

An Initial Assessment of the Consumer Demand Roundtable Results and Promise

Dianne C. Barker, MHS, Marjorie A. Gutman, PhD, Sara R. Gordon, MSW

Background: An initial assessment of the National Tobacco Cessation Collaborative's (NTCC) 2005–2007 Consumer Demand Roundtable (CDR) was conducted in 2008 to assess the results and products of CDR, and to offer recommendations to guide ongoing NTCC efforts to expand the demand, reach, and use of effective tobacco-cessation treatments.

Methods: The evaluation was a small, retrospective, descriptive study, primarily using in-depth telephone interviews, supplemented by a review of CDR agendas, products, and web-based participant surveys. A sample of 30 tobacco-cessation leaders who had participated in at least one CDR meeting or conference was interviewed in May and June of 2008.

Results: Specific products implemented or influenced by CDR were identified, and organized by its six core strategies. Almost all respondents reported that the CDR was successful in its first goal to generate new ways of thinking about increasing demand for chronically underused evidence-based quit-smoking treatment, providing concrete examples of ways they had infused CDR concepts into the work of their organizations. The development of new products and communication messages suggested some progress in meeting the goal of identifying and catalyzing feasible innovations in treatment design, promotion, research, practice, and policy.

Conclusions: Results suggest that the CDR, conceived as a “think tank” for the tobacco-cessation field, made sizable progress, especially in shifting the field to a new way of thinking. Continued leadership, funding, and proactive, sustained communication are needed to ensure these new innovations are further tested, implemented, and sustained. A longer-term follow-up evaluation to measure this impact is recommended.

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Introduction

In 2005, the National Tobacco Cessation Collaborative (NTCC) received 3 years of funding totaling approximately \$200,000 to organize and convene a Consumer Demand Roundtable (CDR). Funded by the American Legacy Foundation, CDC, National Cancer Institute, National Institute on Drug Abuse, National Institute of Health (NIH) Office of Behavioral and Social Sciences Research, and Robert Wood Johnson Foundation (RWJF), the CDR was intended to be a “think tank” for the field of tobacco-cessation research, practice, and policy. Its goals were: (1) to generate new ways of think-

ing about increasing demand for evidence-based tobacco-cessation products and services; and (2) to identify and catalyze feasible innovations in the design, promotion, research funding, practice, and policy of these evidence-based products and services to improve their use, reach, and impact.¹

The Academy for Educational Development (AED), based in Washington DC, as manager of the NTCC, directed and influenced the activities of the CDR. Following a series of interviews with potential candidates nominated by the funding organizations, 40 tobacco-cessation experts from research, practice, product/service, and advocacy organizations were selected and asked to engage in a series of three roundtable meetings and deliberations. These 2-day roundtable meetings were held between December 2005 and June 2006. CDR participation was unique in its breadth—a leading global consumer product design firm, IDEO, and representatives from the pharmaceutical industry were among the CDR participants. All roundtable members participated in-person,

From Barker Bi-Coastal Health Consultants, Inc. (Barker, Gordon), Calabasas, California; Gutman Research Associates (Gutman), Cranbury, New Jersey

Address correspondence and reprint requests to: Dianne C. Barker, MHS, Barker Bi-Coastal Health Consultants, Inc., 3556 Elm Drive, Calabasas CA 91302. E-mail: dcbarker@earthlink.net.

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but some roundtable members were not able to attend all three roundtables. In May 2007, 105 attendees, including roundtable members, participated in an invitational National Consumer Demand Roundtable conference to engage others in these discussions. Attendees included researchers (29%), advocacy organization staff (25%), tobacco treatment program managers (22%), private foundation staff (7%), pharmaceutical industry staff (6%), marketing organization staff (6%), and facilitators (5%).

In addition to the three roundtable meetings and the final conference, AED used project funds to support CDR communications activities (e.g., website, newsletter). Support for several of these activities also was contributed by the American Cancer Society, Free & Clear, GlaxoSmithKline, Pinney Associates, and Pfizer, Inc. RWJF also separately funded AED to support IDEO in providing technical assistance to several organizations, including three exemplar treatment redesign pilot projects.² As described in this supplement to the *American Journal of Preventive Medicine*,¹ NTCC as a collaborative, as well as individual members in their own organizations, have continued to focus on the recommendations emerging from the CDR, including the development of this journal supplement. Consumer demand is now one of NTCC's five initiatives.

