

**Background**

•Youth smoking cessation treatment programs described in published studies are often research-based or are developed by efforts of national organizations; these programs may not be representative of the treatment programming options that are available in real-world settings.

•The purpose of Phase I of the Helping Young Smokers Quit (HYSQ) initiative was to profile a national sample of youth smoking cessation programs to understand their prevalence and overall characteristics.

•Using a snowball sampling process in a nationally representative sample of 408 counties across the U.S., HYSQ identified and characterized 591 youth smoking cessation programs offered in 48 states.

•The Phase I program survey was designed to profile youth smoking cessation programs on multiple levels: community context, organizational setting, participants, program implementation, program content, and program evaluation.

63% used materials that were developed and disseminated nationally (referred to as prepackaged programs).

A small, but measurable proportion of organizations (12.7%) reported developing their own treatment program internally (referred to as 'internally developed' programs).

•This paper compares internally developed and prepackaged programs from several perspectives, including characteristics of a) overall community; b) the organization sponsoring the program; and c) the program content and implementation.

**Methods**

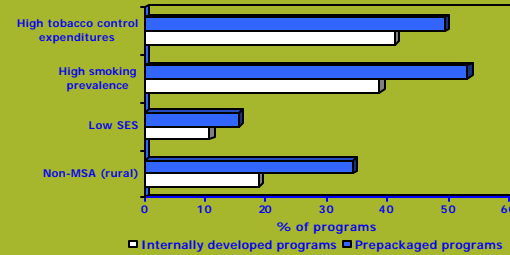
•Survey information from program administrators was used to describe characteristics of prepackaged and internally developed programs.

•Bivariate analyses were used to compare characteristics of internally developed and prepackaged programs.

•Multivariate models were used to analyze associations between program development (internal versus prepackaged) and organizational, community and state-level characteristics.

Obtain a complete description of HYSQ, a copy of this poster, and other HYSQ findings on our Web site at: [www.HYSQ.org](http://www.HYSQ.org)

**Characteristics of the communities where programs were found**



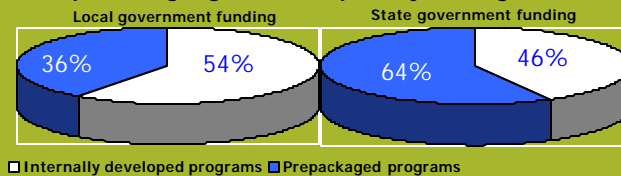
•Internally developed programs were found in areas with low tobacco control expenditures, lower smoking prevalence rates and in more urban areas (MSA) compared to prepackaged programs.

**Sponsoring organization's reason for offering a program**

Reason	Internally Developed Programs (%)	Prepackaged Programs (%)
Legislation	5.4	9.1
Department of Health or Education initiative	17.6	25.1
Organizational initiative	52.7	35.1
Youth demand	2.7	3.0
Parent demand	0.0	0.0
School/teacher demand	5.4	13.0

•Administrators of both program types reported organizational initiative as the primary reason for offering a program.

**Sponsoring organization's primary funding source**



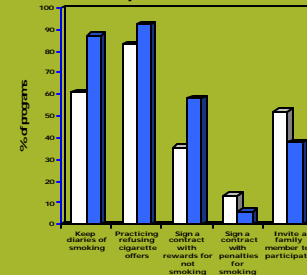
•Administrators of internally developed programs reported their funding consisted of mostly local funds.  
•These administrators reported their funding as less than adequate, compared to prepackaged program administrators (p<.01).

**Community and organizational characteristics predicting the likelihood of developing a treatment program internally**

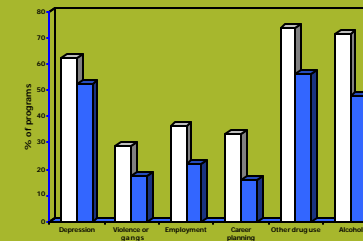
Predictor	OR	CI (95%)
MSA vs. non-MSA	2.11*	1.03-4.31
High SES vs. Low SES	0.91	0.37-2.27
High smoking prevalence vs. low smoking prevalence	0.54*	0.31-0.97
High expenditures vs. other expenditures	0.62	0.33-1.18
Local government vs. State government funding	1.89	0.94-3.82
Organizational leadership vs. other reasons for program	2.16**	1.22-3.82

**Program content**

**Cognitive behavioral strategies implemented**



**Youth-related issues covered**



•Both program types used evidence-based, cognitive behavioral strategies.  
•Internally developed programs were more likely to provide treatment for other substances and address other youth-related issues than prepackaged programs (p<.05).

**Program operation**

Operation Metric	Internally developed Programs	Prepackaged Programs
Average number of contacts	7.51	8.71
Average program length (days)	66.30	72.08
Average length of contact (minutes)	60	68.40

•Internally developed programs were shorter with regard to length of each session and duration of treatment than prepackaged programs.

**Other Highlights**

•Over 80% of both program types were administered in school-based settings.

•Over 85% of both program types were offered in group-based meetings.

•Administrators of internally developed programs reported using pharmacotherapy, and quitline and web structures (19.5% and 24%, respectively) more often than administrators of prepackaged programs (4.9% and 12.3%, respectively, p=.05).

•Prepackaged programs were more likely than internally developed programs to have voluntary enrollment criteria (p<.01).

•Internally developed programs reported serving more youth in the past 12 months than prepackaged programs (31 vs. 20, respectively).

**Discussion**

•Internally developed programs appeared to be found in communities and in organizations with fewer resources.

•Internally developed programs were more likely to be found in states with lower smoking prevalence estimates, suggesting that the need for youth smoking cessation programming is more of a local issue.

•Internally developed programs were also more likely to be found in urban counties and addressed other youth-specific topics beyond tobacco use, including other drug use, life goals, and violence and gangs, reflecting participants in these programs may present with a cluster of high risk behaviors.

•Organizations within urban communities with limited resources and youth engaging in multiple at-risk behaviors are more likely to develop their own programs with a content focus beyond tobacco use than those organizations using available prepackaged programs.

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