



# Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation

An RWJF national program

*Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation* was a national program of the Robert Wood Johnson Foundation (RWJF) that ran from 2001 through 2009. Researchers at the University of Illinois at Chicago School of Public Health:

- Located and created an inventory of 756 tobacco-cessation programs for people ages 12 to 24 and surveyed 591 of those programs regarding their content, format, sponsoring organization, and characteristics of people served
- Evaluated 41 smoking-cessation programs serving youth ages 14 to 18 to identify factors associated with recruitment, retention and quit rates
- Identified and described programs that were sustained over time and those that were discontinued

In July, 2001, the RWJF Board of Trustees authorized the program for up to \$8 million for four years. The Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) co-funded the program.

## Context

There were at least 4 million smokers under age 18 in 2000. Although many young smokers wanted to quit, little was known about what strategies or programs would work best for them. Most evaluations of youth cessation programs were tightly controlled studies in which interventions were evaluated under optimal conditions. Less was known about the effectiveness of programs delivered in real-world settings.

## The Program

RWJF established *Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation* to identify, survey, and describe tobacco-treatment programs available to youth

and to evaluate youth-oriented cessation programs. RWJF Senior Scientist Tracy Orleans, PhD, says, “Most research to this point had been done in laboratories in which someone designed and compared two programs ... We wanted to look at programs already existing in the real world...”

*Helping Young Smokers Quit* consisted of three phases:

- In Phase I, researchers inventoried 756 smoking-cessation programs and surveyed 591 of them to determine their location, the population they served, and how accessible they were.
- In Phase II, researchers evaluated 41 programs to understand what factors were associated with recruitment, retention, and smoking quit rates.
- In Phase III, researchers determined how many programs identified in the inventory were operating three years later and identified new programs that had emerged in order to understand characteristics associated with sustainability.

## Overall Program Result

“Through *Helping Young Smokers Quit*, we demonstrated the feasibility of evaluating existing programs outside of a tightly structured randomized controlled trial,” said the program directors, Susan J. Curry, PhD, and Robin J. Mermelstein, PhD. “We developed a uniform, replicable process for finding and evaluating programs. We believe that this methodology could be used to identify and evaluate other real-world programs, such as weight control programs, as well.”

## Key Findings

Program Directors Curry and Mermelstein reported the following key findings in several journal articles, at conference presentations and in a personal interview:

- Surveyed programs displayed considerable homogeneity. Most were multisession, school-based group programs that served a modest number of youths per year. Program content included the same cognitive-behavioral elements found in evidenced-based adult programs, along with content more specific to adolescence.<sup>1</sup>
- There was little association between the content of a program and its outcomes, most likely due to the homogeneity of the programs.<sup>2</sup>

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<sup>1</sup> Curry SJ, Emery S, Sporer AK, Mermelstein R, Flay BR, Berbaum M, Warnecke RB, Johnston T, Mowery P, Parsons J, Harmon L, Hund L, Wells H. “A National Survey of Youth Tobacco Cessation Programs.” *American Journal of Public Health*, 97(1): 1–7, 2006. Available [online](#).

<sup>2</sup> Curry SJ, Emery SL, Mermelstein RJ, Sporer AK, Lee J, Segawa E, Pugache O and Berbaum M.”PowerPoint® Presentation. “Multi-level Predictors of Successful Quitting Behavior Among Adolescents in Community-based Smoking Cessation Programs.” Available [online](#).

- Community-based, real world, teen smoking-cessation programs that use evidence-based curricula and have written training manuals have outcomes equivalent to outcomes found in more tightly controlled, laboratory-type, studies.<sup>3</sup>
- By the end of the 41 evaluated programs, 74 percent of participating youth had tried to quit smoking and 14 percent had been abstinent for seven days.<sup>4</sup>
- When surveyed one year after entering a smoking-cessation program, 12.5 percent of youth reported they had not smoked within the prior 30 days.<sup>5</sup>
- When they completed the program, youth who were mandated into the treatment program had the same abstinence rates as youth who entered voluntarily, but mandated youth were less likely to be abstinent at the 12-month follow up.<sup>6</sup>
- There were few prospective predictors of program sustainability. The primary factor differentiating sustained from discontinued programs was demand for the program.<sup>7</sup>

## Afterward

*Helping Young Smokers Quit* ended in 2009. As of April, 2012 researchers had published 14 journal articles based on the program.

In 2008, the NCI awarded a five-year grant to Curry and Mermelstein for a four-phase study. It has allowed them to examine the Internet as a means to engage young adults ages 18 to 24 into Internet-based treatment and to track the long-term outcomes of young adults who participate.

