NORTH AMERICAN QUITLINE CONSORTIUM

May 15, 2025

FY24 Annual Survey of State Quitlines: Results

NAQC is dedicated to reducing commercial tobacco related disparities through culturally responsive treatment services.

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

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NAQC Membership & Communication Channels



Renew your membership by **July 1!** Please contact membership@naquitline.org for assistance.

- Subscribe for NAQC's monthly ***Connections*** and time-sensitive **e-bulletins** – communications@naquitline.org.
- **Listserv:** Post a question or response to naqclist@naquitline.org
- **Technical assistance:** Contact naqc@naqutline.org or 800-398-5489 to connect with a quitline subject-matter expert

NAQC News

Time-Sensitive News, Job Opportunities and Event Announcements

Cessation and Tobacco Control

Research Articles

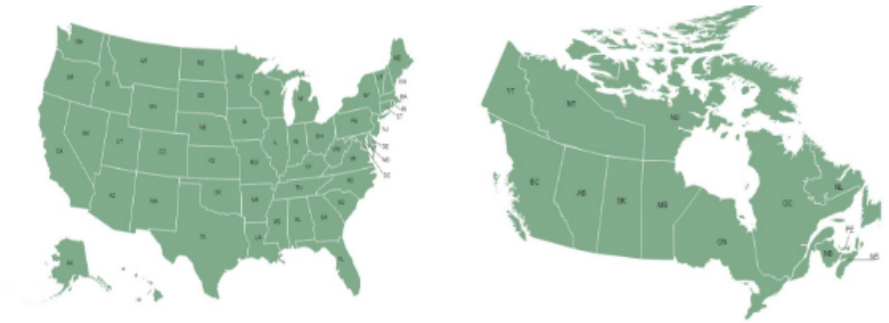
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***Profiles** are visible to the public, featuring the most current quitline information for US and Canadian quitlines.*

View NAQC's Quitline Map [Here]

Quitline Profiles

Quitlines are **FREE** science-based services that help people who use any form of tobacco quit and are available in all 50 states, the District of Columbia, each U.S. territory, and all ten Canadian provinces. Get more information about quitline services available in your area by clicking on the images below. Profile pages include details about services offered, hours of operation, referral programs, and more for quitlines in each state, territory, and Canadian province.



You can also connect with your local quitline by dialing the numbers below.
Note: North American Quitline Consortium does not provide cessation services.

U.S. Residents

For service in English
Telephone:1-800-QUIT-NOW (1-800-784-8669)
Website:www.smokefree.gov

For service in Spanish
Telephone:1-855-DEJELO-YA (1-855-335-3569)
Website: http://espanol.smokefree.gov/

Text **QUITNOW** to **333888** for free help in English and

Canadian Residents

For service in English
Telephone: 1-866-366-3667
Website:www.gosmokefree.gc.ca/quit
For service in French
Telephone: 1-866 JARRETE (1-866-527-7383)
Website:www.vivezsansfumee.gc.ca/abandon

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Welcome!

Since 2004:

- **16 million direct calls**
- **3 million referrals**
- **6 million people served**
- **1.75 million quit**

We need your help

NAQC state quitline budget survey for FY25 and for FY26:

https://forms.cloud.microsoft/r/3fT1E9jWsm

Quitline Budget Changes 2025



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Webinar Objectives

Review the status of state quitlines for:

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

Compare results with **NAQC key metrics** and **best practices.**

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 the survey instrument and process
NAQC Staff	Oversight of survey, review and analysis of data, and presentation of results

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Key Questions

How can we increase quitline utilization?

How can the quitline community improve and sustain services?

How can we collectively improve data collection and analysis to better understand quitline impact?

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Methods FY24*

- 19th annual survey of quitlines
- Web-based survey with email and telephone follow-up
- Survey sent to all 50 states, DC, Guam, Puerto Rico, and the Asian Smokers' Quitline (a national quitline)
- Survey fielded: October 30, 2024 –January 22, 2025
- Data cleaning, state follow-up, and analysis: *February–April 2025*

*For most states, FY24 = July 1, 2023- June 30, 2024

FY24 Annual Survey Response



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Limitations

Results cannot be compared between years. Over the years, annual survey response rates have ranged from 89% to 100%. Respondents may be unable to answer every question each year.

Additionally, quitline participants can also choose not to answer a question during intake or follow-up.

Quitline Impact

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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.

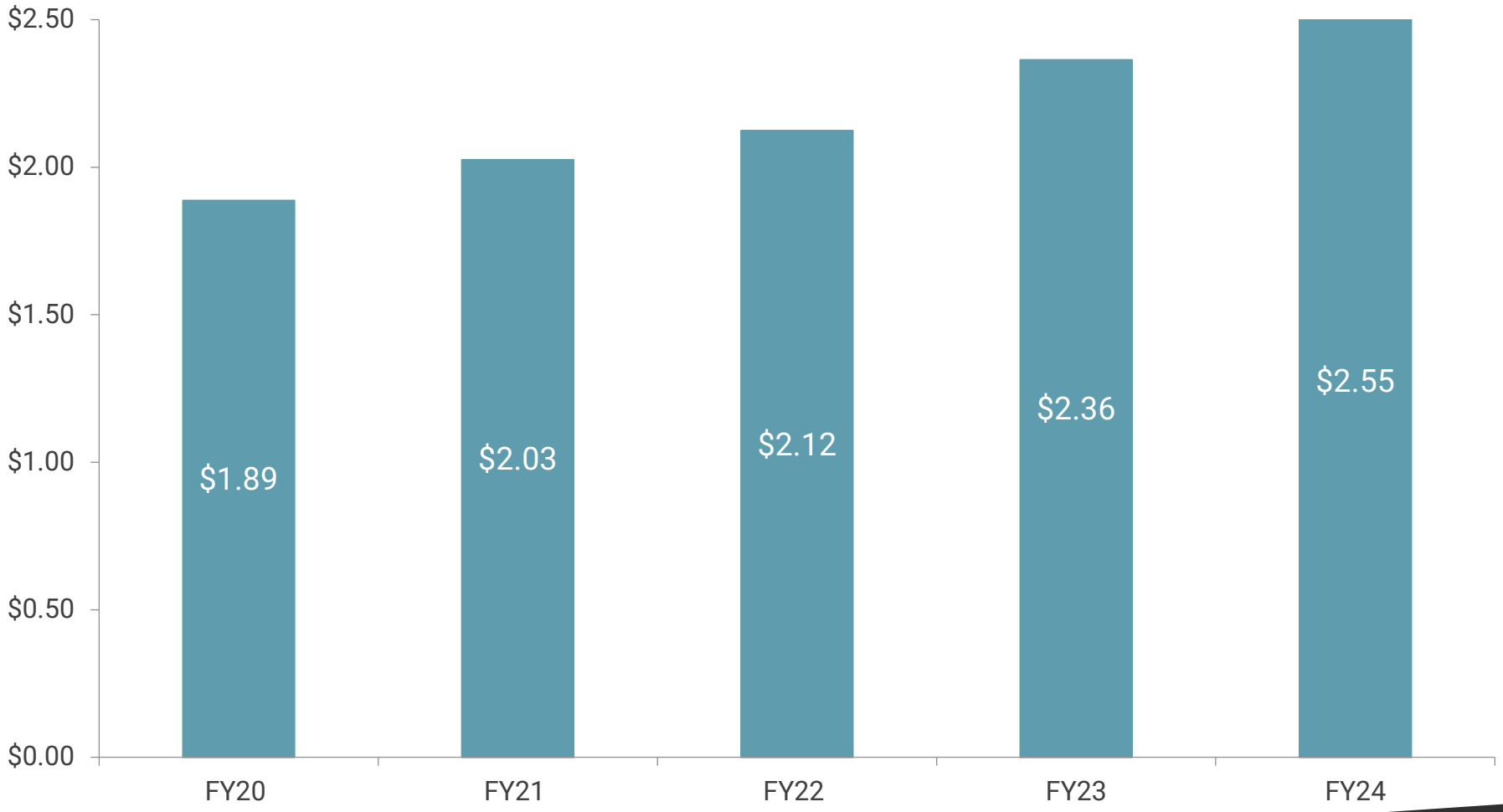
NAQC Goals for Key Quitline Metrics, FY24

Key metric	NAQC goal	FY24
Spending per Smoker	$10.53	$2.72 ($0.41 to $22.08)
Treatment Reach	≥6%	0.90% (0.19% to 4.99%)
Quit Rate (conventional tobacco)	≥30%	35.0% (23.1% to 44.4%)

Budget Highlights FY24

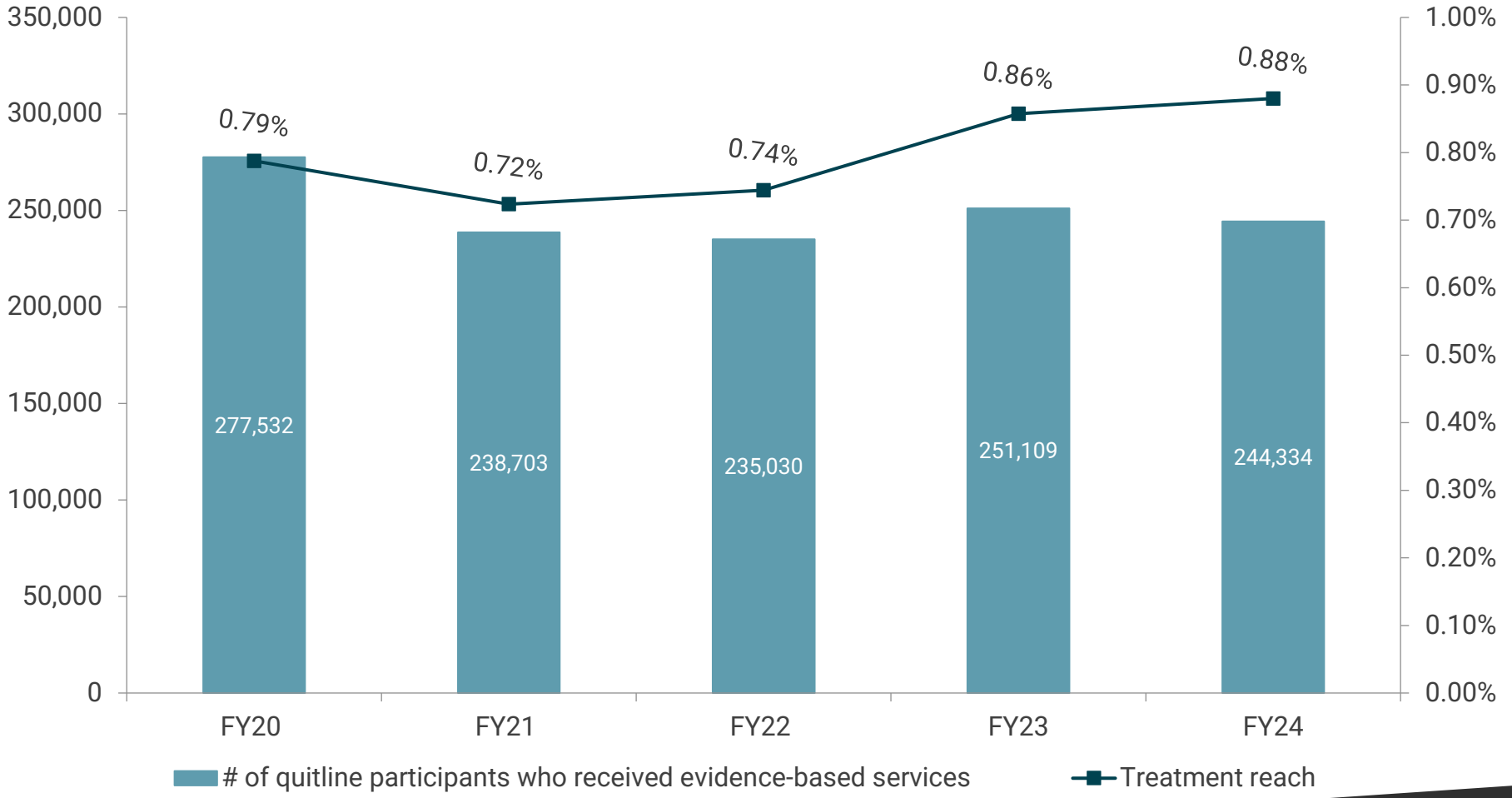
Key budget data for state quitlines	n	Amount
SUM of total quitline budgets	50	$119,756,954
Median total quitline budget	50	$1,306,375
Median quitline services & medications budget	51	$671,153
Overall spending per smoker	50	$2.72

