

NORTH AMERICAN
QUITLINE
CONSORTIUM

July 31, 2023

NAQC FY22 Annual Survey:
A National Progress Update

Webinar Objectives

Assess the status of state quitlines for FY22 in the areas of:

- **Funding**
- **Service delivery**
- **Sustainability**
- **Utilization**
- **Evaluation**

Compare results with **NAQC key metrics and best practices** and identify **quality improvement and innovation** opportunities.

Acknowledgements

Partner	Contribution
NAQC Members	Funding for data collection and providing feedback on the survey each year
CDC OSH	Funding for analysis and dissemination of data
State Quitlines & Service Providers	Sharing data & providing feedback on survey instruments and process
NAQC Staff	Oversight of survey, review and analysis of data, and presentation of results

NAQC is dedicated to advancing **health equity**. We support culturally responsive treatment and tobacco* recovery for **all**.

* “Tobacco” in NAQC documents refers to “**commercial tobacco**” or harmful products made and sold by tobacco companies. It does not include “**traditional tobacco**” some Indigenous and other groups use for religious or ceremonial purposes.

Key Questions

**How can we increase quitline
demand and equitable reach?**

**How are new technologies
affecting quitline services and
impact?**

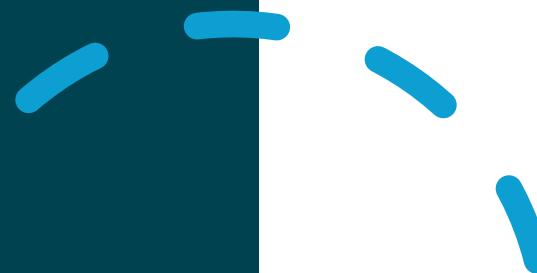
**How can quitlines sustain and
improve services with an
equity lens?**

Methods FY22*

- 17th annual survey of quitlines
- Web-based survey with email and telephone follow-up
- Survey sent to all 53 state quitlines and the Asian Smokers' Quitline (a national quitline)
- Survey fielded: *October 12–December 22, 2022*
- Data cleaning, state follow-up, and analysis: *January–May 2022*

*For most states, FY22 = July 1, 2021- June 30, 2022

FY22 Annual Survey Response



NAQC received completed surveys from 49 states, Washington DC, one U.S. territory (**n=51**), and the Asian Smokers' Quitline.



Limitations

Response rate for each year of the annual survey is less than 100 percent.

Respondents may be unable to answer every question each year. Results therefore cannot be compared between years as different states may be included in the data.



Quitline Impact Snapshot

Key Takeaways: Budget



Total budget for state quitlines in FY22 was **\$107.2 million**, a **decline from FY21**. Median quitline services and medication budget also **declined**.



The average investment in services and medications for each adult in the U.S. who smokes was **\$2.18**. (NAQC goal: \$10.53)

Key Takeaways: Reach



Web-based enrollment **increased** in FY22.



Quitline reach (adult use of phone counseling and medications) **remained consistent**. (NAQC Goal: $\geq 6\%$)

Key Takeaways: Quit Success



The overall quit rate was **32.8%**.
(NAQC Goal: $\geq 30\%$)



Quit rates ranged from **24.7% to 44.1%**

Benchmarking Data: Terminology

Treatment reach is calculated by dividing the number of individuals receiving evidence-based services from quitlines (counseling and/or medications) by an estimate of the total number of adults who smoke. The denominator is calculated using BRFSS prevalence data and American Community Survey population data.

Quit rate is calculated by dividing the number of individuals who have not used tobacco in 30 days at the seven-month follow-up call by the total number of sampled quitline participants who received evidence-based services (counseling and/or medication).

Spending per smoker is the amount spent on services and medications divided by an estimate of the total number of adults who smoke. The denominator is calculated using BRFSS prevalence data and American Community Survey population data.

A full [glossary of benchmarking terms](#) is available on NAQC's website.

NAQC Goals for Key Quitline Metrics, FY22

Key metric	NAQC goal	FY22
Spending per Smoker	\$10.53	\$2.18 (\$0.35 to \$18.70)
Treatment Reach	\geq 6%	0.74% (0.15% to 3.75%)
Quit Rate (conventional tobacco)	\geq 30%	32.8% (24.7% to 44.1%)

Benchmarking Data FY20-FY22

Benchmarking Metric	FY20 % (n)	FY21 % (n)	FY22 % (n)	NAQC Goal*
Overall Treatment Reach	0.78% (52)	0.72% (52)	0.74% (50)	<u>>6%</u>
Overall Quit Rate – Conventional Tobacco	33.5% (28)	31.5% (36)	32.8% (35)	<u>>30%</u>
Overall Quit Rate – Conventional Tobacco + ENDS	30.5% (26)	29.7% (35)	29.9% (34)	--
Overall Spending per Smoker	\$2.04 (52)	\$2.24 (47)	\$2.18 (49)	\$10.53

*Developed in 2009 based on CDC's 2007 Best Practices for Comprehensive Tobacco Control Programs.

A Note on Reach & Demographics

Demographic information is not collected for all quitline participants as individuals can choose not to answer demographic questions.

Additionally, participants registering by methods other than phone may be asked a reduced set of intake questions.

Reach into Specific Groups: FY22

Benchmarking Metric	FY22 % (n)
Overall Treatment Reach	0.74% (50)
Treatment Reach – AI/AN	0.65% (40)
Treatment Reach – AA/Black	0.67% (42)
Treatment Reach – Asian**	0.27% (50)
Treatment Reach – Hispanic/Latino	0.43% (48)
Treatment Reach – White	0.58% (49)
Treatment Reach - <HS Education***	0.44% (50)

*Developed in 2009 based on CDC's 2007 Best Practices for Comprehensive Tobacco Control Programs.

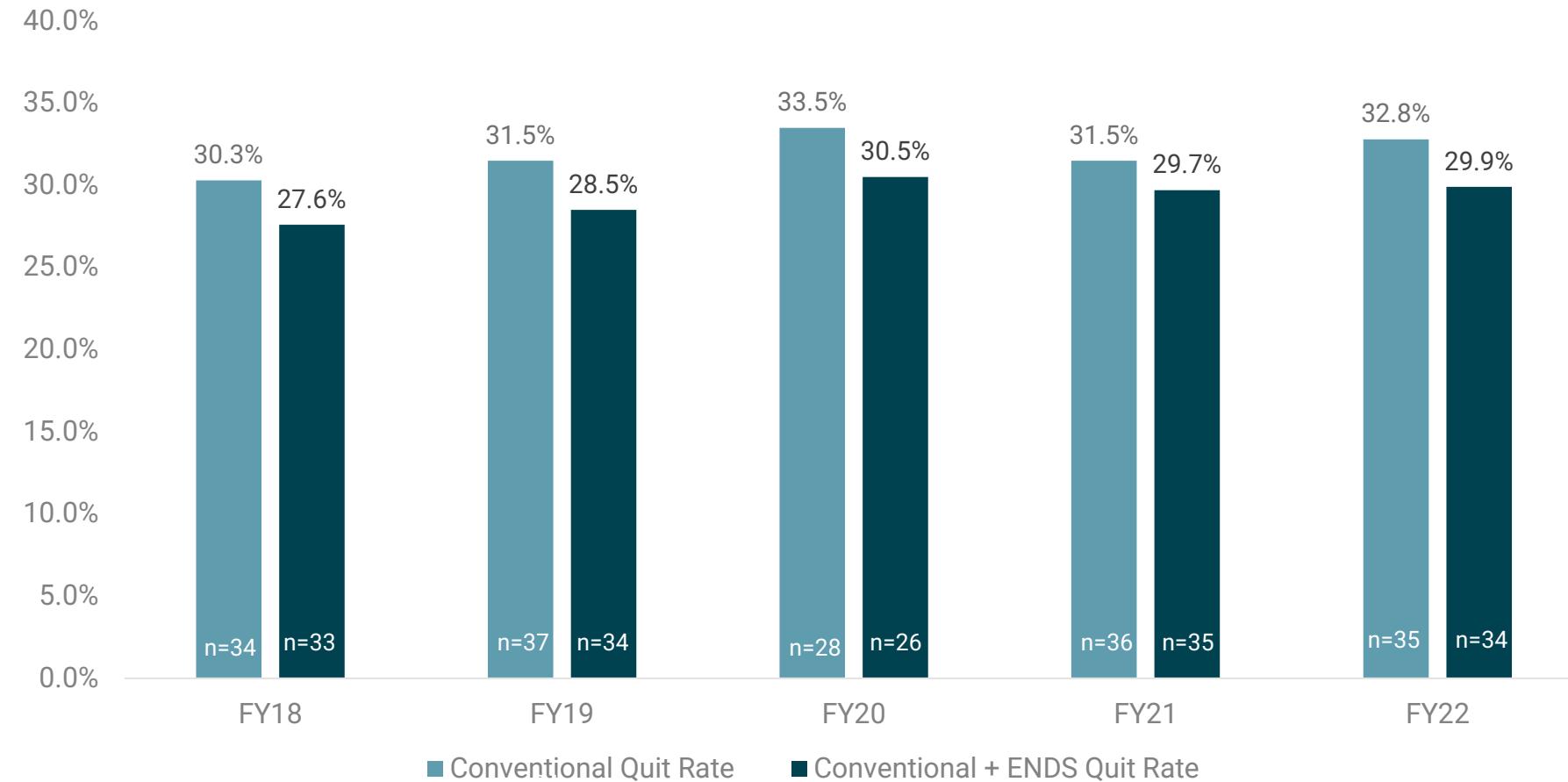
**Includes data from Asian Smokers' Quitline.

***ACS data was available for this population 18 and over for FY22 calculations. Previously data was only available for 25 and over. The denominator for FY22 is therefore larger in comparison to previous years.

