



**Indicators and Measurement Items for
Outcome Evaluation of Youth Smoking
Cessation Interventions:
Phase II – Youth Consultation Sessions and
Expert Review Panel**

by
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Tobin T. Copley, MA

For the Office of Programs and Mass Media, Tobacco Control Programme, Health Canada
In fulfillment of Final Report deliverable, March 31, 2007

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Table of Contents

Participating Organizations: Phase 2	i
Acknowledgements	ii
Executive Summary	iii
1 BACKGROUND	1
1.1 Purpose of the report.....	1
1.2 Anticipated Outcomes and Use of Findings	1
1.3 Organization of the Report.....	1
2 HISTORY OF THE PROJECT – Phases I & II	2
3 APPROACH – Phase II	4
3.1 Youth Consultation Sessions	4
3.2 Expert Review Workshop and Consensus Building Process.....	5
4 FINDINGS – Phase II	6
4.1 Youth Consultation Sessions	6
4.2 Expert Review Workshop and Consensus Building Process.....	8
4.3 Reporting and Evaluation	11
5 DISCUSSION	13
5.1 Implication of Findings.....	13
5.2 Lessons Learned.....	14
5.3 Limitations	14
6 RECOMMENDATIONS	15
6.1 Indicators and Items for a Minimum Data Set.....	15
6.2 Next Steps	15
References	17

Appendices

Appendix A: Youth Consultation: Recruiting Specifications.....	21
Appendix B: Youth Consultation: Discussion Guide.....	22
Appendix C1: Youth Consultation: Focus Group Questions (original & revised).....	25
Appendix C2: Youth Consultation: Focus Group Questions – French.....	32
Appendix D: Expert Review: Facilitator’s Guide & Summary of Workshop Outcomes..	36
Appendix E: Expert Review: Small Group Worksheet.....	41
Appendix F: Expert Review: Feedback Questionnaire.....	42
Appendix G: Expert Review: Summary of Small Group Work.....	44
Appendix H: Expert Review: Feedback Questionnaire – Summary of Responses.....	48
Appendix I: Youth Consultation: Final Report.....	51
Appendix J: Expert Review: Summary of Feedback for Recommended Items.....	84
Appendix K: Expert Review: Summary of Feedback for Non-Recommended Items.....	86
Appendix L: Youth Consultation: Feedback on Youth Consultative Process.....	87
Appendix M: Expert Review: Feedback on Expert Review Process.....	88

List of Tables

Table 1: Youth Indicators Project Flowchart.....	3
Table 2: Demographic Characteristics of Youth Consultation Session Participants.....	6
Table 3: Youth Consultation Session Feedback	7
Table 4: Summary of Expert Agreement on Recommendations for Core Indicators and Measurement Items	9
Table 5: Summary of Expert Recommendations for Core Indicators and Measurement Items.....	11

Participating Organizations: Phase 2

The Canadian Tobacco Control Research Initiative

The Canadian Tobacco Control Research Initiative (CTCRI) was initiated in 1997 to increase research relevant to advancing program and policy agendas, thereby reducing the prevalence of tobacco use; to stimulate more research on tobacco; and to draw more Canadian investigators into tobacco research. The CTCRI is a partnership of the National Cancer Institute of Canada (NCIC), the Canadian Cancer Society (CCS), the Canadian Institutes of Health Research (CIHR) and Health Canada.

The Centre for Behavioural Research and Program Evaluation

The Centre for Behavioural Research and Program Evaluation (CBRPE) is committed to preventing cancer in Canadians and to improving the quality of life of people with cancer, cancer survivors and their families. CBRPE's mission is to build capacity for, and to conduct social and behavioural studies that contribute to improved cancer prevention and care at a population level. CBRPE is supported by the National Cancer Institute of Canada (NCIC) with funds from the Canadian Cancer Society (CCS).

The Population Health Research Group

The Population Health Research Group (PHR) is a multi-disciplinary collaboration of more than three dozen investigators and professional research staff based at the University of Waterloo. Our collaborative approach is designed to help scientists and decision makers design, test and disseminate leading edge research to improve public and population health. The majority of our work is focused on reducing death and illness associated with chronic diseases such as cancer, heart disease, stroke, lung disease and AIDS. Funding for PHR staff, equipment and other project costs comes from investigator driven research grants and contracts.

Tobin Copley, Consulting

Tobin Copley is a social research consultant based in Vancouver, British Columbia., with an interest in developing applied research to support policy development and decision-making. He specializes in outcome evaluation, simulation modeling, and the development of systems for data collection, data linkage, and data analysis. He obtained a Master's degree in Medical Geography from McMaster University in 1992.

University of BC, Department of Health Care & Epidemiology, Tobacco Research Unit

The Tobacco Research Unit (TRU) conducts evaluation studies of population-based health initiatives. Our primary work is in the areas of tobacco control and adolescent smoking behaviours. Currently, TRU is conducting a national longitudinal study, funded by the Canadian Institutes for Health Research (CIHR), to determine the ideal program/policy mix in school-based tobacco control programs for adolescents.

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Executive Summary

BACKGROUND

The Youth Tobacco Cessation Collaborative (YTCC) is a collaboration of major US and Canadian organizations that fund research, program and policy initiatives in youth tobacco control. The YTCC has worked since 1998 to increase young tobacco users' access to effective cessation programs and services. While the efforts of the YTCC have focused on coordinating intervention activities and building capacity to deliver effective cessation interventions to youth, the need for evaluation data documenting the effectiveness of youth cessation programs remains (Copley, Lovato & Manske, 2006; Grimshaw & Stanton, 2007).

Health Canada has commissioned a multi-phase project to work towards addressing this need by establishing standardized indicators for the evaluation of youth smoking cessation programs. The first phase of this multi-phase project provided the foundation for this work. In their background paper (April, 2006) Copley, Lovato and Manske identified a set of outcome indicators and measurement items to be used for the evaluation of youth smoking cessation interventions.

The second phase of the project, Youth Indicators Project – Phase II, described here, was designed to validate the recommended measures proposed in the background document by employing methods of youth consultation as well as expert review and consensus building.

