

# Cessation Evaluation in Rapidly Changing Times: Challenges and Opportunities

**Paula A. Keller, M.P.H.**  
Director of Cessation Programs  
ClearWay Minnesota<sup>SM</sup>

**Lija Greenseid, Ph.D.**  
Senior Evaluator  
Professional Data Analysts, Inc.

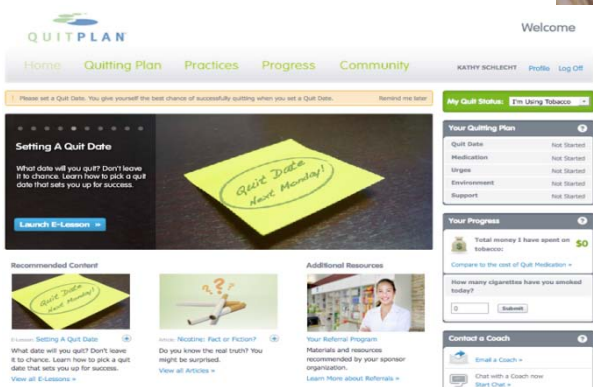
August 14, 2012

# Today

- Changing cessation service environment – Paula Keller
- Evaluation challenges and opportunities – Lija Greenseid
- Role of funders – Paula Keller
- Discussion

# The Changing Environment

# Cessation service innovations



# Increasing demand for services

## New graphic health warnings (Canada)



## National media campaign (U.S.)



# Changing smoker profile

- Smoking fewer cigarettes per day
  - Minnesota – average 12.2 cigarettes per day
- Non-daily smoking rates increasing
  - 21.8% nationally
- Increased dual use rates
  - Minnesota – 17.6% of smokers also use another non-cigarette tobacco product

# Limited Resources



# Challenges for funders

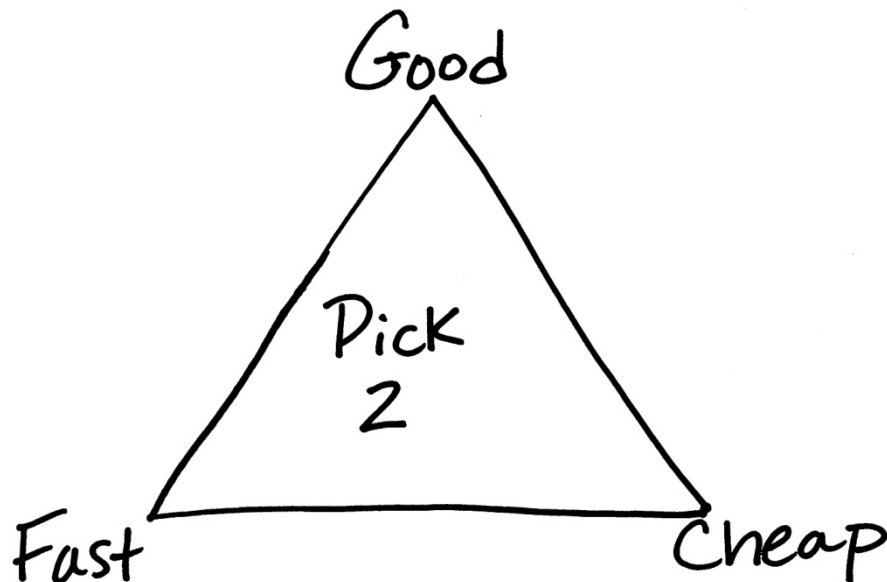
- What are the key evaluation questions that must be answered?
- Who needs the information?
- How can key questions be answered quickly and within budget?
- How can we best use and share this information given changing technology and the changing environment?



