

Practical Challenges and Promising Strategies for Adapting MDS Intake Questions for In-Person Cessation Programs

Anne Betzner, Ph.D.
Lija Greenseid, Ph.D.

NAQC Coffee Break Call
May 12, 2011

Today

- Reasons to use MDS protocols
- Two case studies
- Challenges
- Lessons learned
- Results of efforts

Primary Reasons to Use MDS

1. Valid and reliable instruments
2. Developed to be used in practice
3. Comparable data across interventions

MDS Intake Questions December 30, 2009

MDS ID	Question
A. REASON FOR CALLING AND AWARENESS OF QUITLINE	
SI 1	<p>1. How can I help you? DO NOT READ</p> <p><input type="checkbox"/> Want help / information about quitting <i>Optional Probe if selected: So, you are still using tobacco right now? (If caller responds "no" then check the following box for "want help/information about staying quit")</i></p> <p><input type="checkbox"/> Want help / information about staying quit</p> <p><input type="checkbox"/> Want to refer someone for help</p> <p><input type="checkbox"/> Want general information or materials about quitline service</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Not asked</p>
SI 2a	<p>2a. Just to confirm, are you calling for yourself, or calling on behalf of or to help someone else? :</p> <p><input type="checkbox"/> Calling for yourself for help with quitting (<i>SKIP TO SI 3</i>)</p> <p><input type="checkbox"/> Calling for yourself but not for help with quitting (<i>CONTINUE TO OI 2b</i>)</p>

Case Study 1: Large statewide community-based in-person cessation program



Stop-Smoking Program Registration Form

To help you quit tobacco, we'd like to learn about you and your tobacco use. These questions are used only to see who is using this program. Everyone can join this program. Your responses on this form will be kept confidential. If you have any questions when filling out the form, please ask your facilitator.

REGISTRATION INFORMATION

Today's Date: _____

Name: _____

Address: _____ (first) _____ (middle) _____ (last)

City: _____ Zip code: _____ County: _____

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

HOW DID YOU HEAR ABOUT THIS PROGRAM

1. How did you hear about this program?

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Family / friends |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Television | <input type="checkbox"/> Health insurance plan |
| <input type="checkbox"/> Internet / web | <input type="checkbox"/> Community organization |
| <input type="checkbox"/> Phone directory | <input type="checkbox"/> Quitline |
| <input type="checkbox"/> Flyers / brochures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health care provider
(doctor/dentist/nurse) | <input type="checkbox"/> Don't know / not sure |

YOUR CURRENT TOBACCO USE

2. What types of tobacco do you use now or in the past 30 days?

(Check all that apply)

- Cigarettes
- Cigars, cigarillos, or little cigars
- A pipe
- Chewing tobacco, snuff, or dip
- Other types of tobacco (such as hookahs, bidis, snus): _____
- None - I haven't used any tobacco in the past 30 days. Please go to question 6.

3. Do you currently use tobacco every day, some days, or not at all?

(Check one)

- Everyday
- Some days
- Not at all - go to question 6.

4. How soon after you wake up do you smoke your first cigarette?

(Check one)

- Within 5 minutes
- 6 to 30 minutes
- 31 to 60 minutes
- After 60 minutes
- Not applicable - I only use other forms of tobacco

5. How many cigarettes do you smoke per day on the days that you smoke?

(Check one)

- 10 or fewer cigarettes
- 11-20 cigarettes
- 21-30 cigarettes
- 31 or more cigarettes
- Not applicable - I only use other forms of tobacco

Continue →

Case Study 2: Small statewide in-person cessation program

- Diverse Grantees
- Technology
 - Paper forms
- Formatting as key issue
- Diversity of interventions and need for different forms