Top States for Key Quitline Metrics, FY22

Spending per smoker	Treatment reach
South Dakota	Oklahoma
Maine	South Dakota
Delaware	Maine
North Dakota	Vermont
Wyoming	Colorado

NAQC Standard Quit Rates, FY18-FY22

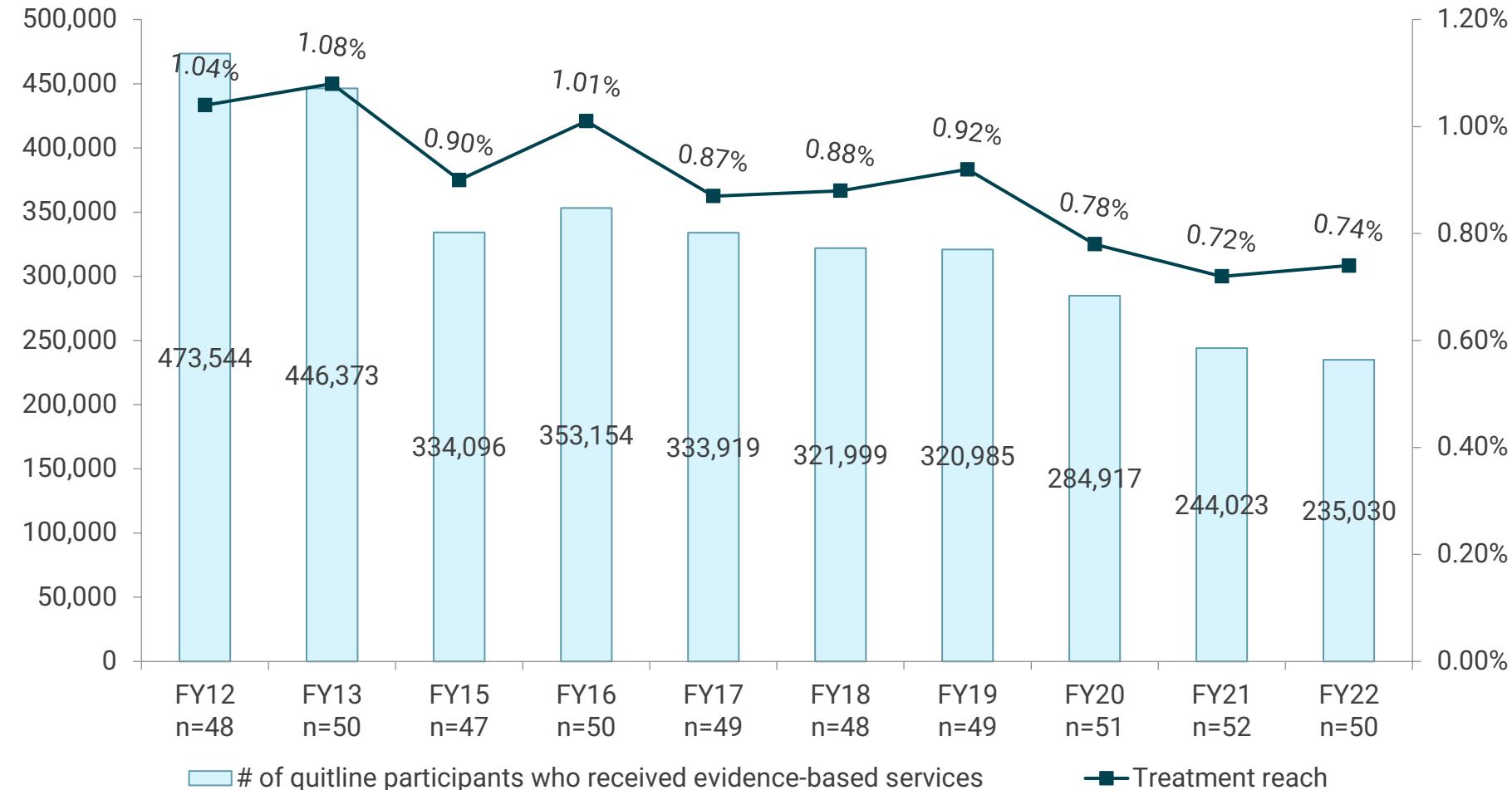


NAQC's [Calculating Quit Rates, 2015 Update](#) describes standard quit rate calculation methods.

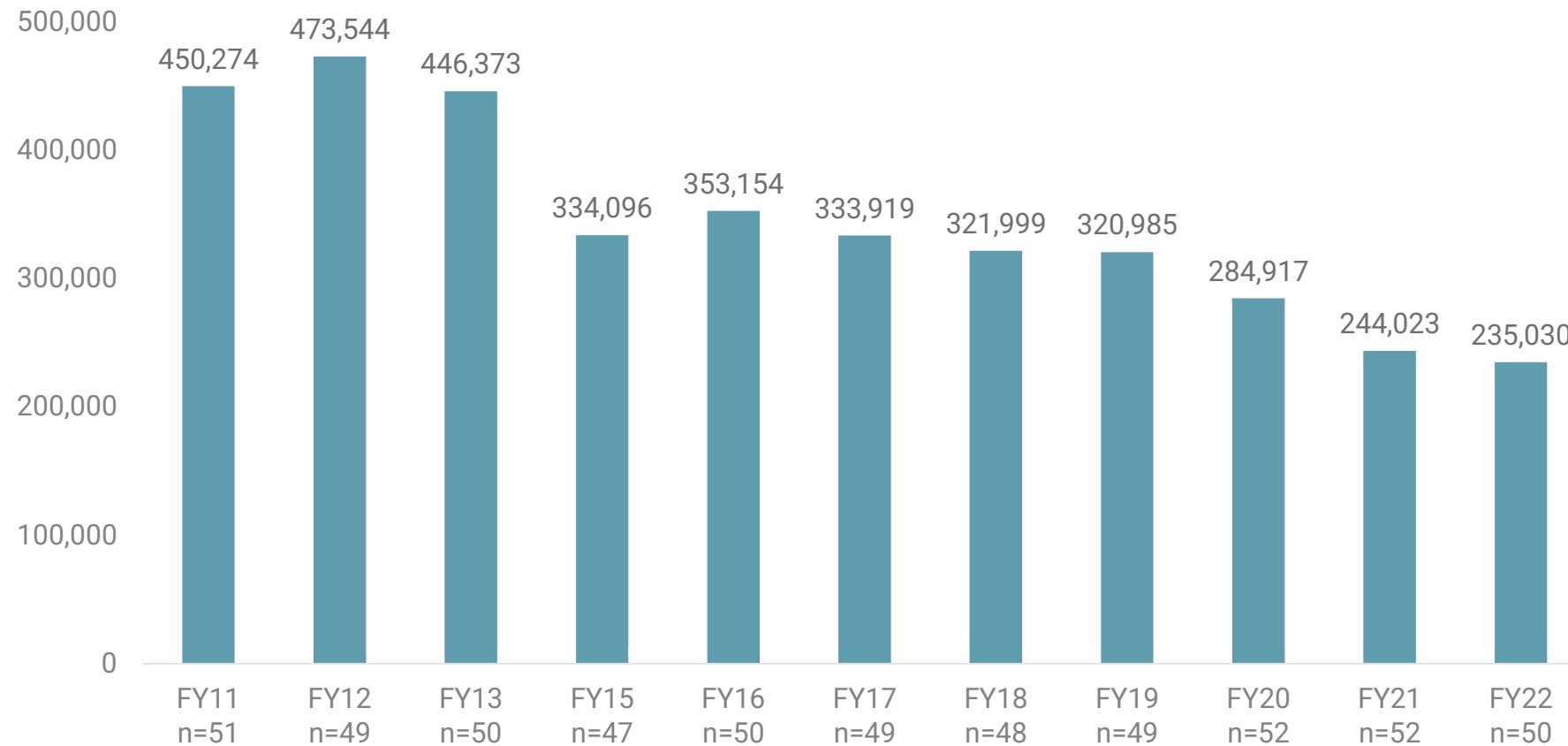


Reach & Priority Populations

Treatment Reach of Quitlines, FY12-FY22



Unique Users who Received Evidence-based Services: FY12 – FY22

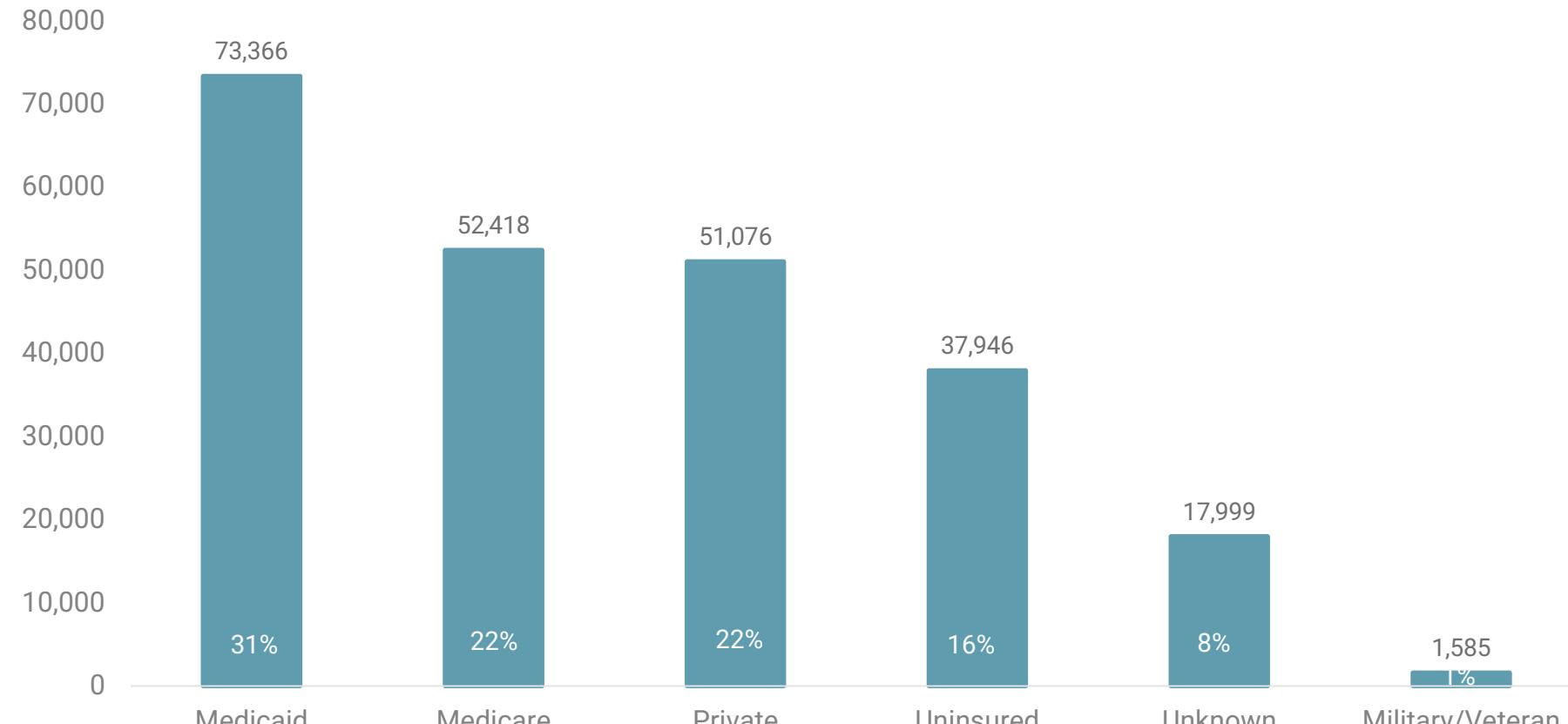


Demographic Highlights of Quitline Users, FY22

Characteristics of Quitline Users – FY22	
Female (n=50)	58.1%
Median age (n=50)	53.9 years
Under 18 years old (n=50)	0.2%
50 – 80 years old (n=50)	56.8%
Identify as LGB (n=46)*	5.3%
Uninsured or enrolled in Medicaid (n=50)	47.5%
Educational attainment is GED or High School diploma or less (n=50)	45.6%

*NAQC collects gender identity data separate from sexual orientation data, which limits ability to calculate the total number of unique individuals in the LGBTQIA+ participant population.

