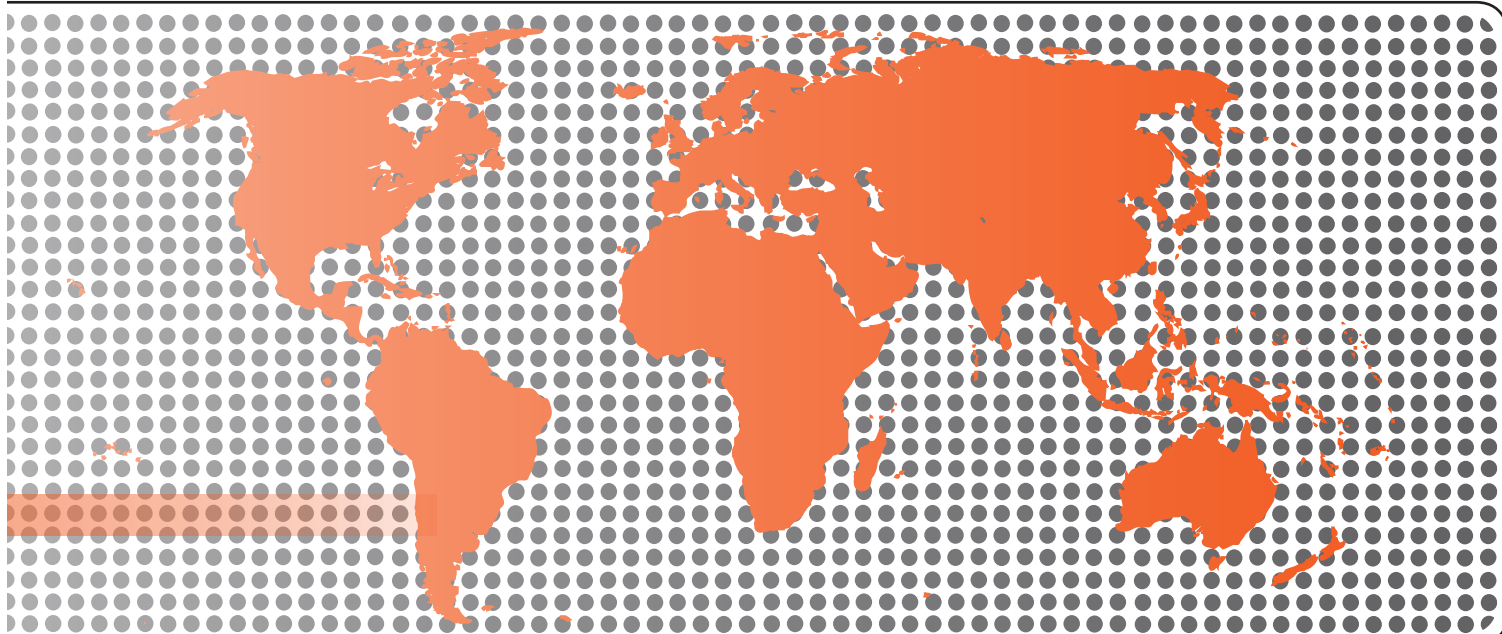


GTSS Global Adult Tobacco Survey (GATS)



Data Dissemination: Guidance for the Initial Release of the Data

Global Adult Tobacco Survey (GATS) Data Dissemination: Guidance for the Initial Release of the Data

Version 2.1
October 2012

Global Adult Tobacco Survey (GATS) Comprehensive Standard Protocol

GATS Questionnaire

Core Questionnaire with Optional Questions
Question by Question Specifications

GATS Sample Design

Sample Design Manual
Sample Weights Manual

GATS Fieldwork Implementation

Field Interviewer Manual
Field Supervisor Manual
Mapping and Listing Manual

GATS Data Management

Programmer's Guide to General Survey System
Core Questionnaire Programming Specifications
Data Management Implementation Plan
Data Management Training Guide

GATS Quality Assurance: Guidelines and Documentation

GATS Analysis and Reporting Package

Fact Sheet Template
Country Report: Tabulation Plan and Guidelines
Indicator Definitions

GATS Data Release and Dissemination

Data Release Policy
Data Dissemination: Guidance for the Initial Release of the Data

Tobacco Questions for Surveys: A Subset of Key Questions from the Global Adult Tobacco Survey (GATS)

Suggested Citation

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GATS Collaborating Organizations

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Disclaimer: The views expressed in this manual are not necessarily those of the GATS collaborating organizations.