Spending Per Smoker, FY20-FY24, n=41 states



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Treatment Reach, FY20-FY24, n=50 states



Note on Demographics

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

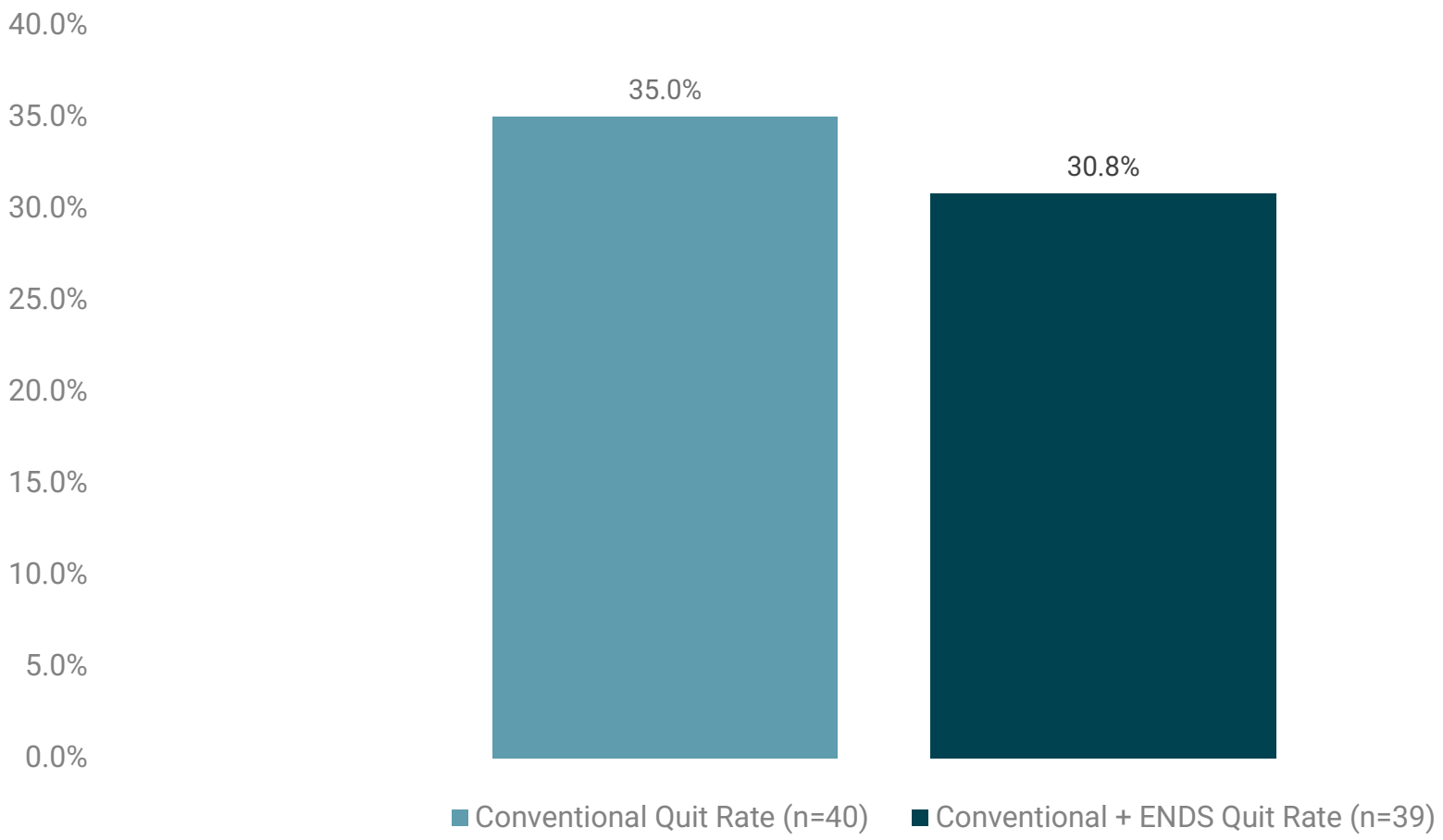
Additionally, participants registering by methods other than phone may be asked a reduced set of intake questions.

Treatment Reach into Specific Groups: FY24

Metric	FY24 % (n= number of quitlines included)
Overall Treatment Reach	0.90% (52)
American Indian/Alaska Native	0.79% (41)
African American/Black	0.77% (44)
Asian*	0.32% (50)
Hispanic/Latino	0.45% (49)
White	0.69% (50)
<HS Education	0.53% (51)

*Includes data from Asian Smokers' Quitline.

NAQC Standard Quit Rates, FY24



NAQC's *Calculating Quit Rates, 2015 Update* describes standard quit rate calculation methods.

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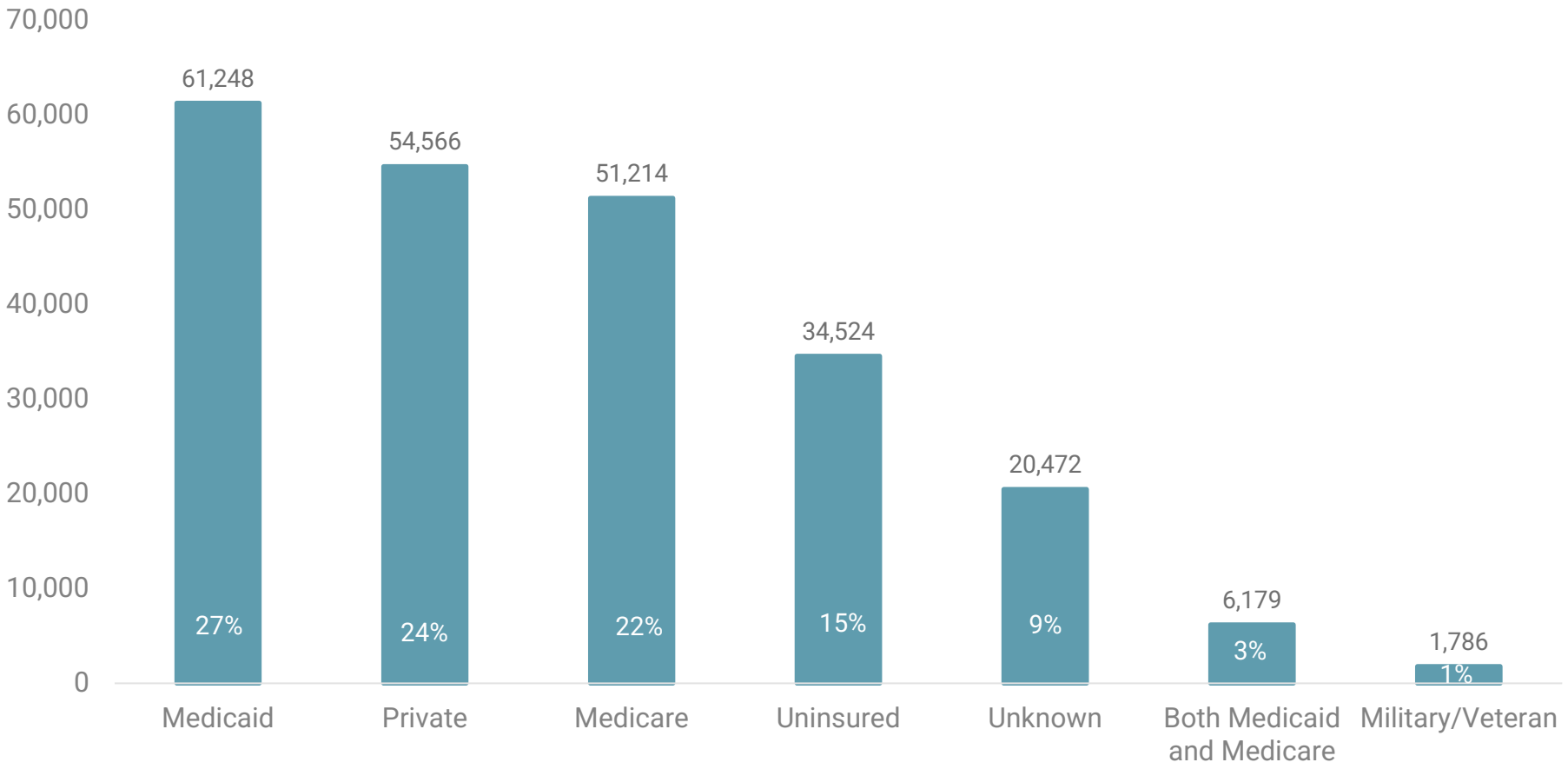
Reach & Priority Populations

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Demographics, FY24

Characteristics of Quitline Users – FY24 n = number of quitlines reporting	
Median age (n=51)	52
Under 18 years old (n=52)	0.1%
50 – 80 years old (n=51)	54.7%
Identify as LGBQ (n=49)	6.1%
Educational attainment is GED or High School diploma or less (n=52)	45.2%

