Evaluation of Tobacco Control Programs: ASSIST

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Section A
Overview of ASSIST
American Stop Smoking Intervention Study (ASSIST)

- Overview
  - First investment by the U.S. federal government to build state tobacco control programs
  - In October 1991, the National Cancer Institute awarded 17 state health departments contracts to deliver tobacco control
  - States received $1,142,000, on average, from 1993 to 1999

ASSIST States

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**ASSIST Intervention Framework**

- Change the social norms
- Educate public and policy makers
- Strategic use of the media
- Focus on changing policy
- Increase demand for program services


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**ASSIST Evaluation Timeline**

Source: adapted by CTLT from Stillman et al. (2003).

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Focus of Interventions

- Build tobacco control workforce
- Develop coalitions
- Media advocacy
- Policy advocacy
  - Increase excise taxes
  - Increase coverage of clean indoor air laws
  - Increase youth access restrictions
  - Encourage tobacco advertising and promotion restrictions


Why Study ASSIST?

- Critical need to monitor and assess tobacco-related diseases and efforts to combat the pandemic at national, state, local, and international levels
- Need to monitor progress toward the goal of reducing smoking rates
- Demonstrate the effectiveness of the program

**Why Study ASSIST?**

- A standard mantra in evaluation is that there is a need to determine if program components are producing their desired effects.
- Justify a need for continued funding and support.
- Learn how to improve programs.
- Move the field of tobacco control forward.


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**What Was Done to Evaluate ASSIST?**

- Developed a conceptual framework and identified the pathways to link inputs to outcomes.
- Focused on research questions—starting with assessing ASSIST status and moving on to assessing overall tobacco control efforts.
- Developed new exposure measures to assess state-level factors (strength of tobacco control, initial outcome index).

### Research Questions Guiding the ASSIST Evaluation

- What is the effect of ASSIST on cigarette consumption and smoking prevalence rates (final outcomes)?

- What is the relationship between ASSIST and Strength of Tobacco Control (SoTC) index (resources, capacity, and anti-tobacco efforts)?

- What is the relationship between SoTC and cigarette consumption and smoking prevalence rates?

- What is the ASSIST effect on initial outcomes (workplace smoking bans, legislative scores, media advocacy scores, and cigarette prices)?

- How are the initial outcomes related to the final outcomes?

- What is the relationship between SoTC and the initial outcomes?

- Did ASSIST modify the effects of the initial outcomes and/or SoTC’s effects on the final outcomes?
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Logic Model or Conceptual Framework

Review of ASSIST Measures

<table>
<thead>
<tr>
<th>Key constructs</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>• Dollars expended for tobacco control&lt;br&gt;• Source of funds for tobacco control</td>
</tr>
<tr>
<td>Capacity to implement tobacco control activities</td>
<td>• Number of state-level tobacco control personnel&lt;br&gt;• Capability of state organization to provide surveillance, training, and technical assistance&lt;br&gt;• Number of state organizations involved in tobacco control&lt;br&gt;• Frequency and type of contact between organizations&lt;br&gt;• Linkages between state and local tobacco control</td>
</tr>
<tr>
<td>Anti-tobacco efforts</td>
<td>• Quality of state tobacco control plan&lt;br&gt;• Comprehensiveness of state tobacco control plan&lt;br&gt;• Type of tobacco control strategies&lt;br&gt;• Comprehensiveness of state tobacco control effort</td>
</tr>
<tr>
<td>Pro-tobacco efforts</td>
<td>• Advertising dollars&lt;br&gt;• Legislative activities&lt;br&gt;• Other activities</td>
</tr>
<tr>
<td>State conditions</td>
<td>• Age, education, population size, poverty status, race/ethnicity, sex, urban/rural&lt;br&gt;• Economic value of tobacco from agricultural, manufacturing, and processing (% of gross state product)</td>
</tr>
</tbody>
</table>

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