

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

OVERVIEW

The New York State Smokers' Quitline (NYSSQL) functions as one component of a broader comprehensive tobacco prevention and control program. The quitline is an extension of the New York State Tobacco Control Program's (NYS TCP) population and evidence-based approach and functions within a comprehensive framework to advance the goal of reducing adult smoking prevalence to 12%.

NYS TCP comprehensive framework includes:

- Statewide and community action to change the community environment to support a tobacco-free norm, change community attitudes about tobacco, and de-normalize tobacco use.
- Public health communication to motivate tobacco users to stop, promote smoke-free homes, expose tobacco industry propaganda, de-glamorize tobacco use, and educate community members and decision-makers about tobacco control.
- Cessation interventions to establish and maintain systems changes that promote cessation, increase access to and delivery of evidence-based cessation services, and motivate individual tobacco users to quit successfully. Cessation strategies in addition to the quitline include:
Health Systems Change: Cessation Centers partner with health care provider organizations, providing

technical assistance on how to implement systems to institutionalize screening of all patients for tobacco use, providing brief advice to quit at all visits, and providing assistance to help patients quit successfully. Cessation Centers help with the process of policy and systems change, offering guidance and resources. They also provide training for health care providers on implementing cessation interventions.

Referral Networks: Through health care provider referrals, NYSSQL coaches contact clients to offer help with the quit process, including providing nicotine replacement therapy (NRT) to eligible

clients and sending feedback reports to providers describing the services their patients receive and patient progress.

NRT Distribution Program: One of NYS TCP's strategies for reducing out-of-pocket costs for effective cessation treatment is providing free two-week NRT "starter kits." In addition to distributing NRT through the NYSSQL and NYS-SQitsite, NYS TCP has distributed NRT through substance abuse treatment programs and Cessation Centers.

Federally Qualified Health Center (FOHC) Initiative: To facilitate systems changes in federally qualified health centers, NYS TCP Cessation

New York State Smokers' Quitline 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
Two-week starter kit of nicotine replacement therapy (NRT), choice of patch, gum, or lozenge	
NRT check callback; verify delivery	
One scheduled coaching callback	
Callers Not Ready to Quit Within 30 Days	Web-Based Services
Brief "5 R's" coaching and support materials	NRT application
	Online community support
	Tailored programming (winter 2009)

Centers provide training, technical assistance and NRT starter kits to providers. The intent is to encourage FQHC health care providers to intervene with Medicaid eligible tobacco users, write RX for NRT, and refer them to treatment.

The NYSSQL has been operating since 2000 and currently offers telephone counseling, taped messages, self help materials, a Web site, and a free two-week supply of NRT to eligible callers. New York tobacco users are also able to register online for free NRT. Quitline coaches are available from 9 am to 9 pm Monday through Thursday and 9 am to 5 pm on Friday, Saturday, and Sunday. In addition, at any time of the day or night callers can leave a message to be contacted or listen to a tip of the day and/or taped messages. The quitline also offers a fax-referral program for health care providers.

The primary objective of the NYSSQL is to maximize the state's resources to reach a larger population using evidence-based strategies that achieve broader impact. This objective is the basis for each of the strategies employed by the state to increase and maximize reach.

STRATEGIES TO MAXIMIZE REACH

Media

Media plays a significant role in New York's efforts to reach a high percentage of the state's tobacco users. Linking policy change media (earned and paid) with the quitline and running hard-hitting paid media tagged with the quitline/quitsite are two strategies that have proven critical to their success.

Paid advertising on television, radio, print, Internet, and other venues is intended to educate New Yorkers about the health risks of tobacco use and the

