

Innovative Approaches and Proven Strategies for Maximizing Reach: Case Studies to Highlight Promising and Best Practices

OVERVIEW

The mission of Iowa's Division of Tobacco Use Prevention and Control is to establish a comprehensive partnership among state government, local communities, and the people of Iowa to foster a social and legal climate in which tobacco use becomes undesirable and unacceptable. The Division works to:

- prevent the initiation and establishment of tobacco use in nonsmokers, especially among children and young people;
- reduce the number of users of tobacco products;
- eliminate exposure to second-hand tobacco smoke; and
- identify and eliminate the disparities related to tobacco use and its effects among different population groups.

To achieve these four goals, the Division employs the following strategies and programs:

Just Eliminate Lies (JEL) Youth Tobacco Use Prevention Program

JEL is Iowa's youth-led tobacco use prevention program that features grassroots activism and an award-winning media campaign.

Priority Population Networks

Five networks provide culturally appropriate tobacco use prevention and cessation services for specific populations across Iowa which are disproportionately impacted by tobacco use. The Networks

work with community coalitions to increase the level of community competency and capacity to support evidence-based tobacco control initiatives aimed at reducing health and economic disparities caused by tobacco use.

Community Partnerships

The Division supports county-level tobacco control programs called Community Partnerships with the goal of ensuring all counties in Iowa have access to effective tobacco use prevention and cessation services. Community Partnerships maintain and collaborate with community coalitions which provide guidance and support for local tobacco control interventions and initiatives. Their activities include:

- 1) Educating the community about the impact of tobacco use.
- 2) Educating the public and business community about the requirements of Iowa's Smoke-free Air Act.
- 3) Promoting and implementing community interventions and policies to: prevent the initiation of tobacco use by youth; reduce the exposure of individuals to secondhand smoke; and encourage the cessation of tobacco use by youth and adults.

Ongoing Surveillance and Evaluation

The primary sources for data tracking progress in reducing tobacco use in Iowa are the biennial Adult Tobacco Survey and Youth Tobacco Survey. The Division

contracts with the Center for Social and Behavioral Research at the University of Northern Iowa (UNI) to conduct these surveys which provide detailed information about behaviors and attitudes toward tobacco use.

Cessation services in addition to the quitline include:

Community Health Centers

The Iowa/Nebraska Primary Care Association (IANEPCA) operates community health centers across Iowa which provide health care services to the uninsured and underinsured. With grant funds from the Division, IANEPCA clinics offer cessation counseling and up to a 12-week supply of most FDA approved medications, including nicotine patches and Chantix™, at no cost to clients.

Iowa Medicaid Tobacco-Use Cessation Program

The Iowa Medicaid Program coverage includes select over-the-counter nicotine replacement patches and gum, generic bupropion sustained-release products that are FDA-indicated for smoking cessation (generic Zyban®), and varenicline (Chantix™). Over-the-counter nicotine replacement patches, gum, and varenicline are covered with a prior authorization for members 18 years of age or older with a diagnosis of nicotine dependence and confirmation of enrollment in the Quitline Iowa program for counseling.

Medicaid will not authorize coverage of the nicotine replacement patches, gum, or varenicline unless the patient is actively

Quitline Iowa Services

Callers Ready to Quit Within 30 Days	Callers Already Quit
Quit coaching in English or Spanish (other languages available through translators) plus free quit materials	Relapse prevention coaching and support materials
Free two-week starter kit of nicotine replacement therapy (NRT), choice of patch, gum, or lozenge	
Unlimited proactive counseling sessions every year, though it is an eight-session counseling protocol	
Callers Not Ready to Quit Within 30 Days	Web-Based Services
Brief "5 R's" coaching and support materials	Smoking cost calculator
	Downloadable self-help materials
	Additional features including online registration for counseling coming July 2010

participating in the Quitline Iowa cessation counseling program. The maximum allowed duration of therapy for over-the-counter nicotine replacement patches and gum is 12 weeks within a 12-month period.