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### Program Management

National Program Office: University of Illinois at Chicago School of Public Health

Program Directors: Susan J. Curry, PhD, Dean of the College of Public Health, University of Iowa and Robin J. Mermelstein, PhD, Director, Institute for Health Research and Policy, University of Illinois at Chicago School of Public Health

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<sup>3</sup> Personal interview

<sup>4</sup> Curry SJ, Mermelstein RJ, Emery SL, Sporer AK, Berbaum ML, Campbell RT, Flay B and Warnecke RB. “A National Evaluation of Community-Based Youth Cessation Programs: End of Program and Twelve-Month Outcomes.” *American Journal of Community Psychology*. Published online March 2012. Available [online](#).

<sup>5</sup> Ibid.

<sup>6</sup> Curry SJ, Emery SL, Mermelstein RJ, Sporer AK, Lee J, Segawa E, Pugach O and Berbaum M. PowerPoint® Presentation, “Multi-level Predictors of Successful Quitting Behavior Among Adolescents in Community-based Smoking Cessation Programs.” Available [online](#).

<sup>7</sup> Curry SJ. PowerPoint® Presentation, “Predictors of Sustainability for Community-based Adolescent Smoking Cessation Programs.” Available [online](#).

## CONTEXT

In 2000, there were at least 4 million smokers under age 18, according to the *National Blueprint for Action: Youth and Young Adult Tobacco-Use Cessation*, a consensus document produced by the Youth Tobacco Cessation Collaborative. Another 3,000 adolescents became regular tobacco users each day. At this rate, 5 million young people alive in 2000 would die prematurely of diseases related to tobacco use.

Research has found that many young people who smoke want to quit. Data from the RWJF-funded 2000 *National Youth Tobacco Survey* indicated that 55 percent of middle school and 61 percent of high school smokers wanted to stop smoking. Some 59 percent of high school smokers said they had seriously tried to quit at least once during the prior 12 months.

Despite many young smokers wanting to quit, little has been known about what strategies or programs would work best for them, according to researchers at the University of Illinois at Chicago School of Public Health.<sup>8</sup> Most evaluations of youth cessation programs were tightly controlled studies in which interventions were evaluated under optimal delivery conditions. Less was known about the effectiveness of programs delivered in real-world settings.

### RWJF's Interest in the Area

After five years of focusing on tobacco control, in 1995, RWJF stepped into the field of tobacco cessation, with the specific goal of increasing the use of clinically proven tobacco-dependence treatments as one part of its broader policy-based efforts to prevent and reduce population tobacco use. Over the next 15 years, RWJF invested more than \$77 million in major programs, grants and national leadership to increase access to, and use of, effective tobacco-cessation treatments that help smokers quit.

### ***A Three-Pronged Strategy***

RWJF's efforts to help people quit smoking used a three-pronged strategy:

- Science push: proving, improving and disseminating evidence-based cessation treatments
- Capacity building: increasing the capacity of providers, health care systems and community services to deliver effective treatments
- Market pull: increasing policy-maker and consumer demand for proven treatment options

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<sup>8</sup>Curry SJ, Mermelstein RJ, Sporer AK, Emery SL, Berbaum ML, Campbell RT, Carusi C, Flay B, Taylor K and Warnecke RB. "A National Evaluation of Community-Based Youth Cessation Programs: Design and Implementation." *Evaluation Review*, 34(6): 487–512, 2010. Available [online](#).

The focus of much of RWJF's initial work was adults, and RWJF staff realized that it knew little about effective interventions to help young smokers quit, according to RWJF Senior Scientist Tracy Orleans, PhD. To fill this gap, in 1998 RWJF joined other funders to form the [Youth Tobacco Cessation Collaborative](#). The collaborative, housed at the Academy for Educational Development, provides a forum for funders to eliminate duplication of effort, ensure that the full range of issues is addressed, develop strategies and monitor progress. See [Program Results Report](#) for more information about the collaborative.

In 2000, RWJF, the CDC and the NCI funded the National Youth Smoking Cessation Survey. Researchers surveyed 2,582 smokers ages 16 to 24 for two years to determine whether they tried to quit and to identify the quitting methods they used. See [Program Results Report](#) for information about the survey.

RWJF's work to address tobacco cessation is synthesized in a 2010 report, *More Than a Decade of Helping Smokers Quit: The Robert Wood Johnson Foundation's Investment in Tobacco Cessation*. One section is on cessation treatment for youth.

## THE PROGRAM

Prompted by the priorities of the Youth Tobacco Cessation Collaborative, RWJF established *Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation* to:

- Identify, survey and describe tobacco-treatment programs available to youth across the United States.
- Evaluate youth-oriented cessation programs to help understand what works.

“Most research to this point had been done in laboratories in which someone designed and compared two programs,” said Orleans. “Even if a program worked it was so separate from the real world that it wasn't replicable. We wanted to look at programs already existing in the real world—get an inventory of what was out there and evaluate them with the hope that we would find something that worked.”

## Management

### **National Program Office**

Researchers at the University of Illinois at Chicago School of Public Health managed the program. Susan J. Curry, PhD, directed the program from its inception until August 2008. When Curry left the University of Illinois to become dean of the College of Public Health at the University of Iowa, Robin J. Mermelstein, PhD, became the program director. Amy K. Sporer, MS, was the deputy director throughout the program.