Contents

Chapter	Page
Introduction	1
The Global Adult Tobacco Survey (GATS)	1
Planning the Release of GATS Data	3
Step 1: Clarify the Goal of GATS Data Dissemination	3
Step 2: Establish Partnerships	4
Step 3: Officially Release GATS Data	5
Conclusion	9
Appendix A: GATS Fact Sheet	11
Appendix B: GATS Frequently Asked Questions	13

Introduction

The Global Adult Tobacco Survey (GATS) is designed to monitor adult tobacco use and track a broad range of key tobacco control indicators. As a surveillance tool, GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. In most countries, the Ministry of Health (MoH) will be responsible for the initial dissemination of GATS data. This document is provided to assist the MoH with its GATS dissemination efforts.

Tobacco control advocates will find many uses for the data as they work toward the adoption and implementation of effective tobacco control policies. Thus, they also have a heightened interest in ensuring that GATS data is widely disseminated and understood. As partners, tobacco control advocates can play an important role in dissemination efforts following the initial release of data. Additional components of data dissemination that are well suited to partners are discussed in a companion document, *Using GATS Data to Strengthen Support for Tobacco Control: Guidance for Partners*.

The guidance and recommendations offered in this document should be considered general in nature. As individuals work to develop a data dissemination approach for their country, they are advised and encouraged to tailor this guidance to the cultures and contexts in which they work.

The Global Adult Tobacco Survey (GATS)

GATS is the newest component of the Global Tobacco Surveillance System (GTSS), which also assesses tobacco use among youth, school personnel and health profession students. GATS is a nationally representative household survey of persons 15 years of age or older. It tracks respondents' background characteristics, tobacco use (smoking and smokeless), cessation, second-hand smoke exposure, economics, exposure to tobacco advertising and promotion, and knowledge, attitudes and perceptions towards tobacco use. It also assists countries in fulfilling their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries.¹

The data produced by GATS enable countries to have a clear understanding of:

- The nature, magnitude, and distribution of tobacco use in the country
- Knowledge, attitudes, and perceptions that influence use; and
- The context/environment that influences use.

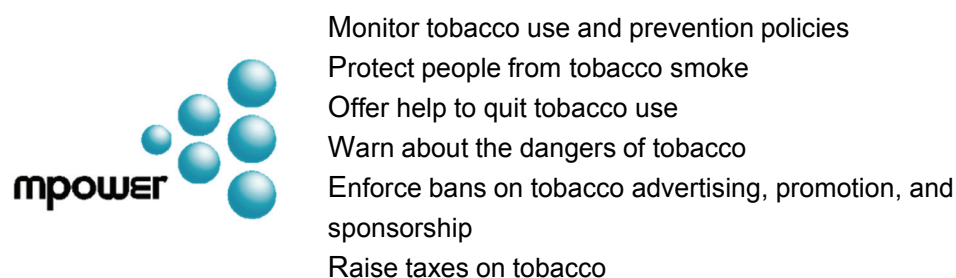
GATS provides quantifiable evidence of the patterns of tobacco use within the adult population. Such information allows a country to make projections about tobacco-related health and economic

¹ The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is a treaty adopted in 2003 that aims to "protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke." The WHO FCTC provides a framework of national, regional and international tobacco control measures, including the setting of broad limits on the production, sale, distribution, advertisement, taxation, and government policies towards tobacco.

consequences. The ability to use GATS data to project tobacco-related problems makes GATS a powerful tool for demonstrating the urgency for strong action to prevent and reduce tobacco use.

Because GATS surveillance data also track the contextual factors that influence use, GATS data can be used to guide decision-making about strategies to decrease use. Once interventions to decrease use have been implemented, GATS can be used to track the effectiveness of these interventions and adjust strategies as needed. Having access to accurate and organized data will enhance tobacco prevention planning and maximize the overall effectiveness of efforts to reduce tobacco use and its negative consequences.

The WHO has developed MPOWER, a technical assistance package of six evidence-based policies aimed at reversing the tobacco epidemic. The six MPOWER strategies are:



In addition to this guide, documents to assist in the dissemination process include:

- **GATS Country Report** — Details the country's tobacco burden in terms of prevalence of tobacco use, trends in use, the health and economic impacts of use, current tobacco control policies, GATS methodology, results and key findings, and recommendations for action. This document contains all of the GATS data from the country survey. Everyone involved with planning and disseminating the data should become familiar with the content of this report.
- **GATS Fact Sheet** (Appendix A) — This Fact Sheet provides an overview of the survey and key findings. It features highlights of survey results on tobacco use, cessation, second-hand smoke, economics, media, and knowledge and attitudes about use.
- **Frequently Asked Questions** (Appendix B) — This document provides additional information about GATS so may be helpful in answering questions you may receive from the media and others.
- **Using GATS Data to Strengthen Support for Tobacco Control: Guidance for Partners** -This companion document focuses on how partnering organizations can assist in the dissemination and use of tobacco surveillance data (forthcoming).
- **WHO Report on the Global Tobacco Epidemic, 2008 — The MPOWER Package** — Presents the first comprehensive worldwide analysis of tobacco use and control efforts and provides countries with a roadmap to reverse the devastating global tobacco epidemic that could kill up to one billion people by the end of this century. The report outlines the MPOWER package and can be found at: <http://www.who.int/tobacco/mpower/en/>.

