

# Results from the 2011 NAQC Annual Survey of Quitlines

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and the NAQC Annual Survey Workgroup

*July 2012*

# Background of Annual Survey

Conducted Annually 2004-2006, 2008-2011

- Research Partners:
  - 2011 (no partners)
  - 2010 Westat
  - 2008 and 2009 Evaluation, Research and Development Unit, University of Arizona
  - 2006 Center for Tobacco Research and Intervention, University of Wisconsin
  - 2005 University of California, San Diego
  - 2004 Tobacco Technical Assistance Consortium

# 2011 Annual Survey Methods

Budget Survey fielded from August 15 to October 30, 2011

- Web-based survey with email and telephone follow-up:
  - 1) Quitline budgets
  - 2) Funding sources

Additional Survey Sections fielded from January 25 to March 31, 2012

- Web-based survey with email and telephone follow-up:
  - 1) General Information, hours, services offered
  - 2) Utilization
  - 3) Evaluation

Additional Information from CDC's Quarterly Services Survey and NAQC quitline profiles also included in analysis

# 2011 Annual Survey Response Rates

## Budget Survey:

- 65 quitline funders were asked to respond; 50 of 53 US quitlines responded (94%); 12 of 12 Canadian quitlines responded (100%)

## Additional Survey Sections:

- 65 quitline funders and their service providers were asked to respond; 53 of 53 US quitlines responded (100%); 10 of 12 Canadian quitlines responded (83%)

# Strategic Goals for 2015

## **GOAL 1: INCREASE THE USE OF QUITLINE SERVICES IN NORTH AMERICA**

Objective 1: By 2015, each quitline should achieve a reach of at least 6% of its total tobacco users.

## **GOAL 2: INCREASE THE CAPACITY OF QUITLINE SERVICES IN NORTH AMERICA**

Objective 2: By 2015, on average \$2.19 per capita (\$10.53 per smoker) should be invested in quitline services.

## **GOAL 3: INCREASE THE QUALITY AND CULTURAL APPROPRIATENESS OF QUITLINES IN NORTH AMERICA**

Objective 3a: By 2015, each quitline should have an overall quit rate of at least 30%.

Objective 3b: By 2015, each quitline should achieve a reach of 6% in priority populations.

# BUDGET

# Budget Summary

- US quitline budgets and budgets for services continue to rise or stay the same; Canadian budgets are showing a sharp decline
- Most US quitlines cited the end of CPPW funding as either having already impacted them, or anticipating future impacts
- Most Canadian quitlines decreased promotion in anticipation of the national toll-free quitline number

# US Quitline Budgets FY11 (N=53)

Budget Category	N	Median (Min – Max)	Sum
<b>Total</b>	50	\$1,455,729 (\$138,933 – 22,059,667)	\$128,374,235
<b>Services</b>	50	\$837,748 (\$22,653 – 10,122,252)	\$59,815,709
<b>Medications</b>	41	\$260,000 (\$6,668 – 3,695,060)	\$18,959,367
<b>Evaluation</b>	39	\$50,000 (\$2,195 – 550,000)	\$4,274,544
<b>Media/promotions</b>	41	\$485,000 (\$15,300 – 9,653,698)	\$39,162,526
<b>Outreach</b>	23	\$54,000 (\$4,500 – 690,000)	\$2,799,517
<b>Other</b>	17	\$80,000 (\$2,000 – 1,317,032)	\$1,367,392
<b>Tobacco control</b>	44	\$4,763,042 (\$138,933 – 65,850,251)	\$441,191,041



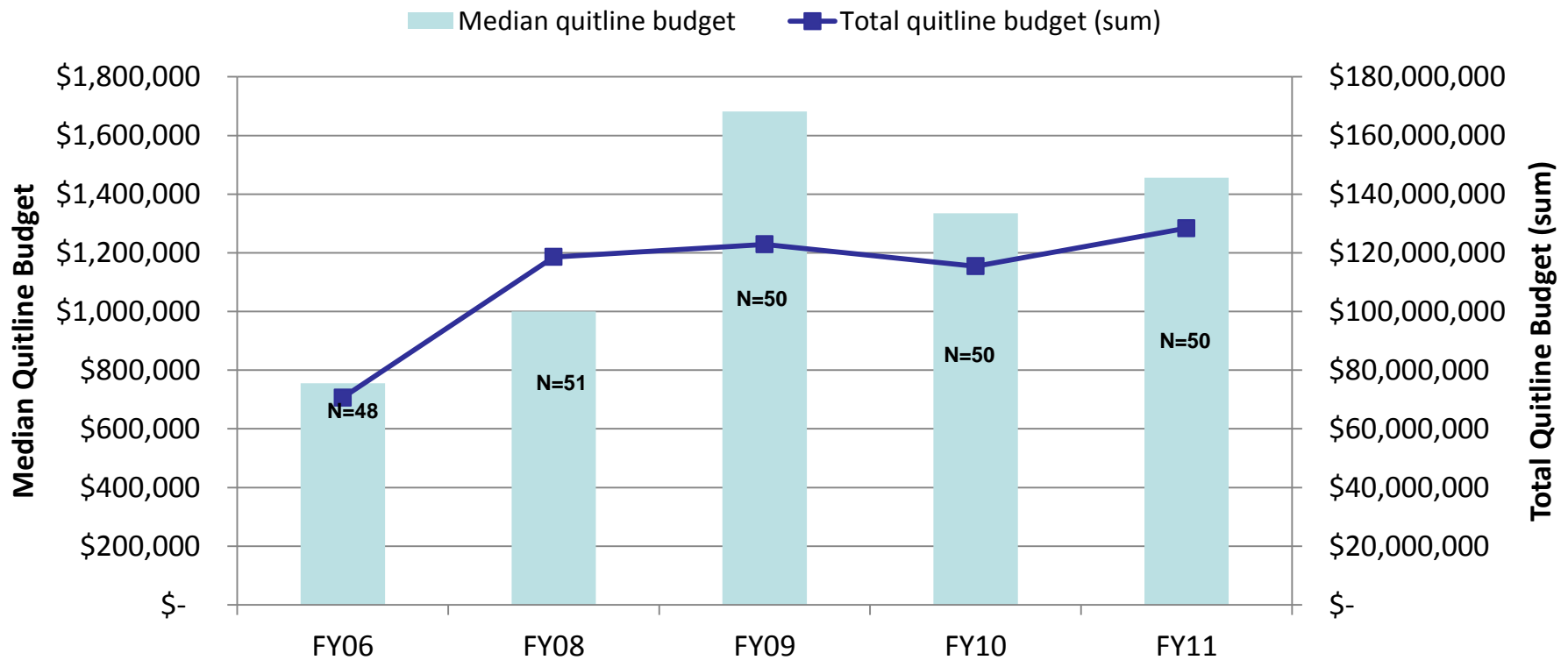
# Canadian Quitline Budgets FY11 (N=11)

Budget Category	N	Median	Sum
Total	11	\$100,000	\$6,386,500
Services	11	\$35,000	\$2,860,100
Medications	0	\$0	\$0
Evaluation	2	\$158,000	\$316,000
Media/promotions	9	\$32,000	\$1,319,200
Outreach	5	\$52,200	\$1,083,700
Other	6	\$30,000	\$807,500
Tobacco control	5	\$150,000	\$44,159,000

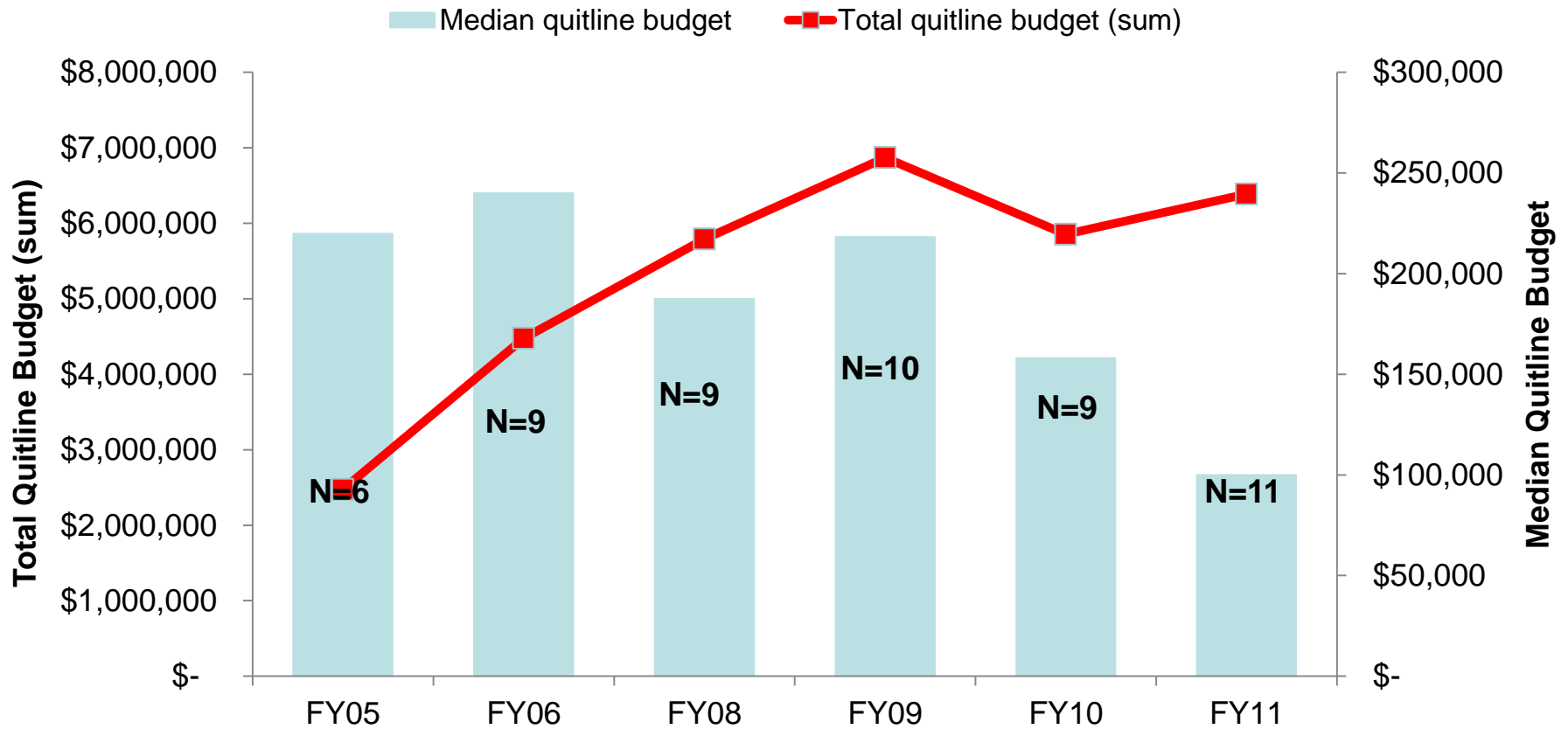
# Impact of change in budget from FY11 to FY12

	US (N=50)	Canada (N=12)
No Impact	30%	33%
Decrease in media, promotions, or outreach	16%	50%
Increase in media, promotions, or outreach	16%	0%
Decrease in amount of NRT provided per caller, fewer people served with NRT, or eligibility for NRT restricted	16%	0%
Increase in amount of NRT provided per caller, or eligibility for NRT broadened	16%	0%
Counseling services reduced, counseling provided to fewer people or eligibility for counseling restricted	28%	0%
Counseling provided to more people or eligibility for counseling expanded	10%	8%
Increased cost sharing (including health plans and Medicaid)	8%	0%
Other: Increased hours of operation (US 1); Decreased hours of operation (US 1); Added/expanded web services or social media (US 1); Decreased evaluation (US 1; Canada 1); Increased quality assurance (US 1)	10%	8%

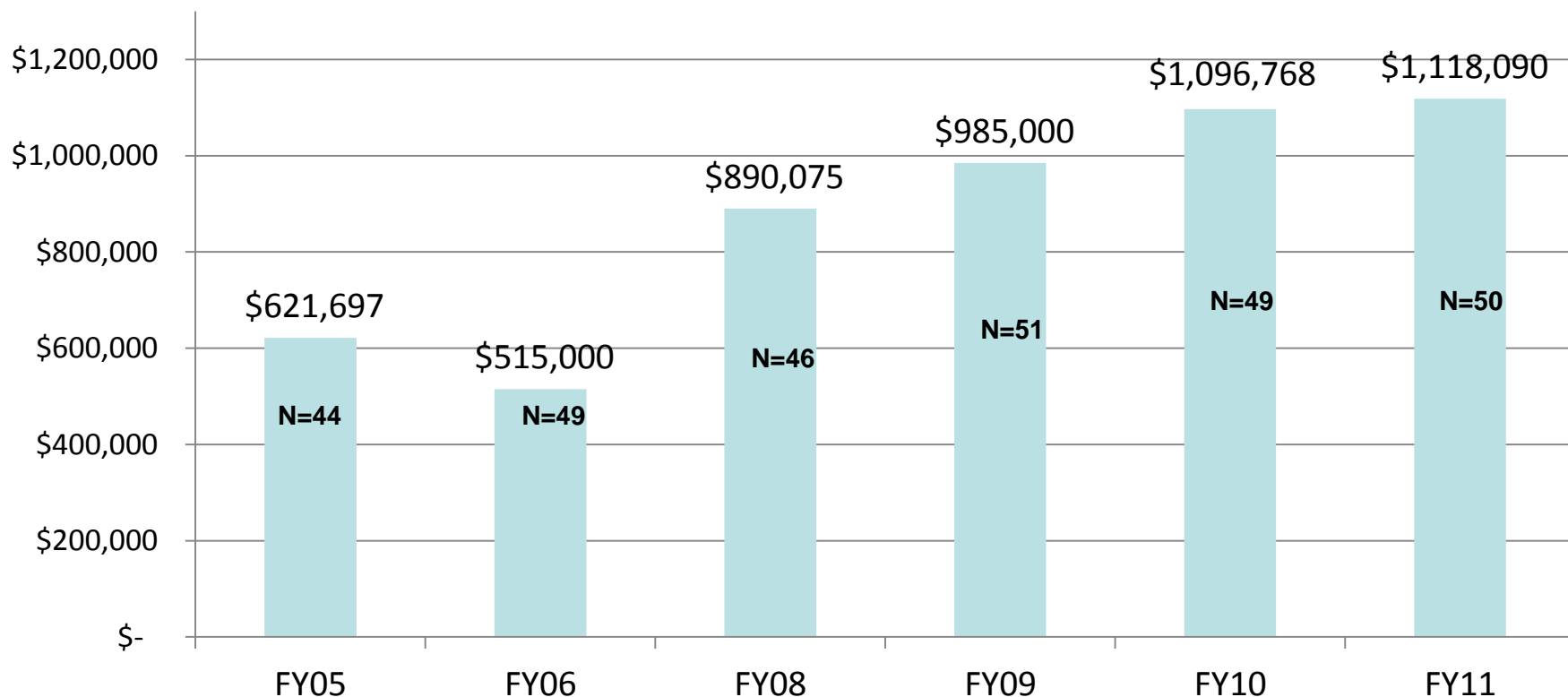
# Median and total (sum) quitline budgets have increased slightly in the U.S. from FY10 to FY11



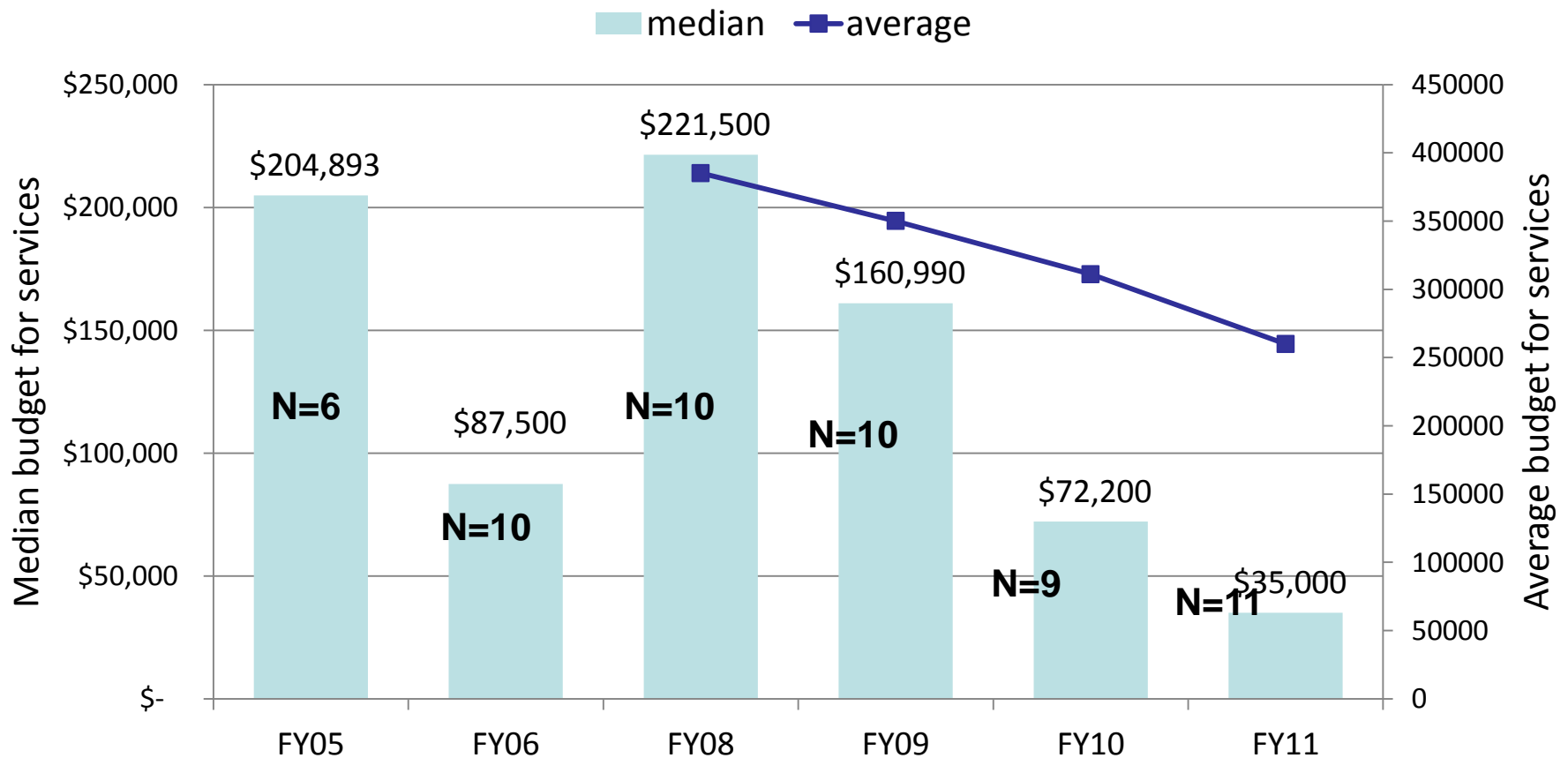
# Median quitline budgets in Canada have decreased by over 50% from FY09 – FY11



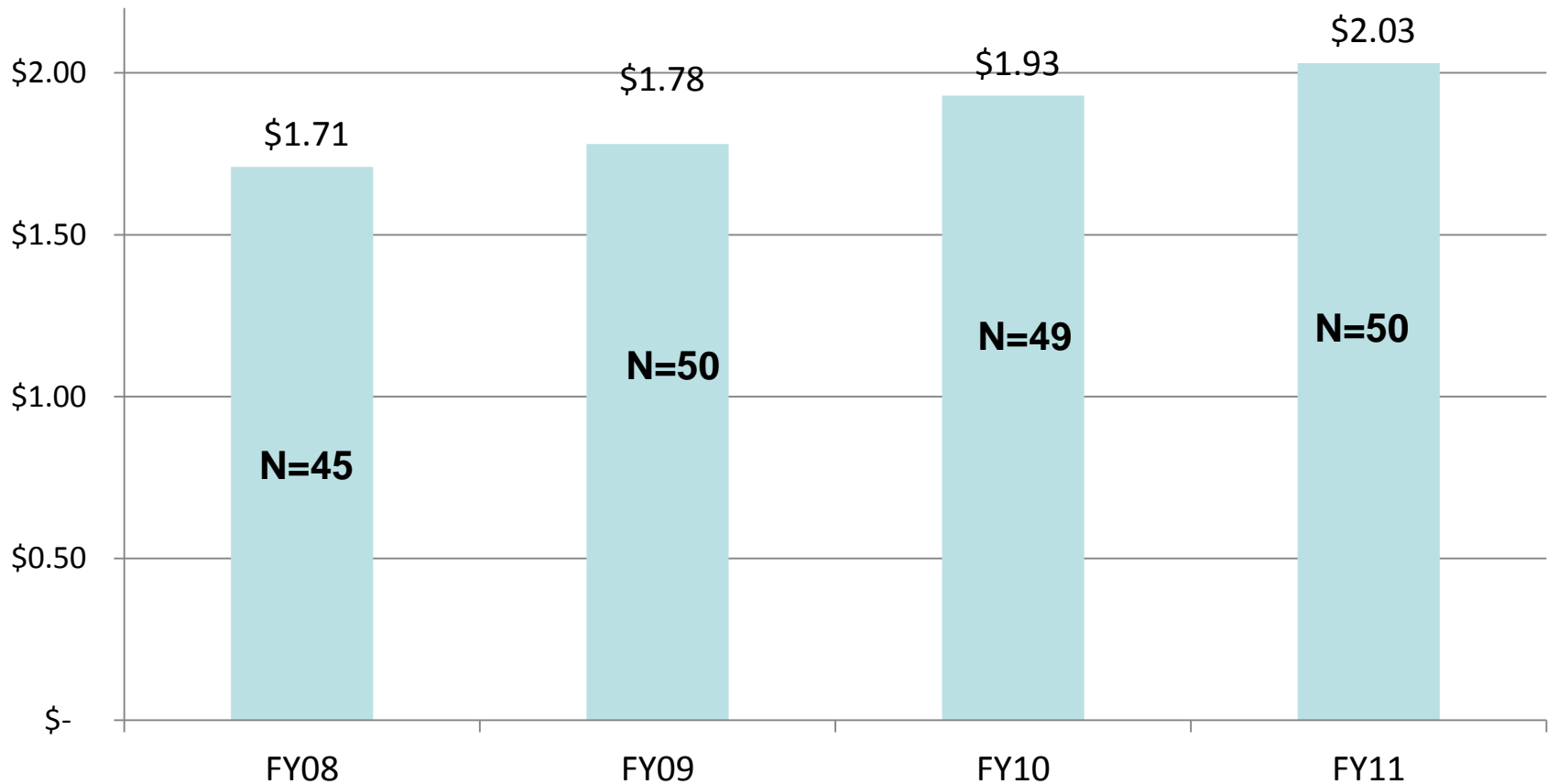
# Median budget for services and medications US, FY05-FY11



