
Mid-Term

Surveillance and Evaluation Report

of the **DC Tobacco Free Families Campaign** (FY 2006 – FY 2008)

January 2009

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American Lung Association of the District of Columbia
in partnership with the
DC Department of Health and the American Cancer Society



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Executive Summary

Tobacco use is linked to serious public health and economic problems. According to the Centers for Disease Control and Prevention (CDC), tobacco use causes about 20 percent of deaths in the United States each year. In the District of Columbia, over 700 adults die each year from causes related to their own smoking. In addition, 70 to 120 others, including babies and children, die from secondhand smoke and prenatal smoke exposure. As of 2009, the Campaign for Tobacco Free Kids estimates that annual health care costs in DC directly caused by smoking total \$243 million, an average cost of \$602 per household. This includes \$78 million in Medicaid expenses.

In response to tobacco-related deaths and illnesses and the resultant costs incurred by residents of the District of Columbia, the American Lung Association of DC (ALADC) launched the DC Tobacco Free Families (DCTFF) campaign in November 2005. DCTFF is a comprehensive tobacco control campaign based on the model recommended by the CDC. The campaign comprises six components: 1) counter-marketing/mass media campaign, 2) smoking cessation services (quitline, free nicotine replacement therapy, and counseling), 3) school-based programs, 4) community-based programs, 5) surveillance and evaluation, and 6) administration and management. DCTFF designed its campaign to address the unique needs of DC. Programs are culturally tailored to serve the District. Outreach includes local celebrities and coordinates with commuting and recreational patterns of DC residents.

The current mid-term report is part of the surveillance and evaluation efforts to assess the impact of DCTFF. DCTFF specified clear, quantifiable objectives and timelines for each of its campaign components. The mid-term evaluation is an assessment of the degree to which each objective has been met and whether objectives have been achieved on time. Several data sources were used for the evaluation: documentation of program functioning, quitline caller survey data, clinic data, and documentation of partnerships with other agencies (such as DC Public Schools). Data were reviewed and analyzed to assess progress toward the goals and objectives stated in DCTFF's original campaign proposal.

DCTFF successfully implemented a multi-media counter-marketing/mass media campaign. The campaign used television, video, radio, and print media, as well as guerilla marketing tactics. Several local celebrities, including Darrell Green, participated. DCTFF aimed to achieve six objectives by mid-term: 1) produce audio and video spots to increase quitline calls, 2) install video equipment in clinics in high priority wards, 3) use mass media campaigns to increase DCTFF brand awareness, 4) use youth-targeted guerilla marketing tactics, 5) establish a sustainable media campaign, and 6) increase quitline calls from friends and family of tobacco users. The campaign achieved all of these objectives. Quitline calls were over 400 percent higher when the campaign was in effect than when it was not. Calls from family and friends were 100 percent higher when the campaign was in effect.

DCTFF successfully implemented a 10-week smoking cessation program offering free nicotine replacement therapy (NRT) and counseling, including programs targeting specific minority communities. DCTFF has trained over 500 health care professionals to counsel patients about tobacco use and established an educational Web site for providers who serve Medicaid and Medicare patients.

The campaign has developed a partnership with DC Public Schools (DCPS). A CDC-recommended tobacco free schools intervention has been implemented in 30 District schools. An Alternatives to Suspension program is in effect in two high-priority ward high schools.

DCTFF has worked with 52 community partners to implement programs targeted toward youths, minority populations, health care facilities, and higher education campuses. DCTFF established a community grants process and conducted focus groups on community needs. Community partners have initiated a

tobacco free youth mobilization campaign and implemented educational programs for pregnant teens and lesbian, gay, bisexual, and transgendered (LGBT) youths. DCTFF and its partners launched faith-based cessation programs, a campaign to educate the community about the effects of secondhand smoke, and a campaign targeting the LGBT community. In 2008, DCTFF held the second annual DC Tobacco Coalition Conference, at which the DC City Council declared September 26 to be Tobacco Free Families Day. DCTFF's partnerships with District hospitals have resulted in 10 hospitals committing to be tobacco free by July 2009. DCTFF has worked with seven DC colleges and universities to develop a tobacco free campus consortium. Student and staff leaders at these institutions are working together to establish tobacco free campuses.

DCTFF successfully launched all four programmatic components by mid-term. It has established several resources shown to be effective in preventing and treating tobacco use. The campaign has increased awareness of the dangers of tobacco use as well as of resources for becoming and remaining tobacco free. Additional data are necessary to establish client quit rates and overall changes in smoking prevalence since DCTFF's launch.

Recommendations for further progress and continued success are as follows:

- collect population-based data, such as the Adult Tobacco Survey (ATS), to assess changes in DC tobacco use;
- increase efforts to collect follow-up data on quit rates cessation program clients;
- continue efforts to publish DCTFF updates in professional venues; and
- continue tobacco free campus consortium efforts to establish tobacco free higher education campuses in DC.

Introduction

The District of Columbia Tobacco Free Families (DCTFF) campaign was developed to prevent and reduce tobacco use. The campaign aims to make DC a tobacco free community through several components designed for the unique needs of the city.

This is a mid-term evaluation report on DCTFF campaign implementation and impact. The report summarizes the negative impact of tobacco use nationally and in DC specifically. It also describes the DCTFF campaign and its objectives, presents evaluation methods and results, as well as makes recommendations for the continued success and improvement of the DCTFF campaign.

Negative Impact of Tobacco Use

Nationally

Tobacco use is linked to serious public health and economic problems. According to the Centers for Disease Control and Prevention (CDC), cigarette smoking causes about 20 percent of deaths in the United States each year. This includes deaths from secondhand smoke exposure. Tobacco use causes more deaths than human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined (CDC, 2002; CDC, 2003; McGinnis & Foege, 1993).

The economic impact of tobacco use is due to the high costs of treating tobacco-related illness, as well as loss of productivity. Tobacco-related illness and death tend to occur when users are at the peak of productivity (CDC, 2002). Campaign for Tobacco Free Kids (2009) cites data showing that annual health care expenditures directly caused by smoking total \$96 billion. Productivity losses total \$97 billion annually.

District of Columbia

A total of 17.3 percent of District of Columbia residents smoke. Just over 10 percent of DC high school students smoke, with approximately 400 youths under the age of 18 starting to smoke each year. Each year, over 700 adults die from causes related to their own smoking. In addition, 70-120 residents, including babies and children, die from secondhand smoke exposure and prenatal exposure to tobacco smoke. Every year 40,000 DC children are exposed to secondhand smoke at home. Approximately 8,000 youths are at-risk for premature death as a result of their tobacco use or exposure to secondhand smoke.

As of 2009, the Campaign for Tobacco Free Kids reports that annual health care costs in DC directly caused by smoking totaled \$243 million, an average cost of \$602 per household. This includes \$78 million in Medicaid expenses. Annual smoking-related productivity losses total \$232 million.

The tobacco industry spends approximately \$14.7 million annually advertising in Washington, DC. Research shows that advertising influences children twice as much as adults. Advertising exercises more influence than peer pressure over children's decisions to start smoking. One-third of youth tobacco experimentation can be attributed to tobacco industry advertising.

While tobacco use among white and Latino residents of the District of Columbia declined between 1996 and 2007, the percentage of African American residents who used tobacco increased from 21.5 percent to 23.9 percent (CDC, 2008). In the District of Columbia, smoking rates are higher in wards with lower per capita incomes and higher rates of poverty.

DC Tobacco Free Families Campaign

In response to tobacco-related deaths and illnesses and the resultant costs incurred by residents of the District of Columbia, the American Lung Association of DC (ALADC) launched the DCTFF campaign in November 2005. DCTFF is a comprehensive tobacco control program based on the model recommended by the CDC. The CDC Task Force on Community Prevention Services found that mass media campaigns combined with community components and policies such as tobacco taxes and smoking bans can prevent smoking initiation, help smokers quit, and reduce secondhand smoke exposure. **Appendix A** presents the campaign logic model. The DCTFF campaign includes six components recommended by the CDC. These components and their targeted outcomes are described in **Table 1**, and budget allocations for each component are presented in **Table 2**. The campaign was designed to meet the unique needs of District residents. DCTFF serves all of DC, but especially targets Wards 5, 6, 7, and 8, which have the highest percentages of African American residents.