Insurance Type, FY24



n=52

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Race and Ethnicity, FY24

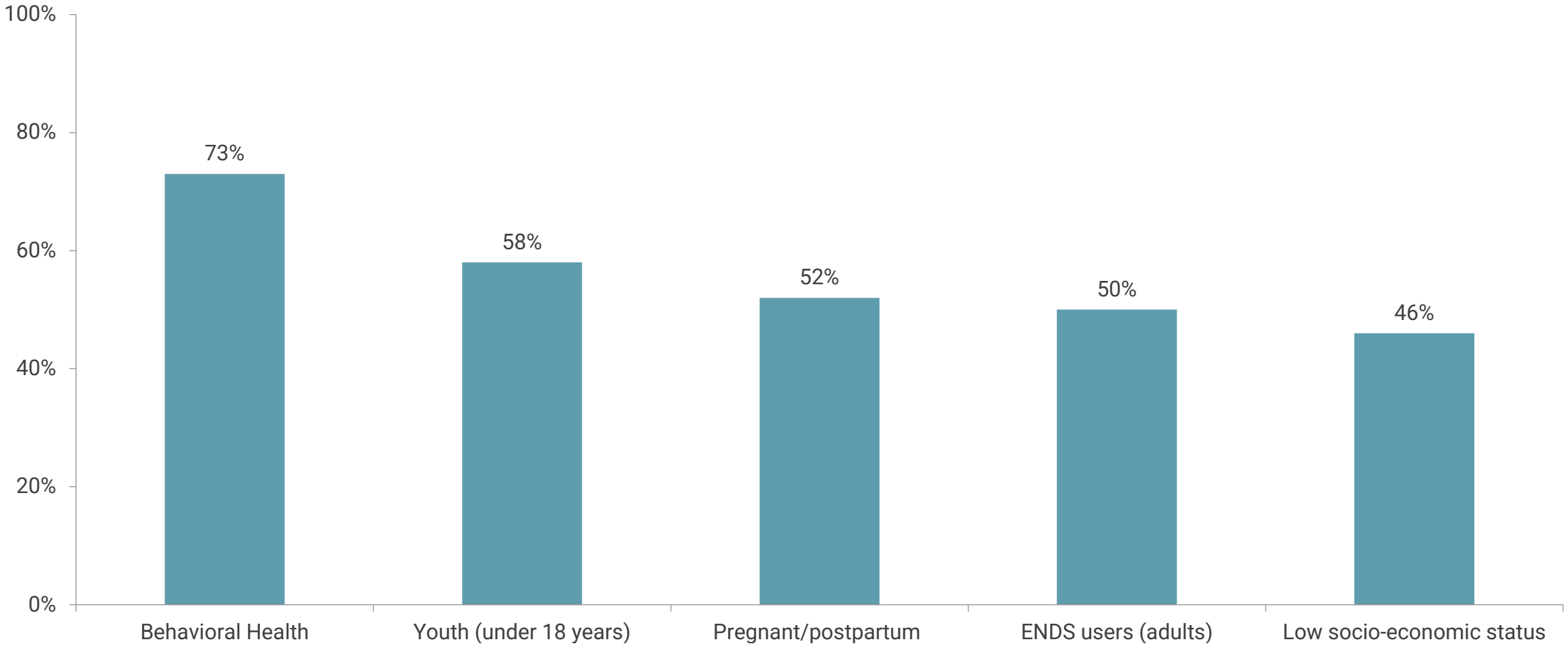
Characteristics of Quitline Users – FY23 n = number of quitlines reporting	
Racial Identity (n=51)	
African American/Black	15.2%
American Indian/Alaska Native	3.7%
Asian	1.1%
Native Hawaiian or Pacific Islander	0.6%
White	69.5%
Other (may be more than one race)	3. 9%
Race unknown or refused to answer	5.9%
Ethnicity (n=51)	
Hispanic/Latino	9.2%

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Screening for Behavioral Health Conditions, FY24

107,755 quitline participants (n=51) reported having a behavioral health condition. Participants reporting a behavioral health condition make up 49.7% of all quitline participants receiving evidence-based services.

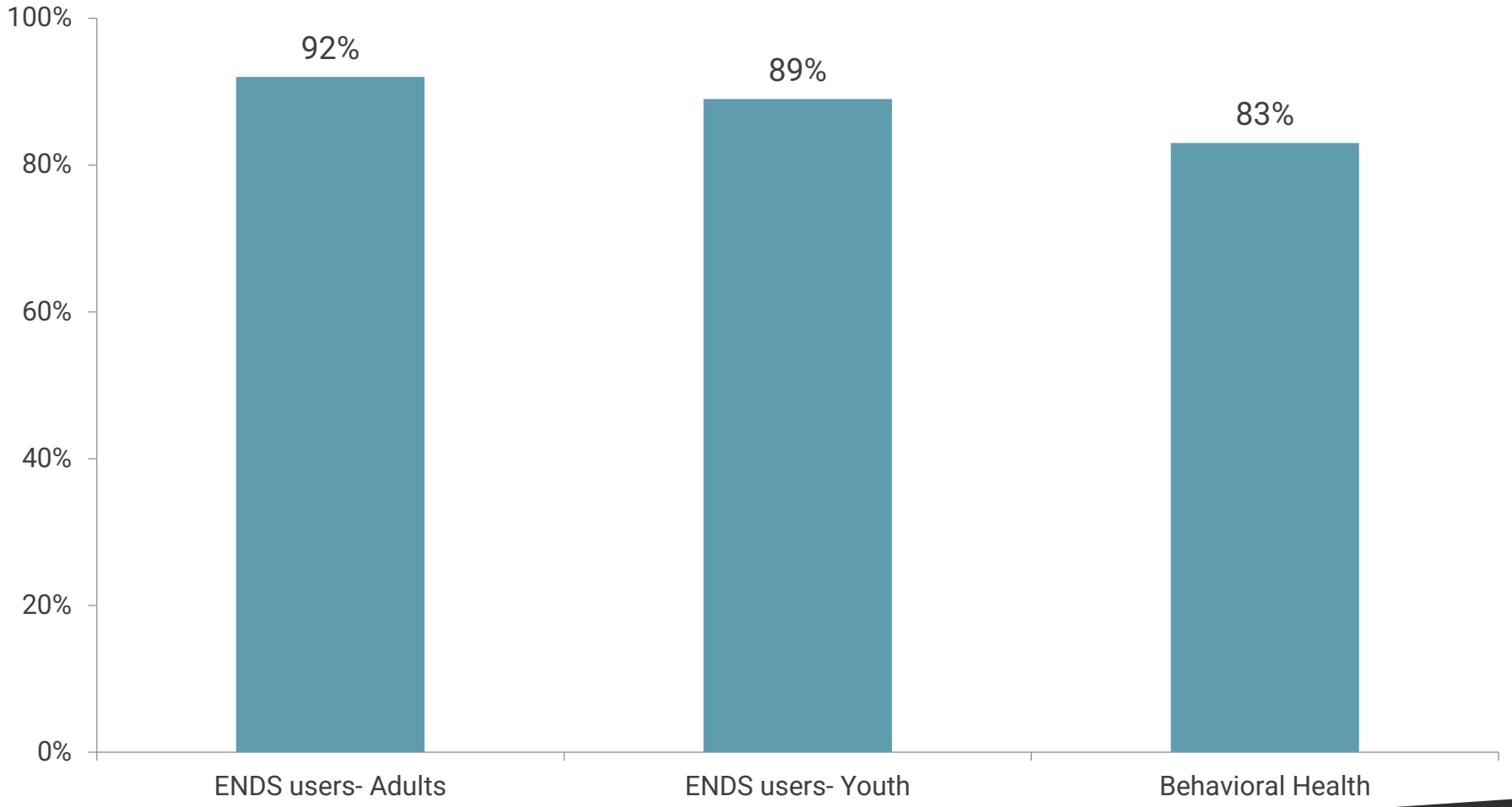
Outreach to Specific Groups, FY24



n= 52

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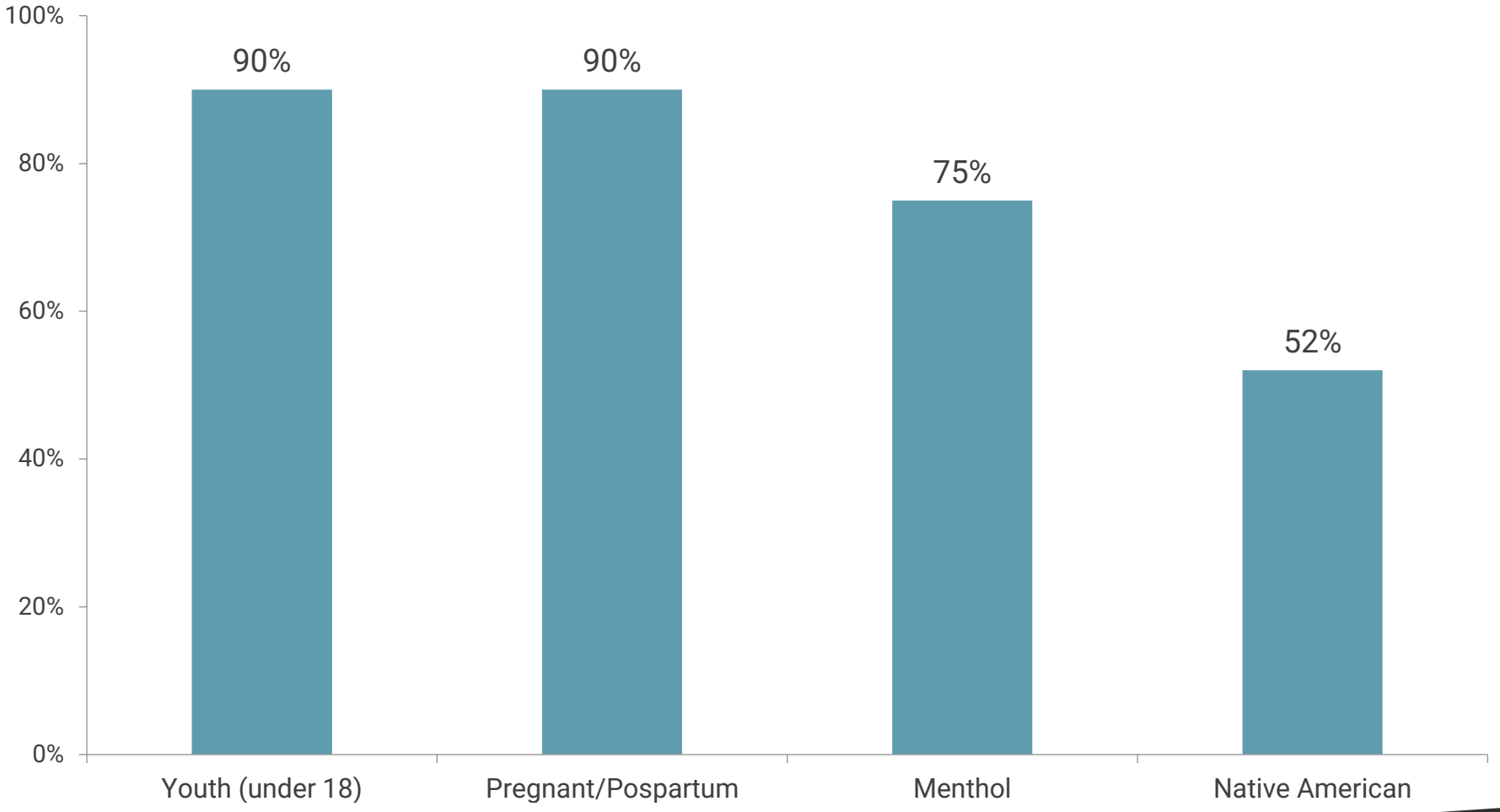
Protocols for Specific Populations, FY24



n= 52

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Protocols for Specific Populations, FY24, Cont.