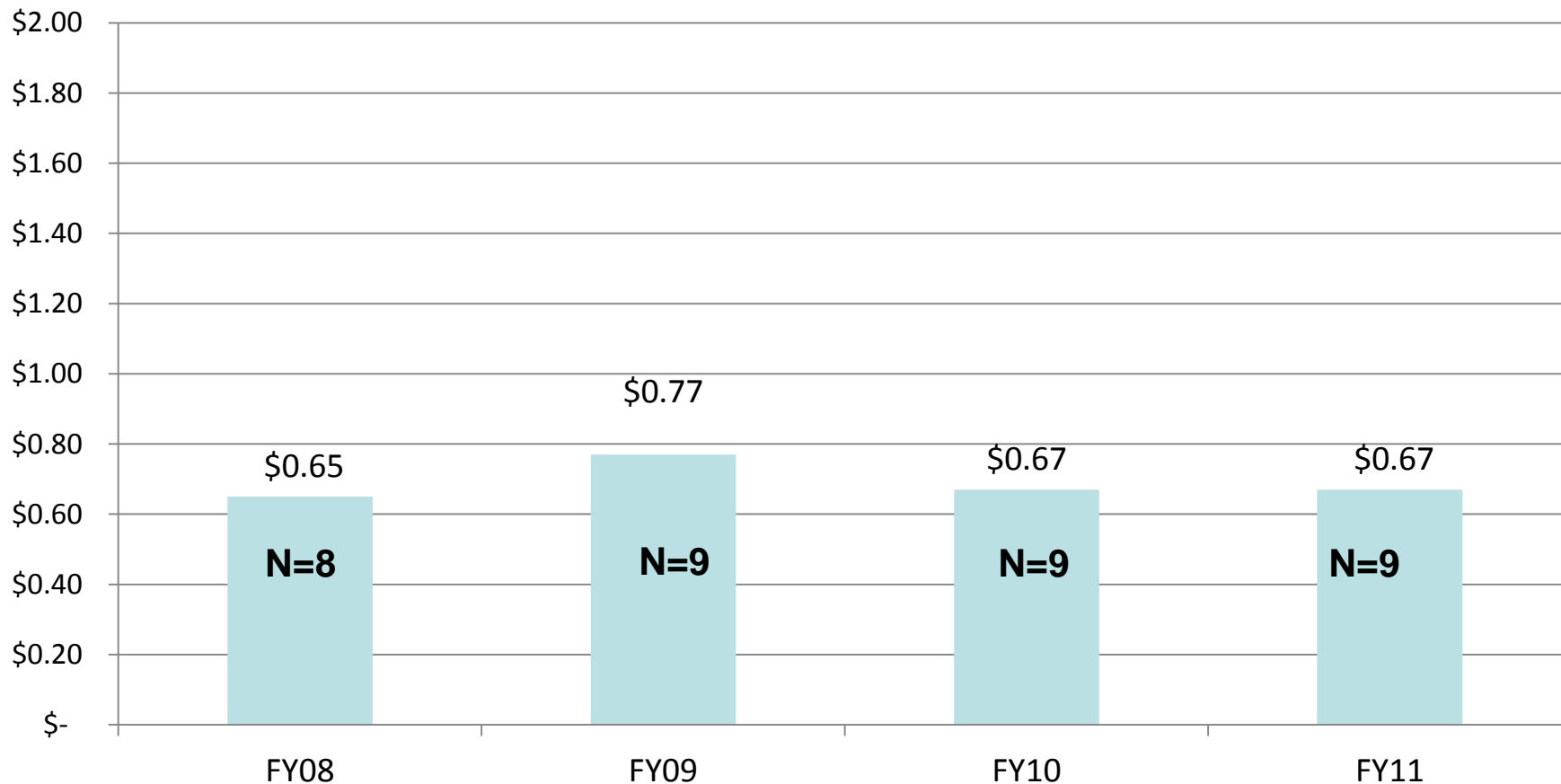
# Median budget for services Canada, FY05-FY11



# US Spending per Smoker (services and medications), FY08-FY11 (goal \$10.53)



# Canada Spending per Smoker (services), FY08-FY11 (goal \$10.53)

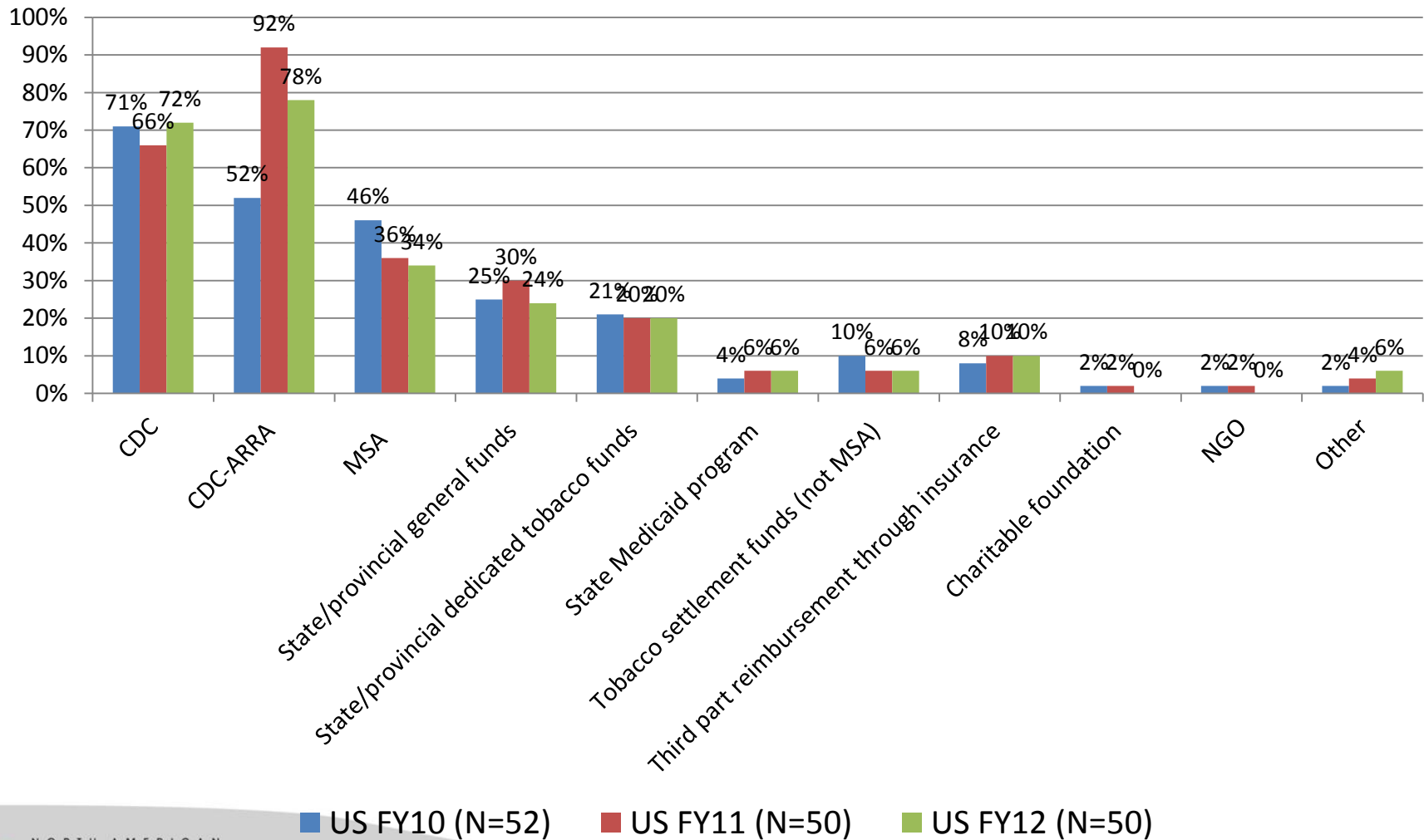




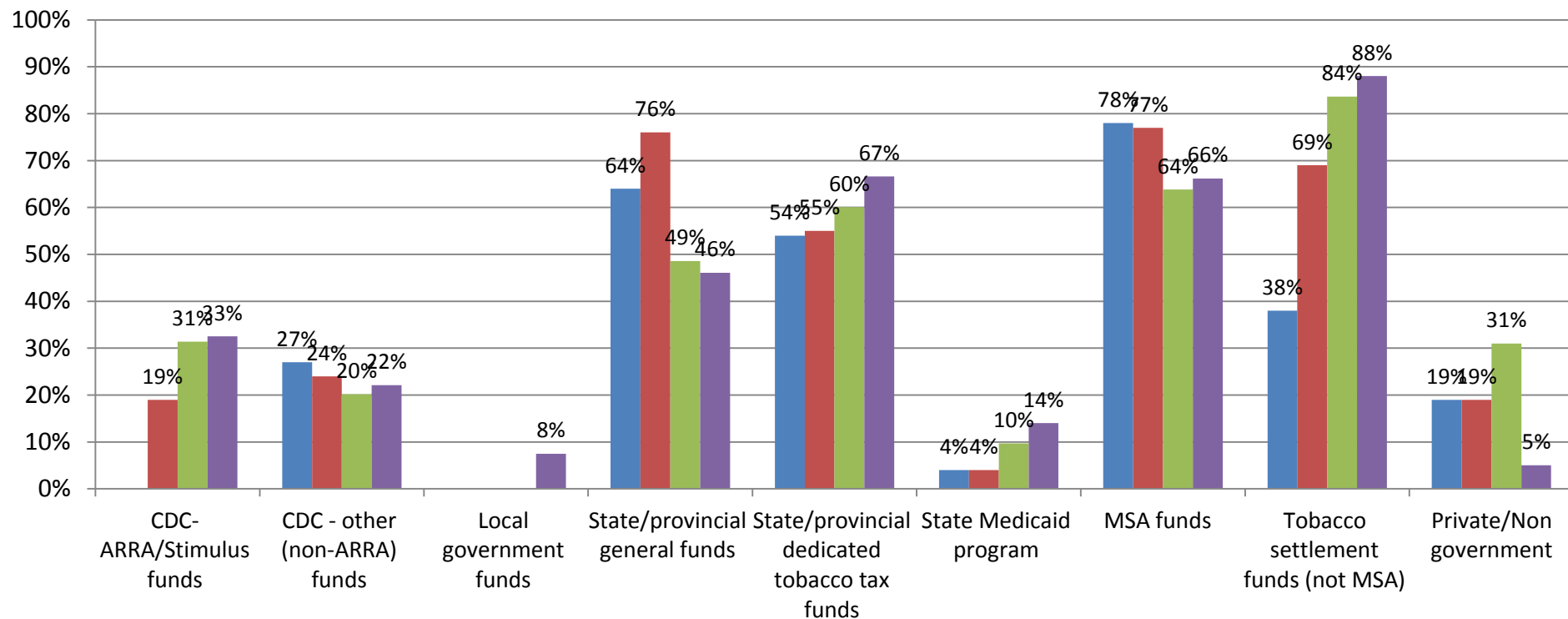
## Funding Sources in FY11 and FY12

	US FY11 (N=50)	US FY12 (N=50)	Canada FY11 (N=11)	Canada FY12 (N=11)
<b>Public sector/government</b>				
Local government funds	0%	0%	18%	9%
State/provincial general funds	30%	24%	82%	73%
State/provincial dedicated tobacco tax funds	20%	20%	0%	0%
State Medicaid program	6%	6%	0%	0%
MSA funds	36%	34%	0%	0%
Tobacco settlement funds (not MSA)	6%	6%	0%	0%
Federal				
CDC- ARRA/Stimulus funds	92%	78%	0%	0%
CDC - other (non-ARRA) funds	66%	72%	0%	0%
Health Canada	0%	0%	64%	55%
Other	4%	6%	9%	0%
<b>Private sector/non-government</b>				
Third part reimbursement through healthcare institution	0%	0%	0%	0%
Third part reimbursement through insurance company	10%	10%	9%	0%
Charitable foundation	2%	0%	27%	27%
For-profit company	0%	0%	0%	9%
Non-governmental organization	2%	0%	0%	0%
Employer organization	0%	0%	0%	0%
<b>Other</b>	0%	2%	0%	0%

# More US quitlines report receiving funds from CDC or MSA funds than any other source

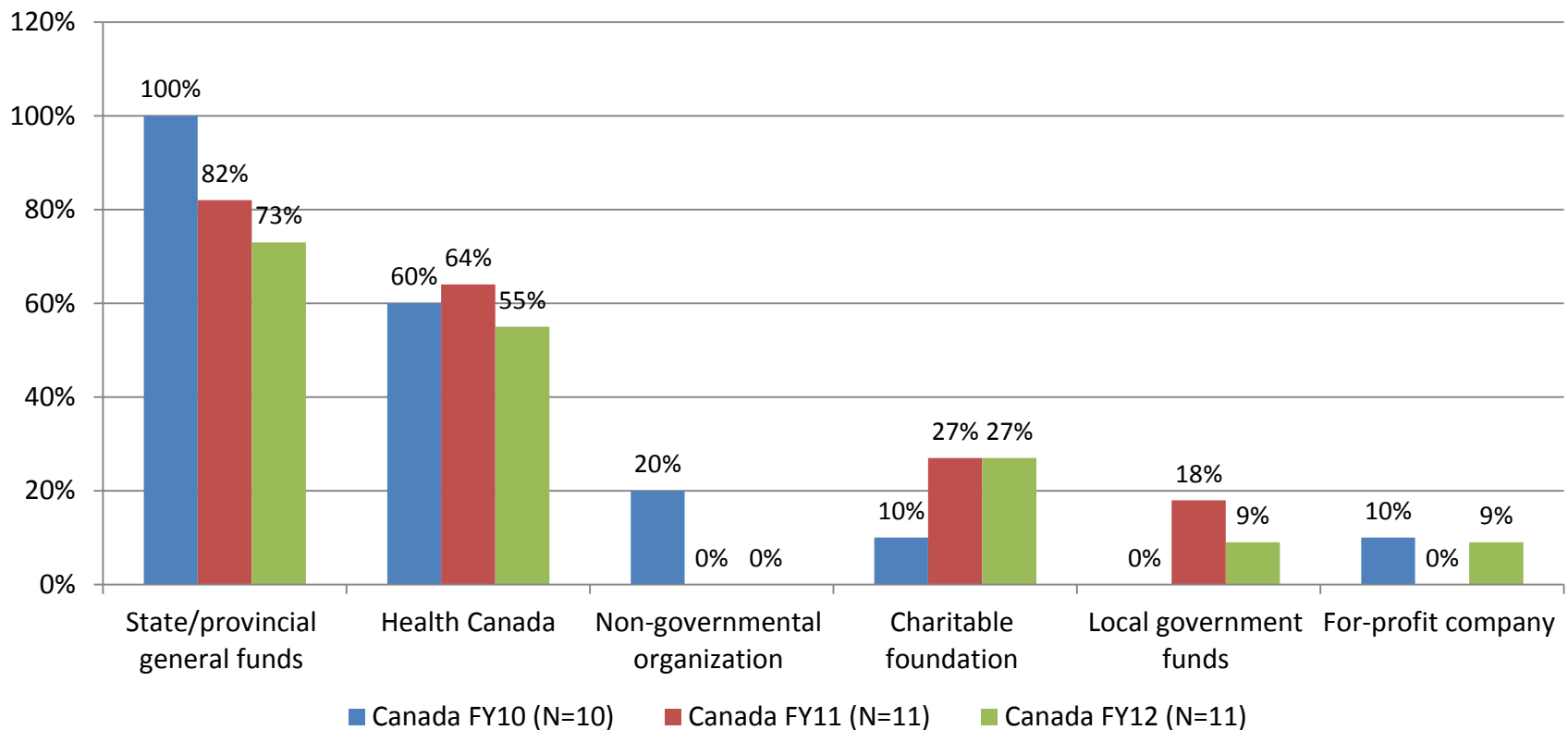


# For US quitlines, the highest proportion of funds come from MSA, general funds, state tobacco taxes, and non-MSA tobacco settlement funds

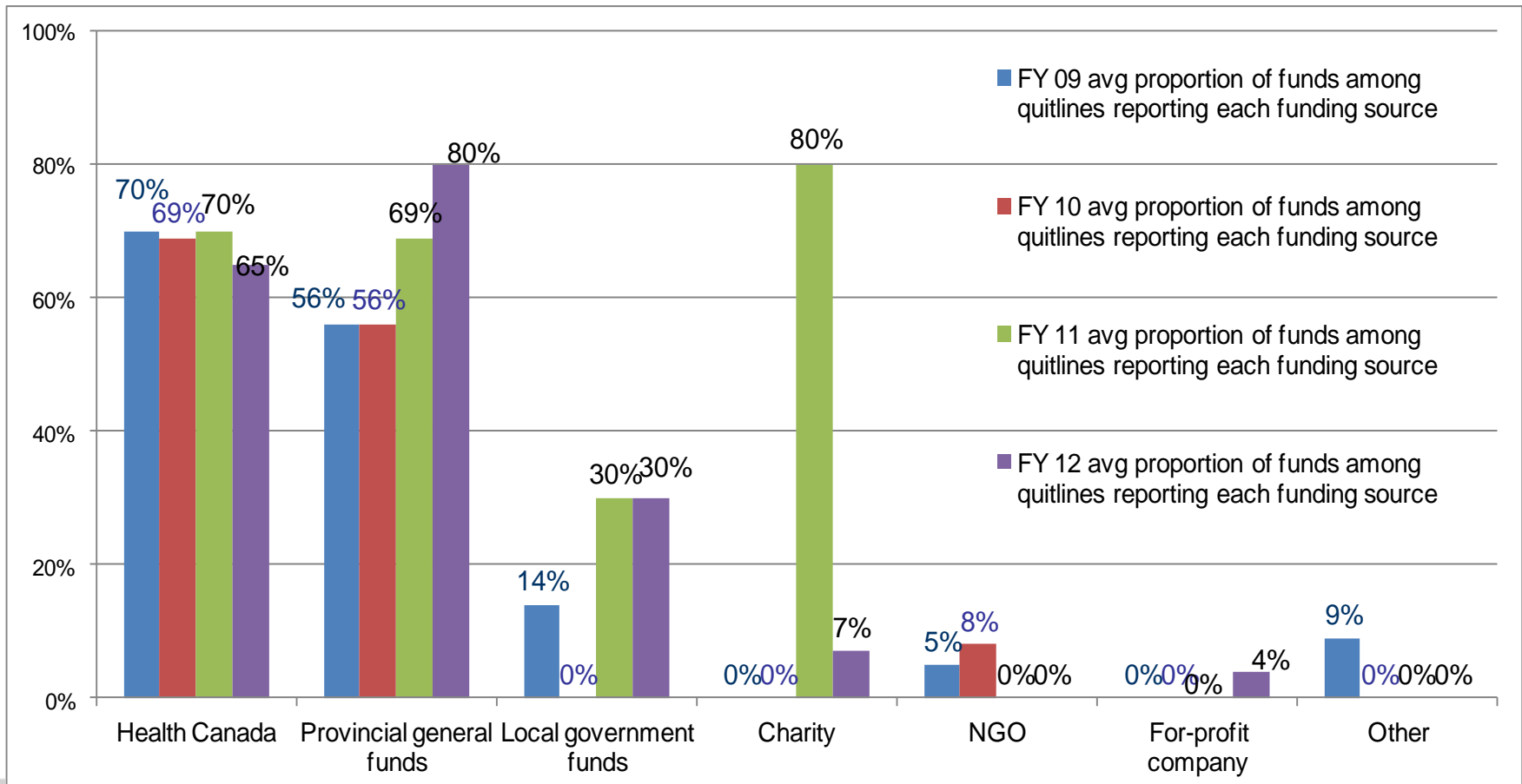


- 09 avg proportion of funds among quitlines reporting each funding source
- 10 avg proportion of funds among quitlines reporting each funding source
- 11 avg proportion of funds among quitlines reporting each funding source
- 12 avg proportion of funds among quitlines reporting each funding source

# The majority of Canadian quitlines report receiving funds from provincial general funds and Health Canada



# For Canadian quitlines, the highest proportion of funds come from provincial general funds and Health Canada



# Proportion of Funds by State Government Source

## FY11 and FY 12 – US (N=50)

	FY 2011		FY 2012	
	N	Average % (Min, Max)	N	Average % (Min, Max)
Local government funds	0	0% (0%, 0%)	2	8% (5%, 10%)
State/provincial general funds	15	49% (1%, 95%)	12	46% (1%, 100%)
State/provincial dedicated tobacco tax funds	10	60% (18%, 92%)	10	67% (10%, 98%)
State Medicaid program	3	10% (6%, 17%)	3	14% (4%, 30%)
MSA funds	18	64% (3%, 100%)	17	66% (12%, 100%)
Tobacco settlement funds (not MSA)	3	84% (55%, 99%)	3	88% (68%, 99%)

# Proportion of Funds by Federal Sources FY11 and FY12 – US (N=50)

	FY 2011		FY 2012	
	N	Average % (Min, Max)	N	Average % (Min, Max)
Federal – CDC - ARRA/Stimulus funds	45	31% (1%, 100%)	38	33% (1%, 100%)
Federal -- CDC - other (non-ARRA) funds	33	20% (1%, 100%)	35	22% (1%, 100%)
Federal -- Other funds	0	(no proportion reported)	0	(no proportion reported)

# Proportion of Funds by Other Sources FY11 and FY12 – US (N=50)

	FY 2011		FY 2012	
	N	Average % (Min, Max)	N	Average % (Min, Max)
Private sector/non-government -- Third-party reimbursement through health care institution	0	0	0	0%
Private sector/non-government -- Third-party reimbursement through insurance company	5	7% (1%, 27%)	5	5% (0%, 19%)
Private sector/non-government -- Charitable foundation	1	17% (17%, 17%)	0	0
Private sector/non-government -- For-profit company	0	0	0	0
Private sector/non-government -- Non-governmental organization	1	7% (7%, 7%)	0	0
Private sector/non-government -- Employer organization	0	0	0	0
Other	0	0	0	0



# Proportion of Funds by Provincial Sources FY11 and FY12– Canada (N=12)

	FY 2011		FY 2012	
	N	Average % (Min, Max)	N	Average % (Min, Max)
Local government funds	2	30% (20%, 40%)	1	30% (30%, 30%)
State/provincial general funds	6	69% (12%, 100%)	5	80% (39%, 100%)
State/provincial dedicated tobacco tax funds	0	0	0	0
State Medicaid program	0	0	0	0
MSA funds	0	0	0	0
Tobacco settlement funds (not MSA)	0	0	0	0

