



**Results from the FY2010 NAQC Annual Survey of Quitlines
Webinar given July 13, 2011**

Questions & Answers

Q: (In reference to fax referrals, EMR referrals, Other referrals, and total referrals) Do referrals include family & friends?

A: This will probably vary by quitline, but my best understanding is that fax referrals generally only refer tobacco users rather than family and friends of tobacco users. For web self-referrals (e.g., you go to a website about the quitline and are given an option to fill out your contact information and the quitline will contact you later) there may be a small number of friends and family members of tobacco users looking for information who fill out the self-referral form.

Q: (In reference to the question about the number of completed calls and minutes of counseling): Was that just scheduled outbound calls or also inbound ad-hoc calls?

A: The question specifically asked about minutes of counseling (as opposed to intake), so the intent of the question was to include all counseling interactions, whether the counseling was initiated by an inbound or outbound call. However, not all quitline data systems may collect data on inbound ad-hoc calls. This is something we may want to clarify for the future.

Q: Will you identify the specific quitlines in the reach slides?

A: Our plan right now is not to identify the specific dots on the slides mapping reach onto spending per smoker. However, reach and spending figures are included on each quitline's metrics section of their quitline profile on the NAQC website (unless the quitline opts out of providing that information online). Also, if a quitline would like to know which dot represents their own quitline, we would be happy to provide that information.

Q: In our state I have noticed people learn about the quitline more through the health providers. What is the trend like in other states?

A: This likely depends on each quitline's promotional and outreach strategies. The more engagement a quitline has with health care providers, either through a robust fax referral system or other relationships, the more quitline clients will report hearing about it through their health care provider. However, in states or provinces where there is a robust media campaign, more clients may report hearing about the quitline through various forms of media.

Q: What will you be using as a definition of a successful quit Seven-month seven-day point prevalence abstinence, Seven-month 30-day point prevalence abstinence, 13-month seven-day point prevalence abstinence, or 13-month seven-day point prevalence abstinence?

A: The quit rate we ask quitlines to report to us is the one recommended in the NAQC issue paper on Measuring Quit Rates: seven-month 30-day point prevalence abstinence, using a responder rate (reporting the proportion of all those who responded to the seven-month follow-up survey that said they did not use any tobacco in the last 30 days). The calculation worksheet, selection criteria, and associated rationale is included in the white paper at http://www.naquitline.org/resource/resmgr/docs/naqc_issuepaper_measuringqui.pdf.

Q: On the full results presentation, slide 6, the total budget for quitlines is based on 49 respondents, while the total tobacco budget is based on 45 respondents. It is a bit misleading because it looks like the quitline budget is about 21% of total tobacco control budget in the U.S. It can not be that large a proportion, can it?

A: You are correct, the correct comparison would need to only include quitlines that reported on both budget elements (total tobacco control budget AND total quitline budget). For the 45 US quitlines that reported on both total tobacco control budget and total quitline budget, the average proportion of the total tobacco control budget represented by the total quitline budget is 31%; median is 23%. When we sum the total quitline budgets for those 45 quitlines, and divide by the sum of the total tobacco control budgets for those 45 quitlines, we get 20.3%.

Q: Has the percentage of female callers decreased over time?

A: We only have two years of data showing the proportion of female callers. For both FY2009 and FY2010, the proportion of US callers (from quitlines reporting that variable) was 57%. Individual quitlines would be able to go back further in time to analyze that trend.

Q: For FY 2010, our quitline's quit rate is 29.8%. I assume we cannot compare one state's quit rate with another, so how do we know we are on par with best standards as far as our quit rate is concerned?

A: In the FY2010 survey, NAQC requested quit rate data from quitlines for the first time. We are currently in the process of determining the best method to compare similar quitlines (e.g., group quitlines that provide NRT separately from those that do not provide NRT). Later in 2011 we will be providing these comparisons to quitlines using a similar methodology as we have in the past for reach and spending benchmarking. In the meantime, we encourage quitlines to use the ranges of recently published quit rates to determine whether their quit outcomes are within the expected range: (see table on the following page)

NRT Provided as Part of Quitline Counseling Service	7-Day Point Prevalence Abstinence	30-Day Point Prevalence Abstinence
Responder rate	26%-39%	30%-36%
Intention to treat rate (Assumes that those callers who cannot be located are smoking)	16%-25%	14%-24%

NRT Not Provided as Part of Quitline Counseling Service	7-Day Point Prevalence Abstinence	30-Day Point Prevalence Abstinence
Responder rate	6%-27%	16%-23%
Intention to treat rate (Assumes that those callers who cannot be located are smoking)	9%-21%	8%-13%

From NAQC's Issue Paper "Tobacco Cessation Quitlines: A Good Investment to Save Lives, Decrease Direct Medical Costs and Increase Productivity" For the full issue paper, see http://www.naquitline.org/resource/resmgr/docs/naqc_issuepaper_tobaccocessa.pdf.

Q: Can we still print off what we submitted for the 2010 annual survey?

A: PDF copies of each quitline's survey responses are available. If you did not save a PDF copy of your survey results, or need another copy, please contact Jessie Saul at jsaul@naquitline.org.