$$\text{Population (reach) + Evidence-Based Service (efficacy) = Impact}^1$$

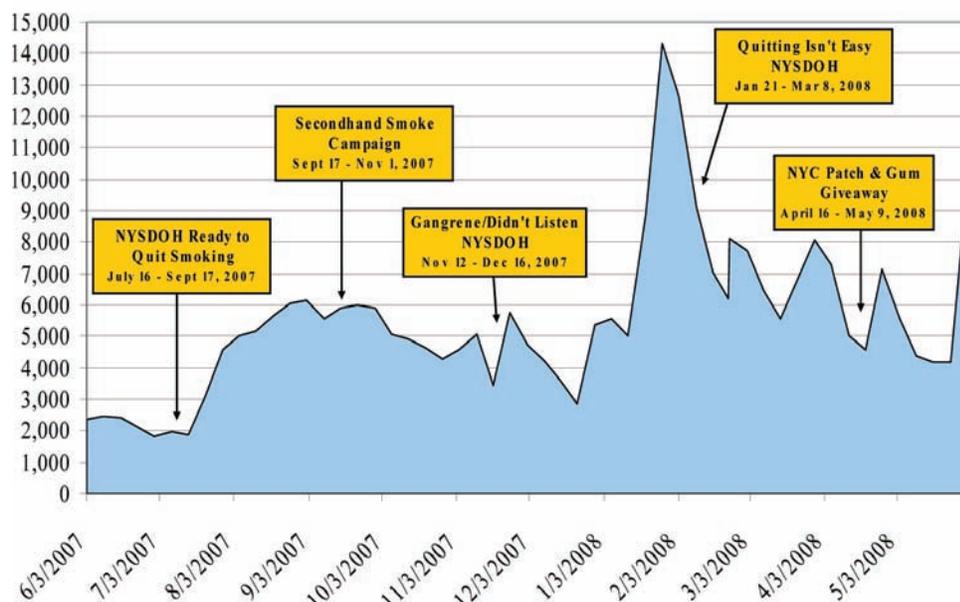
dangers of secondhand smoke (SHS); motivate smokers to quit; and promote adoption of smoke-free homes and environments. New York's public relations and media advocacy (e.g., press releases and communications with decision-makers) has a goal to increase coverage and discussion of tobacco control issues and events in the news media while, at the same time, supplementing the state's paid advertising.

Nicotine Replacement Therapy (NRT)

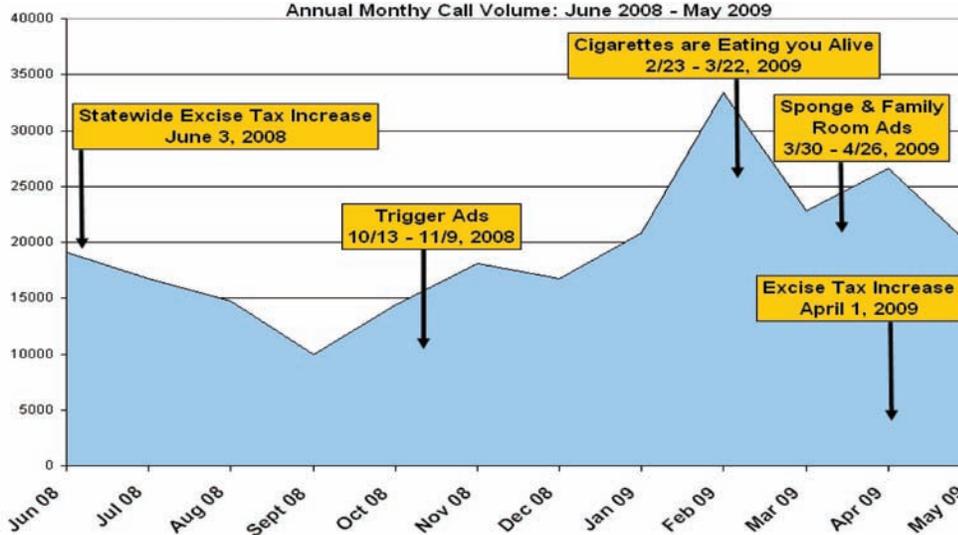
Beginning in the fall of 2004, the NYSSQL made a free two-week starter kit of NRT part of its routine service along with a proactive call to those who receive the kit.

The types of NRT available through the NYSSQL include patches, gum, or the lozenge with the patch accounting for about 92% of the NRT distributed. A person must meet the following eligibility criteria to receive a starter kit:

Annual Call Volume: June 2007- May 2008



Annual Monthly Call Volume: June 2008 - May 2009



Online NRT Since July 2006



database systems and interfaces in order that they could remain adaptable in an environment that seems to change often. This adaptability ensures the quitline has the ability to easily modify protocols and scale the various program components, allowing for innovation as well as the ability to meet demand. For instance, they are able to easily incorporate database exchanges with referring partners, automated systems that increase efficiencies and relevant research protocols.

KEY ELEMENTS OF SUCCESS

Ensure Comprehensive Tobacco Programming

New York believes their strategies to maximize reach are effective because the comprehensive approach to cessation addresses social norms, attitudes and beliefs, promotes education and awareness, and offers assistance. Consequently, smoking-related behaviors among New Yorkers have changed over time; in 2008, 116,479 current and former smokers (4.6% of adult smokers in New York State) received telephone counseling and 78,633 (3.2%) registered to receive free NRT through the NYSSQitsite.