# Proportion of Funds by Federal Sources FY11 and FY12 – Canada (N=12)

	FY 2011		FY 2012	
	N	Average % (Min, Max)	N	Average % (Min, Max)
Federal – Health Canada	5	70% (39%, 100%)	4	65% (30%, 100%)
Federal – Other	0	0	0	0

# Proportion of Funds by Other Sources FY11 and FY12 – Canada (N=12)

	FY 2011		FY 2012	
	N	Average % (Min, Max)	N	Average % (Min, Max)
Private sector/non-government -- Third-party reimbursement through health care institution	0	0	0	0
Private sector/non-government -- Third-party reimbursement through insurance company	1	(no percentage reported)	0	0
Private sector/non-government -- Charitable foundation	1	80% (80%, 80)	1	7% (7%, 7%)
Private sector/non-government -- For-profit company	0	0	1	4% (4%, 4%)
Private sector/non-government -- Non-governmental organization	0	0	0	0
Private sector/non-government -- Employer organization	0	0	0	0
Other	0	0	0	0

# DESCRIPTION OF SERVICES

# Current General Service Description

65 or 100% of quitlines responding reported having counseling services available at least five days per week for a minimum of eight hours per day

50 or 94% of US and 10 or 83% of Canadian quit lines also offered counseling service on at least one day of the weekend

14 quitlines (13 or 25% of US and 1 or 8% of Canadian) reported having live pick-up of incoming calls (may or may not have counseling services available) 24 hours a day, 7 days a week

94% of US (n=53) and 75% of Canadian (n=12) quitlines reported closing on holidays

# Most US and Canadian quitlines provide multiple proactive counseling sessions FY11

Phone counseling services	US N = 53	CAN N = 10
	% (n)	% (n)
Minimal/brief intervention—client-initiated —1-10 minutes	26% (14)	100% (10)
Single session counseling more than 10 minutes—client-initiated	64% (34)	100% (10)
Multiple sessions—client-initiated (i.e., reactive, client calls in for each follow up)	76% (40)	100% (10)
Multiple sessions—counselor-initiated (i.e., proactive, cessation specialist / counselor / coach calls client for follow up)	96% (51)	100% (10)

# US and Canadian Quitlines Provide Interactive Web-based Programs to Help Tobacco Users Quit FY11

Internet-based services	Integrated with/Part of the quitline		Not part of the quitline		Combined	
	US N = 53	CAN N = 10	US N = 53	CAN N = 10	US N=53	CAN n=10
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Information about the quitline	65% (31)	30% (3)	50% (24)	80% (8)	87% (46)	100% (10)
Information about tobacco cessation	63% (30)	30% (3)	50% (24)	80% (8)	87% (46)	100% (10)
Self-directed web-based intervention to help tobacco users quit	58% (28)	30% (3)	38% (18)	70% (7)	74% (39)	90% (9)
Text messaging	8% (4)	10% (1)	8% (4)	30% (3)	15% (8)	40% (4)

# Most U.S. and Canadian Quitlines Provide Interactive Features of Their Web-based Programs to Help Tobacco Users Quit FY11

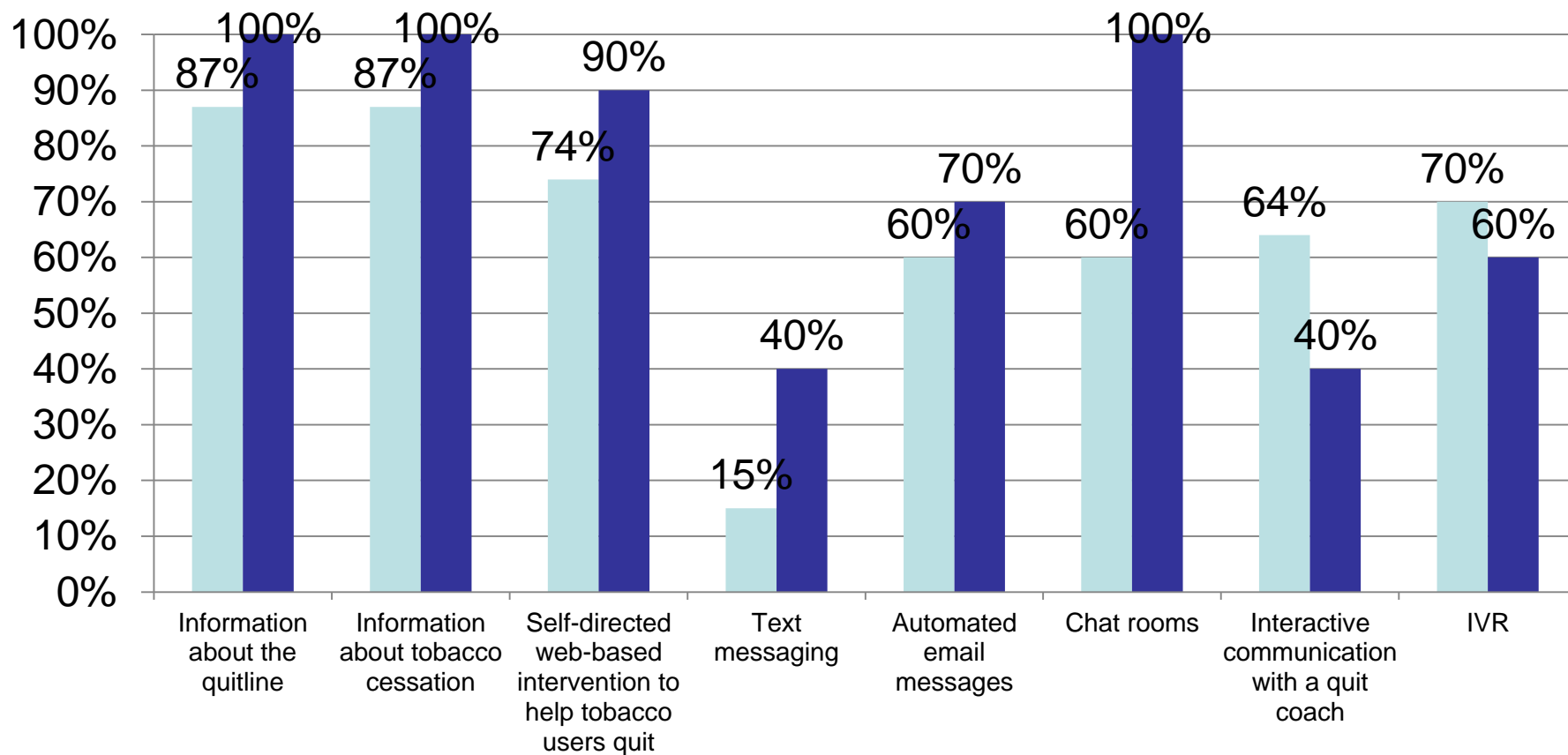
	<b>US N = 53</b>	<b>CAN N = 10</b>
	<b>% (n)</b>	<b>% (n)</b>
Automated email messages	60% (32)	70% (7)
Chat rooms	60% (32)	100% (10)
Interactive counseling and/or email messaging to cessation specialist/counselor/ coach to help tobacco users quit	64% (34)	40% (4)



# Most U.S. and Canadian Quitlines are Using IVR Systems; Fewer Use IVR to Provide Services

IVR as Triage Only		IVR to Handle Provision of Services		IVR (combined/either)	
US (n=53)	Canada (n=10)	US (n=53)	Canada (n=10)	US (n=53)	Canada (n=10)
% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
59% (31)	20% (2)	11% (6)	40% (4)	70% (37)	60% (6)

# A Higher Proportion of Canadian than U.S. Quitlines Provide Interactive Web-based Programs to Help Tobacco Users Quit FY11



■ U.S. ■ Canada

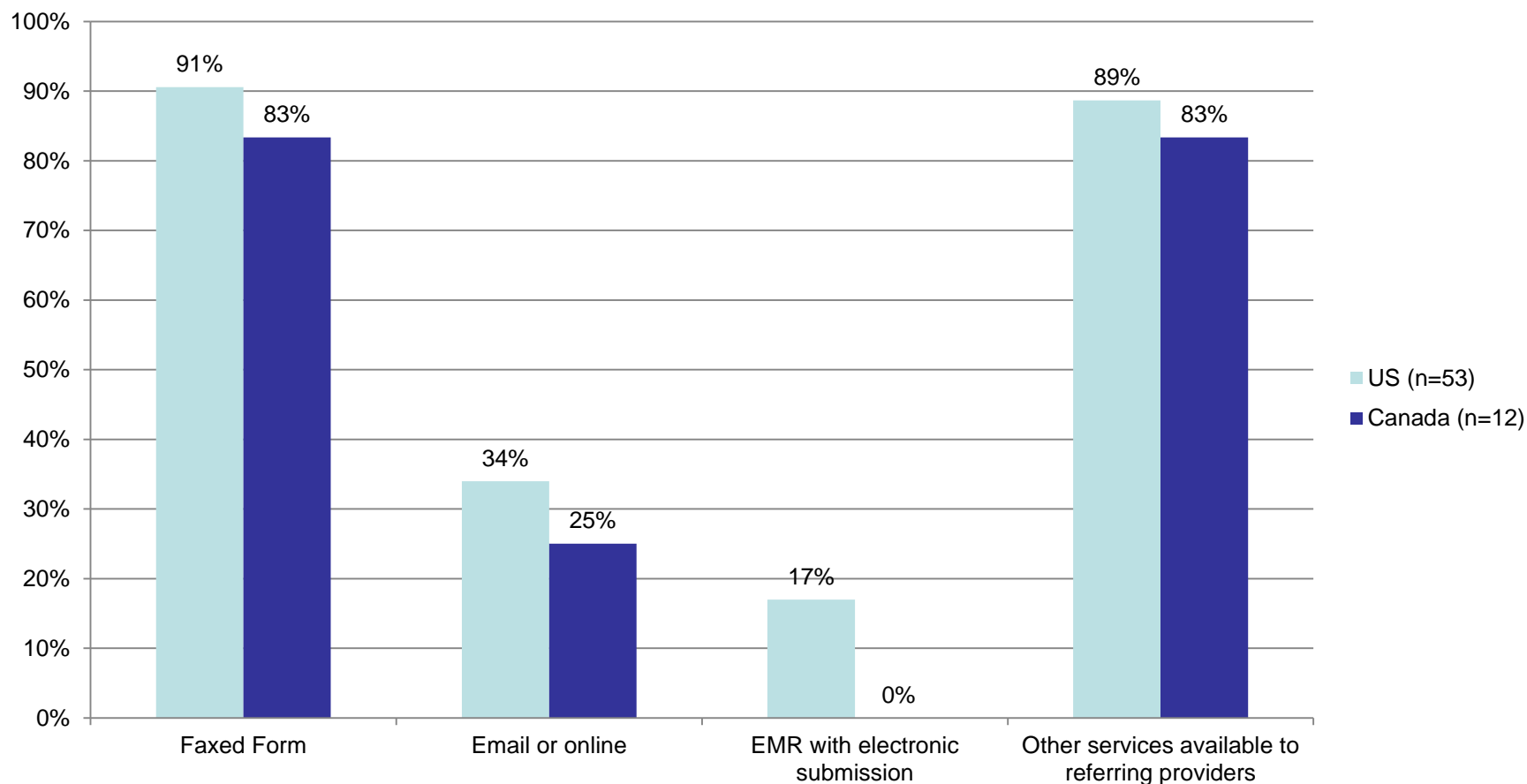
# Nearly all US and Canadian Quitlines Have Voice Mail With Call Backs and Mail Information to Tobacco Users FY11

Other services	US (n = 53)	CAN (n = 10)
	% (n)	% (n)
Voice mail with call backs or mailed information or self-help resources	93% (49)	80% (8)
Recorded messages for help with quitting (e.g., phone tree)	72% (38)	20% (2)
Referral to any other cessation services	30% (16)	30% (3)
Referral to any other non-cessation services	11% (6)	10% (1)
Mailed information or self help resources (provided through the quitline)	93% (49)	80% (8)

# Quitlines Mention National Cessation Websites to Tobacco Users

	<b>US (n = 53)</b>	<b>CAN (n = 10)</b>
	% (n)	% (n)
At all times regardless of the call volume level	9% (5)	90% (9)
Only during periods of peak call volume	0% (0)	0% (0)
Only in response to smoker questions	72% (38)	0% (0)
At other times	11% (6)	0% (0)
<b>TOTAL</b>	<b>85% (45)</b>	<b>90% (9)</b>

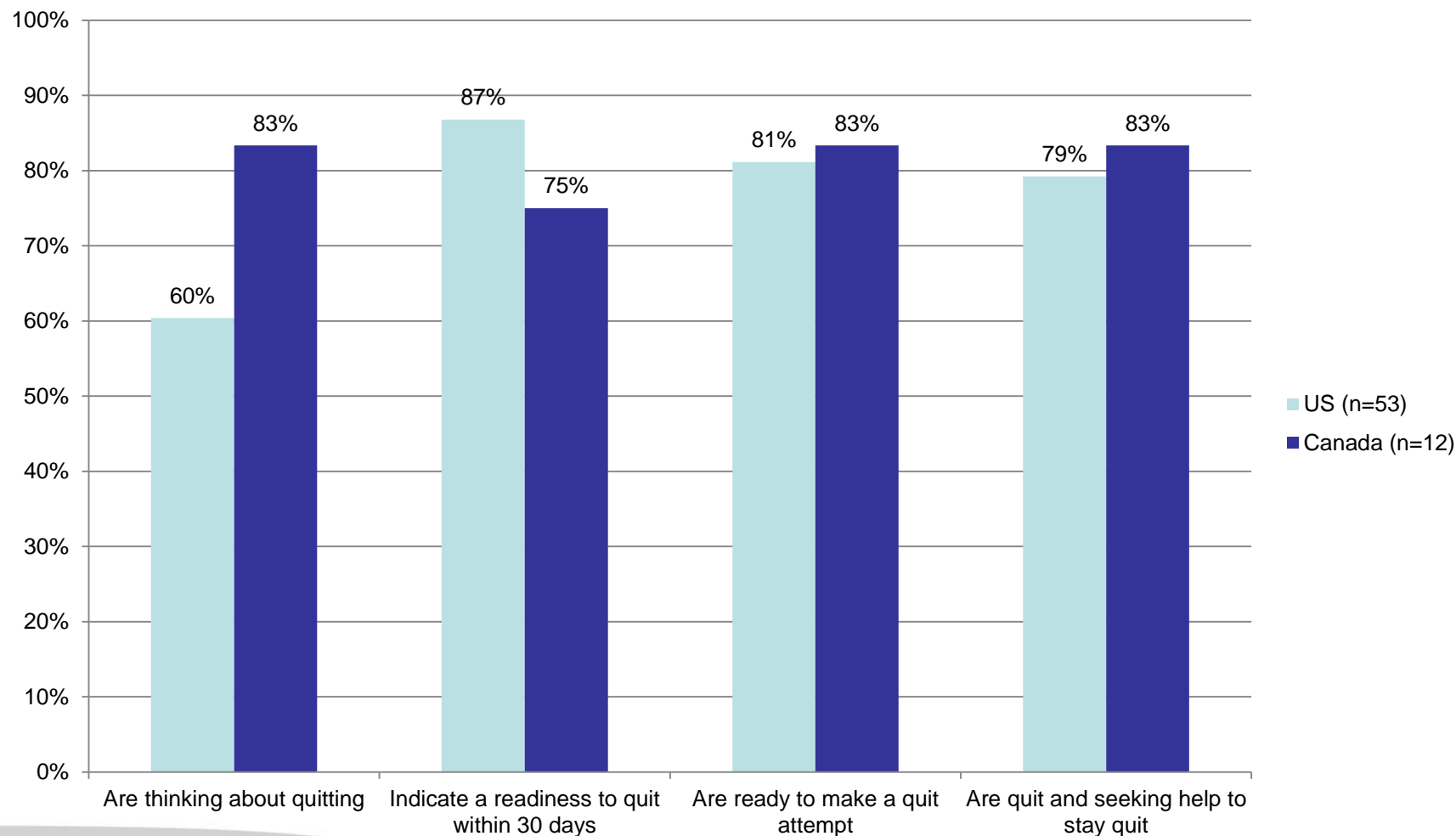
# Current Methods Offered to Providers to Refer Patients to Quitlines



# Person(s) eligible to refer patients for the fax or electronic referral program, 2012 profile data

Who could make a referral to the quitline using the fax- or electronic-referral process?	US N = 53	CAN N = 12
	% (n)	% (n)
Certified or trained fax referral providers	49% (26)	50% (6)
Clinicians or non-clinicians in a healthcare setting	85% (45)	83% (10)
Clinicians or non-clinicians in a community-based organization	70% (37)	83% (10)
Other	23% (12)	50% (6)

# Tobacco users can be referred using the referral process if they:

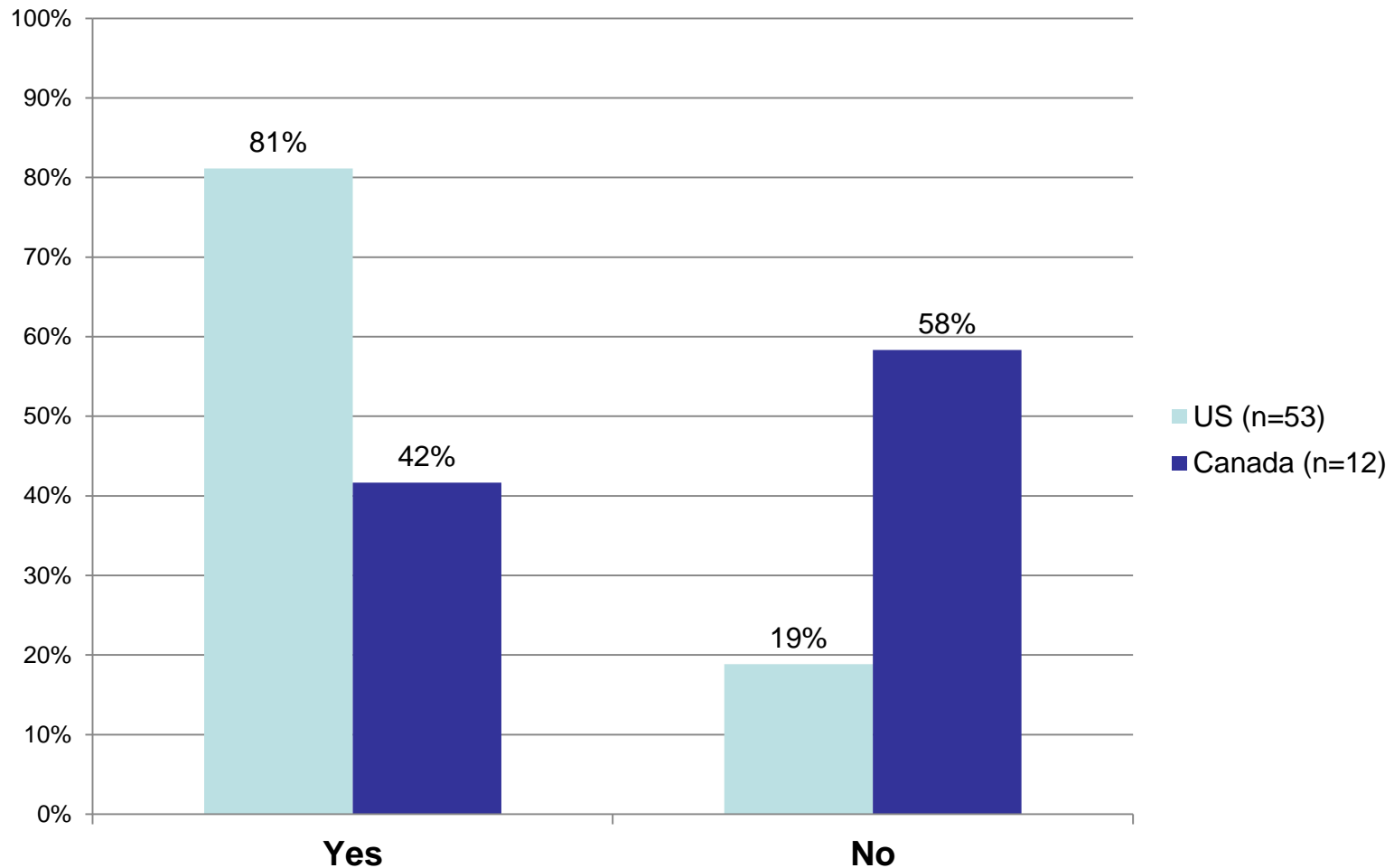


# Services Available to Referring Providers, Profile data 2012

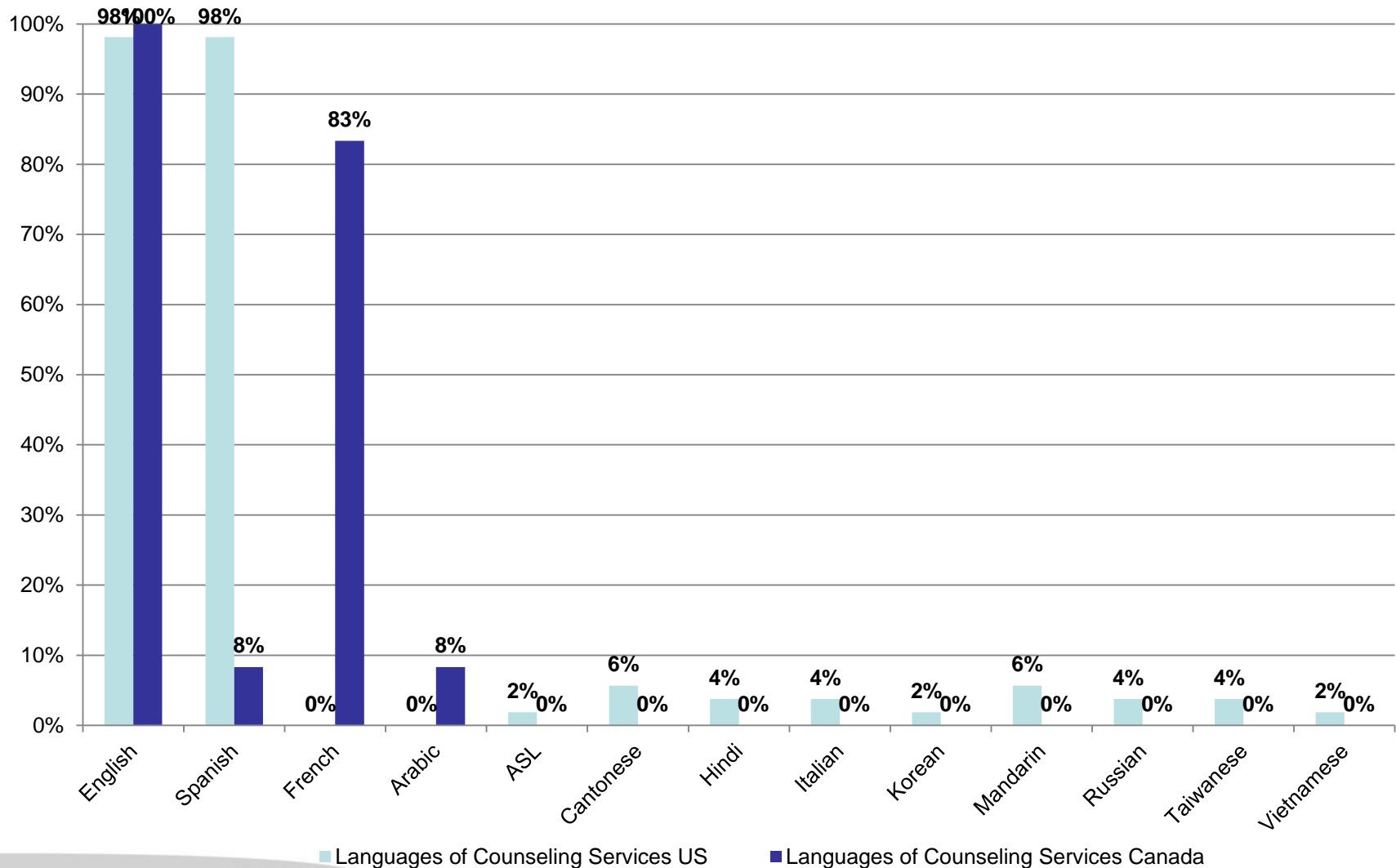
Services received	US N = 53	CAN N = 12
	% (n)	% (n)
Quitline and/or referral brochures	81% (43)	83% (10)
Customized referral/consent forms	60% (32)	67% (8)
Patient progress reports	42% (22)	17% (2)
Customized provider feedback reports	55% (29)	42% (5)
Staff training	53% (28)	58% (7)
Quitline/referral program newsletter	9% (5)	17% (2)