n= 52

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Best & Promising Practices

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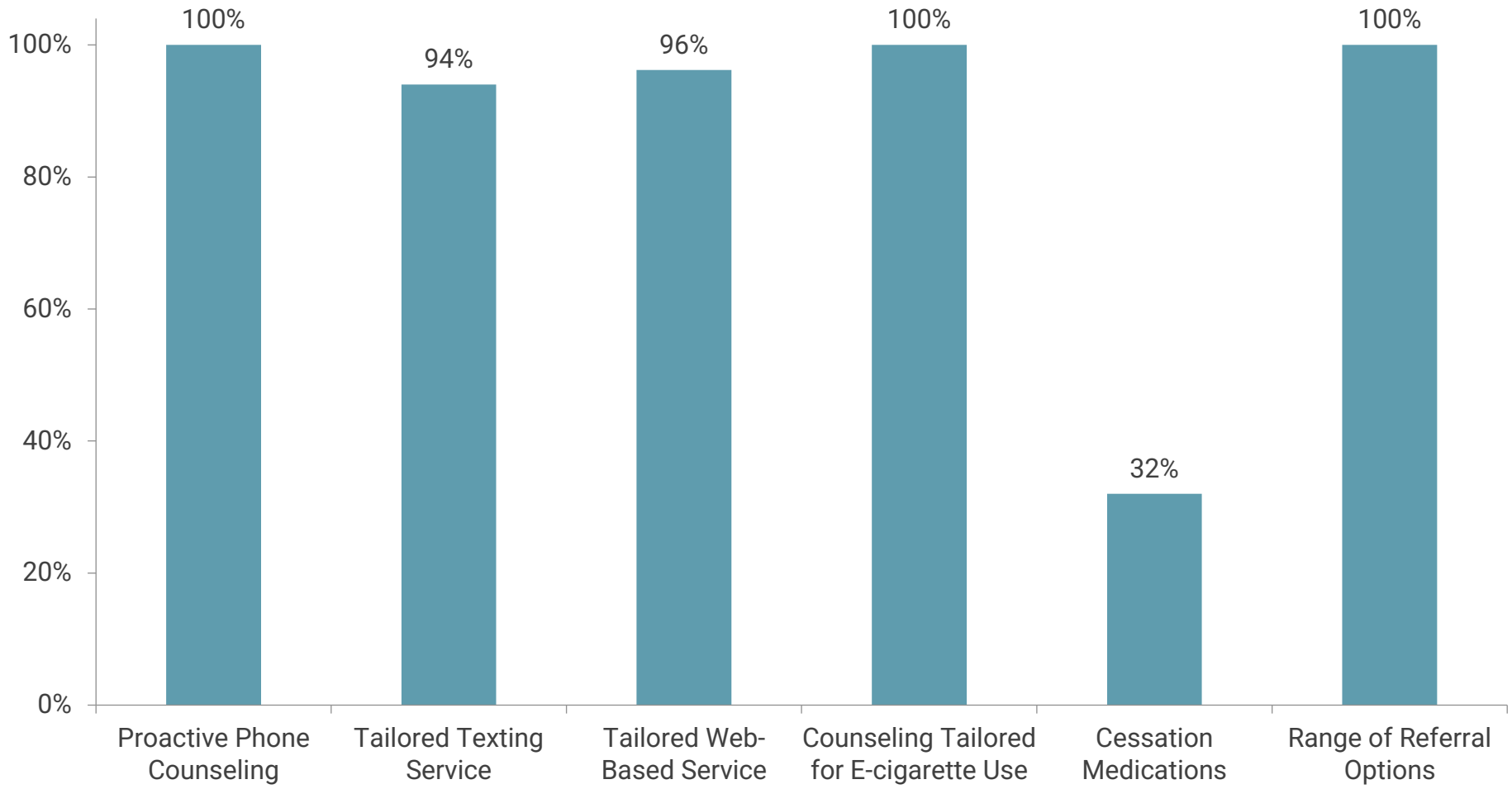
Priority Practices

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_Rep.pdf.

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Adoption of Priority Practices, FY24



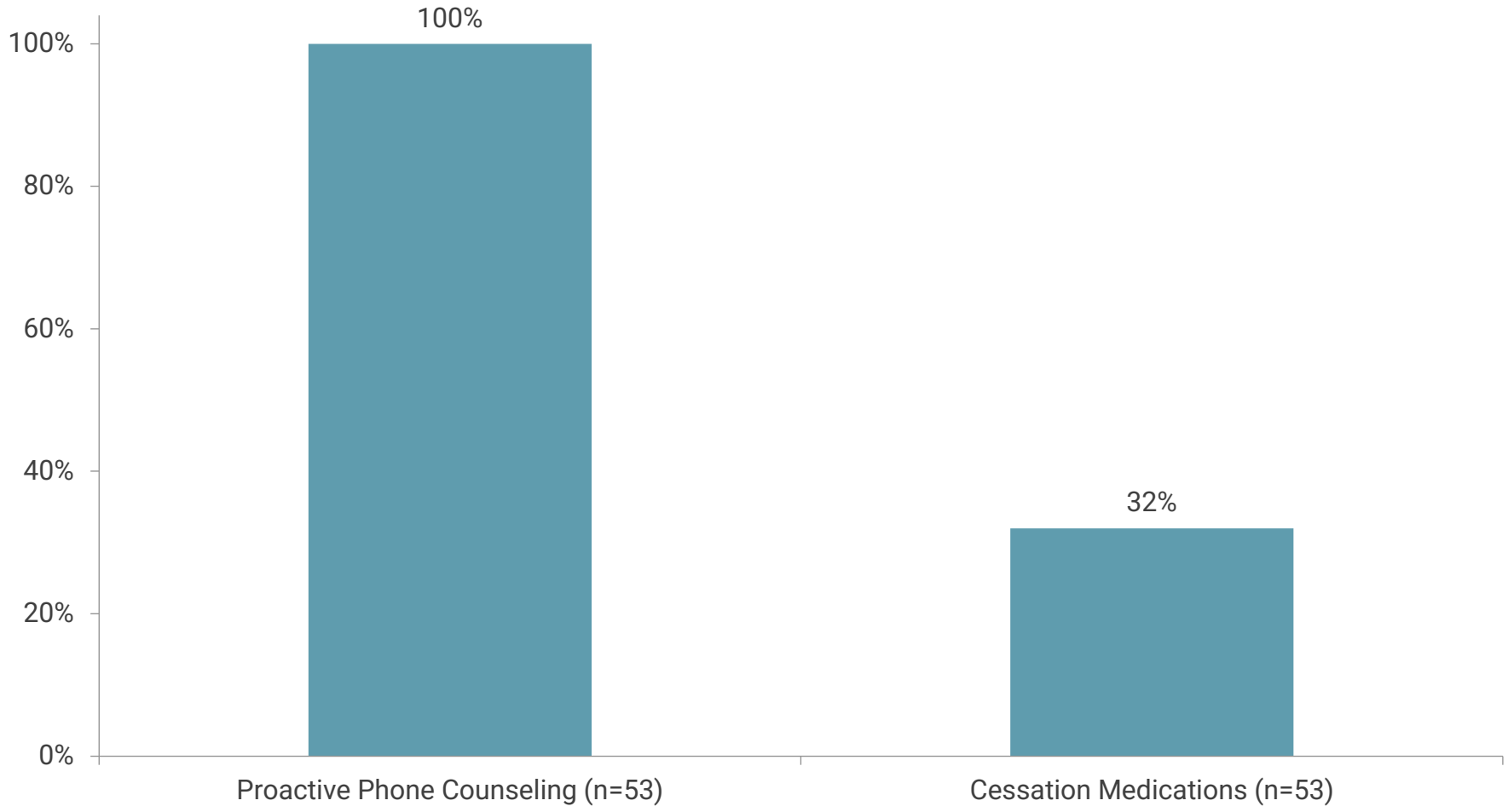
n= 53

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Phone Counseling & Medications

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Phone Counseling & Medications, FY24



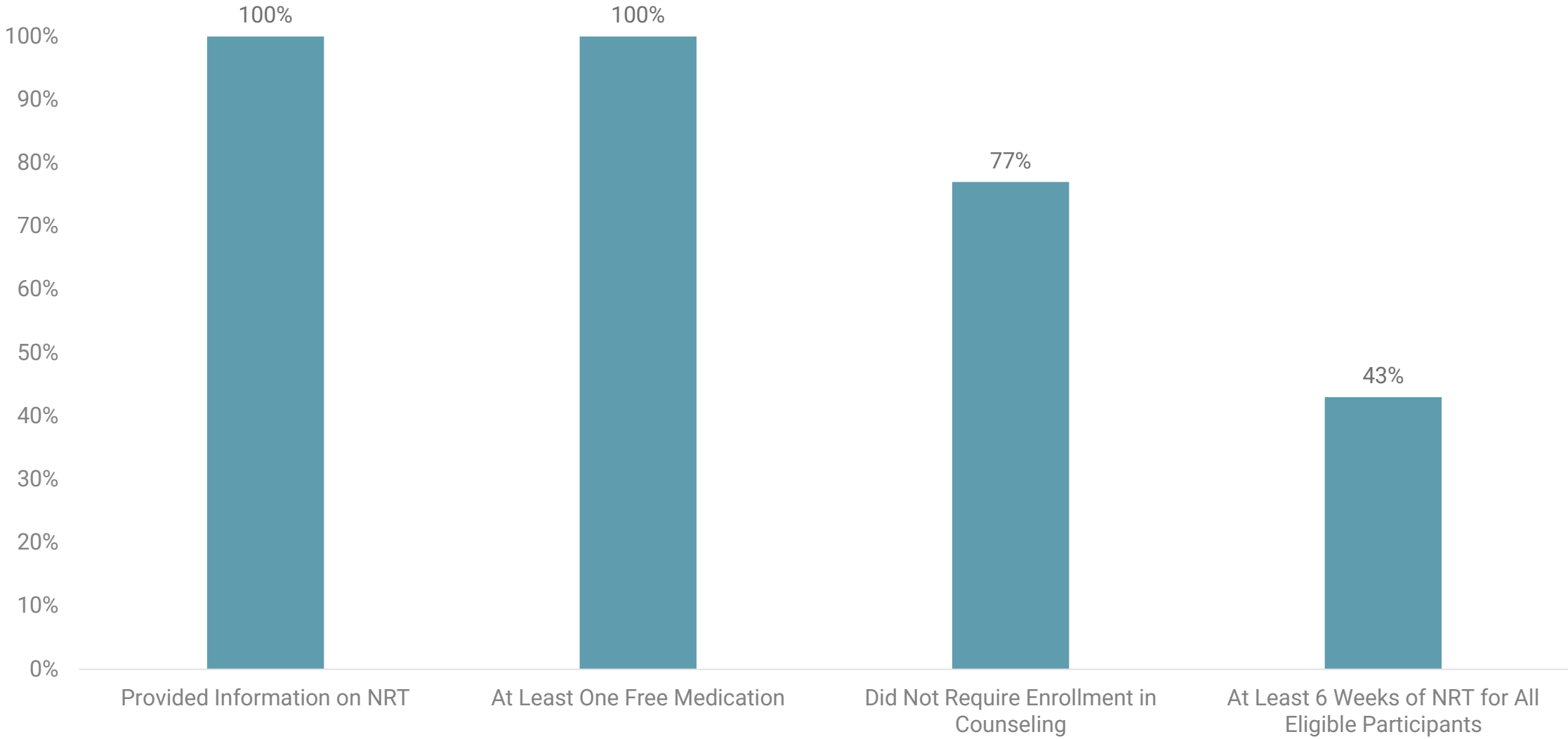
Cessation Medications Priority Practice

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.