In March 2008, RWJF commissioned Barker Bi-Coastal Health Consultants, Inc. and Gutman Research Associates to assess the initial accomplishments and contributions of the CDR, and to offer recommendations regarding future work to build consumer demand for, and use of, chronically underused effective tobacco-use treatment products and services. To guide the assessment, the evaluators, with input from members of the CDR planning committee, developed a multilevel logic model capturing the various activities, outputs, and anticipated outcomes (both short- and long-term) of CDR (DCB, unpublished observations, 2009).

As depicted at the macro-level in Figure 1, the CDR sought to bring about a “paradigm shift” in how smokers and quitters were viewed—away from seeing them as “passive treatment beneficiaries” and toward viewing them as empowered “consumers of cessation products and services.”³ This conceptual shift, as agreed on by the roundtable members, was seen as essential for spurring consumer-focused innovations or models in current treatment and communication. These models were intended to spur new research/surveillance, policy, practice, and communication strategies that in turn would result in treatment that would be not only effective, but also engaging and appealing—especially for smokers in underserved low-income and racial/ethnic minority pop-

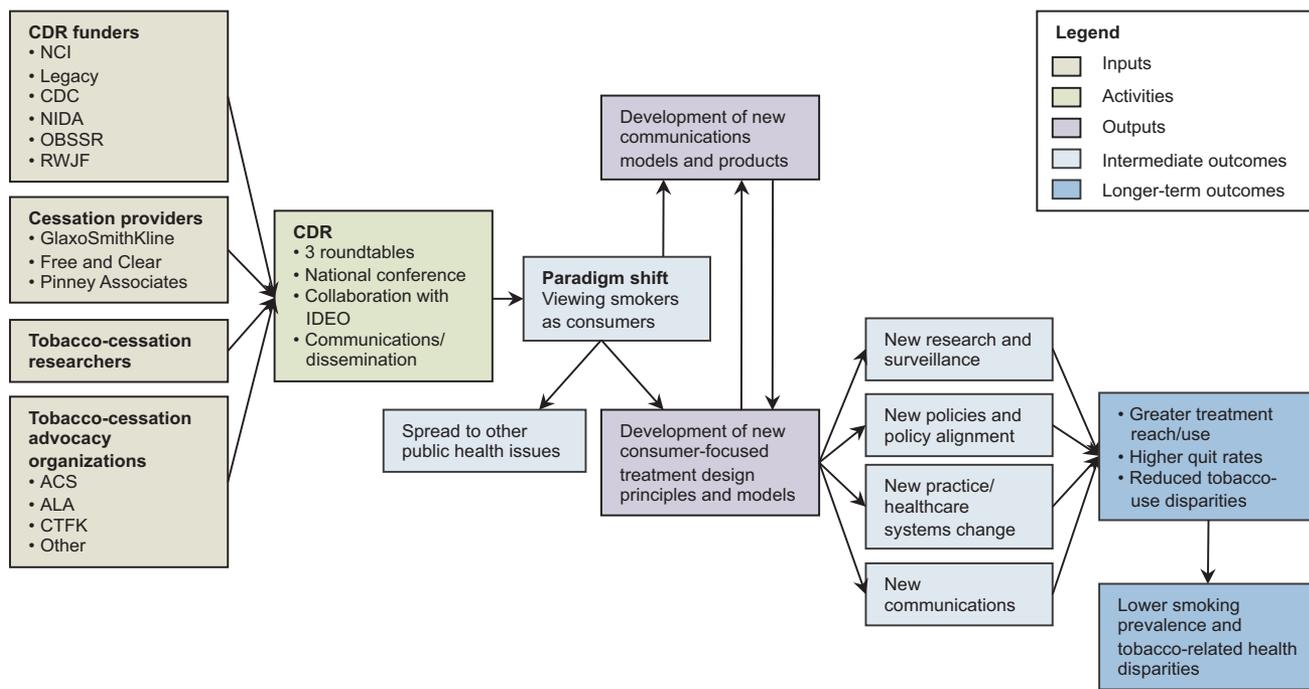


Figure 1. Consumer Demand Roundtable (CDR) macro-level logic model
 ACS, American Cancer Society; ALA, American Lung Association; CTFK, Campaign for Tobacco-Free Kids; NCI, National Cancer Institute; NIDA, National Institute on Drug Abuse; OBSSR, NIH Office of Behavioral and Social Sciences Research; RWJF, Robert Wood Johnson Foundation