# Used a translation service for hearing clients, 2012 profile data



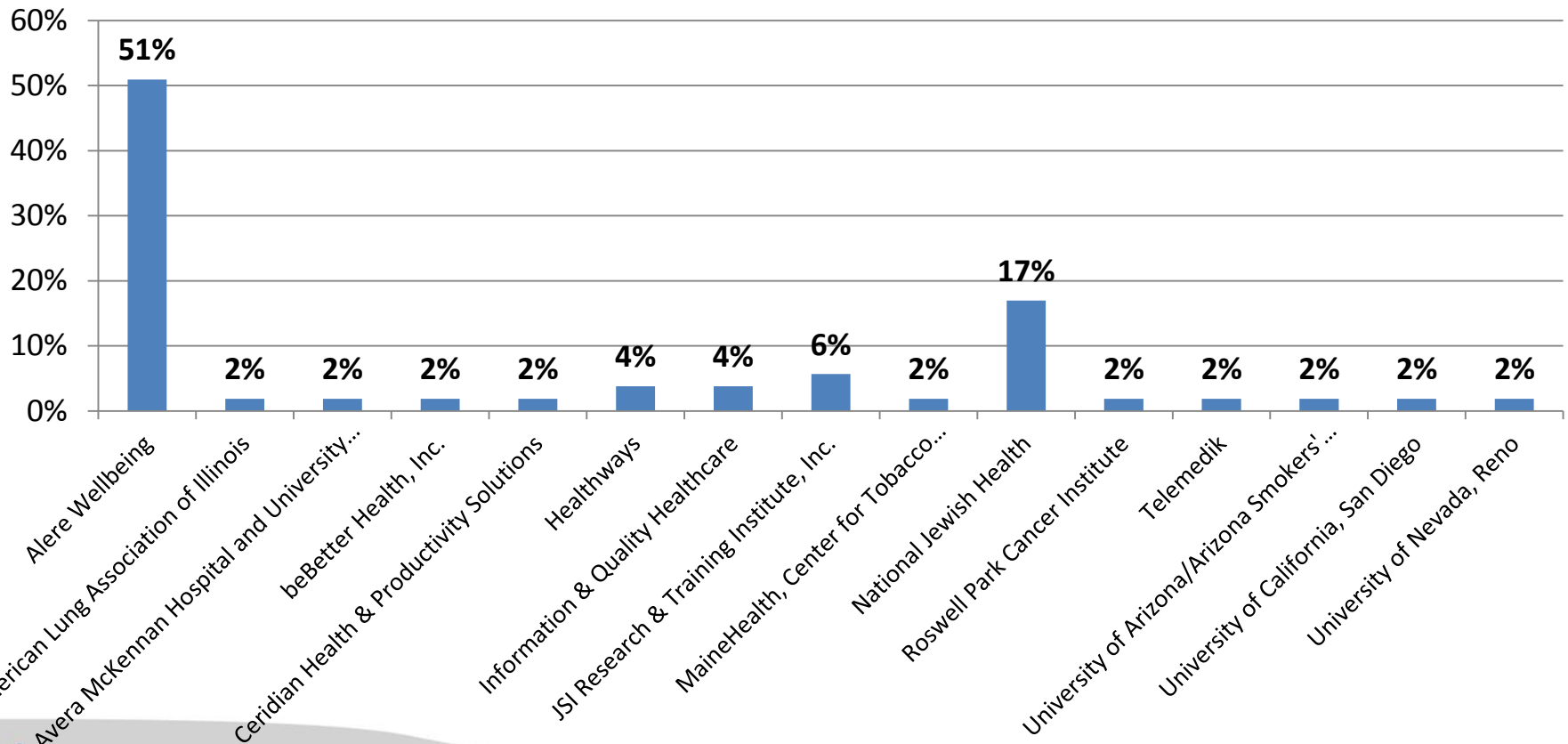
# Language of Counseling Service



# US Primary Service Providers

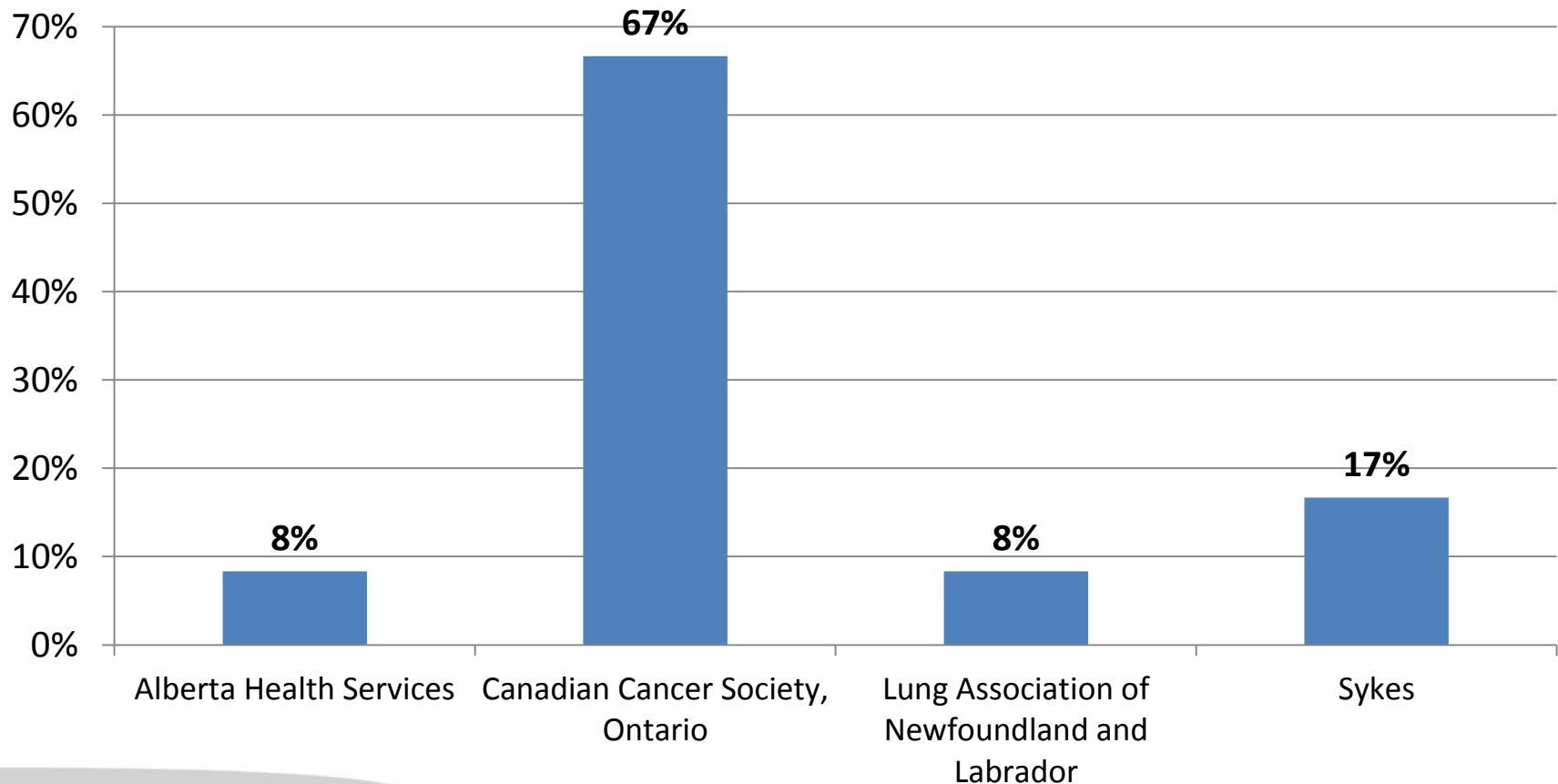
## June 2012

The figure below shows the organizations (n=15) that were the primary service provider of counseling services for US quitlines



# Canadian Service Providers, June 2012

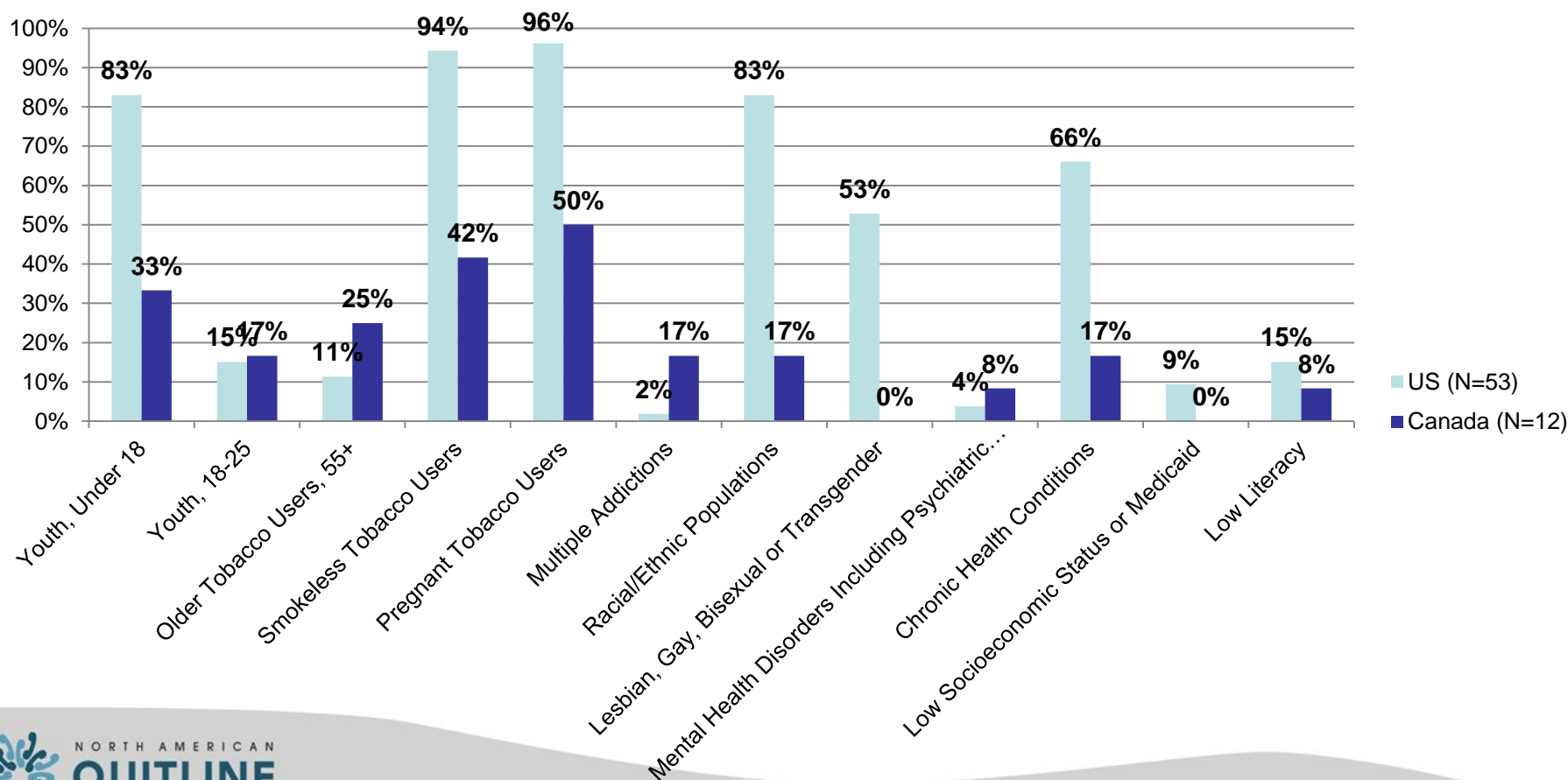
**The majority of Canadian quitlines (67%) had counseling services provided by the Canadian Cancer Society, Ontario Division**



# Specialized Materials for Special Populations

## June 2012

**51 US quitlines (96%) and 6 Canadian quitlines (50%) send specialized materials to special populations. These include:**



# Eligibility Criteria for Different Levels of Service FY10

41 US quitlines (82%) and 7 Canadian quitlines (70%) have different eligibility criteria for different levels of service

Open-ended responses described eligibility criteria for differing level of service including:

- Increased sessions for pregnant women (n=14 US; n=6 CA)
- Increased sessions for uninsured or Medicaid/Medicare insured (n=4 US)
- Increased sessions for youth (n=2 US; n=1 CA)
- Increased sessions depending on readiness to quit (n=1 US)
- Increased sessions for individuals with mental illness or chronic illness (n=1 CA)
- Increased sessions for government employees (n=1 CA)

# MEDICATIONS

# Provision of Quitting Medication FY11

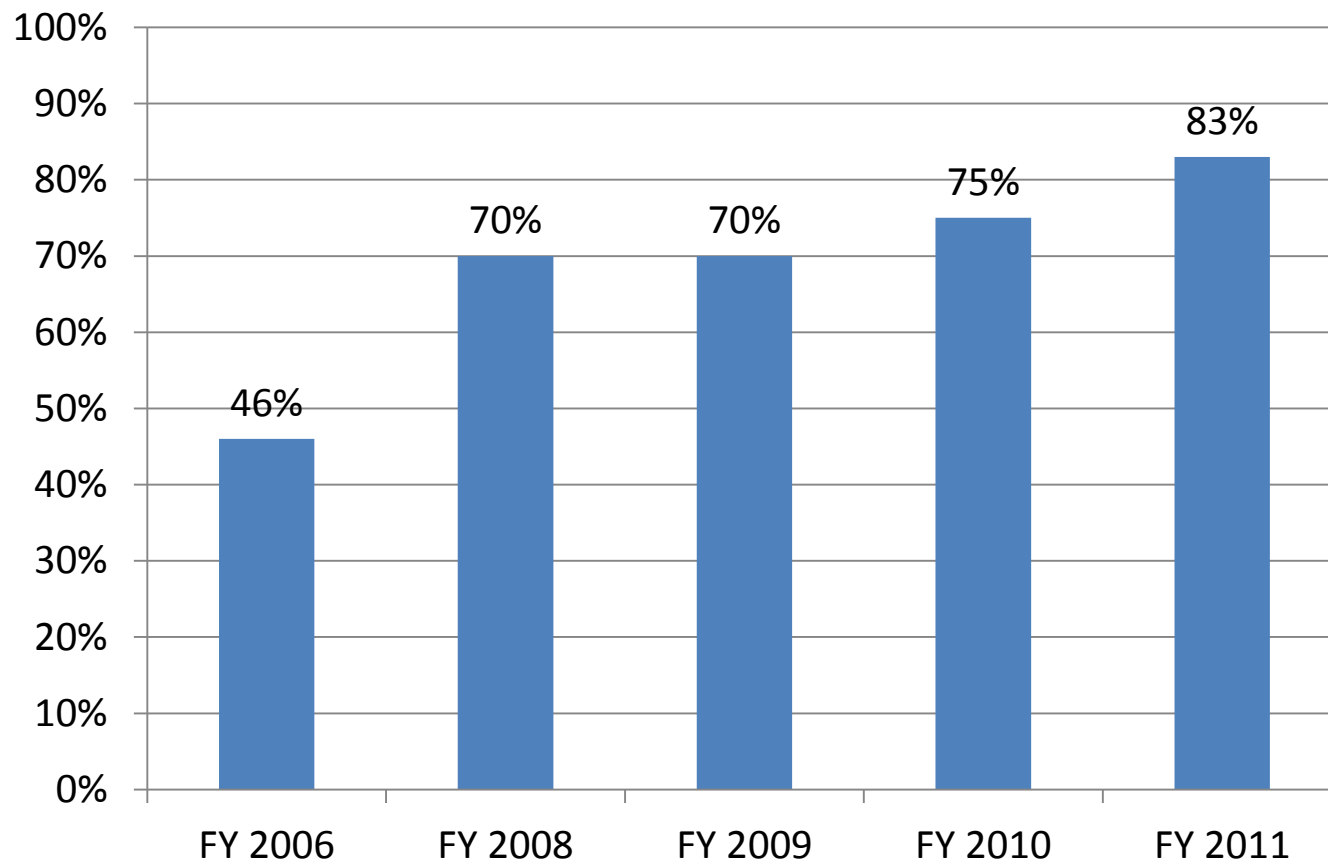
	Patch	Gum	Lozenge	Zyban	Chantix	Nasal Spray	Inhaler	ANY Meds
<b>US</b> (N=53)								
Provide free medication	83%	68%	38%	6%	6%	4%	4%	83%
Provided discounted meds	4%	4%	4%	6%	8%	2%	2%	9%
Provided voucher to redeem meds	6%	2%	2%	4%	11%	2%	2%	15%
<b>Canada</b> (N=10)								
Provide free medication	-	-	-	-	-	-	-	
Provided discounted meds	-	-	-	-	-	-	-	
Provided voucher to redeem meds	-	-	-	-	-	-	-	



# Free Medication Provision – US Quitlines – FY11

Free Meds Type	# Providing Type of Free Meds	N (Providing weeks data for standard protocol)	Median # of Weeks Provided as Standard Protocol (min,max)	N (Providing weeks data for special populations)	Median # of weeks provided to special populations (min,max)
Patch	44	43	4 (2, 12)	8	8 (8, 8)
Gum	36	35	4 (2, 12)	7	8 (8, 8)
Lozenge	20	20	5 (2, 12)	3	8 (8, 8)
bupropion	3	3	8 (4, 8)	0	-
varenicline	3	3	8 (4, 8)	0	-
Inhaler	2	2	6 (4, 8)	0	-
Nasal Spray	2	2	6 (4, 8)	0	-

# The number of US quitlines providing free medications has increased over time



# UTILIZATION

# Utilization – U.S. Quitlines – Total Calls FY11

Total Calls	N	Missing	Min	Max	Median	Mean	Sum	% of total
US (N=53)								
Answered live	51	2	292	114,141	11,411	18,811	959,339	76%
Went to voicemail	50	3	2	17,441	126	1,094	54,681	4%
Pre-recorded message	16	37	0	94,184	0	5,898	94,366	7%
Other	19	34	0	5,933	0	860	16,339	1%
Hung up or abandoned	50	3	0	35,188	1,231	2,825	141,240	11%
Total	51	2	430	200,243	13,652	24,822	1,265,947	100%

# Utilization – Canadian Quitlines – Total Calls FY11

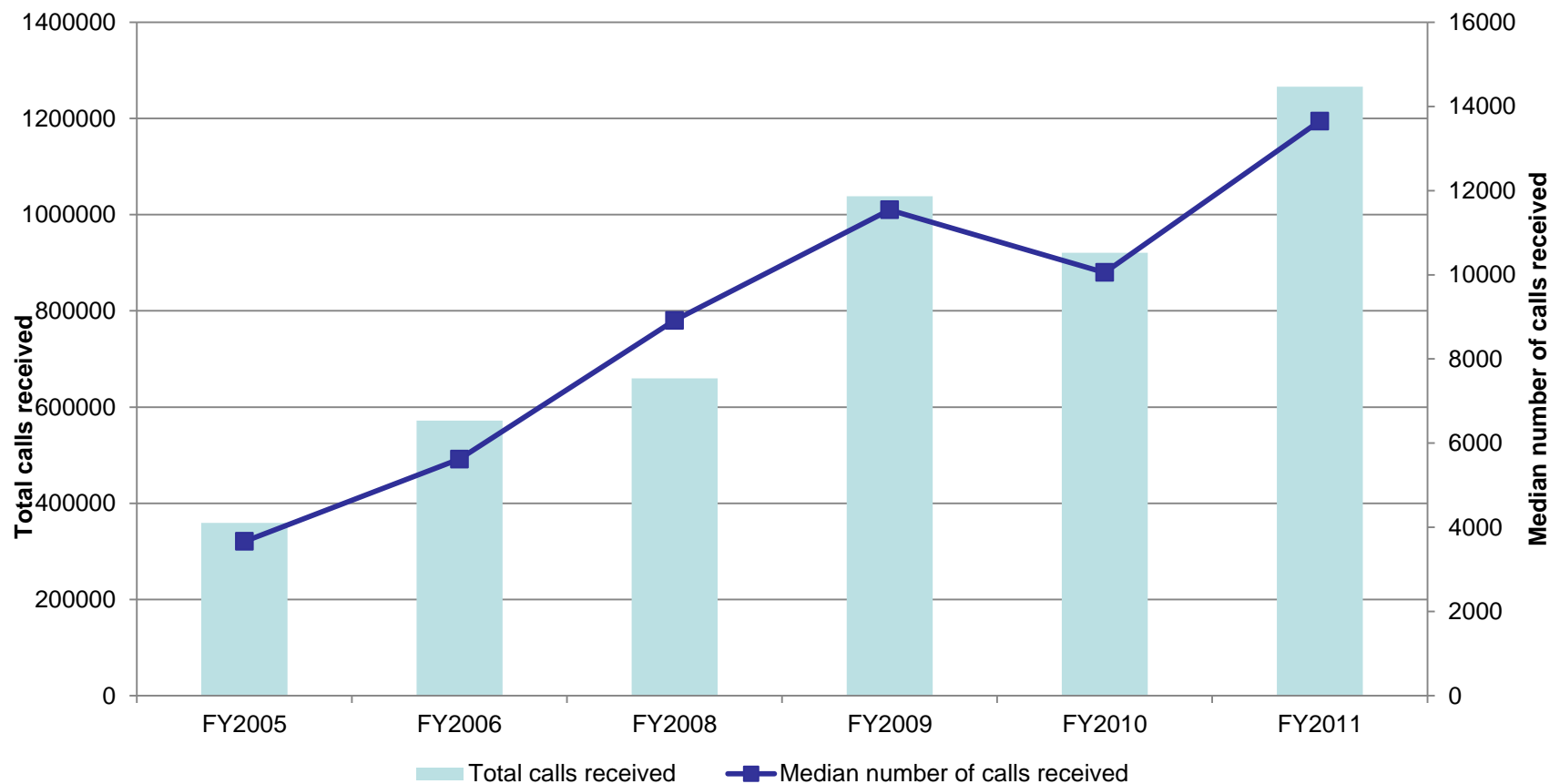
Total Calls	N	Missing	Min	Max	Median	Mean	Sum	% of total
Canada (N=10)								
Answered live	9	1	405	8,535	1,402	2,754	24,787	98%
Went to voicemail	3	7	0	175	77	84	252	1%
Pre-recorded message	0	10	-	-	-	-	-	-
Other	1	9	0	0	0	0	0	0%
Hung up or abandoned	2	8	71	125	98	98	196	1%
<b>Total</b>	<b>9</b>	<b>1</b>	<b>405</b>	<b>8,535</b>	<b>1,402</b>	<b>2,804</b>	<b>25,235</b>	<b>100%</b>