TABLE 1. DCTFF PROGRAM COMPONENTS AND OBJECTIVES

Component	Description	Objectives
Counter-marketing/ mass media campaign	This is a 3-year program with motivational messages promoting quitting and remaining tobacco free. It produces Public Service Announcements (PSAs) and other media messages tailored to reach District residents most likely to smoke, by accounting for socioeconomic, literacy levels, culture, and typical routines (e.g. commuting and recreation). The quitline has messages from English- and Spanish-speaking local celebrities, such as Darrell Green and well-known community health specialist, Dr. Elmer Huerta, respectively.	<p>Short-term:</p> <ul style="list-style-type: none"> • Produce audio and video spots to increase quitline calls • Install video equipment in clinics in high-priority wards • Use mass media campaigns to increase DCTFF brand awareness • Use youth-targeted guerilla marketing tactics <p>Intermediate:</p> <ul style="list-style-type: none"> • Establish a sustainable media campaign • Increase quitline calls from friends and family <p>Long-term:</p> <ul style="list-style-type: none"> • Reduce tobacco use among DC residents, especially youth and Medicaid clients
Smoking cessation program	This program has a toll-free ACS quitline promoted by the media campaign; callers are referred to free nicotine replacement therapy (NRT). The program also provides health care provider training, and cultural and linguistic materials developed to reach DC residents, which are distributed through health care providers and at community events.	<p>Short-term:</p> <ul style="list-style-type: none"> • Implement community-based cessation programs for adults • Implement a Web site for providers who serve Medicaid and medically underserved patients • Establish routine follow-up for quitline callers • Establish programs to serve minority population clients <p>Intermediate:</p> <ul style="list-style-type: none"> • Present updates in professional newsletters, conferences, and meetings • Offer NRT to all Medicaid and medically underserved patients who seek help to quit smoking • Increase the percentage of District adults who attempt to quit smoking • Increase monthly calls to the quitline • Train health care providers and community cessation specialists <p>Long-term:</p> <ul style="list-style-type: none"> • Reduce smoking prevalence • Increase quit attempts and the number of providers using <i>PHS Guidelines</i> • Identify and apply for quitline funding sources

Component	Description	Objectives
School-based programs	These programs implement <i>CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction</i> , which include promoting tobacco free school policies, evidence-based extracurricular activities, teacher/staff training, student and parent activities, and cessation services.	<p>Short-term:</p> <ul style="list-style-type: none"> • Develop a Tobacco Free Schools intervention <p>Intermediate:</p> <ul style="list-style-type: none"> • Implement the Tobacco Free Schools curriculum in middle/junior high and high schools • Implement a tobacco free campus policy in all DC schools <p>Long-term:</p> <ul style="list-style-type: none"> • Reduce tobacco use prevalence for DC youths • Make the task force fully responsible for maintaining the Tobacco Free Schools Program
Local community programs	This program component funds nonprofit community health promotion organizations so that they may offer services and information to reduce tobacco use, especially in high-risk populations.	<p>Objectives for Youths</p> <p>Short-term:</p> <ul style="list-style-type: none"> • Create a tobacco free youth mobilization campaign <p>Intermediate:</p> <ul style="list-style-type: none"> • Implement an educational program for pregnant teens • Implement an educational program for LGBT youths <p>Long-term:</p> <ul style="list-style-type: none"> • Reduce tobacco use prevalence in DC youths <p>Objectives for Addressing Disparities</p> <p>Short-term:</p> <ul style="list-style-type: none"> • Launch faith-based cessation programs • Launch a secondhand smoke campaign for parents and caregivers • Establish community partners in minority communities • Conduct a focus group on community needs <p>Intermediate:</p> <ul style="list-style-type: none"> • Launch a 2-year cessation campaign in the LGBT community • Establish a community grants process • Conduct an annual DC Tobacco Coalition Conference <p>Long-term:</p> <ul style="list-style-type: none"> • Reduce DC smoking prevalence, especially among African Americans, Latinos, and LGBTs • Reduce the number of children exposed to secondhand smoke <p>Objectives for Smoke-Free Health Care Facilities and Educational Campuses</p> <p>Short-term:</p> <ul style="list-style-type: none"> • Develop a process for establishing tobacco free health care facilities • Develop a process for establishing tobacco free higher education campuses <p>Intermediate:</p> <ul style="list-style-type: none"> • Increase the number of tobacco free health care facilities • Increase the number of tobacco free higher education campuses <p>Long-term:</p> <ul style="list-style-type: none"> • Make 100 percent of health care facilities and campuses tobacco free

Component	Description	Objectives
Surveillance and evaluation	This component assesses outcomes and processes of tobacco prevention and cessation programs.	<ul style="list-style-type: none"> Provide analysis and reports on program implementation and results
Administration and management	This last component manages project work, distributing DCTFF programs and resources to provide the greatest positive impact.	<p>Short-term:</p> <ul style="list-style-type: none"> Establish a request for proposals (RFP) process for local community grants to fund programs aimed at preventing and reducing tobacco use <p>Intermediate:</p> <ul style="list-style-type: none"> Establish a management system that provides resources and technical assistance to DCTFF stakeholders <p>Long-term:</p> <ul style="list-style-type: none"> Obtain funding to maintain the tobacco programs for at least 3 years

TABLE 2. BUDGET ALLOCATIONS FOR CAMPAIGN COMPONENTS

Component	Budget Allocation	% of the Total Budget
Counter-marketing/mass media campaign	\$4,632,800	46.3%
Smoking cessation program	\$2,454,874	24.5%
School-based programs	\$817,186	8.2%
Local community programs	\$700,000	7.0%
Surveillance and evaluation	\$750,000	7.5%
Administration and management	\$645,140	6.5%
Budget Total	\$10,000,000	100%

The current report is a mid-term evaluation of DCTFF's campaign, which is tailored specifically for higher risk residents of the District of Columbia. The report will summarize progress that has been made toward the objectives for each of the four programmatic campaign components (surveillance and evaluation and administration and management are non-programmatic components). It also includes recommendations for the continued progress toward the long-term goals of reducing tobacco use and achieving a tobacco free community.

Methods

The surveillance and evaluation component includes reports on DCTFF's progress toward achieving its goals and objectives. The current report is a mid-term evaluation of the campaign, part of DCTFF's surveillance efforts.

DCTFF specified clear, quantifiable objectives and timelines for each of its campaign components to achieve. The evaluation is an assessment of the degree to which each objective has been met and whether objectives have been achieved on time.

Data used for the mid-term evaluation are listed below.

- Documentation of program functioning, such as purchases of media time and video equipment installation
- Quitline caller survey data and summary reports
- Clinic intake data, which are stored on a Web-based data collection tool
- Documentation of collaboration and curriculum development with DC Public Schools
- Documentation of community partnership formation
- Documentation of community partner activities such as health fairs, educational/recreational events, conferences, and outreach

For each objective, analysts at AFYA, Inc. (AFYA), the independent evaluator contracted to conduct surveillance and evaluation for DCTFF, reviewed relevant data to assess progress toward the goals and objectives stated in DCTFF's original campaign proposal.

Results

This section summarizes the mid-term results for the four programmatic campaign components included in the evaluation plan: counter-marketing/mass media campaign, cessation program, school-based programs, and community programs. Results are presented separately for each campaign component.

Component 1: Counter-marketing/mass media campaign

Campaign message focus group

Researchers at George Washington University conducted a focus group with 14 DC residents who discussed messages they believed would be most effective for the media campaign. Participants agreed that the most effective message would convince targets that tobacco use is damaging them personally and that it is urgent for them to quit. Participants also agreed that the message would be most credible if delivered by someone they respect and admire, such as a medical expert or a sports figure like Darrell Green. Focus group findings informed message development for the campaign using the following media outlets: television, radio, print, Internet Web sites, and paraphernalia such as t-shirts and cups with the DCTFF logo. All campaign marketing promotes the DC 1-800-QUIT-NOW quitline.

Component Objectives

DCTFF specified the following short-term objectives to be achieved by September 30, 2007:

- produce a series of sequenced video and audio spots for distribution on local market television and radio stations that will stimulate an increase in calls to the DC quitline to a monthly average between 100 and 125;
- install video equipment, in a minimum of three (revised from four in the original action plan) DC clinics in Wards 5, 6, 7, and 8, to play educational videos to generate a 300 percent increase in calls to the quitline from these communities;
- initiate at least two mass media programs to raise the awareness of the DCTFF brand among all DC residents; and
- produce media, and implement a variety of guerrilla marketing tactics, to engage residents, between the ages of 13 and 29, regarding prevention and the dangers of smoking and secondhand smoke.

The following intermediate objectives were targeted for completion by September 30, 2008:

- establish a sustainable media campaign on TV and in community channels (e.g., mass transit), promoting the importance of tobacco free families and advertising the quitline; and
- produce multimedia messages that will stimulate a 100 percent increase in calls to the quitline from nonsmokers who want to receive information to help a friend or relative quit.