Planning the Release of GATS Data

Because of its potential to impact tobacco control efforts, dissemination strategies for the GATS data should be carefully planned. Prior to the initial release of the GATS data, the Ministry of Health, as the primary agency, should identify the goals of dissemination and identify tobacco control partners that may play important roles in the dissemination effort. The sections below are intended to provide a road map and guidance on these elements of GATS data dissemination as well as suggestions and tools for launching the release of the data.

Step 1: Clarify the Goal of GATS Data Dissemination

Key Point: *The overall goal of data dissemination is to highlight the extent of tobacco use in a country and generate support for tobacco control policy among key audiences.*

The dissemination of GATS data is rooted in the belief that educating key audiences about the nature of tobacco use and its impact on long-term health will lead to the establishment or improvement of tobacco control policies that address these problems. With this understanding, dissemination activities should focus on sharing information about:

- **Data on tobacco use** — This includes data on use patterns, cessation attempts, and exposure to second-hand smoke.
- **Data on attitudes, knowledge, and risk factors** — This includes data on attitudes about tobacco use, knowledge about harms, and exposure to other risk factors such as tobacco advertising and easy access to tobacco products.
- **Policy-based solutions to tobacco-related health problems** — Data dissemination efforts should include information about effective tobacco control policies to reduce tobacco use such as those recommended in the MPOWER model.

To optimally use GATS data, it is critical that individuals involved in developing and implementing tobacco control goals and programs for their country become familiar with the data and key findings and think about how the data supports arguments for effective tobacco control. Findings that could be considered inconclusive or debatable should be treated carefully, and only strong or conclusive data should be highlighted during data dissemination. Inconclusive data, if disseminated, should be recognized as such.

The GATS data can be released in steps as part of both ongoing efforts to build support for tobacco control over time and to show the need for specific tobacco control efforts under consideration at a particular point in time. To take full advantage of potential opportunities, the Ministry of Health should consider developing a dissemination plan that covers a 12- to 24-month period and includes phased releases of data. Dissemination goals should be established for the various phases of the release.

For example, the Ministry may focus its initial dissemination efforts on prevalence data and key findings about each topic in order to present a broad overview of tobacco control in the country. In this case, the initial goal may be to educate key audiences about the extent of the problem and the need for strong tobacco control policies such as those specified in the MPOWER model. Later, the Ministry of Health

and/or its tobacco control partners might release more detailed data that supports the need for a specific tobacco control policy. For instance, if a smoke-free ban is under consideration, educating the policy makers about the extent of exposure to second-hand smoke should be identified as a data dissemination goal, and the data related to that topic would become the focus of the next phase of dissemination.

Step 2: Establish Partnerships

Key Point: Effective data dissemination requires partnerships with organizations and individuals that can broaden the reach of dissemination and improve the overall effectiveness of communication efforts.

In most countries, the primary agency responsible for dissemination of GATS data is the Ministry of Health. In a few countries, a non-governmental organization (NGO) is the primary disseminator. Regardless of who assumes the leadership role, dissemination efforts should engage the organizations and experts that helped to develop the GATS instruments and data collection plan. The plan should also incorporate partnerships with other groups that share similar or related goals. These partnerships will enhance and extend dissemination efforts by “opening doors” for communication with their own constituents as well as key audiences.

Health-related advocacy groups are obvious potential partners since they are likely to be skilled at working to improve public health and possess a high level of credibility among anticipated target audiences. These groups may include cancer societies, and groups that focus on lung health and the protection of children. Because these partners understand the importance of tobacco control, they may be more inclined to participate in dissemination activities. Most governmental agencies and other health-related agencies have existing connections to health-related advocacy groups so reaching out to them should not be difficult.

As potential partners are identified, the Ministry of Health should identify the role each partner may play to support the dissemination goal(s). Effective or meaningful partnerships are defined by clear roles for each partner and the roles should complement each other. For example, it may be inappropriate for the Ministry of Health (a government agency) to have a strong advocacy role. However, a partnering public health advocacy organization may assume the role of an advocate and issue strong calls for action. It should also be expected that each partner will engage their own constituents and leverage their existing relationships and reputation to support tobacco control initiatives that emanate from the dissemination of GATS data. For example, if a partner has considerable influence with a policymaker, the partner should be engaged in meetings with the policymaker. Or, if a partner is well known to the general public, it may be appropriate to engage the partner in generating public support for tobacco control.

