



Work Plans and Reporting

ADULT CESSATION

Highlights

- Only pre-testing required in CGIII Evaluation
- Follow-up calls will be coordinated by a Call Center
 - 30-day Relapse Prevention Call is programmatic responsibility of agencies
- No more “Performance Measures”
- Summary reports will be changing in G-Wiz

Adult Cessation Rationale

- Intensive cessation interventions refer to multi-session programs that are specifically designed to counsel tobacco users through the quit process.
 - Does NOT include Brief Interventions or programs focused on education rather than direct cessation counseling
- The evaluation component for this strategy is based on a centralized, OTPF-directed outcomes evaluation of grantee quit programs.
- Grantees should ensure that facilitators are clearly and accurately presenting the consent form and strongly encouraging program participants to respond to post-program follow-up surveys

Overview of this session:

- Adult Cessation Work Plan in G-Wiz
- Group Cessation and Individual Cessation have the same evaluation tools, but different protocols
 - Group Intensive Counseling Protocol
 - Individual Intensive Counseling Protocol
- Adult Cessation Reporting in G-Wiz

Adult Cessation Work Plan

OTPF Grant Management Information System Intensive Adult Cessation Counseling: New Work Plan

Cancel Save and Close Save

Please provide a short unique title for this programmatic activity. This title will better enable you to remember it later.
Names cannot be changed later.

Who besides the RE Coordinator is responsible for reporting on this Work Plan entry?
Grantee GT1

Enter the program cost to be funded by OTPF grant funds:
0

Enter the program cost to be funded by matching funds:
0

Enter the proposed Start Date for the programmatic activity.
Enter date in M/D/YYYY format.

Enter the proposed End Date for the programmatic activity.
Enter date in M/D/YYYY format.

Which type of adult cessation program will you implement? (select only one)
Select one...

What is the name of the program?
Select one...
Group Counseling Program
Individual Counseling Program

To how many adults do you propose providing at least one cessation counseling session?
0

In which counties will you be implementing this program (select all that apply)

<input type="checkbox"/> Adams	<input type="checkbox"/> Allen	<input type="checkbox"/> Ashland
<input type="checkbox"/> Ashtabula	<input type="checkbox"/> Athens	<input type="checkbox"/> Auglaize
<input type="checkbox"/> Belmont	<input type="checkbox"/> Brown	<input type="checkbox"/> Butler
<input type="checkbox"/> Carroll	<input type="checkbox"/> Champaign	<input type="checkbox"/> City of Hamilton
<input type="checkbox"/> City of Middletown	<input type="checkbox"/> Clark	<input type="checkbox"/> Clermont
<input type="checkbox"/> Clinton	<input type="checkbox"/> Columbiana	<input type="checkbox"/> Coshocton
<input type="checkbox"/> Crawford	<input type="checkbox"/> Cuyahoga	<input type="checkbox"/> Darke
<input type="checkbox"/> Defiance	<input type="checkbox"/> Delaware	<input type="checkbox"/> Erie
<input type="checkbox"/> Fairfield	<input type="checkbox"/> Fayette	<input type="checkbox"/> Franklin
<input type="checkbox"/> Fulton	<input type="checkbox"/> Gallia	<input type="checkbox"/> Geauga
<input type="checkbox"/> Greene	<input type="checkbox"/> Guernsey	<input type="checkbox"/> Hamilton
<input type="checkbox"/> Hancock	<input type="checkbox"/> Hardin	<input type="checkbox"/> Harrison

The list of individuals who can report on a work plan is automatically created from the contacts listed in the [Contacts](#) tab.

Do not use dollar signs (\$) when entering program costs.

Select one...
Group Counseling Program
Individual Counseling Program

Click on each of the counties in which you will provide intensive adult cessation programming.

WORK PLAN IN G-Wiz



Adult Cessation Work Plan

Where do you plan to deliver cessation services? (check all that apply)

- Hospital
- Health Clinic
- Health Department
- Community-based organization
- Business
- Specify your own value:

“Specify your own value” means the same as “Other Response”. Describe your “Other Response” here.