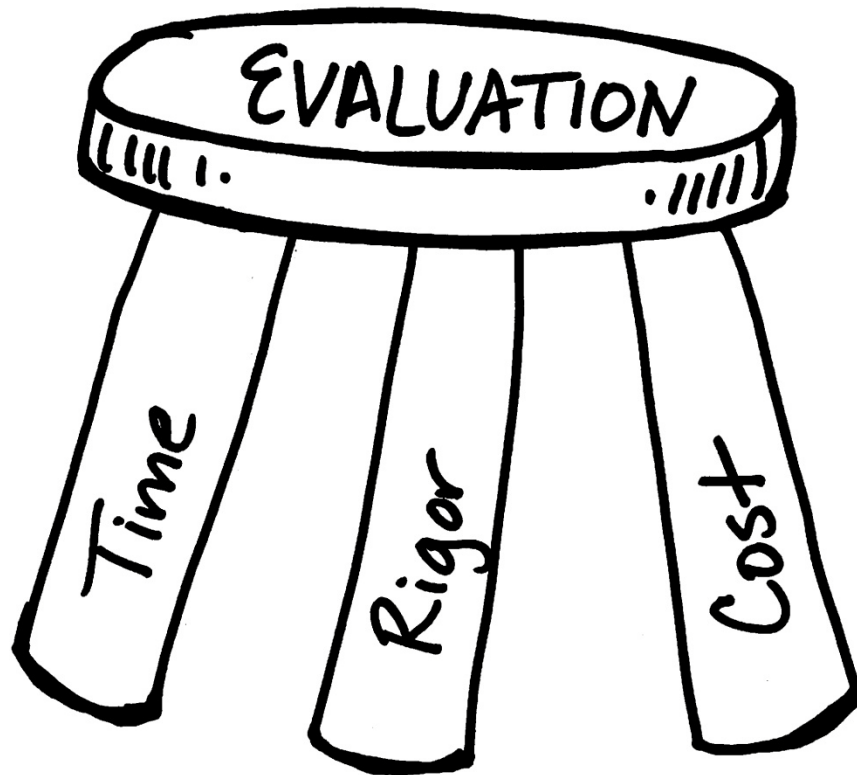
# Evaluation Challenges and Opportunities

# What we all want:

Highest quality evaluation  
at the lowest cost  
in the shortest time



# Evaluation challenge: Balancing the three legged stool



# Solution: Be strategic with evaluation

1. Define evaluation needs
2. Match questions and methods
3. Use existing data to explore questions
4. Mix quantitative and qualitative studies
5. “Dip into the stream” when collecting data
6. Start exploring “new” data sources

# Clearly define evaluation needs

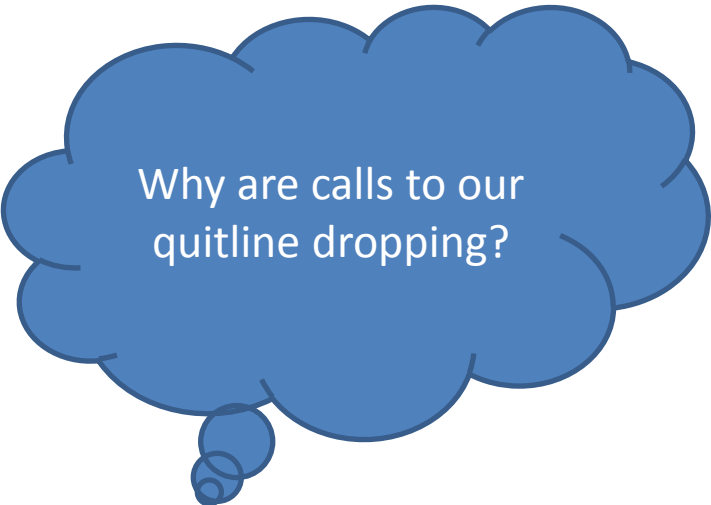
Move beyond “because CDC says we should evaluate...”

