Indicators

1:45 Identify Common Themes and Concerns among Three Goal Areas

2:00 Identify Strategies for Addressing Goal 4, Disparities

2:50 Review Meeting 3 Progress ..... Connie Satzler, Harlen Hays
Meeting 4 Objectives

3:00 Adjourn

Next Meeting: Friday, October 5th, 10 a.m. – 3 p.m., Location TBA

Questions before the next meeting? Contact Connie Satzler, (785) 587-0151 or csatzler@kansas.net or check the workgroup website: **www.healthykansans2010.org/TUPP**

Tobacco Use Prevention
Data & Evaluation Workgroup

Tobacco Data and Evaluation Planning Process: Meeting 4

October 5, 2007

10:00 Introductions

10:10 Review of Meeting 3 Progress ..... Harlen Hays
Overview of Meeting 4 Objectives

10:20 Overview of Small Group Progress at Meeting 3
Large Group Discussion and Final Prioritization

10:20 Goal Area 1: Youth Prevention ..... Karry Moore
10:35 Goal Area 2: Secondhand Smoke ..... Carol Cramer
10:50 Goal Area 3: Cessation ..... Ghazala Perveen

11:05 Break

11:10 Cross-Cutting Themes
- Review Cross-Cutting Issues ..... *handout*
- Prioritize Cross-Cutting Strategies ..... Discussion

11:30 Disparities
- Review of Disparities Strategies in Other Plans ..... Connie Satzler
- Prioritize General Disparities Strategies ..... Discussion

12:00 Working Lunch (Catered)

12:30 Collaboration Opportunities
- Review Similar Evaluation Efforts by Strategic Partners ..... Connie Satzler
- Identify Collaboration Opportunities: Where are the opportunities to work on cross-cutting issues or disparities?

1:15 Determine Primary Responsibility for Producing Evaluation Report ..... Discussion

1:30 Implementation of Evaluation Plan ..... Harlen Hays, Discussion
- Identify Broad Implementation Strategies, including frequency and schedule of report, dissemination method (e.g., paper, online), how/when to submit data, etc.

2:00 Break

2:10 How can partners use evaluation report as a tool for maximum benefit? How can partners leverage support to help each other move evaluation forward? ..... Discussion

2:40 Review Meeting 4 Progress ..... Harlen Hays
Discuss Next Steps

3:00 Adjourn

Appendix B:

Selected Worksheet Tools

B.1 Output and Outcome Worksheet
B.2 Indicator Selection Worksheet

Name: _____ Organization: _____

Output and Outcome Worksheet

Instructions: Please complete the following worksheet and email or fax to Connie Satzler, EnVisage, csatzler@kansas.net, Fax: (785) 587-8528 by August 31, 2007.

1. For each output or outcome, how relevant is information related to this output, activity, or outcome to your organization?
2. For each output or outcome, is your organization primarily…
   a. A **consumer** (**C**) of the information related to this activity, output, or outcome? This includes those who ***use*** or ***communicate*** the information.
   b. A **producer** (**P**) of the information related to this activity, output, or outcome? This includes those who ***collect***, ***review***, ***analyze***, or ***disseminate*** the information.
   c. **Both** (**B**) a **consumer** and **producer** of the information.
   d. **Neither** (**N**) a consumer or producer of the information.

Output/Outcome	**How relevant is information related to this output or outcome to your organization? (check *one*)**					Are you a... Consumer (C), Producer (P), Both (B), or Neither (N)?
	Very Relevant	Relevant	Somewhat Relevant	Not Very Relevant	Not at All Relevant	
Goal Area 1: Preventing Initiation of Tobacco Use Among Young People						
Output 1: Completed activities to reduce and counteract pro-tobacco messages						
Output 2: Completed activities to disseminate anti-tobacco and pro-health messages						
Output 3: Completed activities to increase tobacco-free policies and use of anti-tobacco curricula in schools						
Output 4: Completed activities to increase restrictions on tobacco sales to minors and to enforce those restrictions						
Output 5: Completed activities to increase cigarette excise tax						
Outcome 6: Increased knowledge of, improved anti-tobacco attitudes toward, and increase support for policies to reduce youth initiation						
Outcome 7: Increase anti-tobacco policies and programs in schools						
Outcome 8: Increased restriction and enforcement of restrictions on tobacco sales to minors						
Outcome 9: Reduced tobacco industry influences						
Outcome 10: Reduced susceptibility to experimentation with tobacco products						
Outcome 11: Decreased access to tobacco products						
Outcome 12: Increased price of tobacco products						
Outcome 13: Reduced initiation of tobacco use by young people						
Outcome 14: Reduced tobacco-use prevalence among young people						
Outcome 15: Reduced tobacco-related morbidity and mortality						
Outcome 16: Decreased tobacco-related disparities						

Output/Outcome	How relevant is information related to this output or outcome to your organization? (check *one*)					Are you a... Consumer (C), Producer (P), Both (B), or Neither (N)?
	Very Relevant	Relevant	Somewhat Relevant	Not Very Relevant	Not at All Relevant	
Goal Area 2: Eliminating Nonsmokers' Exposure to Secondhand Smoke						
Output 1: Completed activities to disseminate information about secondhand smoke and tobacco-free policies						
Output 2: Completed activities to create and enforce tobacco-free policies						
Outcome 3: Increased knowledge of , improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies						
Outcome 4: Creation of tobacco-free policies						
Outcome 5: Enforcement of tobacco-free public policies						
Outcome 6: Compliance with tobacco-free policies						
Outcome 7: Reduced exposure to secondhand smoke						
Outcome 8: Reduced tobacco consumption						
Outcome 9: Reduced tobacco-related morbidity and mortality						
Outcome 10: Decreased tobacco-related disparities						
Goal Area 3: Promoting Quitting Among Adults and Young People						
Output 1: Completed activities to disseminate information about cessation						
Output 2: Cessation quitline is operational						
Output 3: Completed activities to work with health care systems to institutionalize PHS-recommended cessation interventions						
Output 4: Completed activities to support cessation programs in communities, workplaces, and schools						
Output 5: Completed activities to increase insurance coverage for cessation interventions						
Output 6: Completed activities to increase tobacco excise tax						
Outcome 7: Establishment of increased use of cessation services						
Outcome 8: Increased awareness, knowledge, intention to quit, and support for policies that support cessation						
Outcome 9: Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines						
Outcome 10: Increased insurance coverage for cessation services						
Outcome 11: Increased number of quit attempts and quit attempts using proven cessation methods						
Outcome 12: Increased price of tobacco products						
Outcome 13: Increased cessation among adults and young people						
Outcome 14: Reduced tobacco-use prevalence and consumption						
Outcome 15: Reduced tobacco-related morbidity						

and mortality						
Outcome 16: Decreased tobacco-related disparities						

Output/Outcome	**How relevant is information related to this output or outcome to your organization? (check *one*)**					Are you a... Consumer (C), Producer (P), Both (B), or Neither (N)?
	Very Relevant	Relevant	Somewhat Relevant	Not Very Relevant	Not at All Relevant	
Goal Area 4: Identifying and Eliminating Tobacco-Related Disparities						
Output 1: Health departments and diverse national, state, tribal, and community partners						
Output 2: Convene a diverse and inclusive group of stakeholders						
Output 3: Access relevant data sources to identify tobacco-related disparities						
Output 4: Identify gaps in available data and assess opportunities for expanded data collection						
Output 5: Planning workgroup formed						
Output 6: Data sources assessed						
Output 7: Capacity, infrastructure, and social capital assessed						
Output 8: Tobacco-related disparities identified						
Output 9: Qualitative and quantitative data needs identified						

Below, please list other tobacco-related informational outputs or outcomes your organization *uses* or *produces* that were not adequately captured in the above tables.

- Goal Area 1: Preventing Initiation of Tobacco Use Among Young People
- Goal Area 2: Eliminating Nonsmokers' Exposure to Secondhand Smoke
- Goal Area 3: Promoting Quitting Among Adults and Young People
- Goal Area 4: Identifying and Eliminating Tobacco-Related Disparities

Other Tobacco-Related Output or Outcome	**Related Goal Area Number**	**How relevant is information related to this output or outcome to your organization? (check *one*)**					Are you a... Consumer (C), Producer (P), Both (B), or Neither (N)?
		Very Relevant	Relevant	Somewhat Relevant	Not Very Relevant	Not at All Relevant	

Tobacco Use Prevention
Data & Evaluation Workgroup

Indicator Selection Worksheet Instructions

In your small groups, for each goal area and outcome level (i.e., long-term, intermediate, and short-term):

1. Review outcomes.
    a. Suggest any modifications to outcomes and/or new outcomes for Kansas Evaluation Plan.
    b. Indicate how disparities should be addressed for each outcome. (Note: You may wish to use the Specific Populations Strategic Plan and CDC's Key Outcome Indicators document as references.)
    c. Though indicators for *all* outcomes will be included in the plan, please rank outcomes in priority order for targeting limited evaluation resources.
2. Review indicators for each outcome.
    a. Note all indicators selected for the Kansas Evaluation Plan should be state-level indicators.
    b. The worksheet is provided as a tool to assist with your decision making and to capture additional information on Kansas indicators. Please fill in as completely as possible.
    c. Select ***no more than*** **<u>two</u> long-term indicators, <u>three</u> intermediate indicators,** and **<u>four</u> short-term indicators** for each outcome based on the suggested criteria:
        i. Availability: Whether or not the indicator is available for Kansas at the necessary frequency.
        ii. Resources: Whether or not additional resources would be needed to track this indicator regularly.
        iii. Face validity: The degree to which data on the indicator would appear valid to tobacco program stakeholders, such as Kansas policy makers.
        iv. Accepted practice: The degree to which using the indicator to measure a tobacco control program's progress is consistent with accepted practice.
        v. *Note:* Rating scales for face validity and accepted practice are as follows:
            - No data/Not applicable (N/A)
            - Poor (1)
            - Fair (2)
            - Good (3)
            - Best (4)
    d. *Note*: The Key Outcome Indicators indicator ranking tables may be a helpful reference.
    e. Indicate which subpopulations should be reported for each indicator. (Write the subpopulation number(s) in the table.) Populations included in Kansas' Specific Populations strategic plan are as follows:

1. People with low socio-economic status (SES)
2. Black/African Americans
3. Asian Americans & Pacific Islanders
4. American Indians/Alaskan Natives
5. Hispanic/Latino
6. Gay/lesbian/bisexual/transgender
7. Medically underserved/uninsured
8. Young people (middle school/high school age youth)
9. Pregnant women
10. People facing mental or emotional challenges
11. People living with disabilities
12. Groups and affiliations for which tobacco-related disparities may be unidentified, including:
    a. Migrant
    b. German Mennonites
    c. Faith Communities
    d. Vietnamese
    e. Refugees
    f. Middle Eastern/Arab
    g. Homeless
    h. Documented and Undocumented Immigrants
    i. Rural/Frontier
    j. Military
    k. Other (please specify)

    f. You may add new indicators or suggest modifications to CDC indicators

Tobacco Use Prevention
Data & Evaluation Workgroup

Goal Area 1. Youth Prevention: Long-Term Outcome Indicators

Outcome	How to address disparities for this outcome	Ranking for Targeting Limited Evaluation Resources
Outcome 13: Reduced initiation of tobacco use by young people *Suggestions for wording/definition changes:*		
Outcome 14: Reduced tobacco-use prevalence among young people *Suggestions for wording/definition changes:*		
Outcome 15: Reduced tobacco-related morbidity and mortality *Suggestions for wording/definition changes:*		
Outcome 16: Decreased tobacco-related disparities *Suggestions for wording/definition changes:*		
Additional outcome(s):		

Long-Term Outcome Indicators and Comments on Indicators	Data Source	How frequently does this indicator needed to be measured?	Is it currently available at that frequency ?	Are additional resources needed? If yes, would you recommend additional resources for this indicator?	Which subpopulations should be reported for this indicator?	Face Validity Rating	Accepted Practice Rating	Recommended? ✓	Rank

The Worksheet pages for Goal Area 1 Long-Term Outcomes are shown here as an example. Worksheet pages for Intermediate and Short-Term Outcomes, as well as all Goal Area 2 and 3 Outcomes are similar. See website for the complete Indicator Selection Worksheet: http://www.healthykansans2010.com/TUPP/meeting2.asp

Appendix C:

Workgroup Meeting Evaluation Results

Tobacco Use Prevention Data and Evaluation Workgroup
Meeting 1 Evaluation Results

August 27, 2007

Based on the information presented at today's meeting, I have an adequate understanding of…

1a ***My role and responsibilites as a workgroup member***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
19% (3)	81% (13)	0% (0)	0% (0)	0% (0)	0% (0)	(3)	4.19

1b ***The goals of the project***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
31% (5)	56% (9)	13% (2)	0% (0)	0% (0)	0% (0)	(5)	4.19

1c ***Comprehensive Tobacco Use Prevention***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
41% (7)	47% (8)	12% (2)	0% (0)	0% (0)	0% (0)	(7)	4.29

1d ***Healthy Kansans 2010***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (5)	65% (11)	6% (1)	0% (0)	0% (0)	0% (0)	(5)	4.24

1e ***CDC's Evaluation Process***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (5)	53% (9)	18% (3)	0% (0)	0% (0)	0% (0)	(5)	4.12

1f ***Kansas Tobacco-Related Data Resources***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
24% (4)	71% (12)	6% (1)	0% (0)	0% (0)	0% (0)	(4)	4.18

1g ***Goal Area 1: Prevent Initiation Among Young People***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
24% (4)	65% (11)	6% (1)	6% (1)	0% (0)	0% (0)	(4)	4.06

1h ***Goal Area 2: Eliminate Exposure to Secondhand Smoke***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (5)	53% (9)	12% (2)	6% (1)	0% (0)	0% (0)	(5)	4.06

1 i ***Goal Area 3: Promote Quitting***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
29% (5)	47% (8)	18% (3)	6% (1)	0% (0)	0% (0)	(5)	4.00

1 j ***Specific Populations Strategic Plan***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
20% (3)	73% (11)	0% (0)	7% (1)	0% (0)	0% (0)	(3)	4.07

1 k ***Workgroup tasks due before next meeting***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
14% (2)	79% (11)	7% (1)	0% (0)	0% (0)	0% (0)	(2)	4.07

1 l ***The workgroup's next steps***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
7% (1)	79% (11)	14% (2)	0% (0)	0% (0)	0% (0)	(1)	3.93

1 m ***Comments***

I think people have a very good understanding of a) what data would be useful for them, b) what's missing, c) what they can contribute. We could have skipped all of the presentations today and gone straight to that and gotten this whole thing done in one day!

Thanks for asking our participation!

Absent, came late from another meeting. Left prior to end of meeting.

I need more time to study the the notebook information.

Participation and Outcomes

2 a ***There has been adequate time for getting to know each other and building a functional workgroup.***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
6% (1)	56% (9)	25% (4)	13% (2)	0% (0)	0% (0)	(1)	3.56

2 b ***I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
6% (1)	65% (11)	0% (0)	29% (5)	0% (0)	0% (0)	(1)	3.47

2 c ***There was adequate time for questions, answers, and discussion.***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
12% (2)	41% (7)	24% (4)	24% (4)	0% (0)	0% (0)	(2)	3.41

2 d ***The group made sufficient progress at this meeting***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
12% (2)	65% (11)	24% (4)	0% (0)	0% (0)	0% (0)	(2)	3.88

2 e ***I see how my organization is relevant to this planning process***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
29% (5)	71% (12)	0% (0)	0% (0)	0% (0)	0% (0)	(5)	4.29

2 f ***Comments***

Disclaimers - I am representing <another person> today. I am not familiar with all tobacco-related resposibilities for our organization, nor many of the tobacco organizations represented here, so I "listened" a lot.

3 ***What part(s) of today's meeting did you find most valuable? Why?***

Logic models provided a visual and step by step process.

Well layed out evaluation program with resources on tobacco evaluation. Can be used by other programs as a guide.

I think the meeting was well organized, and I am not sure that there was one most and least valuable part of the day.

Interaction with others. Good overview at first.

Each of equal value.

Being able to connect with other groups/work areas.

Comprehensive review of tobacco prevention and cessation; clarity of issues; group disucssion; rich exchange of ideas.

4 ***What part(s) of today's meeting did you find to be the least valuable? Why?***

Slides although necessary become deadening afer a while.

None.

Time was short for good discussion.

Could have shortened 1st half from my perspective, but maybe others did not have same level of knowledge regarding outcomes/logic models,etc. Very bright, knowledgeable and diverse group of people.

All valuable (equally).

Overviews, notebook information.

Workgroup Discussion.

5 ***What recommendations do you have as we finalize Meeting 2 plans?***

More time is needed.

Examples of successful programs.

Have room arranged in a way to facilitate conversations better.

Much to digest in short time period. Not enough time for questions after each presentation.

Longer meetings and more meetings. Need more time on each topic.

Make certain before split up groups that they understand what is expected of them.

Inadequate time for group discussion feedback.

6 ***Are there any other comments or suggestions you would like to share?***

Long term continuations of workgroups.

One row of tables unusable because of AV cart.

Perhaps 3 meetings is not enough. Perhaps a whole day instead of 4 hours.

Great group of folks. Very promising project.

Tobacco Use Prevention Data and Evaluation Workgroup
Meeting 2 Evaluation Results

September 5, 2007

Based on the information presented and made available thus far, I have an adequate understanding of…

1 a *My role and responsibilites as a workgroup member*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
24% (4)	71% (12)	0% (0)	6% (1)	0% (0)	0% (0)	(0)	4.12

1 b *The goals of the project*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (5)	53% (9)	18% (3)	0% (0)	0% (0)	0% (0)	(0)	4.12

1 c *Similar evaluation efforts in other states*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
18% (3)	76% (13)	6% (1)	0% (0)	0% (0)	0% (0)	(0)	4.12

1 d *The Kansas Tobacco Quitline*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
41% (7)	53% (9)	6% (1)	0% (0)	0% (0)	0% (0)	(0)	4.35

1 e *CDC's Tobacco Prevention Evaluation Process*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (5)	59% (10)	12% (2)	0% (0)	0% (0)	0% (0)	(0)	4.18

1 f *Goal Area Logic Models*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
24% (4)	47% (8)	29% (5)	0% (0)	0% (0)	0% (0)	(0)	3.94

1 g *Goal Area Outcomes and Indicators*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
31% (5)	69% (11)	0% (0)	0% (0)	0% (0)	0% (0)	(1)	4.31

1 h *Small group tasks*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (5)	65% (11)	0% (0)	6% (1)	0% (0)	0% (0)	(0)	4.18

1 i *The Workgroup's next steps*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
21% (3)	50% (7)	29% (4)	0% (0)	0% (0)	0% (0)	(1)	3.93

1 j *Comments*

Participation and Outcomes

2 a *There has been adequate time for getting to know each other and building a functional workgroup.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
24% (4)	29% (5)	24% (4)	24% (4)	0% (0)	0% (0)	(0)	3.53

2 b *I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
18% (3)	35% (6)	35% (6)	12% (2)	0% (0)	0% (0)	(0)	3.59

2 c *There was adequate time for questions, answers, and discussion.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
12% (2)	18% (3)	59% (10)	12% (2)	0% (0)	0% (0)	(0)	3.29

2 d *The group made sufficient progress at this meeting.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
24% (4)	47% (8)	12% (2)	18% (3)	0% (0)	0% (0)	(0)	3.76

2 e *I see how my organization is relevant to this planning process.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
41% (7)	47% (8)	12% (2)	0% (0)	0% (0)	0% (0)	(0)	4.29

2 f ***I believe the evaluation plan taking shape is one that will be used by multiple partners for long-term tracking and process improvement.***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
35% (6)	35% (6)	24% (4)	6% (1)	0% (0)	0% (0)	(0)	4.00

2 g ***Comments***

3 ***What part(s) of today's meeting did you find most valuable? Why?***

Working with outcomes and indicators.