APPROACH – Phase II

The Youth Indicators Project – Phase II consists of two main components:

1. The youth consultation sessions conducted in five locations across Canada with the primary intent of gathering youth feedback on the recommended core and optional items identified in the background paper and secondary objective of soliciting youth input on attitudes about smoking and language used to describe smoking/quitting behaviour.
2. Expert review and consensus building process involving researchers, decision-makers and practitioners to discuss and validate the indicators and measurement items based on the recommendations made in the background paper as well as the findings from the youth consultations.

The primary objective of the Youth Indicators Project – Phase II was to further refine the list of recommended indicators and measures as identified in the Copley et al. report, ensuring the validity, comprehension and acceptability of the items and/or the steps needed to reach these standards. Ultimately we anticipate that identifying and adopting a common set of measures will facilitate comparison of results across youth cessation programs implemented in school and community settings. Surveyors and researchers may also adopt this common set of measures for national tobacco surveys or for research-based efficacy trials.

Therefore, the purposes in creating the refined list of recommended indicators and measures in Phase II are to provide evaluators with a core set of measurement items for use in:

- “real world settings”; and
- tobacco control surveillance and research.

FINDINGS – Phase II

Youth Consultation Sessions

In general, youth prefer questions that are clear, succinct and non-repetitive. Asking youth to recall their smoking behaviour with specificity in terms of when and how much they smoke seems to frustrate the youth and cause them to abandon any efforts to make reasonable or realistic estimates about their smoking or quitting behaviour. Suggestions for ways to improve the specific measurement items that the youth were asked to answer in a survey format reflected this preference for clarity, brevity and ease of completion.

Expert Review and Consensus Building Process

Through a process of review, discussion and consensus building exercises, experts from the United States and Canada succeeded in making recommendations for a set of four core measurement items to be included in a minimum data set. Experts also succeeded in reaching major agreement (but not unanimity) about the inclusion of “quit attempts” as a required core indicator for a minimum data set suggesting that assessing quit attempts requires a set of hierarchical questions. Minimal agreement was reached on the use of “time since last cigarette” as a core indicator for inclusion in a minimum data set for evaluation of cessation interventions. This question is better suited to surveillance than program evaluation. The table below (also Table 5 in the report) summarizes these results.

Level of Agreement	Indicators & Measures
<p>Consensus Achieved</p>	<p>1. Seven day prevalence</p> <p>A. Think back over the past 7 days. On how many days did you smoke cigarettes, even a puff?</p> <p><input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 6 days <input type="checkbox"/> all 7 days</p> <p>B. Think back over the past 7 days. On the days you smoked, how many cigarettes did you smoke per day on average?</p> <p>_____ Average # of cigarettes per day (past 7 days)</p> <hr/> <p>2. Thirty day prevalence</p> <p>C. Think back over the past 30 days. On how many days did you smoke cigarettes, even a puff?</p> <p><input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20-29 days <input type="checkbox"/> All 30 days</p> <p>D. Think back over the past 30 days. On the days you smoked, how many cigarettes did you smoke per day on average?</p> <p><input type="checkbox"/> I did not smoke cigarettes during the past 30 days. <input type="checkbox"/> One or more puffs but less than one cigarette per day. <i>Continued on next page</i></p>

Level of Agreement	Indicators & Measures
	<input type="checkbox"/> 1 to 5 cigarettes per day <input type="checkbox"/> 6 to 10 cigarettes per day <input type="checkbox"/> 11 to 15 cigarettes per day <input type="checkbox"/> 16 to 20 cigarettes per day <input type="checkbox"/> More than 20 cigarettes per day
Major Agreement	That quit attempts are a required core indicator for a minimum data set and that assessing quit attempts requires a set of hierarchical questions.
Minimal Agreement	With the use of this question as written for inclusion in a minimum data set for evaluation of cessation interventions. This question is better suited to surveillance than program evaluation.

RECOMMENDATIONS

Indicators and Items for a Minimum Data Set

Use the four agreed upon indicators/items in a minimum data set for youth cessation intervention evaluation with these parameters: 1) test first in “real world setting”; 2) test wording; and 3) test format (i.e. categorical vs. open-ended).

Next Steps

Survey. Create an actual survey based on the current recommendations, and format it as it would be used in a “real world setting” taking into account issues such as timing of survey implementation i.e., pre and post (end of program, 3 month, 6 month etc) and changes to questions for pre and post assessment.

Pilot Test. Conduct a small pilot test in a few settings (schools, communities), evaluating a cessation program with pre-, post-test to refine the questions to improve utility and readability. This will need to include demographic questions.

Expert Workshop. Bring results from the refined survey and the pilot test into a workshop of the same expert participants, along with this final report. Keep youth and community expert perspective present in the workshop. Objectives for the workshop would be to: work towards consensus on the creation of a refined survey and implementation specifications; identification of evaluation research questions that reflect both efficacy and effectiveness issues; identification of priorities for research; identification of pre-requirement specifications for an evaluation question and data repository (i.e. brainstorm ideas that could be used to inform requirement specifications, for which a separate process is required, and which would need separate funding).

Process Evaluation. Engage experts in youth smoking cessation process evaluation in similar capacity i.e. expert review and consensus building.

Evaluation Guide. Develop an evaluation guide to promote indicators and make them accessible for community users.

Communications Plan. Develop a communications plan for presenting the findings e.g. at the National Tobacco Conference.

Dissemination. Disseminate this report to all workshop participants and develop a plan for wider distribution as deemed beneficial.

Web Survey Constructor Application. Investigate the possibility of a web survey constructor application including a repository of core items and optional items for a variety of purposes (i.e. evaluation, surveillance, research) that are standardized to facilitate inclusion in a broader data base.