How many group sessions does this program include?

How long will each group session last? Please provide your answer in minutes.

How many groups do you anticipate offering group cessation counseling?

These three questions will need to be answered if you are creating a work plan for **Group Counseling**

On average, how many program sessions do you intend to provide to each program participant?

On average, how long do you expect each individual counseling session to last? Please provide your answer in minutes.

These two questions will need to be answered if you are creating a work plan for **Individual Counseling**

WORK PLAN IN G-Wiz



Adult Cessation Work Plan

WORK PLAN IN G-Wiz



Have all the persons who will be facilitating this program been trained by a certified trainer of the program?

Yes
 No

If No, what is your plan for training all of the facilitators?

[Rich text editor toolbar]

Are all the persons who will be facilitating this program certificated tobacco cessation specialists?

Yes
 No

If No, what is your plan for certifying all facilitators?

[Rich text editor toolbar]

If you answer no that all facilitators have not been trained by a certified trainer of the program, you will have to enter in your plan for training all of the facilitators.

If all persons who will be facilitating the program are not certified tobacco cessation specialists, you will have to enter in a plan for certifying all facilitators.

Adult Cessation Work Plan

Are you substantially modifying an established program's content to be culturally appropriate for a specific target audience?

- Yes
- No

If Yes, please describe the proposed program modifications.

A A | B I U | [bulleted list icon] [numbered list icon] [link icon] [undo icon] [redo icon] [text color icon] [background color icon] [font size icon] [font style icon]

If you will be substantially modifying a program's content to be culturally appropriate for a specific target audience, you need to clearly describe the proposed modifications.

Are you substantially modifying an established program's content to address tobacco-related concepts not addressed by the core curriculum?

- Yes
- No

If Yes, please describe the proposed curriculum modifications.

A A | B I U | [bulleted list icon] [numbered list icon] [link icon] [undo icon] [redo icon] [text color icon] [background color icon] [font size icon] [font style icon]

If you will be substantially modifying a program's content to address other tobacco-related concepts (i.e. smokeless tobacco) you need to clearly describe the proposed modifications.

Are you planning to serve the general adult population or to focus your cessation program on very specific subpopulations in your community?


- General Population
- Specific Subpopulations

Please select the specific target populations for this program. (Select all that apply)

- Young Adults (18-24 years)
- Older Adults (65+ years)
- Appalachian
- Deaf and Hard of Hearing
- Ethnic/Racial Minority Groups - American Indian/Native American
- Ethnic/Racial Minority Groups - African American/Black
- Ethnic/Racial Minority Groups - Asian/Pacific Islander

If you are focusing on very specific subpopulations in your community for the program you will need to select all target populations that apply.

WORK PLAN IN G-Wiz



Adult Cessation Work Plan

To fulfill your responsibilities as a grantee you are responsible for submitting data (Attendance Form, Implementation Form, Consent Form, Baseline Survey) to OTREC. Please check the box to confirm that you will submit this information in a timely fashion.

- Yes
- No

[Go to Top of Form](#)

You should select "Yes" to agree to submit your baseline surveys, implementation forms, and attendance sheets to OTREC.

Click here to scroll to the top of the page for saving options.

**WORK
PLAN
IN 
G-Wiz**

Questions on the Work Plan?

Three components to intensive adult cessation evaluation

■ **Adult Cessation Survey**

- Consent Form (info and permission for call center to contact them 3 and 6 months following program).
- Baseline Survey (tobacco history; use).

■ **Class/Batch Information**

- Program, location, intervention dosage, etc.

■ **Attendance Log**

- Keep track of # of sessions
- Keep track of 30 day relapse prevention call.

Part 1: Evaluation Materials


Adult Cessation Baseline Survey

- To be completed prior to initiation of intensive counseling.
- Two parts:
 - Consent form;
 - Survey (tobacco history; use)

Evaluation Tools

- Cessation Attendance Log
- Keeps track of # of sessions and completion of 30 days relapse prevention call.