Learned things I did not know. Love learning.

Powerpoint presentations and group tasks.

Small group work - very educational.

Learned of other data sources.

Group discussion.

Discussion.

Small groups.

Small group discussion.

Discussion of short term objectives - helped focus. Kim Kimminau´s discussion of what other states are attempting - put Kansas in context.

Information on other states, KAN-STOP, and group work.

4 ***What part(s) of today's meeting did you find to be the least valuable? Why?***

None really.

All good.

None.

Presentation about other state´s plans. Not detailed enough to gauge relevance to our work.

Discussion would have benefited from facilitators.

Too short.

Not enough time to develop or plan in the time being provided.

None.

Difficult when so many people left - their expertise would have been very helpful.

5 ***What recommendations do you have as we finalize Meeting 3 plans?***

Maybe an approach is to go through the outcomes only, then focus on indicators. It was hard to complete outcomes and then go after indicators.

Will not be able to attend third meeting.

Flip charts not used/needed.

None.

More time for discussion.

Make sure next steps are communicated.

I will not be in attendance.

I hope we can get input from others.

6 ***Are there any other comments or suggestions you would like to share?***

State of Kansas EAP gives state employees option of Quitline or the cessation model suggested by the outsource contract. Information online for state employee, if more information needed.

Notebook sections should have been tabulated for quick access to sections. Housekeeping: Ask people to police their personal areas before leaving.

Would be easier if lunch was provided - to have working lunch.

No (other comments or suggestions). Thanks for the opportunity to be a part of this process.

Tobacco Use Prevention Data and Evaluation Workgroup
Meeting 3 Evaluation Results

September 14, 2007

Based on the information presented and made available thus far, I have an adequate understanding of…

1 a *My role and responsibilites as a workgroup member*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
36% (5)	36% (5)	21% (3)	7% (1)	0% (0)	0% (0)	(0)	4.00

1 b *The goals of the project*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
36% (5)	50% (7)	14% (2)	0% (0)	0% (0)	0% (0)	(0)	4.21

1 c *CDC's Tobacco Prevention Evaluation Process*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (4)	43% (6)	29% (4)	0% (0)	0% (0)	0% (0)	(0)	4.00

1 d *Goal Area Logic Models*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
14% (2)	79% (11)	7% (1)	0% (0)	0% (0)	0% (0)	(0)	4.07

1 e *Goal Area Outcomes and Indicators*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (4)	64% (9)	7% (1)	0% (0)	0% (0)	0% (0)	(0)	4.21

1 f *Small group tasks*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
36% (5)	50% (7)	7% (1)	7% (1)	0% (0)	0% (0)	(0)	4.14

1 g *The Workgroup's next steps*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
23% (3)	54% (7)	15% (2)	8% (1)	0% (0)	0% (0)	(0)	3.92

1 h *Comments*

Very good meeting.

My first meeting - on a learning curve.

Good give and take.

Participation and Outcomes

2 a *There has been adequate time for getting to know each other and building a functional workgroup.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
36% (5)	50% (7)	14% (2)	0% (0)	0% (0)	0% (0)	(0)	4.21

2 b *I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (4)	43% (6)	7% (1)	21% (3)	0% (0)	0% (0)	(0)	3.79

2 c *There was adequate time for questions, answers, and discussion.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
29% (4)	57% (8)	14% (2)	0% (0)	0% (0)	0% (0)	(0)	4.14

2 d *The group made sufficient progress at this meeting.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
36% (5)	43% (6)	14% (2)	7% (1)	0% (0)	0% (0)	(0)	4.07

2 e *Sufficient progress has been made in addressing Goal Area 4, Disparities.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
15% (2)	69% (9)	8% (1)	8% (1)	0% (0)	0% (0)	(0)	3.92

2 f *I see how my organization is relevant to this planning process.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	Blank	Average
43% (6)	50% (7)	7% (1)	0% (0)	0% (0)	0% (0)	(0)	4.36

2 g ***I believe the evaluation plan taking shape is one that will be used by multiple partners for long-term tracking and process improvement.***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*N/A*	*Blank*	Average
21% (3)	57% (8)	21% (3)	0% (0)	0% (0)	0% (0)	(0)	4.00

2 h ***Comments***

Lots of tie-in to other programs and projects.

Good discussion in small and large group.

It will be used if these are common data points.

I hope so - will depend on how the document is prepared and if there is a process for using, implementing, and reporting track on it.

Too soon to tell.

2 ***What part(s) of today's meeting did you find most valuable? Why?***

Small group discussion. Keeping people on task with time announcements.

Working in groups. Helped finish up from past meetings.

Progress on the forms.

Group discussions. Thanks for providing lunch for us. It saved time. To go out and get lunch is very time consuming for sessions in this facility.

Small group interactions. Bringing ideas into large group. Hearing other groups feedback.

Small group discussion.

Small group discussion.

Interchange on what data is needed. Identifies primary role.

3 ***What part(s) of today's meeting did you find to be the least valuable? Why?***

Our group was very focused and worked very hard. It provided a real sense of accomplishment.

Lack of time to finish everything - felt rushed.

Long lunch.

4 ***What recommendations do you have as we finalize Meeting 4 plans?***

Getting more team players involved.

Is there a standard set of questions to be reviewed in each group?

Disparities aspect - should be discussed more in detail - group time.

Meeting 5?

Manner for continuing the interaction.

5 ***Are there any other comments or suggestions you would like to share?***

We need to review the plans for priority/value with limited resources and measurability. We have established a priority but need to measure with test questions and revisit from a different perspective.

Good effort.

Lunch was excellent.

I commend Karry's leadership in our small group.

Tobacco Use Prevention Data and Evaluation Workgroup
Meeting 4 Evaluation Results

October 5, 2007

Based on the information presented and made available thus far, I have an adequate understanding of…

1 a ***My role and responsibilites as a workgroup member***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
58% (7)	33% (4)	8% (1)	0% (0)	0% (0)	(0)	4.50

1 b ***The goals of the project***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
42% (5)	58% (7)	0% (0)	0% (0)	0% (0)	(0)	4.42

1 c ***CDC's Tobacco Prevention Evaluation Process***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
45% (5)	45% (5)	9% (1)	0% (0)	0% (0)	(1)	4.36

1 d ***Selected Outcomes and Indicators***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
58% (7)	42% (5)	0% (0)	0% (0)	0% (0)	(0)	4.58

1 e ***How Goal Area 4, Disparities, will be addressed***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
33% (4)	58% (7)	8% (1)	0% (0)	0% (0)	(0)	4.25

1 f ***How the Evaluation Plan will be implemented***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
18% (2)	45% (5)	27% (3)	9% (1)	0% (0)	(0)	3.73

1 g ***My orgaization's role in the implementation and use of the Evaluation Plan***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
36% (4)	55% (6)	0% (0)	9% (1)	0% (0)	(0)	4.18

1 h ***Comments***

Participation and Outcomes

2 a ***There has been adequate time for getting to know each other and building a functional workgroup.***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
42% (5)	58% (7)	0% (0)	0% (0)	0% (0)	(0)	4.42

2 b ***I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
33% (4)	50% (6)	8% (1)	8% (1)	0% (0)	(0)	4.08

2 c ***There was adequate time for questions, answers, and discussion.***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
58% (7)	25% (3)	8% (1)	8% (1)	0% (0)	(0)	4.33

2 d ***The group made sufficient progress during the four meetings.***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
42% (5)	50% (6)	8% (1)	0% (0)	0% (0)	(0)	4.33

2 e ***I see how my organization is relevant to theis planning process.***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
58% (7)	33% (4)	8% (1)	0% (0)	0% (0)	(0)	4.50

2 f ***I see opportunities for collaboration.***

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank	Average
75% (9)	25% (3)	0% (0)	0% (0)	0% (0)	(0)	4.75

2 g ***I believe the evaluation plan taking shape is one that will be used by multiple partners for long-term tracking and program improvement.***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*Blank*	Average
58% (7)	25% (3)	17% (2)	0% (0)	0% (0)	(0)	4.42

2 h ***My organization will use the Evaluation Plan and/or resulting reports.***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*Blank*	Average
42% (5)	50% (6)	8% (1)	0% (0)	0% (0)	(0)	4.33

2 i ***I am willing to be a long-term partner in the efforts of tobacco use prevention evaluation.***

Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*	*Blank*	Average
50% (6)	33% (4)	17% (2)	0% (0)	0% (0)	(0)	4.33

2 j ***Comments***

Thanks for everything!

Great progress; looking forward to seeing the final product!

More than sufficient progress was made. Very accomodating and multiple requests as to how they can be included.

2 ***What part(s) of today's meeting did you find most valuable? Why?***

Prioritizing goals.

Discussions between partners.

Reaching consensus toward conclusion.

Interaction amongst partners.

Most buy-in and overall understanding of the process. Understanding of the multitude of the plan for the first time.