The research firm [RTI International](#) in Research Triangle Park, N.C., under a subcontract, assisted with developing the inventory and survey. [Westat](#), a Rockville, Md.-based research and evaluation company, collected evaluation data, also under a subcontract.

## **Other Funding**

*Helping Young Smokers Quit* was co-funded by the CDC Office on Smoking and Health and the NCI Division of Cancer Control and Population Sciences, Tobacco Control Branch. These agencies contributed funds via task order agreements with Westat. Federal funds supported data management, complementing RWJF funds that supported data collection.

*Helping Young Smokers Quit* included a planning phase followed by three overlapping implementation phases and a set of related projects.

## **The Planning Period**

During the planning period, from December 2001 to July 2002, project staff:

- Developed the methodology, sampling criteria, and instruments for a nationwide survey of tobacco treatment programs available to youth.
- Convened two expert panels: one to review the proposed survey methodology and one to review characteristics of programs proposed for inclusion in the survey.

## **The Implementation Period**

The implementation period, from September 2002 until June 2007, included three phases:

- In Phase I, September 2002 to July 2003, researchers inventoried 756 smoking-cessation programs and conducted a telephone survey of 591 of them. The survey was designed to answer the questions: How accessible are youth smoking-cessation programs, how many exist, where are they, whom do they serve and what do they do?
- In Phase II, January 2003 to December 2006, researchers evaluated 41 selected programs to answer the question: What program component, process and contextual factors are associated with increased recruitment, retention and quit rates?
- In Phase III, June 2005 to June 2007, researchers determined how many programs identified in Phase I were operating three years later and identified new programs that had emerged since Phase I to explore characteristics associated with program sustainability.

The next sections of this report summarize key research activities undertaken during the three phases and the findings from this research. Details about the three implementation phases, including presentations and publications, are also available on the program's [website](#).

## ACTIVITIES & FINDINGS: PHASE I

### The National Inventory and Survey

Curry and her colleagues began by creating a definition of programs that would be included in the inventory of youth cessation programs. Eligible youth tobacco-cessation programs:

- Had been established at least six months
- Provided direct tobacco-cessation services for youth
- Had at least half of their participants in the age range 12 to 24 years
- Were not currently part of a research initiative
- Did not focus on pregnant smokers

They used a two-step process to identify programs eligible for the inventory and survey:

- They created a representative sample of 408 counties in the United States. The sample was stratified by four criteria (urbanization, socioeconomic status, youth smoking prevalence and state-level tobacco-control expenditures), and the counties were selected based on the proportion of youth in the population.
- They identified 756 eligible programs in those counties and were able to contact and survey administrators of 591 programs. Overall, 62 percent of the counties had at least one cessation program.

Staff at the Survey Research Laboratory at the University of Illinois at Chicago conducted the 45-minute telephone surveys. The survey (available [online](#)) asked about:

- **Community context** such as concerns facing teens, local efforts to address teen smoking, and community awareness and support for cessation programs
- **Organizational context** such as why the program was offered and overall funding and staffing at the sponsoring organization
- **Program content** such as cessation strategies, other youth issues addressed (e.g., depression), treatment for other substances, medication use, incentives and Web-based resources
- **Program delivery** such as length, duration, format (group versus individual), physical setting and enrollment criteria (voluntary, mandatory or both)
- **Participant recruitment and retention** including the number of participants served and the number who completed the program

## Findings

Curry, Mermelstein and colleagues reported the following findings from the Phase I inventory and survey of cessation programs in an article titled “A National Survey of Tobacco Cessation Programs for Youths” published in 2007 in the *American Journal of Public Health*, available [online](#):

- **Surveyed programs displayed considerable homogeneity.** Most were multisession, school-based group programs that served a modest number of youths per year. Program content included the same cognitive-behavioral strategies<sup>9</sup> found in evidenced-based adult programs, along with content more specific to adolescence.
- **The median annual budget for the programs was \$2,000.**
- **The number of youth tobacco-cessation programs in a county was unrelated to the prevalence of youth smoking or to expenditures on tobacco control.** Youth living in nonurban counties and in low-income counties were less likely to have smoking-cessation programs available to them.

In a 2003 presentation at the American Public Health Association 131st Annual Meeting in San Francisco, researchers reported the following characteristics of profiled programs (available [online](#)).

- **Most programs:**
  - Were school-based: 90 percent
  - Used a group format where people met in person: 95 percent
  - Had a written facilitator guide or manual: 89 percent
  - Used trained counselors: 88 percent
  - Used a combination of cognitive-behavioral strategies: more than 90 percent
  - Used voluntary enrollment only: 56 percent

## Comparison of Internally Developed and Prepackaged Programs

Researchers further compared 75 of the surveyed programs that were developed by the sponsoring organizations themselves (internally developed programs) with 234 surveyed programs developed by a national organization such as the American Lung Association (prepackaged programs). They wanted to learn whether internally developed and prepackaged programs were similar and, if they differed, in what ways.

