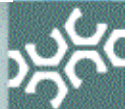


# Evaluation of Quitline Nicotine Replacement Therapy Distribution Initiative

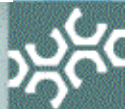
Michelle Henry and Michael Massimini  
Public Health Management Corporation

NAQC Annual Conference June 9, 2009



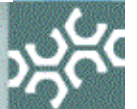
# Session Outline

- Discuss the design, implementation processes, and outcomes of the PA Free Quitline NRT distribution pilot initiative and evaluation
- Brainstorm ways to improve future NRT initiatives and evaluations through for PA and other quitlines



# Session Outcomes

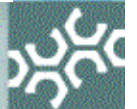
- Understand the importance of stakeholder collaboration in designing and implementing a NRT distribution initiative
- Describe Quitline intake and evaluation counseling protocol and survey script changes associated with a NRT distribution initiative
- Understand the importance of building evaluation plans into the design and implementation of a NRT distribution initiative





# Planning for an Initiative

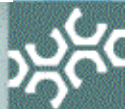
- When to begin?
- Who to include/criteria for inclusion?
- How long/How much?
- Include advertising or promotion?



# The Broad Plan:

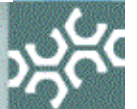
## PA Free Quitline Free NRT Distribution Initiative

- Initiative planned to begin the week following Determined to Quit week (2/2/09-3/31/09)
- Distributed free 4-week supply kits of NRT patches to individuals enrolled in quitline counseling
- Projected 4-6 week supply of NRT for 3,000 quitters through 5 session protocol with NRT



# To Narrow the Plan

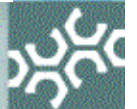
- Literature review
- NRT Workgroup discussion
- Finalizing initiative protocol





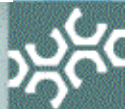
# Literature Review

- Looked at initiatives in other states and other literature analyses to compare and discuss options:
  - Types of NRT provided (one or more forms of NRT)
  - NRT course length (2, 4, 6, 8 week kits)
  - NRT distribution protocols (direct mailings, local pharmacies)
  - Eligibility criteria (e.g., medical clearance, insurance status, age, language, counseling)
  - Media (venues, cost effectiveness)
  - Call volume
  - Caller characteristics



# NRT Distribution Initiative Workgroup

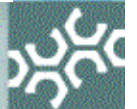
- Pennsylvania Department of Health, Tobacco Prevention and Control Program (PA TPC)
- Pennsylvania Department of Health, Bureau of Health Statistics
- American Cancer Society (quitline provider)
- Pennsylvania Department of Public Welfare
- Public Health Management Corporation (statewide evaluator)
- PA TPC Regional Contractors





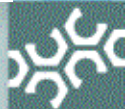
# Workgroup Discussion

1. Eligibility criteria: age requirement, insurance requirements
2. Distribution details: 4 week kits, mail vs voucher, supplies and eligibility timeline (time or kit limited), additional support offered with free NRT
3. Continued support: referral to local cessation provider
4. Promotion: TV or radio, press releases, PSA



# Eligibility Criteria

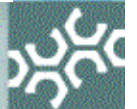
- Age: 18+
- Intake medical screening to determine if patches contraindicated. If so, no NRT without doctor's written "OK"
- Callers who enroll in QL counseling eligible for 4-week starter kit if nicotine patches (no other NRT offered with starter kit)





# Counseling & Distribution Details

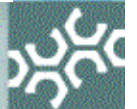
- **Call 1:** Intake, NRT eligibility screening
- **Call 2:** 1<sup>st</sup> counseling session, quit date established, NRT starter kit sent by mail if medically eligible
- **Call 3:** Use of [DeterminedToQuit.com](http://DeterminedToQuit.com) recommended
- **Call 4:** Option of contact by local cessation providers for additional support and resources beyond the initiative
- **Call 5:** Other continued support





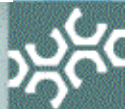
# Continued Support

- Two step referral process:
  1. At the end of the 5<sup>th</sup> counseling session, quitline refers to Dept. of Health any individuals wanting additional services locally, including NRT
  2. Referral is then made to appropriate local programming