Information on possible funding sources for tobacco data and other tobacco projects.

3 ***What part(s) of today's meeting did you find to be the least valuable? Why?***

Time limits.

Didn't need cake!

4 ***What recommendations do you have as we move forward to complete and implement the Evaluation Plan?***

Frequent updates, continuity.

Keep everyone in the loop.

Keeping people up to date - reminders, references back to the website!

5 ***Are there any other comments or suggestions you would like to share?***

Knowing when to deflect group discussion.

Appendix D:

Data Resources

Kansas Tobacco-Related
Data Resources

Tobacco Use Prevention Data & Evaluation Workgroup

Kansas Tobacco-Related Data Resources
Working Draft

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
State Surveys					
Adult Tobacco Survey (ATS) ▪ Provides data on adult tobacco use, knowledge, attitudes, and tobacco use prevention and control policies. ▪ Individual state ATSs have been conducted in 15 states since 1986	***Topics:*** ▪ Cigarette, cigar, pipe, bidi, kretek, and smokeless tobacco use. ▪ ETS exposure and policies. ▪ Cessation behaviors. ▪ Health and social influences, parental involvement, media exposure, and other policy issues.	State level. ***Subjects:*** Adults ages 18 or older.	a) Random design, telephone survey b) Periodic c) Conducted in 2002/2003, 2006/2007	Add: ▪ Knowledge of existence of quitline.	
Behavioral Risk factor Surveillance System (BRFSS) ▪ Provides descriptive data on health risk behaviors, including tobacco use and preventive health measures in general.	***Topics:*** The tobacco topics vary by year.	State level. ***Subjects:*** Adults age 18 or older.	a) Random design, telephone survey b) Annual c) 1992-present	1996: CDC changed its definition of a *cigarette smoker*. 1998: tobacco topics added to the optional modules, in addition to those in the core questionnaire.	
Tobacco Use Supplement to the Current Population Survey (TUS-CPS) ▪ Provides a comprehensive body of data on the employment and unemployment experience of the U.S. population, classified by age, sex, race, and a variety of other characteristics. ▪ Periodic supplements have included tobacco-related measures.	***Topics:*** Periodic measures have included - ▪ Cigarette, pipe, cigar, and smokeless use. ▪ Age of initiation. ▪ ETS exposure. ▪ Cessation behavior.	State level. ***Subjects:*** People aged 15 or older.	a) Random design, telephone survey b) Tri-year c) 1968-present.	Includes self-reported and proxy-reported data, data from Tobacco Use Supplement available 1992-1993. 1995-1996, and 1998-1999. Can contract with KU Med for detailed analysis of TUS-CPS data.	
National Household Survey on Drug Use and Health		State level.	Over a two year period?		
Youth Tobacco Survey (YTS) ▪ Provides data on youth knowledge, attitudes, and behaviors, and major tobacco indicators.	***Topics:*** ▪ Cigarette, cigar, pipe, and smokeless tobacco use. ▪ Age of initiation. ▪ Media awareness. ▪ Youth access. ▪ Cessation behavior. ▪ ETS exposure. School curriculum.	State level. ***Subjects:*** Students in grades 6-8 and 9-12	a) Random design, self-administered in classroom. b) Biennial c) Alternate years with YRBSS starting in 2000		

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
State Surveys					
Youth Risk Behavior Surveillance System (YRBSS) ▪ Provides data on priority health risk behaviors that contribute to leading causes or mortality, morbidity, and social problems among youth and adults in the U.S. ▪ The survey monitors six categories of behaviors: 1) Tobacco use. 2) Alcohol and other drug use 3) Sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease. (?) 4) Dietary behaviors 5) Physical activity, and 6) Behaviors that result in violence and unintentional injuries.	***Topics:*** ▪ Cigarette, cigar, and smokeless tobacco use. ▪ Age of initiation. ▪ Youth access. ▪ Enforcement. ▪ Cessation behavior. ***Number of questions:*** 12	National, state, and large city levels. ***Subjects:*** Students in grades 9-12.	a) Random design, self-administered in classroom. b) Biennial, c) Alternate years with YTS.	Data from YRBSS is used to monitor progress in achieving national *Health People 2010* tobacco objectives related to young people.	
Kansas Communities That Care (KCTC) ▪ Provides data on risk and protective risk behaviors that contribute to leading causes or mortality, morbidity, and social problems among youth and adults in the U.S.	***Topics:*** ▪ Cigarette and smokeless tobacco use. ▪ Age of initiation. ▪	State and Community Level	a) Census design, self-administered in classroom. b) Annual since 1995		

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
Registries and Vital Statistics					
Birth Certificate Data ▪ Provides data on tobacco use by pregnant women.	***Topics:*** ▪ Smoking during pregnancy ▪ Low birthweight ▪ Premature births (small for gestational age calculations)	State level. ***Subjects:*** Women who recently gave birth.	a) Varies by state. Certificates completed by physicians, registered nurse, or patient at hospitals and clinics. Information may be obtained in person or based on patient's chart. b) Annual.	Tobacco use may be under-reported. Although the trends and variations in smoking among population subgroups have been confirmed by surveillance and survey data. (This is important when we look at disparities.) May be used at the sub-state level (i.e., counties, health districts).	State health departments.

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
Registries and Vital Statistics					
Cancer Registry ▪ Provides incidence data on smoking-related cancers. ▪ Comprehensive, timely, and accurate data about cancer incidence, stage at diagnosis, first course of treatment, and deaths.	***Topics:*** Indicators vary by state, since there are no national standards on reporting tobacco use history. ▪ Smoking status. ▪ Use of other tobacco products.	State level. ***Subjects:*** Adults and children.	a) Passive surveillance system from hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories. Data re collected in person. b) Annual.	There is potential for under-reporting since physicians complete the forms and may not have access to patients' full medical records.	
Cancer Facts and Figures	***Topics:*** ▪ Tobacco use data. ▪ Lung cancer data. ▪ Other tobacco-related cancers data.		b) Annual report c) To present (2007)	Data is broken up by state, national data also provided.	ACS 1-800-227-2345
Death Certificate Data ▪ Provides data on causes of death. ▪ Used to assess tobacco-related mortality.	***Topics:*** Indicators vary by state, since there are no national standards on reporting tobacco use history. ▪ ICD codes. ▪ Tobacco as a cause for death ▪ In the case of low birth weight infants who died – smoking during pregnancy.	State level. ***Subjects:*** Deceased adults and children. Decreased infant mortality particularly among low birth weight babies.	a) Certificates completed by physicians at hospitals and clinics. Demographics provided by the funeral director. b) Annual (KIC) c) Federal efforts to standardize reporting began in 1946 in the Bureau of the Census and moved to the National Center for Health Statistics in 1950.	Possible under-reporting of tobacco use because of physician bias. May be used at the sub-state level (i.e., counties, health districts)	

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
Topic-Specific Tools: Health Systems and Clinic Settings					
Health Provider Surveys ▪ Monitors medical practices and policies.	***Topics:*** ▪ Cessation policies. ▪ Clinical practices related to tobacco use.	***Subjects:*** Physicians, nurses, physician assistants, dentists.	a) Varies. b) Varies.		

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
Topic-Specific Tools: Health Systems and Clinic Settings					
Kansas Hospital Association ▪ Monitors hospital practices and policies.	***Topics:*** ▪ Hospitals with free-standing quit smoking programs with dedicated staff. ▪ Properties of hospitals with campus-wide smoking ban.				
Hospital Quality Data					
Health Care Plan Data					
Kansas Health Insurance Information System (KHIIS) / Kansas State Insurance Commission Data	***Topics:*** ▪ Health effects: gender, age and location related to diagnosis and medications administered**.**	*Subjects:* Insureds for the top 20 private health insurance company claims.	a) Quarterly b) Continuous	Information about prescribed smoking patches may be available. Also ER AMI visits can be found in the data by location.	
BCBS Kansas					
Medicaid / Medicare					
Hospital Discharge Data ▪ Provides background information on patient and morbidity through discharge diagnoses, number of days of hospitalization, and treatment.	***Topics:*** ▪ Health effects. ▪ Length of stay. ▪ Cessation medications inpatient and on discharge.	Hospital records	a) Varies. b) Continuous b) Annual file (KIC)	Information on smoking status is usually not available or may be misclassified.	
Quitline Call Monitoring ▪ Provides data on the number of calls to quitlines for counseling and referrals. ▪ May provide information on success rates.	***Topics:*** ▪ Number of calls. ▪ Sex and race/ethnicity of callers. ▪ Type of cessation information provided.	State level or Quitline service area.	a) Varies.	Great for uninsured.	
WIC ▪ The WIC Program database (KWIC) ▪ Administers the WIC Program. ▪ Used to evaluate program educational activities.	***Topics:*** ▪ 3 months prior to pregnancy ▪ During pregnancy ▪ Last 3 months of pregnancy ▪ Postpartum Smoking in household (asked of all WIC participants)	WIC Program population (clients that qualify for the WIC Program – 185% of poverty level)	a) self reported by the client b) ongoing data collection Local programs can print out reports on their own clients. Annual – CDC cleaned data.		Kansas WIC Program

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed ©	Comments	Contact
Topic-Specific Tools: Sales Data					
Tax Revenue Data ▪ Provides sales information on tobacco products.	***Topics:*** ▪ Sales (number of cigarette packs, cartons, and pounds of tobacco) per capita for cigarettes and smokeless tobacco.	State level. ***Subjects:*** Wholesalers and distributors.	b) Receipts collected monthly. c) Varies by state. Usually begins the first year a state collects tobacco excise tax.		
Tobacco License Database ▪ Provides data on establishments approved to sell tobacco products. ▪ Can be used for monitoring and enforcement. ▪ Provides a sample frame for compliance checks or population observation studies.	***Topics:*** ▪ Tobacco license or sales permit. ▪ Retailer type.	State level. ***Subjects:*** Tobacco retailers.	a) Varies. b) Varies.		
Reward and Reminder Tobacco Retailer Inspections Reports	***Topics:*** ▪ Sales of tobacco products to minors.	State level.	2006, 2007	Regional Prevention Centers organized tobacco retailer inspections with an adult and two minors to attempt to buy tobacco products. Additionally retailer education and print materials were provided. Rewards were given to clerks/managers who did not sell to minors. *Data is available only for targeted counties with high non-compliance rates of sales of tobacco products to minors.	SRS/AAPS, Joyce Cussimanio

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
Other Data					
Research on the High Plains	▪ Tobacco-related and tobacco-caused cancer research updates by state in the Heartland Division. (ACS funded research only)		b) Annual c) 2007		
Intervention / Outcomes Data ▪ KU Med can provide intervention /outcomes data on hospitalized smokers/treatment. (1200 per year)					
Latino/American Indian Initiation ▪ KU Med can provide data on Latino/American Indian initiations.					