# Utilization – U.S. and Canadian Quitlines – Total Calls FY11

Total Calls	US (N=53)			Canada (N=10)		
	Mean	Sum	% of total	Mean	Sum	% of total
Answered live	18,811	959,339	76%	2,754	24,787	98%
Went to voicemail	1,094	54,681	4%	84	252	1%
Pre-recorded message	5,898	94,366	7%	-	-	-
Other	860	16,339	1%	0	0	0%
Hung up or abandoned	2,825	141,240	11%	98	196	1%
Total	24,822	1,265,947	100%	2,804	25,235	100%

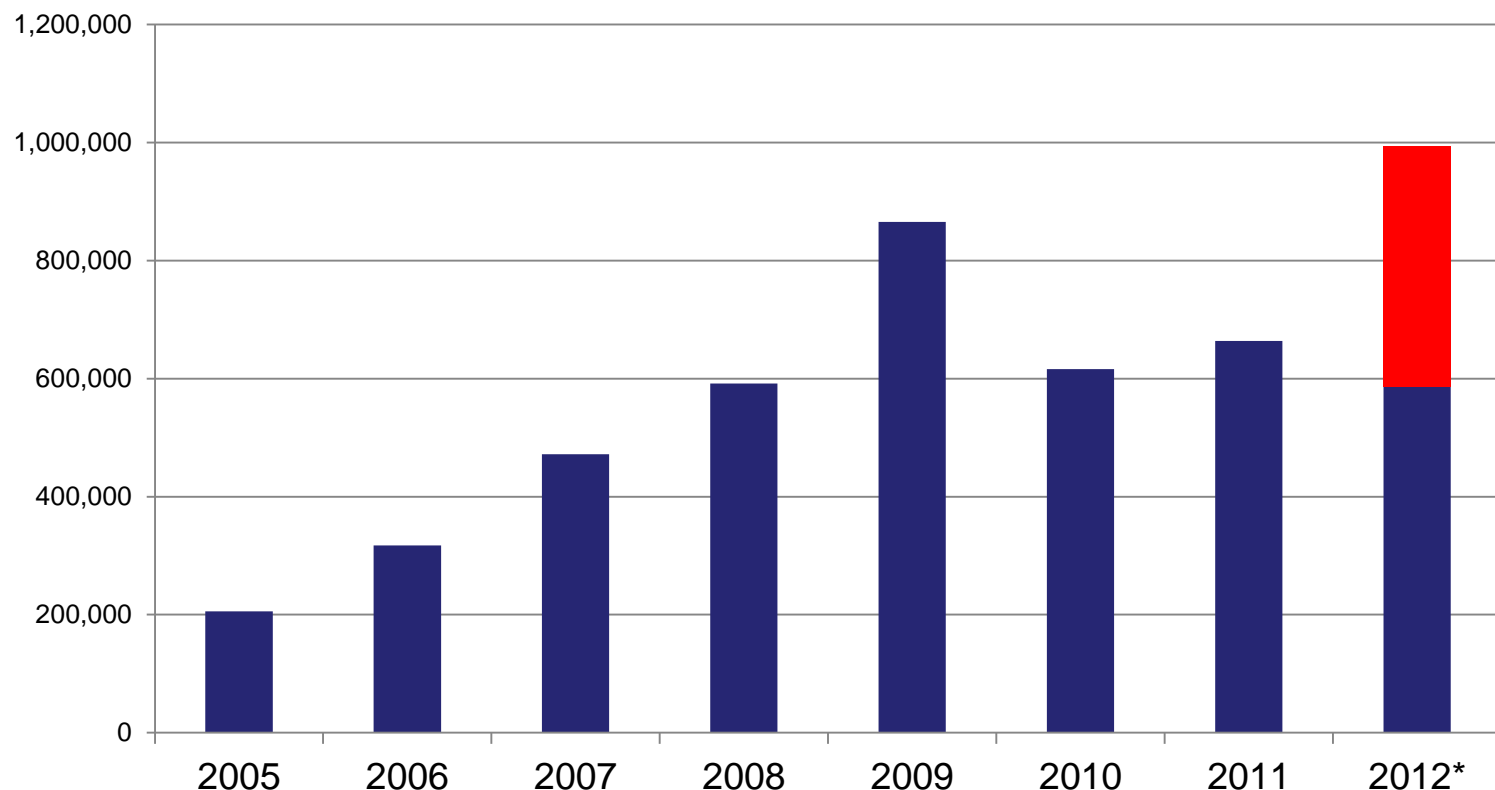
# Demand for Quitline Services is Rising

## Total and median calls received by US Quitlines



# Demand for Quitline Services is Rising

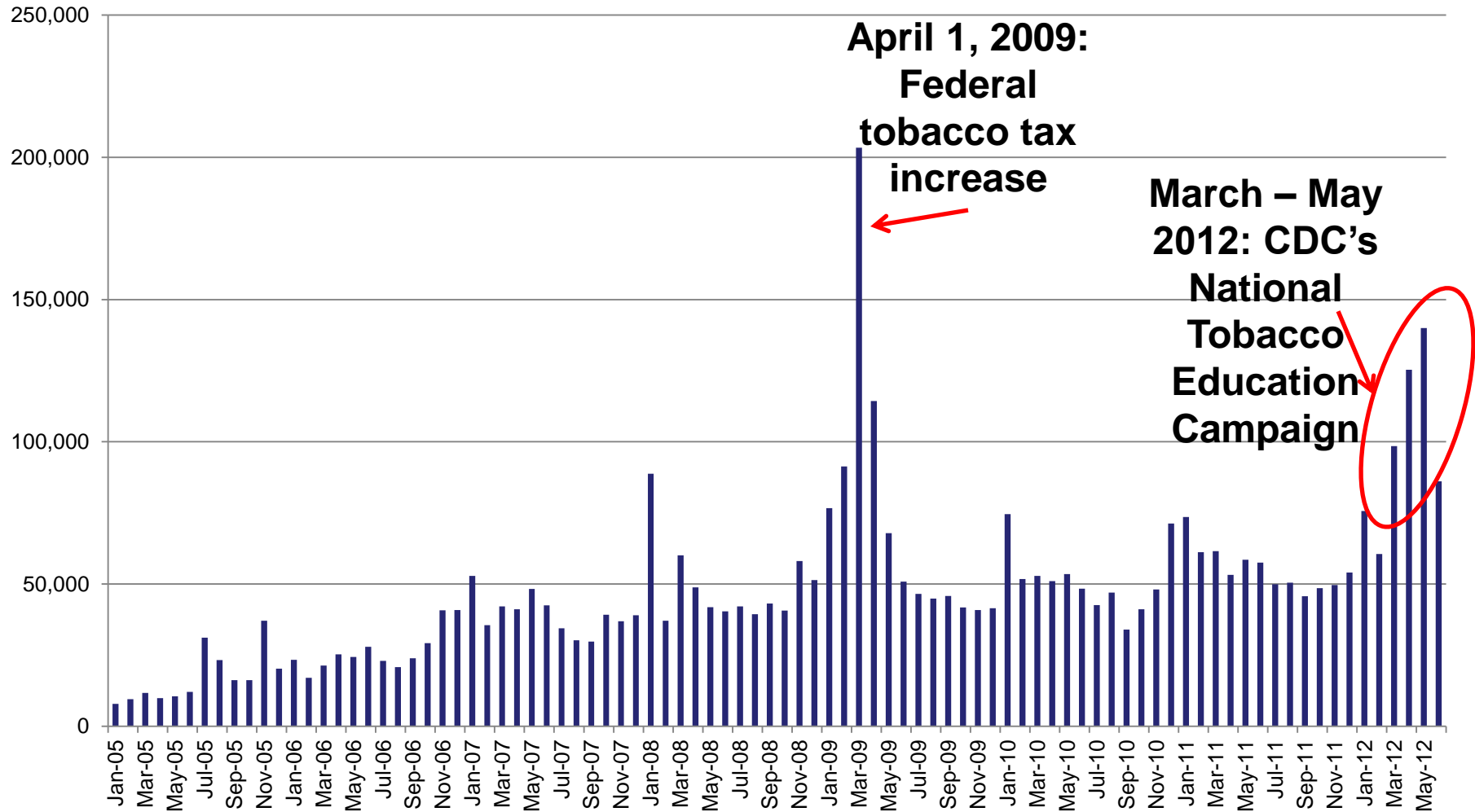
## 1-800-QUIT-NOW Annual Call Attempt Totals



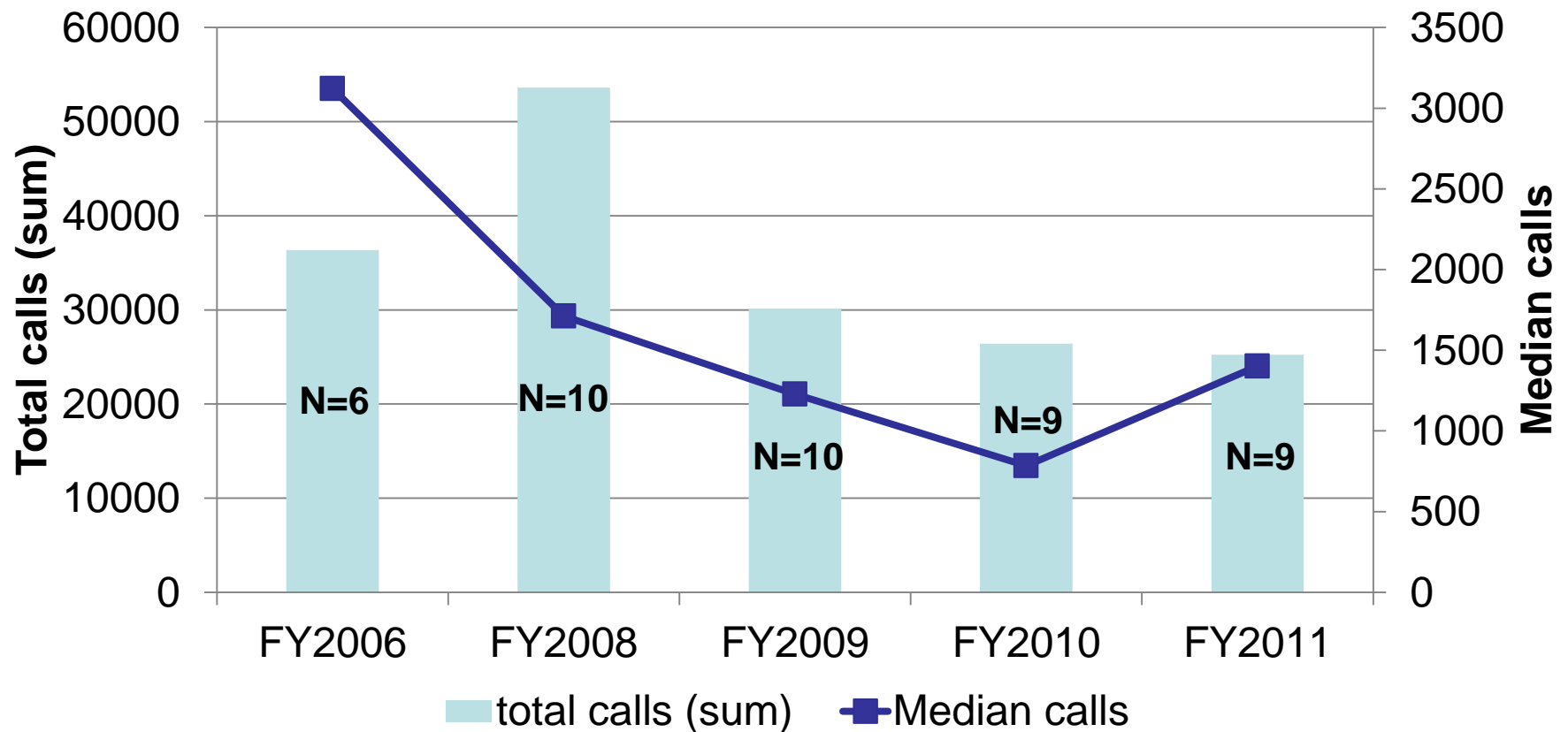
■ projected additional call volume for 2012 ■ 1-800-QUIT-NOW Annual call attempt totals



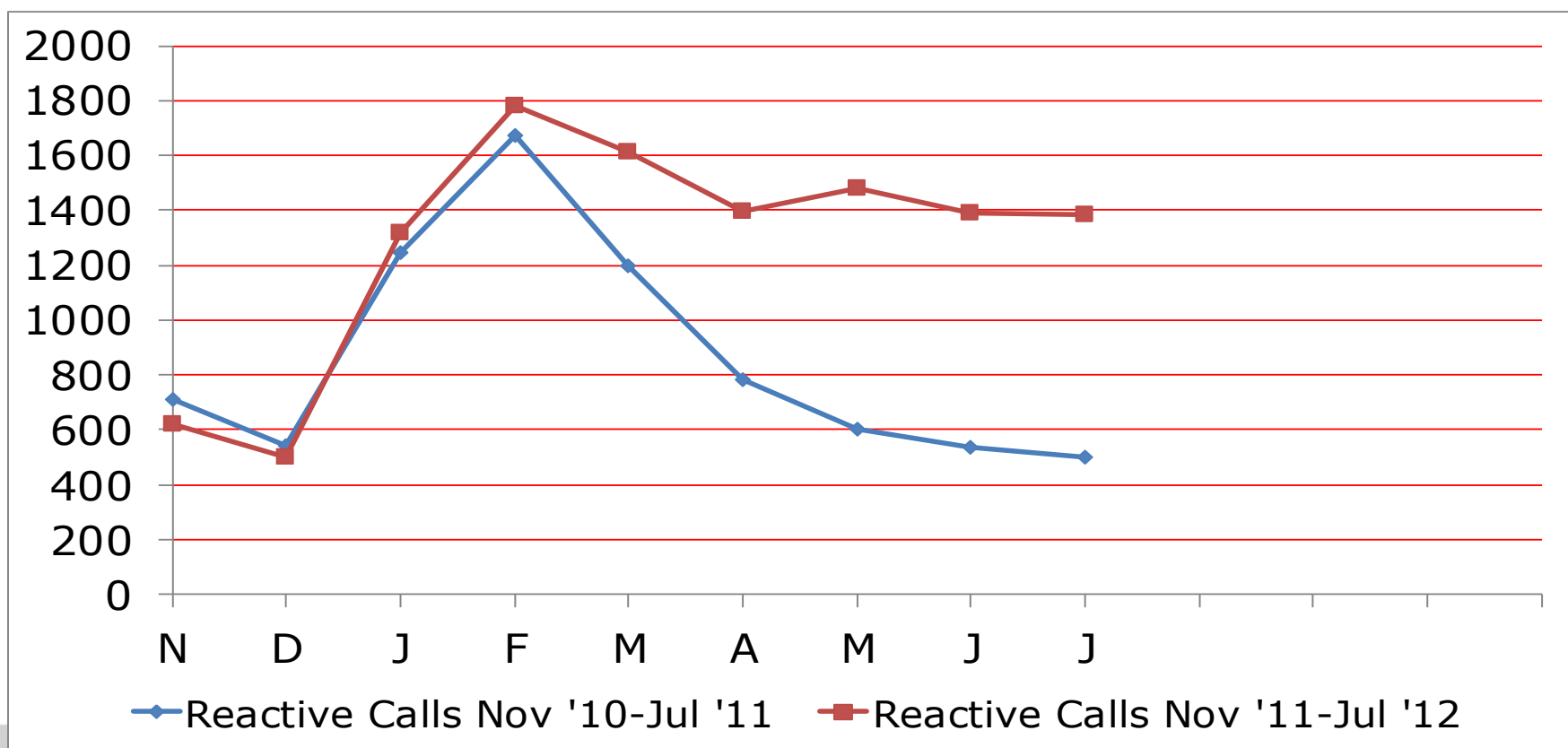
## 1-800-QUIT-NOW call attempts by Month



# Total and median calls received by Canadian quitlines



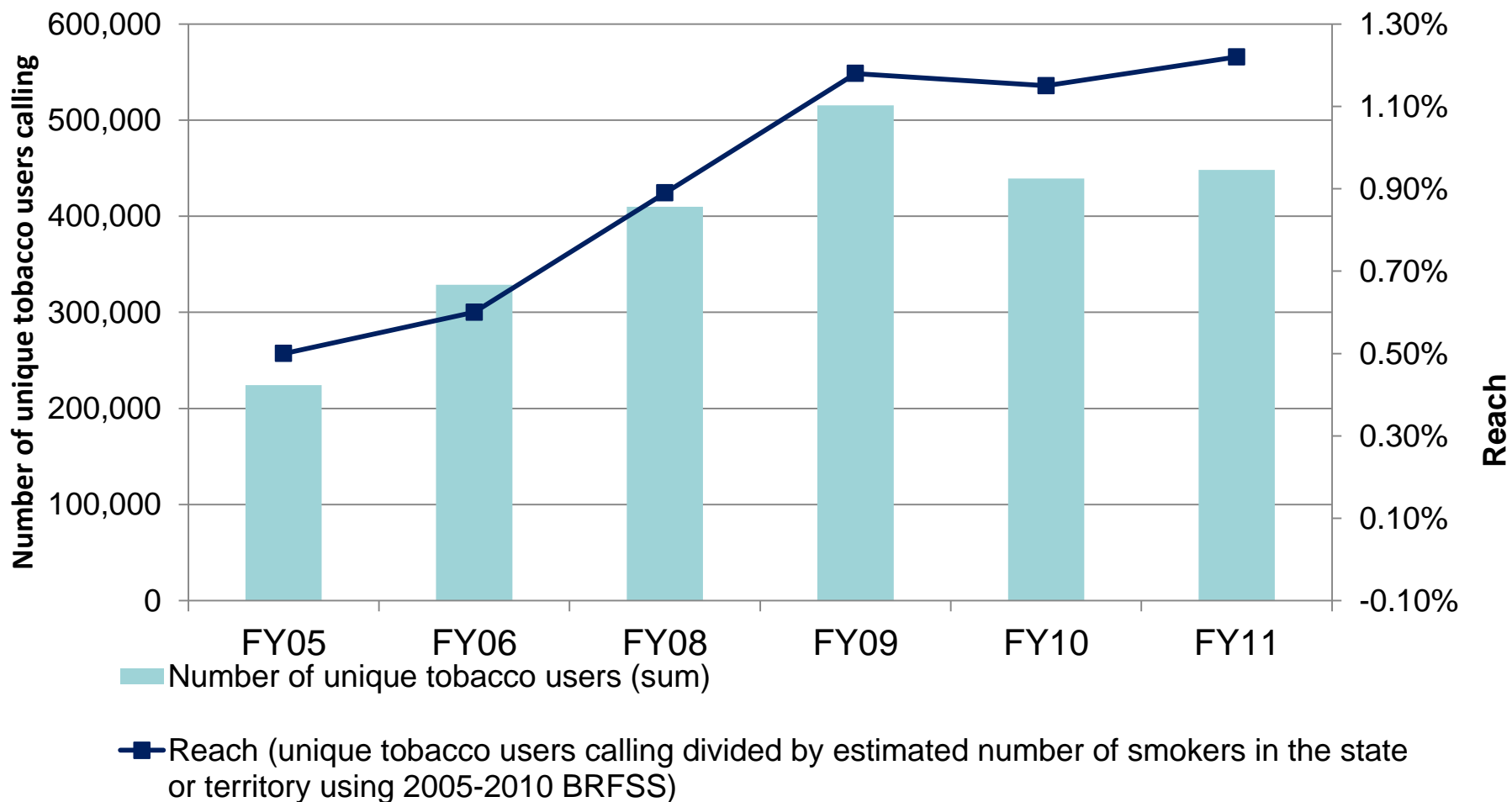
# Call Volume in Canada is Increasing due to New Graphic Health Warnings on Cigarette Packs