OTPF Adult Cessation Class Attendance Sheet



Please use this form to record participant attendance for adult group smoking cessation classes. Please ACCURATELY record the unique participant ID for each class participant immediately following administration of the baseline survey. This number can be found on the bottom of the participant's baseline survey. This form may be faxed to OTREC at 216-368-0004 or toll-free 1-877-599-7677, at the completion of the cessation programming.

Total Number of Classes Offered:

Participant ID	Participant Name	Please Mark the Box Below for Each Session Attended										30 Day Call Made
		1	2	3	4	5	6	7	8	9	10	
1. <input type="text"/> - <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. <input type="text"/> - <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <input type="text"/> - <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <input type="text"/> - <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <input type="text"/> - <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. <input type="text"/> - <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. <input type="text"/> - <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Please use additional forms as needed.

Evaluation Tools

Forms and Resource Materials
Available for Download at

www.otrec.org

Website will be available January 1—
We'll keep you posted!

Part 2 Group Continued

- **Each packet contains:**
 - Group Adult Cessation Evaluation Implementation Instructions
 - One Adult Cessation Class/Batch Information Sheet
 - Sufficient Adult Cessation Attendance Log
 - Each log holds 7 IDs/Names
 - Sufficient Adult Baseline Cessation Surveys
 - These surveys can only be obtained from OTREC. A Survey Request Form can be faxed or e-mailed to the OTREC Statewide Field Coordinator.
 - Info label on front

Part 2: Preparation & Distribution of Youth Prevention Eval Packet

- Before you can distribute the packets, they must be “registered” into the online evaluation data tracking system
 - OTREC-DM
- Secure system housed at CASE; accessible from the internet.
- Must have the following information to start:
 - Program, location, county, date, facilitator

Part 2: Group Prep

- Obtain info from facilitators, subgrantees.

Program Evaluation Information Sheet Cessation Programming*

Name of Agency:

Program:

Name of Program Site	Facilitator Name	# of sessions	# of expected enrollees	How often?	Start Date	End Date	Follow-up Date at 30 days	OFFICE USE: Packet Prepped

Important: Please fax or e-mail this completed sheet **two weeks prior to beginning programming** to (RE Coordinator) at (fax number) or (e-mail address).
Thank you!

OTREC-DM: Getting a Class/Batch ID

Grantee Information
Agency Case Testing 1

Manage Assignments Cancel Delete (Checked Boxes) Submit

<input type="checkbox"/>	Class Id	Agency	Program	County	Location	Facilitator	Start Date	Status
<input type="checkbox"/>	4565	Case Testing 1	Cooper/Clayton Method	Wyandot	dfs	sdfs	27-OCT-2006	Incomplete
<input type="checkbox"/>	4460	Case Testing 1	Better Breathing Solutions	Wyandot	gym	jones	26-OCT-2006	Incomplete
<input type="checkbox"/>	(null)	Case Testing 1						Incomplete

1 - 3 Add Row

OTREC-DM Demonstration

Part 2 Group Prep

- Record class ID on Class/Batch Information Sheet, Attendance Form, and on packet label
- You may want to include multiple attendance forms to accommodate the class size
 - Record the **SAME** Class/Batch ID on all forms

Part 3: Implementation of Group Adult Cessation Evaluation Tools

- Program Facilitator **MUST** have packet prior to the first adult cessation class
 - Remember: Quit rates are based on who completes a survey, regardless of how often they attend the program. You may have more people at your orientation meeting, but individuals attending the first cessation session may be more likely to quit.
- Facilitator transfers survey IDs to Class Information Sheet & Attendance Form

Part 3: Implementation

- **RECOMMENDED:** Facilitator should return completed surveys and class information sheet within 48 hours of completion of the first session. Attendance Log should as soon as 30-day relapse prevention calls have been made.
- **YOU CAN ALTER THIS!**

