Tobacco control resources: Quality criteria framework

The framework's purpose and intended audience

The purpose of this framework is to define and describe quality criteria and mandatory requirements for the development and maintenance of tobacco control resources within Aotearoa/New Zealand. The "criteria" are broad descriptors or markers of quality for tobacco control resources. The "mandatory requirements" are elements that each new resource must have, to ensure effective management of the range of tobacco control resources.

The audiences for the framework are resource writers and publishers and those commissioning and maintaining tobacco control resources.

The framework is intended to:

- support good development processes and the application of key health literacy principles
- ensure appropriate stakeholder and audience engagement
- encourage collaborative approaches and sector efficiencies, reducing duplication of effort and resources
- support the development of resources that contribute to the overarching Smokefree 2025 goal.

Rauemi Atawhai (Ministry of Health, 2012) is a comprehensive guide to developing health education resources. This framework is intended to complement Rauemi Atawhai by setting out a specific set of criteria for developing effective tobacco control resources.

The framework captures key dimensions and criteria for effective practice. It is not in itself a tool. It will require adaptation and the development of implementation tools to allow it to be applied to different audiences.

Evidence underpinning the framework

The criteria presented in this framework draw upon:

- expert knowledge about effective practice in publishing in the health and education sectors
- literature about health literacy
- literature about effective resource design.

See the bibliography for a list of these sources.

Scope of the framework

The role of tobacco control resources

The New Zealand Government has a goal that Aotearoa/New Zealand is smokefree by 2025. The table below captures what this goal means, the activities through which it will be achieved, and the three streams of work through which those activities are conducted. Tobacco control resources are designed to support one or more of those work streams.

Making New Zealand smokefree The Smokefree 2025 goal Smokefree 2025 will be Tobacco control activities mean that: achieved by: are undertaken within three streams of work: Our children and protecting children grandchildren will be from exposure to support for cessation free from exposure to tobacco marketing and promotion of the tobacco and tobacco promotion smokefree message use. reducing the supply of legislation and The smoking and demand for regulation. prevalence across all tobacco populations will be less providing the best than 5%. The goal is possible support for not a ban on smoking. quitting.

Types of tobacco control resources

Tobacco will be difficult to sell and

supply.

The framework applies to tobacco control resources that:

- contain information about smoking cessation and/or tobacco control activities
- are directed towards achieving specific changes in their audience's attitude, knowledge, and/or behaviour
- are freely available and developed, produced, or provided by an Aotearoa/New Zealand organisation.

The criteria are not intended to apply to merchandise, advertising, campaign material, research, media releases, or material produced by commercial entities. This acknowledges that the application of some of the criteria or requirements could undermine the purpose or impact of such a resource. For example, in a marketing campaign, the use of a particular brand or logo could undermine the emotional appeal of the message to a youth audience. However, some of the mandatory requirements may still be useful in these other contexts.

While the criteria do not, in general, apply to campaign material, there are exceptions to this, such as campaign resources with a 'shelf life' that extends beyond the campaign (for example, particular brochures, posters, and flyers).

The criteria are not intended to apply to resources related to tobacco control legislation and enforcement (for example, resources outlining the obligations of employers or hospitality venues in relation to smoke-free environments legislation). However, the mandatory requirements may apply to these resources and, depending upon their purpose, many of the criteria may be relevant to these resources.

Audiences for tobacco control resources

Tobacco control resources are intended for a broad group of people:

- smokers or potential smokers
- friends, family members, and associates of smokers or potential smokers
- health professionals whose job it is to motivate people to make a quit attempt or help them access cessation support
- health professionals who treat or work with smokers, potential smokers, or relapsed smokers
- employers, business owners, and organisations who wish to support their employees' quit attempts, meet their legal obligations regarding tobacco retail, and/or create a smokefree environment.

Tobacco control resources need to take into account the fact that the Ministry of Health has identified a number of 'priority population groups'. These include Māori, Pacific peoples, users of mental health services, and pregnant women.

Resource formats

Although tobacco resources are likely to take a range of online and audiovisual formats in the future, the criteria and requirements for web-based material can be quite different to those for print or printable online. Given that the current suite of tobacco control materials are in print and printable online formats, the criteria and requirements have been developed for these formats only.

Structure of the framework

The framework is for individuals and groups involved in commissioning, developing, and maintaining tobacco control resources. It is designed to help them ensure that tobacco control resources in Aotearoa/New Zealand are developed using best practice, are fit for purpose, and are effectively and efficiently maintained.

The framework sets out requirements and criteria for seven broad areas:

- contributing to the Smokefree 2025 goal
- being responsive to the audience
- addressing health literacy
- conveying accurate and relevant content
- being well designed
- being well managed
- support continuous improvement.