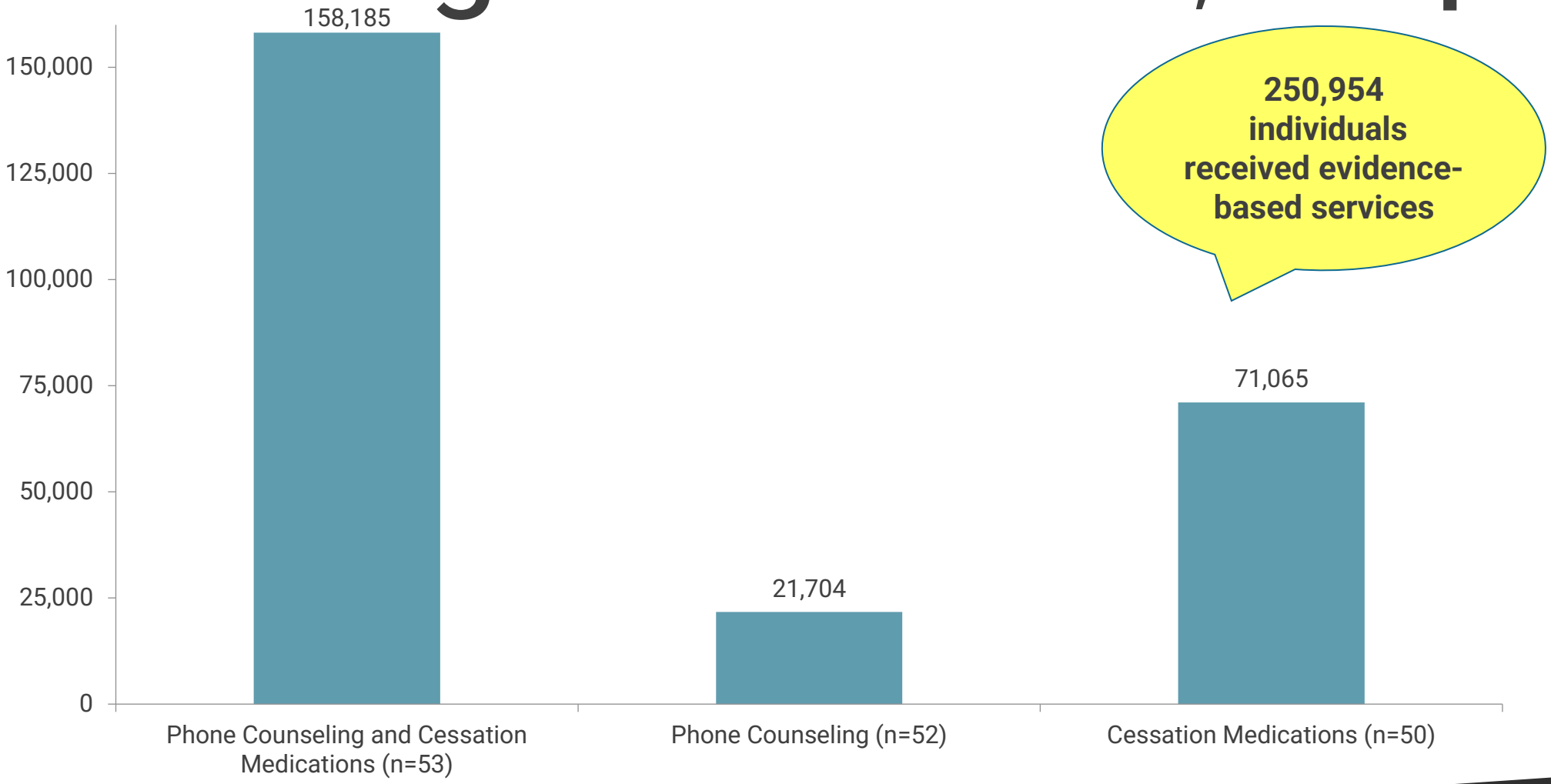
Medication Best Practices, FY24



n= 53

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Individuals Receiving Phone Counseling & Medications, FY24



250,954 individuals received evidence-based services

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Treatment Reach FY24



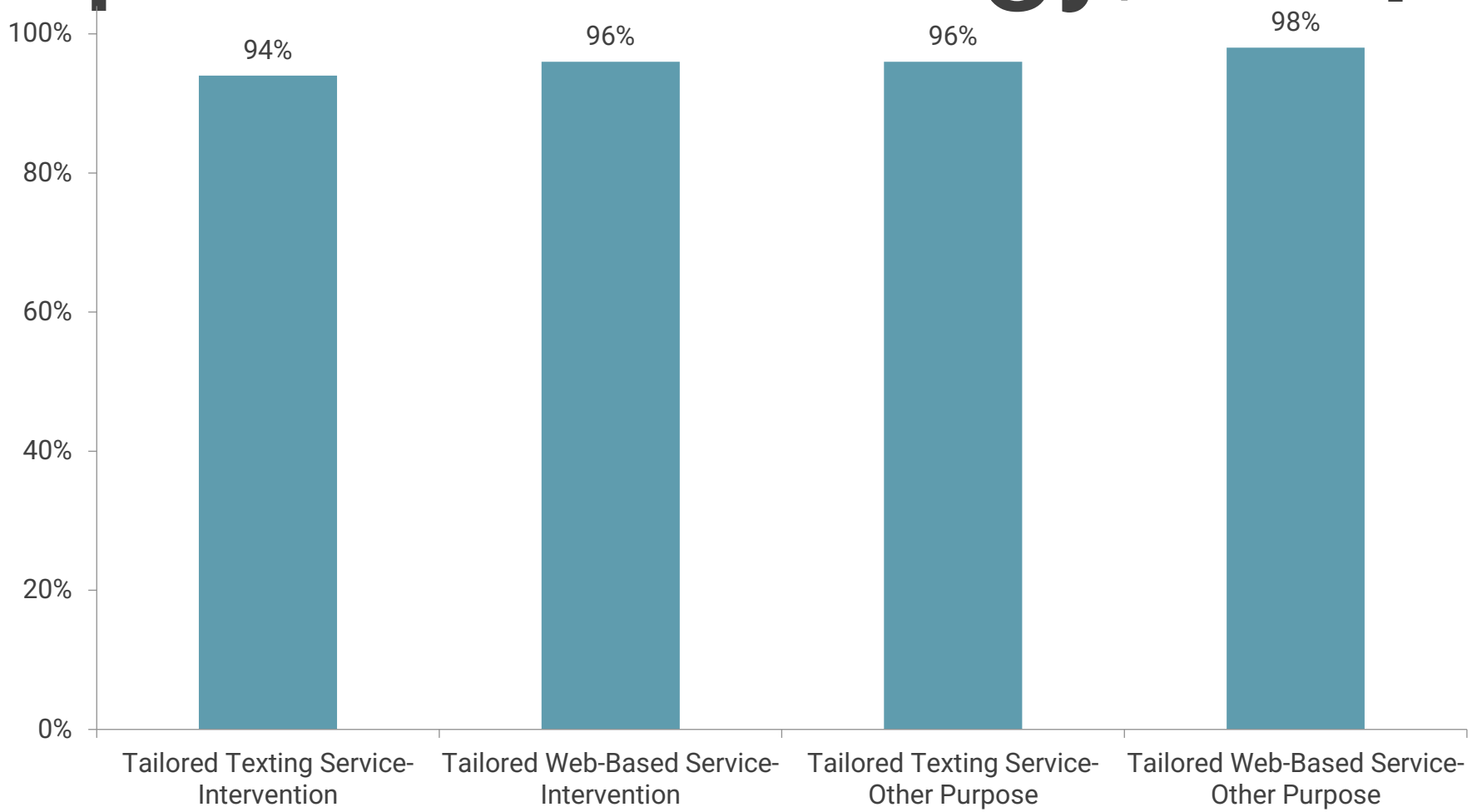
250,954 unique individuals (n=53) received phone counseling and/or cessation medications from state quitlines in FY24.

NAQC's goal is for state quitlines to reach 1,674,899 individuals (6% of an estimated 27,914,977 individuals that smoked cigarettes).

Technology & Digital Services

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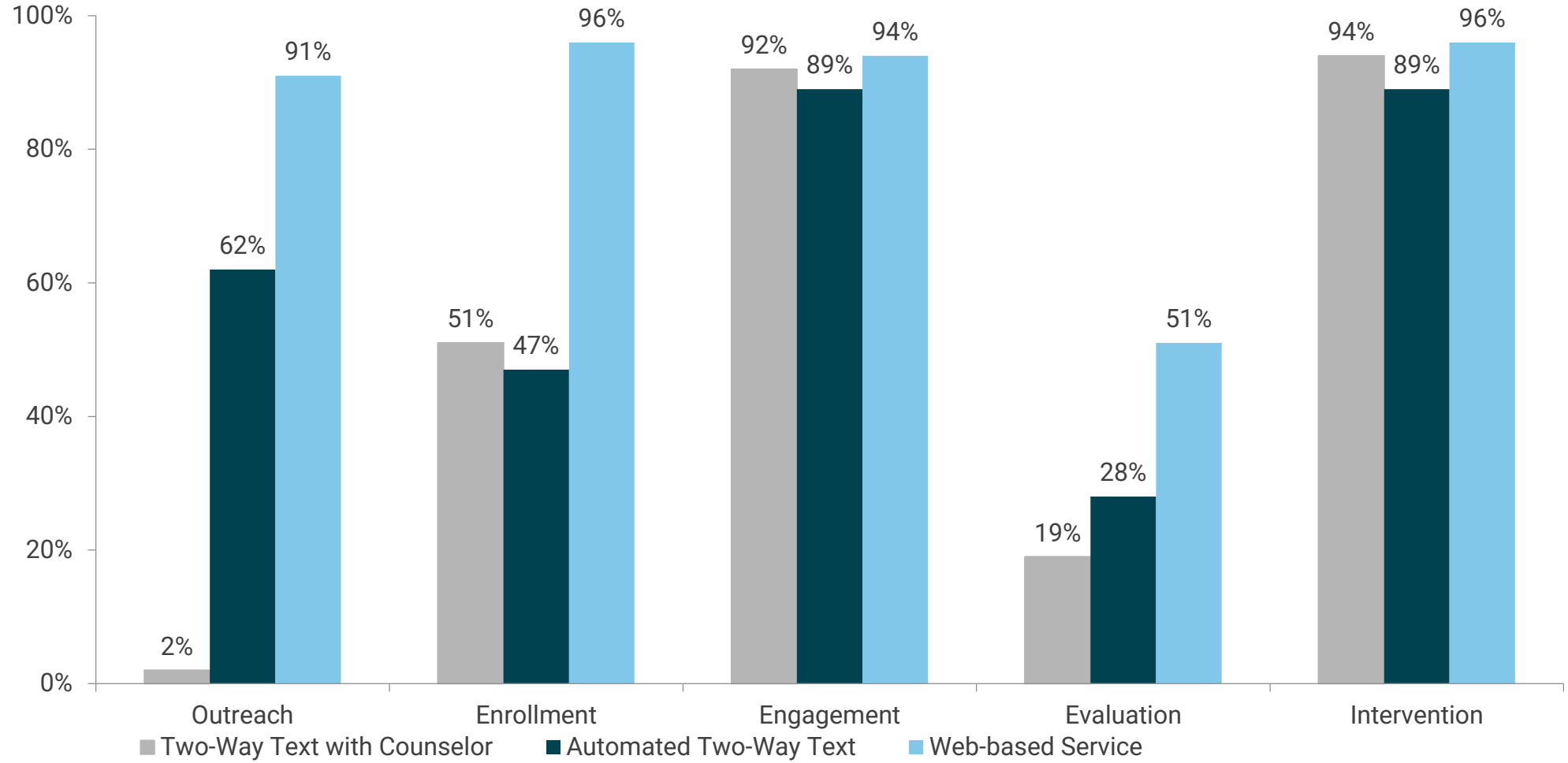
Best & Promising Practices, State Adoption of Technology, FY24



n= 53

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Digital Services Offered, FY24



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 delivering behavior change services to quitline participants through phone, text, web or apps to assist them with their goals of quitting commercial tobacco or remaining quit.