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<sup>9</sup> Cognitive-behavioral strategies included: self-monitoring, disrupting smoking patterns, coping skills training, general health, and lifestyle balance and social support.

## Findings

In an article titled “Internally-Developed Teen Smoking Cessation Programs: Characterizing the Unique Features of Programs Developed by Community-Based Organizations,” published in the *International Journal of Environmental Research and Public Health* in 2009, available [online](#), researchers reported:

- **Most of the 591 surveyed programs used a prepackaged curriculum, one developed by a national or state-level organization.**
  - Some 63.4 percent used a prepackaged treatment program, with slightly more than half of these (51.3%) using the American Lung Association's Not-On-Tobacco (NOT) program, and 25 percent using state-based pre-packaged programs.
  - Some 12.7 percent developed their own materials.
  - Some 23.9 percent used both prepackaged and internally developed programs.
- **Internally developed and prepackaged programs shared some characteristics and differed in others.**
  - Internally developed programs were less prevalent in rural areas and in areas with high smoking prevalence. There were no significant differences between the two types of programs on other community characteristics such as community priority for teen tobacco cessation.
  - Organizations that developed their own programs were less likely to report having adequate funding and less likely to have counselors trained specifically in teen smoking cessation. They were more likely to have physicians or health educators deliver the program.
  - Administrators of both types of programs reported similar challenges in retaining participants and hiring staff.
  - There were no significant differences between internally developed and prepackaged programs with regard to length and duration of treatment.
  - Internally developed programs were more likely to have mandatory enrollment, and less likely to include a written manual or guide and to conduct program evaluations.

In an article titled “Implementation Fidelity of Packaged Teen Smoking Cessation Treatments Delivered in Community-Based Settings,” published in *Health Education Research* in 2009, abstract available [online](#), researchers reported:

- **Many administrators modified prepackaged programs, usually adjusting the length and format (group or individual counseling) to accommodate time constraints and the needs of participants.**

## Limitations of the Phase I Study

Curry and Mermelstein reported limitations to the Phase I study, in the article published in the *International Journal of Environmental Research and Public Health*:

- The Phase 1 study did not assess tobacco use or smoking-cessation outcomes of participants.
- The survey did not collect data from participants and could not determine whether prepackaged or internally developed programs worked better for youth.
- The prepackaged programs analyzed included only those from organizations that reported “very close” adherence to the model prepackaged curriculum.
- Findings were based on a small sample of internally developed programs.
- Data from program administrators were self-reported.

They reported three additional limitations in the article published in the *American Journal of Public Health*:

- Programs were surveyed at just one point in time.
- In creating the inventory, researchers attempted to find all available programs, but there is no benchmark against which to determine whether they succeeded.
- The program managers who completed the survey did not necessarily deliver the program.

## ACTIVITIES AND FINDINGS: PHASE II

### The Evaluation of Treatment Programs

During Phase II, Curry directed a team that evaluated 41 programs in 18 states to ascertain characteristics associated with recruitment, retention and quit rates. Some 33 of these programs were school-based.

Curry, Mermelstein and their colleagues presented a description of the Phase II design and implementation in a 2010 article titled “A National Evaluation of Community-Based Youth Cessation Programs: Design and Implementation,” published in *Evaluation Review*.<sup>10</sup>

To be included in the study, programs had to:

- Provide smoking-cessation services in a group setting.

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<sup>10</sup> Curry SJ, Mermelstein RJ, Sporer AK, Emery SL, Berbaum ML, Campbell RT, Carusi C, Flay B, Taylor K, Warnecke RB. “A National Evaluation of Community-Based Youth Cessation Programs: Design and Implementation.” *Evaluation Review*, 36(6): 487–512, 2010. Available [online](#).

- Focus on high school youth (ages 14 to 18).
- Have offered the program at least once and planned to offer it during the study period
- Use a written manual and trained treatment providers.
- Include at least four of the following six cognitive-behavioral components:
  - Self-monitoring
  - Disrupting smoking patterns
  - Contingency control
  - Coping skills training
  - General health and lifestyle balance
  - Social support
- Serve at least 15 youth ages 14 to 18 years old per year.
- Have at least four sessions of at least 30 minutes each.

Researchers collected and analyzed five levels of data:

- At the ***individual level***, they surveyed (paper and pencil) participants ages 12 to 23 at baseline (immediately prior to program participation), at program completion, and at six months and 12 months after baseline. At the three follow-ups, youth also provided a breath sample to verify self-reported smoking cessation.

Some 878 individuals were surveyed at baseline, 803 at program completion, 672 six months after completion and 601 one year after completion. Overall, 550 participants completed all four surveys.