For each area, the framework sets out:

- Mandatory requirements that all tobacco control resources must meet
- **Criteria for sound practice**: resources that meet these criteria are likely to be effective, efficient, and relevant
- Criteria for strong practice: these more demanding criteria are associated with resources that are responsive to need and seek to facilitate significant learning and change.

Application of the framework

Tobacco control resources are always intended to prompt some kind of response in their audience, but the nature of that response varies. Some are intended to raise awareness and be a call to action. Others are intended to support their users to take that action. This has implications for the application of the criteria.

You would expect, for example, that a national organisation, developing a resource for widespread distribution as part of a significant campaign targeted at achieving demanding outcomes for a hard-to-reach audience, would seek to meet most of the criteria for strong practice. Where it is a smaller resource aimed at a less ambitious outcome, the criteria for sound practice may be sufficient. The framework could be the starting point for discussions about these sorts of expectations.

1. Tobacco control resources contribute to the Smokefree 2025 goal				
Mandatory requirements	Criteria for sound practice	Criteria for strong practice		
a. The resource shows its alignment with Smokefree 2025 by using one or more of the Smokefree/Auahi Kore/2025 logos (see http://smokefree.org.nz/logos).	d. The developer can clearly identify which Smokefree 2025 workstream the resource supports (cessation, promotion of the smokefree message, legislation).	h. The developer is able to explain their logic by writing a simple "if then" statement about how the resource contributes to the goal (e.g., "If a hapū woman reads this		
 The resource aligns with other key activities in the tobacco control sector (e.g., policy, research, marketing campaigns, cessation support). 	e. The resource is deliberately designed to achieve outcomes related to the Smokefree 2025 goal (e.g., improved awareness and understanding or contribution towards	resource, then she will have a sound understanding of the likely health risks to her baby if she smokes while pregnant, be aware of the key benefits to her and her baby if she stops smoking, and know where she can seek		
c. Resources for cessation align with The New Zealand Guidelines for Helping People to Stop Smoking. Smokefree Guahi kore	attitudinal and/or behavioural change). f. The developer can clearly state these outcomes: what they want the audience to understand, think, learn, or do and how this will contribute to the Smokefree 2025 goal. g. The developer is able to explain how the	support to give up smoking"). i. The developer is able to suggest some indicators for evaluating whether the resource has succeeded in contributing to its stated outcomes (with the proviso that the relationship between resource and outcomes		
ROTERROR ROTERROR NEWZERLAND NEWZERLAND	resource will be used.	is indirect).		

Resources that are designed to achieve a demanding outcome are clearly integrated

into a wider implementation effort.

	2. Tobacco control resources are responsive to their audience					
	Mandatory requirements	Criteria for basic practice		Criteria for strong practice		
a.	The developer can clearly state the intended audience(s) for the resource and the purpose of the information contained in relation to the audience(s).	b. The resource clearly signals its intended audience.c. The resource clearly signals its intended outcomes: the desired changes in attitude, knowledge and/or behaviour and how to	k.	 The developer engages with representatives of the intended audience throughout the development process, including: consultation with the main audience to inform development 		
		achieve them.d. The intended outcomes are realistic and "doable" for the intended audience.e. The resource uses specific, familiar examples		 user testing/feedback on the draft resource on whether it is engaging, easy to understand, readable, inclusive, and culturally appropriate. 		
		to demonstrate what the intended outcomes might look like (e.g., a scenario showing people enjoying a smokefree work environment).	I.	The resource reinforces attitudes or beliefs within the target audience that are consistent with the message and addresses those that are not (e.g., countering fears that		
		f. The developer understands the audience and can describe their needs with regard to tobacco control resources.	m	cessation may lead to negative consequences such as weight gain or jitteriness). The resource addresses potential barriers to		
		g. The developer can show how they have included members of the intended audience and other stakeholders in the development process.	1111.	achieving its intentions (e.g., a person's belief that one relapse means that the battle to stop smoking has been lost) and emphasises factors that may motivate change (e.g., the money saved from not smoking).		
	ľ	 The resource uses a positive, conversational tone, addressing the audience directly and assuming that it is able to respond to its message. 	n.	Images and examples are presented in positive ways unless there is a good reason not to do so.		
		i. The resource is inclusive and culturally appropriate for the intended audience in	0.	The resource contains elements that take account of the diversity within the target audience.		

terms of its content, language, imagery, and design. j. The resource can easily be accessed by its intended users (e.g., available as a printable PDF).	p. The resource is clearly relevant to its intended audience, supporting them to see how the information connects to their lives and what they already know, understand, and can do.
	q. The resource is available in formats that are accessible to people with disabilities (e.g., large print, Braille).