Referral Networks

Any clinic or agency interested in helping their clients quit smoking can refer clients to Quitline Iowa through fax referral and, in fact, over half of the patients who are referred to Iowa's quitline via fax referral enroll in coaching. A provider signature is required only if the client has a medical contraindication to nicotine patches, gum, or lozenges.

Quitline Iowa is a toll-free, smoking cessation helpline that started in 2001. Trained coaches provide callers with assistance in making an individualized plan for quitting smoking or chewing tobacco, as well as on-going support through a series of up to eight optional follow-up calls every 12 months. The Quitline offers both English and Spanish-speaking coaches, with an additional 150 languages available through a translation service. Ser-

vices are also provided for the hearing impaired (TDD). Callers to Quitline Iowa may receive a free, two-week supply of nicotine patches, gums, or lozenges pending a health screening.

Quitline coaches are available Monday through Thursday 7 am to midnight, Friday from 7 am to 9 pm, and Saturday and Sunday from 8 am to 7 pm. Callers can also request free materials to be sent in the mail or referrals to smoking cessation resources in their community, including support groups, clinics, and consultants.

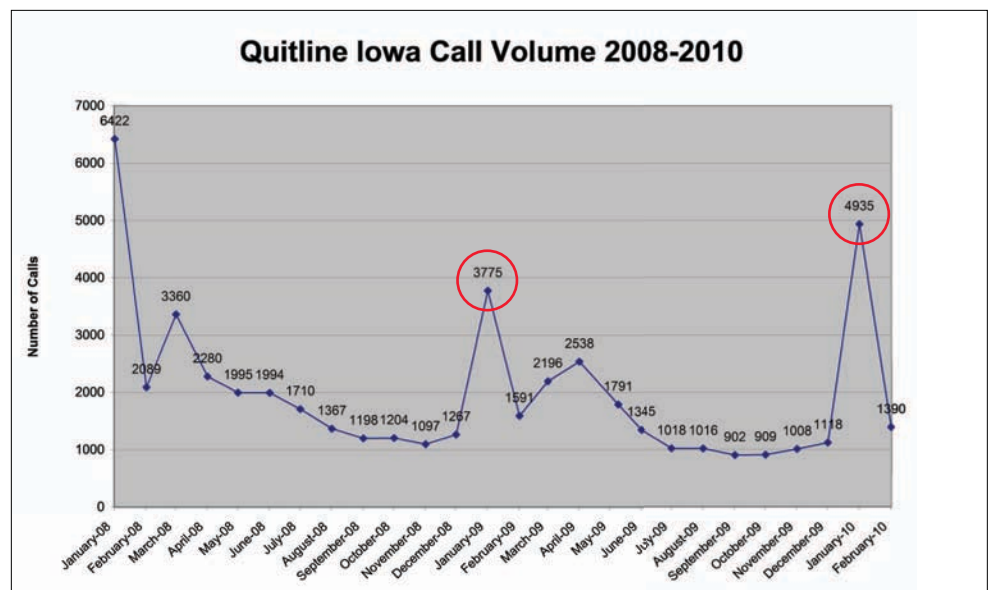
STRATEGIES TO MAXIMIZE REACH

Throughout the annual program planning process Iowa keeps its eye on the "reach" prize. The Division has as an annual objective to maintain the 5% proportion of adult smokers who utilize the Quitline Iowa services. This year, Iowa plans to reach this goal by enhancing elements of its online services by December 2010 and increasing promotion of the quitline across the state by November 2010.

Media

Iowa's media budget was about \$380,000 in FY09 (July 1, 2008 – June 30, 2009). These funds were used for state-wide television and billboard advertising that launched around the time of the Great American Smokeout (mid-November, 2008) and ran through the beginning of March 2009. For every television ad they purchased during the campaign they received an additional two spots on average. While many of those were aired at "off" times the value of those free spots doubled the value of the campaign!

In Iowa, earned media seems to bring in more immediate reach results than paid



media. For example, the Governor's Office issued a press release on December 31, 2008 promoting an increase in free NRT and lower adult smoking prevalence in Iowa (http://www.governor.iowa.gov/news/2008/12/31_1.php). A March 30, 2009 press release timed with the federal tobacco tax increase got statewide and national attention, with coverage on NBC Nightly News and CNN Headline News.