1 BACKGROUND

1.1 Purpose of the report

Most tobacco users begin using tobacco regularly before the age of 18. When asked, most young tobacco users will say that they expect to quit within a few years; many even make several attempts to quit before they leave high school. However, youth are often unsuccessful in their attempts to quit smoking. Although they may expect to quit on their own, they may also benefit from assistance. Current research reveals a lack of evaluation data regarding youth smoking cessation interventions that can help decision-makers and practitioners arrive at informed decisions regarding better practices (Copley, Lovato & Manske, 2006; Grimshaw & Stanton, 2007). However, work is currently underway to address this need. The Youth Tobacco Cessation Collaborative (YTCC) is a collaboration of major US and Canadian organizations that fund research, program and policy initiatives in youth tobacco control. The YTCC has worked since 1998 to increase young tobacco users' access to effective cessation programs and services. While the efforts of the YTCC have focused on coordinating intervention activities and building capacity to deliver effective cessation interventions to youth, there continues to be a need for evaluation data that documents the effectiveness of youth cessation programs.

A multi-phase project has been undertaken to work towards addressing this need by establishing standardized indicators for the evaluation of youth cessation programs. The first phase of this multi-phase project provided the foundation for this work. In their background paper (April, 2006) Copley, Lovato and Manske identified a set of outcome indicators and measurement items to be used for the evaluation of youth smoking cessation interventions. This document provided a foundation for further exploration and discussion regarding validation of smoking cessation measures for the youth population. The second phase of the project, described in this report, was designed to validate the recommended measures proposed in the background document by employing methods of youth consultation as well as expert review and consensus building. This second phase is referred to as the "Youth Indicators Project - Phase II".

1.2 Anticipated Outcomes and Use of Findings

The primary objective of the Youth Indicators Project – Phase II was to further refine the list of recommended indicators and measures as identified in the Copley et al. report, ensuring the validity, comprehension and acceptability of the items and/or the steps needed to reach these standards. Ultimately we anticipate that identifying and adopting a common set of measures will facilitate comparison of results across youth cessation programs implemented in school and community settings. Surveyors and researchers may also adopt this common set of measures for national tobacco surveys or for research-based efficacy trials.

Therefore, the purposes in creating the refined list of recommended indicators and measures in Phase II are to provide evaluators with a core set of measurement items for use in:

- “real world settings”; and
- tobacco control surveillance and research.

1.3 Organization of the Report

This report describes the process by which the proposed indicators and measures for evaluating youth smoking cessation programs were validated by youth who smoke and by experts involved in youth smoking cessation research, decision-making and practice.

An overview of the history of the multi-phase project provides the framework for the detailed description of the Youth Indicators Project – Phase II that follows. These subsequent sections describe the approach taken, the findings generated, a discussion of the implications of the findings, lessons learned and possible limitations and finally, a number of recommendations for future work.

2 HISTORY OF THE PROJECT – Phases I & II

In January 2004 Health Canada convened a Youth Cessation Roundtable to discuss current issues in youth cessation research, programming and evaluation, with the objective of bringing together key stakeholders to determine the next steps for the youth cessation agenda. A committee charged with reviewing project ideas generated as a result of the Roundtable subsequently proposed a two-phased project to improve our understanding of the nature and process of tobacco smoking cessation among youth. Phase I of the initiative aimed to develop a common set of definitions for youth cessation. Phase II would involve the specification and development of a minimum data set for evaluation of youth cessation initiatives.

Engaging in the Roundtable process and subsequent discussion with expert researchers in the field led to the realization that not only has there been a lack of information on the effectiveness of youth tobacco cessation programs, but that, even more fundamentally, we have lacked a clear and shared understanding of what measures are and have been used, what the strengths and limitations of these measures are, and what measures should be considered for which applications. Consequently, the organization of the process needed to be reconfigured. The first phase background work included (1) developing a logic model to identify behaviours and associated indicators, (2) documenting what measures of youth cessation are available, (3) making recommendations on which measure to adopt, and (4) identifying key measurement issues where additional work is needed. Project investigators submitted their background paper describing this work to Health Canada in (Copely, Lovato & Manske, April 2006).

In June 2006, Health Canada again made funds available through a Grants and Contributions agreement to continue the work of this project. This second phase (i.e. Youth Indicators Project – Phase II) would include consultation with youth in combination with expert review and consensus building in order to validate the indicators and measurement items identified in the background paper.

We anticipate that establishing a standardized set of core indicators and measurement items will ultimately be of great value to tobacco control practitioners, decision-makers and researchers at all levels of community, government and academia across Canada and beyond.

The activities of the various phases of this multi-phase project are perhaps more easily identified in a flowchart format as presented in Table 1.

Table 1: Youth Indicators Project Flowchart

Activity
Youth Indicators Project – Phase I
Develop a logic model as a heuristic for youth cessation
Review measurement items for tobacco cessation used in intervention and surveillance programs <ul style="list-style-type: none"> Based on a review of published scientific literature, as well as information gathered from key individuals from Canada and the US who were identified as national experts
Identify a recommended set of indicators and measurement items for evaluation <ul style="list-style-type: none"> Set includes: 1) validated core items 2) items showing promise but needing further testing, 3) non-core (optional) items, and 4) gaps in the items
Identify a set of key measurement issues <ul style="list-style-type: none"> Summarizes the relative strengths and limitations of identified measures
Identify a set of recommendations and key questions that can be used to develop consensus regarding a core set of items for evaluations studies and surveillance.
Youth Indicators Project – Phase II
Consult with youth to gather youth input on recommended items and measures
Convene Expert Workshop to provide an overview of the background work and youth feedback in order to garner expert input on the recommended items and measures
Conduct consensus building process to establish a set of recommended measurement indicators and items to be included in a minimum data set
Future Work
Conduct an examination of process measures to identify core items to be included in the minimum set
Develop an actual survey based on the current recommendations
Pilot-test survey in a community setting
Work towards consensus on core set of indicators and items based on new learning
Develop a plan for the promotion of the indicators and the data set
Identify priorities for research

3 APPROACH – Phase II

There are two main components of the Youth Indicators Project – Phase II:

1. Youth consultation sessions conducted in five locations across Canada to solicit youth input regarding the core indicators and measurement items; and
2. Expert review and consensus building process involving researchers, decision-makers and practitioners to discuss and validate the indicators and measurement items based on the recommendations made in the background paper as well as the findings from the youth consultations.