Short-Term Objective 1: Produce audio and video spots to increase quitline calls

DCTFF achieved its objective of producing and releasing audio and video spots in DC. Messages were tailored to appeal to people who live in Wards 5 through 8. In these wards one-fifth to one-third of residents have not completed high school. This target audience literacy level determined content of DCTFF campaign materials. Highlights of the campaign included the following:

- a series of six TV public service announcements (PSAs), featuring Darrell Green, Marc Clark (a DC quitline caller), and Paul Spiers (a Ward 8 resident and Anacostia High School student);
- two Spanish-speaking PSAs;
- a radio promotion for Kick Butts Day on local stations popular in DCTFF high-priority wards;
- an 8-week series featuring local radio celebrity, Justine Love, who quit on Father's Day 2008;
- two radio PSAs featuring local go-go band, Mambo Sauce; and
- quitline recordings produced by Darrell Green and Dr. Elmer Huerta, a locally and nationally recognized Spanish-speaking health expert.

Short-Term Objective 2: Install video equipment in clinics in high-priority wards

As of September 2008, DCTFF had installed video equipment in clinic waiting rooms in high-priority ward sites: Community for Creative Non-Violence Health Center for the Homeless, and the Upper Cardozo and Brentwood Unity Health Care Centers. DCTFF produced long-form educational videos on smoking cessation techniques, secondhand smoke, and quitline services. Clinics show the videos in their waiting rooms.

Short-Term Objective 3: Use mass media campaigns to increase DCTFF brand awareness

DCTFF met its objective of launching at least two mass media campaigns. It launched a 1-month campaign of TV PSAs in January 2007, and a continuous multi-media campaign launched in June 2007. All media messages promoted the quitline. The multi-media campaign included distribution of brochures, flyers, and paraphernalia featuring the DCTFF logo to promote brand awareness. DCTFF placed transit ads on 150 buses and 220 Metro cars. The transit campaign focused on Wards 5 through 8. Ads specifically targeting Latino audiences were placed at Ward 8 Metro stops.

Community partners distributed promotional materials at sites such as Mary's Center, Spanish Catholic Center, WIC clinics, the Healthy Babies Project Developing Families Center, Freedom From Smoking (FFS) program sites, local churches, high schools, metro stations, and at events such as local sporting events, the Capital Pride Festival, Latino community events, the Missionary Baptist Ministers' Conference, and the Stone Soul Picnic.

Short-Term Objective 4: Use youth-targeted guerilla marketing tactics

The media campaign included guerilla marketing tactics such as giving away products like t-shirts and cups, and approaching potential customers in public places. Several aspects of the paraphernalia campaign were youth-targeted. Youth members of community partner programs often distributed materials and spoke to other youths in settings such as high schools, metro stations, and youth events, including a Step Afrika! anti-smoking event.

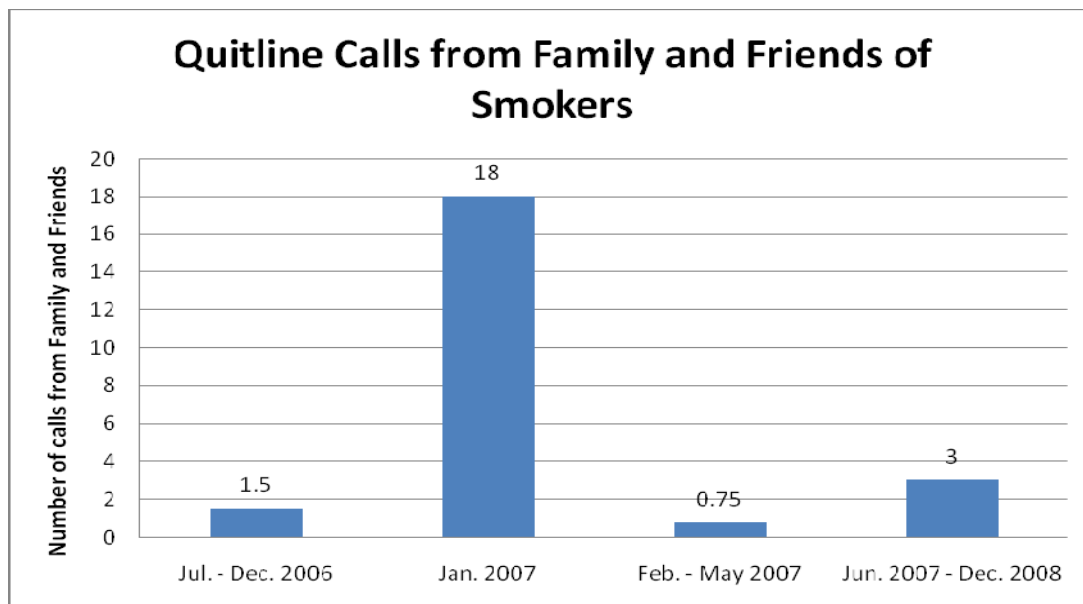
Intermediate Objective 1: Establish a sustainable media campaign

Sustainable funding for the media campaign was acquired in January 2007. The District of Columbia allocated 3 years of funding from the Tobacco Master Settlement Agreement. Since inception, the campaign has been continuously advertising the quitline on TV, radio, transit ads, billboards, print media, and the Internet.

Intermediate Objective 2: Increase quitline calls from friends and family

Quitline call data collected between July and December 2006, before the initial media campaign, show a monthly average of 1.5 calls from people who want to help a friend or family member who smokes. In January 2007, DCTFF featured Darrell Green in a TV PSA series promoting the quitline. During this time, calls from smokers' friends and family members increased dramatically to 18. From February to May 2007, when there was no media campaign, the monthly average declined to 0.75 calls. The media campaign was continuous from June 2007 to December 2008. During this time the average number of calls from people who wanted to help a friend or family member was 3. This equals the targeted increase of 100 percent. **Figure 1** summarizes the average monthly calls from smokers' friends and family members when the media campaign was and was not in effect.

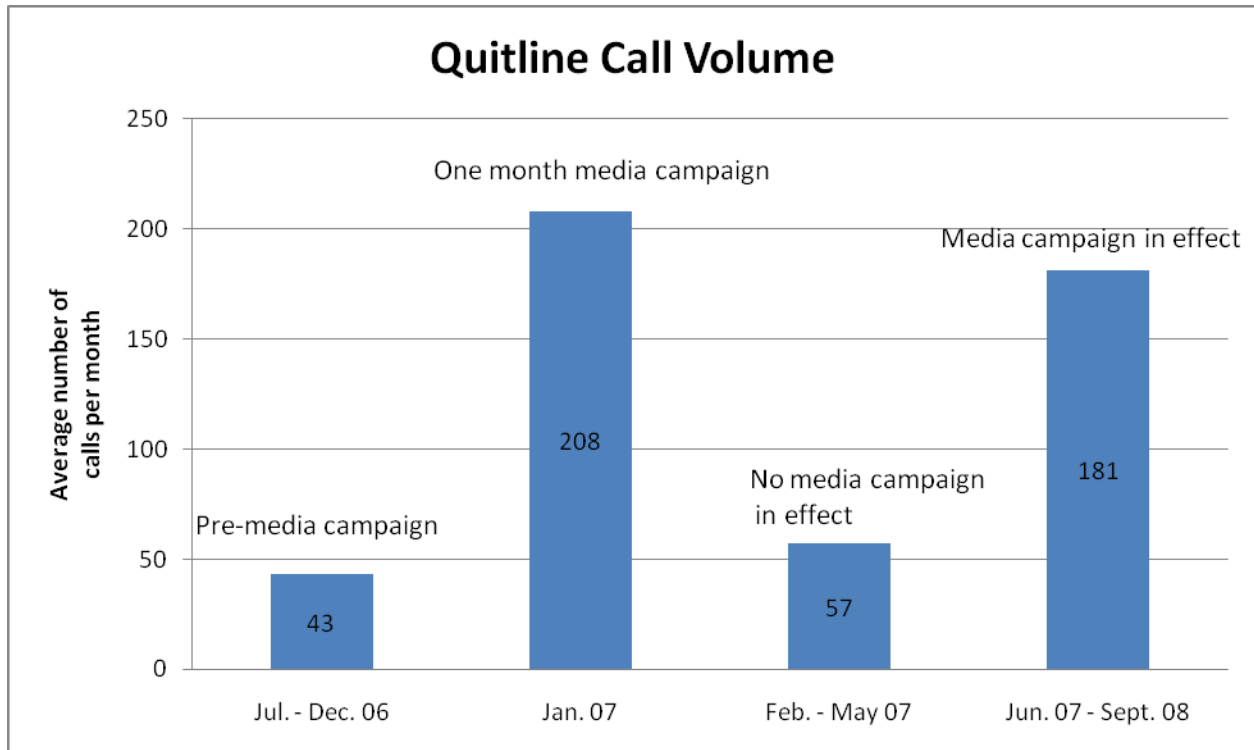
FIGURE 1. QUITLINE CALLS FROM FAMILY AND FRIENDS OF SMOKERS



Effects of the Media Campaign on Quitline Call Frequency

The media campaign was implemented during FY 2008 with most components operating by July. **Figure 2** shows the average monthly call volumes when the campaign was and was not in effect between July 2006 and September 2008. During this time, the call volume was much higher when the campaign was in effect than when it was not. The initial media effort was launched for 1 month in January 2007. There were 208 quitline calls in January 2007, compared to an average of 43 calls per month from July to December 2006, before the campaign. There was no media campaign between February and May 2007. During this time average monthly call volume dropped to 57. From June 2007 through September 2008, the campaign was continuous. During this time the average monthly call volume was 181. Average monthly call volume during the continuous media campaign was 421 percent higher than the average monthly call volume between July and December 2006.