- At the ***service delivery level***, they conducted one telephone survey with the leader of each treatment group. Some 46 program leaders completed 77 surveys, since some individuals led more than one group. The leaders also provided attendance data for youth participating in the programs
- At the ***organizational level***, they conducted a telephone survey of leaders at the organizations presenting the programs. Some 64 organizational leaders completed the survey (in some cases, the program involved more than one organization).
- At the ***community level***, they conducted a telephone survey of community education, health and juvenile justice leaders. Some 94 community leaders completed the survey.
- At the ***state and local ordinance level***, they gathered and analyzed 91 state laws, 31 city ordinances and 33 county ordinances related to smoking.

## Overall Evaluation Findings

Curry, Mermelstein and colleagues presented findings from the evaluation of 41 youth tobacco-cessation programs in a 2012 article titled, “A National Evaluation of Community-Based Youth Cessation Programs: End of Program and Twelve-Month Outcomes,” published in *American Journal of Community Psychology*<sup>11</sup> and in PowerPoint® and poster presentations at national conferences. Key findings are included below.

During a personal interview, Curry and Mermelstein noted that programs selected for evaluation had to meet a basic standard of quality: “It is important to understand the context for our findings. We selected programs that use evidence-based curricula and have written training manuals.”

Given that context, they reported one overarching finding from their evaluation of 41 cessation programs:

- **Community-based, real-world, teen smoking-cessation programs that use evidence-based curricula and have written training manuals have outcomes equivalent to outcomes found in more tightly controlled, laboratory-type, studies.**

## Abstinence From Smoking Findings

Researchers reported the following key findings in the *American Journal of Community Psychology* article and at the 2009 Joint Conference of the Society for Research on Nicotine and Tobacco and the Society for Research on Nicotine and Tobacco-Europe (PowerPoint® available [online](#)):

- **Among youth participating in one of the 41 evaluated programs, by the end of the program, 74 percent said they had made at least one serious attempt to quit smoking, and 14 percent had been abstinent for seven days.** (Journal article)
- **Many youth were abstinent 12 months after entering the program.** One year after entering the program, 12.5 percent of youth reported they had not smoked within the prior 30 days. (Journal article)
- **There was little association between the content of a program and its outcomes.** Curry and Mermelstein noted that this is likely due to the homogeneity of the programs evaluated. (PowerPoint® presentation)

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<sup>11</sup> Curry SJ, Mermelstein RJ, Emery SL, Sporer AK, Berbaum ML, Campbell R, Flay B and Warnecke RB. “A National Evaluation of Community-Based Youth Cessation Programs: End of Program and Twelve-Month Outcomes.” *American Journal of Community Psychology*, 49(1–2): published online in 2012. Available [online](#).

- **When they completed the program, youth who were mandated into treatment had the same abstinence rates as youth who entered voluntarily, but mandated youth were less likely to be abstinent at the 12-month follow up.** Researchers noted that, while there was no difference in the two groups in baseline smoking behavior, mandated youth were less motivated to quit at the start and that may have affected their ability to stay abstinent for 12 months after program completion. (PowerPoint® presentation)

### **Other Evaluation Findings**

Researchers also reported findings about mandated versus voluntary enrollment, indicators of motivation, fidelity to the model, recruitment and attendance. PowerPoint® presentations and posters of these findings are available [online](#).

### **Comparison of Youth in Treatment With Youth Not in Treatment**

The *Helping Young Smokers Quit* survey focused solely on youth in treatment, but some youth stop smoking without treatment. Curry and Mermelstein wanted to compare the two groups. Therefore, they created a comparison group of youth not in treatment using data from two national surveys: the 2004 CDC National Youth Tobacco Survey and the RWJF-funded 2003 National Youth Smoking Cessation Survey conducted by the Roswell Park Cancer Institute (see [Program Results Report](#)).

### **Findings**

At the American Public Health Association Annual Meeting in 2007, researchers reported the following findings from the comparison of the two groups.

- **Youth in treatment were similar to smokers not in treatment with regard to:**
  - Their demographic characteristics
  - Patterns of smoking
  - Ever having made at least one quit attempt
  - Level of confidence in ability to quit
  - Use of nicotine replacement therapy
- **Youth in treatment were more likely than smokers not in treatment to:**
  - Show signs of academic and intrapersonal challenges
  - Live in a home where smoking is the norm
  - Continually and more consistently engage in the quit process
  - Have a stronger addiction

## ACTIVITIES AND FINDINGS: PHASE III

### The Sustainability Analysis

The objective of Phase III was to ascertain how many programs identified in Phase I were still operating three years later and to identify factors associated with sustainability.

Curry and Mermelstein attempted to contact the 756 programs inventoried in Phase I and were able to reach staff at 215 programs that had been sustained and 144 that had been discontinued.

- To determine *predictors of sustainability*, they surveyed both the 215 programs that been sustained and the 144 that had been discontinued.
- To determine *characteristics of sustained programs*, they surveyed only those that were among the 591 programs profiled in Phase I: 188 programs that been sustained and 117 that had been discontinued.