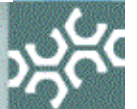
# Promotion

- Not TV or radio
- Press release only
- Informed all local PA Tobacco Prevention and Control Program providers



# Evaluation issues

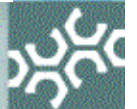
- Protocol: question changes?
- Follow-up sampling for satisfaction survey:  
Over-sample the initiative month for follow-up?
- Variables of interest:
  - **Reach**: percent of current smokers who enroll, characteristics, previous callers, new callers, did the free NRT prompt their call?
  - **Response**: caller groups, regional response
  - **Efficacy**: completion of counseling sessions; quit attempts and quit rate comparison between those offered free NRT and those not offered NRT
- Cost-effectiveness: cost of services, quit rate attributable to free NRT initiative





# Protocol and Question Changes

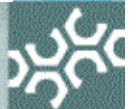
- Added description of the starter kit
- Referrals for additional assistance
- Follow-up: was the NRT initiative the reason you called? Would you have called if NRT were not provided? Did you receive free NRT?



# The Initiative

- Call volume:
  - PA Free QL received 3,705\* calls the first day of the NRT distribution initiative
  - Concern with high volume: QL abandonment, handle time, and average speed to answer
- Length of initiative:
  - 8 weeks
  - 1,970 kits supplied

\*3,705 represents the total number of calls to the quitline - NOT the amount of new callers or the number of callers who went through the intake process.

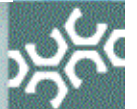


# Call Volume\*

	2008	2009
February	720	<b>2900</b>
March	406	<b>1034</b>

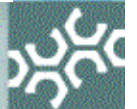
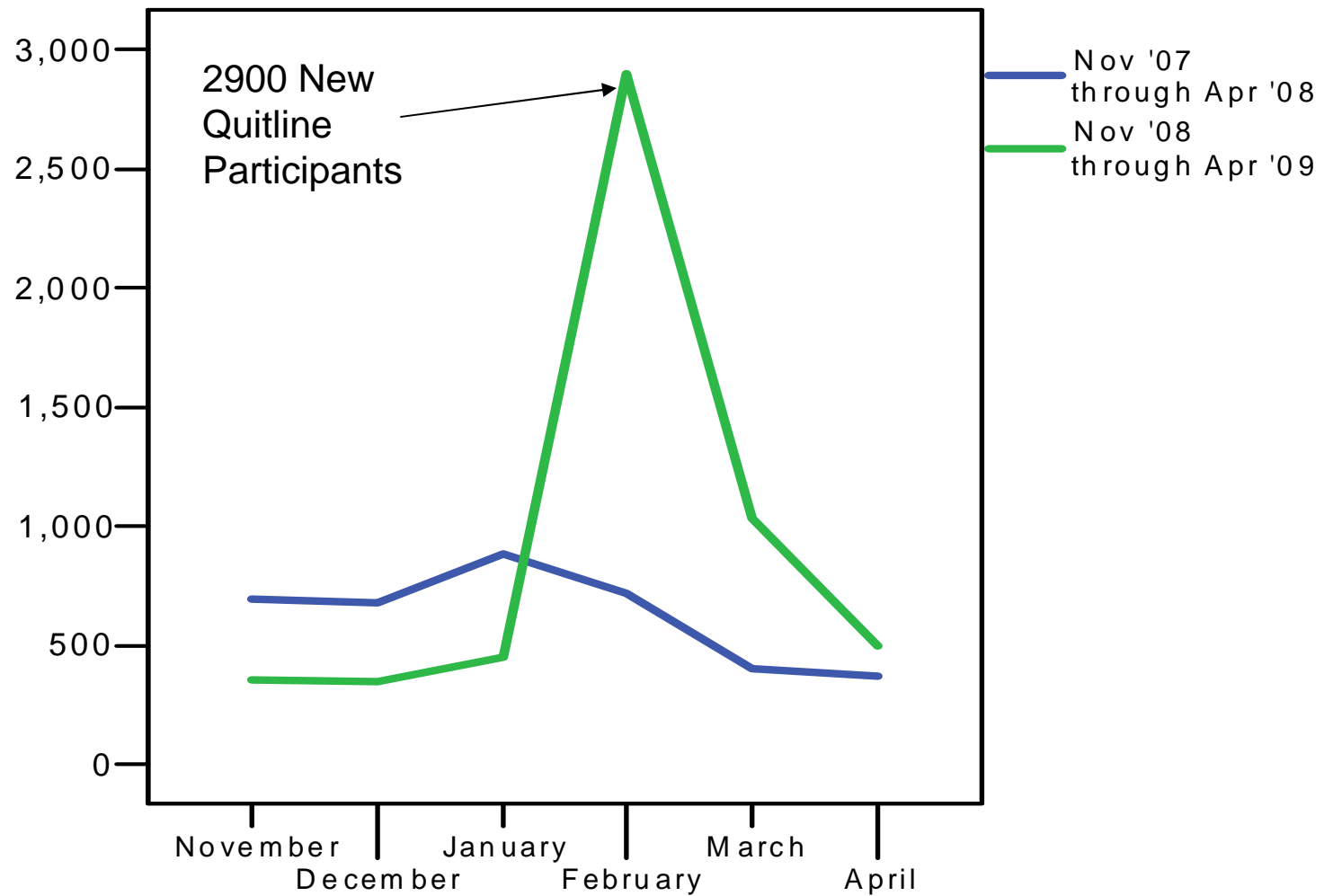
- November 2007 through April 2008: **3744 calls**
- November 2008 through April 2009: **5581 calls**