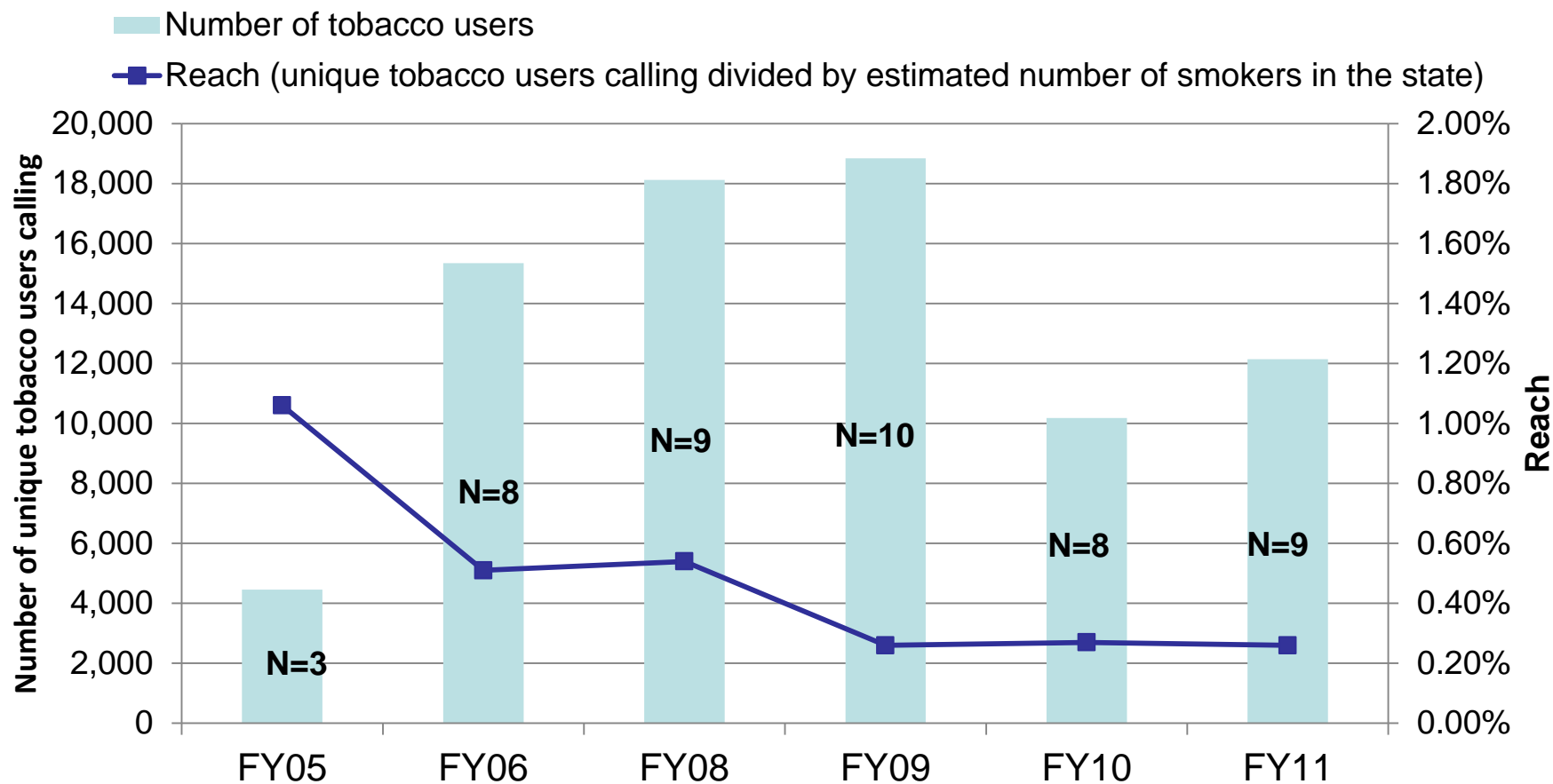
# Number of unique tobacco users (direct callers) FY11

	N	Missing	Min	Max	Median	Mean	Sum
<b>US</b> (N=53)							
Total unique tobacco users	46	7	151	49,941	5,940	9,746	448,307
<b>Canada</b> (N=10)							
Total unique tobacco users	9	1	179	5,359	410	1,349	12,144

# US Promotional Reach FY 2005-2011



# Canada Promotional Reach FY 2005-2011

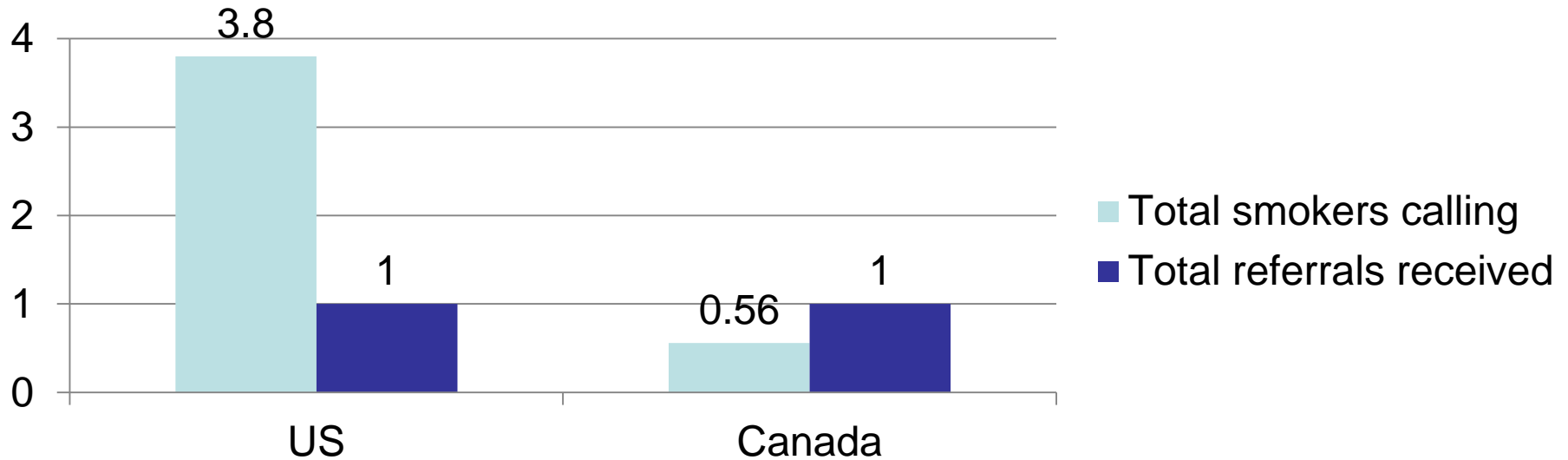


# Number of referrals received by the quitline in FY11

Referrals	N	Missing	Min	Max	Median	Sum
<b>US</b> (N=53)						
Fax referrals	51	2	0	11,368	1,079	97,504
EMR referrals	22	31	0	1,000	0	1,000
Other referrals	43	10	0	8,606	145	19,204
Total	51	2	39	11,368	1,365	117,714
<b>Canada</b> (N=10)						
Fax referrals	9	1	53	3,181	601	8,888
EMR referrals	6	4	0	855	81	1,515
Other referrals	2	8	10	11,360	5,685	11,370
Total	9	1	54	14,042	611	21,773

**US quitlines receive 3.8 times as many direct calls from tobacco users as referrals;  
Canadian quitlines receive 1.75 times as many referrals as direct calls from tobacco users**

**Ratio of Total number of tobacco users calling to total number of referrals received**





# Number of tobacco users who completed an intake or registration process in FY11

Number	N	Missing	Min	Max	Median	Mean	Sum
US (N=53)	50	3	188	84,562	6,168	10,730	536,502
Canada (N=10)	9	1	259	9,395	840	2,355	21,198

# Registration reach FY 2009-2011

Canada	N	Min	Max	Mean	Actual
2009	9	0.14%	1.37%	0.43%	0.35%
2010	3	0.36%	1.45%	0.77%	0.51%
2011	9	0.14%	1.26%	0.43%	0.45%

US	N	Min	Max	Mean	Actual
2009	49	0.16%	9.84%	1.89%	1.22%
2010	52	0.12%	7.26%	1.71%	1.30%
2011	50	0.20%	6.24%	1.84%	1.38%

# US Quitlines Utilization – Received Service FY11

Tobacco Users Who Received Service	N	Missing	Median (Min,Max)	Sum
<b>US</b> (N=53)				
Self-help Materials	50	3	64 (0, 9303)	37,704
Any amount of counseling	51	2	4945 (150, 54522)	400,199
Medication received	49	4	2991 (0, 73012)	309,464
Total served with evidence-based services (counseling or meds)	51	2	5043 (150, 84432)	450,274

# Canadian Quitlines Utilization – Received Service FY11

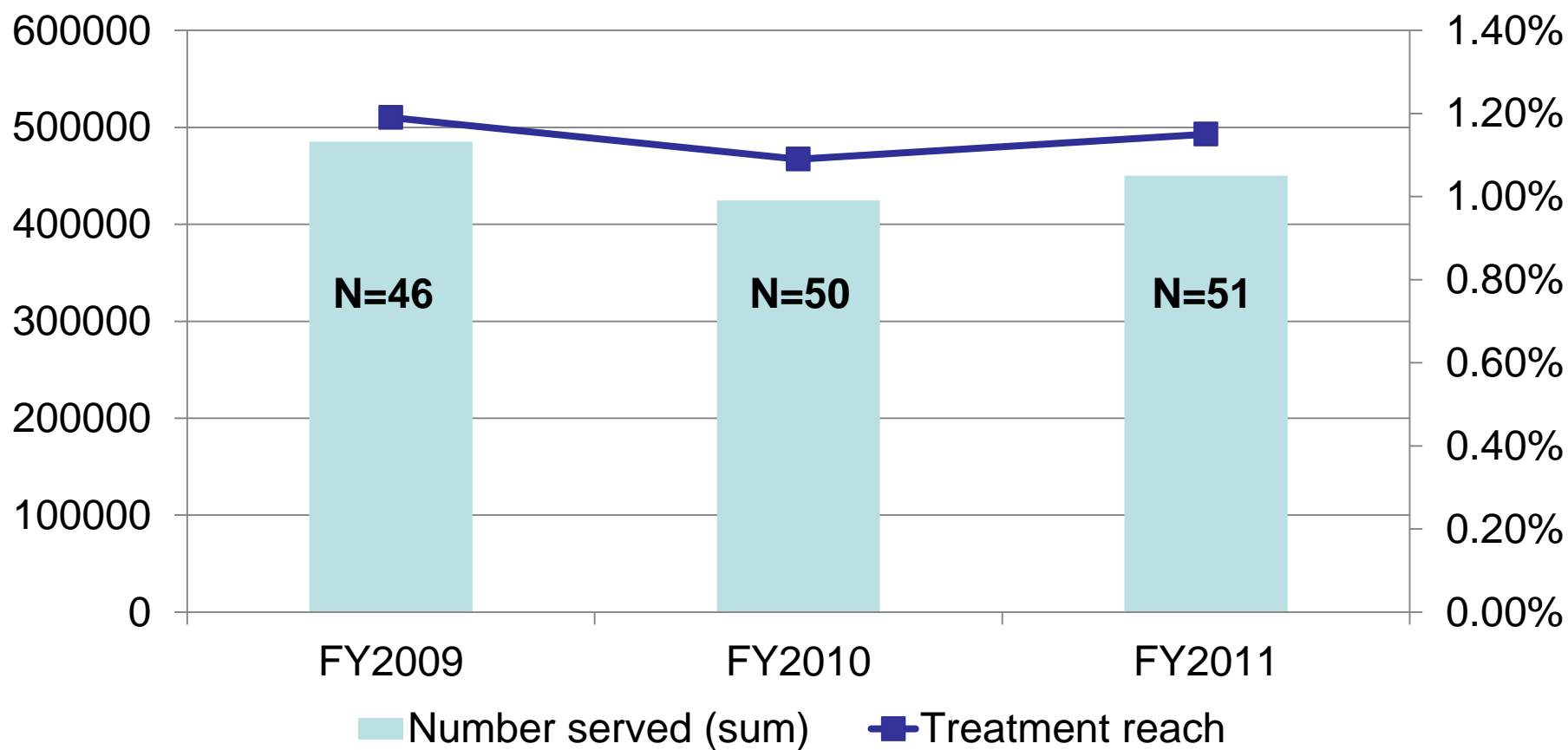
Tobacco Users Who Received Service	N	Missing	Median (Min,Max)	Sum
Canada (N=11)				
Self-help Materials	2	9	535 (441, 628)	1,069
Any amount of counseling	11	0	411 (13, 4759)	14,642
Medication received	2	9	0 (0, 0)	0
Total served with evidence-based services (counseling or meds)	11	0	411 (13, 4759)	14,642

# Treatment Reach FY09-FY11

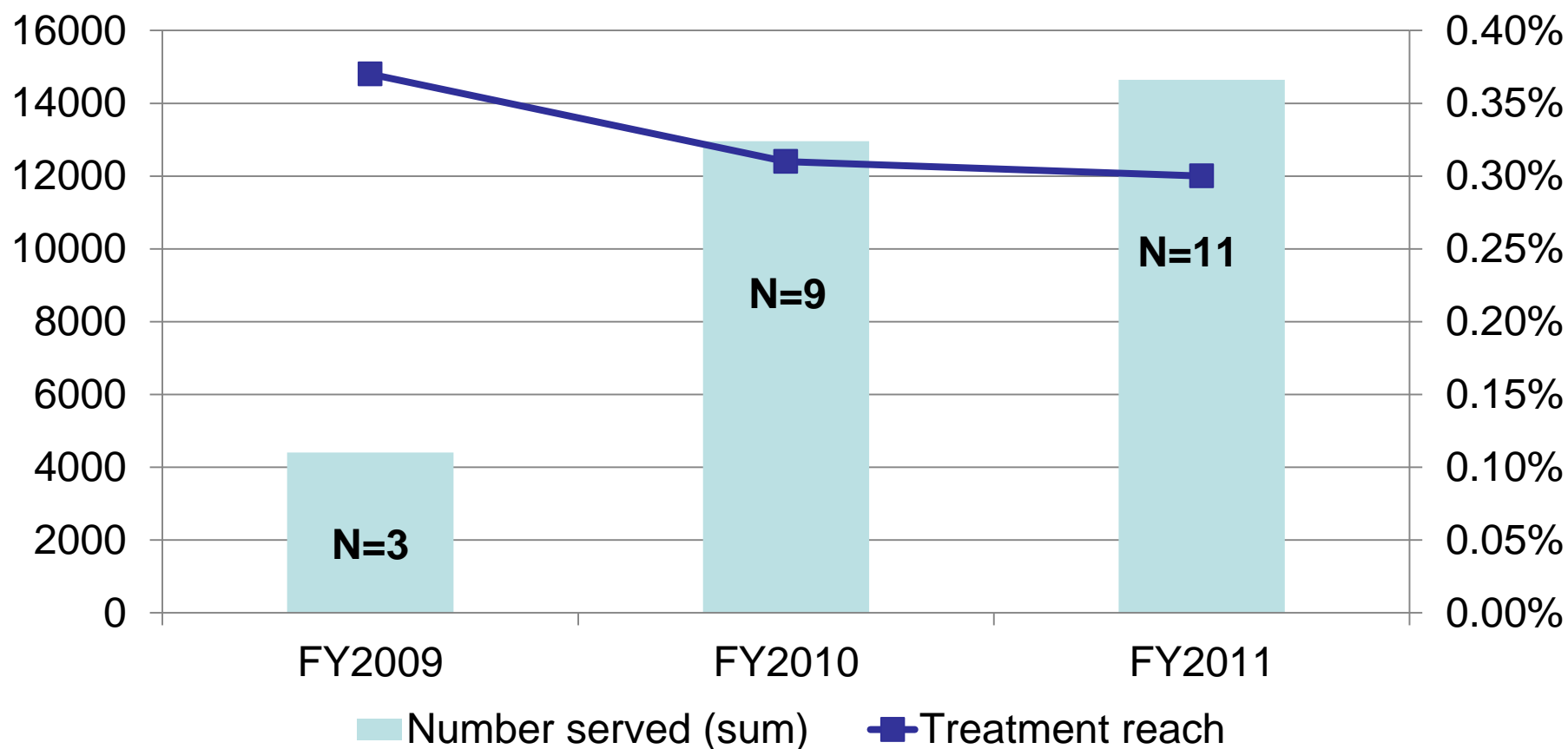
Canada	N	Min	Max	Mean	Actual
2009	3	0.24%	1.90%	0.80%	0.37%
2010	9	0.17%	1.79%	0.49%	0.31%
2011	10	0.07%	1.45%	0.23%	0.30%

US	N	Min	Max	Mean	Actual
2009	46	0.05%	7.25%	1.57%	1.19%
2010	50	0.05%	6.66%	1.45%	1.09%
2011	51	0.16%	6.44%	1.53%	1.15%

# U.S. Treatment Reach FY2009-11



# Canada Treatment Reach FY2009-11

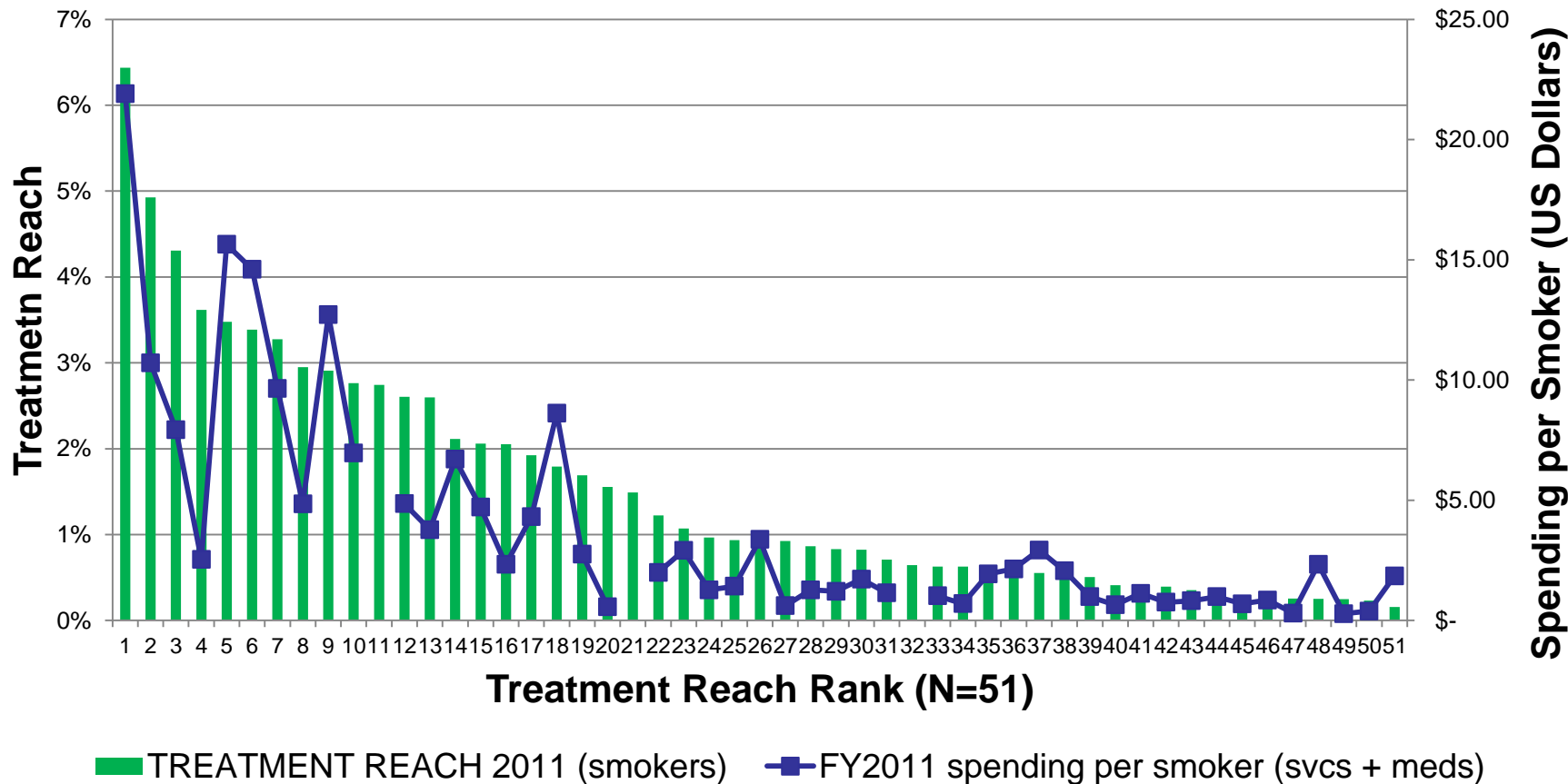


# Where are we now?

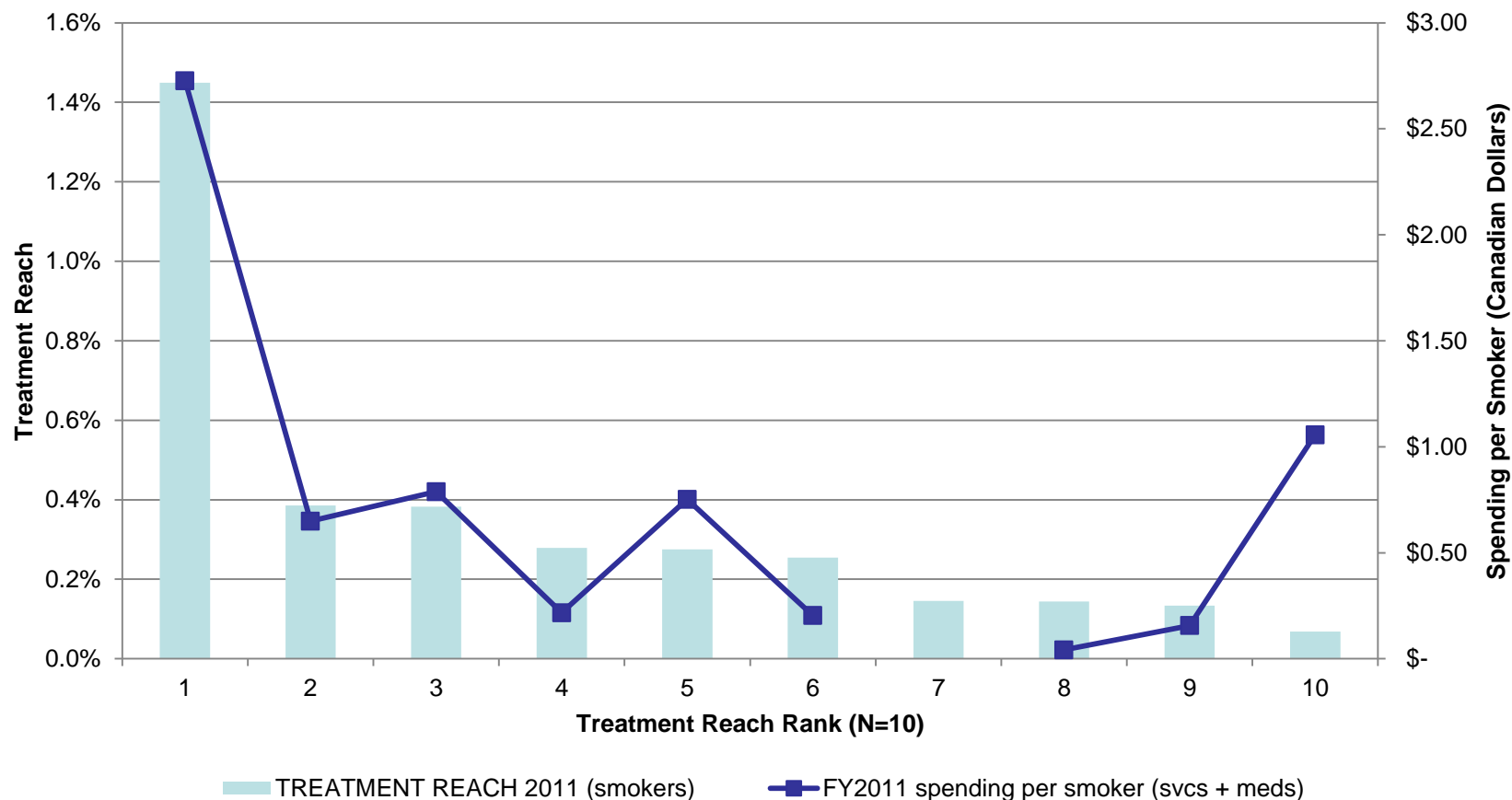
<b>FY11 Reach</b>	<b>Promotional reach (# of unique tobacco users calling) Reach (N)</b>	<b>Registration reach (# of tobacco users completing an intake) Reach (N)</b>	<b>Treatment reach (# receiving evidence based services) Reach (N)</b>
U.S.	1.22% (46)	1.38% (50)	1.15% (51)
Canada	0.26% (9)	0.45% (9)	0.30% (11)