Potential Partners

Ministries of Health
Ministries of Education
& Finance
Health Care
Organizations
& Professionals
Health Care & Patient
Advocacy Groups

Partners may also operate, have access to, or produce e-mail lists, websites, or publications that could be useful to dissemination efforts. Knowing how a partner will be engaged in dissemination work will indicate whether partners should receive training or other kinds of assistance to help them perform their tasks well or if they will need little or no assistance.

Once there is an understanding of how each potential partner can help achieve the dissemination goal(s), representatives of the Ministry of Health should meet with potential partners to brief them on GATS, request their involvement and gain their commitment to partner in this effort. These briefings should include discussion of:

- 1) The purpose of GATS and its history in the country;
- 2) Key GATS data findings;
- 3) GATS data dissemination goals and why they are important;
- 4) How a partnership would serve the organization's mission; and
- 5) How the partner's role is envisioned.

Of course, the meeting should include adequate time to address the potential partnering organization's questions, concerns, and suggestions.

Once a partnership is established, it is generally a good idea to publicize the partnership in future meetings and publicly recognize partners when appropriate.

Please refer to the companion document *Using GATS Data to Strengthen Support for Tobacco Control: Guidance for Partners* for more information about potential roles for partners, planning tools and templates for dissemination materials.

Step 3: Officially Release GATS Data

Key Point: The GATS data should be officially released in a manner that will gain the attention of media and policymakers.

GATS data dissemination work should begin with an official release of GATS data. This official release should be oriented primarily toward media, policymakers and decision-makers. Preparing for such an event will require careful attention to pre-event planning as well as event follow-up. It should involve strategically using partners to ensure that policymakers' attention to tobacco use, tobacco health consequences, and the need for better tobacco control continue in the weeks and months following the release.

The Ministry of Health (or GATS lead) should consider hosting a press conference to announce GATS findings. Press conferences have the potential to reach a large audience because reporters from many media outlets are invited to attend. Since GATS is the first such survey of its kind in the country and part of a multi-country, international initiative, a GATS press conference is likely to be considered newsworthy by journalistic standards and draw reporter attendance.

Press Conference Preparation

Preparing for the GATS data release press conference will involve focusing on conference content and conference execution. This includes developing messages, identifying speakers, notifying the press, preparing information for the press, and posting information on the Internet.

- **Messages and Statements** — The most important audience for the GATS press conference will be policymakers and decision-makers. Consequently, careful consideration should be given to the overall messages and specific statements delivered during the event. Messages should not just highlight a problem; they should also draw attention to its solution. As a “call to action,” press conference statements should be clear and concise, connect with the target audience, and compel action. It is not unusual for one person to be tasked with drafting all of the statements for the press conference so that a common theme and consistent messages are evident across all speakers. Of course, prepared statements should be shared with speakers well in advance of the event so that they can become more comfortable delivering the information.
- **Presenters** — Presenters should not only be comfortable speaking before the press, they should also be knowledgeable about GATS and have credibility among policymakers. In some countries, it may be a good idea for partners to speak at the press conference to underscore the “call to action” message with perspectives and credibility that are rooted in first-hand experience dealing with tobacco-related illnesses. Regardless of who the presenters are, they should understand the importance of remaining focused and “on point” during the press conference. That is, when responding to questions they should be vigilant about stating and restating key messages as well as redirecting off-point questions back to the main messages. Presenters often appreciate an opportunity to participate in a press conference rehearsal beforehand.

Notifying the Press — A media advisory alerts the media to an upcoming event in a succinct way. It specifies what will happen, who will be there, why it is important, and when and where it will occur. Two weeks before the GATS data release press conference, a media advisory should be forwarded to media outlets by fax, email, or postal mail.

It is a good idea to follow-up the media advisory with a telephone call to media outlets within a couple of days before the event to encourage attendance. A media release should be issued on the day of the event.

A media release is a written statement directed at members of the news media that announces news and encourages journalists to cover the story. Written somewhat like a news article, it includes background information about GATS, key findings, and quotes. The media release about the GATS findings should be timed to occur the day of the press conference.