Part 3B: Group Adult Cessation Evaluation Implementation

- **Set of Instructions for Facilitator**
 - Should be included in every packet
- **Downloadable MS Word Document**
 - RE Coordinator can modify name and return time at the bottom
 - Don't change "protocol" pieces

Part 4: Submitting Data to OTREC

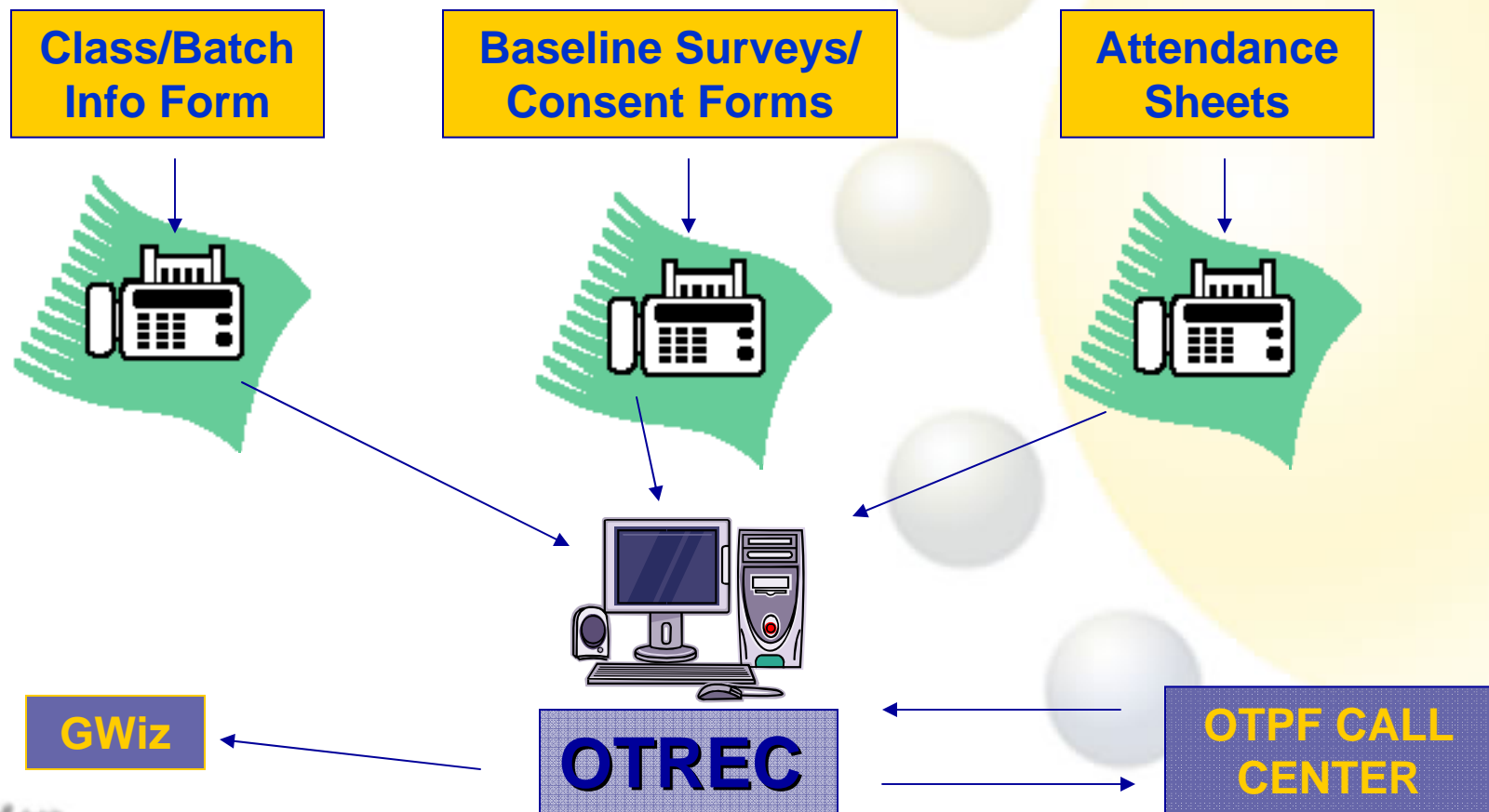
- Confirm that ALL documents have been completed.
- Make sure the Class/Batch ID matches on all forms.
- Re-use blank Adult Cessation Surveys