Demographics: Insurance Type, FY22



n=50 state quitlines

Demographic Highlights of Quitline Users, FY22

Characteristics of Quitline Users – FY22	
Racial Identity (n=49)	
African American/Black	16.5%
American Indian/Alaska Native	2.9%
Asian	1.1%
Native Hawaiian or Pacific Islander	0.3%
White	69.1%
Other (may be more than one race)	3.7%
Race unknown or refused to answer	6.3%
Ethnicity (n=48)	
Hispanic/Latino	9.1%

Screening for Behavioral Health Conditions, FY22

Year	# of states reporting	Unique tobacco users who received evidence-based services <u>and</u> reported a behavioral health condition at intake	
		Sum (range)	Percentage (range)
FY22 (n=50)	46	82,305 (224 to 8,877)	42.8% (15.2% to 84.3%)



Best & Promising Practices

A photograph of a person's hand holding a lit cigarette. The cigarette is partially burned, with ash at the top. The hand is positioned in the lower-left foreground, with the city skyline of a modern city visible in the background under a warm, setting sun.

Highlights: Quitline Practice

> 90%

Offer:

- **phone** counseling
- **text** intervention
- **referral** options

> 1/3

Provide tailored support for
menthol use

100%

Provide counseling for
e-cigarette use

73%

Offer **web-based**
intervention

Priority Practices

- 1) Offer proactive telephone counseling.
- 2) Offer tailored texting service.
- 3) Provide tailored web-based service.
- 4) Offer tailored counseling for adults who use e-cigarettes.
- 5) Offer cessation medications.
- 6) Offer a range of referral options.

NAQC's *Report on Priority Practices for State Quitlines to Implement by June 2023* is available [here](#) and at www.naquitline.org/resource/resmgr/reports-naqc/Priority_Practices_Final_Report.pdf

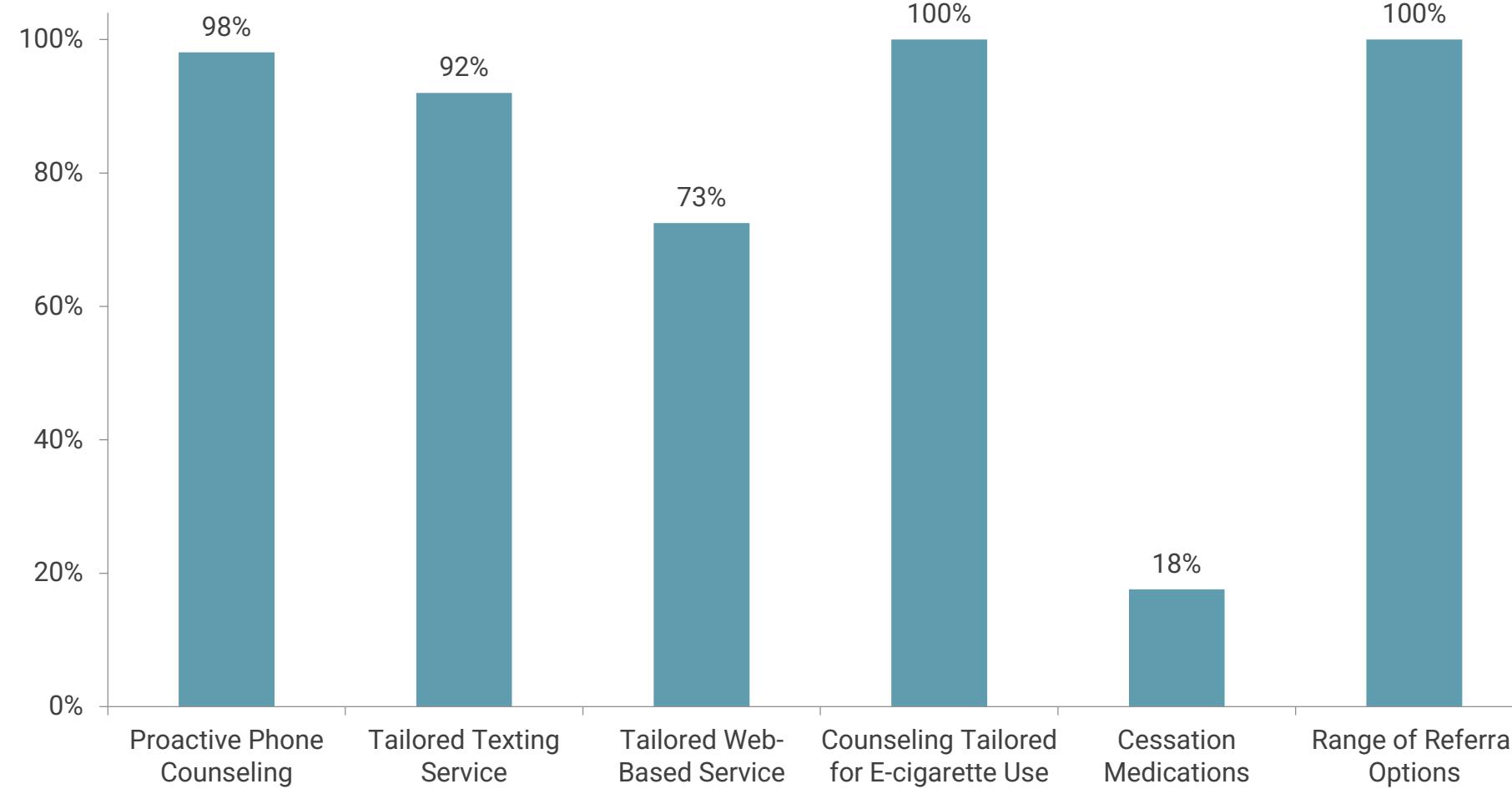
Cessation Medications Priority Practice

Provide at least one cessation medication at no cost. At a minimum, the medication should include one of the following:

- 6-weeks of combination NRT (short and long acting) or 6-weeks of mono-therapy NRT if combination NRT is not possible
- 12 weeks varenicline
- 12 weeks bupropion SR

Do not require enrollment in phone counseling to access cessation medications.

Priority Practices-State Adoption Rates, FY22



n= 51 state quitlines



Phone Counseling & Medications

Key Takeaways: Medications

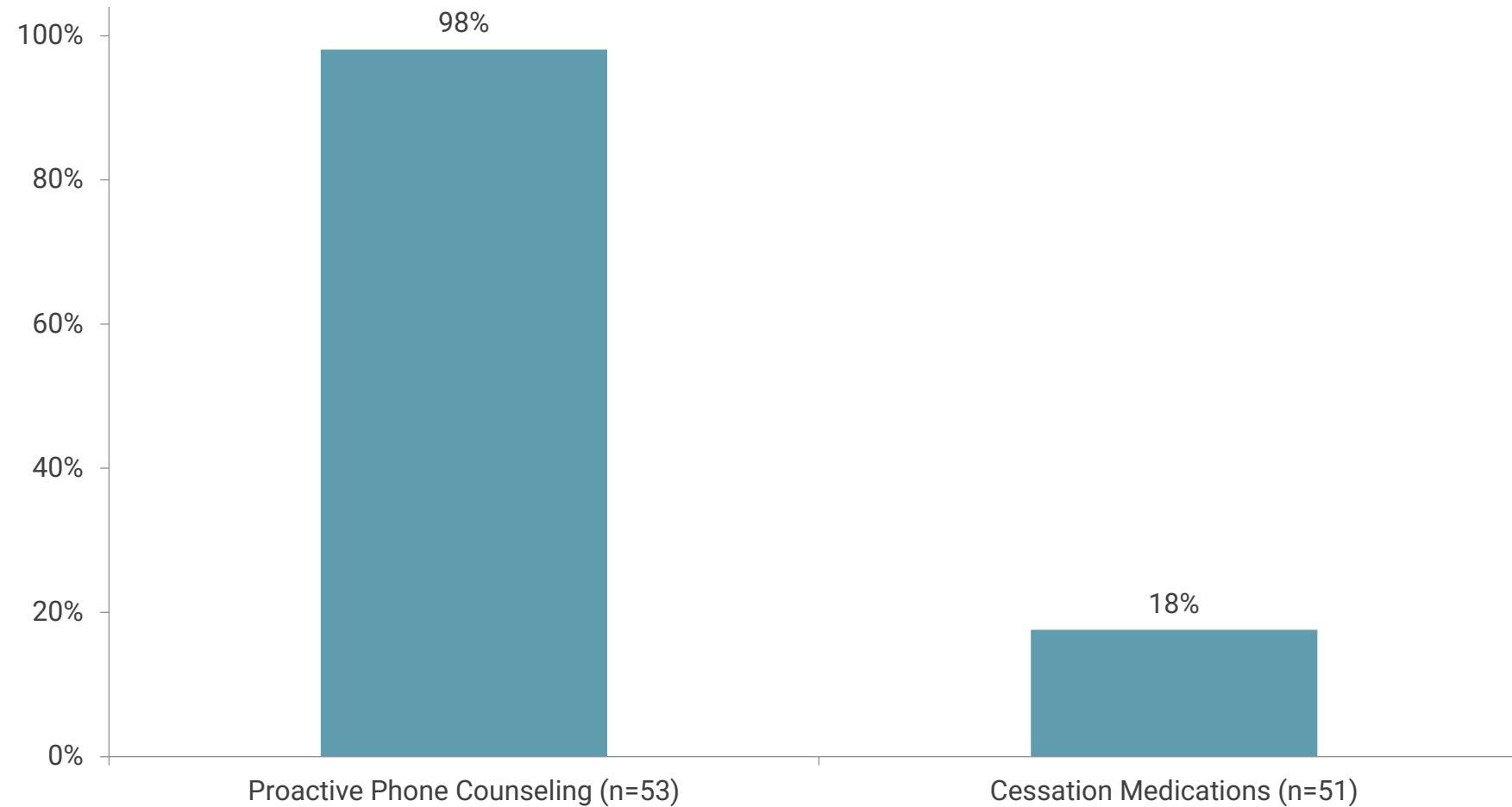


18% of quitlines meet the **full best practice guidance** for FDA-approved medications.