- **Media Kits** — Media kits are packets that include background information to make reporting a news event easy for reporters. For the GATS press conference, the media kit should include basic information about the survey, relevant fact sheets, the press conference press release, brief biographies of speakers, copies of speakers’ remarks, statistics and graphics, information about effective tobacco control policy, and contact information for follow-up information.
- **Internet Posting of Information** — The GATS press conference should occur in conjunction with a web-based release of GATS data. The Ministry of Health is well positioned to post information about survey findings on its Internet website. At minimum the Ministry website should contain the Country Report and Fact Sheets, the WHO FCTC, and the 2008 WHO report on the global tobacco epidemic that introduces the MPOWER model. All information should be ready to post on the Ministry’s website the day of the event.

Finally, when preparing for the press conference, planners should attend to logistical, visual, and practical details. Planners should be sure to:

- Schedule the event for a time, location, and duration that is convenient for reporters.
- Include interesting visuals that would work well on television such as background logos, props, and banners or enlarged photographs.
- Have in place a media kit table and a press sign-in sheet.
- Instruct participants and staff to arrive at the press conference location well before the scheduled start time.

The press conference planning tool on the next page will help to organize and manage all of the main details that contribute to a successful event.

GATS Press Conference Media Kit Contents

GATS Topic Fact Sheet

GATS Country Fact Sheet

1-page bullet list of GATS key findings related to event focus

Copies of prepared remarks from speakers

Brief biographical information about speakers (1 paragraph)

Contact information for GATS

Planning Template for Press Conference

Data Release Task	Responsibility	Timeline for Completion
Determine key messages for the press conference		
Determine time and location of press conference		
Identify and secure speakers (no more than 4)		
Work with partners to determine series of post-press conference follow-up activities		
Draft statements and share with speakers and provide speakers with opportunity to rehearse statements/practice fielding questions		
Determine and create press conference visuals		
Prepare GATS data findings and other information for posting on the internet		
Prepare and send media advisory two weeks before the press conference		
Prepare media kits		
Prepare and send media release one day before press conference		
Inform speakers and staff when to arrive at press conference location		
Post GATS findings on the Internet		
Designate media liaison to address questions that surface after		
Conduct press conference		

Press Conference Follow-up

The press conference is only the beginning of GATS data dissemination. It is important that policymakers and decision-makers continue to hear about the problems of tobacco use and tobacco health consequences and be reminded about what they can do to prevent these problems.

After releasing the GATS data, the Ministry of Health should repeatedly follow-up with a) the media b) tobacco control partners, and c) policymakers.

- **Media** — For its part, Ministries of Health should be prepared to respond to questions about GATS findings or tobacco control after the press conference has concluded. It is a good idea to have a designated individual within the Ministry assigned to either respond to questions that may be asked in the future or link reporters to individuals within the Ministry who can respond to questions. As always, whenever questions are addressed, the presenter should try to respond with answers that keep the audience focused on the main messages of the dissemination effort.
- **Tobacco Control Partners** — In some countries it may be inappropriate for government agencies and officials to advocate for stronger tobacco control measures. However, it may be quite appropriate for partnering organizations to do so. Consequently, it is a good idea to include partners not only in the planning and execution of the initial press conference, but also in press conference follow-up activities. The companion document *Using GATS Data to Strengthen Support for Tobacco Control: Guidance for Partners* addresses what partnering organizations can do as part of the follow-up activity for the GATS data dissemination press conference; some of those activities could include writing letters to the editors of news media outlets, attending editorial board meetings at newspapers to encourage ongoing coverage of tobacco control issues, and writing opinion articles about tobacco control.
- **Policymakers** — Ministry representatives should also set up meetings with officials in other government agencies after the press conference in order to provide more in-depth briefing on the GATS findings. Decisions about which agencies/individuals to meet with should be based on whether they exercise power or influence over tobacco control policy. The Ministry should consider whether dissemination partners should also be invited to participate in these briefings. The companion document *Using GATS Data to Strengthen Support for Tobacco Control: Guidance for Partners* addresses how to prepare for these meetings.

Conclusion

Effective tobacco control efforts around the globe have resulted from carefully crafted strategies and campaigns designed to spur that action. GATS data dissemination will play a critical role in any effort to change tobacco control policy in the countries in which data is collected. But data alone will not be enough to improve tobacco control. Effective data dissemination is rooted in having clearly stated goals and requires rallying partners to help communicate important messages to key audiences that have the power, authority, or influence to change tobacco control policy.

GATS data dissemination by Ministries of Health is essential to changing tobacco control policies around the world. It is hoped that the information and guidance provided in this document will help to inform the initial release of the GATS data and provide a basis for further dissemination tasks.

