

Washington University in St. Louis

Washington University Open Scholarship

Center for Public Health Systems Science

Brown School

1-1-2008

Quit Rate Protocol

Center for Public Health Systems Science

Sarah Shelton

Annalise Calhoun

Haley Herr

Chris Robichaux

See next page for additional authors

Follow this and additional works at: <https://openscholarship.wustl.edu/cphss>

Recommended Citation

Center for Public Health Systems Science; Shelton, Sarah; Calhoun, Annalise; Herr, Haley; Robichaux, Chris; and Gentry, Dan, "Quit Rate Protocol" (2008). *Center for Public Health Systems Science*. 88.
<https://openscholarship.wustl.edu/cphss/88>

This Report Tool is brought to you for free and open access by the Brown School at Washington University Open Scholarship. It has been accepted for inclusion in Center for Public Health Systems Science by an authorized administrator of Washington University Open Scholarship. For more information, please contact digital@wumail.wustl.edu.

Authors

Center for Public Health Systems Science, Sarah Shelton, Annalise Calhoun, Haley Herr, Chris Robichaux, and Dan Gentry



***MFH Tobacco Prevention
& Cessation Initiative***
Tobacco Initiative Evaluation System
QUIT RATE PROTOCOL

October 2006

Revised November 2008

General Overview

This protocol describes how to determine quit rates for CTPR's *Tobacco Initiative Evaluation System (TIES)*. To ensure that grantees are reporting quit rates in a consistent and comparable manner, CTPR has written this protocol for all grantees providing MFH-funded cessation services to follow. Based on the current smoking cessation literature, CTPR has selected to measure *point prevalence* for determining successful abstinence. Point prevalence assesses if individuals are abstinent during a specific time window immediately before follow-up (Hughes et al., 2003). This measure is consistent with national reporting standards for smoking cessation rates.

This protocol provides instructions on:

- Contacting participants
- How to assess abstinence
- What to submit to CTPR
- How quit rates are calculated

Contacting Participants

Grantees should minimally collect quit rates 3, 6, and 12 months after the completion of a smoking cessation intervention. At each follow-up time point (*i.e.*, 3, 6, and 12 months), contact any participant who attended *at least one meeting* of a smoking cessation class. This procedure follows current smoking cessation literature and will allow for a more conservative estimate of quit rates. At the 6 and 12 month follow-ups, also contact individuals you were not able to contact during the previous follow-up.

If it is not feasible, given the capacity of your organization, to contact all participants who attended at least one meeting, contact a random sample of these participants. For help determining the number of participants to contact, contact Sarah Shelton at sshelton@wustl.edu or 314-935-3723.

Example Scenario:

- 30 individuals signed-up to attend a smoking cessation class.
- 25 individuals attended the first meeting.
- 2 new participants joined the class during the second meeting.
- 15 participants completed the entire smoking cessation intervention.

→ Follow-up with all 27 participants who attended at least one class. If this is too many people for your organization to contact, follow-up with 19 of the 27 participants who attended at least one class.

How to Assess Abstinence

Smoking abstinence will be assessed using a 7 and 30 day window. Participants should be contacted and asked the following questions in the order presented below:

1) Have you smoked a cigarette, even a puff in the last 7 days?

- ☐ **Yes** → They are not abstinent for 7 or 30 days (*you are finished assessing abstinence*).
- ☐ **No** → Go to # 2

2) Have you used any other tobacco products in the last 7 days?

Note: Nicotine Replacement products are not to be counted in this question.

- ☐ **Yes** → They are not abstinent for 7 or 30 days (*you are finished assessing abstinence*).
- ☐ **No** → Go to # 3, They are considered abstinent for 7 days

3) Have you smoked a cigarette, even a puff in the last 30 days?

- ☐ **Yes** → They are not abstinent for 30 days (*you are finished assessing abstinence*).
- ☐ **No** → Go to #4

4) Have you used any other tobacco products in the last 30 days?

- ☐ **Yes** → They are not abstinent for 30 days.
- ☐ **No** → They are considered abstinent for 30 days.