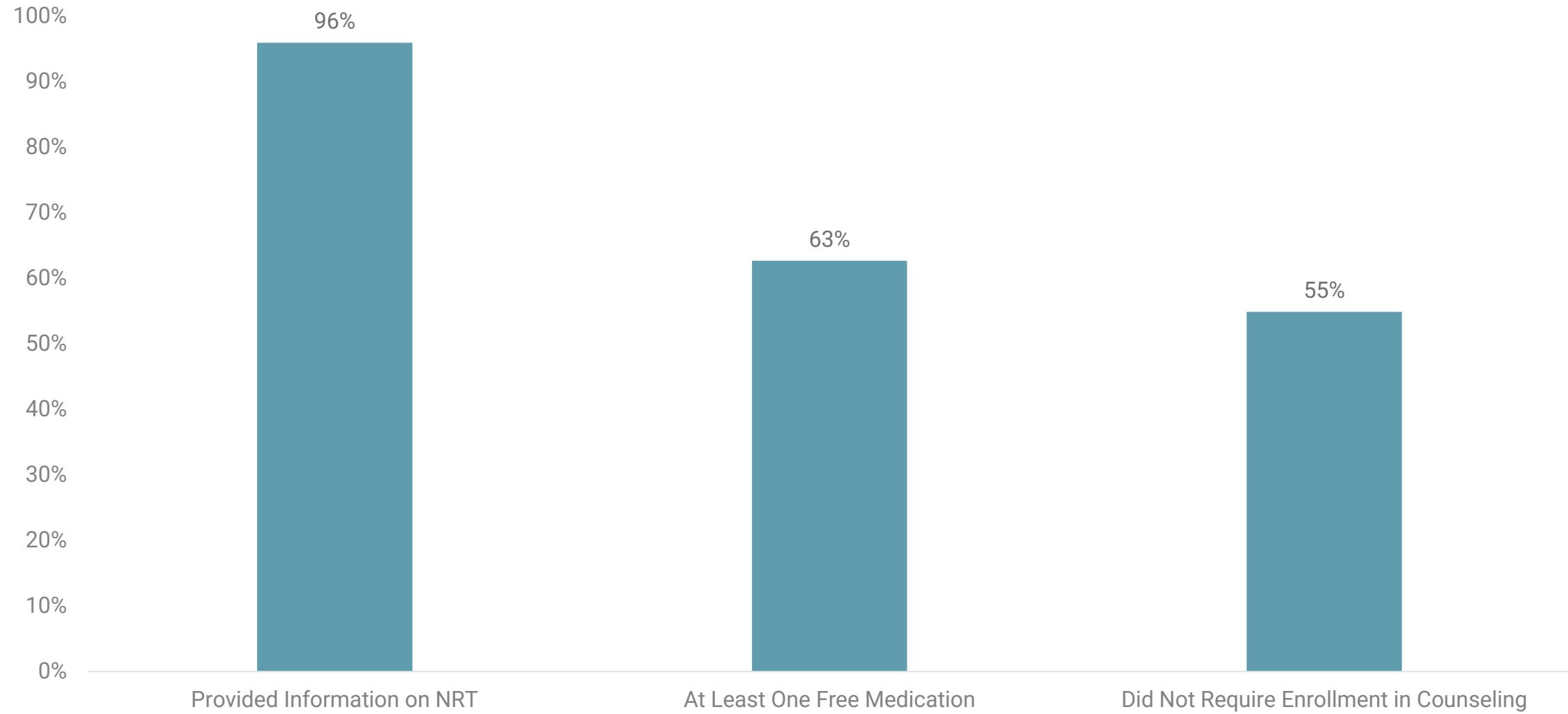
96% of quitlines **provide NRT information** at a minimum.

63% of quitlines provide **at least one free medication**.

Phone Counseling & Medications, FY22

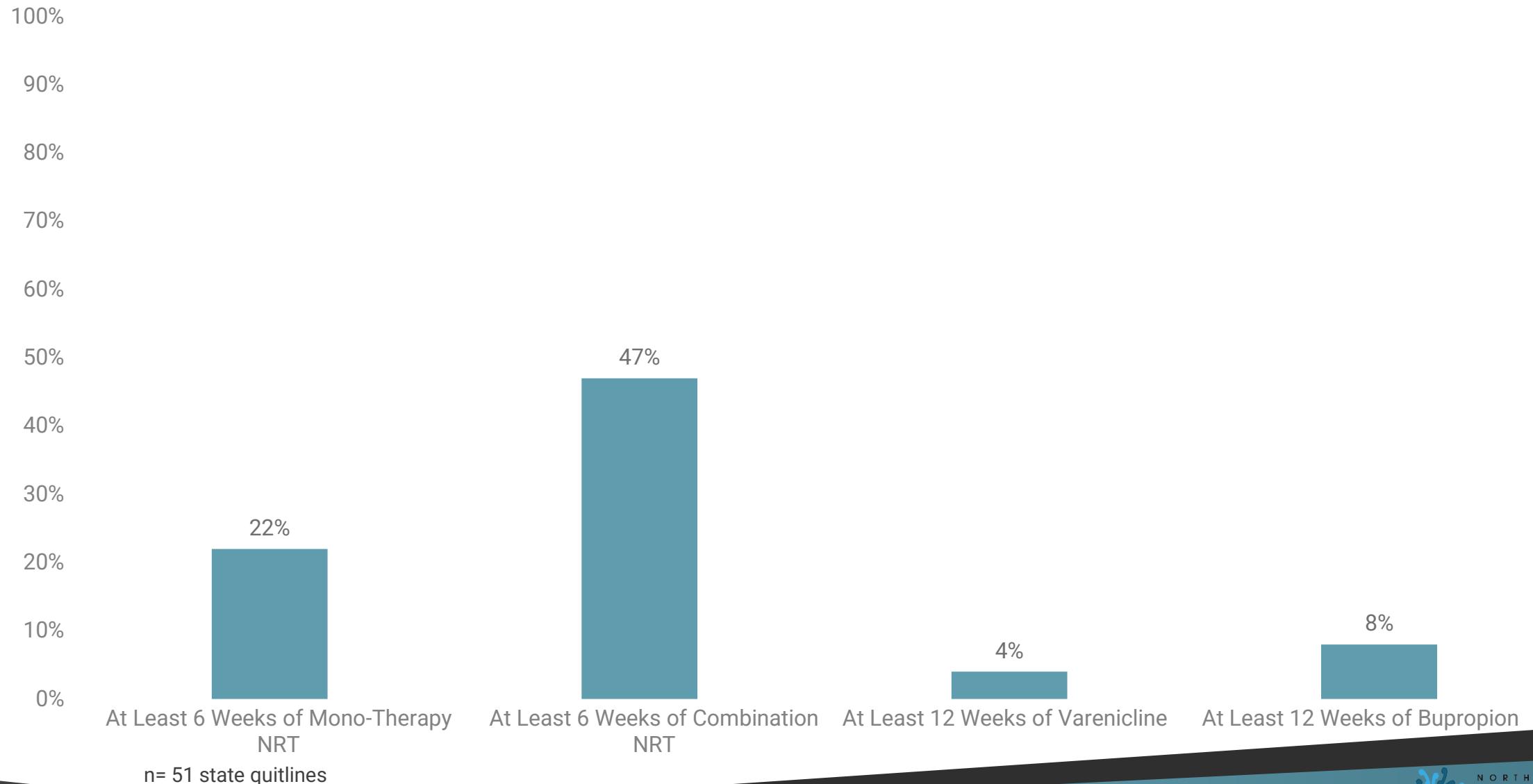


Medication Best Practices, FY22



n= 51 state quitlines

Medication Best Practices, FY22





Referrals

Key Takeaways: Referrals

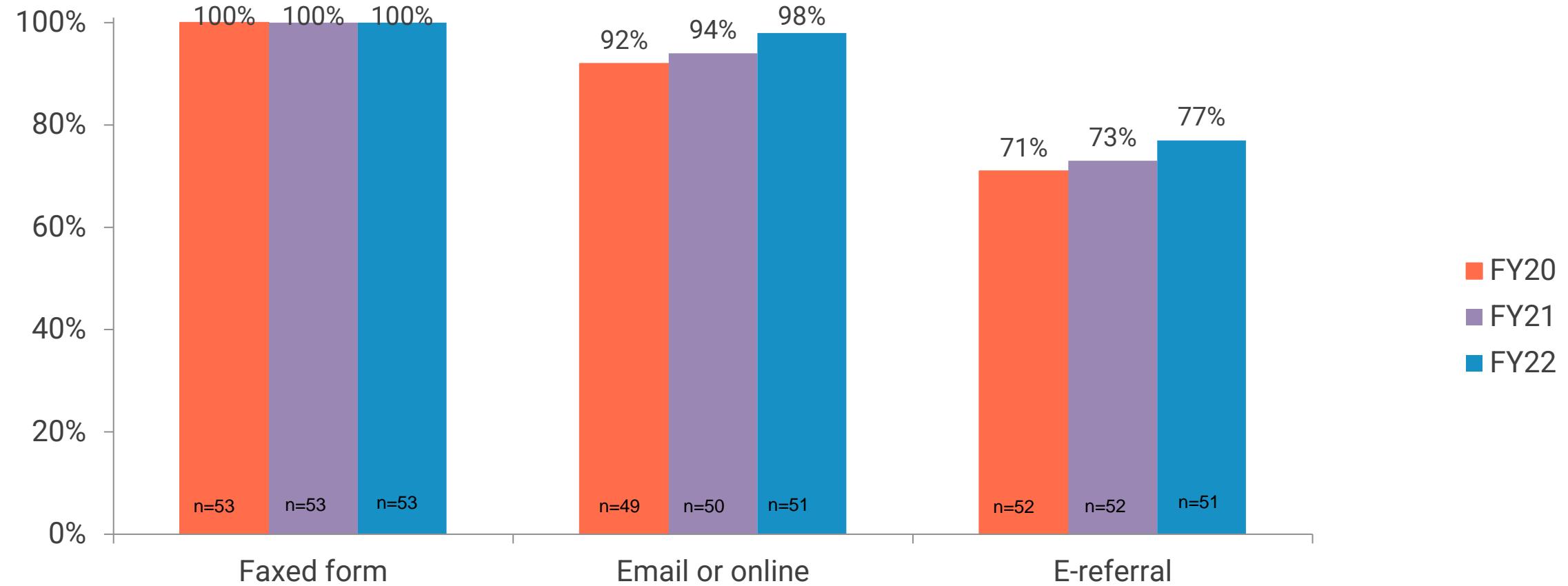


Quitline referral volume **increased** by 27%.