*What do you already know?*

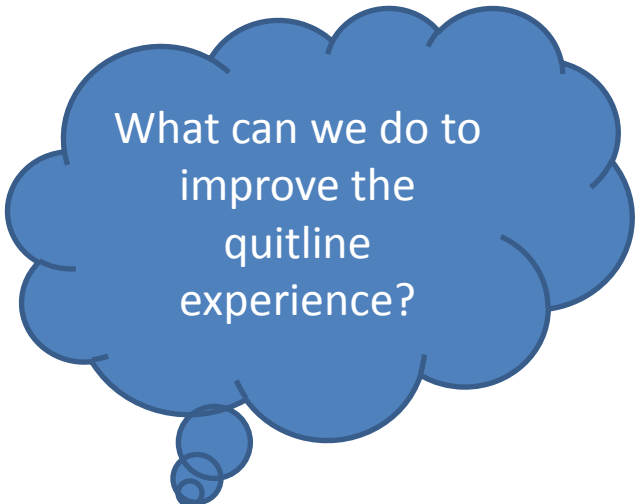
*What do you need to know?*

*What will you do with the information?*

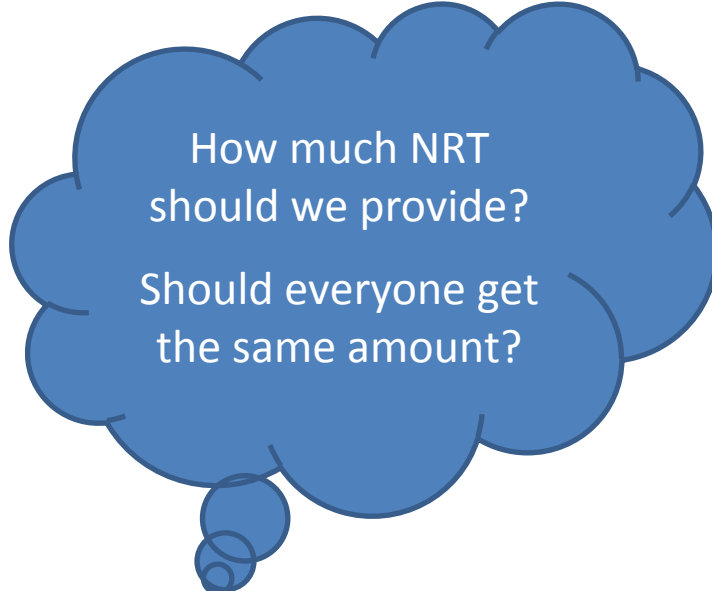


A blue thought bubble with a white outline and a small tail at the bottom left.

Why are calls to our  
quitline dropping?

A blue thought bubble with a white outline and a small tail at the bottom left.

What can we do to  
improve the  
quitline  
experience?

A blue thought bubble with a white outline and a small tail at the bottom left.

How much NRT  
should we provide?  
Should everyone get  
the same amount?

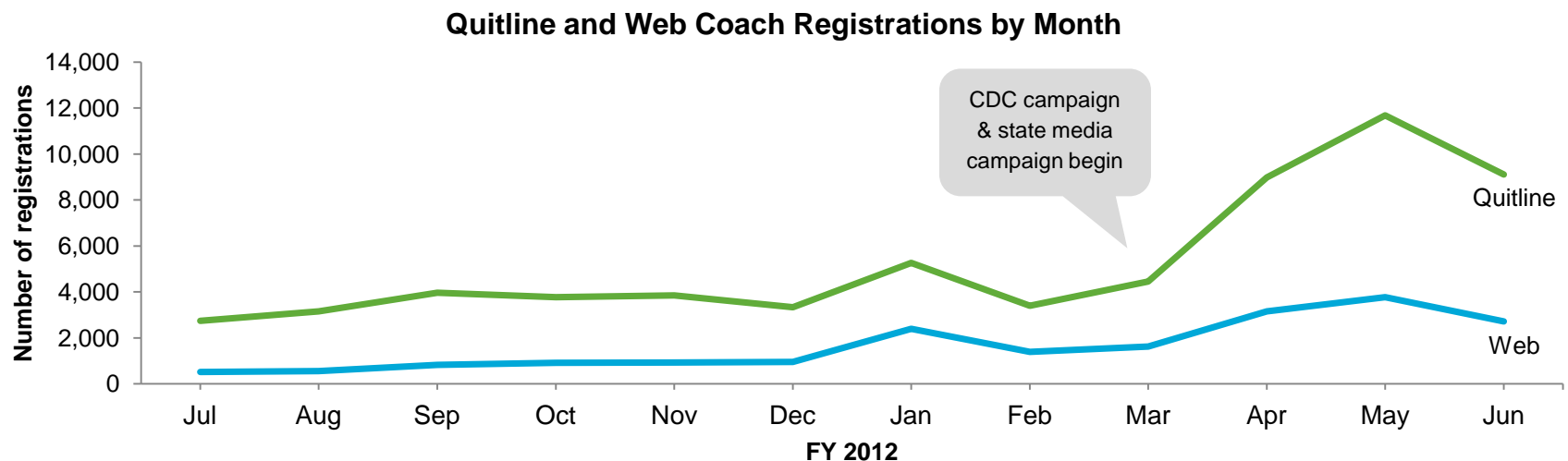
# Match questions and methods

Wide variety of data sources available:

- Call volume data
- Demographic and tobacco use data at intake
- Program utilization data
- Follow-up data post-enrollment (1 month, 3 months, 7 months)
- “New” data: Facebook comments, web forum postings, tweets

# Use Existing Data

- Monitor trends in program enrollments and utilization
- Use simple analyses to explore questions as they arise
- Decide if/when to dive deeper