Appendix E:

Prioritized Outcomes and Indicators

Tobacco Use Prevention Data & Evaluation Workgroup

Summary of Selected and Prioritized Outcomes and Indicators

Last Revision: 10/1/07

✓ = Indicator selected for inclusion in Evaluation Plan

Goal Area 1. Youth Prevention

Long Term Outcomes and Indicators (Note: Outcomes and selected indicators are in priority order.)

Outcome 13: Reduced initiation of tobacco use by young people

1.13.1. ✓ Average age at which young people first smoked a whole cigarette
1.13.2. Proportion of young people who report never having tried a cigarette

Outcome 14: Reduced tobacco-use prevalence among young people

1.14.1. ✓ Prevalence of tobacco [cigarette] use among young people [30-day use]
1.14.2. ✓ Proportion of established young smokers [lifetime use]
New ✓ Prevalence of bidis 30-day use among young people
New ✓ Prevalence of kreteks 30-day use among young people
New ✓ Prevalence of spit tobacco 30-day use among young people
New ✓ Proportion of established young bidis users [lifetime use]
New ✓ Proportion of established young kreteks users [lifetime use]
New ✓ Proportion of established young spit tobacco users [lifetime use]

Outcome 16: Decreased tobacco-related disparities

Outcome 15: Reduced tobacco-related morbidity and mortality

New ✓ Prevalence of tobacco-related child morbidity for selected conditions:
- ear infections
- asthma
- sinus infections

Intermediate Indicators and Indicators (Note: Outcomes and selected indicators are in priority order.)

Outcome 12: Increased price of tobacco products.

1.12.1. ✓ Amount of tobacco product excise tax

Outcome 11. Decreased access to [and availability of] tobacco products.

1.11.1. ✓ Proportion of successful attempts to purchase tobacco products by young people
1.11.2. ✓ Proportion of young people reporting that they have been sold tobacco products by a retailer
1.11.3. ✓ Proportion of young people reporting that they have been unsuccessful in purchasing tobacco products from a retailer
1.11.4. ✓ Proportion of young people reporting that they have received tobacco products from a social source
1.11.6. ✓ Proportion of young people who believe that it is easy to obtain tobacco products
1.11.5. Proportion of young people reporting that they purchased cigarettes from a vending machine

Outcome 10: Reduced susceptibility to experimentation with tobacco products.

1.10.5. ✓ Proportion of young people who are susceptible never-smokers
1.10.3. ✓ Proportion of young people who report that their parents have discussed not smoking with them
1.10.1. ✓ Proportion of young people who think that smoking is cool and helps them fit in
1.10.4. ✓ Proportion of parents who report that they have discussed not smoking with their children
1.10.2. Proportion of young people who think that young people who smoke have more friends

Short Term Indicators and Indicators (Note: Outcomes and selected indicators are in priority order.)

Outcome 8B: Increased enforcement of restrictions on tobacco sales [and access] to minors

1.8.6. ✓ Number of warnings, citations, and fines issued for infractions of public policies against young people's access to tobacco products
New ✓ Number of prosecutions of infractions of public policies against young people's access to tobacco products

New ✓ **N**umber of citations to retailers for selling to minors
New ✓ Number of citations to clerks for selling to minors
1.8.5. ✓ Number of compliance checks conducted by enforcement agencies
1.8.7. ✓ Changes in state tobacco control laws that preempt stronger local tobacco control laws (i.e., track proposed and passed negative changes)
1.8.1. Proportion of jurisdictions with policies that ban tobacco vending machine sales in places accessible to young people
1.8.2. Proportion of jurisdictions with policies that require retail licenses to sell tobacco products
1.8.3. Proportion of jurisdictions with policies that control the location, number, and density of retail outlets
1.8.4. Proportion of jurisdictions with policies that control self-service tobacco sales

Outcome 8A: Increased restriction on tobacco sales [and access] to minors
New ✓ Proportion of municipalities that possess youth access ordinances

Outcome 7: Increased anti-tobacco policies and programs in schools
1.7.1. ✓ Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies
1.7.2. ✓ Proportion of schools of school districts that provide instruction on tobacco-use prevention that meets CDC guidelines
1.7.3. ✓ Proportion of schools or school districts that provide tobacco-use prevention education in grades K-12
1.7.4. Proportion of schools or school districts that provide program-specific training for teachers
1.7.5. Proportion of schools or school districts that involve families in support of school-based programs
1.7.6. Proportion of schools or school districts that assess their tobacco-use prevention program at regular intervals
1.7.7. Proportion of schools or school districts that assess their tobacco-use prevention program at regular intervals
1.7.8. Proportion of students who participate in tobacco-use prevention activities
1.7.9. Level of reported exposure to school-based tobacco-use prevention curricula that meet CDC guidelines
1.7.10. Perceived compliance with tobacco-free policies in schools
1.7.11. Proportion of schools or school districts with policies that regulate display of tobacco industry promotional items

Outcome 6: Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation
1.6.4. ✓ Level of support for policies, and enforcement of policies, to decrease young people's access to tobacco
1.6.5. ✓ Level of support for increasing excise tax on tobacco products
1.6.8. ✓ Proportion of young people who think that the cigarette companies try to get young people to smoke
1.6.1. Level of confirmed awareness of anti-tobacco media messages
1.6.2. Level of receptivity to anti-tobacco media messages
1.6.3. Proportion of students who would ever wear or use something with a tobacco company name or picture
1.6.6. Level of awareness among parents about the importance of discussing tobacco use with their children
1.6.7. Level of support for creating policies in schools

Outcome 9: Reduced tobacco industry influences
1.9.11. ✓ Extent of tobacco industry contributions to institutions and groups
1.9.12. ✓ Amount of tobacco industry campaign contributions to local and state politicians
1.9.6. ✓ Proportion of jurisdictions with policies that regulate tobacco industries' sponsorship of public events
1.9.1. Extent and type of retail tobacco advertising and promotions
1.9.2. Proportion of jurisdictions with policies that regulate the extent and type of retail tobacco advertising and promotions
1.9.3. Extent of tobacco advertising outside of stores
1.9.4. Proportion of jurisdictions with policies that regulate the extent of tobacco advertising outside of stores
1.9.5. Extent of tobacco industry sponsorship of public and private events
1.9.7. Extent of tobacco advertising on school property, at school events, and near schools
1.9.8. Extent of tobacco advertising in print media
1.9.9. Amount and quality of news media stories about tobacco industry practices and political lobbying
1.9.10. Number and type of Master Settlement Agreement violations by tobacco companies

Goal Area 2. Eliminating Nonsmokers' Exposure to Secondhand Smoke

Long Term Outcomes and Indicators (Note: Outcomes and selected indicators are in priority order.)

Outcome 7: Reduced Exposure to Secondhand Smoke

2.7.1. ✓ Proportion of the population reporting exposure to secondhand smoke in the workplace
2.7.3. ✓ Proportion of the population reporting exposure to secondhand smoke at home or in vehicles
2.7.2. Proportion of the population reporting exposure to secondhand smoke in public places
2.7.4. Proportion of students reporting exposure to secondhand smoke in schools
2.7.5. Proportion of nonsmokers reporting overall exposure to secondhand smoke

Outcome 8: Reduced Tobacco Consumption

2.8.1. ✓ Per capita consumption of tobacco products
2.8.2. Average number of cigarettes smoked per day by smokers
2.8.3. Smoking prevalence

Outcome 10: Decreased Tobacco-Related Disparities

New ✓ *To be developed*

Outcome 9: Reduced Tobacco-Related Morbidity and Mortality

New ✓ Number of non-smokers with ETS exposure with heart disease and cancer

Intermediate Outcomes and Indicators (Note: Outcomes and selected indicators are in priority order.)

Outcome 6: Registry of Tobacco-free Policies

New ✓ Completed registry of tobacco-free policies, including local ordinances, resolutions, school policies, and hospital grounds policies
2.6.1. Perceived compliance with tobacco-free policies in workplaces
2.6.2. Perceived compliance with tobacco-free policies in indoor and outdoor public places
2.6.3. Proportion of public places observed to be in compliance with tobacco-free policies
2.6.4. Perceived compliance with voluntary tobacco-free home or vehicle policies
2.6.5. Perceived compliance with tobacco-free policies in schools

Short Term Outcomes and Indicators (Note: Outcomes and selected indicators are in priority order.)