What to Submit to CTPR

Data regarding your follow-up will be submitted to CTPR on a quarterly basis through TIES. The following information should be entered into the database for 3, 6, and 12 month follow-up assessments:

- 1. What was the total number of people who attended at least one meeting of a cessation intervention which ended in [3, 6, or 12 months prior to the quarter]?**
- 2. What was the total number of people who completed your cessation services in [3, 6, or 12 months prior to the quarter]?**
- 3. Of the total determined in #1, how many follow-up assessments did you attempt in the past quarter?**
- 4. How many follow-up assessments did you actually complete in the past quarter?**
- 5. How many people reported being abstinent for 7 days?**
- 6. How many people reported being abstinent for 30 days?**

See the example on the next page for further clarification.

Example

If you are conducting follow-up assessments for Quarter 4 of 2008, this calendar shows how to determine which individuals to follow-up with based on when they completed cessation services.

2007			2008											
Quarter 4			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
									Total cessation services completed=25 (34 attended at least one meeting)			3-month follow-up		
						Total cessation services completed=36 (45 attended at least one meeting)						6-month follow-up		
Total cessation services completed=55 (62 attended at least one meeting)												12-month follow-up		

Based on the scenario on page 6, this is an example of what you would enter in TIES:

3-month follow-up	
What was the total number of people who attended at least one meeting of a cessation intervention which ended in [July, August, September 2008]?	34
What was the total number of people who completed your cessation services in [July, August, September 2008]?	25
Of the first total, how many follow-up assessments did you attempt in the past quarter (October, November, December 2008)?	24
How many follow-up assessments did you actually complete in the past quarter?	19
How many people reported being abstinent for 7 days?	10
How many people reported being abstinent for 30 days?	5
6-month follow-up	
What was the total number of people who attended at least one meeting of a cessation intervention which ended in [April, May, June 2008]?	45
What was the total number of people who completed your cessation services in [April, May, June 2008]?	36
Of the first total, how many follow-up assessments did you attempt in the past quarter (October, November, December 2008)?	32
How many follow-up assessments did you actually complete in the past quarter?	22
How many people reported being abstinent for 7 days?	18
How many people reported being abstinent for 30 days?	6
12-month follow-up	
What was the total number of people who attended at least one meeting of a cessation intervention which ended in [October, November, December 2007]?	62
What was the total number of people who completed your cessation services in [October, November, December 2007]?	55
Of the first total, how many follow-up assessments did you attempt in the past quarter (October, November, December 2008)?	43
How many follow-up assessments did you actually complete in the past quarter?	22
How many people reported being abstinent for 7 days?	5
How many people reported being abstinent for 30 days?	2

How Quit Rates are Calculated

Quit rates will be automatically calculated in TIES based on the information you provide. There will be two different quit rates reported for both 7-days and 30-days; the *conservative* quit rate and the *observed* quit rate.

- The *conservative* quit rate divides the number of people reporting abstinence by the total number of follow-up assessments attempted.
 - This rate is often used to avoid the overestimation of the number of individuals who have quit after the use of cessation services. Thus, when calculating this rate, participants who can not be reached are assumed to be still smoking and are not counted as abstainers.
- The *observed* quit rate divides the number of people reporting abstinence by the total number of follow-up assessments completed.
 - Since not knowing whether the individuals who were not reached are abstinent from smoking, this is considered a more optimistic assessment in most cases.

If you reach everyone you attempted to contact, the two rates will be the same. However, if everyone is not reached the two quit rates will be different, with the conservative quit rate being lower than the observed.

Calculation Example: 3 month follow-up

- Total number of follow-up assessments attempted = **24**
- Total number of follow-up assessments completed = **19**
- Number of people reporting abstinence for 7 days = **10**
- Number of people reporting abstinence for 30 days = **5**

	Conservative	Observed
7-day	$10/24 = 42\%$	$10/19 = 53\%$
30-day	$5/24 = 21\%$	$5/19 = 26\%$

Summary

This protocol should be followed to ensure that quit rates are comparable across all MFH grantees. Please incorporate this method for determining successful abstinence into your evaluation tools from this date forward.

This is considered part of the Initiative Evaluation *minimum* data set. Depending on the goals of your program, there are other items you may want to consider for inclusion into your evaluation (e.g., items assessing cessation methods used, quit attempts, number of cessation meetings attended, and prolonged abstinence).

For questions regarding how to incorporate this protocol into your evaluation, please contact:

Sarah Shelton

Evaluation Coordinator

Phone: 314.935.3723

Email: sshelton@wustl.edu

Reference:

Hughes, et al. (2003). Measures of abstinence in clinical trials: issues and recommendations. *Nicotine & Tobacco Research*, 5, 13-25.