- be a New York resident;
- be at least 18 years of age;
- have no medical contraindications;
- not be pregnant or breastfeeding;
- report a commitment to quit within 30 days; and
- agree to a call back.

fort to maintain consistent call volume and increase requests for quitline services, the NYSSQL has built a strong and established network of NYS Tobacco Control Partners including NYS DOH-funded Cessation Centers, NYS health plans, providers, employer groups, and statewide umbrella groups. Quitline communications to these entities are conducted routinely via e-blasts, e-letters, chats, conference calls, direct mailings, and face-to-face meetings.

Quitline Infrastructure and Efficiency

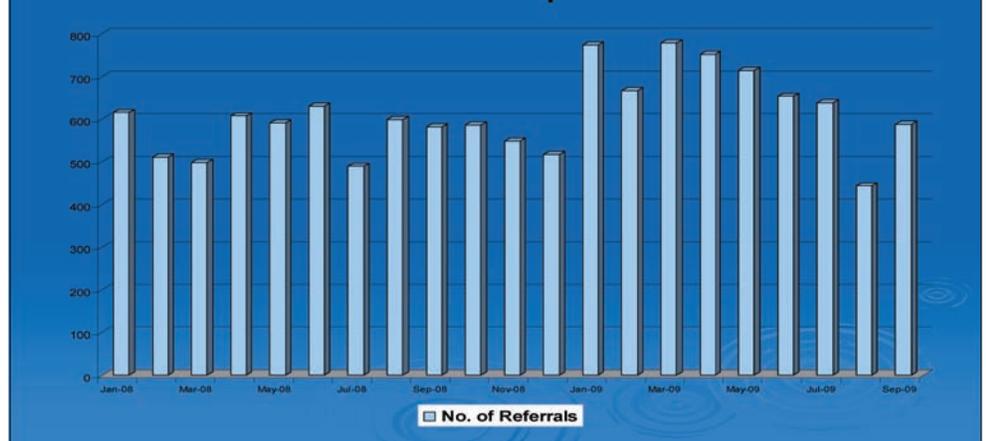
The NYSSQL chose to custom build its

Since first offering NRT in December 2004 through December 2009, 403,082 clients have received NRT. Unlike some quitlines that offer NRT, NYSSQL also functions as a fulfillment site—the medication is sent directly from the quitline to the client. In July 2006, an online request and fulfillment process became available to those residents who did not want help via the phone. This online process also allows the quitline to service more clients during periods of high call volume. This approach is certainly in line with New York’s overarching strategy to extend reach.

Building Referral Networks

Although multi-media approaches are the number one driving force to increasing call volume for the NYSSQL, the unpredictability of the allocated funding for media can be a barrier in forecasting and projecting the sustained impact. In an ef-

NYSSQL Fax-to-Quit Referrals Jan 2008 –Sept 2009



Use a Blend of Messages

NYS TCP's paid advertising efforts rely on a mixture of message strategies and themes. It is important to consider this mixture because there may be differences in how ads are processed and attended to by different types of smokers. Smokers who are ready and willing to quit and/or have already made attempts to quit may be more receptive to ads that provide them with information, support, and encouragement in the quitting process. Such messages are usually conveyed in simpler informational ads that rely less on intense, attention-arousing images.

Conversely, ads that use intense images of the health consequences of smoking and evoke emotional responses related to personal losses as a result of smoking may be more appropriate for smokers who are more addicted to tobacco, are less open to making a quit attempt, and generally need stronger motivation to quit.

Build Referral Networks

Large spikes in call volume commonly experienced as a result of mass media campaigns are difficult to manage and the funding for those campaigns is difficult to maintain. Referral networks, while labor-intensive to establish, offer a steady stream of callers to quitlines and can also result in sustained call volume albeit at a lower level than when media campaigns are run. Partnering with health care systems allows states and provinces to increase the awareness and use of their services and ensures that call volume becomes steadier and more predictable over time.

Offer NRT

The New York experience with NRT demonstrates that smokers who are aware of the program respond to the offer of free NRT by taking advantage of

the opportunity and making an attempt to stop smoking. It is true, the efficacy of smoking cessation treatments can be enhanced by providing a longer duration of therapy and combining NRT with behavioral counseling. However, the trade off between reach and efficacy needs to be balanced when resources are limited. New York strongly believes in the balance they are striking!

