

Helping Young Smokers Quit

Identifying Best Practices for Tobacco Cessation

Helping Young Smokers Quit: Identifying Best Practices in Tobacco Cessation

Discontinuation Survey

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DS4 [# A8]

How difficult or easy do you think it would be for young smokers who want to quit to find a smoking cessation program in your community? Would you say it would be...

- Very difficult,..... 1
- Somewhat difficult,.....2
- Neither difficult nor easy,3
- Somewhat easy, or 4
- Very easy?.....5
- NCRA7
- DON'T KNOW 8
- REFUSED9

DS5 [#F.5]

Thinking about tobacco use among youth, how would you rank it as a priority concern in your organization where 1 is the lowest priority and 10 is the highest priority?

<u>LOWEST</u>	<u>HIGHEST</u>
1	10
2	
3	
4	
5	
6	
7	
8	
9	
NCRA.....	97
DON'T KNOW.....	98
REFUSED.....	99

DS6 [#A6]

I am going to read you a list of youth-related health issues that are sometimes addressed in programs and services. For each please tell me yes or no. Does [ORG NAME] provide services, programs, or curricula to address other youth-related health issues like...

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW/REFUSED</u>	
a. Tobacco use <u>prevention</u> ?	1	2	7	8	9
b. Alcohol use prevention?.....	1	2	7	8	9
c. Alcohol use <u>treatment</u> ?.....	1	2	7	8	9
d. Other drug use prevention?.....	1	2	7	8	9
e. Other drug use <u>treatment</u> ?.....	1	2	7	8	9
f. Nutrition or weight management?.....	1	2	7	8	9
g. Eating disorders?.....	1	2	7	8	9
h. Violence prevention?.....	1	2	7	8	9
i. Pregnancy prevention?.....	1	2	7	8	9
j. Depression?.....	1	2	7	8	9
k. Self esteem?.....	1	2	7	8	9
l. Stress management?.....	1	2	7	8	9
m. Peer counseling or peer support?.....	1	2	7	8	9
n. Family issues or family intervention?.....	1	2	7	8	9
o. For any other youth-related health issue? (SPECIFY)	1	2	7	8	9

Program History

The next series of questions is about the history of your smoking cessation program, including how it was started.

DS7 [#SS16]

To the best of your knowledge, in what year was the youth smoking cessation program first offered at your organization?

_____Year

- NCRA 9997
- DON'T KNOW 9998
- REFUSED 9999

DS8

When was the last time your organization offered the youth smoking cessation program?

_____ Year

- NCRA 9997
- DON'T KNOW 9998
- REFUSED 9999

DS8a

So the program was operating for [CALCULATE DS8 MINUS DS7 PLUS 1] years?

- YES 1 → (SKIP TO DS9)
- NO (Specify)..... 2
- NCRA 9997
- DON'T KNOW 9998
- REFUSED 9999

DS8b

To the best of your knowledge, about how many years was the program operating at your organization?

_____ Year(s)
_____ Month(s)

- NCRA 9997
- DON'T KNOW 9998
- REFUSE 9999

DS9

During the period between when the program was first and last offered, was there any time that your organization stopped offering the program and then started offering it again?

- Yes 1
- No..... 2 → (SKIP TO DS12)
- NCRA 7 → (SKIP TO DS12)
- DON'T KNOW 8 → (SKIP TO DS12)
- REFUSED 9 → (SKIP TO DS12)

DS10 [#SS21]

The following statements describe reasons why a program may stop being offered. Thinking about when the program stopped and started again, please tell me whether each reason was very important, somewhat important, or not at all important for your program.

	<u>Very</u> <u>important</u>	<u>Somewhat</u> <u>important</u>	<u>Not at all</u> <u>important</u>	<u>NCRA</u>	<u>DON'T</u> <u>KNOW</u>	<u>REFUSED</u>
a. There was nobody to run the program.....	1	2	3	7	8	9
b. There was no space to hold the program	1	2	3	7	8	9
c. There was not enough money for the program.....	1	2	3	7	8	9
d. There was not enough youth signed up for the program.	1	2	3	7	8	9
e. There was not enough youth mandated to participate in the program.....	1	2	3	7	8	9
f. Anything else? (Please specify).....	1	2	3	7	8	9

DS11 [#SS22]

The following statements describe reasons why a program may start being offered again. Please tell me whether each reason was very important, somewhat important, or not at all important for your program.