3.1 Youth Consultation Sessions

The youth consultation sessions were conducted with the primary intent of gathering youth feedback on the recommended core and optional items identified in the background paper. Secondly, the project team wanted youth input on attitudes about smoking and language used to describe smoking/quitting behaviour.

CTCRI arranged a sub-grant agreement with Grace Maddox Associates Inc. to conduct the youth consultation sessions. The project manager and key investigators collaborated with the research firm to determine recruiting specifications (Appendix A), develop the discussion guide (Appendix B) and measurement tool (Appendix C1 & C2) and to provide feedback throughout the consultation process.

The project manager worked closely with the consultant to ensure that the sessions with the youth were conducted as intended. Groups of youth aged 13-18 who smoke or who had quit were convened in five locations across the country. Two standard focus groups were conducted in each location including: Burnaby, British Columbia; Calgary, Alberta¹; Barrie, Ontario; Québec City, Québec; and Moncton, New Brunswick. Groups were conducted in English in four locations and in French in Québec City. Youth from a mix of urban and rural locations participated. In each location, the consultant formed two groups based on grade: 1) respondents in grades 9 and 10; and 2) respondents in grades 11 and 12. We targeted group size at 8 participants aiming for a total sample of 80 participants. The principal consultant of the research firm facilitated the youth consultations in the four English speaking locations and hired a French speaking facilitator to conduct the sessions in Québec.

During the consultation sessions, the consultant asked youth to talk about their perception of what it means to be a smoker, and to share their experiences of smoking and attempts to quit smoking. Youth also completed a set of questions i.e., the “measurement tool” that was made up of seven variations of the core and optional items from the background paper. The facilitators solicited feedback from the youth as they completed the questions. This task assessed how easy or difficult youth found it to understand and answer the questions and whether the questions were appropriate for measuring what they intend to measure. As well, the facilitator asked respondents for their overall opinions about the measurement tool and to identify potential changes that would help to improve it.

¹ In Calgary, due to poor show rates and tardiness of respondents, two dual interviews and one focus group were conducted.

3.2 Expert Review Workshop and Consensus Building Process

The expert review workshop and consensus building process provided an opportunity for experts from across North America to gather together to consider and discuss the findings from the youth consultation sessions as they related to the questions identified in the background paper. The expert review workshop and consensus building process had five primary objectives:

1. To reach consensus on core indicators and questionnaire items to evaluate smoking cessation interventions for youth;
2. To identify parameters/conditions under which the core items are appropriate;
3. To develop recommendations for additional indicators for interventions for young people who smoke;
4. To develop recommendations for a research agenda to address gaps in smoking cessation outcome evaluation; and
5. To develop recommendations for promoting the adoption of these indicators and items.

A sixth secondary objective was added (time permitting):

6. Identify process indicators that reflect program experience.

The project team established a list of potential experts to invite to participate in the expert workshop and consensus building process. Experts were selected initially from those individuals who provided advice on the background paper, all of whom had a wealth of experience conducting youth cessation evaluations or having responsibility for youth cessation related policy. Twenty-one experts from Canada and the United States were invited to participate in the one day workshop and follow-up consensus building exercises. The invitation list included six US experts and 15 Canadian experts (three of whom represented Health Canada). Additional invitees included the three Phase II investigators, the project manager, a CTCRI representative; and one presenter (Grace Maddox).

The principal investigator of the Youth Indicators Project – Phase II (Dr. Steve Manske) facilitated the workshop. The project team worked collaboratively to prepare the materials for the workshop including a pre-workshop mail-out of relevant material, a Facilitator’s Guide (Appendix D), worksheets for documenting small-group work (Appendix E) and a Feedback Questionnaire for participants to complete at the end of the workshop (Appendix F).

The workshop agenda included two presentations and small group work. Tobin Copley provided an overview of Phase I of the project (i.e. development of the background paper). Grace Maddox highlighted process and results of the youth consultation sessions. Experts incorporated these findings into their discussion of indicators and measurement items in the small group work session that followed.

The project team reviewed and summarized work completed at the expert workshop. These summaries of workshop output are included as appendices including: an overview of the workshop outcomes (Appendix D); a Summary of Small Group Work on Indicators and Measurement Items (Appendix G); and a synthesis of Responses from the Feedback Questionnaire (Appendix H). The experts received electronic copies of the overviews and summaries for their review, comments and approval as the next step in achieving consensus on the recommendations for the indicators and measurement items. Subsequently, the project team again synthesized the expert feedback and held a series of structured discussions to ensure that the measures addressed the purpose of the project, which is to create questions suitable for evaluation of youth cessation interventions. These recommendations are presented below.

4 FINDINGS – Phase II

4.1 Youth Consultation Sessions

A total sample of seventy-three youth ages 13-18 participated in youth consultation sessions in five locations across Canada in September and October, 2006. Table 2 describes participants by age, gender and smoking status. Of the seventy three youth, 36 were males and 37 were females; 49 were smokers and 24 were former smokers; 33 youth were in Grades 9 and 10 (13-16 years) and 40 youth were in Grades 11 and 12 (15-18 years).