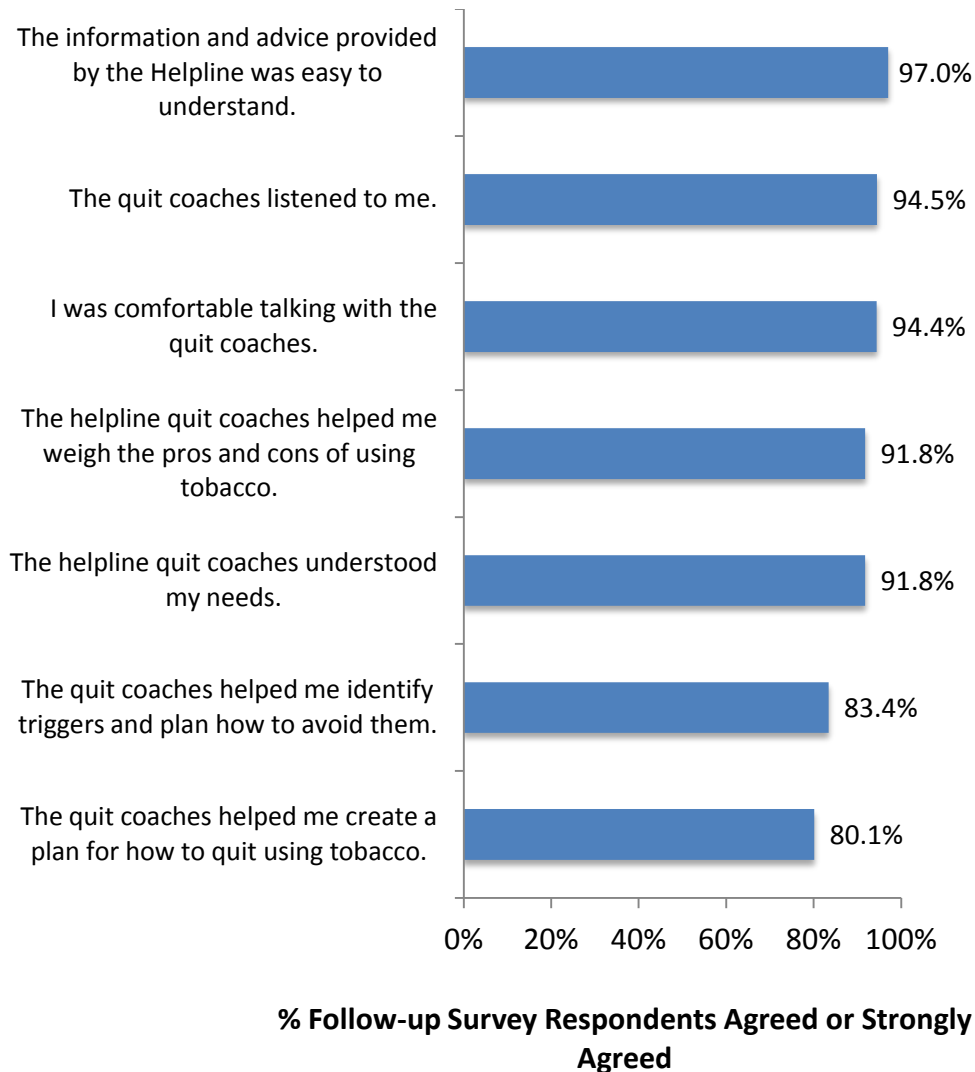




# Mix Quantitative and Qualitative

- Rigorous outcome surveys
  - Provide data to accurately assess program effectiveness to use for decision making
  - Take longer, cost more, and require greater technical skills
- Small-scale interview or survey studies
  - Quick and lower cost
  - In-depth picture of participant experiences at critical time points

## Quantitative Findings



## Qualitative Findings

“The coaches were **understanding**. They had been there before. They listened and they **didn’t rush you**. They were **not pushy**.”

“Program gave me **a lot of new information**. The counselor was **easy to talk with** and gave me a **new perspective** on smoking in general, which was excellent.”

“I get a ton of telemarketing calls and when we set a time for the coach to call me, **they never called me when they said they would**. So when they did call me back at different times I didn’t answer.”

# “Dip into the stream”

- Purposely go into the field to answer your questions
- Continuous, exhaustive follow-up surveys are rarely needed
- Random sampling can be more accurate than exhaustively surveying
- Cohort studies make sense in many cases

# Events that may trigger study

- Vendor changes
- Programmatic changes
- Tax increases
- Policy changes
- Media campaigns



**TIPS FROM  
FORMER  
SMOKERS**



Over 75% of people in Minnesota favor our new smoke-free law. Our health care providers have all said they care and worry about the health of their patients. They also care about the law. When people don't smoke there are around the health of their patients. We are in good luck to our health care providers and the people who work for them. We are in good luck to our health care providers and the people who work for them.