Formatting Cigarette Use Items

Your Current Tobacco Use

4. This section will ask about your cigarette use only. Have you used cigarettes in the past 30 days?

Yes

No

→ SKIP TO QUESTION 10

5. Do you currently smoke cigarettes every day, some days, or not at all?

Everyday

Some days

Not at all

6. How many cigarettes do you smoke per day on the days that you smoke? (enter number)

Number of cigarettes per day

7. How soon after you wake up do you smoke your first cigarette?

Within 5 minutes

31 to 60 minutes

6 to 30 minutes

More than 60 minutes

8. Do you intend to quit using cigarettes within the next 30 days?

Yes

No

Don't know

CONTINUE TO QUESTION 10

9. When was the last time you smoked a cigarette, even one puff? Your best guess is fine. (enter date)

Date of last cigarette

M M D D Y Y Y Y

Note: If day is unknown, write 99 for DD

CONTINUE TO QUESTION 10

Key Strategies:

- Visually simplify complicated skip conditions
- Include key verbal prompts as written instructions

Formatting Other Tobacco Use Items

Key Strategies:

- Exclude other tobacco use screener
- Ask unique question stem for each tobacco use type
- Organize all same-tobacco use items together

Cigar, Cigarillo, Little Cigar Use

10. Have you used cigars, cigarillos or little cigars in the past 30 days?

Yes No → SKIP TO QUESTION 15

11. Do you currently smoke cigars, cigarillos or little cigars every day, some days, or not at all?

Everyday Some days Not at all

12. How many cigars, cigarillos or little cigars do you smoke per week on the weeks that you smoke? (enter number)

Number of cigars per week

13. Do you intend to quit using cigars, cigarillos or little cigars within the next 30 days?

Yes
 No
 Don't know

CONTINUE TO QUESTION 15

14. When was the last time you smoked a cigar, cigarillo or little cigar, even one puff? Your best guess is fine. (enter date)

Date of last cigar
M M D D Y Y Y Y

Note: If day is unknown, write 99 for DD

CONTINUE TO QUESTION 15

Diversity of Grantees – Brief Interventions

Have you used any of the following types of tobacco in the past 30 days? (Fill in one response for each type)

	No	Yes	
Cigarettes	<input type="radio"/>	<input type="radio"/>	IF YES
Cigars, cigarillos, or little cigars	<input type="radio"/>	<input type="radio"/>	
A pipe (this is a traditional pipe; for water pipe indicate "other type of tobacco" below)	<input type="radio"/>	<input type="radio"/>	IF YES TO ANY
Chewing tobacco, snuff, or dip	<input type="radio"/>	<input type="radio"/>	
Any other type of tobacco (if YES please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	

The H routinely evaluates the quality of its programs. May an evaluator contact you at a later date to ask about your satisfaction with the program and your progress towards quitting?

Yes No

↓

Thank you, please provide your contact information below:

Key Differences:

- MDS inspired tobacco use items only
 - Everyday
 - Some days
 - Not at all
- Every day / Some day / Not at all for all other tobacco products combined
 - Everyday
 - Some days
 - Not at all

Challenges

- Program staff, funders, and other stakeholders' concerns
 - Contextual issues
 - Resources to implement
- Moving from phone to paper administration
 - Guiding clients through skip patterns
 - Health literacy issues

Lessons Learned

- Unique settings demand different strategies
- Find a champion to support implementation
- Educate stakeholders on reasons for using MDS
- Listen to program staff concerns and modify questions to fit their context
- Match number and content of questions to the intensity and goals of the program
- Use graphic design services for help formatting paper questionnaires

Results of efforts

- Implementation process can help build the evaluation capacity of in-person programs
- Results can be compared to national quitlines (or other in-person programs)
(See An et al.. (2010). “The comparative effectiveness of clinic, work-site, phone, and Web-based tobacco treatment programs.” *Nicotine & Tobacco Research*, 12 (10), 989-996.)
- Share knowledge with field on how to evaluate in-person cessation programs

Contact



Professional Data Analysts, Inc.

219 Main Street SE, Suite 302
Minneapolis, Minnesota 55414

www.PDAstats.com

612.623.9110

(f) 612.623.8807

Anne Betzner, Ph.D.

Vice President

abetzner@pdastats.com

Lija Greenseid, Ph.D.

Senior Evaluator

lija@pdastats.com