	<u>Very</u> <u>important</u>	<u>Somewhat</u> <u>important</u>	<u>Not at all</u> <u>important</u>	<u>NCRA</u>	<u>DON'T</u> <u>KNOW</u>	<u>REFUSED</u>
a. A staff member was hired or assigned to run the program	1	2	3	7	8	9
b. Space to hold the program became available.....	1	2	3	7	8	9
c. Funding became available to run the program	1	2	3	7	8	9
d. There was enough youth signed up for the program	1	2	3	7	8	9
f. There was enough youth mandated to participate in the program.....	1	2	3	7	8	9
e. Anything else? (Please specify).....	1	2	3	7	8	9

DS12

During the period between when the program was first and last offered, was the program modified in any way?

- Yes 1
- No 2 (SKIP TO DS14)
- NCRA..... 7 (SKIP TO DS14)
- DON'T KNOW..... 8 (SKIP TO DS14)
- REFUSED..... 9 (SKIP TO DS14)

DS13 [#PS19]

In which of the following ways had you modified the program? For each please tell me yes or no.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. How long the program lasted (i.e., overall length of the program).....	1	2	7	8	9
b. How long each contact with program participants lasted (i.e., the length of each program "session" or contact)	1	2	7	8	9
c. Format in which the program was offered.....	1	2	7	8	9
d. The content of the program	1	2	7	8	9
e. Other (Please specify)?	1	2	7	8	9

Now I would like to ask you some questions about the program as it was offered for the last time.

Thinking about the program as it was last offered...

DS14 [#PS9]

Were the materials for your program developed internally, by individuals within your immediate organization, or by an external or parent organization, such as the American Lung Association, the American Cancer Society, or an educational materials development company?

- Internal..... 1 → (SKIP TO DS16)
- External (Please specify organization)..... 2
- _____
- Both internal and external (Please specify)..... 3
- _____
- NCRA 7 (SKIP to DS16)
- DON'T KNOW..... 8 (SKIP to DS16)
- REFUSED 9 (SKIP to DS16)

DS15

What was the name of the externally developed smoking cessation treatment package that your program adopted?

[INTERVIEWER SHOULD PROBE FOR PRIMARY PROGRAM IF MORE THAN ONE IS OFFERED]

ACS: American Cancer Society.....	1
ASCENT: Adolescent Smoking Cessation Escaping Nicotine & Tobacco.....	2
ButtsOut.....	3
CA Smokers' Helpline.....	4
CHAT: Computers Helping Adolescents Talk Tobacco.....	5
END: Ending Nicotine Dependence.....	6
FFST: Freedom from Smoking for Teens	7
Iwillquit.com.....	8
MTI: Motivational Tobacco Intervention.....	9
NOT: Not on Tobacco	10
QuitNet.com	11
Science, Tobacco & You	12
STAT: Stop Teenage Addiction to Tobacco	13
TAP: Helping Teens Stop Using Tobacco	14
TATU: Teens Against Tobacco Use.....	15
TEG: Intervening with Teen Tobacco Users.....	16
TNT: Project Toward No Tobacco Use.....	17
Tobacco Free Teens	18
Utah Teen Quit Line	19
Other	20
[IF DS15 OPTION 19 = YES DISPLAY FILL BOX] Specify _____	
DON'T KNOW	98
REFUSED.....	99

The next set of questions is about the implementation of your program.

DS16 [#PS28]

In which of the following formats was the smoking cessation treatment last offered? For each please tell me yes or no.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW/REFUSED</u>
a. Individual face-to-face counseling.....	1	2	7	8 9
b. In-person group meetings.....	1	2	7	8 9
c. Telephone counseling.....	1	2	7	8 9
d. Internet-based program.....	1	2	7	8 9
e. Self-help manuals	1	2	7	8 9
f. Anything else? (Please specify).....	1	2	7	8 9

IF DS16c = 1, go to the next question. Otherwise, go to DS18

DS17 [#PS34]

Was the phone counseling part of a state 'quit line'?

- Yes1
- No2
- NCRA.....7
- DON'T KNOW8
- REFUSED.....9

Enrollment Criteria

DS18 [#PS70]

Now I have some questions about how youth were enrolled in the program. At the time the program was last offered... Was enrollment voluntary or mandatory, or both?

- Voluntary only.....1 → (SKIP TO DS22)
- Mandatory only2 → (SKIP TO DS21)
- Both3
- NCRA.....7 → (SKIP TO DS22)
- DON'T KNOW8 → (SKIP TO DS22)
- REFUSED.....9 → (SKIP TO DS22)

DS19 [#PS71]

About what percentage of youth who participated in the program entered on a voluntary basis?

_____ percent
(IF 100%, SKIP TO DS22)

NCRA.....7
DON'T KNOW.....8
REFUSED.....9

DS20 [#PS72]

So the remaining (100-DS19 answer) entered on a mandatory basis, is that correct?

Yes.....1
No (Please specify)2

NCRA.....7
DON'T KNOW.....8
REFUSED.....9

DS21 [#A5b]

Who could mandate youth to participate in the smoking cessation program?

