



Calculating Measures of Success: Tobacco Quit Rates



Tobacco cessation facilitators who do not fall under a Navy Medicine Military Treatment Facility (MTF) HP Program should collect, analyze, and report the results and outcomes of their tobacco cessation programs to include individual counseling, workshops, or group programs such as the American Cancer Society's Freshstart®.

There are numerous points in time and various indicators (e.g., 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. However, the Navy and Marine Corps Public Health Center (NMCPHC) and those tobacco cessation facilitators trained by NMCPHC and its approved regional trainers use the standard seven-day point prevalence mark when inquiring on the use of tobacco to calculate a quit rate. This particular method and time frame is used across Navy Medicine HP Programs and other similar tobacco 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 tobacco treatment and completed at least one session of a group, class, workshop, or individual counseling should be contacted to ascertain his/her current tobacco use status.

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

In order to determine the quit rates of tobacco cessation counseling or groups, the trained tobacco cessation facilitator should collect the seven-day point prevalence (see question four for additional information) at three-months post treatment for those who attended tobacco cessation outside of Navy Medicine MTF HP Programs. 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 the tobacco cessation facilitator. For example, if an individual completed only one out of four counseling sessions, he/she would be contacted approximately three months after that first session, while someone who completed four sessions would be contacted approximately three 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 the approximate three-month post treatment time frame occurs for these individuals. Information should be reported to NMCPHC or to the regional tobacco cessation facilitator trainer via a data request call you will receive one to two times a year.

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

Individuals should ideally be notified when beginning tobacco cessation programs that they will be contacted three-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 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 an individual, it is important to introduce yourself and validate the identity of the person you are speaking to. Once confirmed, remind the individual of the tobacco cessation treatment he/she attended and that you are contacting him/her to follow up and see how he/she is doing. Each person should be asked the question below to determine current tobacco status at the 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, he/she is considered to be tobacco free. If he/she reports tobacco use, he/she is 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 who are PCSing, deploying, going on a temporary duty assignment (TAD), or attending specialized training, so making multiple attempts and using various methods of follow up may be helpful. In addition, some tobacco cessation facilitators conduct groups at training commands or with very transient populations. Please try to reach individuals for follow-up but if you are in a location where this often occurs, please let the NMCPHC or your regional trainer know.



6. How is the quit rate calculated?

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 time frame as the denominator (see question two for additional information).

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

Quit rates are calculated separately for each type of treatment (individual, workshop, group, etc.) and each treatment will have a quit rate for three months.

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. The four people who only completed the first session will be contacted three months after that first session. The other six will be contacted three months after the last session. 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 people quit using tobacco for this particular group intervention. The same process applies to those who utilize individual counseling.

Other considerations

The outcomes of your tobacco cessation programs can be reported to your chain of command to demonstrate success or need. Finally, outcome data and information gathered from the data request calls are analyzed and can be used to drive training, programming, and policy.

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