Table 2: Demographic Characteristics of Youth Consultation Session Participants

	Burnaby, BC	Barrie, ON	Quebec City, QC	Moncton, NB	Calgary, AB
Grades 9 and 10	6	8	7	8	4
• Ages	13-15	14-16	14-16	13-15	14-16
• Male/Female	2M/4F	5M/3F	3M/4F	4M/4F	2M/2F
• Smoker/Past-Smoker	6 Smokers	4 Smokers 4 Past-Smokers	5 Smokers 2 Past-Smokers	5 Smokers 3 Past-Smokers	3 Smokers 1 Past-Smoker
Grades 11 and 12	9	8	8	8	7
• Ages	15-18	16-18	15-18	16-18	16-17
• Male/Female	5M/4F	4M/4F	4M/4F	4M/4F	3M/4F
• Smoker/Past-Smoker	8 Smokers 1 Past-Smoker	4 Smokers 4 Past-Smokers	4 Smokers 4 Past-Smokers	6 Smokers 2 Past-Smokers	4 Smokers 3 Past-Smokers

Upon completion of the five consultation sessions, the research consultant prepared and submitted a report of the findings to the project team (Appendix I). These findings reveal that, in general, youth prefer questions that are clear, succinct and non-repetitive. Asking youth to recall their smoking behaviour with specificity in terms of when and how much they smoked seemed to frustrate the youth and cause them to abandon any efforts to make reasonable or realistic estimates about their smoking or quitting behaviour. Suggestions for ways to improve the specific measurement items that the youth were asked to answer in a survey format reflected this preference for clarity, brevity and ease of completion. Table 3 summarizes the observations, suggested guidelines and recommendations specific to the measurement questions as derived from the consultant's report.

Table 3: Youth Consultation Session Feedback

Type of Feedback	Summary of Comments
Overall observations and suggested guidelines for the development of measurement questions	<p><i>1. Language</i></p> <ul style="list-style-type: none"> In general, youth prefer questions with fewer words and clear instructions Many youth do not read the questions carefully or completely, often missing steps or information Youth did not consider taking “puffs” or “drags” or partial cigarettes as having smoked. Youth prefer formats and visual presentations that are familiar and do not require explanation (e.g., “the wheel” was confusing). Provide definitions of potentially confusing terms (e.g. “smoking cigarettes”) at the beginning of the questionnaire. Use these terms consistently throughout. <p><i>2. Estimating Smoking Behaviour</i></p> <ul style="list-style-type: none"> Many youth do not know how many cigarettes they smoke on a daily basis; they find it difficult to think back more than a few days. Asking for detail that youth perceive as being too specific (e.g. how many cigarettes smoked on a given day) is unrealistic and frustrating. Youth appear to be more comfortable thinking in terms of ranges or averages when describing smoking behaviour. Many respondents tend to calculate the amount that they smoke in terms of packs (particularly the frequency of purchasing packs) rather than individual cigarettes smoked.
Recommendations for specific Measurement Items	<p><i>1. Past 7 Days Smoking— The Wheel and Chart</i></p> <ul style="list-style-type: none"> Use a chart format that requires the respondent to start on the left as per the normal way of reading English and French. Use actual day names (e.g., Monday) if possible versus designators like “1 day ago”. Keep instructions as brief and to the point as possible. Consider elimination altogether of a daily count in favour of a question about daily or weekly averages. <p><i>2. Past 30 Days Smoking (Frequency of smoking) - Question 2</i></p> <ul style="list-style-type: none"> Clarify if part cigarettes should be included in the count or if only full cigarettes are intended to be counted. <p><i>3. Past 30 Days Smoking (Quantity smoked)- Question 3</i></p> <ul style="list-style-type: none"> Include “on average” in the question: “How many cigarettes did you smoke per day on average?” Modify the second option in the response list to “one cigarette or less per day”. Eliminate repetition of “per day” from potential responses and highlight it in the question portion instead. <p><i>4. Impact of Stop-Smoking Program Question 4 /5</i></p> <ul style="list-style-type: none"> Clarify the intent of the question Simplify the question wording. Make it straightforward and concise. Youth are most familiar with the terms “quit”, “quit smoking”, and “quit smoking programs”. Consider using these terms instead of “stopped smoking” and “stop smoking program”. Consider using a timeframe of more than 3 days. Consider whether question 6 provides the intended information in a way that is more meaningful and understandable to teens. Consider eliminating questions 4/5 completely. Alternatively, consider a more direct question such as “How many attempts have you made to quit smoking?” Others recommended a series of questions such as “How many attempts have you made to stop smoking (since joining the program)?” and “Are you still trying to quit smoking?” along with questions 6, “What is the longest time....?” as a better way to measure the success of a quit smoking program. <p style="text-align: right;"><i>Continued on next page</i></p>

Type of Feedback	Summary of Comments
	<p>5. <i>Question 6</i></p> <ul style="list-style-type: none"> • Simplify the question • Provide one line for the answer and allow them to identify the time frame that is most relevant to them. (Respondents claimed that they would naturally identify whether their answer was in days, weeks or months.) Alternatively, “days/weeks/months” could be provided beside the answer line with instructions to circle the timeframe that applies. <p>6. <i>Question 7</i></p> <ul style="list-style-type: none"> • For the French version of the question, include the English word “puffs” in brackets along with the word “bouffee” for greater clarity. • Consider shortening potential responses (e.g., 7 to 12 months vs. “<i>Not during the past 6 months but sometime during the past year</i>”).

4.2 Expert Review Workshop and Consensus Building Process

Experts attended a one-day workshop in Toronto on November 16, 2006. Twenty one individuals participated in the workshop including:

- 4 of 6 invited US Experts;
- 12 of 15 invited Canadian Experts (including 3 Health Canada representatives);
- 2 of 3 key investigators (1 absent due to illness);
- 1 project manager (PHR);
- 1 CTCRI representative; and
- 1 presenter.

Through a process of extensive review, discussion and consensus building exercises, experts from the United States and Canada succeeded in making recommendations for a set of four core measurement items to be included in a minimum data set. Experts also succeeded in reaching major agreement (but not consensus) about the inclusion of “quit attempts” as a required core indicator for a minimum data set suggesting that assessing quit attempts does require a set of hierarchical questions. *Minimal* agreement was reached on the use of “time since last cigarette” as a core indicator for inclusion in a minimum data set for evaluation of cessation interventions. This question is better suited to surveillance than program evaluation.

Table 4 summarizes the experts’ extent of agreement with the inclusion of the various recommended indicators and measurement items. Table 5 provides a summary of experts’ recommendations based on the extent of agreement described in Table 4. See Appendices J and K for a detailed description of experts’ feedback. The Appendices contain suggested changes to measurement items and suggestions for further testing for recommended and non-recommended items.