ulations. Ultimately, this would lead to higher quit rates, reduced treatment use disparities, and lower smoking prevalence and tobacco-related health disparities. Since the CDR had no funding beyond its convening and communication support and the related funding for the IDEO-facilitated projects, its influence was to occur primarily through the effects of its ideas, recommendations, and communication venues on its primary funders; the actions and individual leadership of CDR members, participants, and their organizations; the wider dissemination of CDR reports and products by NTCC and others; and follow-up activities of the NTCC. This brief report summarizes results from this evaluation.

Evaluation Methods

The evaluation is based on a small, retrospective, descriptive assessment primarily utilizing in-depth telephone interviews, supplemented by a review of CDR agendas, products, and web-based participant surveys conducted by the NTCC following each roundtable meeting and the final conference. Thirty telephone interviews with CDR participants, each lasting 1 hour, were conducted in May and June 2008. Resources limited the number of interviews to 30. Respondents included representatives of each of the major CDR funders ($n=6$), leaders of the three IDEO-facilitated treatment redesign pilot projects ($n=3$), and a sample of CDR core planning committee members ($n=4/9$), CDR members ($n=9/18$) and the National Consumer Demand Roundtable conference attendees ($n=8/105$). Several participants overlapped in their roles: one of the major funders also was a member of the core planning committee, one member of the core planning committee was a CDR member, one leader of the IDEO-facilitated projects was a CDR member, and 26 of the 30 interviewed were present at the conference. Of those selected for the interviews, 100% agreed to be interviewed. Sampling criteria for the latter three groups were based on core planning committee members' assessment of individuals' level of participation in CDR and/or their national leadership on tobacco-cessation treatment. All interviewees participated in at least one roundtable meeting or the conference.

Interview guides for each informant grouping were developed by the evaluation team and included questions pertaining to the main accomplishments and challenges of the CDR; the influence of the CDR on one's own organization and specifically, one's own work; the CDR's influence on the tobacco control field as well as the public health field at large; future directions for consumer demand research, surveillance activities, policy actions and treatment practice/delivery; the role of NTCC in future consumer demand activities; and potential benchmarks to measure future progress in reaching the goals of the CDR. The evaluation team developed and applied a coding scheme to the interview transcripts,

then extracted and integrated major themes and exemplary quotations across all informant groupings, and discussed these results within the team. In addition, data from the interviews and CDR-related materials regarding products and communication efforts directly implemented or influenced by CDR were tabulated.

Results

One of the chief results of the three roundtable meetings was agreement on, and recommendation of, the six core strategies for achieving its two major goals. The first strategy focused mainly on the CDR goal of generating new ways of thinking about building consumer demand; the remaining five strategies focused primarily on the implementation-related CDR goal of identifying and catalyzing feasible and effective consumer-oriented changes in product, design, research, practice, and policy to increase treatment reach and use. These strategies are described in more detail in this issue.¹

CDR appears to have succeeded—despite its limited funding and duration—as a “think tank” in generating new ways of thinking about building consumer demand for tobacco treatment. The interviews indicate that CDR brought diverse sectors (i.e., philanthropy, government, community-based and voluntary organizations, leading tobacco control advocacy groups, treatment providers, academic organizations, and pharmaceutical companies) together, “creating a fertile area for thinking and innovation,” leading to “a synergy of influence across various groups.” All but a few respondents commented that the CDR had stimulated a “new way of thinking” about their own research and practice work. That is, the CDR helped participants recognize the importance of placing consumers in the forefront, and viewing quitting as a journey, not a one-time event. As one participant commented,

“It [the CDR] has been instrumental in helping those in the national tobacco control cessation arena really step out of their usual ways of thinking about these issues and really pushing people to try to be thinking in a much more innovative way.”