Two telephone survey instruments were created to gather this information:

- The Discontinuation Survey, conducted in September 2006, available [online](#)
- The Sustainability Survey, conducted in December 2006, available [online](#)

The telephone surveys covered five general areas related to sustainability:

- The level of organizational support and initiative in offering the program
- Financial and human resources available to the program
- Presence of policies and procedures for staff responsible for the program
- Marketing and other efforts associated with enrollment and retention
- Evidence of local ownership of the program

### **Findings on Predictors of Sustainability**

Researchers presented the following findings about predictors of program sustainability at the Annual Meeting of the Society of Behavioral Medicine in Montreal in April 2009 (PowerPoint<sup>®</sup> available [online](#)):

- **There were few prospective predictors of program sustainability.** Mermelstein noted that this may be a function of the homogeneity of the programs profiled.
- **The primary factor differentiating sustained from discontinued programs was demand for the program.**

- **Other differentiating factors included:**

- **Level of community support.** Programs located in areas where community leaders indicated that youth smoking cessation was “not at all a priority” were almost three times more likely to be discontinued. Some 30.1 percent of discontinued programs were in communities where youth cessation was not a priority versus 11.1 percent of sustained programs.
- **Source of financial support.** Some 70 percent of discontinued programs relied on state and local government funds, compared with 60 percent of sustained programs that relied on these sources

### **Findings on the Characteristics of Sustained Programs**

Researchers presented the following characteristics of sustained programs at the 2009 Joint Conference of the Society for Research on Nicotine and Tobacco and the Society for Research on Nicotine and Tobacco-Europe (PowerPoint® available [online](#)):

- **Only 32 percent of the initial sample of 591 programs were located and found to be still in operation.**
- **Some 20 percent of sustained programs had suspended operations for a time.** Main reasons for suspending included:
  - Not enough youth enrolled (67%)
  - Lack of staff (60%)
  - Lack of funding (47%)
- **Programs that were sustained over three years had:**
  - Increased staff and other resources devoted to the program, and increased average enrollment from 66 to 84 participants
  - Lowered reliance on mandatory participation
  - Added nontobacco program content issues such as self-esteem, alcohol or other drugs and academics
  - Increased their use of standardized, prepackaged programs

### **SPECIAL ANALYSES OF YOUNG ADULT SMOKERS**

At a March 2006 expert panel meeting convened by Curry, participants recommended that the program undertake special analyses of young adult smokers, those ages 18 to 24. The *Helping Young Smokers Quit* Phase II evaluation focused on youth ages 14 to 18, and little was known about this slightly older age cohort.

For a study of the types of smoking-cessation treatment used by young adult smokers, researchers:

- Conducted a meta-analysis of studies of adult smoking cessation programs to ascertain whether quit rates for young adult participants were higher, lower, or comparable to quit rates for older adults. Researchers examined findings from 108 randomized control studies that included at least 50 participants, of whom at least five in each condition were between the ages of 18 and 24.
- Analyzed smoking-related responses of 6,511 smokers participating in the CDC 2005 National Health Interview Survey, of which 759 respondents were 18 to 24 years old. Researchers compared young adult responses with those of respondents over age 24.
- Conducted six focus groups of smokers about treatment options:
  - Two with youth who participated in the *Helping Young Smokers Quit* Phase II evaluation
  - Two with respondents to the 2000 National Youth Smoking Cessation Survey
  - Two with young adults recruited online from Craigslist.com

For a study of the Internet as a mechanism to recruit 18- to 24-year old smokers for focus groups and future research, researchers:

- Pilot-tested a protocol that used the Internet to identify young adult smokers for focus groups in order to determine whether the Internet was a viable source for recruiting smokers for future research studies.
- Posted a classified advertisement at [www.craigslist.com](http://www.craigslist.com) to recruit young smokers for a survey. Some 1,592 people visited the Craigslist.com site. Of these, 622 were young adult smokers; 535 provided complete survey information about their demographic characteristics, smoking status and quit history.

## Findings From the Special Analyses

### **Quit Rates for Young Adults Participating in Adult Cessation Programs**

Researchers reported the following findings from the meta-analysis, in an article in press as of April 2012 in the *American Journal of Preventive Medicine*.

- Any intervention was more effective in helping young adults quit smoking than no intervention (the control).
- When interventions were effective for the overall sample (younger and older adults), they were also effective for the younger adult subsample. The authors concluded, “In sum, it is encouraging to find that young adults can benefit from existing treatments for smoking cessation.”

**Limits of the analysis.** Researchers reported some limits of the analysis:

- Researchers requested raw data from the authors of 50 studies analyzed. Only 15 sent the data. The authors observed that research teams are not accustomed to requests for data about subsamples of larger studies. In addition, in some cases, project staff had changed jobs in the interim.
- The analysis allowed for only limited examination of differences among young adults by gender, ethnicity, or other clinical or behavioral conditions.