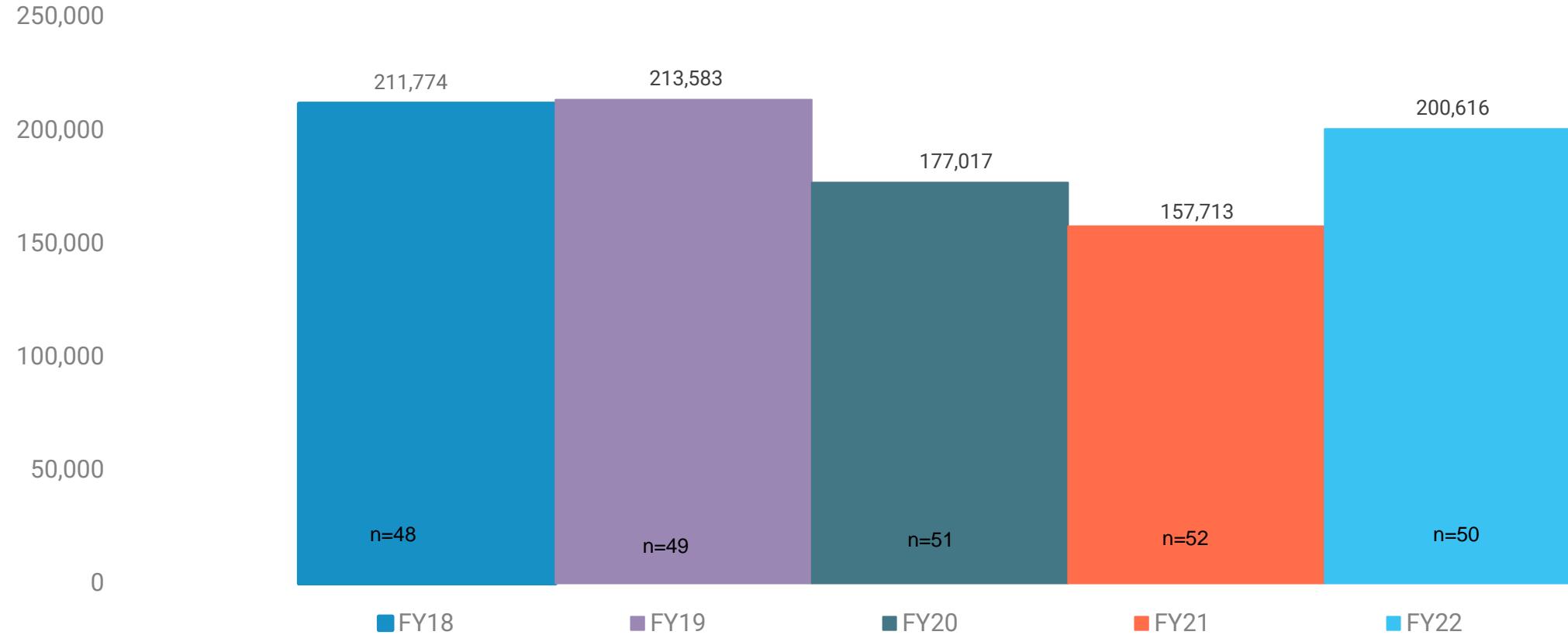
39 quitlines reported e-referral capacity.

Percent of State Quitlines Accepting Referrals by Type, FY20 – FY22

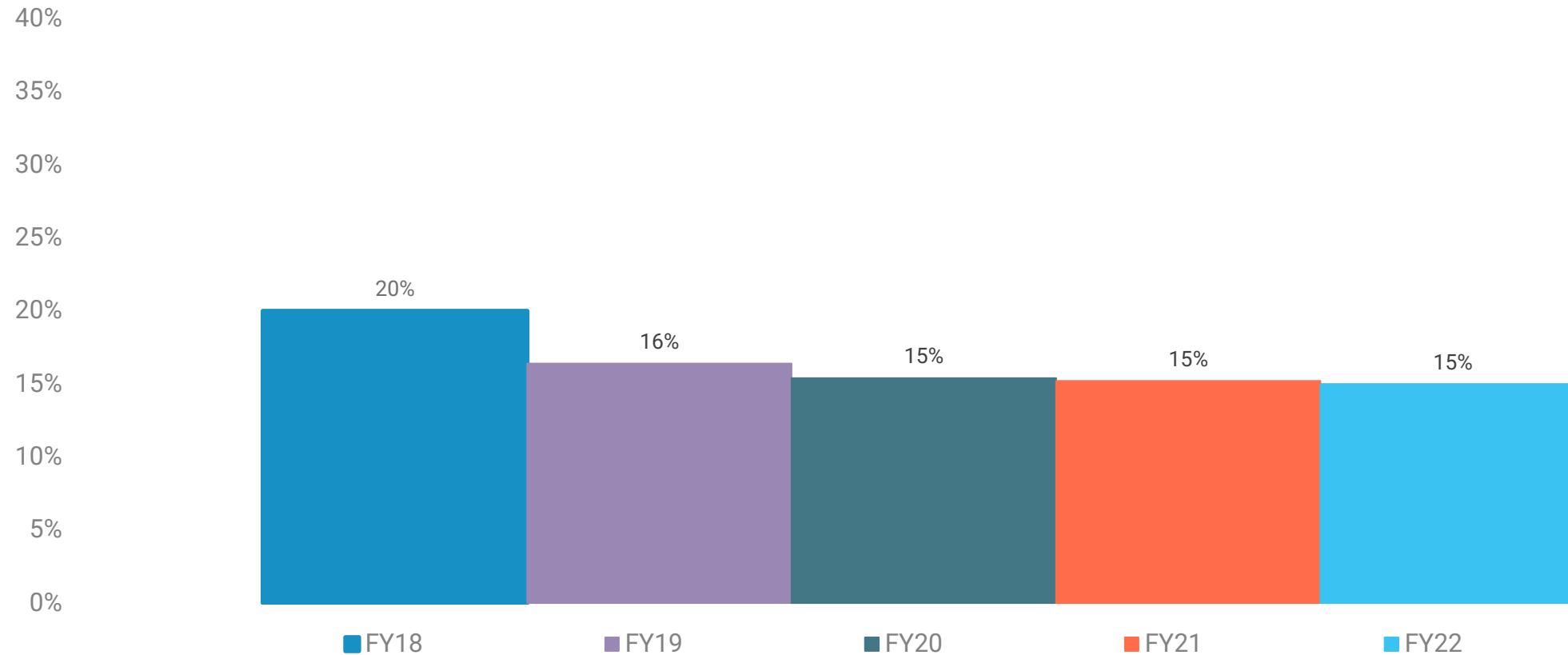


n= 51 state quitlines

Total Referral Volume, FY18-FY22



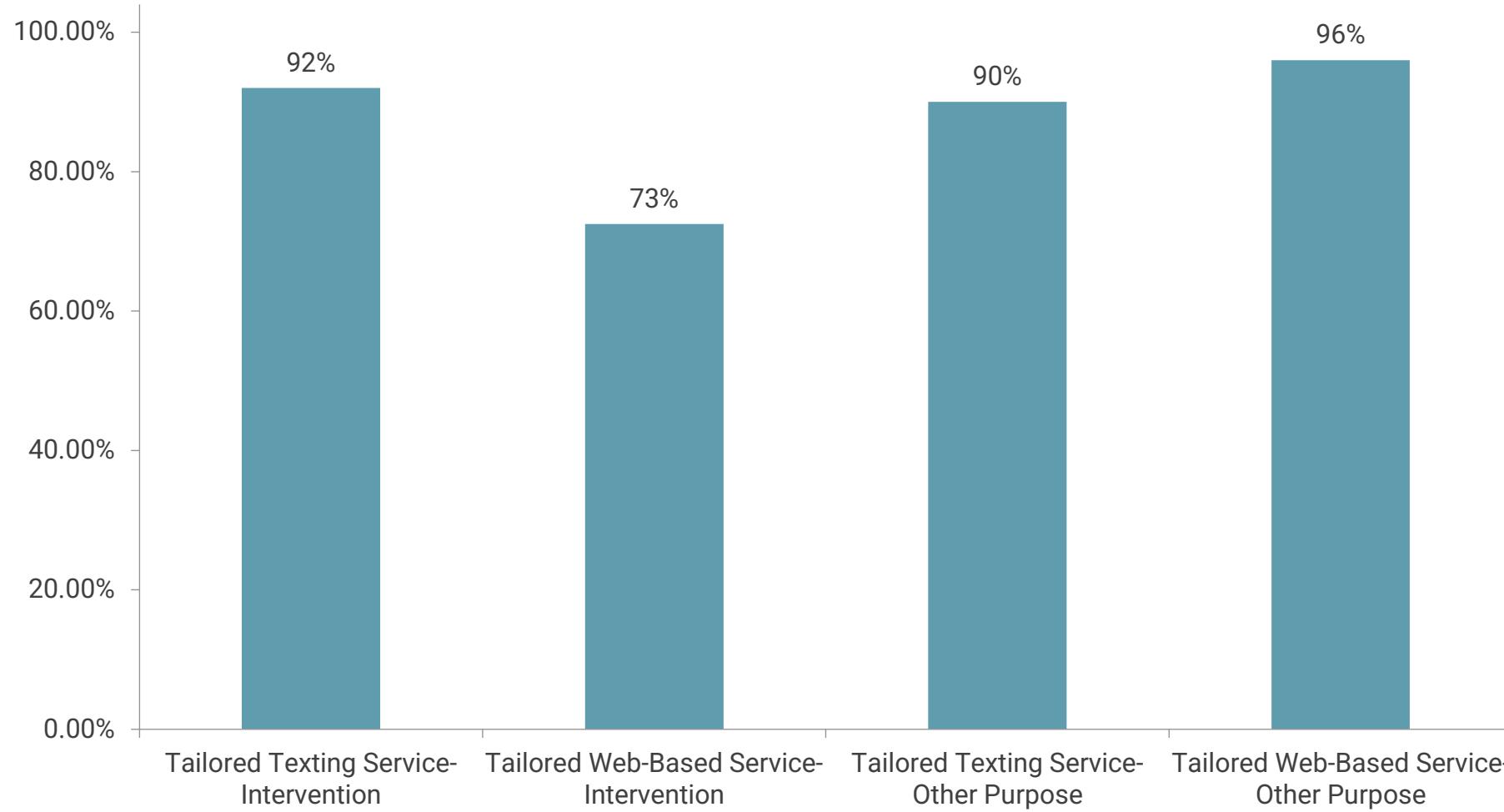
Registration Rate from Referrals, FY18-FY22