Outcome 4: Creation of Tobacco-free Policies

2.4.1. ✓ Proportion of jurisdictions with public policies for tobacco-free workplaces and other indoor and outdoor public places
2.4.4. ✓ Proportion of the population reporting voluntary tobacco-free home of vehicle policies
2.4.5. ✓ Proportion of schools or school districts reporting the implementation of 100% tobacco-free school policies
2.4.6. ✓ Proportion of the population that works in environments with tobacco-free policies
2.4.2. Proportion of workplaces with voluntary tobacco-free policies
2.4.6. Changes in state tobacco control laws that preempt stronger local tobacco control laws

Outcome 3: Increased Knowledge of, Improved Attitudes Toward, and Increased Support for the Creation and Active Enforcement of Tobacco-free Policies

2.3.3. ✓ Attitudes of smokers and nonsmokers about the acceptability of exposing others to secondhand smoke
2.3.5. ✓ Proportion of the population that thinks secondhand smoke is harmful
2.3.6. ✓ Proportion of the population that thinks secondhand smoke is harmful to children and pregnant women
2.3.7. ✓ Level of support for creating tobacco-free policies in public places and workplaces
2.3.8. ✓ Level of support for adopting tobacco-free policies in homes and vehicles
2.3.1. Level of confirmed awareness of media messages on the dangers of secondhand smoke
2.3.2. Level of receptivity to media messages about secondhand smoke
2.3.3. Proportion of the population willing to ask someone not to smoke in their presence
2.3.9. Level of support for active enforcement of tobacco-free public policies
2.3.10. Level of support for creating tobacco-free policies in schools

Outcome 5: Enforcement of Tobacco-free Public Policies

2.5.1. ✓ Number of compliance checks conducted by enforcement agencies
2.5.2. ✓ Number of enforcement agency responses to complaints regarding noncompliance with tobacco-free public policies
2.5.3. ✓ Number of warnings, citations, and fines issued for infractions of tobacco-free public policies

Goal Area 3. Promoting Quitting Among Adults and Young People

Long Term Outcomes and Indicators (Note: Outcomes and selected indicators are in priority order.)

Outcome 13: Increased Cessation Among Adults and Young People

3.13.1. ✓ Proportion of smokers who have sustained abstinence from tobacco use (adults and youth)
New ✓ Proportion of pregnant females who have sustained abstinence from tobacco use
New ✓ Proportion of spit tobacco users who have sustained abstinence from tobacco use
3.13.2. Proportion of recent successful quit attempts

Outcome 16: Decreased Tobacco-Related Disparities

New ✓ *To be developed*

Outcome 14: Reduced Tobacco-use Prevalence and Consumption

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

Outcome 15: Reduced Tobacco-Related Morbidity and Mortality

New ✓ Incidence of lung cancer
New ✓ Death rates of tobacco-related cancer, tobacco use, heart disease, stroke, chronic lung disease (COPD)
New ✓ Prevalence of COPD, myocardial infarction, stroke
New ✓ Hospital discharges due to these diseases

Intermediate Outcomes and Indicators (Note: Outcomes and selected indicators are in priority order.)

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
New ✓ Proportion of pregnant women smokers who have made a quit attempt
3.11.3. ✓ Proportion of adult, young, and [pregnant women] 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

Short Term Outcomes and Indicators (Note: Outcomes and selected indicators are in priority order.)

Outcome 8: Increased~~,~~ (1) Intention to Quit and (2) Support for Policies That Support Cessation

3.8.3. ✓ Proportion of smokers who intend to quit
3.8.5. ✓ Level of support for increasing excise tax on tobacco products
3.8.4. ✓ Proportion of smokers who intend to quit smoking by using proven cessation methods
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
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
3.8.6. 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

Outcome 7: Establishment or Increased Use of Cessation Services

3.7.6. ✓ Proportion of worksites with a cessation program or a contract with a quitline
3.7.1. ✓ Number of callers to telephone quitlines
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
3.7.2. ✓ 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

Outcome 10: Increased Insurance Coverage for Cessation Services

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

Outcome 9: Increase in the Number of Health Care Providers and Health Care Systems Following Public Health Service (PHS) Guidelines

3.9.2. ✓ Proportion of adults who have been asked by a health care professional about smoking

3.9.1. ✓ Proportion of health care providers and health care systems that have fully implemented the Public Health Services (PHS) guidelines

3.9.5. ✓ Proportion of smokers who have been assisted in quitting smoking by a health care professional

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

3.9.6. 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

Tobacco Use Prevention Data & Evaluation Workgroup

Goal Area 1. Youth Prevention: Long-Term Outcome Indicators

Working Draft
(11-28-07)

Long-Term outcomes (in priority order)	How to address disparities for this outcome
Outcome 13: Reduced initiation of tobacco use by young people	Sub-level analysis of the state to determine disparities: rural, urban, racial. 1. Zipcode (preferred) or 2. County Standardize race/ethnicity to OMB 15 Spit tobacco vs. Cigarettes on all 3 surveys – CTC, YTS, YRBS
Outcome 14: Reduced tobacco-use prevalence among young people	1. Zipcode (preferred) or 2. County Standardize race/ethnicity to OMB 15 Spit tobacco vs. Cigarettes on all 3 surveys – CTC, YTS, YRBS
Outcome 16: Decreased tobacco-related disparities	1. Zipcode (preferred) or 2. County Standardize race/ethnicity to OMB 15 Spit tobacco vs. Cigarettes on all 3 surveys – CTC, YTS, YRBS
Outcome 15: Reduced tobacco-related morbidity and mortality	

Recommended Long-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 13. Reduced initiation of tobacco use by young people					
1.13.1. Average age at which young people first smoked a whole cigarette	YRBS	Annually	No	MS version annually	Middle school and high school age students, rural and urban
[Reduce age of initiation]	CTC records proportion in addition to average at each age to get sub-level	Annually	Yes	Recommend CTC for regional, county data	
Age of initiation	YTS – add questions to YTS	Annually	No		
Outcome 14. Reduced tobacco-use prevalence among young people					
1.14.1. Prevalence of tobacco [cigarette use among young people [30-day use]	YRBS	Annually	No	Middle school version annually	Middle school and high school age students, rural and urban
1.14.2. Proportion of established young smokers [lifetime use]	CTC	Annually	Yes	Recommend CTC for regional, county data	
	YTS	Annually	No		
New Standardize all data questions and report data similar to 1.14.1 and 1.14.2 for - Bidis - Kreteks - Spit tobacco					

Recommended Long-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Note: Standardize the data questions for 30 day use and lifetime use to pull data from all three surveys so that those surveyed are not all lumped into lifetime use especially if they smoke one cigarette as a lifetime user. Only on YTS: 1) Have you ever smoked? 2) Are you a current smoker? 3) Have you never smoked cigarettes?					
Outcome 16. Decreased tobacco-related disparities					
Outcome 15. Reduced tobacco-related morbidity and mortality					
Prevalence of tobacco-related child morbidity for selected conditions: - ear infections - asthma - sinus infections *Note: YTS questions #67, #68, and #69 may also be helpful.*	Hospital discharge = chronic But ER is more relevant = Acute conditions				

Tobacco Use Prevention Data & Evaluation Workgroup

Goal Area 1. Youth Prevention: Intermediate Outcome Indicators

Intermediate outcomes (in priority order)	How to address disparities for this outcome
Outcome 12: Increase price of all tobacco products to a percentage so we only have to do this one time and all tobacco products' taxes will increase with inflation. - Cigarettes	Not able to affect disparities for this outcome Note: Ask youth about parents' education as a proxy for low SES indicator.
Outcome 11: Decreased access to [and availability of] tobacco products. - Access: law enforcement - Availability: social services "It's Everybody's Business"	Q: Is it worth checking county by county for a database according to prosecutions?
Outcome 10: Reduced susceptibility to experimentation with tobacco products.	

Recommended Intermediate Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 12. Increased price of tobacco products.					
1.12.1. Amount of tobacco product excise tax	KDOR				
Outcome 11. Decreased access to [and availability of] tobacco products.					
1.11.1. Proportion of successful attempts to purchase tobacco products by young people	Synar Reward & Reminder Program (Saline Co.)	Annually			Note: (applies to all indicators for this goal) Would like to get data by SES for youth, but don't see how this is possible. Parents' level of educational attainment is a possible proxy.
1.11.2. Proportion of young people reporting that they have been sold tobacco products by a retailer 1.11.3. Proportion of young people reporting that they have been unsuccessful in purchasing tobacco products from a retailer	YTS (#20, #21) YTS (#22, #23) *Also recommend asking how many times.*	Bi-annually Bi-annually	Yes Yes		
1.11.4. Proportion of young people reporting that they have received tobacco products from a social source	YRBS YTS CTC	Bi-Annually	Yes No Yes	*Note: Limited number of questions.*	
1.11.6. Proportion of young people who believe that it is easy to obtain tobacco products	YRBS YTS CTC	Bi-Annually	No No Yes	*Note: Limited number of questions.*	
Outcome 10. Reduced susceptibility to experimentation with tobacco products.					
1.10.5. Proportion of young people who are susceptible never-smokers.	Add zip code, county to all 3 surveys: YTS, YRBS, CTC	Bi-annually	No	Yes, Yes *Note: Huge data impact to support need for statewide law..*	*Note: Important to have locally to measure the impact of local ordinances*
1.10.3. Proportion of young people who report that their parents have discussed not smoking with them	Add this to YTS CTC	Annually	No Yes		
1.10.1. Proportion of young people who think that smoking is cool and helps them fit in	CTC YTS	Annually	Yes No		
1.10.4. Proportion of parents who report that they have discussed not smoking with their children	ATS				