Table 1, under Strategy 1, also lists nine examples in which the concept of the smoker as a consumer has been applied and widely disseminated. Several of these products were intended to reach large, national audiences. For example, the new language in the *USPHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update* has the potential to affect all treatment practitioners in the U.S.

Findings also indicate that the CDR catalyzed opinion leaders in the tobacco-cessation field to identify and to implement feasible innovations in their ongoing work in

Table 1. Consumer Demand Roundtable (CDR) products and influences 2005–2009

Core strategy	Leadership	CDR products/influence	Date	Reference
#1: Viewing smokers as consumers and taking a fresh look at quitting from their perspective	AED and roundtable members	Disseminated CDR-related concepts to tobacco control and cancer researchers, state tobacco control and MCH program managers and others, via teleconferences and national conferences:	Ongoing	www.consumer-demand.org
		<ul style="list-style-type: none"> June 12–14, 2006 NIH State-of-the-Science Conference on Tobacco Use: Prevention, Cessation and Control 		
		<ul style="list-style-type: none"> 2006 Association of Maternal and Child Health Programs and Partnership for Smoke-Free Families teleconferences 		
		<ul style="list-style-type: none"> May 2007 National Consumer Demand Roundtable Conference 		
		<ul style="list-style-type: none"> 2007 and 2008 National Conference on Tobacco or Health 		
		<ul style="list-style-type: none"> 2007 Social Marketing and Public Health 		
		<ul style="list-style-type: none"> 2007 Society for Research on Nicotine and Tobacco 		
		<ul style="list-style-type: none"> 2008 Tobacco Control Network four-part teleconference series titled “Integrating Cessation with Smoke-free Policy Implementation” 		
	AED	Launched Consumer Demand Roundtable website in 2006	Ongoing	www.consumer-demand.org
	AED	Launched NTCC News, a monthly e-newsletter describing CDR activities in February 2007	Ongoing	www.tobacco-cessation.org/news.htm
Roundtable members	Released and disseminated <i>USPHS Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update</i> in May 2008, with first-ever recommendations to improve treatment promotion and consumer demand for treatment; disseminated USPHS guidelines to consumers using print, radio, and online outlets	Ongoing	www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.chapter.28163	
Roundtable members	Fielded Harvard School of Public Health and RWJF nationally representative telephone poll (n=1076 adults) to examine perceptions of treatment-cessation methods	July 2006	Napier M, Smith-Simone S, Paloma M, Orleans T. Public perceptions of tobacco-cessation treatment efficacy. Princeton NJ: RWJF, 2006. Unpublished research brief available online at www.rwjf.org/files/publications/other/Research%20Highlight%20[3].pdf	

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Table 1. (continued)

Core strategy	Leadership	CDR products/influence	Date	Reference
	Roundtable members	Increased focus on consumer demand at the University of California, San Francisco Smoking Cessation Leadership Center	2007–2008	smokingcessationleadership.ucsf.edu
	Roundtable members and AED	Published and disseminated <i>Innovations in Building Consumer Demand for Tobacco-Cessation Products and Services: Six Core Strategies for Increasing the Use of Evidence-Based Tobacco-Cessation Treatment</i>	May 2007	www.consumer-demand.org/PDFs/ConsumerDemandReport09_071.pdf
	Roundtable members	Formed Society of Behavioral Medicine Committee on Consumer Demand	April 2008	
	Roundtable members	Applied CDR concepts and strategies to development of goals for American Lung Association local chapters	July 2008	
#2: Redesigning evidence-based products and services to better meet consumers' needs and wants	Roundtable members	Conceived a Tobacco-Cessation X Prize, CDC/Legacy/RWJF-funded effort with the X Prize Foundation and Lance Armstrong Foundation	Spring 2007	
	Roundtable members, IDEO, and AED	Designed three IDEO-facilitated projects and implemented two of the three in collaboration with the Alaska Native Tribal Health Consortium and the University of Arizona; subsequent implementation of Arizona Helpers Project in NJ	May 2007; November 2008 (NJ)	IDEO's Process of Innovation Towards Tobacco Cessation. Washington DC: National Tobacco Cessation Collaborative, 2007. May 2007. www.consumer-demand.org/ms4.htm
	Roundtable members	Applied CDR principles to state quitline approaches, with help from IDEO	2007–2008	
	Roundtable members	Encouraged inclusion of smoking cessation within substance abuse programs and physician education programs sponsored by NIDA	2008	
	IDEO and AED	Published and disseminated <i>Consumer Demand Design Principles: 8 IDEO Design Principles for Redesigning Tobacco-Cessation Products and Services</i>	January 2008	www.tobacco-cessation.org/PDFs/IDEO_ConsumerDemand_F9.pdf