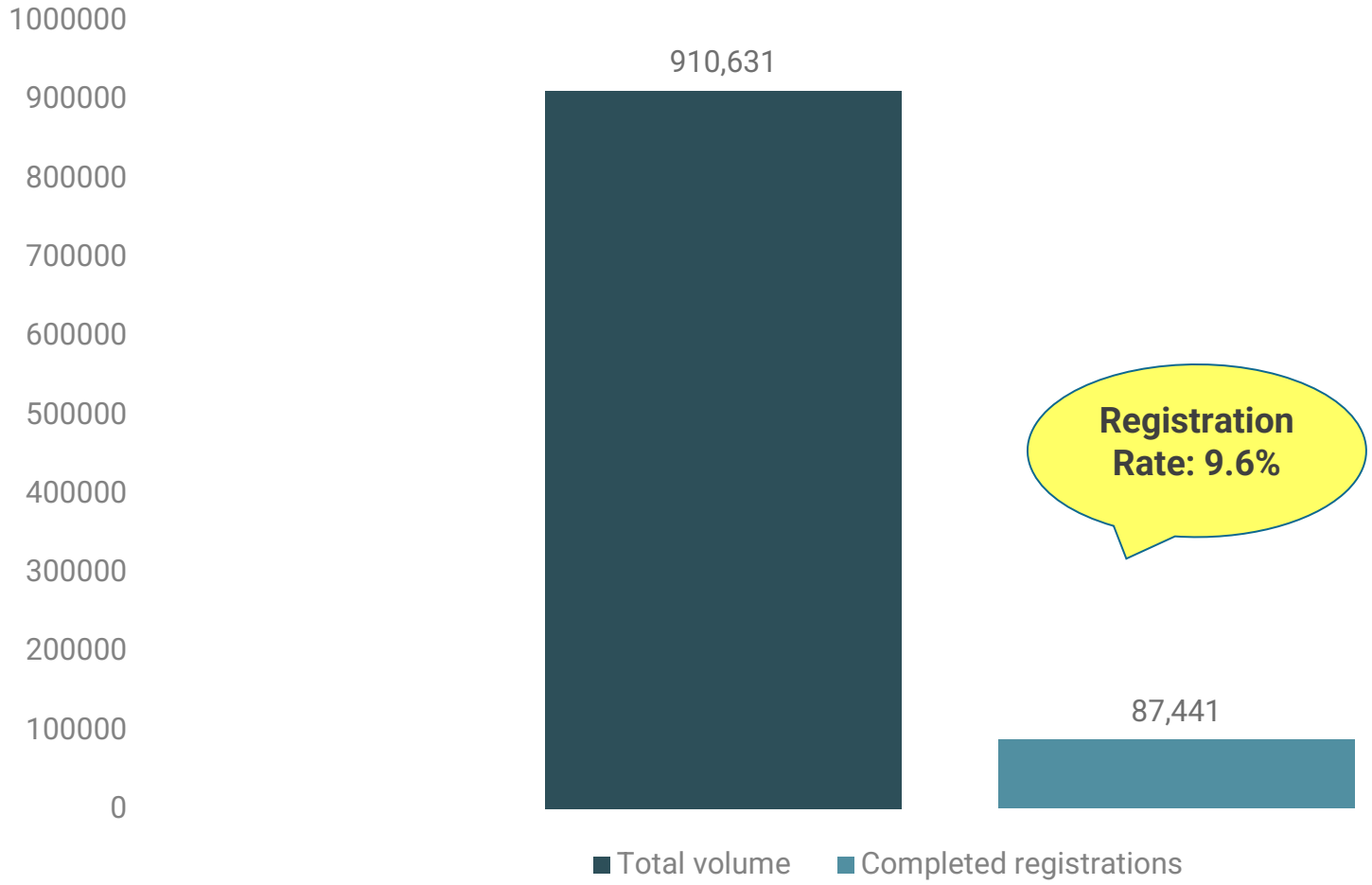
n= 53

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Completed Registrations from Calls, FY24