Table 4: Summary of Expert Agreement on Recommendations for Core Indicators and Measurement Items

Indicator/Original Item(s) to Measure Indicator	Recommendations for (Revised) Item(s) to Measure Indicator	Extent of Agreement # experts who agreed to live with item
Seven day prevalence		
1. "How many cigarettes did you smoke each day?" (using the Chart and the Wheel)	QA. Think back over the past 7 days. On how many days did you smoke cigarettes, even a puff? <input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 6 days <input type="checkbox"/> all 7 days	QA: 16 of 16 ²
	QB. Think back over the past 7 days. On the days you smoked, how many cigarettes did you smoke per day on average? ___ Average # of cigarettes per day (past 7 days)	QB: 16 of 16 ²
Thirty day prevalence		
2. During the past 30 days, on how many days did you smoke?	QC. Think back over the past 30 days. On how many days did you smoke cigarettes, even a puff? <input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20-29 days <input type="checkbox"/> All 30 days	QC: 16 of 16
3. a) During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? b) During the last 30 days, on the days you smoked, how many cigarettes did you typically smoke per day on average?	QD. Think back over the past 30 days. On the days you smoked, how many cigarettes did you smoke per day on average? <input type="checkbox"/> I did not smoke cigarettes during the past 30 days. <input type="checkbox"/> One or more puffs but less than one cigarette per day. <input type="checkbox"/> 1 to 5 cigarettes per day <input type="checkbox"/> 6 to 10 cigarettes per day <input type="checkbox"/> 11 to 15 cigarettes per day <input type="checkbox"/> 16 to 20 cigarettes per day <input type="checkbox"/> More than 20 cigarettes per day	QD: 16 of 16 <i>Continued on next page</i>

² See Appendix J for summary of comments and suggestions for further testing required.

Indicator/Original Item(s) to Measure Indicator	Recommendations for (Revised) Item(s) to Measure Indicator	Extent of Agreement # experts who agreed to live with item
Quit attempts		
<p>4. a) Since you started the stop-smoking program, how many times have you stopped smoking for one day or longer because you were trying to quit smoking?</p> <p>b) Since you joined the stop-smoking program, how many times have you stopped smoking cigarettes for one day or longer because you were trying to quit smoking permanently?</p> <p>5. Since you joined the stop-smoking program, how many times have you stopped smoking cigarettes for one week or longer because you were trying to quit smoking permanently?</p> <p>6. a) Since you started the stop-smoking program, what is the longest number of days in a row that you have gone without smoking cigarettes?</p> <p>b) Since you started the stop smoking program, what is the longest time you have gone without smoking cigarettes?</p>	<p>Do you think that assessing quit attempts requires a set of hierarchical questions such as these?</p> <p>Section 1 (Assess whether still quit): QE1. Since the end of the program, have you smoked a cigarette, even one puff? If NO, then record as quitter and end. If YES, GO TO Section 2.</p> <p>Section 2 (Assess smoking situation): QE2. When you smoked, did you smoke a whole cigarette or one or more puffs? 1. Whole cigarette 2. One puff 3. > 1 puff but < cigarette</p> <p>QE3. At the present time, do you smoke cigarettes every day, occasionally or not at all? 1. Every day 2. Occasionally 3. Not at all (Go to section 3)</p> <p>QE4. In the past 30 days, did you smoke any cigarettes? 1. Yes 2. No (Go to section 3) <i>NOTE: Assess via QC (above)</i></p> <p>QE5. During the past 30 days, did you smoke every day? 1. Yes 2. No <i>NOTE: Assess via QC (above)</i></p> <p>QE6. On those days when you smoked, on average, how many cigarettes did you smoke? <i>NOTE: Assess via QD (above)</i></p>	<p>QE: 11 of 16³</p>
Time since last cigarette		
<p>7. When was the last time you smoked a cigarette, even one or two puffs?</p>	<p>QF When was the last time you smoked a cigarette, even one or two puffs?</p> <p><input type="checkbox"/> I have never smoked even one or two puffs</p> <p><input type="checkbox"/> Earlier today</p> <p><input type="checkbox"/> Not today but sometime during the past 7 days</p> <p><input type="checkbox"/> Not during the past 7 days but sometime during the past 30 days</p> <p><input type="checkbox"/> Not during the past 30 days but during the past 6 months</p> <p><input type="checkbox"/> Not during the past 6 months but sometime during the past year</p> <p><input type="checkbox"/> 1 to 4 years ago</p> <p><input type="checkbox"/> More than 4 years ago</p>	<p>QF:13 of 16³</p>

³ See Appendix K for summary of comments and suggestions for further testing required.

Table 5: Summary of Expert Recommendations for Core Indicators and Measurement Items

Level of Agreement	Indicators & Measures
Consensus Achieved	<p>1. Seven day prevalence</p> <p>A. Think back over the past 7 days. On how many days did you smoke cigarettes, even a puff?</p> <p><input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 6 days <input type="checkbox"/> all 7 days</p> <p>B. Think back over the past 7 days. On the days you smoked, how many cigarettes did you smoke per day on average?</p> <p>_____ Average # of cigarettes per day (past 7 days)</p>
	<p>2. Thirty day prevalence</p> <p>C. Think back over the past 30 days. On how many days did you smoke cigarettes, even a puff?</p> <p><input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20-29 days <input type="checkbox"/> All 30 days</p> <p>D. Think back over the past 30 days. On the days you smoked, how many cigarettes did you smoke per day on average?</p> <p><input type="checkbox"/> I did not smoke cigarettes during the past 30 days. <input type="checkbox"/> One or more puffs but less than one cigarette per day. <input type="checkbox"/> 1 to 5 cigarettes per day <input type="checkbox"/> 6 to 10 cigarettes per day <input type="checkbox"/> 11 to 15 cigarettes per day <input type="checkbox"/> 16 to 20 cigarettes per day <input type="checkbox"/> More than 20 cigarettes per day</p>
Major Agreement	That quit attempts are a required core indicator for a minimum data set and that assessing quit attempts requires a set of hierarchical questions.
Minimal Agreement	With the use of this question as written for inclusion in a minimum data set for evaluation of cessation interventions. This question is better suited to surveillance than program evaluation.