Use a Population-Health Model

NYSSQL's approach is centered on the public-health model which places emphasis on all tobacco users in the population with the overarching state goal of reducing prevalence. This approach moves away from the traditional and more expensive clinical approach that focuses on the individual. Thus, program planning seeks to find ways to reach large number of smokers with support and cessation-prompting messages in order to increase population-based quit rates and quit attempts.

Balance the Degree of Service

Balancing the degree or intensity of service in order to maximize reach and build capacity is a challenge for most quitlines. The NYSSQL has worked to find ways

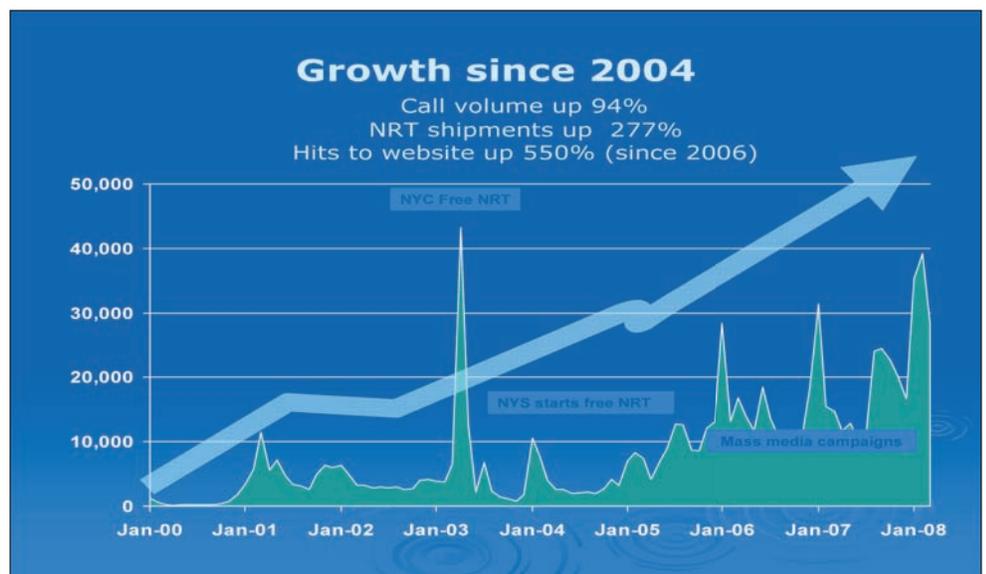
to extend services to more smokers by using evidence-based interventions and experimental studies in order to maximize reach (e.g., employing an online application for NRT and two recent studies in which the distribution of various amounts of NRT was examined).

Think Long-Term

To ensure the long-term sustainability of NYS TCP community program contractors are required to conduct a core set of activities to educate decision makers, the media, and the general public about the importance of tobacco control and of the program. Contractors correspond monthly with legislators, make in-person legislative visits, submit letters to the editor, and meet with media representatives each year particularly within the last six months of the NYS fiscal year.

VALUABLE LESSONS LEARNED

While New York's reach is very high there have been notable challenges in implementing their successful strategies to maximize reach.



Balancing Call Volume with Capacity

The NYSSQL goal is not to pull back on incoming call volume but to instead work on building mechanisms to accommodate and respond to all clients seeking help. Overwhelming call volume is not necessarily perceived as negative but instead provides justification for supporting more innovative ideas and approaches. For example, looking at ways to better “capture” client information so that they are able to be engaged and re-engaged in quitline or other cessation services at a later time.

Maintaining NRT Supply

The NRT distribution contract is separate from the quitline in New York. Challenges with the NRT contract execution or payments affect the amount and timing of NRT shipped to the quitline. If delays occur when quitline call volume is high this presents challenges with distributing NRT to smokers ready to quit and negatively impacts the quitline’s ability to do follow-up with clients. Over the years, the NYSSQL has learned to foresee when NRT challenges may occur and has been successful in ensuring the quitline has sufficient supplies of product available.

Maneuvering through the Approval Process for Media Campaigns

New York strives to allow for sufficient time for media approval. However, unforeseen barriers continue to creep into the approval process and occasionally delay airing of media or decrease the duration of a campaign. These delays and decreases certainly have an impact on operations and services. ❄️

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REFERENCES

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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.