\*NOTE: Call Volume represents the total number of new quitline participants (those who called and went through the intake process) for February and March of 2008 and 2009.





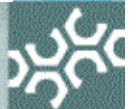
# Call Volume



# Caller Characteristics

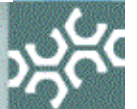
- Future Quitline data analyses
  - Demographics: 2008 vs. February 2009
    - Explore potential reasons for/implications of differences in characteristics of those who called the quitline during the initiative vs. “typical” callers
  - Quit rates\*: 2008 vs. 2009
    - Did the NRT initiative result in higher quit rates than the same time period the previous year, when NRT was not provided?

\*Follow-up surveys are just beginning, so data is not yet available



# Caller Characteristics

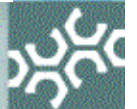
	2008	February 2009
Male	39.3%	38.5%
Female	60.7%	61.5%
<i>Pregnant</i>	2.9%	0.2%
White	66.8%	<b>84.7%</b>
Black	21.2%	<b>8.8%</b>
Single	48.4%	<b>31.9%</b>
Married	28.2%	<b>45.8%</b>





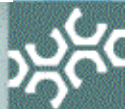
# Brainstorming

- Some complaints about long waits, dropped calls, call cut-offs, including continuous stream of repeat calling done by individuals anxious to get through because supplies are limited
  - How could this be better handled?
- The referral procedure (directing to website for local programming resources) was a “quick patch” intended to address expected demand and volume of callers in a short time
  - Other ideas?



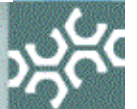
# Brainstorming

- Too soon to evaluate quit success (evaluation script in progress, will be implemented June). Other ways to start looking at effectiveness?
- Ideas about evaluating cost effectiveness?
- Call volume high early on, interest waned and initiative went a full month longer than anticipated. How to avoid this?



# Brainstorming

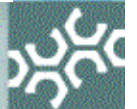
- Problems might experience getting data from your quitline provider?
- Ideas for other QL analyses to do to measure success, effectiveness, or to assist in planning next QL initiative?





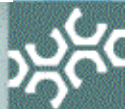
# Brainstorming

- Reporting data back to regions/contractors - kinds of data? New users of local services?
- What kinds of questions could you put on follow-up call survey? How capture if individual called just for the NRT vs. if caller was on the verge of quitting and the NRT initiative is what finally motivated them to do so?



# Brainstorming

- Issue of distributing NRT for multiple weeks and individuals not using it all (so, receive NRT and don't use it all = not cost effective)?
- What about rolling out an initiative region by region instead of statewide? Pros/cons?



# Contact information

Michelle Henry  
Research Associate  
Public Health Management Corporation (PHMC)  
267-765-2336  
[mhenry@phmc.org](mailto:mhenry@phmc.org)