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Table 1. Consumer Demand Roundtable (CDR) products and influences 2005–2009 (continued)

Core strategy	Leadership	CDR products/influence	Date	Reference
#3: Marketing and promoting cessation products and services in ways to reach smokers—especially underserved smokers—where they are	Roundtable members	Changed how national tobacco control organizations and advocates think and converse about quitlines, leading to an increase in national attention on cessation and quitlines	Ongoing	
	Roundtable members	Launched two new media campaigns to boost consumer demand: NCI Cancer Information Service <i>Quit Now</i> and Legacy Foundation <i>EX</i> [®]	October 2006	1800quitnow.cancer.gov www.americanlegacy.org/29.aspx
	Roundtable members	Developed new Free & Clear quitline promotional videos describing how quitline coaching works, using success stories from prior users	2007	www.freeclear.com
	Roundtable members	Assessed tobacco-cessation materials available in the CTFK's Quitting and Reducing Tobacco-Use Inventory of Products (QuitIP) for consumers with low levels of literacy	2007	Weiss SM, Smith-Simone SY. Consumer and health literacy: the need to better design tobacco-cessation product packaging, labels, and inserts. Am J Prev Med 2010;38(3S):S403–S413.
	AED	Developed factsheet: <i>Twelve Facts to Help Dispel the Myths about NRT and Nicotine</i>	March 2007	www.tobacco-cessation.org/PDFS/NicFactSheet-09-07.pdf
AED	Developed factsheets on various cessation topics: <i>Medicaid Coverage for Tobacco Dependence Treatments; Tobacco Cessation and Primary Care; Tobacco Cessation and the Internet; Tobacco-Cessation Quitlines; Tobacco-Cessation Treatments; Tobacco Use in the United States; Youth Tobacco Use and Cessation</i>	May 2007	www.consumer-demand.org/ms4.htm	
AED	Developed checklist: <i>Assessing Tobacco-Cessation Materials for Health Literacy</i>	October 2007	www.tobacco-cessation.org/PDFs/HealthLiteracyChecklist.pdf	
#4: Seizing policy changes as opportunities for “breakthrough” increases in treatment use and quit rates	Roundtable members	Implemented efforts in MD, NJ, and Philadelphia (RWJF-funded) to promote quitlines before and after smokefree air law changes	2006–2007	

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Table 1. (continued)

Core strategy	Leadership	CDR products/influence	Date	Reference
	Roundtable members	Encouraged collaboration between the Maryland Department of Health and Mental Hygiene Office of Safety and Health (charged with enforcing the regulation) and the Office of Tobacco Control (charged with funding local health departments for tobacco control efforts)	2007–2008	www.tobacco-cessation.org/news_feb08.htm#spotlight
	Roundtable members	Developed <i>NAQC Policy Playbook: A Guide to Promoting Quitlines During Policy Change</i> , two NAQC factsheets, and three NAQC case studies (Arizona, Colorado, Nevada) and the Campaign for Tobacco-Free Kids <i>Toolkit for Implementing Smoke-Free Laws</i> to align passage of smokefree air laws and tobacco excise tax increase with efforts to boost quitline promotion and staffing	2007–2008	www.naquitline.org/playbook http://www.naquitline.org/resource/resmgr/docs/naqc_factsheet_smokefreepoli.pdf http://www.naquitline.org/resource/resmgr/docs/naqc_factsheet_tobaccotaxinc.pdf http://www.naquitline.org/resource/resmgr/docs/naqc_case_study_az_final.pdf http://www.naquitline.org/resource/resmgr/docs/casestudy-co-mar08.pdf http://www.naquitline.org/resource/resmgr/docs/naqc_case_study_nv_final.pdf www.goingsmokefree.org/
	Roundtable members	Released Pacific Business Group on Health report, <i>Tobacco-Cessation Benefit Coverage and Consumer Engagement Strategies: A California Perspective</i>	December 2007	www.pbgh.org/documents/PBGH-CDC_TobaccoCessation12-2007.pdf
	Roundtable members	Examined and recommended sale of 1-day/trial-size packaging of over-the-counter NRT products to FDA	July 2008	
#5: Systematically measuring, tracking, reporting, and studying use—and their drivers and benefits—to identify opportunities and successes	Roundtable members	Integrated science of consumer demand into research agenda of Schroeder Institute for Tobacco Use and Policy Studies	Ongoing	www.americanlegacy.org/2616.aspx
	Roundtable members	Solicited and funded eight <i>RWJF Substance Abuse Policy Research Program (SAPRP)</i> proposals to examine determinants and effects of policies to expand consumer demand	2006–2008	www.saprp.org
	Roundtable members	Identified research to increase consumer demand, especially in high-risk, low-income, and racial/ethnic populations as top priority during <i>NIH State-of-the-Science Conference on Tobacco Use: Prevention, Cessation, and Control</i>	June 2006	consensus.nih.gov/2006/2006TobaccoSOS029.html.htm