FIGURE 2. QUITLINE CALL VOLUME



Quitline staff asked callers how they heard about the quitline. Data from FY 2007 and FY 2008 show that approximately half of callers report hearing about the quitline through media outlets, with over one-third (36.9 percent in both years) reporting that they heard about the quitline through TV ads.

Table 3 shows which mid-term objectives of the counter-marketing/mass media campaign have been achieved.

TABLE 3. COUNTER-MARKETING/MASS MEDIA CAMPAIGN OBJECTIVE STATUS

Objective	Status
Short-Term Objective 1: Produce audio and video spots to increase quitline calls	Achieved
Short-Term Objective 2: Install video equipment in clinics in high-priority wards	Achieved
Short-Term Objective 3: Use mass media campaigns to increase DCTFF brand awareness	Achieved
Short-Term Objective 4: Use youth-targeted guerilla marketing tactics	Achieved
Intermediate Objective 1: Establish a sustainable media campaign	Achieved
Intermediate Objective 2: Increase quitline calls from friends and family	Achieved

Component 2: Cessation Program

Component Objectives

DCTFF specified the following short-term objectives to be achieved by September 30, 2007:

- implement a minimum of 10 ongoing community-based tobacco use cessation programs for adults in the District;
- implement a Web site page for District health care providers, serving the Medicaid and medically underserved populations, to request smoking cessation resources and free NRT for their patients;
- quitline callers will receive routine follow-up every 2 weeks from a certified addictions specialist for a 6-month period and once a month for 6 to 12 months after their quit date; and
- establish at least two smoking cessation programs in at least two community organizations that provide health services for African American; Latinos; and LGBT populations.

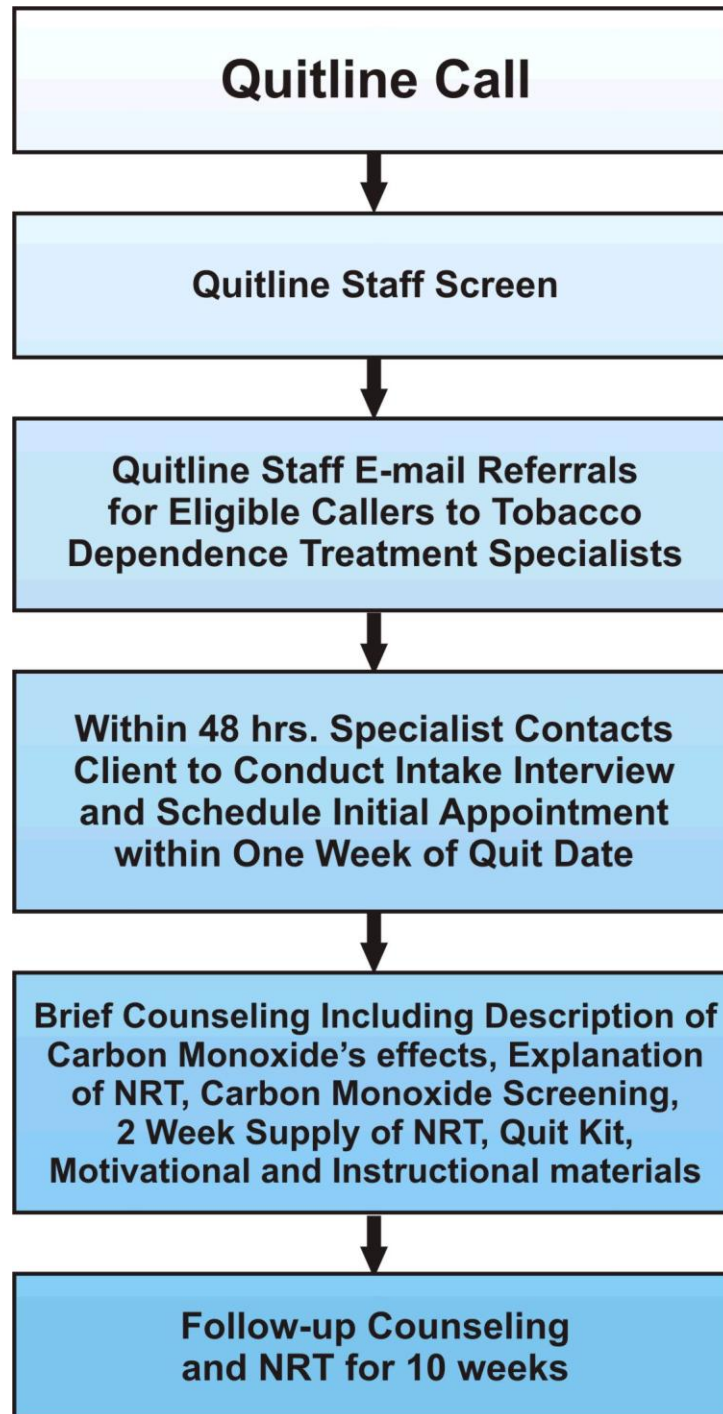
The following intermediate objectives were targeted for completion by September 30, 2008:

- at least three District health care provider professional associations will include regular tobacco dependence treatment updates in their newsletters and local provider conferences, and provide professional in-service cessation resource updates at local meetings;
- every District smoker in the Medicaid or medically-underserved community seeking assistance to quit smoking will be offered free NRT as part of the routine counseling protocol established by DCTFF;
- increase the percentage of District adults who attempt to quit smoking cigarettes from 60 percent to 70 percent or higher; and
- increase monthly calls to the District quitline by at least 500 percent from pre-campaign numbers.

Short-Term Objective 1: Implement community-based cessation programs for adults

The protocol for quitline callers eligible for NRT is as follows.

FIGURE 3. PROTOCOL FOR QUITLINE CALLERS

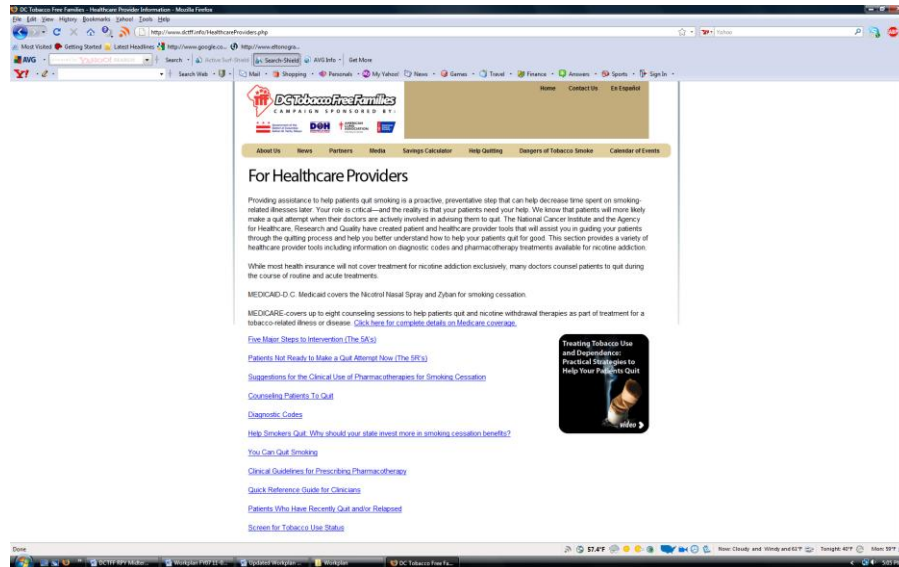


As of September 2007, DCTFF had implemented ongoing programs, at Providence Hospital, Mautner Project, Phyllis Wheatley YWCA, and DC Healthy Start, including 12 FFS programs. DCTFF also sponsored 10 events for Latino residents, reaching more than 4,000 people. As of September 2008, 14 additional FFS programs had been conducted at sites including Mary's Center, Washington Hospital Center, and Georgetown University Hospital.

Short-Term Objective 2: Implement a Web site for providers who serve Medicaid and medically underserved patients

DCTFF's Web site, <http://www.dctff.info>, includes a page for health care providers. **Figure 4** is a screen shot of this page. The Web site includes information about Medicaid and Medicare coverage for cessation services, as well as clinical information and guidelines.