Program Operation

The next set of questions is about how your program operated the last time it was offered.

DS22 [#PS88]

Excluding boosters and follow-ups, how many contacts with participants did your program include?

_____ Contacts

DON'T KNOW.....8
REFUSED.....9

DS23 [#PS93]

On average, how long was each contact?

_____ MINUTES
_____ HOURS

DON'T KNOW 8

REFUSED 9

DS24 [#PS94]

Excluding boosters and follow-ups, over what period of time did your program run?

a. _____ Days, 1

b. _____ Weeks, 2

c. _____ Months, 3

d. _____ School semesters, 4

e. _____ School years, or 5

f. _____ Other? (Please specify) 6

_____ DON'T KNOW 8

REFUSED 9

DS25 [#PS95]

During the last 12 months that the program was offered, how many youth participated in your tobacco cessation program?

_____ Youth

DON'T KNOW 8

REFUSED 9

DS26 [#PS96]

During the last 12 months that the program was offered, about what percentage of youth who started your program completed the entire program?

_____ Percent

DON'T KNOW 8

REFUSED 9

Program Staffing

Now I have some questions for you about your program staff. When I ask about “FTE” employees, that means “full-time equivalent.” For example, two half-time employees would equal one full-time equivalent.

DS27 [#PS107]

Were the individuals who provided cessation services or intervention to youth specifically trained in smoking cessation counseling?

Yes 1
No..... 2
NCRA 7
DON'T KNOW 8
REFUSED 9

DS28 [#PS112]

Was there a written facilitator guide or manual?

Yes 1
No..... 2
NCRA 7
DON'T KNOW 8
REFUSED 9

DS29 [#11a]

Now I'd like you to think about staff in your organization who were NOT directly involved in implementing the program. Did these staff members actively contribute to the program's operations?

Yes 1
No..... 2 → (SKIP TO DS31)
NCRA 7 → (SKIP TO DS31)
DON'T KNOW 8 → (SKIP TO DS31)
REFUSED 9 → (SKIP TO DS31)

DS30 [#11b]

In what ways did these staff contribute to the program's operations? Did they...

Yes No NCRA DON'T KNOW
REFUSED

- a. Help promote the program by providing

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or the Helping Young Smokers Quit National Program Office.

information to potential participants?	1	2	7	8	9
b. Sanction class-leave time for participating students (if a school-based program)?.....	1	2	7	8	9
c. Participate as guest-speakers?	1	2	7	8	9
d. Provide space for the program activities?.....	1	2	7	8	9
e. Arrange in-kind donations for participant incentives?.....	1	2	7	8	9
f. Prepare program materials (e.g., photocopy or design materials)?.....	1	2	7	8	9
g. Anything else? (SPECIFY)	1	2	7	8	9

DS31 [#10a]

Was there an administrative-level individual within your organization who could have advocated for the continuation of the program?

- Yes 1
- No..... 2 → (SKIP TO DS33)
- NCRA 7 → (SKIP TO DS33)
- DON'T KNOW..... 8 → (SKIP TO DS33)
- REFUSED 9 → (SKIP TO DS33)

DS32 [#10b]

How active was this individual in advocating for the program's continuation? Would you say...

- Very active,..... 1
- Moderately active,..... 2
- Minimally active, or..... 3
- Not active at all? 4
- NCRA 7
- DON'T KNOW..... 8
- REFUSED 9

Program Funding

This next series of questions concerns how your program was funded.

DS33 [#PS125]

Thinking about all of the funding sources for your program, which would you say provided the most funding? Would you say the most funding was provided by the...

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Local government (e.g., municipal government school district, local health department)	1	
State government (e.g., state board of education, state health department).....	2	
Community-level not-for-profit or voluntary organization	3	
State-level not-for-profit or voluntary organization	4	
National not-for-profit or voluntary organization.....	5	
Fees from participants.....	6	
Reimbursement from health insurance	7	
Other (Please specify)	8	
<hr/>		
DON'T KNOW	98	(SKIP TO DS36)
REFUSED.....	99	(SKIP TO DS36)

DS34 [#PS126]

Think about the funding source that provided most of the financial support. Did you have to submit a formal application to receive the funding?

Yes	1
No.....	2
NCRA	7
DON'T KNOW	8
REFUSED	9

DS35 [#PS127]

Were you required to file financial reports?

Yes	1
No.....	2
NCRA	7
DON'T KNOW.....	8
REFUSED	9

DS36

Was/were this program's sources(s) of funding similar to the funding sources for other youth-related health programs within your organization?

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Yes	1
No.....	2
Not sure/not applicable	3
NCRA	7
DON'T KNOW.....	8
REFUSED	9

Program Evaluation

The next set of questions is about program evaluation.