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Table 1. Consumer Demand Roundtable (CDR) products and influences 2005–2009 (continued)

Core strategy	Leadership	CDR products/influence	Date	Reference
	Roundtable members	Supported simulation modeling to assess the impact of varied treatment-related and public health tobacco control policies on treatment use and demand, funded by RWJF and NIH Office of Behavioral and Social Sciences Research	2007–2008	Levy DT, Mabry PL, Graham AL, Orleans CT, Abrams DB. Reaching Healthy People 2010 by 2013: a <i>SimSmoke</i> simulation. <i>Am J Prev Med</i> 2010;38(3S):S373–S381. Levy DT, Mabry PL, Graham AL, Abrams DB, Orleans CT. Modeling the impact of smoking cessation treatment policies on quit rates. <i>Am J Prev Med</i> 2010;38(3S):S364–S372. www.tobacco-cessation.org/news_feb08.htm#spotlight
	Roundtable members	Created data snapshots for local MD health departments to target programs to where smokers live	2007–2008	www.rwjf.org/pr/product.jsp?id=19932
	Roundtable members	Posted SAPRP policy brief, <i>Increasing the Use of Smoking-Cessation Treatments</i>	October 2007	
	Roundtable members	Released NCI and NIDA RFA Improving Effectiveness of Smoking-Cessation Interventions and Programs in Low-Income Adult Populations (R01, R21)	2008	grants1.nih.gov/grants/guide/rfa-files/RFA-CA-08-022.html grants1.nih.gov/grants/guide/rfa-files/RFA-CA-08-023.html
	Roundtable members	Reviewed surveillance systems to identify gaps in monitoring quit attempts and treatment use	2008	Backinger CL, Malarcher A. The things that get measured are the things that get done. <i>Am J Prev Med</i> 2010;38(3S):S433–S436.
	Roundtable members	Evaluated the EX [®] campaign	2008	Vallone DM, Duke JC, Mowery PD, et al. The impact of EX: results from a pilot smoking-cessation media campaign. <i>Am J Prev Med</i> 2010;38(3S):S312–S318.
	Roundtable members	Recommended consumer-demand orientation to tobacco-cessation objectives for <i>Healthy People 2020</i>	2008	
#6: Combining and integrating as many of the five strategies above as possible for maximum impact	Roundtable members	Marketed cessation services to smokers in Maryland, using core strategies	February 2008	www.tobacco-cessation.org/news_feb08.htm#spotlight

AED, Academy for Educational Development; CDR, Consumer Demand Roundtable; CTFK, Campaign for Tobacco-Free Kids; FDA, U.S. Food and Drug Administration; MCH, Maternal and Child Health; NAQC, North American Quitline Consortium; NCI, National Cancer Institute; NIDA, National Institute on Drug Abuse; NTCC, National Tobacco Cessation Collaborative; RFA, Requests for Funding Applications; RWJF, Robert Wood Johnson Foundation; SAPRP, Substance Abuse Policy Research Program; UCSF, University of California, San Francisco; USPHS, U.S. Public Health Survey

the research, practice, service, and/or policy arenas. Of the 27 examples described in Table 1 under Strategies 2–5, 85% were initiated and led by CDR members. Only four dissemination products were primarily developed by AED or IDEO. The CDR appears to have focused most of its efforts to address Strategies 2–5 on the **development** of products or communication messages, with relatively limited dissemination and subsequent implementation efforts. For instance, while two of the three IDEO-facilitated projects developed concrete treatment prototypes (Strategy 2), these innovations have not yet been widely disseminated or systematically tested.