### ***Types of Treatment Used by Young Adults***

Curry and colleagues reported the following findings from the analysis of young adults in a 2007 article published in the *American Journal of Public Health* (available [online](#)) and in a 2007 poster presentation at the Annual Conference of the Society for Research on Nicotine and Tobacco Europe (available [online](#)):

- **More than 70 percent of young adult smokers wanted to quit and 49 percent had made a serious attempt during the prior year.** (Journal article)
- **Young adult smokers were less likely (18%) than other smokers (32%) to use pharmacotherapy treatment.** For both groups, the most commonly used treatment was the nicotine patch. (Journal article)
- **Behavioral treatment was infrequently used by both young adult and older adult smokers.** Four percent of young adults and 4.9 percent of older smokers had used behavioral treatment within the past year. (Journal article)
- **Researchers found almost no use (3.6%) of Internet cessation programs, despite the use of the Internet by young adults to access health information and the availability of smoking-cessation programs online.** (Journal article)

**Limits of the analysis.** In this article, Curry also noted limitations of this analysis:

- The study was a one-time survey that relied on retrospective, self-reported data.
- Researchers cannot draw causal inferences from the data.
- Treatment use was assessed only for people reporting at least 24 hours of abstinence after a serious quit attempt.
- The survey did not assess the number of serious quit attempts made by respondents.

### ***Findings on the Internet Recruitment of Young Adults***

Sporer, Curry and colleagues reported findings regarding Internet recruitment of young adult smokers for cessation research and treatment in a 2007 poster presentation at the Annual Conference of the Society for Research on Nicotine and Tobacco Europe (available [online](#)):

- **Over two months the ad on Craigslist.com directed 1,592 unique visitors to the study site, and a total of 1,033 surveys were submitted.** A total of 622 respondents were between 18 and 24 years of age, with 535 providing completed surveys. More than half of the eligible surveys were submitted within the first two days of the ad posting.
- **All young adult respondents were current smokers who smoked varying amounts of cigarettes per day.**
- **All respondents expressed a desire to stop smoking, with 91 percent reporting that they had at some point stopped for at least a day in order to try to quit.**

Researchers offered the following conclusions regarding use of the Internet as a strategy for recruiting young adult smokers to participate in cessation research:

- “The Internet is a practical and viable strategy for recruiting young adult smokers.”
- “Recruitment results are immediate.”
- “Craigslist is an economical and effective website for recruitment that is available internationally.”
- “Through Web-based strategies, recruiting a diverse sample of young adults for research is no longer a challenge.”

## PROGRAM RESULTS

### Overall Result

Program directors Curry and Mermelstein noted the following major overall result of the program in an interview:

- **“Through Helping Young Smokers Quit, we demonstrated the feasibility of evaluating existing programs outside of a tightly structured randomized controlled trial.** There is not a ‘yellow pages’ of youth-cessation-treatment programs, and at the beginning, we did not even know how to find programs, how many programs existed or how far to look for them. We developed a uniform, replicable process for finding and evaluating programs. We believe that this methodology could be used to identify and evaluate other real-world programs, such as weight-control programs, as well.”

## The Self-Evaluation Toolkit

National program staff wanted to help smoking-cessation treatment providers better evaluate their programs. In October 2007, Curry convened a meeting of 22 representatives of community-based smoking-cessation programs from 14 states in order to:

- Gather their perspectives about and experiences with program evaluation.
- Explore ideas, components and standardized, research-based measures that would be useful to program managers in evaluating their programs.

Based on insights from the meeting and findings from the Phase II evaluation, the national program office created *How is Our Program Working? A Toolkit for Evaluating Your Youth Smoking Cessation Program*, a downloadable, self-contained computer application to aid youth smoking-cessation program providers in evaluating their programs.

The toolkit includes a description of easy-to-use evaluation methods, instructions for conducting an evaluation, automatically generated reports, and suggestions for interpreting results.

## Communications

Program staff communicated results and findings via the Helping Young Smokers Quit [website](#), in articles in peer-reviewed journals and in presentations and poster sessions at professional meetings. They also prepared and disseminated the self-evaluation toolkit for program providers.

- Under a subcontract, [Raven Creative](#), a private web-development company based in Chapel Hill, N.C., designed and managed the [website](#), which was launched in March 2004. The website includes a detailed description of the program's phases, survey instruments, and links to publications, posters and presentations. It also provides access to a cessation literature database of more than 300 relevant articles.
- Curry, Mermelstein and colleagues published 14 journal articles from the study. They also made 21 presentations at meetings in the United States and Europe. Many are available on the Helping Young Smokers Quit [website](#), organized by phase.
- Program staff participated in meetings of the Youth Tobacco Cessation Collaborative funded by RWJF, the CDC, the NCI and others. They shared findings and perspectives with funders and a range of other youth tobacco-cessation researchers.

See the [Bibliography](#) for details.