ClearWay  
MINNESOTA

# Start exploring “new” data



## Cherie

Yesterday was 3 weeks of no smoking, no patch.....nothing and I am doing good. I smoked for 42 years.



## Betsy

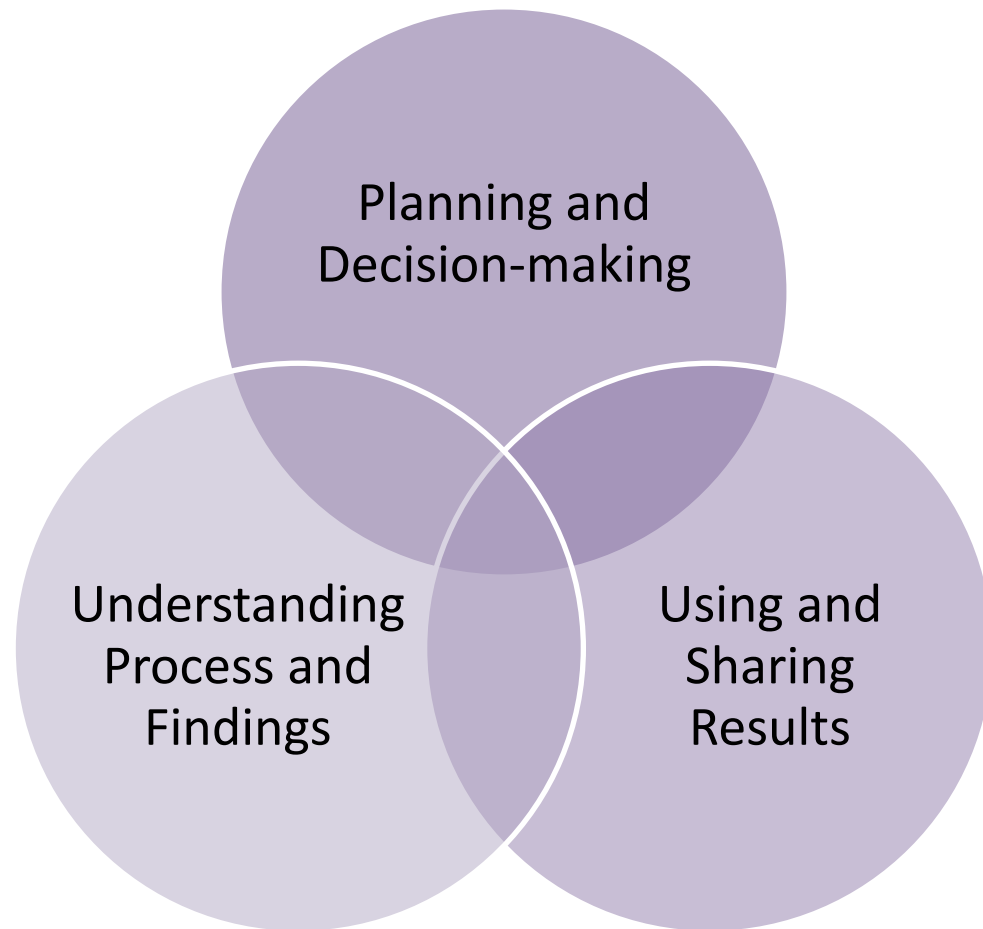
Congrats Cherie! I am on day four. No nicotine replacement therapy for me either. It's painful, but we can do this.

718  
people like this



# **Making the Most of Evaluation: a Funder's Perspective**

# Key Responsibilities



# Recommendations for Funders

- Focus on what's most relevant
- Acknowledge the political context
- Select methods that allow you to obtain (near) real-time data
- Use qualitative methods to better understand user experiences
- Allocate resources to both conduct the evaluation and use the results



# Conclusion

*As the pace of change accelerates, evaluation becomes even more critical to help understand technologies, improve programs and advance the field.*

**Thank you!**  
**Questions?**

## Contact Us

Paula Keller, M.P.H.

Director of Cessation Programs

ClearWay Minnesota

[pkeller@clearwaymn.org](mailto:pkeller@clearwaymn.org)

(952) 767-1400

[www.clearwaymn.org](http://www.clearwaymn.org)



Lija Greenseid, Ph.D.

Senior Evaluator

Professional Data Analysts, Inc.

[Lija@pdastats.com](mailto:Lija@pdastats.com)

(612) 623-9110

[www.pdastats.com](http://www.pdastats.com)

