



Calculating Measures of Success: Quit Rates



Navy Medicine Health Promotion and Wellness (HPW) programs are responsible for collecting, analyzing, and reporting the results and outcomes of their Military Treatment Facility's (MTF) health promotion department-based tobacco cessation programs to include individual counseling, workshops, or group programs such as the American Cancer Society's *Freshstart* in accordance with BUMEDINST 6200.12A.

While there are numerous points in time and various indicators (ex. blood, saliva, hair or urine biomarkers obtained from laboratory testing, expired CO₂ levels, responses to questions about tobacco use) that can be used to determine the outcome of nicotine dependence treatment, Navy Medicine and the Navy and Marine Corps Public Health Center (NMCPHC) use the standard seven-day point prevalence mark when inquiring on the use of tobacco to calculate a quit rate. This particular point and time frame are used across Navy Medicine Health Promotion and Wellness programs to ensure standardization and consistency among programs and data points. Below you will find useful information to assist in your follow-ups and metrics collection:

1. Who do I contact for follow-up?

Every individual who began HPW treatment and completed at least one session of a group, class, workshop or individual counseling should be contacted to ascertain their current tobacco use status.

2. When do I contact participants for follow-up?

In order to determine the quit rates of programs, NMCPHC collects the seven-day point prevalence (see question 4 for additional information) at three- and six-months post treatment. Post treatment is defined as the last point in time during the treatment where contact was had usually in the form of a counseling session, between an individual and health promotion staff member. For example, if an individual completed only one out of four counseling sessions, they would be contacted approximately three months and six months after that first session, while someone who completed four sessions would be contacted approximately three months and six months after the fourth session.

Follow-ups to ascertain current tobacco status should occur continually throughout the year for individuals who completed at least one session of a group, class, workshop or individual counseling. Contact should be made when 3-month and 6-month time frames occur for these



individuals. Information is reported to the Navy and Marine Corps Public Health Center (NMCPHC) via eKM tasker for two time periods each year, January-June and July-December. Note that there is there is a lag time of 6 months between counseling/program and when tobacco status is reported, so metrics are generally requested by NMCPHC at least 6 months after the end of each time period.

3. What methods can I use for follow-up?

Individuals should ideally be notified when beginning HPW tobacco cessation programs that they will be contacted at three-months and six-months post treatment and also asked their preferred method/time of day for contact. In addition, contact information such as phone numbers or email addresses should also be obtained in case you need to reach an individual throughout the program/treatment or for follow-up. Individuals may be contacted in a variety of ways to include email, mail, telephone or in person. Three attempts should be made within 30 days to contact each individual.

4. When I contact an individual, what should I do?

When contacting individuals, it is important to introduce yourself, validate the identity of the person you are speaking to, and once confirmed, remind the individual of the tobacco cessation treatment they attended and that you are contacting them to follow-up and see how they are doing. Each person should be asked the question below to determine current tobacco status/ seven-day point prevalence mark, no matter what method of follow-up you are using–

Have you used any tobacco in the past seven days?

5. How do I report individuals in the metrics once they have answered the question or I have made three attempts to contact them?

If the person reports that he/she is tobacco free for the past seven days, they are considered to be tobacco free. If they report tobacco use, they are considered to be a tobacco user. Those who cannot be reached are also considered to be tobacco users. Loss to follow-up can occur especially with members PCSing, deploying, going TAD or attending specialized training so making multiple attempts and using various methods of follow-up may be helpful.

6. How is the quit rate calculated?

The success and outcome data is computed as a percentage by using the total number who are tobacco free (reported no use of tobacco in the past seven days in the follow-up) as the numerator and the total number who began treatment during the timeframe as the denominator (see question 2 for additional information).



$$\frac{\text{Total Number Who Are Tobacco Free}}{\text{Total Number Who Began Treatment During Timeframe}} \times 100 = \text{Quit Rate}$$

Quit rates are calculated separately for each type of treatment (individual, workshop, group, etc.) and each treatment will have both a quit rate for three months and a quit rate for six months. When completing follow-up, the same number of people you tried to reach at the three-month point (whether you were successful at reaching them or not), should also be contacted at the six-month point.

Example:

10 individuals began the four-session group and completed the first session. Only six people continued and completed all four sessions. For follow-up purposes, contact should be attempted with all 10 people who completed the first session, regardless of how far they made it in the program. At the three-month point, seven of the 10 were successfully contacted and three were unable to be contacted (lost to follow-up). Of the seven who were reached, two reported they were tobacco free while five reported they were using tobacco. The seven-day point prevalence rate is reported as 2/10 or 20%. This outcome may also be reported as two persons quit using tobacco for this particular group intervention. When the six-month point occurs, you would also try to contact the same 10 people who completed the first session of the treatment, rather than just the seven people you were able to reach at the three-month follow-up. The same process applies to those who utilize individual counseling; whether you successfully reach someone at three months or not, they should still also be contacted at the six-month point.

Other considerations

The outcomes of your MTF HPW tobacco cessation programs are to be reported via eKM to the NMCPHC Health Promotion and Wellness Tobacco Cessation Program Manager twice a year when the data request call is sent. You should also report your tobacco program quit rates to your chain of command. In addition, comprehensive tobacco control has been added to the Medical Inspector General’s (MEDIG) program for Navy Medical Commands. This includes the reporting of metrics to NMCPHC. More information on the MEDIG inspections can be found here: <http://www.med.navy.mil/BUMED/MEDIG/pages/default.aspx>. Finally, outcome data and information gathered from the data request calls are analyzed and put into publicly available reports which can be used to drive programming and policy.

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