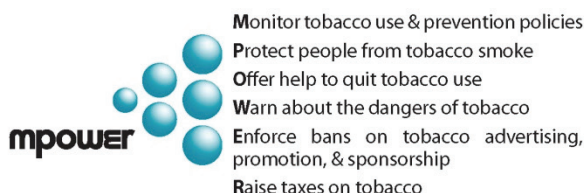
If you would like assistance with your GATS dissemination and communication efforts, please contact the Campaign for Tobacco-Free Kids by sending an email to: info@tobaccofreecenter.org. Please insert GATS in the subject line.

Appendix A: GATS Fact Sheet

GATS Objectives

The Global Adult Tobacco Survey (GATS) is a global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

GATS is a nationally representative survey, using a consistent and standard protocol across countries including [COUNTRY]. GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of selected demand reduction measures contained in the WHO FCTC:



GATS Methodology

GATS uses a global standardized methodology. It includes information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In [COUNTRY], GATS was conducted in [YEAR(S)] as a household survey of persons 15 years of age and older by [COUNTRY IMPLEMENTING AGENCY], under the coordination of [MOH]. A multi-stage, geographically clustered sample design was used to produce nationally representative data. A total of XXXXX households were sampled and one individual was randomly selected from each participating household to complete the survey. Survey information was collected electronically by using handheld devices. There were a total of XXXXX completed individual interviews with an overall response rate of XX.X%.

GATS Highlights

TOBACCO USE

- XX.X% of men, XX.X% of women, and XX.X% overall (X million adults) currently smoked tobacco.
- XX.X% of men, XX.X% of women, and XX.X% overall (X million adults) currently used smokeless tobacco.

CESSATION

- X in 10 current smokers planned to or were thinking about quitting.

SECONDHAND SMOKE

- XX.X% of adults who worked indoors (X million adults) were exposed to tobacco smoke at the workplace.
- XX.X% of adults (X million adults) were exposed to tobacco smoke at home.
- XX.X% of adults (X million adults) were exposed to tobacco smoke in restaurants.

MEDIA

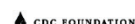
- X in 10 adults noticed anti-cigarette smoking information on the television or radio.
- X in 10 adults noticed cigarette marketing in stores where cigarettes are sold.
- X in 10 adults noticed cigarette marketing (other than in stores) or sporting event sponsorship.

KNOWLEDGE, ATTITUDES & PERCEPTIONS

- XX.X% of adults believed smoking causes serious illness.

[Country MOH Logo]

[Country IA Logo]



TOBACCO USE

TOBACCO SMOKERS	MEN (%)	WOMEN (%)	OVERALL (%)
Current tobacco smokers	XX.X	XX.X	XX.X
Daily tobacco smokers	XX.X	XX.X	XX.X
Current cigarette smokers ¹	XX.X	XX.X	XX.X
Daily cigarette smokers ¹	XX.X	XX.X	XX.X
Former daily tobacco smokers ² (among all adults)	XX.X	XX.X	XX.X
Former daily tobacco smokers ² (among ever daily smokers)	XX.X	XX.X	XX.X
SMOKELESS TOBACCO USERS			
Current smokeless tobacco users	XX.X	XX.X	XX.X
Daily smokeless tobacco users	XX.X	XX.X	XX.X
Former daily smokeless tobacco users ³ (among all adults)	XX.X	XX.X	XX.X
Former daily smokeless tobacco users ³ (among ever daily users)	XX.X	XX.X	XX.X
TOBACCO USERS (smoked and/or smokeless)			
Current tobacco users	XX.X	XX.X	XX.X

[SPACE FOR A GRAPH WITH
FEATURED INDICATORS]

CESSATION

	MEN (%)	WOMEN (%)	OVERALL (%)
Smokers who made a quit attempt in past 12 months ⁴	XX.X	XX.X	XX.X
Current smokers who planned to or were thinking about quitting	XX.X	XX.X	XX.X
Smokers advised to quit by a health care provider in past 12 months ⁵	XX.X	XX.X	XX.X
Smokeless users who made a quit attempt in past 12 months ⁶	XX.X	XX.X	XX.X
Current smokeless users who planned to or were thinking about quitting	XX.X	XX.X	XX.X
Smokeless users advised to quit by a health care provider in past 12 months ^{5,6}	XX.X	XX.X	XX.X

SECONDHAND SMOKE

	MEN (%)	WOMEN (%)	OVERALL (%)
Adults exposed to tobacco smoke at the workplace ^{7,8}	XX.X	XX.X	XX.X
Adults exposed to tobacco smoke at home at least monthly	XX.X	XX.X	XX.X
Adults exposed to tobacco smoke in restaurants ^{9,10}	XX.X	XX.X	XX.X

ECONOMICS

Average amount spent on 20 manufactured cigarettes [IN LOCAL CURRENCY]	XX.XX
Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) [YEAR] ¹¹	XX.X