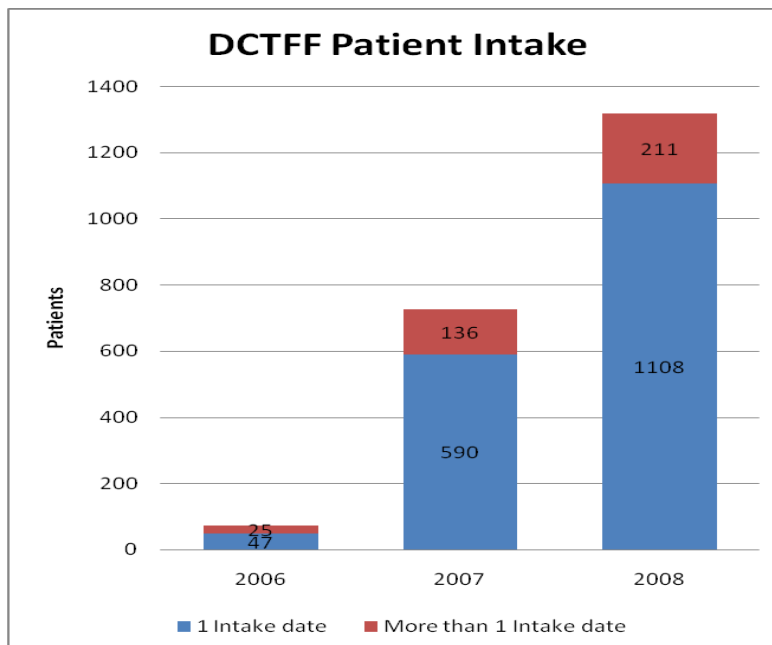
FIGURE 4. DCTFF WEB SITE FOR HEALTH CARE PROVIDERS



Short-Term Objective 3: Establish routine follow-up for quitline callers

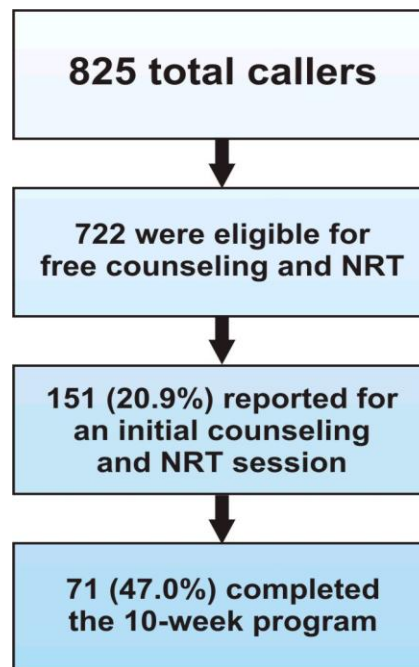
All eligible quitline callers are referred to DCTFF's free 10-week counseling and NRT program. All clients who initiate the program should receive bi-weekly follow-up contact. All staff are trained in and follow the cessation protocol.

FIGURE 5. CESSATION PROGRAM INTAKE 2006-2008



The American Cancer Society reports follow-up data annually. Data are currently available for 2007. **Figure 6** summarizes 2007 follow-up data on quitline callers.

FIGURE 6. 2007 QUITLINE CALLER FOLLOW-UP DATA



DCTFF did provide routine follow-up and continues to assess approaches for increasing participation and retention in cessation services.

Short-Term Objective 4: Establish programs to serve minority population clients

DCTFF implemented over 20 community-based cessation programs in high-priority wards, many of them targeting minority and underserved DC residents. Examples include the following: Mary's Center serves Latino clients; the Mautner Project is for LGBT clients; and the Phyllis Wheatley YWCA serves a large number of African American and underserved clients.

Intermediate Objective 1: Present updates in professional newsletters, conferences, and meetings

As of September 30, 2008, this goal had not been achieved. However, in early 2009, DCTFF did submit updates to three professional associations.

DCTFF updates are published in general news publications and on the Web site page for health care professionals. DCTFF and its partners have also participated in community partner conferences attended by professionals.

Intermediate Objective 2: Offer NRT to all Medicaid and underserved patients who seek help to quit smoking

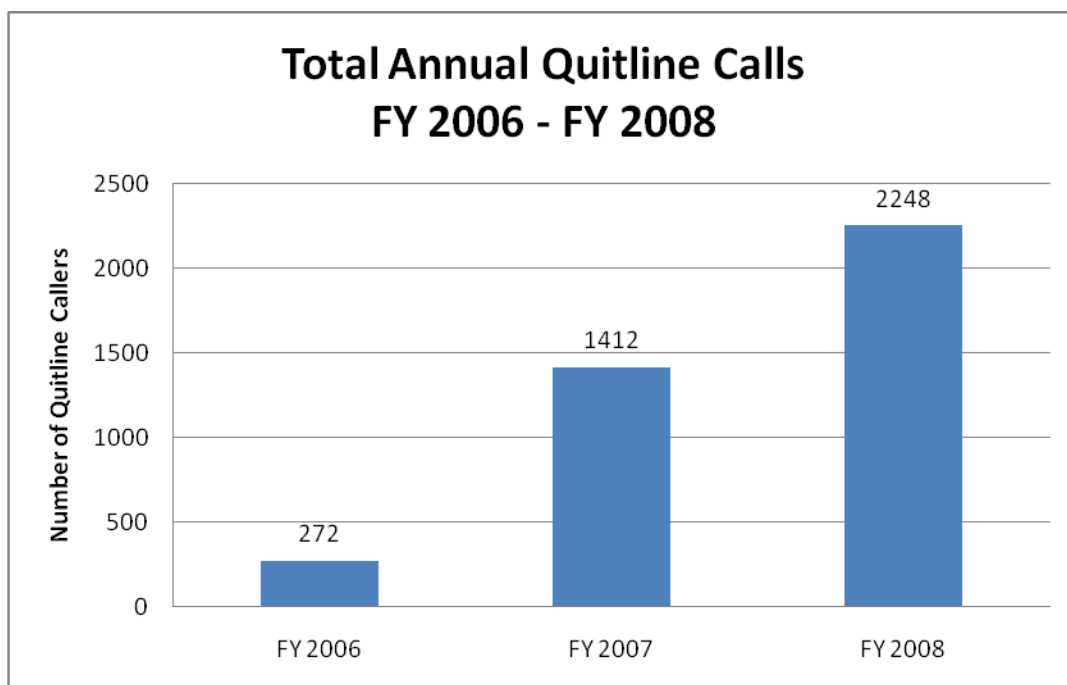
DCTFF has trained health care service providers and provides information on its Web site about Medicaid coverage for DCTFF services. DCTFF's quitline protocol specifies that callers seeking help to quit smoking should be offered cessation services. In order to measure the proportion of Medicaid and underserved patients who seek help to quit smoking, DCTFF must have access to data from all providers who serve these patients. These data are not currently available. DCTFF and the independent evaluator are discussing possible approaches to data collection and assessing progress toward achieving this goal.

Intermediate Objective 3: Increase the percentage of District adults who attempt to quit smoking
 DCTFF aims to increase the percentage of smokers in the District of Columbia who try to quit. The media campaign, school-based and community programs, and free evidence-based cessation services are intended to increase awareness of the benefits of quitting and to make quitting less costly, easier, and more appealing. The outcome of this is expected to be higher quit rates. To assess progress toward achieving this objective, DCTFF needs survey data on quit rates among DC smokers. Behavioral Risk Factor Surveillance System (BRFSS) data show that these rates were 50.4 percent and 62 percent in 2006 and 2007, respectively. Rates for 2008 are currently unavailable, so achievement of this objective cannot yet be assessed.

Intermediate Objective 4: Increase monthly calls to the quitline

The number of calls to the quitline increased steadily between FY2006 and FY2008. **Figure 7** shows total annual calls to the quitline.

FIGURE 7. TOTAL ANNUAL QUITLINE CALLS FY 2006 - FY 2008



By FY 2008, total quitline calls had increased by 826 percent over FY 2006. DCTFF exceeded its goal of a 500 percent increase by mid-term.

The campaign targets all DC residents, but especially aims to reach residents of Wards 5 through 8. The campaign is also designed especially to reach residents with lower literacy levels. African Americans are a key audience since their smoking prevalence has recently increased. **Table 4** and **Figure 8** through **Figure 10** show the residential wards, race, and education levels of all people who called the quitline between July 1, 2006 and December 31, 2008. At least 61 percent of callers lived in Wards 5 through 8 (approximately 20 percent of callers did not report ward data). Nearly 90 percent of callers were African American. A majority of callers had no education beyond high school. Just over one-fifth of callers had less than a high school education. These data show that quitline callers represent residents targeted by the DCTFF campaign.