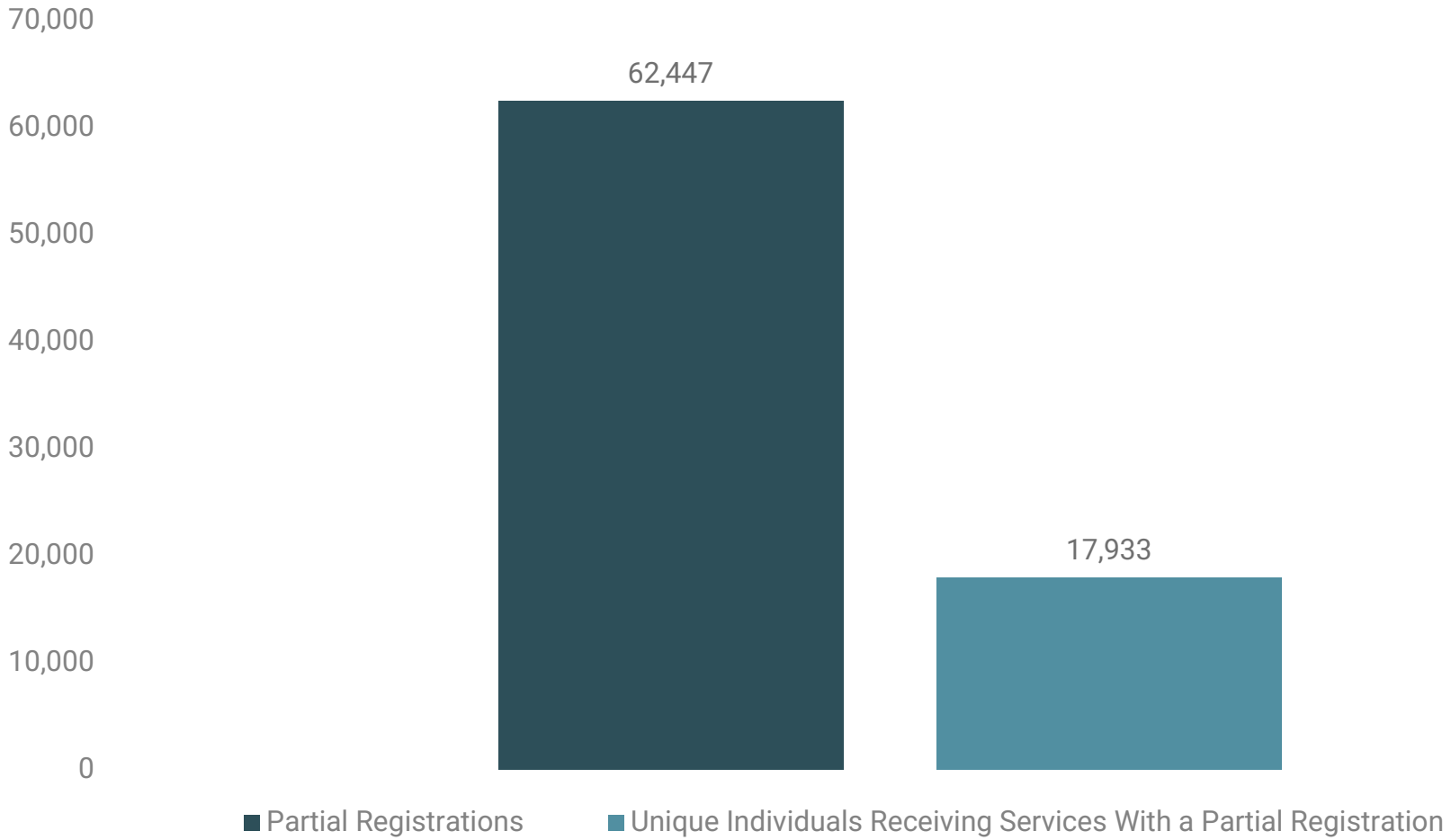


Completed Registrations from Web, FY24



n= 46

Partial Registrations, FY24



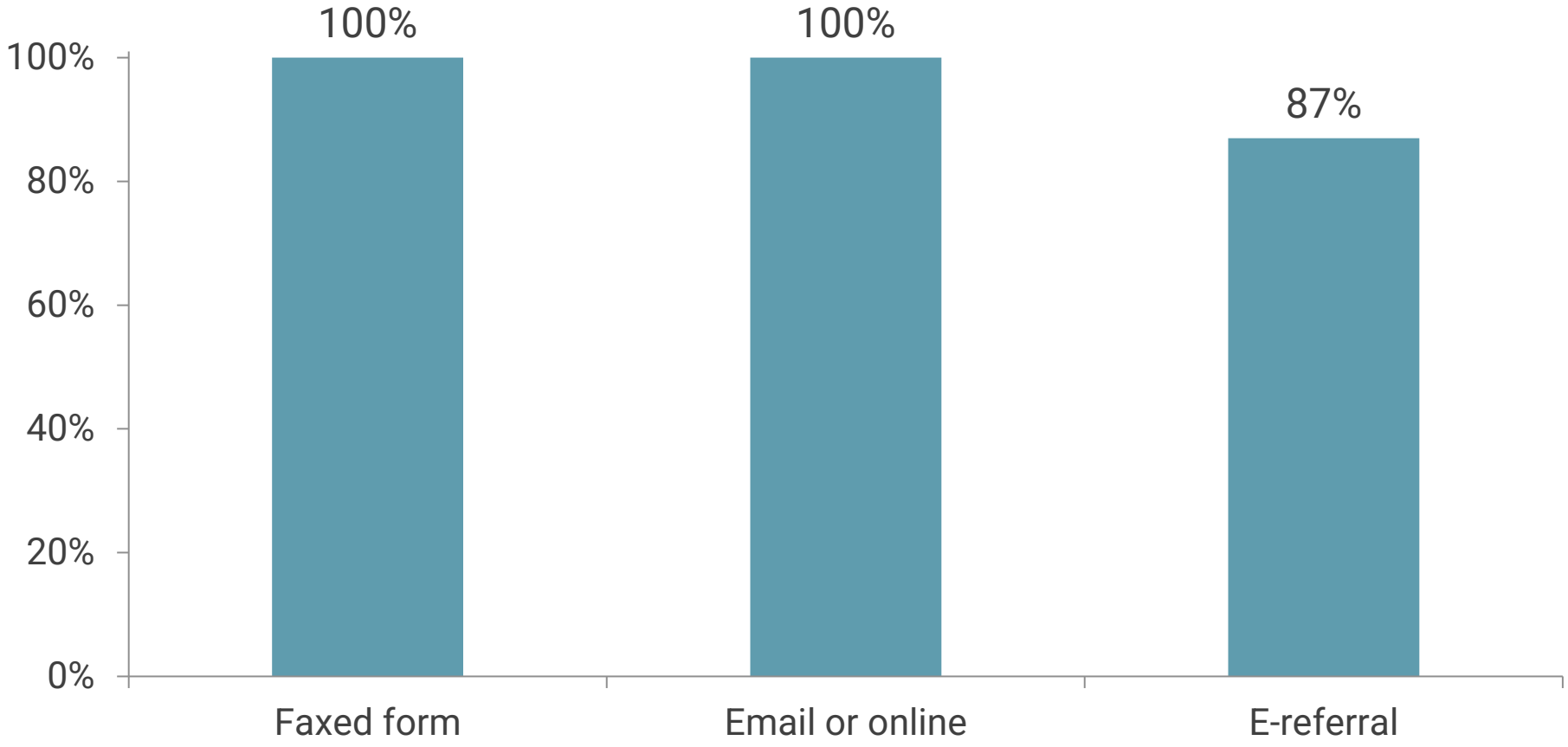
n= 38

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Referrals

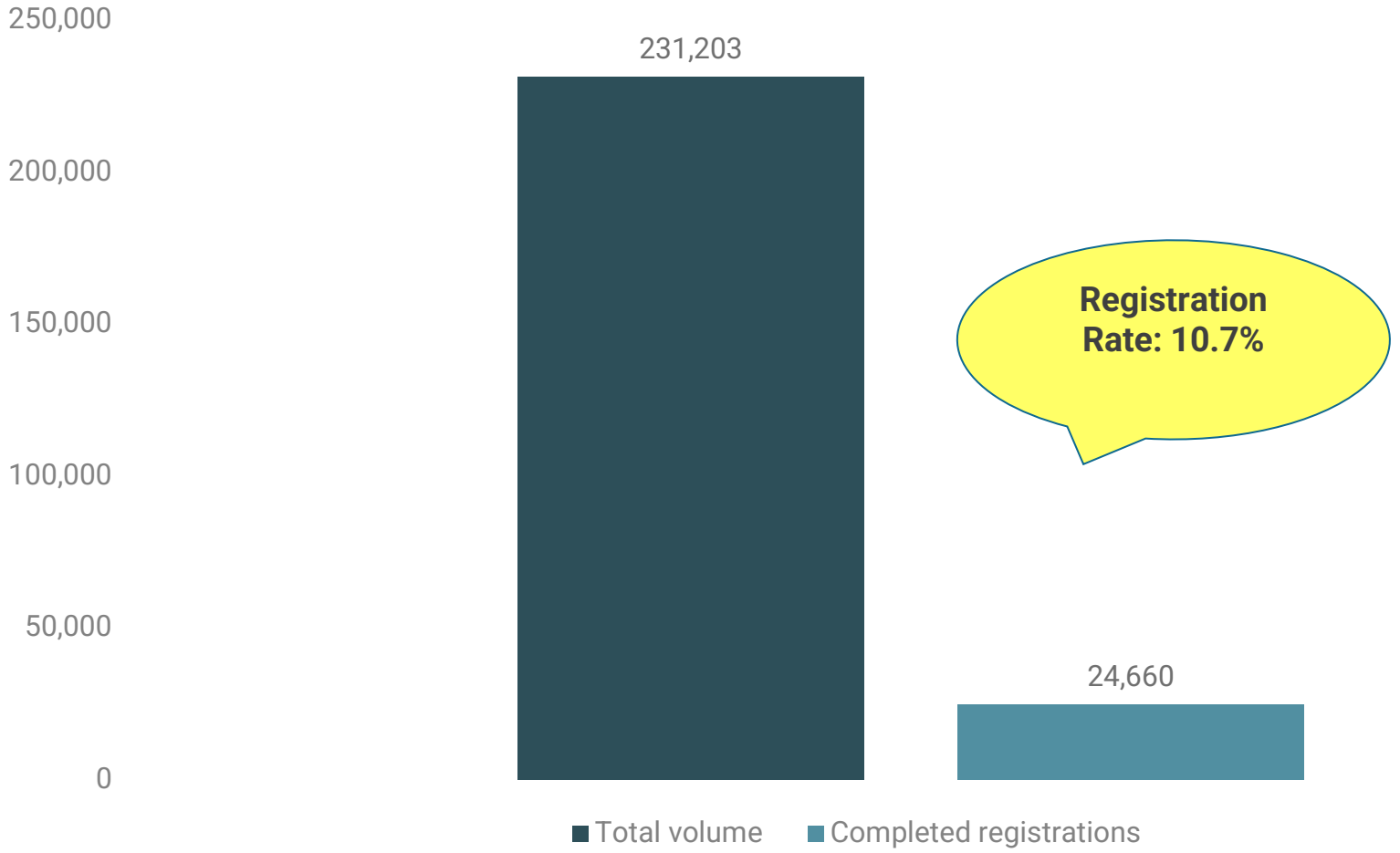
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Percent of Quitlines Accepting Referrals by Type, FY24



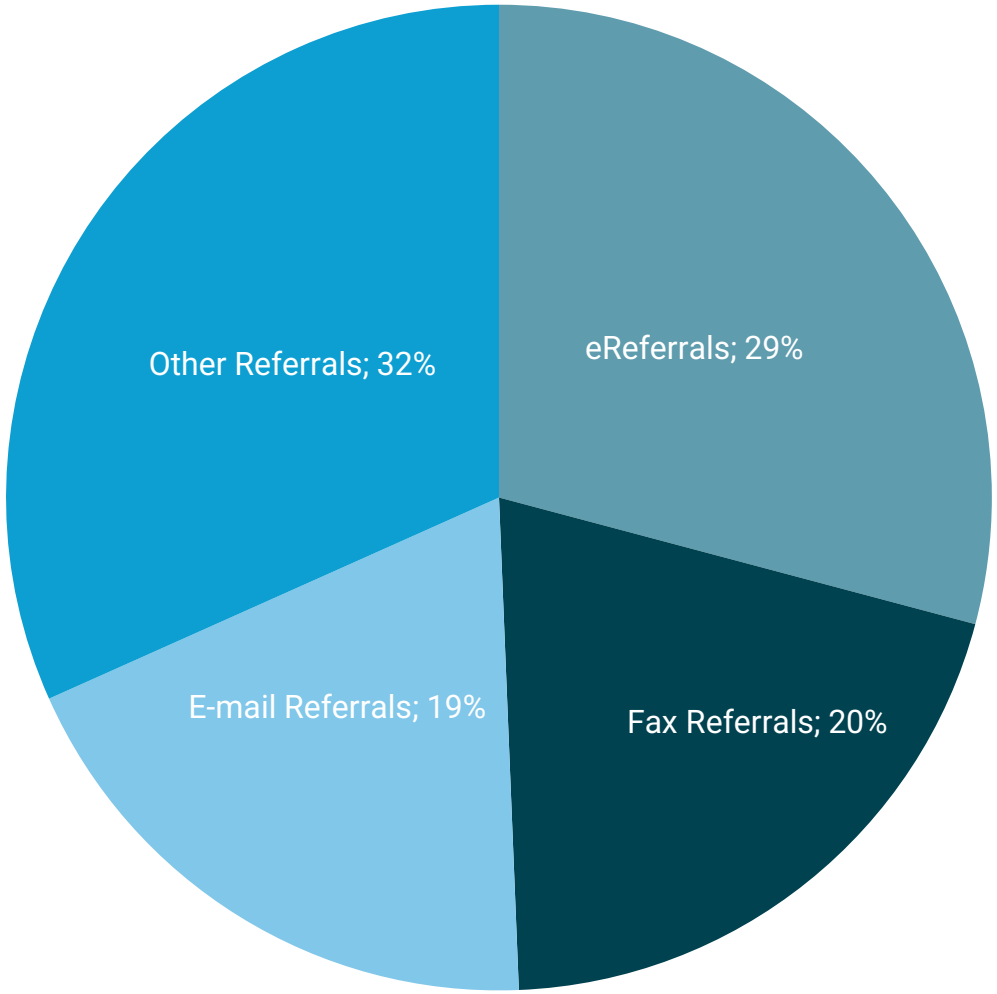
n= 53

Completed Registrations from Referrals, FY24



n= 52

Referrals by Type, FY24

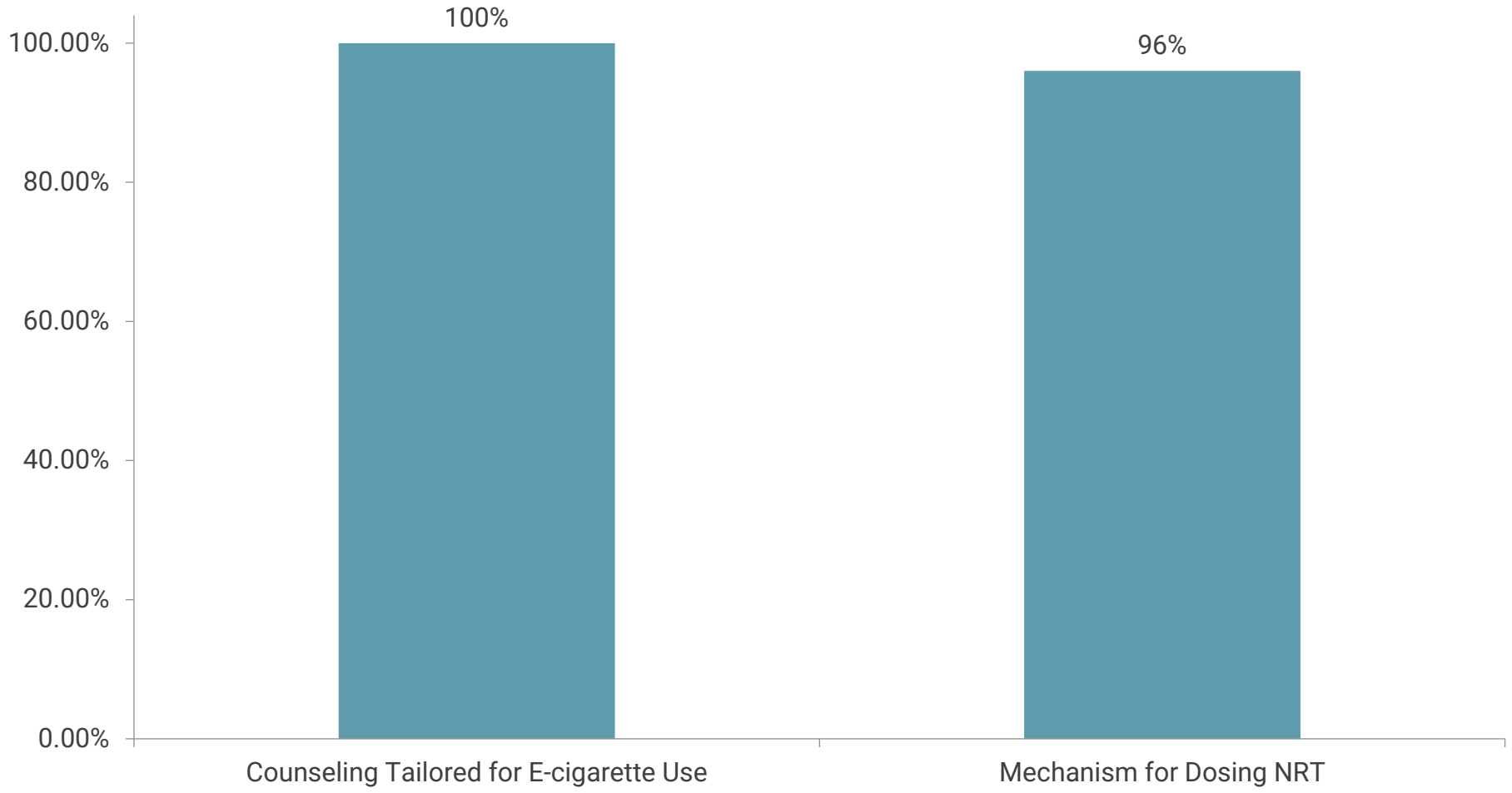


n= 52

E-Cigarette Cessation

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Best and Promising Practices, State Adoption of e-Cigarette Supports, FY24



n= 53

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E-cigarette Use Among Quitline Participants, FY24