MEDIA

TOBACCO INDUSTRY ADVERTISING	CURRENT SMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who noticed cigarette marketing in stores where cigarettes are sold ^{12,13}	XX.X	XX.X	XX.X
Adults who noticed any cigarette advertisements/promotions (other than in stores), or sporting event sponsorship ¹⁴	XX.X	XX.X	XX.X
COUNTER ADVERTISING	MEN (%)	WOMEN (%)	OVERALL (%)
Current smokers who thought about quitting because of a warning label ¹⁵	XX.X	XX.X	XX.X
	CURRENT SMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who noticed anti-cigarette smoking information on the television or radio ¹⁶	XX.X	XX.X	XX.X
	MEN (%)	WOMEN (%)	OVERALL (%)
Current smokeless tobacco users who thought about quitting because of a warning label ¹⁷	XX.X	XX.X	XX.X
	CURRENT SMOKELESS USERS (%)	NON-USERS (%)	OVERALL (%)
Adults who noticed anti-smokeless tobacco information on the television or radio ¹⁸	XX.X	XX.X	XX.X

KNOWLEDGE, ATTITUDES & PERCEPTIONS

	CURRENT SMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who believed smoking causes serious illness	XX.X	XX.X	XX.X
Adults who believed breathing other peoples' smoke causes serious illness in nonsmokers	XX.X	XX.X	XX.X
	CURRENT SMOKELESS USERS (%)	NON-USERS (%)	OVERALL (%)
Adults who believed smokeless tobacco use causes serious illness	XX.X	XX.X	XX.X

¹ Includes manufactured cigarettes and hand-rolled cigarettes. ² Current non-smokers. ³ Current non-users. ⁴ Includes current smokers and those who quit in the past 12 months. ⁵ Among those who visited a health care provider in past 12 months. ⁶ Includes current smokeless users and those who quit in past 12 months. ⁷ Among those who work outside of the home who usually work indoors, or both indoors and outdoors. ⁸ Among those who visited restaurants in the past 30 days. ⁹ [Source and year for per capita GDP]. ¹⁰ Includes those who noticed cigarettes at sale prices free gifts or discount offers on other products when buying cigarettes; or any advertisements or signs promoting cigarettes in stores where cigarettes are sold. ¹¹ Includes those who noticed smokeless tobacco at sale prices, free gifts or discount offers on other products while buying smokeless tobacco or any advertisements or signs promoting smokeless tobacco in stores where smokeless tobacco products are sold. ¹² During the past 30 days.

NOTE: Current use refers to daily and less than daily use. Adults refer to persons aged 15 years and older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups.

Financial support is provided by the Bloomberg Initiative to Reduce Tobacco Use, a program of Bloomberg Philanthropies. Technical assistance is provided by the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Johns Hopkins Bloomberg School of Public Health, and RTI International. Program support is provided by the CDC Foundation.

Appendix B: GATS Frequently Asked Questions

What is GATS?

The Global Adult Tobacco Survey (GATS) is a standardized global survey used to systematically monitor adult tobacco use and track key tobacco control indicators. GATS is a nationally representative household survey of adults aged 15 years and older, using a consistent and standard protocol which enables unprecedented cross-country and change-over-time comparisons for countries that repeat the survey. GATS is a component of the Global Tobacco Surveillance System (GTSS) which also includes: the Global Youth Tobacco Survey (GYTS); the Global School Personnel Survey (GSPS); and the Global Health Professions Student Survey (GHPSS).

Who are the national partners and international partners in GATS?

National partners include the ministry of health as the lead coordinating agency for GATS and either the national statistical organization or a renowned survey institute as the implementing agency. International partners include the World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC), Johns Hopkins Bloomberg School of Public Health, RTI International, and the CDC Foundation.

Why monitor tobacco use among adults?

Tobacco is the leading preventable cause of premature disease and death worldwide. Tobacco control requires an effective surveillance mechanism to monitor trends in prevalence and other key indicators such as smoke-free environments, advertising bans, and cessation. Surveillance and monitoring are important public health tobacco use tools. They provide critical information to strengthen programs and policies, and to evaluate their effectiveness. “If you can’t measure it, you can’t manage it.”

How many countries have completed GATS?

Fourteen countries (Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Viet Nam) completed GATS during 2008-2010. Eight countries (Argentina, Indonesia, Malaysia, Nigeria, Pakistan, Panama, Romania and South Africa) are planning to implement GATS in 2011. Thailand is repeating the survey in 2011.

What topics are covered in GATS?