TABLE 4. RESIDENTIAL WARD OF QUITLINE CALLERS

Ward	# of callers	% of callers
Ward 1	225	5.4%
Ward 2	110	2.6%
Ward 3	63	1.5%
Ward 4	421	10.0%
Ward 5	555	13.2%
Ward 6	325	7.7%
Ward 7	822	19.5%
Ward 8	866	20.6%
Missing	818	19.5%
Total	4205	100.0%

FIGURE 8. RESIDENTIAL WARD OF QUITLINE CALLERS

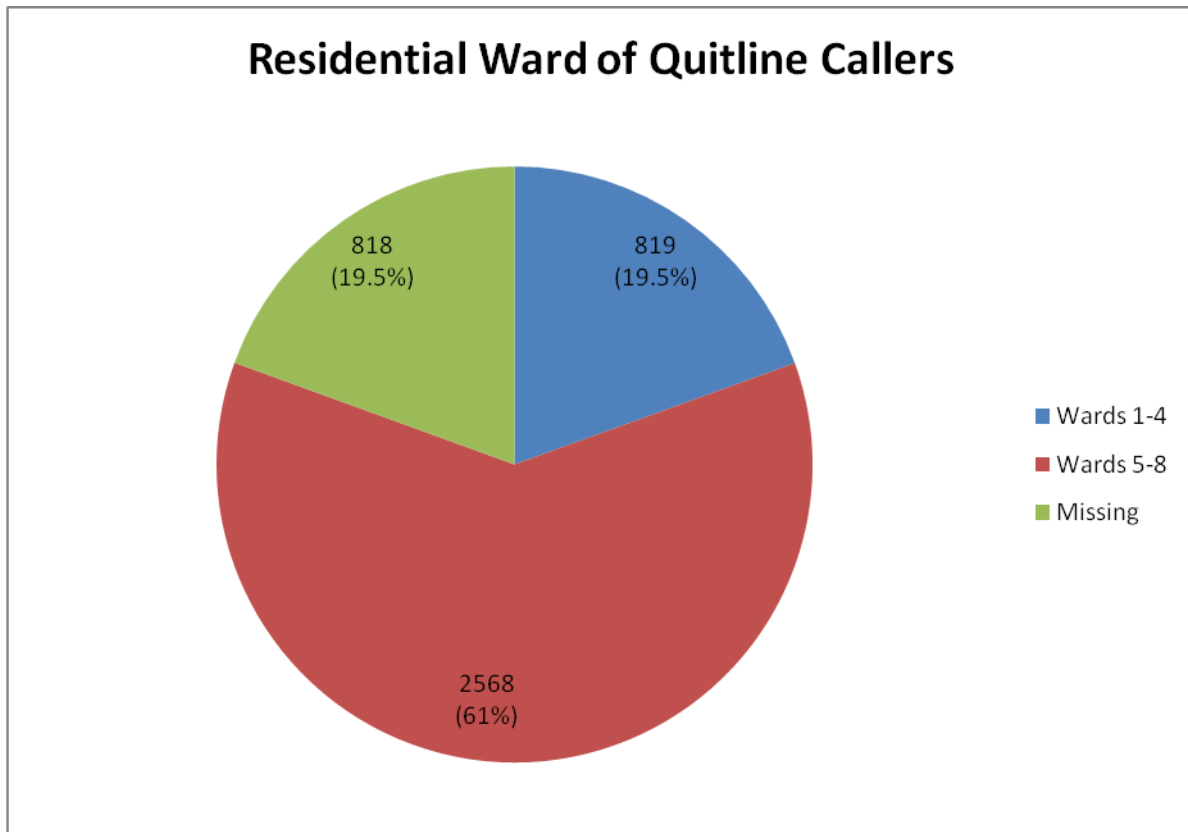


FIGURE 9. RACE OF QUITLINE CALLERS

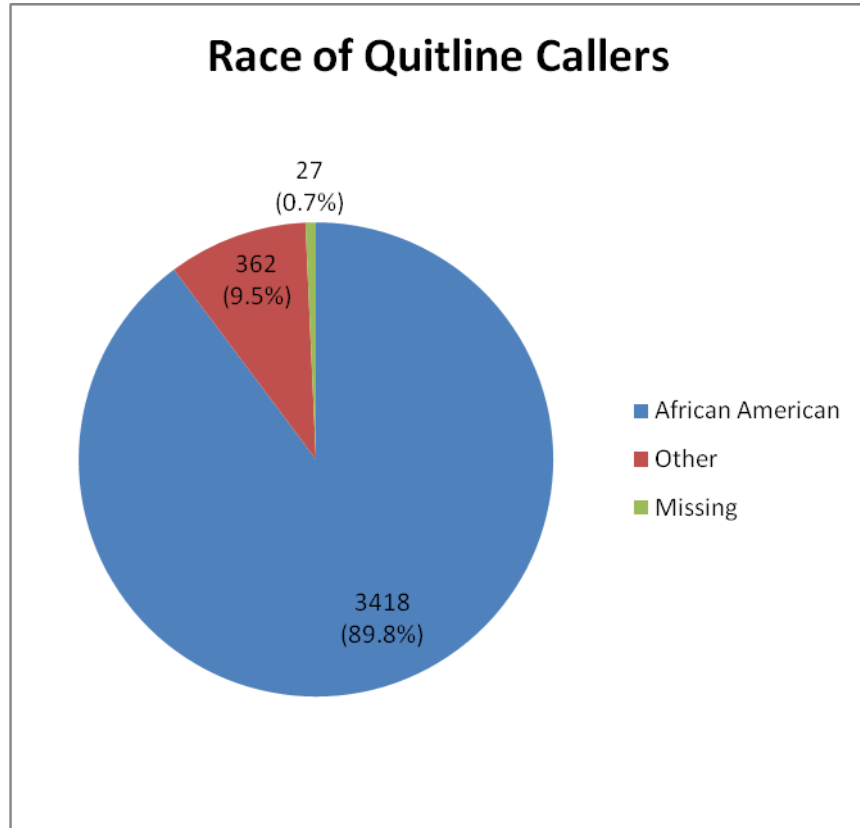
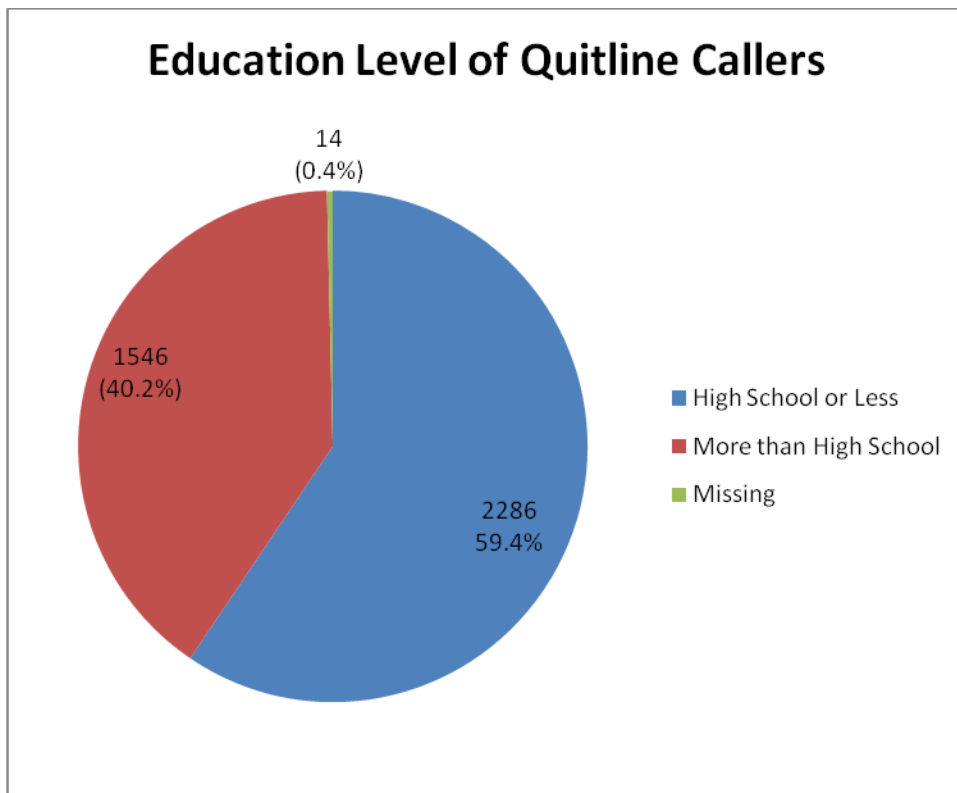


FIGURE 10. EDUCATION LEVEL OF QUITLINE CALLERS



Training Health Care Professionals and Cessation Specialists

In addition to objectives specified for the mid-term, as of September 30, 2008, DCTFF had also made progress toward its intermediate goals for FY 2009. These included the following:

- train a minimum of 500 District health care providers serving the Medicaid and medically underserved populations in the *PHS Guidelines*; and
- train at least 60 community cessation specialists in the latest treatments for nicotine dependence.