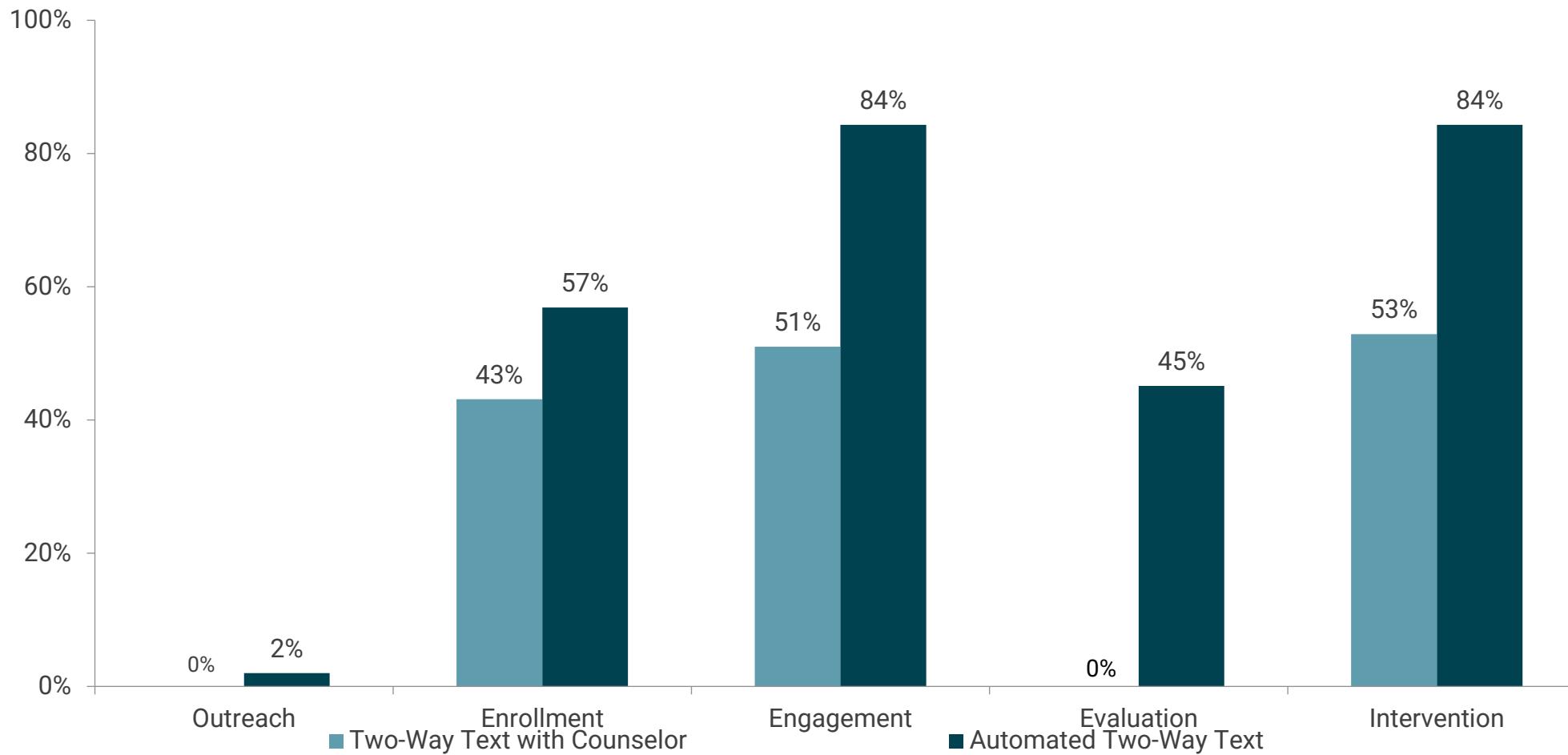
Technology & Digital Services

Best & Promising Practices, State Adoption of Technology, FY22



n= 51 state quitlines

Interactive Texting, FY22

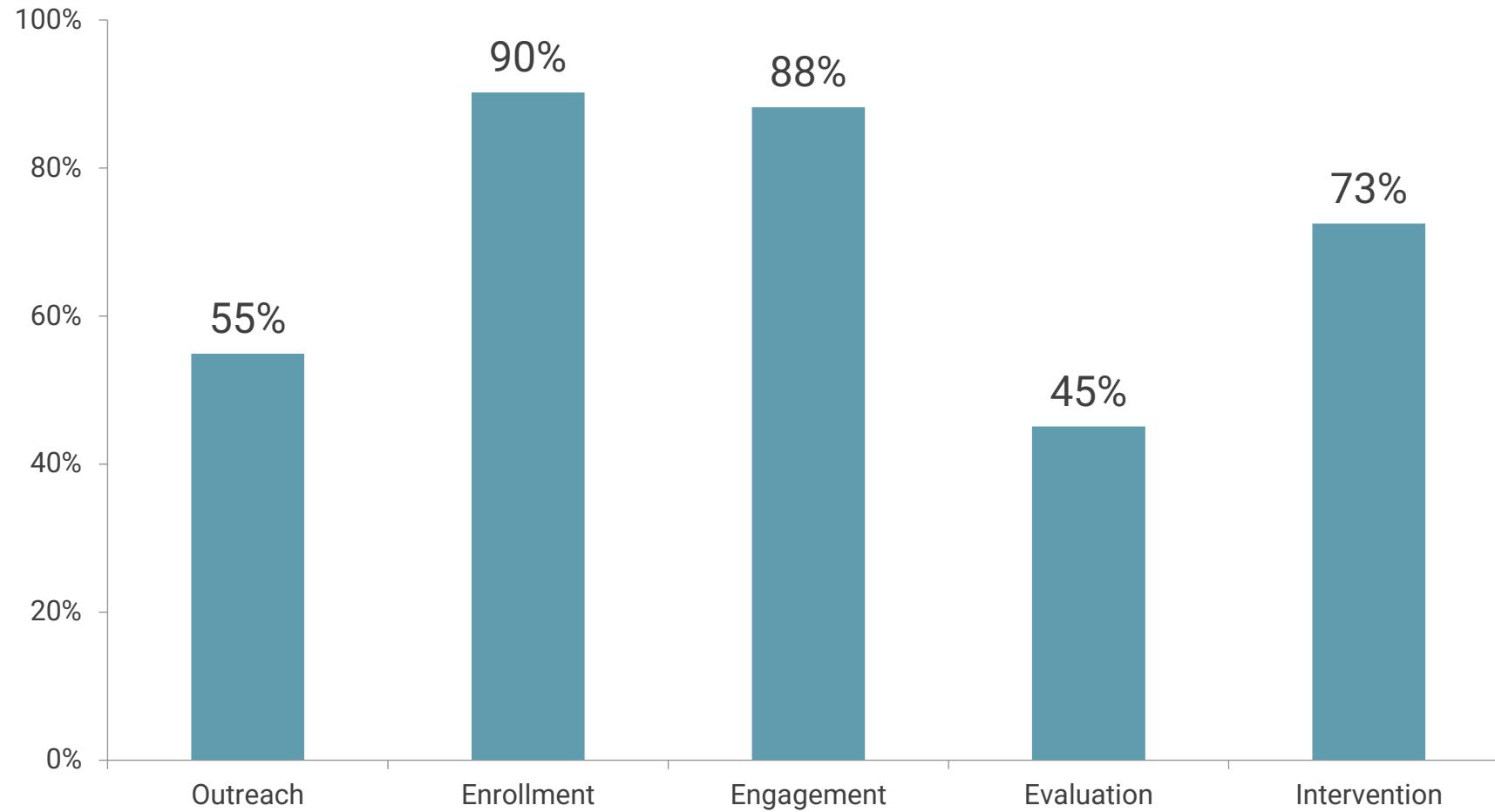


Engagement refers to the action of interacting with participants enrolled in quitline services through phone, text, web and apps for the purpose of sustaining their interest and involvement.

Intervention refers to the action or process of intervening with quitline participants through phone, text, web or apps to assist them with their goals of quitting commercial tobacco or remaining quit.