Several new marketing and promotion campaigns and messages were developed (Strategy 3), and results from one of them, the EX campaign, are described in this issue.⁴ But further testing and spread of these messages will require ongoing creative leadership and substantial funding. Likewise, the “policy playbooks” developed by the Campaign for Tobacco-Free Kids and the North American Quitline Consortium (Strategy 4) have laid the groundwork for efforts to enhance quitline promotion and staffing to meet the increased demand generated by new smokefree air laws and tobacco taxes. Continued implementation of these efforts, however, will require ongoing grassroots leadership and adequate state tobacco control funding. Similarly, while new public and private funding has been awarded for research on ways to build tobacco-treatment use and demand (Strategy 5), less progress has been made in revising national tobacco-use surveillance systems to include questions about each step of the smoker’s treatment journey, including the awareness and utilization of treatment (Strategy 5). Without this kind of surveillance, it will be difficult to chart or test ways to improve changes in treatment-assisted quitting.⁵

Finally, the implementation of all core strategies simultaneously to maximize impact (Strategy 6) requires substantial funding and coordination of tobacco control initiatives at the national, state, and local levels. As several interview respondents noted, success in making real and lasting change across all six strategies will depend on increasing resources to build capacity to meet the existing and new demand. This issue was raised in several CDR presentations at the National Consumer Demand Roundtable conference—specifically, the need for increased advocacy and political will to allocate sufficient tobacco excise tax and Master Settlement Agreement Funds to support state quitlines, Medicaid treatment coverage, and other tobacco-cessation programming.

The vision is that the NTCC and its funders will continue to help to advance the CDR’s goals and strategies.¹ Evaluation participants revealed some misconceptions and uncertainties about the degree to which the CDR was

funded to support implementation activities, and about the relationship between the CDR and NTCC. Several interview respondents did not have a clear sense of the specific charge for the CDR or an understanding of its leadership structure and accountability. They were unaware that the CDR was a time-limited “think tank” (without implementation funding of its own) or that the NTCC was the conduit for follow-up activities. As one respondent stated: “There was not the kind of continuity and follow-through that would have been helpful—no organized outreach to determine next steps.” Others commented that more aggressive, sustained, and proactive communications outreach, beyond the website, newsletters, conference presentations, and relevant summaries and peer-reviewed papers, will be necessary to spread the innovations identified by the CDR.

Conclusion

This evaluation was limited in its focus on the initial results and products generated by the NTCC’s Consumer Demand Roundtable as of 2008, and also, its sampling approach, intentionally selecting respondents likely to have applied CDR concepts and design principles to their work. Assessing whether the CDR contributed to specific products or results was also complicated as these contributions ranged from obvious direct influence to various degrees of indirect influence. Nonetheless, the findings documented considerable progress toward the major goals of the CDR, and particularly its first goal. Results also showed promise for continued impact through follow-up efforts of the NTCC’s members and funders. Essential to progress toward both major goals will be a concerted effort to evaluate the innovations that are emerging and publicize their results, and to expand communications of the ideas and innovations advanced by the CDR and the related ongoing activities of the NTCC and its funders. As the CDR made clear for smokers’ use of proven treatments, “if you build it, they will come” does not always apply. The same can be said for the adoption of the new perspectives, strategies, and tools identified by the CDR.

The research, practice, product design, and policy changes envisioned by the CDR will depend on funding, coordination, and imagination across the multiple sectors involved in the design and delivery of effective cessation treatments. The ultimate impact of the CDR will depend on the continued testing and refinement of its ideas and products, and continued leadership and support for promising strategies and innovations. A longer-term evaluation of the impact of the CDR and the related efforts by the National Tobacco Cessation Collaborative is recommended if resources are available.

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