DS37 [#PS131]

Did your program include an evaluation component?

Yes	1	
No.....	2	→ (SKIP TO DS42)
NCRA	7	→ (SKIP TO DS42)
DON'T KNOW.....	8	→ (SKIP TO DS42)
REFUSED	9	→ (SKIP TO DS42)

DS38 [#PS132]

Which of the following measures did the evaluation include? For each please tell me yes or no.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Attendance tracking	1	2	7	8	9
b. Follow-up with participants after the program.....	1	2	7	8	9
c. User satisfaction/program ratings	1	2	7	8	9
d. Quitting data	1	2	7	8	9
e. Biochemical validation.....	1	2	7	8	9
f. Cost of program administration.....	1	2	7	8	9
g. Anything else? (Please specify)	1	2	7	8	9

DS39 [#PS133]

Which of the following describe the purpose of your evaluation? For each please tell me yes or no.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. To monitor cessation outcomes.....	1	2	7	8	9
b. To plan for program improvement	1	2	7	8	9
c. To identify most/least effective program component.....	1	2	7	8	9
d. To get feedback to improve outcomes and satisfaction.....	1	2	7	8	9
e. To evaluate counselors	1	2	7	8	9
f. To evaluate program materials	1	2	7	8	9
g. Anything else? (Please specify).....	1	2	7	8	9

DS40 [#PS134]

Was the information for evaluation collected using a standard written protocol or survey?

- Yes..... 1
- No 2
- NCRA..... 7
- DON'T KNOW 8
- REFUSED..... 9

DS41 [#PS135]

Was the information collected by the same or different people than those who delivered the treatment?

- The same people as delivered the treatment..... 1
- Different people than delivered the treatment..... 2
- Both 3
- NCRA..... 7
- DON'T KNOW 8
- REFUSED..... 9

DS42 Now I am going to read you a list of reasons why an organization might no longer be offering a program or treatment services. For each one, please tell me if it was a very important, somewhat important, or not at all important reason for why your organization is no longer offering the tobacco cessation program.

	<u>Very important</u>	<u>Somewhat important</u>	<u>Not at all important</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. The mission or focus of the organization changed.....1	2	3	7	8	9	
b. The person who started the program no longer works or is affiliated with the organization1	2	3	7	8	9	
c. The staff was dissatisfied with the overall performance of the program1	2	3	7	8	9	
d. Evaluation results indicated that the program was not effective.....1	2	3	7	8	9	
e. The staff believed that the youth have other issues to address.....1	2	3	7	8	9	
f. It cost too much to administer the program1	2	3	7	8	9	
g. The funding ran out or was taken away.....1	2	3	7	8	9	
h. There was not enough trained staff to run the program.....1	2	3	7	8	9	
i. There was not enough available space to run the program.....1	2	3	7	8	9	
j. It didn't work with your scheduling, or you couldn't find time to include it in the schedule1	2	3	7	8	9	
k. There were not enough kids enrolled in the program .1	2	3	7	8	9	
l. Kids were not completing the program1	2	3	7	8	9	
m. Kids didn't feel the content was relevant.....1	2	3	7	8	9	
n. Kids didn't like the program.....1	2	3	7	8	9	
o. Resources were used for another health-focused program.....1	2	3	7	8	9	
p. The program was too complicated to administer.....1	2	3	7	8	9	
q. Parents were not supportive of the program1	2	3	7	8	9	
r. The community leaders were not supportive of the program.....1	2	3	7	8	9	
s. The organization leaders were not supportive of the program1	2	3	7	8	9	
t. Another local organization was offering a youth smoking cessation program1	2	3	7	8	9	

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DS43

How does your organization currently respond to a youth if they are looking for help to quit smoking?

- REFER TO A STATE QUIT LINE.....1
- REFER TO A LOCAL QUIT LINE.....2
- OFFER ACCESS TO AN INTERNET PROGRAM.....3
- REFER TO COMMUNITY PROGRAM...4
- SEND THEM TO THE SCHOOL NURSE FOR ASSISTANCE5
- NCRA.....7
- DON'T KNOW.....8
- REFUSED.....9

DS44

How likely do you think it is that your organization will be offering the youth smoking cessation program one year from now? Would you say very likely, somewhat likely, or not at all likely?

- Very likely.....1
- Somewhat likely.....2
- Not too likely.....3
- NCRA7
- DON'T KNOW.....8
- REFUSED9

Informant Characteristics

We're almost finished. I just have one more question.

DS45 [#PS149]

How long have you worked with the organization?

DS46 [#PS153]

Thank you very much for your time and cooperation with our project. Would you like us to send you a copy of the study results?

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW.....8
- REFUSED9