Tobacco Use Prevention Data & Evaluation Workgroup

Goal Area 1. Youth Prevention: Short-term Outcome Indicators

Short-Term outcomes (in priority order)	How to address disparities for this outcome
Outcome 8: Increased restriction and enforcement of restrictions on tobacco sales [and access] to minors - Separate out (A) restriction and (B) enforcement into two outcomes. This pulls Outcome 8 and Outcome 9 together.	Increasing across the board will affect all specific populations in the community.
Outcome 7: Increased anti-tobacco policies and programs in schools	Schools across the state will address entire population.
Outcome 6: Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation	
Outcome 9: Reduced tobacco industry influences. - *Addressed with Outcome 8.*	

Recommended Short-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 8B. Increased enforcement of restrictions on tobacco sales [and access] to minors					
1.8.6. Number of warnings, citations, and fines issued for infractions of public policies against young people's access to tobacco products. *New* Number of prosecutions of infractions of public policies against young people's access to tobacco products.	KBI, law enforcement? KDOR?				
New Number of citations to retailers for selling to minors *New* Number of citations to clerks for selling to minors	KDOR KDOR				
1.8.5. Number of compliance checks conducted by enforcement agencies					
1.8.7. Changes in state tobacco control laws that preempt stronger local tobacco control laws. (Track negative proposed and passed changes by session.)	State TFKC/KDHE Policy Person				
Outcome 8A. Increased restriction on tobacco sales [and access] to minors					
New Proportion of municipalities that possess youth access ordinances (Note: Lawrence, Baldwin, Lyon Co.)	KDOR? Synar RPC has a survey		Yes	*Use IEBB pilot locations.*	

Recommended Short-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 7. Increased anti-tobacco policies and programs in schools					
Combine 1.7.1 and 1.7.2. *Several sources, but not consistent source. Need to identify a data source.* 1.7.1. Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies 1.7.2. Proportion of schools of school districts that provide instruction on tobacco-use prevention that meets CDC guidelines	*Need a data source*		*No, not regularly*		
1.7.3. Proportion of schools or school districts that provide tobacco-use prevention education in grades K-12	*Nothing available* SHI (School Health Index)	*Should be available in next few years*	No	Yes. Every 5-10 years this could be evaluated/updated or combined with policy database.	
Outcome 6. Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation					
1.6.4 Level of support for policies, and enforcement of policies, to decrease young people's access to tobacco	General public ATS				
1.6.5 Level of support for increasing excise tax on tobacco products	ATS				
1.6.8 Proportion of young people who think that the cigarette companies try to get young people to smoke *Note: Could affect mortality and morbidity down the line; health doesn't matter to youth; money not as important, but social justice very important to college age. Also measures/indicates success of local programs.*					
Outcome 9. Reduced tobacco industry influences.					
1.9.11 Extent of tobacco industry contributions to institutions and groups	Tax info KDOR				Statewide
1.9.12 Amount of tobacco industry campaign contributions to local and state politicians	Politician finance reports CDRR grants				Statewide
1.9.6 Proportion of jurisdictions with policies that regulate tobacco industries' sponsorship of public events					Rural Public

Tobacco Use Prevention
Data & Evaluation Workgroup

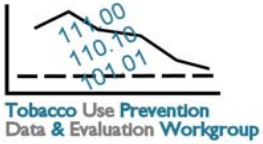
Goal Area 2. Secondhand Smoke Elimination: Long-Term Outcome Indicators

Working Draft
(11/28/07)

Long-Term outcomes (in priority order)	How to address disparities for this outcome
Outcome 7: Reduced exposure to secondhand smoke	Focus on occupations (may have to review this on a National level) Ethnic minorities, economically disadvantaged
Outcome 8: Reduced tobacco consumption	
Outcome 10: Decreased tobacco-related disparities	
Outcome 9: Reduced tobacco-related morbidity and mortality	

Recommended Long-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 7. Reduced exposure to second-hand smoke.					
2.7.1. Proportion of population reporting exposure to secondhand smoke in the workplace and in indoor public places.	YTS, ATS, BRFSS, YRBS, CPS	Annually, ongoing	No	Yes, Yes	- All subpopulations. - For workplace: which type of industry? - Nonsmokers -Geography
2.7.3. Proportion of population reporting exposure to secondhand smoke at home or in vehicles	YTS, ATS, BRFSS, YRBS	Annually, ongoing	No	Yes, Yes	As many as possible, including - Children (by age) - Nonsmokers - Gender - LGBT - Income
Outcome 8. Reduced tobacco consumption					
2.8.1. Per capita consumption of tobacco products (Note: Both cigarettes and smokeless tobacco)	Tax data, YTS/ATS/ BRFSS CPS	Ongoing	Yes; Not so much for smokeless	Maybe; Yes for smokeless	As many as possible, including - Geography - Employment (except for smokeless)
Outcome 10. Decreased tobacco-related disparities					
New To be developed				Yes, Yes	- Employment - Geography - Age - Race - Gender

Recommended Long-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 9. Reduced tobacco-related morbidity and mortality					
New Number of non-smokers with ETS exposure with heart disease and cancer (Physician signing death certificate may not know. How reflective is this?)	Hospital/ER data Cancer Registry Death Certificate Health Provider Survey Hospital Discharge A.T.S.	Annual	Yes	Yes Money/Funds	



Goal Area 2. Secondhand Smoke Elimination: Intermediate Outcome Indicators

Intermediate outcomes	Ranking for Targeting Limited Evaluation Resources	How to address disparities for this outcome
Outcome 6: Registry of tobacco-free policies: - Ordinances - Resolutions - School Policies (K-12, Universities) - Hospital Grounds	High	

Recommended Intermediate Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Note: Key Outcome Indicators for original Outcome 6 all ranked "fairly low" priority.					
Outcome 6. Registry of tobacco-free policies					
Completed registry of tobacco-free policies, including local ordinances, resolutions, school policies, and hospital grounds policies	Local coalitions	Ongoing	Not comprehensively	Yes, Yes	N/A

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Goal Area 2. Secondhand Smoke Elimination: Short-term Outcome Indicators

Short-Term outcomes (in priority order)	How to address disparities for this outcome
Outcome 4: Creation of tobacco-free policies	
Outcome 3: Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies	
Outcome 5: Enforcement of tobacco-free public policies	

Recommended Short-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 4. Creation of tobacco-free policies					
2.4.1. Proportion of jurisdictions with public policies for tobacco-free workplaces and other indoor and outdoor public places. *Note: Consider via jurisdictions and as % of population.*	KDHE TUPP	Continuous collection Annual report	Yes, Legislature annual report (sort of)	Legislature report annually with updates	Implication for state policy
2.4.4. Proportion of population reporting voluntary tobacco-free home or vehicle policies.	ATS				
2.4.5. Proportion of schools or school districts reporting the implementation of 100% tobacco-free school policies.	- KDHE TUPP - KS Coordinated School Health (trying to create a database - wellness policies collection)	Annual	In process		
2.4.6. Proportion of the population that works in environments with tobacco-free policies.	ATS				

Recommended Short-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 3. Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies.					
2.3.3. Attitudes of smokers and nonsmokers about the acceptability of exposing others to secondhand smoke.	ATS, YTS, CTC	1-2 years Ongoing	Sort of	$ for ATS on regular basis	- Non-smokers - Smokers - Demographics - Regions - Employment sectors
2.3.5 & 2.3.6 combined. 2.3.5. Proportion of population that thinks secondhand smoke is harmful 2.3.6. Proportion of population that thinks second hand smoke is harmful to children and pregnant women.	ATS, YTS, CTC, CPS, WIC	1-2 years Ongoing	Sort of	$ for ATS on regular basis	
2.3.7. Level of support for creating tobacco-free policies in public places and workplaces.	ATS, YTS, CTC, CPS, KS Cardio Cotinine, NHANES	1-2 years Ongoing	Sort of	$ for ATS on regular basis	
2.3.8. Level of support for adoption tobacco-free policies in homes and vehicles.	ATS, YTS, CTC, NHANES	1-2 years Ongoing	Sort of	$ for ATS on regular basis	
Outcome 5. Enforcement of tobacco-free policies					
2.5.1. Number of compliance checks conducted by enforcement agencies	Synar, SRS				
2.5.2. Number of enforcement agency responses to complaints regarding noncompliance with tobacco-free public policies	Synar, SRS				
2.5.3. Number of warnings, citations, and fines issued for infractions of tobacco-free public policies	Synar, SRS				

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Goal Area 3. Cessation: Long-Term Outcome Indicators

Working Draft
(11/28/07)

Long-Term outcomes (in priority order)	How to address disparities for this outcome
Outcome 13: Increased cessation among adults and young people	Young African Americans, young, white pregnant females, people with low socioeconomic status ⇨ involve health care providers to refer to pregnant women to Quitline and cessation services ⇨ explore how referrals to Medicaid and WIC can be made
Outcome 16: Decreased tobacco-related disparities	Premium Assistance initiative approved resulting in more coverage for adults who are not pregnant or disabled. Through this, encounter data can be collected. Mortality experience can be seen. Collection and reporting of tobacco indicators by providers should be emphasized. Include in their curriculums during training. Emphasize to providers importance of reporting – work with Kansas Medical Society and others. Implement different strategies to address disparities of this outcome in schools, workplaces, and communities Involve community leaders and role models.
*Outcome 14: Reduced tobacco-use prevalence and consumption	Sociobehavioral aspects should be addressed by promoting cultural competency strategies. Involve community leaders and role models. Improve data collection from various sources. Information from Medicaid Premium Assistance, WIC provider information, Quitline, claims data should be explored to determine additionally available pieces of information. Improve referrals to Quitline, cessation services, Medicaid, WIC. Improve collection and reporting of tobacco indicators by providers.
*Outcome 15: Reduced tobacco-related morbidity and mortality	Cancer Registry, Vital statistics (Birth and death data), Hospital discharge data, Population-based surveys such as BRFSS Two aspects: (1) Access to Care: (a) culturally competent, (b) availability of programs & services, and (c) proper Reimbursement (Medicare, Medicaid, premium assistance and other public programs), Collaboration with Indian Health Services, and VA system can be explored. (2) Policies related to data collection and reimbursement. Should be reviewed and seen how they can be created or improved to address tobacco-related morbidity and mortality Information: WIC, website initiatives, providers, schools, community organizations should also be reviewed to have a real grasp this outcome.