As of September 2008, DCTFF had conducted 33 trainings for 546 health care providers and 45 community cessation specialists. A subset of 111 providers took a post-training survey. Over 80 percent (80.4 percent, n=89) believed the training would help them in treating their patients. Almost 61 percent (60.5 percent, n=67) intended to use the *PHS Guidelines* often. Lastly, 85.6 percent (n=95) said they would recommend the training to others.

Health care professionals have a critical role in encouraging smoking cessation. After media sources, health care providers are the referral source most frequently mentioned by quitline callers. Informing providers about cessation services and *PHS Guidelines* is expected to increase quitline calls and quit attempts.

TABLE 5. CESSATION OBJECTIVE STATUS

Objective	Status
Short-Term Objective 1: Implement community-based cessation programs for adults	Achieved
Short-Term Objective 2: Implement a Web site for providers who serve Medicaid and medically underserved patients	Achieved
Short-Term Objective 3: Establish routine follow-up for quitline callers	Achieved
Short-Term Objective 4: Establish programs to serve minority population clients	Achieved
Intermediate Objective 1: Present updates in professional newsletters, conferences, and meetings	<p>In progress This goal was not achieved by September 30, 2008. At that time DCTFF had published updates in general news publications, community provider conferences, and a Web site page for providers.</p> <p>As of February 2009, DCTFF had submitted updates to three professional association publications. The objective will be achieved when the updates are published.</p>
Intermediate Objective 2: Offer NRT to all Medicaid and underserved patients who seek help to quit smoking	<p>In progress To assess progress toward achieving this objective, DCTFF must have access to Medicaid information; DCTFF is working with the evaluator to assess possible approaches to collecting and assessing information from providers who serve Medicaid and underserved patients.</p>
Intermediate Objective 3: Increase the percentage of District adults who attempt to quit smoking	<p>In progress To assess progress toward achieving this objective, DCTFF needs population-based data on DC smoking prevalence; DCTFF is working with the evaluator to develop approaches to collecting data that measure progress toward achieving this outcome.</p>
Intermediate Objective 4: Increase monthly calls to the quitline	Achieved
Training Health Care Professionals and Cessation Specialists	Achieved

Component 3: School-Based Program

Component Objectives

DCTFF specified the following short-term objectives to be achieved by September 30, 2007:

- develop a Tobacco Free Schools intervention based on CDC Guidelines, working in partnership with the DC Board of Education, that includes in-school tobacco use prevention and cessation programs for youths, school staff, and parents; and
- establish a Tobacco Free Schools task force that includes DC school board members, teachers, students, parents, and community-based organizations working with youths.

The following intermediate objectives were targeted for completion by September 30, 2008:

- implement the Tobacco Free Schools curriculum in a minimum of 20 District middle/junior high schools and high schools in Wards 5, 6, 7, and 8; and
- the Tobacco Free Schools task force will be fully operational.

Short-Term Objective 1: Develop a Tobacco Free Schools intervention

In 2007, DCTFF finalized a Memorandum of Agreement (MOA) with DC Public Schools (DCPS) about developing school tobacco policies and curricula. As of September 2008, 36 schools had implemented a CDC-recommended curriculum, *Life Skills* training.

Short-Term Objective 2: Establish a Tobacco Free Schools task force (cancelled)

Based on changes in DCPS leadership and revisions in CDC's best practice guidelines, DCTFF has determined that a task force is not the most effective way to reach youth. Rather, the campaign expects that the *Life Skills* curriculum and community-based outreach programs will accomplish goals originally set for the task force. Therefore, this is no longer a campaign objective.

Intermediate Objective 1: Implement the Tobacco Free Schools curriculum in middle/junior high and high schools

The *Life Skills* curriculum has been implemented in 30 District middle/junior high schools. DCTFF has trained 64 teachers in the curriculum and plans to continue expanding this program.

Intermediate Objective 2: Make the Tobacco Free Schools task force fully operational (cancelled)

As mentioned above, this is no longer a campaign objective.

TABLE 6. SCHOOL-BASED PROGRAM OBJECTIVE STATUS

Objective	Status
Short-Term Objective 1: Develop a Tobacco Free Schools intervention	Achieved
Intermediate Objective 1: Implement the Tobacco Free Schools curriculum in middle/junior high and high schools	Achieved

Component 4: Local Community Programs

DCTFF funds community grants that aim to address three types of community needs: 1) promoting tobacco free norms for youths, 2) identifying and eliminating tobacco-related disparities, and 3) establishing tobacco free health care facilities and higher education campuses. Community partners serve at-risk communities, especially in Wards 5 through 8. Outreach efforts of all partners include distributing quitline materials.

Community Programs for Youths

DCTFF specified the following short-term objective to be achieved by September 30, 2007:

- create a tobacco free youth mobilization campaign, to include high-risk youths, out-of school youths, and young adults, by implementing a minimum of two youth-directed intervention activities.

The following intermediate objectives were targeted for completion by September 30, 2008:

- implement a program for pregnant teens to educate them about tobacco use and secondhand smoke; and
- implement an educational program about tobacco use and secondhand smoke designed specifically for District LGBT youths.

Short-Term Objective 1: Create a tobacco free youth mobilization campaign

As of September 30, 2007, DCTFF had signed an MOA with Team Champions to conduct Youth Coalition programs and train youth ambassadors at Ballou and Anacostia High Schools. DCTFF has also signed an MOA with DC Area Youth Advocates (DCAYA) to conduct youth outreach. Team Champions and DCAYA hosted a youth coalition and training meeting to initiate the mobilization campaign.

As of September 30, 2008, Team Champion youth campaign efforts included the following:

- a Great Debate Event with 75 participants;
- a radio promotion of Kick Butts Day; and
- a slam poetry event with over 150 youth participants.

Intermediate Objective 1: Implement an educational program for pregnant teens

As of September 30, 2008, DCTFF had trained providers at DC Healthy Start, 25 WIC clinics, and Mary's Center. DCTFF also provided promotional materials to 25 WIC clinics. DCTFF conducted a FFS program at The Healthy Babies Project.

Intermediate Objective 2: Implement an educational program for LGBT youths

As of September 30, 2008, DCTFF had provided funding to the National Youth Advocacy Coalition (NYAC) Tobacco Free Youth Coalition to recruit youth leaders. This community partner trained seven youths in advocacy and peer outreach skills relevant to tobacco use in the LGBTQ (Lesbian, Gay, Bisexual, Transgendered, and Questioning) community. NYAC members developed outreach plans for Youth Pride and Capital Pride festivals, hosted a tobacco free youth event after the Capital Pride festival, and distributed educational materials to youths at the Youth Pride festival.

TABLE 7. LOCAL COMMUNITY PROGRAM OBJECTIVE STATUS

Objective	Status
Short-Term Objective 1: Create a tobacco free youth mobilization campaign	Achieved
Intermediate Objective 1: Implement an educational program for pregnant teens	Achieved
Intermediate Objective 2: Implement an educational program for LGBT youths	Achieved

Community Programs to Address Disparities

DCTFF specified the following short-term objectives to be achieved by September 30, 2007:

- launch cessation programs in the faith-based community, with emphasis in Wards 5, 6, 7, and 8;
- launch a secondhand smoke campaign to encourage parents and caregivers to establish tobacco free homes and cars in order to eliminate children’s exposure to secondhand smoke;
- establish community partners in the African American, Latino, and LGBT communities to conduct cessation initiatives; and
- conduct at least one focus group each in the African American, Latino, and LBGT communities to ascertain what programs and/or messages are needed in their communities to reduce or prevent tobacco dependence.

The following intermediate objectives were targeted for completion by September 30, 2008:

- launch a 2-year cessation campaign in the LGBT community to promote the quitline and community cessation resources;
- establish an annual community grants process by which local organizations can conduct educational activities to promote tobacco free lifestyles; and
- conduct an annual DC Tobacco Coalition Conference to provide, to community partners and organizations, updates on best practices and allow opportunities to share information and activities.

Short-Term Objective 1: Launch faith-based cessation programs

As of September 30, 2008, DCTFF launched the DC Tobacco Free Holy Grounds initiative at a press conference at Holy Truth Church. DCTFF sent invitations to several high-priority churches, inviting their campaign participation, and presented information at the Missionary Baptist Ministers Conference. In response to these outreach efforts, partners such as the Community United Methodist Church hosted a tobacco free youth educational event and a Health Fair that focused on secondhand smoke education. Faith-based partners in high-priority wards completed cessation specialist training, sponsored discussion forums, sponsored recreational events with tobacco education components, and distributed educational materials.