Part 4: Submitting Data to OTREC

- FAX Adult Baseline Cessation Surveys and Class Information Sheet to OTREC
 - Check your fax transmission report
- Enter dates into OTREC-DM
 - OTREC-DM Demo

Submitting Data

- Once class/batch data (consent forms, baseline surveys, class/batch info form, attendance) are collected.



Now let's think about the
Individual Cessation
approach...

Part 1: Evaluation Materials

- All of this information is the same for group and individual approach.

Part 2: Individual Preparation & Distribution of Evaluation Materials

- How will you know what to prepare?
- How will you distribute materials?

- Focus on establishing an internal protocol that fits **YOUR** agency to:
 - Distribute the Adult Baseline Cessation Surveys
 - Receive the completed surveys
 - OTREC can assist you with this

Part 2: Individual Prep

- RE Coordinators should establish an internal protocol for returning surveys to OTREC
 - Every Friday; The 15th and 30th of month
 - After completion of 10 surveys
- This grouping is considered a “Batch”
- RE Coordinator will follow similar protocol to get “Class/Batch ID Number” for Class/Batch Information Sheet

Part 3: Implementation

- Must administer survey prior to beginning intensive cessation
- Facilitator will not need to complete the Class/Batch Information Sheet
 - This will be done by RE Coordinator
- Again, determine an internal protocol for tracking cessation attendance
 - OTREC can assist with this

Part 4: Submitting Data to OTREC

- FAX Adult Baseline Cessation Surveys and Class Information Sheet to OTREC
 - Check your fax transmission report
- Enter data into OTREC-DM

Cessation

- All signed consent forms must be sent to OTREC via courier (e.g. FedEx, UPS) or delivered in person **AFTER** you have faxed to OTREC
 - Follow reporting period for sending consent
- OTREC will compile all of the data and report back to G-Wiz

Follow-Up Surveys

- OTPF is contracting with an external agency to do all evaluation follow-up surveys.
 - Contact information and consent to participate come from the Adult Baseline Survey.
- Participants may be contacted at 3, 6 and 12 months.
- Participants will receive a letter approximately 7-10 days before being called. The letter:
 - Explains why we are contacting them.
 - Includes the url to a web-based survey.
 - Includes a 1-800 number to schedule the survey.
- Participants who do not respond to the letter will be called.

Quit Rate Calculation

- OTPF will be using an Intent To Treat (ITT) quit rate calculation for evaluating adult cessation programs. The ITT rate is the percentage of ALL persons who received AT LEAST ONE COUNSELING SESSION who quit using tobacco.
- **When calculating ITT quit rates, any persons who do not provide follow-up data will be treated as current tobacco users.**

Quit Rate Calculation

- denominator = number of adult baseline surveys received by OTREC
- numerator = those who are quit (measured at 3, 6 and 12 months)
- Example:
 - OTREC receives 100 baseline surveys
 - 25 people report being quit at 3 months, 50 people report still using tobacco, 25 people cannot be reached.
 - 3 month ITT quit rate = $25/100 = 25\%$

Presenting the Follow-Up to Cessation Participants

- It is important to maximize follow-up participation
 - We all need to demonstrate that community programs can be evaluated to same extent as Quit Line
 - Non-response = tobacco users

Presenting the Follow-Up to Cessation Participants

■ Presentation is key

– Things to stress:

- Important for grantees and facilitators
- Confidential
- A short, straightforward survey

– Things to avoid:

- Simply presenting the follow-up as a requirement
- Not adequately explaining the consent or follow-up

Located in the Evaluation Tools section of the manual.