## CONCLUSIONS

Curry and Mermelstein offered five overall conclusions from the program:

- **There are some encouraging findings from the Phase I program survey.** For example, there was a high level of organizational commitment to providing evidence-based treatment. Most programs reported that professionally trained adults delivered treatment from standardized written protocols. There was also a high level of commitment to follow-up with participants and to program evaluation. (*American Journal of Public Health*, 2007)
- **Community-based programs were willing to participate in a longitudinal evaluation.** “The cornerstone of success for this effort is the willingness of community-based programs to participate in a longitudinal program evaluation. The recruitment and retention of youth cessation programs in this evaluation was impressive and demonstrates the feasibility of a Web-based recruitment and application process.” (*Evaluation Review*, 2010)
- **Less encouraging is the low demand for treatment among young smokers—even for school-based programs.** The 36,000 participants served in the previous year by the 591 programs are only a very small proportion of young smokers in the 408 counties. Programs rarely cited youth demand as an impetus for offering a program, and recruiting enough participants was the most commonly cited challenge for programs. (*American Journal of Public Health*, 2007)
- **Even though young adults underuse evidence-based cessation programs, research suggests these programs are as effective for young adults as they are for the general adult population.** Therefore, it may be useful to find ways to engage young adults in treatment, including targeting marketing efforts to them. (*American Journal of Preventive Medicine*, in press 2012)
- **Sustainability in itself is not always desirable: some programs should not be sustained and some have a natural lifespan.** (Presentation at *Annual Meeting of the Society of Behavioral Medicine*, 2009)

In an interview for this report, RWJF's Orleans observed, “We didn't find a ‘diamond in the rough’ program, one that had especially strong outcomes. That didn't happen.”

## LESSONS LEARNED

1. **Balance informed consent and confidentiality concerns with the requirements and responsibilities of research ethics.** Obtaining parental consent for youth to participate in research often compromises confidentiality. Teens may not want their parents to know they smoke and have enrolled in a smoking-cessation treatment program. In this situation, researchers worked closely with the university's institutional review board (IRB) in designing the evaluation protocol. In the resulting protocol, the IRB approved a waiver of consent, supporting the idea that the parental

consent requirement imposed a greater potential risk to the youth, since they were already participating in a treatment program. (Program Directors)

2. **Involve experts and encourage multidisciplinary discussion, especially through timely face-to-face meetings, when designing and implementing evaluations.** Curry and Mermelstein convened expert groups at several stages in the study to review overall methodology, provide guidance on the survey instruments and brainstorm ways to address ethical concerns regarding research involving teens. This strategy both improved the study design and provided increased opportunities for collaboration among people interested in helping teens stop smoking. (Program Directors)
3. **Encourage collaborative funding of programs.** According to Cathy Backinger, PhD, program director at the NCI, a program funder, “Doing collaborative projects benefits the field. When funders collaborate, the importance and profile of the study is increased. It sends a message to the field that different groups believe in the idea being studied.” According to Ann Malarcher, PhD, senior scientific adviser at the CDC, “It was helpful that the CDC was not the only funder because we have limited funds.”
4. **Consider using the Internet to recruit young adults (ages 18 to 24) into smoking-cessation programs.** According to program director Mermelstein, “Because young adulthood is a distinct, transitional life stage, recruiting this population for research to test targeted methods for increasing treatment use is challenging. Through our case study work with young adults, we developed an Internet recruitment method which was successfully replicated as a viable model for future research.”
5. **Employ on-site field liaisons to facilitate access to sites and collection of data.** Data collection for this study took place in 41 programs located in 18 states. The strong relationships between on-site Westat staff and program administrators helped ensure that research activities were not disruptive to school staff or other program providers, and that response rates were adequate. (Program Directors)
6. **Provide opportunities for funded researchers to check in with funders and cosponsors.** In *Helping Young Smokers Quit*, researchers used regular meetings of the Youth Tobacco Cessation Collaborative, and scheduled conference calls and presentations at national meetings to keep funders and colleagues informed about the program. (CDC co-funder, Malarcher)
7. **Establish clear action steps for sponsors and funders after the research is done.** This might help funders use findings and results more broadly. “We all run out of time at the end of programs,” said Ann Malarcher from co-funder CDC

## AFTERWARD

As of April, 2012 researchers had published 14 journal articles based on the program.

In 2008, a year before the program ended, the NCI awarded a five-year grant to Curry and Mermelstein titled “Increasing Young Adult Demand for Internet-Based Cessation Treatment.” Said Curry, “One of our related projects under *Helping Young Smokers Quit* allowed us to examine the Internet as a way to interest young adults [i.e., those ages 18 to 24] in treatment. As a result, we want to explore ways to get these young adults to enroll in Internet-based cessation programs. The NCI grant is allowing us to do that.”

In the first two phases of this four-phase study, they designed and evaluated Internet ads for smoking cessation programs. In phase three, underway as of April 2012, they are tracking whether young adults navigate from the ad to the Internet-based treatment program. In phase four, they plan to track long term quit rates of program participants.

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**Prepared by: Mary Nakashian**

Reviewed by: Mary B. Geisz and Molly McKaughan

Program Officer: C. Tracy Orleans

RWJF Team: Public Health

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