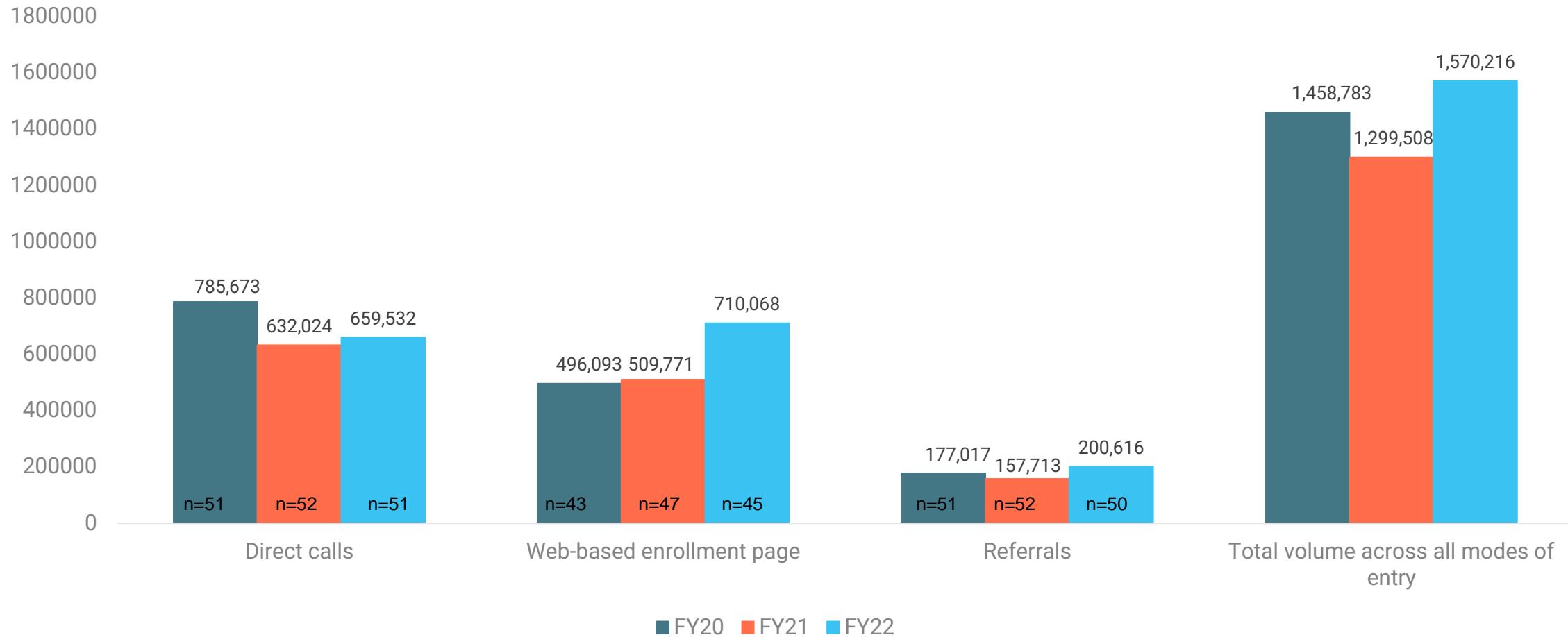
n= 51 state quitlines

Interactive Web-Based Service, FY22

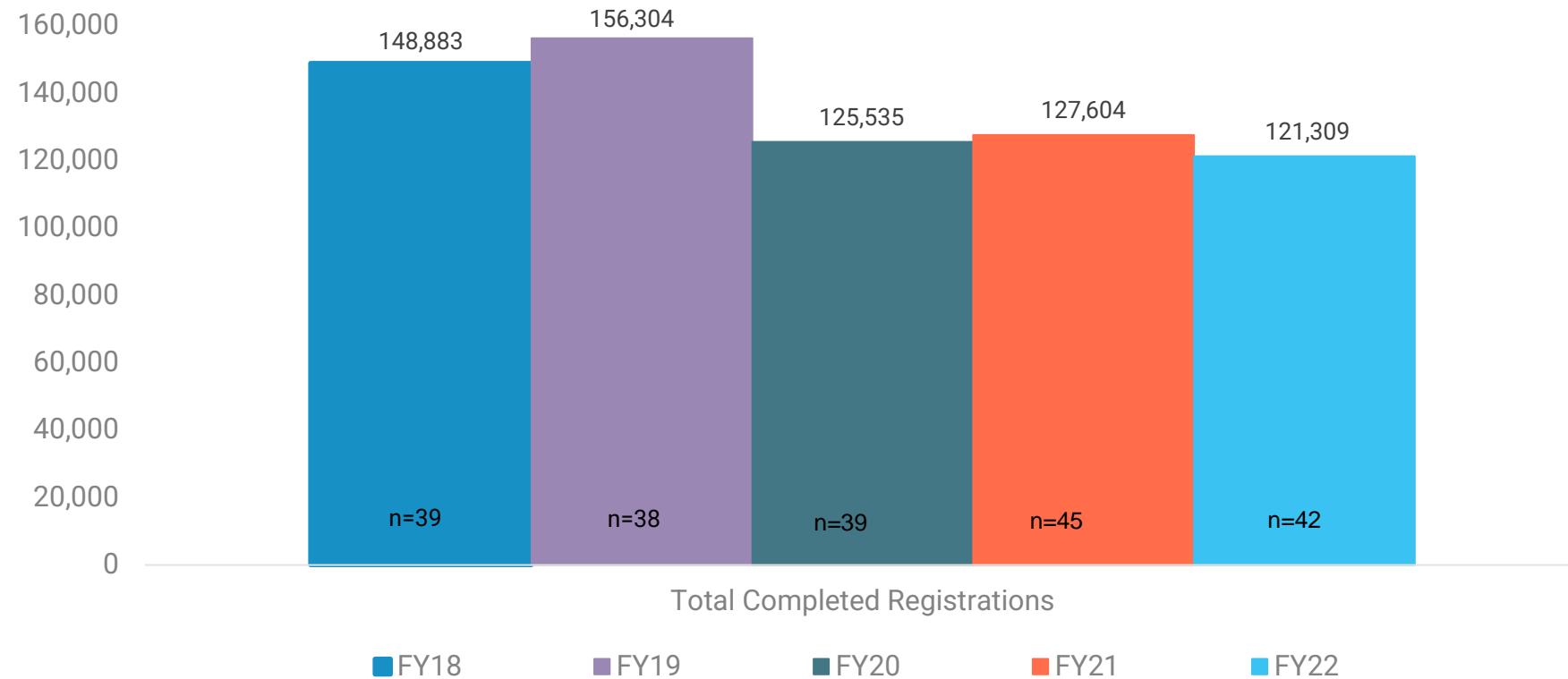


n= 51 state quitlines

Volume by mode of entry to quitlines, FY20-FY22



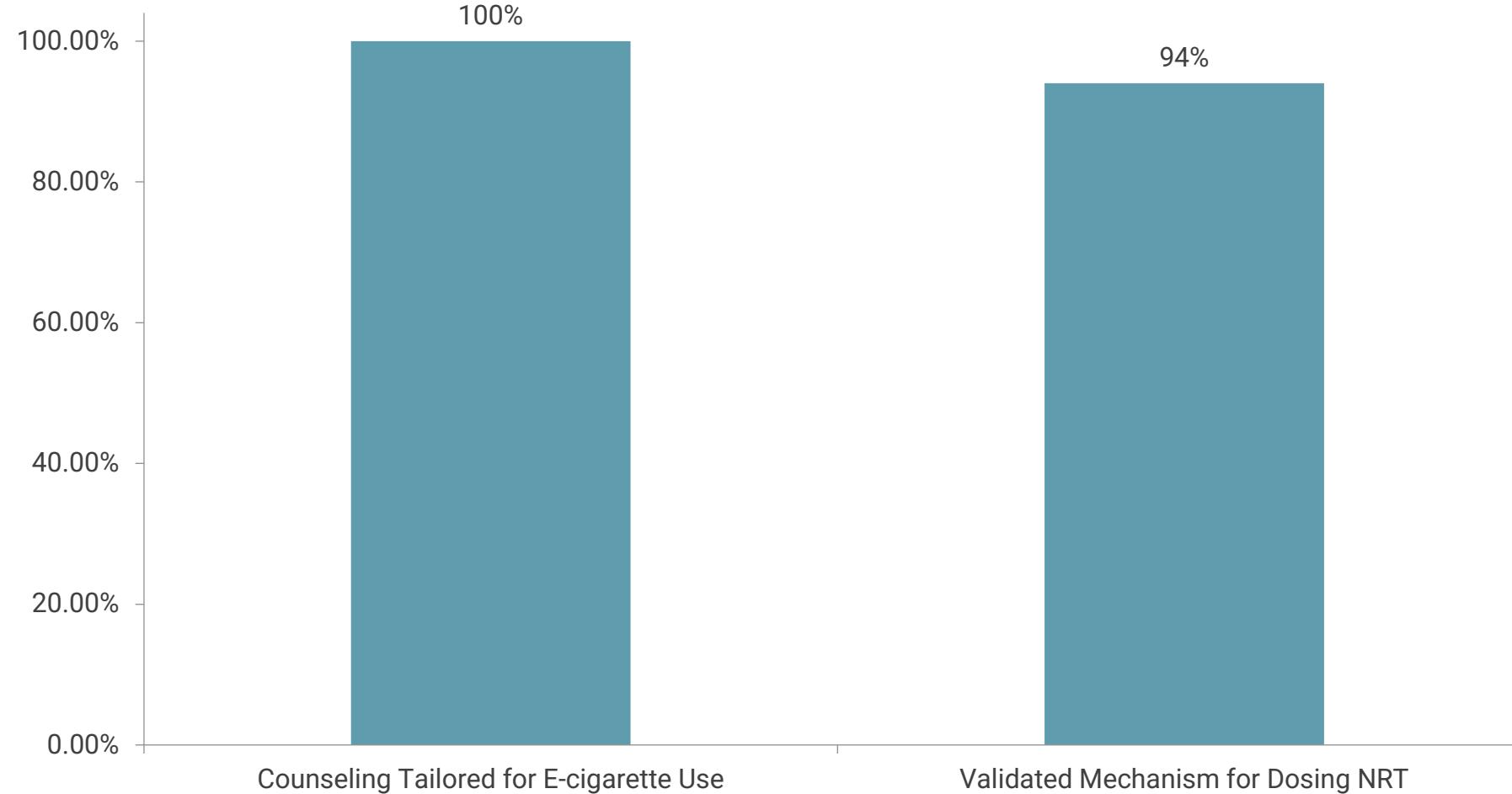
Completed Registration for Web-based or Mobile Health Cessation Services, FY18-FY22





E-Cigarette Cessation

Best and Promising Practices, State Adoption of e-Cigarette Supports, FY22



n= 51 state quitlines

E-cigarette Use Among Quitline Users, FY22

12,744 (**5.4% of quitline participants**) individuals who **exclusively use e-cigarettes** received services from state quitlines

46,808 (**19.9% of quitline participants**) individuals who use **dual-use e-cigarettes and other tobacco products** received services from state quitlines



Other Efforts to Improve Reach & Impact

Menthol Products

- 3 state quitlines offered **incentives** to those who use menthol products.
- 16% of state quitlines conducted **special outreach** to those who use menthol products.
- 35% of state quitlines had a **special protocol** for those who use menthol products.

Incentives

45% of state quitlines used incentives in FY22.

- Most commonly offered to **pregnant and postpartum** participants
- Typically distributed through **gift cards**

Youth Services

- 92% of state quitlines offered youth services in FY22.
- 88% of state quitlines had special **youth protocols**. 57% had special protocols for youth using **e-cigarettes**.
- 61% of quitlines conducted **special outreach** to youth. 35% conducted special outreach specifically to youth using **e-cigarettes**.
- 2 quitlines offered youth **incentives**.