The Division also employs a "Swiss-cheese" press release strategy—a template in which local agencies add in their county-level statistics and then give it to local media. In January 2010, a "Swiss-cheese" release ended up in 63 local newspapers and, according to "how heard about" data, 25% of callers cited newspaper as their referral source in January, up from 2% the previous quarter!

The percent of adult Iowans who had heard of Quitline Iowa has increased from 6% in 2004 to 36% in 2008. The increase among cigarette smokers was even greater from 7% in 2004 to 52% in 2008 (Iowa 2009 Tobacco Control Progress Report). The state's focus on mass media, television specifically, are paying off as increased awareness of the quitline has indeed resulted in increased reach.

Referral Networks

During the time period of April 2008 through March 2009, 40% of callers heard about Quitline Iowa from a doctor, dentist, pharmacist, or other health care provider. Iowa hopes to increase this number to 60% by March 2014. To meet that goal, Iowa launched a media campaign in 2009 aimed directly at health care providers that focuses on fax referrals. A section of the Quitline Iowa Web site is specifically for clinicians with a page dedicated to information on fax referrals.

Additionally, the community partnership network has the option to do out-

reach to local health care providers as part of their scope of work. In 2010, Iowa is using about a quarter of the quitline ARRA funds (\$150,000) to provide mini-grants to medical clinics to build screening for tobacco use status and quitline referral into their e-health system.

Cessation Medications

Quitline Iowa offers two weeks of nicotine patches, gum, and lozenges to all Iowans throughout the year. While there are no eligibility criteria to receive free NRT, each person is only eligible once every 12 months and must pass a health screening

for contraindications.

In January 2009, Iowa increased the quitline's NRT benefit to four weeks in order to get earned media exposure. This approach certainly resulted in increased call volume and they repeated the strategy in January 2010. The increased benefit is only for those callers registering for services in the month of January.

KEY ELEMENTS OF SUCCESS

Target Your Promotion

The Tobacco Division has contracts with five Priority Population Networks



Introducing the latest treatment for smoking cessation.

The fax machine isn't unique. What you can do with it is. Because now you can simply fax your patient referrals to Quitline Iowa, and we'll take the treatment from there. Our coaches use evidence-based interventions, so your patients are four times more likely to succeed in quitting. It's never been easier for you. Or for your patients. And our services are free—including 2 weeks of free NRT. For more information, visit www.quitlineiowa.org/fax.asp.



QUITLINE IOWA
1 800 QUIT NOW | 1 800 794 8665

(Asian, African-American, Native American, Hispanic/Latino, and LGBT) to do tobacco prevention and outreach, including promotion of the quitline. This ensures the message about quitlines is coming from trusted sources within each of the communities; having the right messenger is often just as important as having the right message!

In FY09 Iowa also began targeting their existing media toward women ages 18-44 by running ads on cable networks that appeal to women (e.g., Food Network,

Lifetime, HGTV). In FY10, they produced a TV ad that also targets women in this age group with a message that focuses on isolation.

Iowa has also targeted health care providers with print ads in newsletters and hosting a trade show booth at their meetings and conventions. This allows the state to promote their fax referral system, build relationships with providers, and establish the quitline as the “go-to” resource for cessation for providers and their patients.

Media, Media, Media

Paid media is extremely important in increasing awareness of the quitline. In 2004, only 7% of smokers were aware of Quitline Iowa. In 2008, that number was 52%. Paid media began in 2006 and is almost entirely responsible for this increase.