GATS includes information on respondents’ background characteristics, tobacco use (smoking and smokeless tobacco), cessation, secondhand smoke exposure, economic situation, mass media exposure, and knowledge, attitudes and perceptions towards tobacco use.

What can be accomplished with GATS at the country level?

Countries will have nationally representative data on tobacco use among their adults and on key measures of tobacco control. In addition, the data collected can be compared across countries that implemented GATS. Thus, the survey results can be used to better understand comparative patterns of tobacco use between countries. These can be used to create more effective control programs and monitor the impact of these programs. Over time, GATS will provide detailed information on a range of tobacco-control topics, including cessation, secondhand smoke, economics, media, and knowledge, attitudes, and perceptions. Countries will also have an opportunity to be a part of the GTSS network.

How does GATS relate to the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) and the WHO MPOWER package?

GATS data will assist countries in monitoring and tracking selected articles of the WHO FCTC and will enable them to develop, implement, and evaluate comprehensive national programs, policies, and action plans in tobacco control. Article 20 of the WHO FCTC calls on countries to monitor tobacco use through surveillance, monitoring, and the exchange of information. Countries that are parties to the WHO FCTC can also use the data for reporting purposes.

GATS data will serve as a tool to monitor the WHO MPOWER, a package of selected measures for reducing demand for tobacco that are contained in the WHO FCTC:

- Monitor tobacco use and prevention policies**
- Protect people from tobacco smoke**
- Offer help to quit tobacco use**
- Warn about the dangers of tobacco**
- Enforce bans on tobacco advertising, promotion, and sponsorship**
- Raise taxes on tobacco**

When will GATS data become publicly available?

GATS data will be released after the country's report is finalized and released by its national government (ministry of health) no later than one year following the completion of data collection and approval of the data by the Data Coordinating Center at the CDC in Atlanta, Georgia, USA.

When will GATS be repeated?

Countries are encouraged to repeat the survey every 4-5 years.

What is the role of the Data Coordinating Center (DCC)?

CDC serves as the Data Coordinating Center and depository of GTSS data. The DCC provides data management, quality assurance, standardization, and data repository functions along with provisioning data sharing, release and dissemination. The DCC ensures the following:

- Individual countries can be assured their data will receive high quality support;
- As countries begin to repeat surveys, they will be assured that their analysis of trends will be grounded in strong and consistent statistical procedures and practices; and
- A coordinated process will enable standardized analysis which will be important to the direction and development of global tobacco control programs and policies.

How is GATS different from other surveys?

GATS is a stand-alone, in-depth tobacco survey using a standard and consistent protocol (questionnaire, sample design, training, data collection and management, quality assurance, and data analysis and reporting). Data are collected face-to-face using handheld computers. Using a standard set of GATS questions will improve the comparability of survey estimates over time and harmonize these estimates with the results of international tobacco surveillance and monitoring activities.

What are the requirements for countries to be a part of GATS and the Global Tobacco Surveillance System?

To be a part of GATS and GTSS, countries must adhere to the scientific and technical requirements of the GATS comprehensive standard protocol. This means that the country must have its proposed questionnaire on tobacco use approved by a GATS expert review committee. In addition to reviewing the questionnaire, the committee will examine the sample design, sample weights, quality assurance measures, and plan for analysis of the data obtained. If a country wishes to incorporate questions on tobacco use into its existing surveys, that country can be considered a part of GTSS provided it follows all the technical and scientific requirements of the GATS comprehensive standard protocol. This is to ensure standardization and enable cross-country comparisons.

How does a country get involved in GATS?

If a country is interested in implementing GATS it should contact the WHO or the CDC.

What is the mechanism for countries that partially or fully fund GATS and wish to be a part of GTSS?

Countries may decide to fully or partially fund the implementation of GATS. However, to be part of the GTSS, countries must adhere to the technical and scientific requirements of the GATS comprehensive standard protocol. Technical assistance and review of the protocol and its approval by experts are available from WHO and CDC for all countries.

What mechanisms other than the stand-alone GATS are available to countries to monitor tobacco use?

To promote systematic monitoring of tobacco use, countries around the world can use a standard subset of 22 questions selected from the GATS Core Questionnaire entitled “Tobacco Questions for Surveys: A Subset of Key Questions from the Global Adult Tobacco Survey (GATS).” Using these questions will help countries improve the comparability of their national survey estimates over time and harmonize them with findings from international tobacco surveillance and monitoring activities. Within their existing national surveys, countries can add their own tobacco module and/or incorporate the standard subset of 22 GATS questions. Data collected using TQS, however, may not generate comparable global estimates with GATS due to methodological differences.



GLOBAL TOBACCO SURVEILLANCE SYSTEM (GTSS)