	3. Tobacco control resources address health literacy					
	Mandatory requirements	Criteria for sound practice	Criteria for strong practice			
a.	The resource matches the health literacy levels and literacy skills of the priority audience.	 b. The language is clear, straightforward, and concise, uses common words, and avoids jargon and abbreviations. c. Unless intended for health professionals, the 	The developer uses a readability formulae (available online) as an initial check on the resource's match with the literacy skills of its audience.			
		resource uses the generic names of drugs j. rather than brand names.	The developer formally tests understanding and readability with members of the intended audience.			
		d. Where the purpose of the resource requires longer sections of running text, there are supports to enable those with low literacy in English to access the key ideas.	The resource includes inbuilt supports to aid understanding (e.g., side bars, pull outs, photos, diagrams).			
		e. The resource is written in the active voice (e.g., instead of "It is not known whether",	The resource takes into account the specific health literacy needs of Māori.			
		f. Meaning is reinforced through the use of realistic and emotionally resonant examples,	 The resource takes into account the needs of bilingual users or users who are English language learners. 			
	g.	metaphors, and other imagery. g. The developer conducts informal testing of readability with members of the target audience.	Where appropriate, the resource incorporates a question and answer format that illustrates how somebody might use the information in the resource.			
		h. The resource builds health literacy by explaining technical terms and abbreviations and using them in context.	Where appropriate, the resource presents the user with authentic problems or questions that require them to use the information in the resource to solve problems, make choices, or demonstrate an idea or behaviour.			

4. Tobacco control resources convey accurate and relevant content					
Mandatory requirements	Criteria for basic practice	Criteria for strong practice			
a. The key messages are factual and consistent with Smokefree 2025 key messages and related government policies.	b. The purpose of the resource is clearly conveyed in the title, cover illustration, and/or introduction.c. The content is evidence-based and informed	k. Most of the content focuses on the intended outcomes (changes in knowledge, awareness, attitude, and/or behaviour) and how to achieve them.			
	by best practice in smoking cessation/tobacco control.	I. The resource suggests where users can find further information and/or support (e.g.,			
	d. At least 40% of the content focuses on the intended outcomes (changes in knowledge,	relevant websites and contact details for providers of cessation support).			
	awareness, attitude, and/or behaviour) and how to achieve them.	m. The resource is consistent with international guidelines where Aotearoa/New Zealand is a signatory (e.g., the Ottawa Charter, the			
	e. The content is logically structured and coherent.	Framework Convention on Tobacco Control Guidelines, and the United Nations			
	f. Key topics and new topics are announced through the use of headings or captions.	Convention on the Rights of the Child).			
	g. Key words in the headings are repeated in the introductory text.				
	h. Some of the resource's key messages are repeated in examples, summaries, and/or visuals (e.g., sidebars, pull outs, quotes, indents, graphs, diagrams, illustrations, photos).				
	 i. The developer considers how smoking is depicted and any unintended consequences (e.g., a stubbed out cigarette may actually trigger the desire to smoke). 				
	j. Strong statements are supported with evidence.				

	5. Tobacco control resources are well designed					
	Mandatory requirements		Criteria for sound practice	Criteria for strong practice		
a.	The imagery and content adheres to legislation regarding cultural and intellectual property.	b. c.	and clearly conveys the purpose of the resource.	p.	Wherever possible, the resource uses at least a 12-point font, and more than this when members of the audience may be visually impaired.	
		4	engaging and match the purpose of the resource.	q.	Brief explanatory captions are provided for all graphics, with the exception of those that user testing shows are clear in themselves.	
		d.	The design features are consistent and help the reader find their way around the resource.	r.	Explanatory details, graphics, and examples are placed near the relevant text.	
		e.	The imagery is simple and easily recognisable.	S.	Resources that are part of a wider campaign are integrated in terms of content and look.	
		f.	The imagery is consistent with other health messages.	t.	Resources that are part of a wider campaign can also be used independently.	
		g.	The imagery is culturally appropriate (e.g., no cropped heads and no associations made between things that are noa/common, such as cigarettes, and things that are tapu/sacred, such as whakairo/carvings).	u.	Resources can be adapted for different audiences/purposes (e.g., with changes to contact details or event names).	
		h.	The design is contemporary.			
		i.	The resource avoids fully capitalised text and headings (as this reduces legibility).			
		j.	The font styles are clear and appropriate.			
		k.	Pages are numbered (in booklets).			

Illustrations, tables, graphs, and forms are easy to understand and their purpose is clear.
m. Short, bulleted lists are used to convey information in a concise manner.
n. Long lists are subdivided into shorter lists of 6–8 items.
o. There is adequate "white space" so that the text does not look cluttered.