4.3 Reporting and Evaluation

As part of the agreement, the project manager prepared summary reports from the youth consultation sessions and the expert review workshop and submitted these to Health Canada through the course of the project.

To assess the process of the project, the principal investigators and the research consultant hired to conduct the youth consultation sessions provided evaluative comments which are summarized below.

4.3.1 Youth Consultation Sessions

The project manager conducted a telephone interview with the facilitator following the youth consultation sessions (November, 2006), to determine whether the consultative process employed in this project was successful relative to similar projects conducted by the research firm. The project investigators also provided feedback in this regard. Appendix L summarizes the feedback.

Overall, the facilitator felt that this was a successful consultative process relative to similar projects that they have been involved in. She cited ongoing communication and collaboration between the consultant and the project team as real strengths to the process. Challenges centred around 1) recruitment of participants as per the specifications; and 2) complexity of the content and wording of the questions in the measurement tool. Future work might consider using a one-on-one interview format rather than focus group methodology.

The project investigators also felt that this was a successful consultative process relative to similar projects that they have been involved in. They were particularly pleased with the amount and richness of the feedback obtained; the national scope of the consultations and the flexibility of the interaction in the focus groups. The investigators shared the consultant's concern about the difficulty of recruiting sufficient numbers of youth - particularly former smokers - to participate in the sessions. Future efforts such as this should attempt to recruit youth who are actively involved in a quit smoking program or at least have experience of involvement in such a program.

4.3.2 Expert Workshop and Consensus Building Process

A guided discussion during a face-to-face meeting of the investigators provided feedback about the appropriateness of the workshop and consensus building formats for achieving the objectives of the project. This feedback is summarized in Appendix M.

The investigators endorsed the expert review workshop as an appropriate method for obtaining expert input on the core indicators and measures. They felt more than one day would have allowed greater progress toward the workshop goals. The workshop was thought to have had good international representation of the best experts available representing research, surveillance, decision-making and practice in youth smoking cessation. The background paper provided a solid foundation on which to base discussion. It is recommended that for future phases of the project, the workshop be extended to two days separated by consensus building exercises in between. Offering two separate honoraria for involvement in both the workshop and the consensus building exercises may help to facilitate the process of obtaining expert feedback between workshop days. In addition, future work could benefit from the involvement of proportionately more practitioners i.e. individuals who will be actually using the tool(s) to measure the success of their respective programs and/or interventions.

The consensus building exercises conducted as a follow-up to the workshop were thought to be appropriate but only somewhat successful. While the separation of the workshop and follow-up did allow time to consider and synthesize the findings it also made it somewhat more difficult to achieve consensus with the geographic distances, slow responses and inability to discuss in synchrony (i.e. less possible for an open discussion). As mentioned above, it would be best to have an iterative process including an initial meeting (workshop), time to work with results of the workshop, followed by electronic communication with participants and then a second, consensus-building workshop. It would also be good to consider the potential use of video-conferencing for future projects to reduce time demands on participants.

5 DISCUSSION

5.1 Implication of Findings

5.1.1 *Recommended Measurement Items*

For the most part, we were successful in achieving our goal of reaching consensus on a set of core indicators and measures for evaluation of youth smoking cessation interventions. That is, 16 experts from Canada and the United States unanimously agreed that four of the six recommended measurement items should be included in a minimum data set to measure Seven Day and Thirty Day Prevalence. This support is contingent on the precept that the items need to be tested in a “real world setting”.

While there was substantial support for the remaining indicators and items, experts did not agree unanimously. Consequently, further work remains to achieve this consensus. This minimal level of disagreement may stem from the different perspectives brought to the table by the various participating experts. For example, research and surveillance experts have different goals from evaluation, and it is challenging to bring these different perspectives together. We know that different people speak different ‘*languages*’, an effective consensus building process therefore takes intensive and sustained interaction to ensure shared understanding and commonality.

The experts did not reach consensus on whether or not a set of hierarchical questions should be used to assess quit attempts. Hierarchical questions such as these help reduce response burden. While experts expressed general support for the principle of a hierarchy of items, the set of items considered in this consensus building exercise did not match the other core items. Ultimately, there was insufficient opportunity during the timeframe of this phase of the project to consider the proposed items within the context of other core measures.

Similarly, the experts did not reach consensus on the inclusion of the recommended item measuring “time since last cigarette”. Most experts supported the item for inclusion in a minimum data set for use in research and surveillance. If this question is used to evaluate smoking cessation interventions however, the wording would need to vary on pre and post program questionnaires. The follow-up questionnaire would need to ask the question in terms of “time since quit date” vs. “time since last cigarette”. Also the response options would need to be less than or equal to the length of time since the quit date. Expert discussion of this item focused largely on the preference for and value of survival curves. If a large set of data was being collected, then it would definitely be desirable to have a question which permits sufficient resolution to plot a survival curve. The incremental return on investment for community-based programs however, is too small to recommend this level of evaluation. Consequently, using survival curves to measure smoking behaviour is not practical or useful in meeting our immediate needs. In the future, however, with the existence of a national data base, survival curves would be tremendously helpful. We should work toward this circumstance.

5.1.2 *Core and Optional Items*

Ultimately, the recommended core questions are intended to form the basis of a minimum data set for the purpose of outcome evaluation. As understanding of youth cessation grows, new core indicators and items may enhance the utility of the minimal data set. Optional items, for example, around process would also enhance evaluation. Surveillance and research purposes may require additional core and optional items specific to their needs.

5.1.3 Expert Representation

Overall, the expert workshop and consensus building process benefited from the participation of experts from a range of perspectives including evaluation, surveillance and research. The slight over-representation of the research community reflects the importance of establishing scientifically sound measures at the outset so that the experts in program development and implementation can effectively utilize the questions in the context of their programming. Consequently we will need to reassess the practical aspects of implementing these core indicators and measures in an evaluation context. Future work could therefore benefit from the involvement of proportionately more expert practitioners.