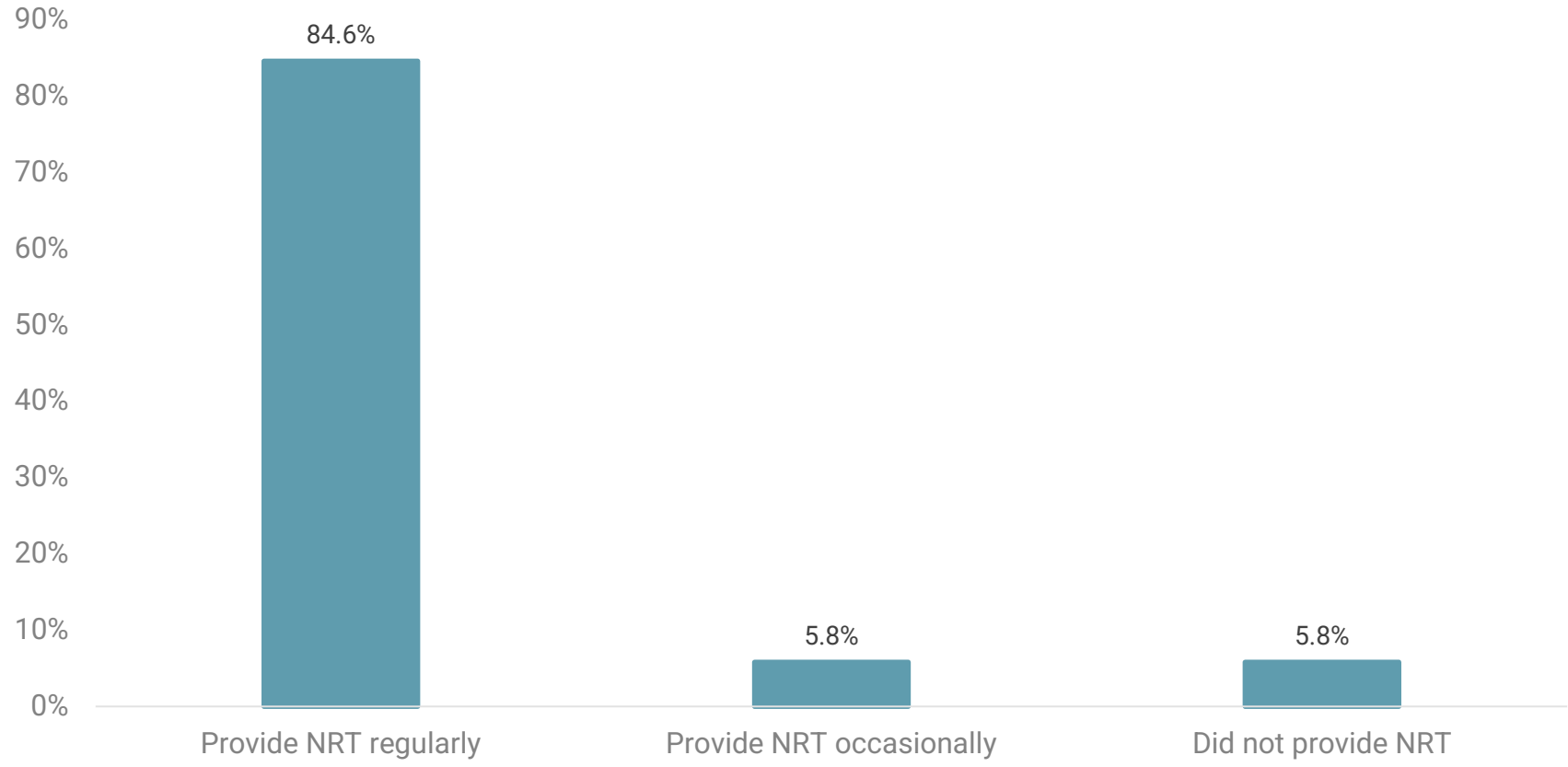
52,690 (21.3% of quitline participants) individuals who **use e-cigarettes** received services from 50 quitlines.

An estimated 17,699,723 adults use e-cigarettes in those 50 states.

Cost-Sharing Agreements

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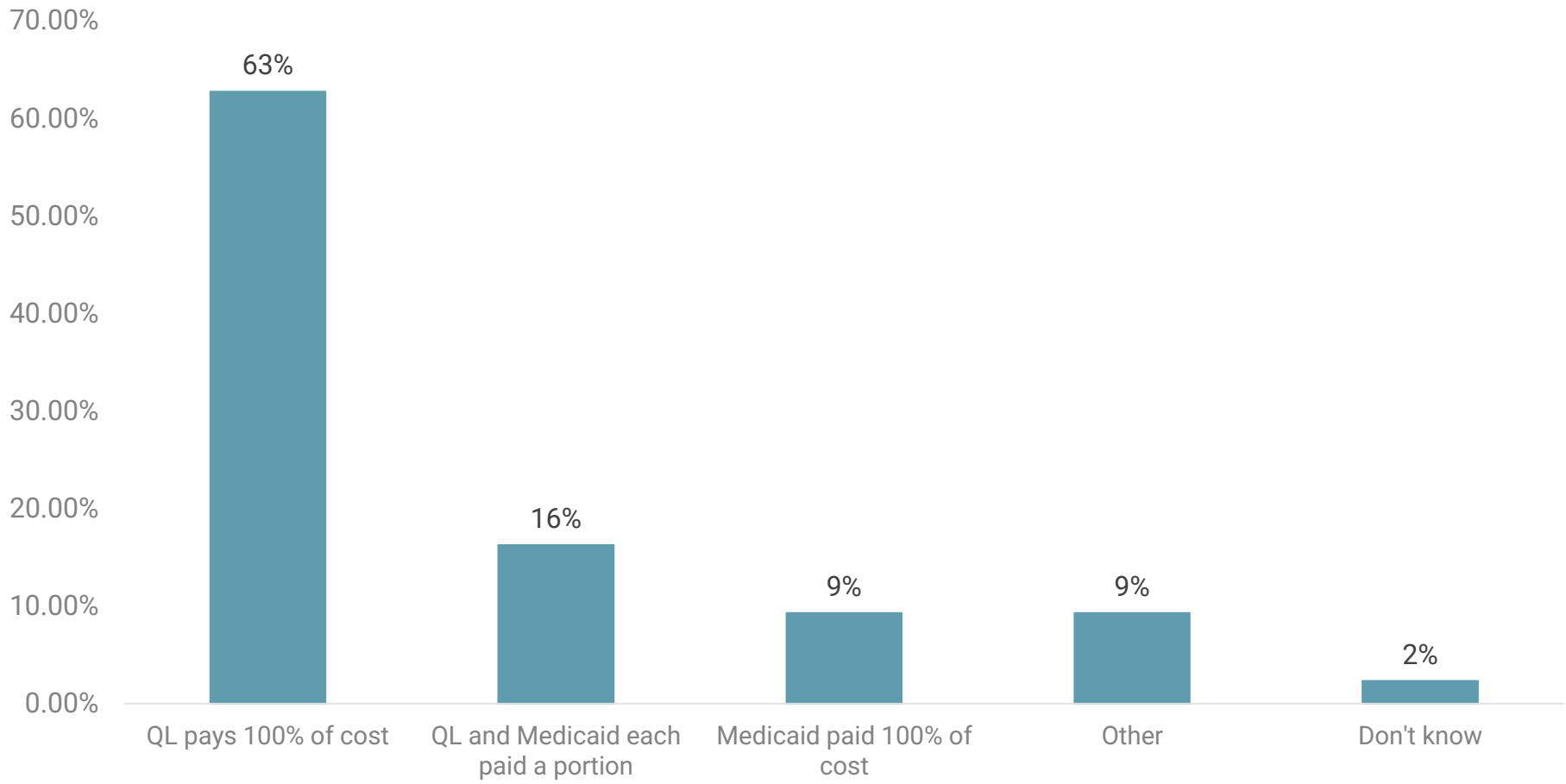
Provision of Cessation Medications for Medicaid Enrollees- FY24



n= 52

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Provision of Cessation Medications for Medicaid Enrollees- FY24



n= 43

Cost-Sharing Agreements to Cover Counseling, FY24

Partner	Number of States with Agreement in Place
Medicaid	22
State Employees Insurance	2
Private Insurer	2
Self-Insured Employer	1

Cost-Sharing Agreements to Cover Medications, FY24

Partner	Number of States with Agreement in Place
Medicaid	13
State Employees Insurance	3
Private Insurer	2
Self-Insured Employer	1

Other Efforts to Improve Reach & Impact

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Menthol Products

- **9** quitlines offered **incentives** to those who use menthol products.
- **13** quitlines conducted **special outreach** to those who use menthol products.
- **39** quitlines had a **special protocol** for those who use menthol products.

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Incentives

25 quitlines used incentives in FY24.

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

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Youth Services

- **96%** of quitlines offered youth services in FY24 (n=52).
- **90%** of quitlines had special **youth protocols**. 88% had special protocols for youth using **e-cigarettes** (n=52).
- **58%** of quitlines conducted **special outreach** to youth. 50% conducted special outreach specifically to youth using **e-cigarettes** (n=52).
- **2** quitlines offered youth **incentives**.

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Lung Cancer Screening

32 quitlines screened for lung cancer screening eligibility in FY2024

29 of those quitlines used the MD Anderson patient decision aid*

*MD Anderson, Project CONNECT

n= 52

More information for quitlines can be found in the Project CONNECT Promoting Lung Cancer Screening: An Implementation Guide for Quitlines.

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FY 24 Annual Survey Key Takeaways



32% of quitlines have adopted all six priority practices.



Quitlines continue to be effective in helping individuals quit, achieving a quit rate of 35.0% in FY24.



State quitlines reached 0.90% of individuals who smoke in FY24.

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Questions & Answers

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Poll:

As a result of the webinar, I have a better understanding of the status of state quitlines in FY2024 in the areas of funding, service delivery, sustainability, utilization, and evaluation.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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Poll:

This presentation shared data that is useful to me.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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Resources to Support Data Sharing

- Presentation slides are posted on the 2024 survey page.
- FY24 benchmarking and quitline metrics were emailed to survey contacts. A glossary of terms is available.
- FY24 quitline metrics are now posted to NAQC profiles. Profile managers should review and update profiles regularly, including smoke-free laws and tobacco taxes.
- Visit the Quitline map @ map.naquitline.org

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Thank You!

See you at the next webinar…

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