6. Tobacco control resources are well managed				
Mandatory requirements	Criteria for basic practice	Criteria for strong practice		
The resource: a. includes the date of publication b. includes the date of any revision c. incorporates unique identifiers such as an ISBN number and a Health Education catalogue number, which are placed in a consistent location on the page and appropriately sized relative to the text.	 d. The resource is unique and fills an identified gap within the current suite of tobacco control resources. e. There is a process for checking if a similar resource already exists. f. The developer follows the principles of sound development outlined in <i>Rauemi Atawhai</i> when creating the resource. g. Where appropriate, the resource includes the logo of the organisation developing the resource and any endorsements or funder logos where relevant to the audience (e.g., Health Promotion Agency, Ministry of Health). h. The development process includes checking the intended or unintended consequences of decisions regarding design and content (e.g., considering alternative interpretations of images and terms). i. The format and cost of the resource are consistent with its purpose and the level of need. j. After its development, the resource is included in a sound process for reviewing, updating and/or retiring the larger suite of resources. 	k. Before commissioning a resource, careful consideration is given to the trade-off between breadth and depth. (It may be more cost-efficient to design a single resource to reach a broad audience than a suite of resources tailored to specific audiences. However, more tailored resources are likely to be more effective in bringing about the intended awareness, understanding, decision, or action).		

	7. Tobacco control resources support continuous improvement					
	Mandatory requirements	Criteria for sound practice			Criteria for strong practice	
a. b.	The resource remains relevant to the purpose of Smokefree 2025 and the needs of the audience. The resource is updated when there is a	d.	On completing the resource, the developer identifies what went well, what they learned, and what they would do differently next time.	h.	The developer of a resource evaluates it against its purpose and goals, involving the audience, stakeholders, and client in the evaluation.	
J.	major policy change or new research relating to it.	e.	Once in use, the developer, funder and/or other stakeholders consider whether the	i.	The resource developer uses a robust process for reviewing the development process for a	
c.	The resource is updated or deleted if it loses relevance for the audience.	f.	f.	resource meets its intended outcomes. There is a process for reviewing these criteria (i.e., a regular checkpoint for the owners to capture whether the criteria are being used,		resource, considering what happened at each stage of development, particular successes, mistakes made, lessons learned, and findings from evaluations.
		g.	by whom, and in what way).	j.	Information generated through reviews and evaluations is systematically captured and shared (or can be accessed) by those who commission or develop resources in the future.	
			SI		k.	Following several years of implementation, the criteria are comprehensively reviewed against their stated purpose and goals to determine how the criteria are being used, by whom, in what ways, and to what effect. The review involves key stakeholders and findings are shared and inform any revisions to the criteria and their future use.
				l.	The process of review and evaluation is itself reviewed to enable improvement in its validity and efficiency (e.g., the design of user testing, inclusive approaches to stakeholder engagement).	

Bibliography

Print

- Chiaroni, S. (2013). Health Literacy: Resource Evaluation Tool Ensuring that health information is clear and appropriate for its intended audience.

 Paper for the annual conference of the Public Health Association of New Zealand, 17-19 September 2013, New Plymouth.
- Doak, C., Doak, L., & Root, J. (1996). *Teaching Patients with Low Literacy Skills*. Philadelphia: J.B. Lippincott Company. For an adapted version of this checklist, see http://aspiruslibrary.org/literacy/sam.pdf
- Donovan, M.S., Bransford, J., Pellegrino, J. (eds.), 1999. *How People Learn: Bridging Research and Practice*. Washington, DC: National Academy Press.
- Dreaver, K. (2008). The role of learning materials in enabling and enhancing effective teaching and learning. Internal paper. Wellington: Learning Media.
- Ministry of Health. 2010. *Kōrero Mārama: Health Literacy and Māori*. Wellington: Author. Retrieved from www.health.govt.nz/publication/korero-marama-health-literacy-and-maori-results-2006-adult-literacy-and-life-skills-survey
- Ministry of Health (2012). Rauemi Atawhai: A guide to developing health education resources in New Zealand. Wellington: Author.
- Ministry of Health (June 2014). *The New Zealand Guidelines for Helping People to Stop Smoking*. Wellington: Author. Retrieved from www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking
- Osborne, H. (2013). *Health Literacy from A to Z. Practical ways to Communicate your Health Message*. Burlington, MA: Jones & Bartlett.
- Thompson, T., Dorsey, A. Miller, K., Parrott, R. (2009). *Handbook of Health Communication*. New York; Routledge.

Online

Ministry of Health: Tobacco Control www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control

Smokefree 2025

http://smokefree.org.nz/smokefree-2025