# Treatment reach and spending benchmarking – US FY11

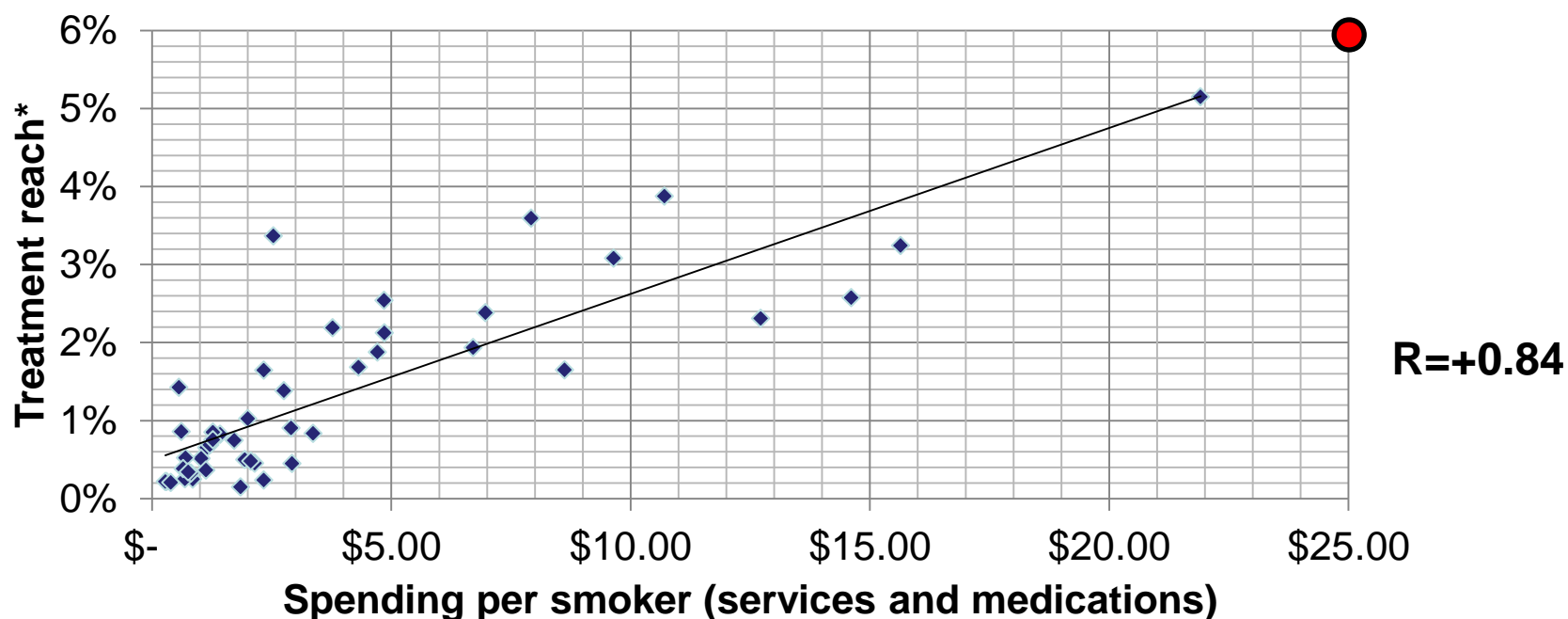


# Treatment Reach and spending benchmarking – Canada FY11



# Spending on Services is Linked to Quitline Reach (U.S.) FY2011

The Relationship Between Spending per Smoker and Treatment Reach\*

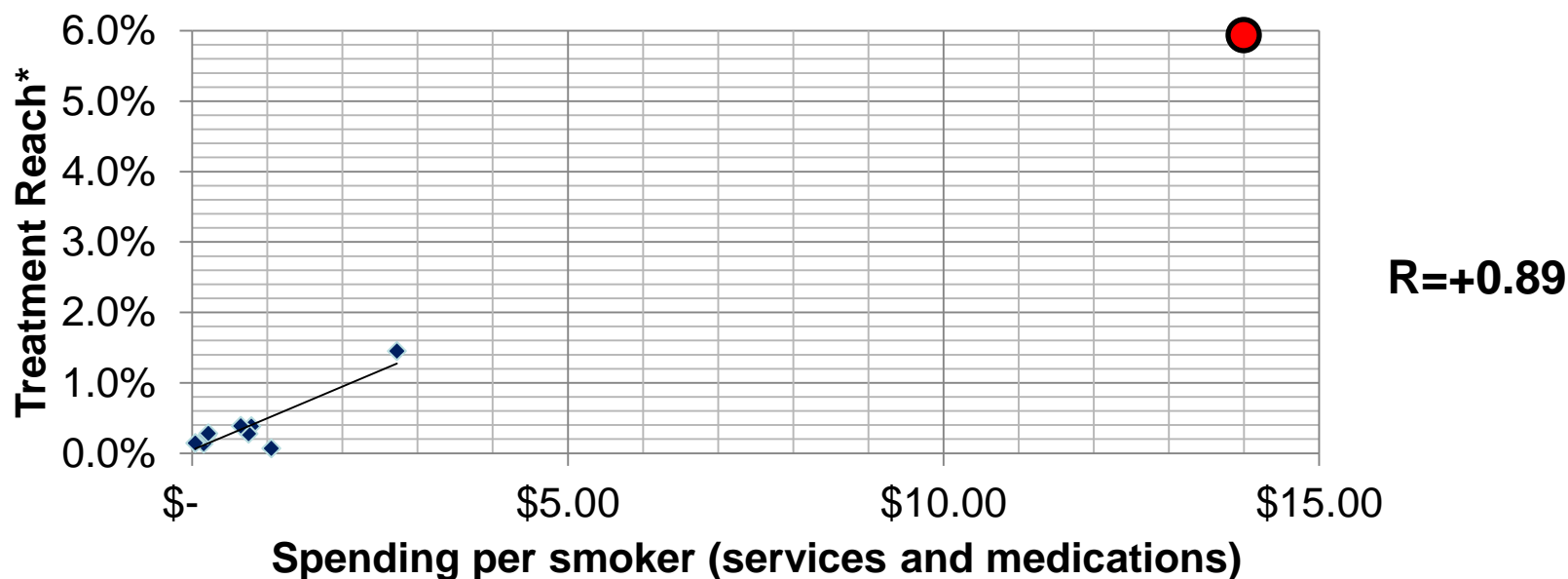


◆ Treatment reach\* — Linear (Treatment reach\*)

\*Treatment reach = number of tobacco users receiving counseling or medications divided by number of tobacco users in the state or territory (2010 BRFSS)

# Spending on Services is Related to Quitline Reach (Canada) FY2011

**The Relationship Between Spending per Smoker and Treatment Reach\***



◆ Treatment Reach\* — Linear (Treatment Reach\*)

\*Treatment reach = number of tobacco users receiving counseling or medications divided by number of tobacco users in the province or territory (2010 CTUMS)

# Number of U.S. Quitlines Reaching NAQC Strategic Goals FY2009-11

	FY 2009	FY 2010	FY 2011
# quitlines $\geq$ \$10.53 per smoker	3	5	5
# quitlines $>$ \$5 per smoker investment	12	12	10

	FY 2009	FY 2010	FY2011
# quitlines $\geq$ 6% treatment reach	3	0	1
# quitlines $>$ 3% treatment reach	9	10	7

# Number of Canadian Quitlines Reaching NAQC Strategic Goals FY2009-11

	FY 2009	FY 2010	FY 2011
# quitlines $\geq$ \$10.53 per smoker	0	0	0
# quitlines $>$ \$5 per smoker investment	0	0	0

	FY 2009	FY 2010	FY2011
# quitlines $\geq$ 6% treatment reach	0	0	0
# quitlines $>$ 3% treatment reach	0	0	0

# DEMOGRAPHICS OF CALLERS

Note: Our original intention was to ask quitlines to report demographics on **ONLY** those tobacco users who received counseling or medications. Some quitlines were only able to report on the population of tobacco users completing an intake questionnaire. Due to this inconsistency, the numbers reported in this section may be slightly larger than the population who received counseling or medications. Treatment reach for priority populations may be similarly inflated, albeit slightly.

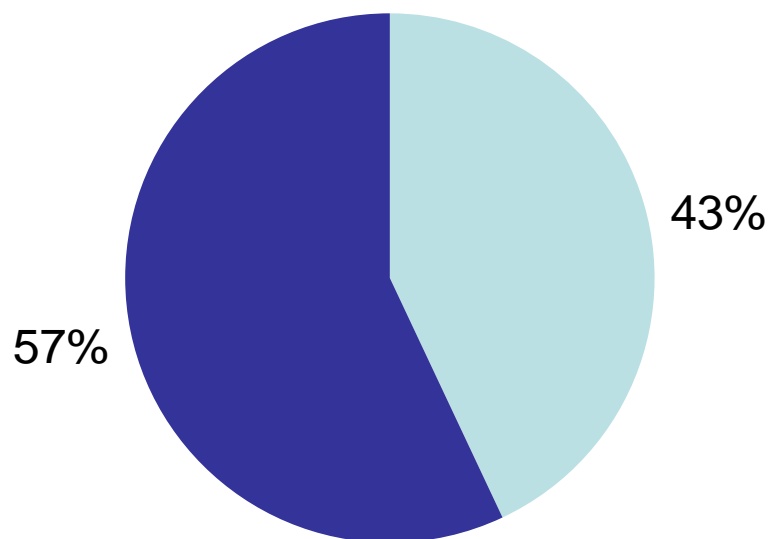
# Utilization FY11– Gender

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Median
US (N=53)						
Male	49	4	63	40,419	3,971	2,165
Female	49	4	85	43,931	3,063	5,244
Canada (N=10)						
Male	4	6	358	2,618	1,039	589
Female	4	6	482	4,506	1,676	858

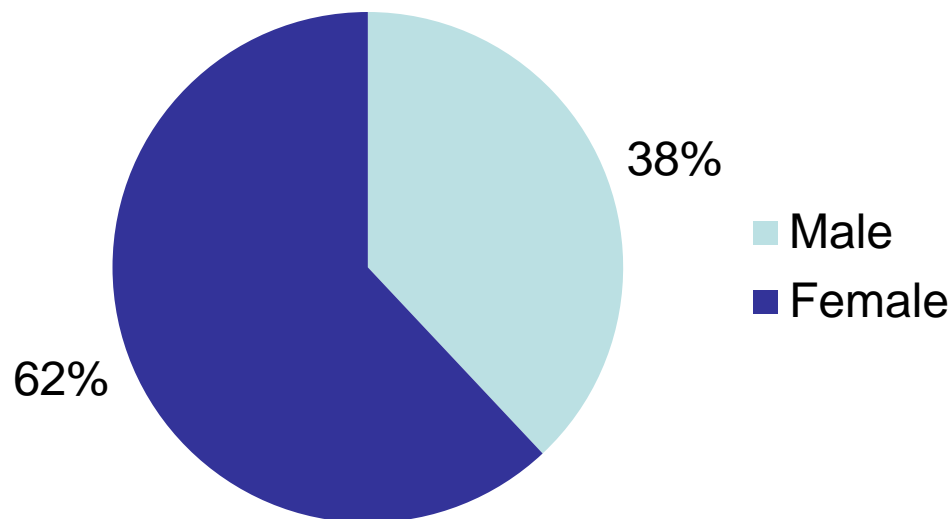


# Most tobacco users served with evidence-based services are female FY11

US (n=49)



Canada (n=4)



Male  
Female

# Utilization FY11 – Age

	Quitline		Callers			
	N	Missing	Min	Max	Mean	Median
<b>US*</b> (N=53)						
Mean	42	11	27	52	44	44
Minimum	43	10	12	18	15	15
Maximum	43	10	34	111	88	87
<b>Canada**</b> (N=10)						
Mean	4	6	48	55	51	50
Minimum	3	7	14	16	15	15
Maximum	3	7	86	87	87	87

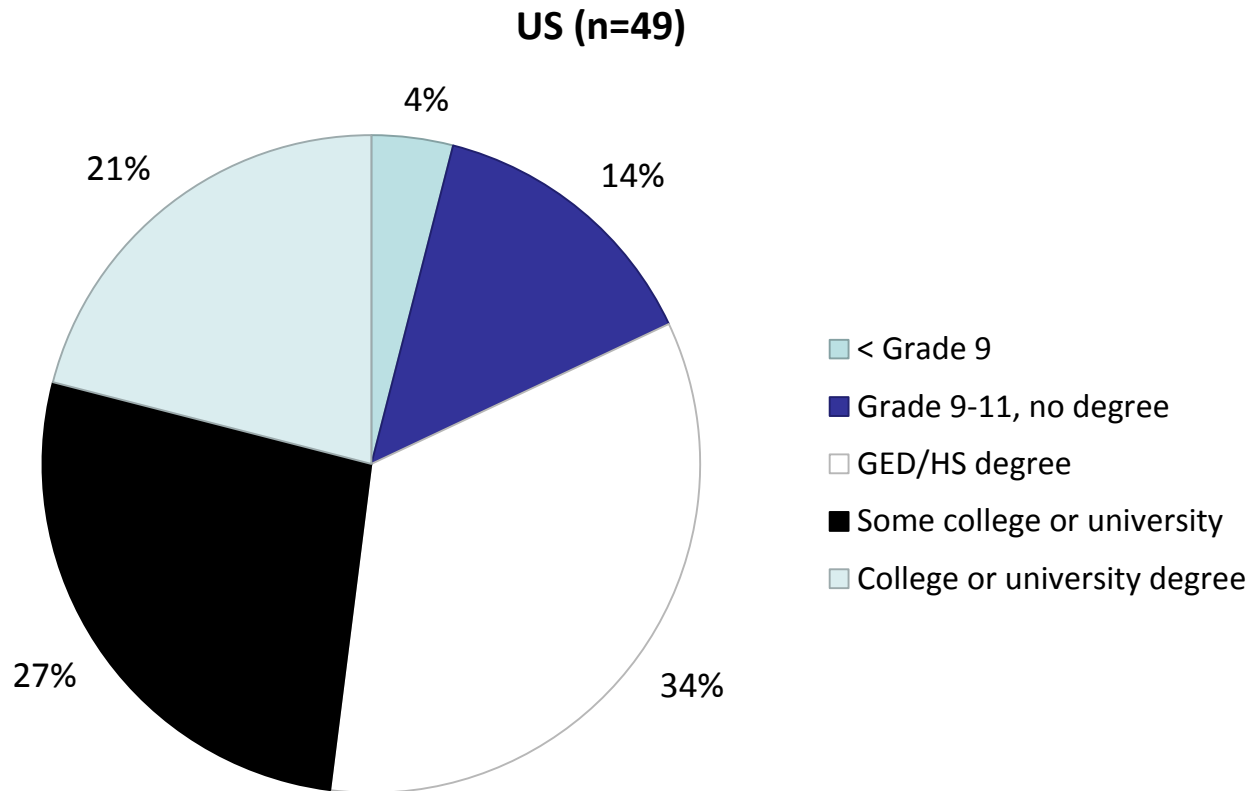
\* For the US, the number of callers on which the mean, minimum and maximum age were based ranged from a low of 12 to a high of 84,024

\*\*For Canada, the number of callers on which the mean, minimum and maximum age were based ranged from a low of 1,189 to a high of 1,189.

# Utilization FY11 – Level of Education US

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Median
<b>US</b> (N=52)						
< Grade 9	48	5	3	1,727	315	158
Grade 9-11, no degree	49	4	28	6,662	1,194	720
GED/HS degree	49	4	60	18,252	2,919	1,785
Some college or university	49	4	28	14,758	2,285	1,290
College or university degree	49	4	25	25,578	1,823	785

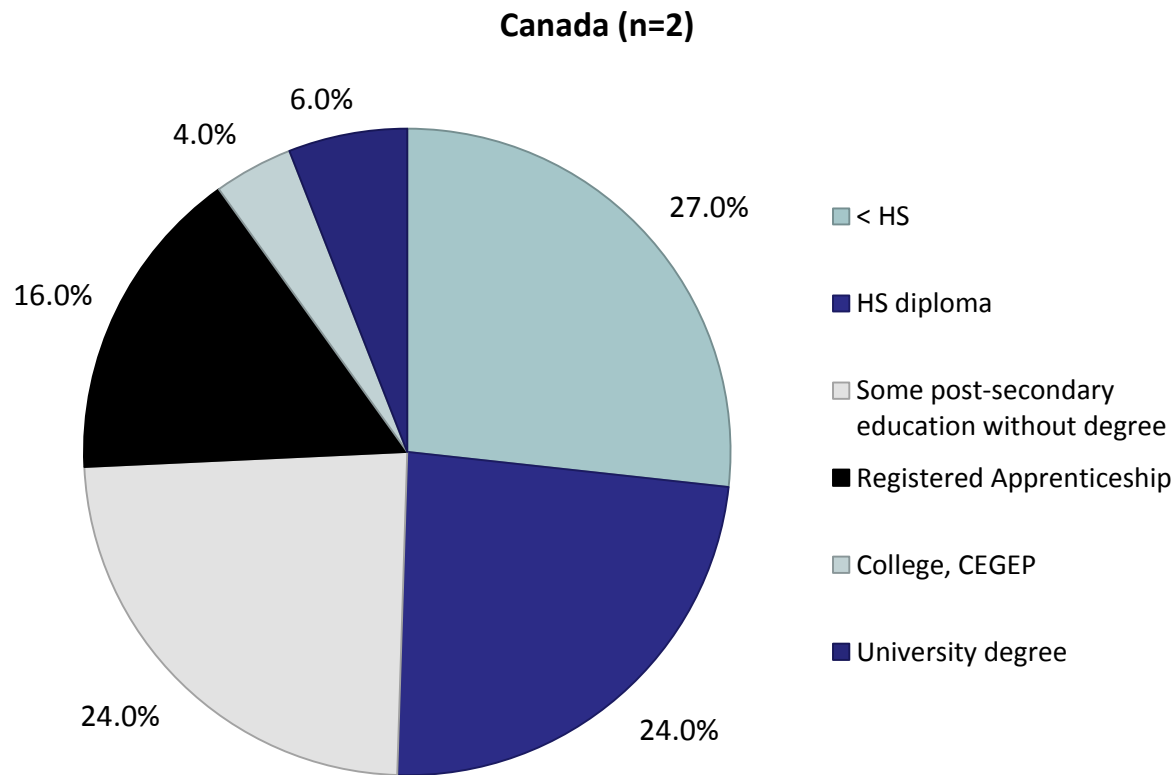
# Utilization FY11 – Level of Education US



# Utilization FY11 – Level of Education Canada

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Median
Canada (N=10)						
< HS	2	8	190	562	376	376
HS diploma	2	8	252	422	337	337
Some post-secondary education without degree	2	8	324	338	331	331
Registered Apprenticeship	2	8	95	351	223	223
College, CEGEP	1	9	58	58	58	58
University degree	1	9	81	81	81	81