In general, Group 3 encourages reporting all indicators, as available and appropriate, for these two risk groups and three populations:

1. ***Smokers:*** ***a. Adults*** ***b. Youth*** ***c. Pregnant females***
2. ***Spit Tobacco users:*** ***a. Adults*** ***b. Youth*** ***c. Pregnant females***

Recommended Long-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 13. Increased cessation among adults and young people.					
3.13.1. Proportion of smokers who have sustained abstinence from tobacco	Vital Statistics – Birth Certificates, Quitline Reports	Bi-annually	Yes	Money and personnel	Pregnant females Youth, Racial/Ethnic Low SES

Recommended Long-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
New Proportion of pregnant females who have sustained abstinence from tobacco use	Birth Certificates	Bi-annually	Yes	Money and personnel	Pregnant females, Youth, Racial/Ethnic, Low SES
New Proportion of spit tobacco users who have sustained abstinence from tobacco use	YTS, ATS, YRBS, BRFSS	Bi-annually	Yes	Money and personnel	Pregnant females, Youth, Racial/Ethnic, Low SES
Outcome 16. Decreased tobacco-related disparities					
New *To be developed*	BRFSS	Bi-annually	Yes	Need finances and staff	Geographical mapping on SES and other factors (collect information by zip codes) Minority, Low SES Pregnant females
Outcome 14. Reduced tobacco-use prevalence and consumption					
Adults, Youth, Pregnant Females 3.14.1 Smoking prevalence in adults and youth 3.14.2 Prevalence of tobacco use during pregnancy 3.14.3 Prevalence of postpartum tobacco use (among WIC participants) 3.14.4 Per capita consumption of tobacco products	- BRFSS, YRBS, YTS - Birth Certificates - WIC data - DOR (statewide)	Bi-annually Annually Annually Annually	Yes		Minority Low SES Pregnant females
**Outcome 15. Reduced tobacco-related morbidity and mortality*					
New Incidence of lung cancer *New* Death rates of tobacco-related cancers, tobacco use, heart disease, stroke, chronic lung disease (COPD) *New* Prevalence of COPD, myocardial infarction, stroke *New* Hospital discharges due to these diseases	Mortality data, BRFSS, Cancer Registry, Hospital discharge data ➔ See list of additional resources for other potential data sources	Bi-annually	Yes	Other potential sources that could be further developed & utilized: EMS data, Ambulatory care, CMS data, KHIS, ER data; need to develop policies & laws; need staff & funding to develop & utilize these data resources	Minority Low SES Pregnant females

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Goal Area 3. Cessation: Intermediate Outcome Indicators

Intermediate outcomes (in priority order)	How to address disparities for this outcome
Outcome 11: Increased number of quit attempts and quit attempts using proven cessation methods - Increased number of quit attempts in youth, adults, and pregnant females - Increased number of quit attempts using proven cessation methods in youth, adults, and pregnant females	- Working with health care providers to refer to Quitline and cessation services - Increase health coverage for cessation services and counseling in private and public insurance plans - Collaborate with community organizations that are working for minority or disparate populations. - Working with schools and employers/workplace - Working with churches and faith-based organizations

Intermediate outcomes (in priority order)	How to address disparities for this outcome
Outcome 12: Increased price of tobacco products	- Youth, young pregnant females, low SES - Education – educate regarding cost of tobacco, how $ spent on tobacco products can be used for other purposes, such as improving their health - Policies in place through legislators

Recommended Intermediate Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 11. Increased number of quit attempts and quit attempts using proven cessation methods.					
3.11.1. (a) Proportion of adult smokers who have made a quit attempt	Quitline, BRFSS, ATS	Biannually	Yes	Money	-Pregnant females -Low SES -Minority group
3.11.2. (b) Proportion of youth smokers who have made a quit attempt	YTS, YRBS	Biannually	Yes	Money	-Pregnant females -Low SES -Minority group
New (c) Proportion of pregnant women smokers who have made a quit attempt	YTS, YRBS	Biannually	Yes	Money	-Youth -Low SES -Minority group
3.11.3. (a,b,and c) Proportion of adult, young, and pregnant females smokers who have made quit attempts using proven cessation methods	YTS, YRBS	Biannually	Yes	Money	-Youth -Low SES -Minority group -Pregnant females -Adults
Outcome 12. Increased price of tobacco products.					
3.12.1. Amount of tobacco product excise tax *Note – Though sources listed as additional resources are not direct data, indirect pieces of information can be obtained, such as opinions about excise tax.*	KDOR	Biannually	Yes	YTS, YRBS, BRFSS Birth certificates Money	N/A

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Goal Area 3. Cessation: Short-term Outcome Indicators

Short-Term outcomes (in priority order)	How to address disparities for this outcome
Outcome 8: Increased awareness, knowledge, intention to quit, support for policies that support cessation 1. Increased intention to quit 2. Increased support for policies that support cessation	- Community organizations - Health providers - Develop culturally competent programs - Schools - Workplace

Outcome 7: Establishment or increased use of cessation services -Establishment of cessation services -Increased use of cessation services	- Establishing cessation services for priority populations - Pregnant females – provider referral -Working with community organizations - High risk populations, e.g., those with other risk factors such as heart disease and stroke
Outcome 10: Increased insurance coverage for cessation services	- Public and private insurance plans - Employers
Outcome 9: Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines	- Part of curriculum for medical and nursing education - Part of continuing education

Recommended Short-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
Outcome 8. Increased (1) intention to quit and (2) support for policies that support cessation					
3.8.3. Proportion of smokers who intend to quit	BRFSS, ATS, YRBS, YTS, WIC, Quitline, Medicaid, Medicare	Bi-annually	Yes	Financial and human resources	Low SES Pregnant females Minority, Youth
3.8.5. Level of support for increasing excise tax on tobacco products	BRFSS, ATS	Bi-annually	Yes	Poll surveys	Low SES Pregnant females Minority, Youth
3.8.4. Proportion of smokers who intend to quit smoking by using proven cessation methods	Quitline, Medicaid, Medicare, Claims data	Bi-annually	Yes	Explore availability of data through WIC and Substance abuse programs (SRS)	Low SES Pregnant females Minority, Youth
3.8.8. Level of support for increasing insurance coverage for cessation treatment	KHIS – state employee health benefit plan, Medicare, Medicaid ➔ See list of additional resources for other potential data sources	Bi-annually	Yes	Work with Insurance Commissioner to survey major insurance companies to determine level of support for increasing coverage; BRFSS, YRBS; Develop policies to make it possible to collect this type of data. Staff & finances required.	Low SES Pregnant females Minority Youth
3.8.9. Proportion of employers who are aware of the benefits of providing coverage for cessation treatment	State employee health benefit plan	Annually	Yes	Design and conduct employer survey through Department of Labor to determine employers level of awareness of benefits. Need finances and staff.	Low SES Pregnant females Minority Youth
Outcome 7. Establishment or increased use of cessation services.					
3.7.6. Proportion of worksites,-schools, and community centers with a cessation program or a contract with a quitline	Quitline Program ➔ See list of additional resources for other potential data sources	Bi-annually	-	Collect information on worksite initiatives, schools, communities, and information through Coordinated School Health.	-
3.7.1. Number of callers to telephone quitlines	Quitline Program	Annual	Yes	Find out if other workplaces or organizations are collecting this type of information.	Low SES Pregnant females Minority

Recommended Short-Term Outcomes and Indicators (in priority order)	Data Source	How frequently?	Is it currently available?	Additional resources? Recommended additional resources?	Which subpopulations should be reported for this indicator?
3.7.4. Proportion of smokers who have used group cessation programs	State employee health benefit program Claims database	Annual	Yes	SRS substance abuse program data	Low SES Pregnant females Minority
3.7.5. Proportion of health care systems with telephone quitlines or contracts with state quitlines	Quitline ➔ See list of additional resources for other potential data sources	Annual	Yes	Explore possibility of surveying insurance companies and health systems through Insurance Commissioner	-
3.7.2. Number of calls to telephone quitlines from users who heard about the quitline through a media campaign	Quitline	Annual	Yes	-	Low SES Pregnant females Minority
3.7.3. Number of calls to telephone quitlines from users who heard about the quitline through a source other than a media campaign	Quitline	Annual	Yes	-	Low SES Pregnant females Minority
Outcome 10. Increased insurance coverage for cessation services					
3.10.1 Proportion of insurance purchasers and payers that reimburse for tobacco cessation services	Medicare, Medicaid, KHIS, State employee health benefit plan	Biannual	Yes (some)		Low SES Pregnant females Minority
Outcome 9. Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines					
3.9.2 Proportion of adults who have been asked by a health care professional about smoking (proxy)	ATS BRFSS	Bi-annually	Yes	Health commissioner survey of health care providers and insurance companies	Low SES Pregnant females Minority
3.9.1. Proportion of smokers who have been advised to quit smoking by a health care professional	ATS BRFSS	Bi-annually	Yes	Health commissioner survey of health care providers and insurance companies	Low SES Pregnant females Minority
3.9.5 Proportion of smokers who have been assisted in quitting smoking by a health care professional	ATS BRFSS	Bi-annually	Yes	Health commissioner survey of health care providers and insurance companies	Low SES Pregnant females Minority