Adult Cessation Progress & Activity Report Worksheet

Project Name: _____

Name of Individual Completing Report: _____ Reporting Period: _____

Instructions: Please complete the information below and return this form to the RE Coordinator.

1. How many adults did you provide at least one cessation counseling session to? _____

2. How many groups did you offer group cessation counseling? _____

3. Describe your activities related to this strategy during this reporting period.

4. Were there any significant changes from the proposed scope of work for this program? YES NO
If yes, please describe the changes.

5. What were the major barriers you experienced with this program?

6. What are other important lessons learned that you would like to share with your program manager and other grantees?

INFO NEEDED FOR THE PROGRESS AND ACTIVITY REPORT

Adult Cessation: Reporting Worksheet



REPORTING IN G-Wiz

Adult Cessation

- **PROGRESS REPORT:**
 - Bi-monthly reporting (February 28, April 30, June 30, August 31, October 31, December 31)
- **ACTIVITY REPORT:**
 - Bi-monthly reporting (February 28, April 30, June 30, August 31, October 31, December 31)
- **Evaluation Report:**
 - Results from all DC: provided by OTREC.

Report for Adult Cessation (GWIZ Manual)

	Target	Cumulative Through Last Report	Percentage Completed	This Period
To how many adults did you provide at least one cessation counseling session?	55	0	0.00 %	<input type="text"/>
How many groups did you offer group cessation counseling?	4	0	0.00 %	<input type="text"/>

Buttons: Cancel | Save And Close | Save and Submit

Annotations:

- Target Number (points to Target column)
- Percentage Completed (points to Percentage Completed column)
- Cumulative Target Reached (points to Cumulative Through Last Report column)
- Enter the number of adults reached this Period. (points to input field for 'To how many adults...')
- Three options for saving your Progress Report. (points to Save and Submit button)

PROGRESS REPORT IN G-Wiz

OTPF Grant Management Information System
Intensive Adult Cessation Counseling: New Activity Report

Activity Report for Adult Cessation (GWIZ Manual)

Cancel Save and Close Save and Submit

Please enter a title for this Activity Report.

Name the Activity Report so that you'll be able to remember it later. Names cannot be changed later.

Please describe how you have addressed any training or certification deficiencies during this reporting period.

Rich text editor with toolbar and text area.

Describe your activities related to this strategy during this reporting period.

Rich text editor with toolbar and text area.

Were there any significant changes from your proposed implementation of this program?

- Yes
- No

Place to tell your Program Manager at OTPF if your work plan has changed during this reporting period.

If so, describe the changes.

Rich text editor with toolbar and text area.

What were the major barriers you have experienced with this adult cessation program?

Rich text editor with toolbar and text area.

What are other important lessons learned that you would like to share with your program manager and other grantees?

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ACTIVITY REPORT IN G-Wiz



REMINDER: In order to receive credit for all data related to this work plan the relevant forms (Baseline Survey, Class Information Sheet, Attendance Log) must be submitted in a timely fashion to OTREC.

Have you submitted the required forms to OTREC?

- Yes
- No

If no, why haven't you submitted the required forms to OTREC?



[Go to Top of Form](#)

Takes you to the top of the page for Saving Options

Just a reminder that most of your "Activity" will be reported through the data collection procedures through OTREC.

ACTIVITY REPORT IN G-Wiz

Evaluation Report

OTREC will provide summaries of your intensive adult cessation data collection efforts here.

- # of adult cessation (baseline) surveys with consent forms received in OTREC-DM.
- # of classroom/batch information sheets received in OTREC-DM (faxed-back).
- # of classroom/batch attendance forms received in OTREC-DM.
- Demographic characteristics of adult participants (age, gender, race/ethnicity, etc).
- # of adults who completed the 3 month follow up survey with the call center.
- # of adults who completed the 6 month follow up survey with the call center.
- % of adult participants who were smoke/tobacco free at 3 months follow up (from the OTPF Call Center).
- % of adult participants who were smoke/tobacco free at 6 months follow up (from the OTPF Call Center).

Questions? Discussion?