5.1.4 Youth Representation

The involvement of youth in this project was limited to the youth consultation sessions. Youth input was certainly discussed, considered and incorporated into the process of expert review and consensus building but youth were not actively part of the workshop and follow-up. Consequently we had inadequate means of keeping that youth input constantly in front of the experts to ensure that the youth perspective was well-represented.

Some of the suggestions made in the report from the youth consultation sessions were addressed immediately in the proposed set of recommended items e.g., the wheel was removed as an item. The remaining youth suggestions (formatting, wording in youth friendly way) will require further testing. The preferences of youth sometimes conflict with the needs of evaluators. Such conflicts may never be resolved because they may compromise evaluators' ability to collect the information that will be useful to evaluators. The youth perspective on the questionnaire was how to make it easier for the respondent, not necessarily more useful.

5.2 Lessons Learned

5.2.1 Youth Consultation Sessions

While it was very beneficial to hire a consulting firm to conduct the youth consultation sessions, there would also have been some advantage to conducting these focus groups ourselves. The main advantage would have been that the project team would have had the opportunity to be directly involved with the data gathering and analysis and hence be able to speak more directly to needs of youth in subsequent steps in the project.

5.2.2 Expert Workshop and Consensus Building

The expert workshop format should have been extended to two days with time for consensus building exercises in between.

5.2.3 Project Team Work

Project work was conducted almost entirely via email and teleconference. The project team would have benefited from additional face-to-face meetings throughout the course of the project. Three face-to-face meetings in total (could be piggy-backed on to workshops) would likely be adequate.

5.3 Limitations

5.3.1 Process Measures

Youth Cessation Indicators – Phase II primarily focused on the identification of core indicators and measurement items for use in outcome evaluation. We did not address process evaluation questions in this project and we recognize that many communities of practice will have important issues related to

process which will be necessary for the development and improvement of their smoking cessation programs.

5.3.2 Context

Similarly, we did not address issues about the specific context in which cessation occurs (e.g., motivation for quitting). For instance, youth might have left for the summer where they are not in contact with friends and are at a cottage under supervision of parents, without access to tobacco.

5.3.3 Absence of a Complete Survey

Ultimately, we have a good set of questions, but do not necessarily have a complete survey yet. If we simply ‘market’ these questions as they exist, they could be implemented ineffectively. In addition, feedback from the youth revealed a general dissatisfaction with the appearance of the survey/measurement tool.

5.3.4 Follow-up with Youth and Experts

Constraints of budget and time led to less-extensive follow-up with both youth and experts than is ideal. For example, youth involvement consisted of one-time participation in a youth consultation session. Follow-up with our group of experts was limited to one-time electronic feedback opportunity which did not include the final version included in this report.

6 RECOMMENDATIONS

6.1 Indicators and Items for a Minimum Data Set

Use the four agreed upon indicators/items in a minimum data set for youth cessation intervention evaluation subject to the following parameters:

1. test first in “real world setting”;
2. test wording; and
3. test format (i.e. categorical vs. open-ended).

6.2 Next Steps

6.2.1 Survey

Create an actual survey based on the current recommendations, and format it as it would be used in a “real world setting” taking into account issues such as timing of survey implementation i.e., pre and post (end of program, 3 month, 6 month etc) and changes to questions for pre and post assessment.

6.2.2 Pilot Test

Conduct a small pilot test in a few schools, evaluating a cessation program with pre-, post-test to refine the questions to improve utility and readability. This will need to include demographic questions.

6.2.3 Expert Workshop

Bring results from the refined survey and the pilot test into a workshop of the same expert participants, along with this final report. Keep youth and community expert perspective present in the workshop. This could be accomplished through their participation in part for the day, having

quotes from them on the walls, having a person tasked with ‘thinking of them’ through the day. Objectives for the workshop would be to: work towards consensus on the creation of a refined survey and implementation specifications; identification of evaluation research questions that reflect both efficacy and effectiveness issues; identification of priorities for research; identification of pre-requirement specifications for an evaluation question and data repository (i.e. brainstorm ideas that could be used to inform requirement specifications, for which a separate process is required, and which would need separate funding).

A subsequent expert review and consensus building process should include a variety of participants from different stakeholder groups providing a mix of perspectives including youth and program developer expertise. It is particularly important to do more than simply consult key stakeholders because it is easy to lose track of their input when considering other perspectives.

6.2.4 Process Evaluation

Engage experts in identifying and refining indicators and measures for youth smoking cessation process evaluation using a similar strategy of expert review and consensus building.

6.2.5 Evaluation Guide

Develop an evaluation guide to promote indicators and make them accessible for community users.

6.2.6 Communications Plan

Develop a communications plan for presenting the findings e.g. at the National Tobacco Conference.

6.2.7 Dissemination

Disseminate this report to all workshop participants and develop a plan for wider distribution as deemed beneficial.

6.2.8 Web Survey Constructor Application

Investigate further the possibility of using the World Wide Web as a host for core and optional items. Move beyond creating a simple repository of the items, to a site that could host the survey. Both commercial and freeware versions of such sites (e.g., Survey Monkey - <http://www.surveymonkey.com/>) exist. Alternatively, a customized application could be created.

Such a site would serve a variety of purposes. Evaluators, surveyors, and researchers who choose to utilize the survey at the site would obtain a set of results based on their own sample. Because the results contain the core questions, there is better opportunity for comparison across studies. In addition, the website could collect (with full awareness of participants) similar data from a wide array of interventions and surveys. In creating a broad data base of evaluation and survey results using standard indicators, there is greater opportunity to understand particular results.

Beyond the above uses, program evaluators would not have to construct their own evaluation survey, nor create an accessible host for the questionnaire. The site would permit customization by facilitating addition of questions specific to particular evaluation. Peer review of the added questions could be conducted periodically so that the best get added to the repository of questions; this could help to ensure a living set of core items. Grad students could use the data collected from these new questions to develop their own capacity and to contribute reports on the new questions to the peer review panel.

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