Short-Term Objective 2: Launch a secondhand smoke campaign for parents and caregivers

As of September 30, 2008, community partner, Healthy Babies Project, conducted educational sessions, community health fairs, and interactive cessation programs emphasizing the dangers of secondhand smoke and prenatal smoke exposure. The programs reached over 200 participants.

Short-Term Objective 3: Establish community partners in minority communities

As of September 30, 2008, DCTFF had established partnerships with over three dozen community groups, many of them targeted for minority residents. Partners serving African American DC residents include Phyllis Wheatley YWCA, Edgewood/Brentwood Family Collaborative, and others. Partners serving Latino clients include Mary’s Center, Upper Cardozo clinic, and Community of Hope. Partners serving the LGBT community include the Mautner Project and the DC Center.

Short-Term Objective 4: Conduct a focus group on community needs

As of September 30, 2008, DCTFF had conducted two focus groups on the need for tobacco-related services in the DC adult LGBT community. DC Center planned to conduct focus groups on messaging for HIV medication and smoking impact which will be conducted in 2009.

Intermediate Objective 1: Launch a 2-year cessation campaign in the LGBT community

As of September 30, 2008, DCTFF had signed an MOA with the Mautner Project to conduct cessation programs for LGBT DC residents. This community partner implemented a smoking cessation program, advertised its services in LGBT-targeted publications, and distributed materials at community events such as the Capital Pride festival. It has also established an outreach work group with other agencies who serve the LGBT community.

Intermediate Objective 2: Establish a community grants process

In September 2007, DCTFF launched a community grants program to fund programs serving high-priority populations in the District of Columbia. DCTFF awarded \$106,500 to community programs that conducted educational and outreach activities to youths, faith-based, African American, Latino, and LGBT communities.

Intermediate Objective 3: Conduct an annual DC Tobacco Coalition Conference

On September 27, 2007, DCTFF held the first annual DC Tobacco Free Conference. A total of 137 individuals participated in the event. There were 170 participants at the second annual conference, held September 26, 2008. At the second conference the DC City Council declared September 26 to be DC Tobacco Free Families Day. A third annual conference is planned for September 2009.

TABLE 8. COMMUNITY PROGRAMS TO ADDRESS DISPARITIES OBJECTIVE STATUS

Objective	Status
Short-Term Objective 1: Launch faith-based cessation programs	Achieved
Short-Term Objective 2: Launch a secondhand smoke campaign for parents and caregivers	Achieved
Short-Term Objective 3: Establish community partners in minority communities	Achieved
Short-Term Objective 4: Conduct a focus group on community needs	Achieved
Intermediate Objective 1: Launch a 2-year cessation campaign in the LGBT community	Achieved
Intermediate Objective 2: Establish a community grants process	Achieved
Intermediate Objective 3: Conduct an annual DC Tobacco Coalition Conference	Achieved

Community programs to establish tobacco free health care facilities and educational campuses

DCTFF specified the following short-term objectives to be achieved by September 30, 2007:

- develop a process to assist at least 25 percent of DC health care facilities to implement 100 percent of the tobacco free campus policies by January 2008; and
- develop a process to assist at least 25 percent of DC higher-learning educational institutions to implement 100 percent of the tobacco free campus policies by January 2008.

The following intermediate objectives were targeted for completion by September 30, 2008:

- increase the percentage of health care facilities that provide 100 percent of the tobacco free campuses policies to 75 percent; and
- increase the number of educational institutions that provide 100 percent of the tobacco free campuses to 75 percent.

Short-Term Objective 1: Develop a process for establishing tobacco free health care facilities

As of September 30, 2008, DCTFF was supporting the efforts of three hospitals to become tobacco free. DCTFF provided quit kits for staff and visitors, as well as cessation services and technical assistance.

Short-Term Objective 2: Develop a process for establishing tobacco free higher education campuses

As of September 30, 2008, DCTFF had contacted four universities asking to discuss collaboration to establish tobacco free campuses. Staff and students at these universities agreed that the most effective approach to becoming tobacco free would be to establish a consortium and proceed as a group rather than individually. Three additional universities joined the consortium by the end of 2008. The group is working with DCTFF to develop strategies and timelines for becoming tobacco free.

Intermediate Objective 1: Increase the number of tobacco free health care facilities

As of September 30, 2008, three hospitals had become tobacco free. By November 2008, an additional five hospitals had established tobacco free policies. Two more hospitals have plans to be tobacco free by July 2009.

Intermediate Objective 2: Increase the number of tobacco free higher education campuses

The consortium intends for all participating campuses to become tobacco free simultaneously. While progress continues, a date has not yet been set for becoming tobacco free.

TABLE 9. COMMUNITY PROGRAMS TO ESTABLISH TOBACCO FREE HEALTH CARE FACILITIES AND EDUCATIONAL CAMPUSES OBJECTIVE STATUS

Objective	Status
Short-Term Objective 1: Develop a process for establishing tobacco free health care facilities	Achieved
Short-Term Objective 2: Develop a process for establishing tobacco free higher education campuses	Achieved
Intermediate Objective 1: Increase the number of tobacco free health care facilities	Achieved
Intermediate Objective 2: Increase the number of tobacco free higher education campuses	In progress DCTFF has worked with campus leaders to establish a coalition. The coalition is developing a plan for campuses to become tobacco free.

Conclusions and Recommendations

DCTFF successfully launched all four programmatic campaign components by September 30, 2008.

DCTFF achieved all six of its mid-term objectives for the counter marketing/mass media campaign. The campaign includes television, radio, print, and guerilla marketing promotions in high-priority markets. It has been in continuous operation since June 2007, and has funding for at least 3 years. This campaign appears to relate directly to dramatic increases in calls to the toll-free quitline, the first step in DCTFF tobacco use cessation services. Calls to the quitline increased over 400 percent after the counter marketing/mass media campaign was launched.

DCTFF successfully implemented free NRT and counseling programs at over 20 sites in high-priority wards. DCTFF successfully worked with community partners to implement counseling and NRT programs in the high-priority wards. The campaign also trained over 500 health care providers and cessation specialists in the *PHS Guidelines* for advising and treating patients who use tobacco. All eligible quitline callers are referred to these services. In 2008, a majority (55.5 percent) of eligible callers presented for initial counseling and NRT. Nearly half of these continued treatment.

DCTFF formed a partnership with DCPS that developed and implemented the *Life Skills* curriculum, which is now used by 30 middle/junior high schools. DCTFF continues to train teachers and work to expand the program. The partnership also established an Alternatives to Suspension program in two Ward 8 high schools.

DCTFF collaborated with 52 community partners who serve high-priority populations. These community partners performed many important tasks:

- assessed community needs;
- conducted educational programs;
- hosted community events to educate participants about the dangers of tobacco use, secondhand smoke, and prenatal smoke exposure;
- distributed culturally targeted educational materials;
- implemented cessation programs; and
- instituted tobacco free policies.

DCTFF achieved all of its objectives for community partners targeting youths and disparities. DCTFF made significant progress toward its goals of increasing tobacco free health care facilities and higher education campuses.

The following are recommendations for continued progress toward achieving DCTFF's goals.

1. DCTFF's key long-term goal is to increase smoking quit rates and decrease smoking prevalence in the District of Columbia. Further data collection and analysis can give more information about campaign impact. For example, population-based data, such as those measured by the ATS, are necessary to measure progress toward achieving these goals. DCTFF would get more thorough and accurate information about its impact by collecting ATS data from DC residents.
2. Collecting follow-up data on quitline callers and patients who receive NRT would show the campaign's direct impact on clients' long-term tobacco use.
3. DCTFF should continue efforts to submit updates to professional associations.
4. DCTFF should continue work toward establishing tobacco free college and university campuses with the tobacco free campus consortium.

The DCTFF campaign has resulted in dramatic progress toward its goal of making DC a tobacco free community. It has established many resources that previous research has shown to be effective in prevention and cessation. The campaign increased awareness of the dangers of tobacco use, as well as of resources for becoming or remaining tobacco free. Additional data are necessary to establish overall changes in smoking prevalence since DCTFF's launch. DCTFF and the independent evaluator will plan additional data collection and analysis efforts to demonstrate campaign effects on quit rates and smoking prevalence. Complete data are expected to be available at the final reporting period for the 3-year surveillance and evaluation of DCTFF. These will allow assessment of whether the campaign has achieved all of its long-term goals and objectives.

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Appendix

DC Tobacco Free Families Campaign Logic Model