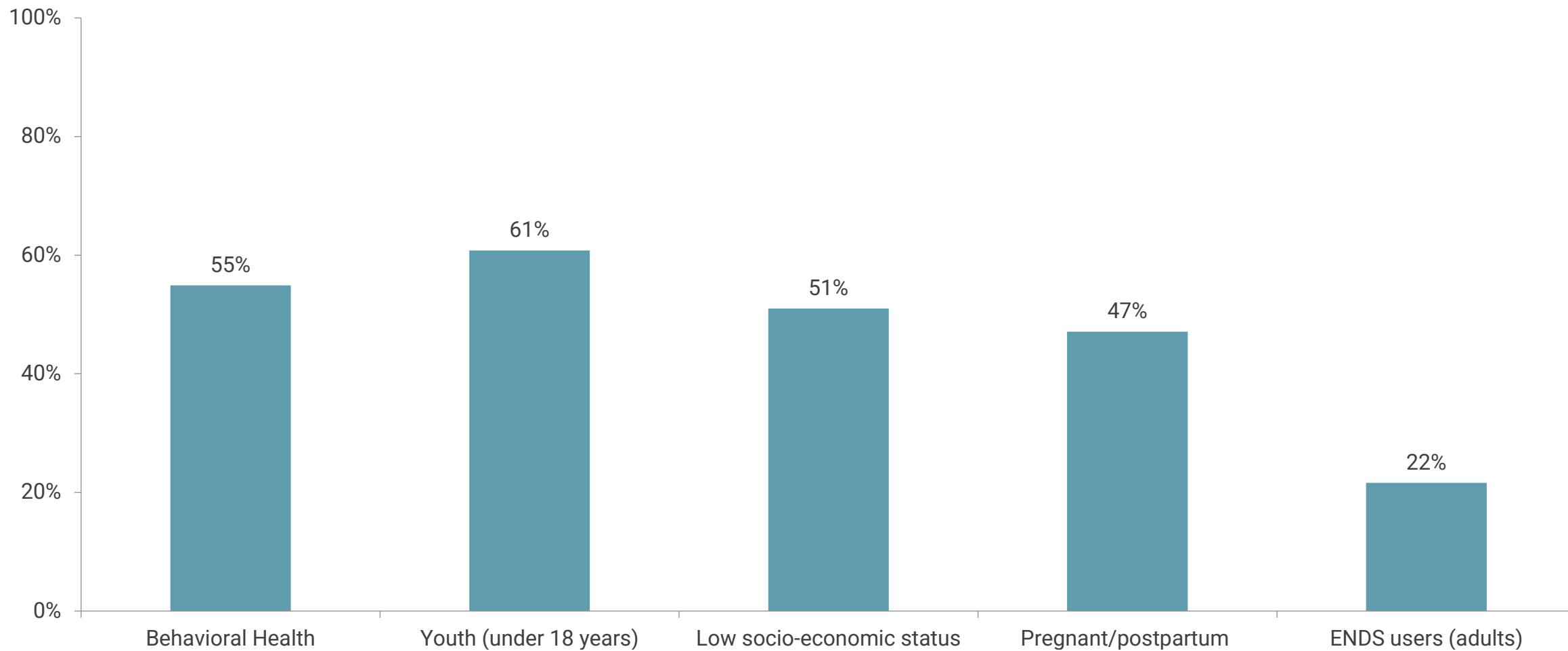
Youth Reach

In FY22:

- **450** youth received phone counseling and/or cessation medications.
- **1,225** youth received web or mobile services.

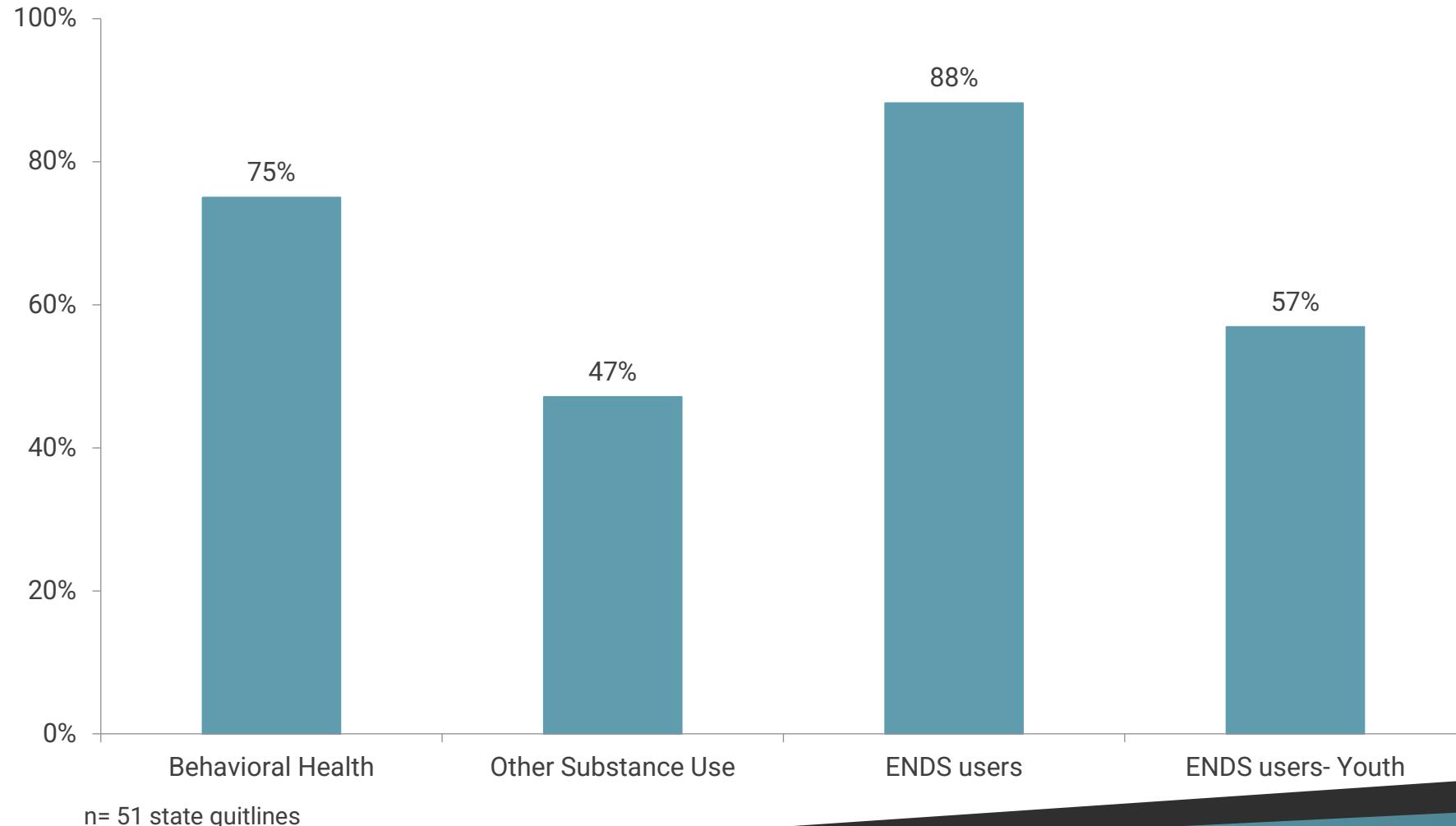


Quitline Outreach to Specific Groups

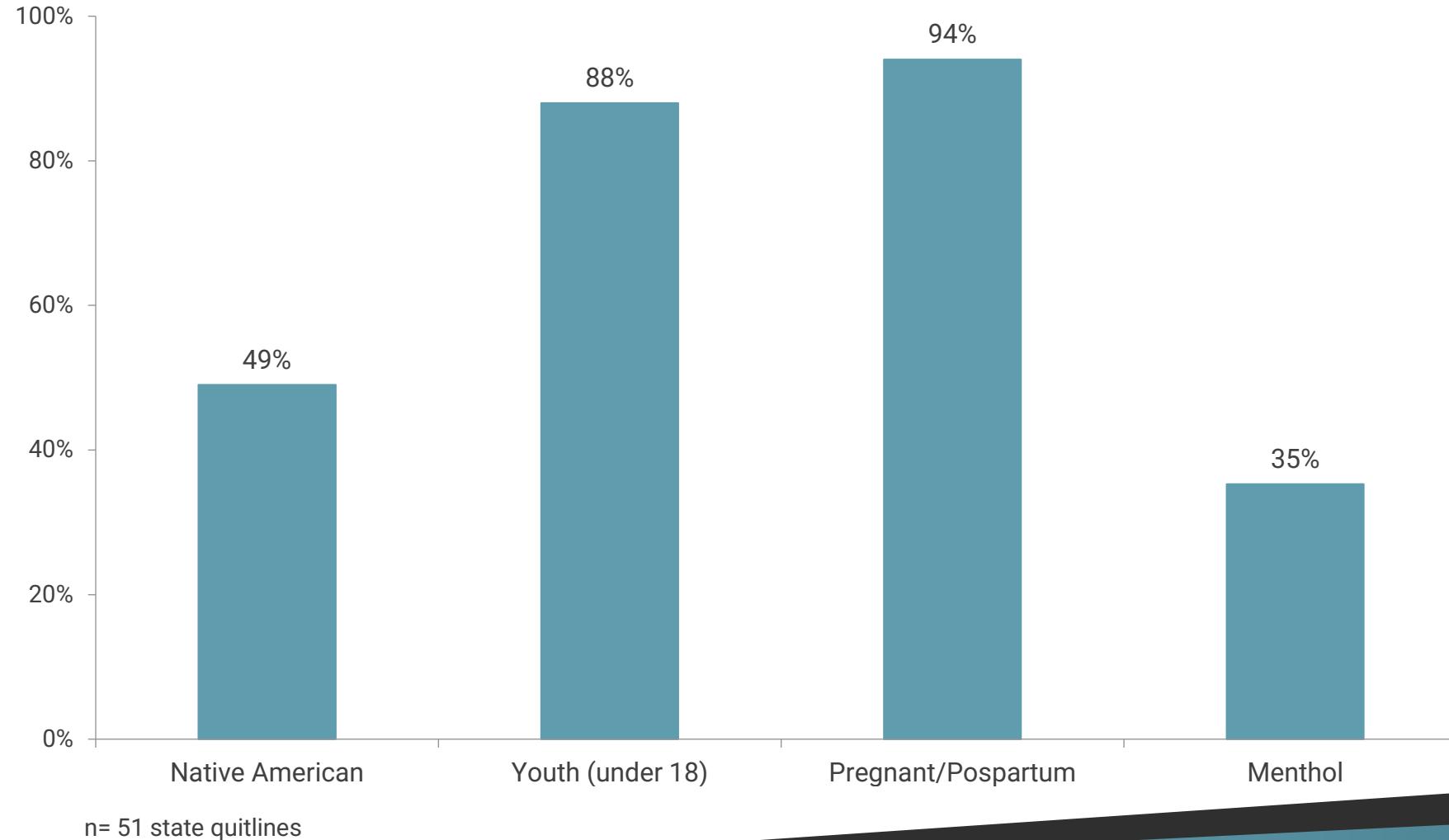


n= 51 state quitlines

Quitline Protocols for Specific Populations, FY22



Quitline Protocols for Specific Populations, FY22, Cont.



n= 51 state quitlines

Lung Cancer Screening

10% of quitlines
screened for lung
cancer screening
eligibility in FY2022

43% of quitlines
plan to screen for
lung cancer
screening eligibility
in FY2023

39% of quitlines plan
to use the MD
Anderson **patient
decision aid***

*MD Anderson, Project CONNECT

More information for quitlines can be found in the Project CONNECT [Promoting Lung Cancer Screening: An Implementation Guide for Quitlines](#)



Questions & Answers

Resources to Support Data Sharing

- Presentation slides are posted on the [2022 survey page](#).
- FY22 benchmarking and quitline metrics were emailed to survey contacts. [A glossary of terms](#) is available.
- FY22 quitline metrics will be posted to NAQC profiles in late August. [Profile managers](#) should review and update profiles regularly, including smoke-free laws and tobacco taxes.
- Visit the Quitline map @ [map.naquitline.org](#)



What's next?

Cost-sharing webinar

Youth brief updates & data highlights

Community discussions to improve
quitline **data equity, collection, & use**

Keep in Touch



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Thank You!

See you at the next webinar...