However, Iowa has found press releases have an immediate impact on call volume and cost very little to produce. Mes-

Quitline Iowa Clients

Fiscal Year	Call Volume
2001	n/a
2002	1,934
2003	1,428
2004	1,849
2005	1,970
2006	2,708
2007	5,117
2008	23,243
2009	21,087



**Quitting tobacco isn't easy.
Helping patients quit is.**

It's never been easier to get your patients the help they need. Simply fax your patient referrals to Quitline Iowa, and we'll take the treatment from there. Our coaches use evidence-based interventions, so your patients are four times more likely to succeed in quitting. It's never been easier for you. Or for your patients. As always, our services are free—including 2 weeks of free NRT. For more information, visit www.quitlineiowa.org/fax.asp.



saging of those press releases is extremely important to make them relevant to news outlets; the story is almost never about the quitline directly! Some examples include:

- 1) December 2010: Economic Impact of Smoking (and four weeks of NRT in January)
- 2) March 2009: Federal Tobacco Tax (and quitline sees more people trying to quit because of it).
- 3) December 2008: Smoking prevalence takes a historic dip (and four weeks of NRT in January)

In the case of the December 2008 release, Iowa learned about the drop in smoking in late October but waited to release it until close to New Year's so they could get more media exposure for the quitline. In Iowa, small town papers are hungry for news and the local releases have a huge effect.

Keep an Eye on the Data

Iowa receives quarterly reports from their media vendor that includes the number of spots run and the value of the free placement they receive. In addition, their quitline service provider asks for referral source so they are able to assess the impacts of specific promotional efforts on reach. Daily call volume data is matched to press releases in order to measure the effectiveness of that particular strategy. Making good use of data is key to ensuring success.

VALUABLE LESSONS LEARNED

Be Willing to Change Course

In FY09, Iowa contracted with an organization to implement a health care provider outreach program. The contractor staff worked in the field to train providers and do systems change with tobacco screening and referral. While this approach has worked well in other states, the project was not proving successful nor cost-efficient for Iowa and was eliminated.

In order to build and maintain fax referral systems throughout the state, the program will rely on paid advertisements in statewide newsletters that target health professionals, exhibits at medical conferences, increased outreach by local tobacco prevention contractors, and using stimulus funding to pay clinics to add tobacco screening and quitline referral to the e-health system.

Necessary Piece of the Puzzle

Iowa plans to sustain their current approach to maximizing reach by keeping the mindset that quitline media is a necessary piece of the quitline budget. After being in operation for five years (2001-2006) and relying entirely on earned media, only

6% of smokers knew about Quitline Iowa. After three years of paid advertising, 52% of smokers were aware of Quitline Iowa, an increase of 800%. Paid media not only drives traffic to the quitline but has a secondary impact of reminding the public that smoking is not socially acceptable.

Focus on Television

Iowa has not seen a measurable increase in call volume as a result of statewide print and radio advertising. While a good television commercial is surely expensive it lasts several years. If you mix four to five ads over broadcast and cable media for as little as 3 months a year you should see a huge increase in awareness and reach. Additionally, Iowa has a single media contract for the entire health department so they are able to get a lot of time for their money. In FY09, Iowa paid for 5,556 television spots and received 10,667 additional in value added (free spots). The value of these free spots was \$225,654.

In the fall of 2009, Iowa tested ads in different counties throughout the state to determine which medium would yield the highest call volume. Half of the counties received radio promotion only and half received only cable television ads. Cable television was the clear winner. In fact, counties that had cable coverage increased in call volume and the “radio counties” actually decreased in call volume when compared to the same time period the previous year. ❄️

ACKNOWLEDGMENTS

This report was produced with funding from the Centers for Disease Control and Prevention (CDC), Contract #200-2008-26560. The contents of this publication are under the editorial control of NAQC and do not necessarily represent the official views of the funding organization.

CONTRIBUTOR

Jeremy Whitaker is the Tobacco Cessation Coordinator at the Iowa Department of Public Health. He previously worked on infectious disease policy and outreach in Shasta County, CA. He has a MPH from the University of Iowa and is a current doctoral student at the University of Northern Iowa. Phone: 515-281-4517
E-mail: jwhitake@idph.state.ia.us

CONTEXT

Promotional reach, calculated using 2008 NAQC Annual Survey data, is based on the total number of unique tobacco users calling the quitline. Please note this is not NAQC's standard calculation of treatment reach, counting only those who receive at least some evidence-based treatment, but rather is based on the number of unique smokers calling the quitline divided by the total number of smokers in each state.