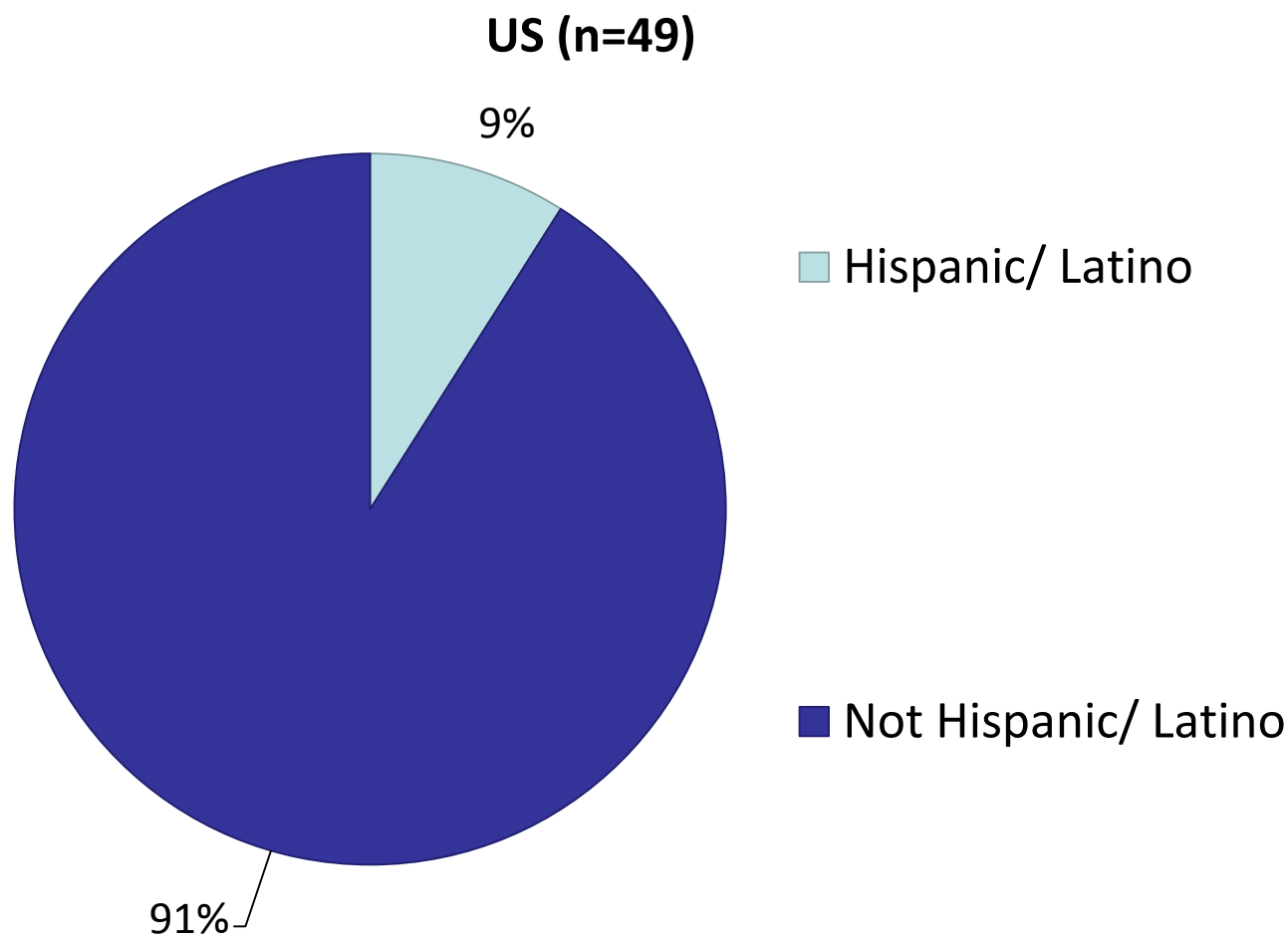
# Level of Education – Canada FY11



# Utilization FY11– Ethnicity and Race US

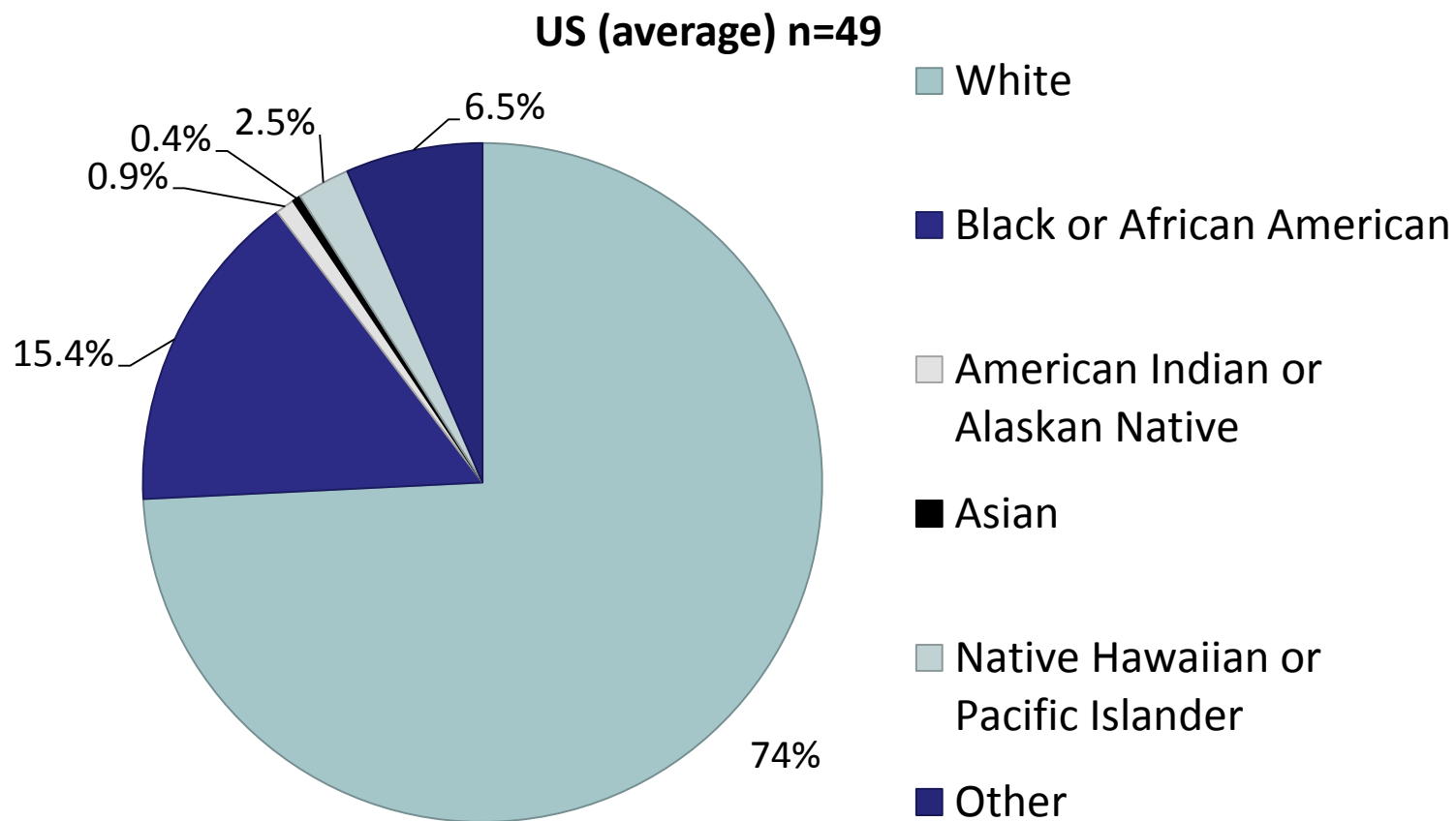
	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Median
<b>US</b> (N=53)						
Hispanic or Latino	49	4	2	9,194	780	150
White	48	5	10	40,615	6,161	3,775
Black or African American	48	5	0	8,191	1,278	800
Asian	48	5	0	840	77	23
Native Hawaiian or Pacific Islander	46	7	0	866	34	5
American Indian or Alaskan Native	47	6	0	3,298	207	66
Other	47	6	4	5,711	543	213

# Utilization FY11–Ethnicity US





# Utilization FY11–Race US



# Utilization FY11 – Race Canada

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Median
Canada (N=10)						
White	2	8	930	1,534	1,232	1,232
Aboriginal (Native Indian, Métis, Inuit)	2	8	51	89	70	70
Asian	2	8	1	31	16	16
Middle Eastern	1	9	4	4	4	4
Black	1	9	4	4	4	4
Latin American	1	9	2	2	2	2
Other	2	8	4	48	26	26

# Utilization FY11 – Sexual Orientation

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Median
<b>US</b> (N=53)						
Straight	27	26	657	41,546	9,789	6,018
Gay or lesbian	27	26	20	1,463	280	144
Bisexual	27	26	0	859	188	134
Transgender	21	32	0	33	7	6
Other	19	34	0	2,911	196	29
Refused	23	30	0	2,022	380	276
Missing	27	26	19	35,863	2,659	232

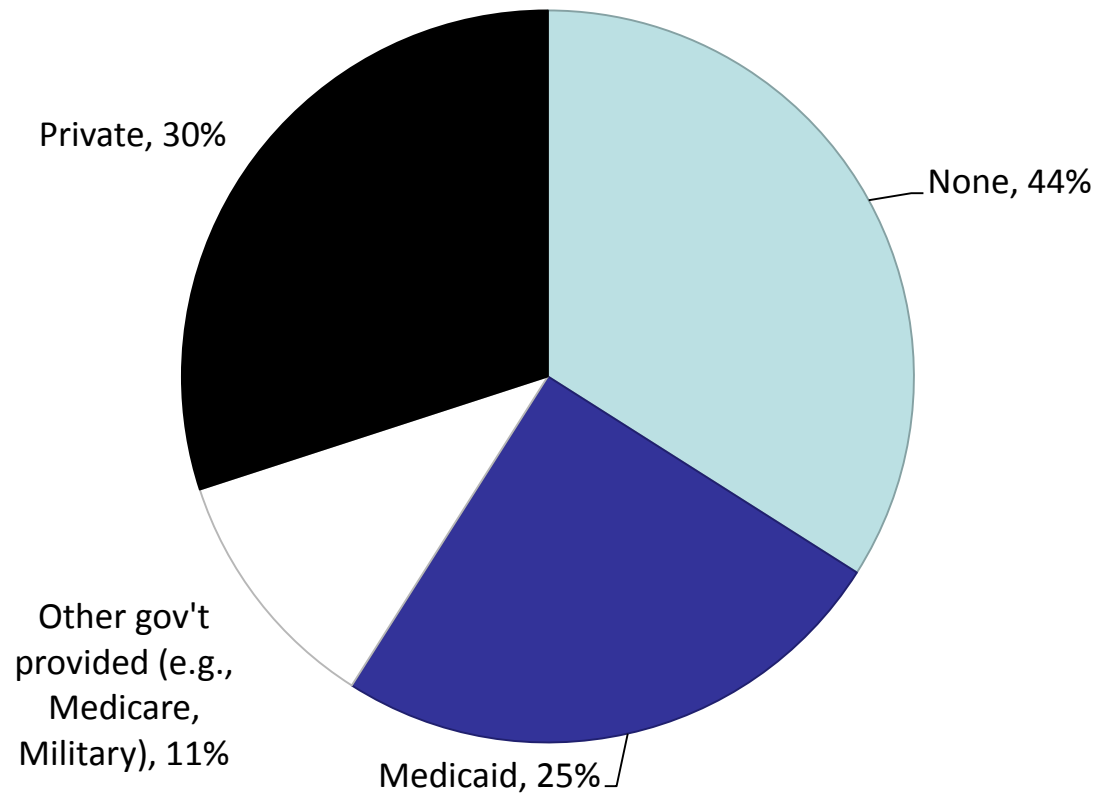
# Insurance Status of Callers FY11

50 US quitlines (94%) reported that they collect information on the insurance status of callers who receive services. The types of insurance quitlines collect information about include:

	Quitline		Number of Callers			
Insurance Type	N	Missing	Min	Max	Mean	Median
<b>US</b> (N=53)						
None	46	7	24	25,089	3,223	1,758
Medicaid	46	7	31	20,720	2,383	1,359
Other Gov't-provided insurance (e.g., Medicare, Military)	45	8	3	5,641	988	611
Private	46	7	96	27,963	2,798	1,129

# Insurance Status of Callers FY11

US (n=46)



# Goal 3b: Reach $\geq 6\%$ Priority Pops

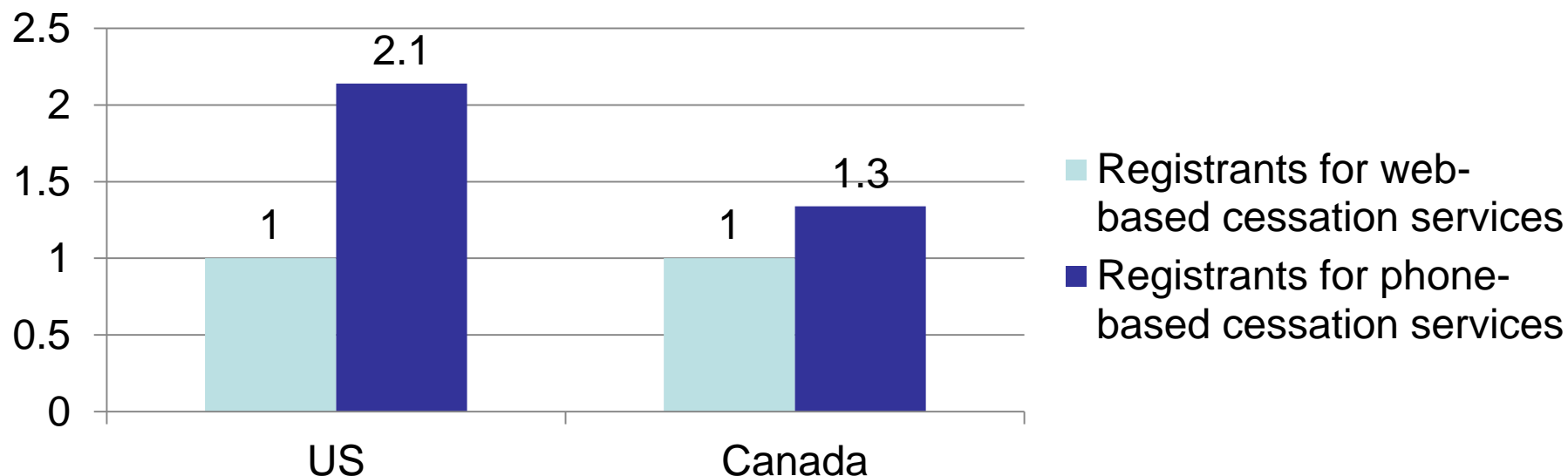
	<b>Afr Am</b>	<b>AI/AN</b>	<b>Asian</b>	<b>Latino</b>	<b>&lt;HS Ed</b>
2010 US treatment reach (US overall = 1.09%)	0.86% (2>6%; 8>3%)	1.51% (2>6%; 6>3%)	0.46% (2>6%; 3>3%)	0.63% (0>6%; 3>3%)	0.71% (0>6%; 2>3%)
2011 US treatment reach (US overall = 1.15%)	1.09% (1>6%; 9>3%)	1.45% (1>6%; 6>3%)	0.39% (1>6%; 2>3%)	0.78% (1>6%; 1>3%)	0.72% (0>6%; 4>3%)

# Utilization FY11–Registrants for Web-based Services

	N	Missing	Min	Max	Mean	Sum
<b>US</b> (N=53)						
Registrants for web-based cessation services integrated with the quitline	24	29	933	40,721	6,644	159,462
Registrants for web-based cessation services NOT integrated with the quitline	15	38	42	54,592	6,073	91,092
<b>Canada</b> (N=10)						
Registrants for web-based cessation services integrated with the quitline	2	8	369	532	451	901
Registrants for web-based cessation services NOT integrated with the quitline	9	1	9	7,035	1,654	14,889

# Canadian quitlines received proportionally more registrants for web-based cessation services than US quitlines FY11

## Ratio of Registrants for Web-based Cessation Services to Phone-based Cessation Services





# EVALUATION

# Evaluation FY11

45 US quitlines (85%) and 1 Canadian quitline (10%) reported on follow-up evaluation data

All US quitlines conducted evaluation activities during calendar years 2010 and 2011.

- Eight (8) US quitlines (15%) surveyed tobacco users who registered for services beginning in November or December 2009
- Seven (7) US quitlines (13%) extended follow-up survey data collection into January or February 2012
- Eight (8) of the 45 US quitlines did not report on the time period for the evaluation.

One Canadian quitline reported on results of follow-up evaluation surveys conducted in 2009.

# NAQC Standard Quit Rate Methodology

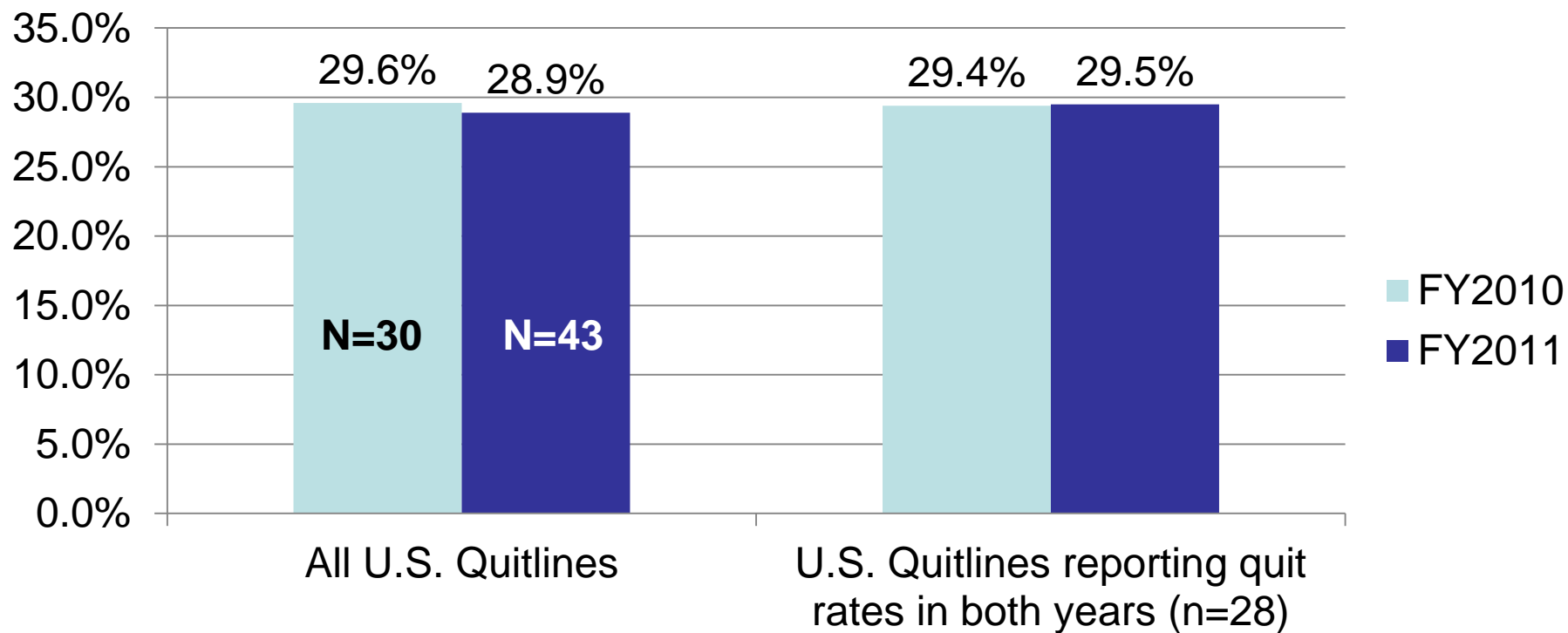
- 30-day point-prevalence-abstinence measured at 7 months after registration
- Quit rate should be calculated on all tobacco users seeking treatment who register for services and consent to the evaluation and *receive at least minimal evidence-based treatment.*

**Source:** NAQC. (2009). *Measuring Quit Rates. Quality Improvement Initiative* (L. An, MD, A. Betzner, PhD, M.L. Luxenberg, PhD, J. Rainey, BA, T. Capesius, MPH, & E. Subialka, BA). Phoenix, AZ.. Available at [http://www.naquitline.org/resource/resmgr/docs/naqc\\_issuepaper\\_measuringquit.pdf](http://www.naquitline.org/resource/resmgr/docs/naqc_issuepaper_measuringquit.pdf)

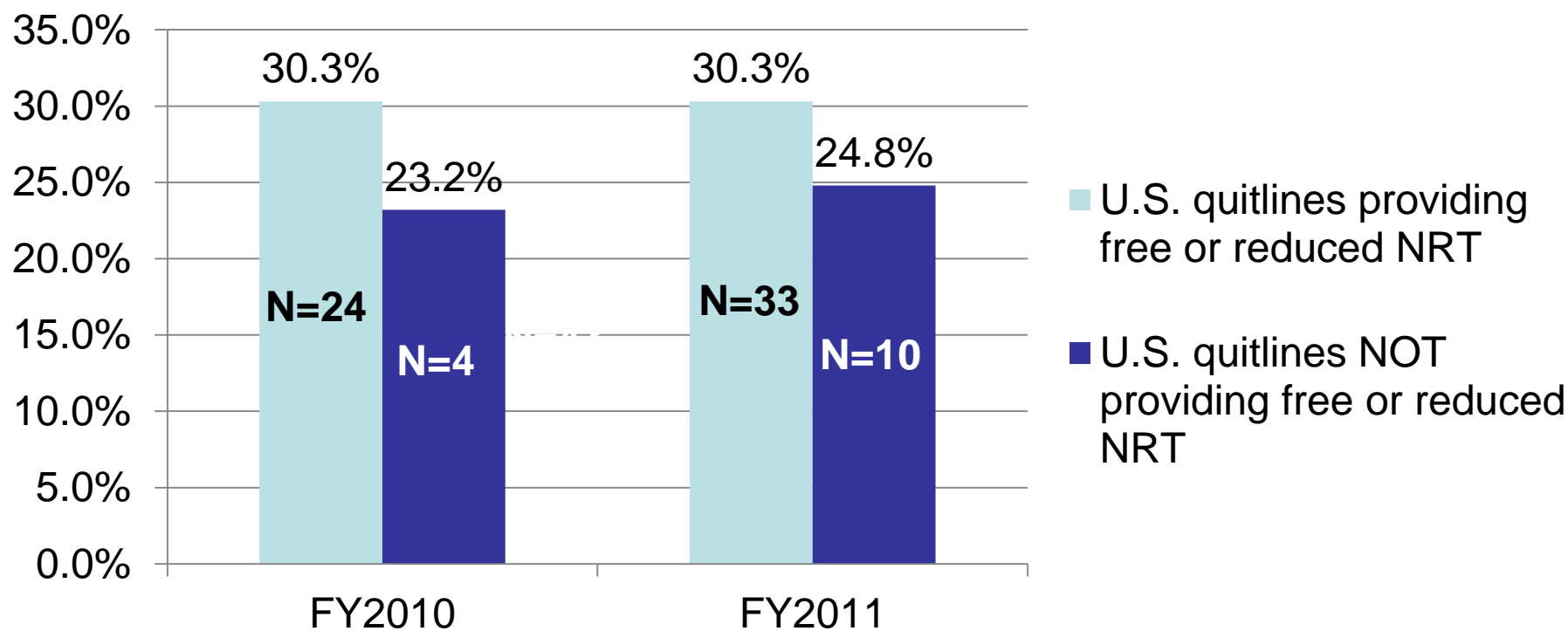
# Quit Rate Context

- All 45 US and 1 Canadian quitlines reporting quit rate information obtained consent from tobacco users
- Consent rates averaged 92%, ranging from 63% to 100% (n=38)
- Response rates averaged 40%, ranging from 15% to 65% (n=44)
- Average time to follow-up was 212 days (range 147-365 days) (n=34)

# NAQC Standard Quit Rates Remained Steady FY2010-FY2011



# FY10-FY11 Average Quit Rates by Provision of Free or Reduced NRT



## Goal 3a: Quit Rates $\geq 30\%$ (U.S. Quitlines)

		FY 2010	FY 2011
# quitlines $\geq 30\%$ quit rate		12/29 (41%)	16/42 (38%)
# quitlines $> 20\%$ quit rate		27/29 (93%)	40/42 (95%)

# Next Steps

- Final powerpoint presentations will be posted on the 2011 survey page
- FY2011 benchmarking data will be sent to individual quitlines
- Quitline-specific tables will be posted on the 2011 survey page
- Quitline Profiles will be updated (metrics section)
- FY2011 Fact Sheet will be posted online



# Funding Sources for the FY 2011 NAQC Annual Survey of Quitlines

Centers for Disease Control and Prevention,  
Office on Smoking and Health

American Lung Association

NAQC Membership Dues

## **Recommended Citation:**

North American Quitline Consortium. 2012. Results from the 2011 NAQC Annual Survey of Quitlines.

Available at

<http://www.naquitline.org/?page=2011Survey>

For more information on the survey or on  
NAQC's data request and review process,  
please contact;

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