

ALL QUITLINE FACTS: An Overview of the NAQC 2009 Annual Survey of Quitlines

The North American Quitline Consortium (NAQC), established in 2004, provides leadership and forums for health departments, quitline service providers, researchers and national organizations to maximize the access, use and effectiveness of quitlines. In 2004, NAQC fielded its first survey among quitlines to collect data on the organization, delivery and financing of quitline services, with additional surveys fielded in 2005, 2006, 2008 and 2009. Questions and answers provided below feature data from the 2009 NAQC *Annual Survey of Quitlines in North America*. Sixty-three North American quitlines (53 U.S. states, the District of Columbia, Puerto Rico, Guam and 10 Canadian provinces) responded to some or all of the 2009 survey questions. Data provided by quitlines, and reported in this quitline facts summary, are for fiscal year 2009, however they defined that fiscal year.

Q: What is a tobacco cessation quitline?

A: A tobacco cessation quitline is a helpline offering counseling services via telephone for smokers and other tobacco users who want to quit. Quitlines provide a centralized resource for easy access to evidence-based information and effective counseling to assist tobacco users in discontinuing their use of tobacco products. Quitlines also help states and provinces reach a large, diverse population in a cost-effective way.

Q: How many quitlines exist in North America?

A: Quitlines currently exist in all fifty U.S. states, the District of Columbia, the Commonwealth of Puerto Rico and the Territory of Guam; in each of the ten Canadian provinces (and were started in three Canadian territories in 2009: Yukon Territory, Nunavut, and the Northwest Territories); and, most recently, in Mexico.

Q: What types of services do quitlines provide?

*A: Quitlines provide telephone counseling services, which can occur as single session counseling (typically lasting longer than 10 minutes), multiple session **client-initiated counseling (reactive)** or multiple session **counselor-initiated counseling (proactive)**. Counseling refers to a person-tailored in-depth motivational interaction occurring between the cessation specialist or counselor and the caller. Interactions not meeting this standard and lasting 10 minutes or less are considered minimal/brief interventions. In fiscal year 2009, all US and Canadian quitlines reported offering multiple session, counselor-initiated counseling as part of their quitline programs.*

Quitlines also offer a variety of other services, in addition to telephone counseling, such as: Internet-based services and tobacco cessation materials designed for callers other than tobacco users (such as proxy callers or health professionals). Some U.S. quitlines also offer free quitting medications or provide tobacco users with vouchers or discounts to receive quitting medications at reduced costs. Most quitlines also offer counseling protocols and materials designed for special populations. Translation services are also available in almost all quitlines.

Q: How many calls do quitlines receive from tobacco users?

A: In fiscal year 2009, forty-nine North American quitlines received 362,840 calls from tobacco users. Thirty-nine U.S. quitlines reported 343,996 incoming calls from tobacco users (median = 5,936 calls per quitline). Ten Canadian quitlines reported 18,844 incoming calls from tobacco users (median = 506 calls per quitline).

Reach is defined as the proportion of a population who use a service. Promotional reach for smokers can be calculated for North American quitlines by dividing the number of calls received from smokers in the state/province by the estimated smoking population for each state/province¹. The mean promotional reach for 49 U.S. quitlines with data available was 1.89% (median=1.18%), with a range of 0.16% to 9.84%. The mean promotional reach for the nine Canadian quitlines with data available was 0.38% (median 0.27%), with a range of 0.14% to 1.37%.

¹ Barry, MB, Saul, J, Bailey, LA. (2010). U.S. Quitlines at a Crossroads: Utilization, Budget, and Service Trends 2005–2010, http://www.naquitline.org/resource/resmgr/reports_2010/100407_special-report.pdf

Q: What type of telephone counseling services do quitlines provide?

A: Quitlines provide multiple types of telephone counseling services. In fiscal year 2009, North American quitlines provided: multiple session **proactive telephone** counseling (**counselor-initiated**), multiple session **reactive telephone** counseling (**client-initiated**) and single session telephone counseling (typically lasting longer than 10 minutes). Quitlines also provide minimal/brief interventions, which typically last 10 minutes or less.

Telephone Counseling Quitline Services, Fiscal Year 2009			
	North American Quitlines (N = 63)	U.S. Quitlines (N = 53)	Canadian Quitlines (N = 10)
Multiple session proactive telephone counseling	100%	100%	100%
Single session telephone counseling	76%	72%	100%
Minimal/brief interventions	63%	57%	100%
Multiple session reactive telephone counseling	54%	45%	100%

Q: What type of Web-based services do quitlines provide?

A: In fiscal year 2009, forty-seven North American quitlines (75%) offered some type of Web-based services for tobacco users, which included thirty-nine U.S. quitlines (74%) and eight Canadian quitlines (80%). Web-based services include: providing general information on the quitline, providing information about tobacco cessation, self-directed Web-based interventions, automated e-mail messaging, chat rooms, and interactive counseling and/or e-mail messaging.

Web-Based Quitline Services, Fiscal Year 2009			
	North American Quitlines (N = 63)	U.S. Quitlines (N = 53)	Canadian Quitlines (N = 10)
Information about tobacco cessation	73%	72%	80%
General information on the quitline	75%	74%	80%
Self-directed Web-based interventions	46%	42%	70%
Automated e-mail messaging	33%	30%	50%
Chat rooms	35%	28%	70%
Interactive counseling and/or email messaging	30%	28%	40%

Q: How many quitlines offer proactive referral services?

A: Proactive referrals, such as fax referrals, are a growing source of calls for many quitlines. These proactive calls are initiated by a quitline counselor in response to a request for tobacco counseling, typically provided via fax, from health professionals who have delivered a brief intervention to tobacco users during an office visit. The tobacco user is required to provide contact information and consent, agreeing to receive a follow-up call initiated by the quitline. Fifty U.S. quitlines received 69,185 fax referrals in fiscal year 2009, and 10 Canadian quitlines received 6,401 fax referrals. Additionally, 43 U. S. quitlines received 36,777 "other" referrals, e.g., web referrals, "click to call," online ads, etc., comprising 35% of their total referrals. Only five Canadian quitlines reported other referrals, reporting 1,399 of these types of referrals representing 19% of referral volume.

Q: What languages do quitlines support?

A: Most North American quitlines, including fifty-one U.S. quitlines and eight Canadian quitlines, supported counselors fluent in at least one additional language, with Spanish being the most common in the U.S. (96%) and French being the most common in Canada (80%). In fiscal year 2009, U.S. quitlines provided counseling services in Spanish (96%), Mandarin (4%), Korean (2%), Cantonese (2%), and Vietnamese (2%). Eight Canadian quitlines provided counseling services in French, and one provided counseling services in Spanish. A majority of U.S. quitlines (89%) also conducted counseling through a third-party translation service, when needed, while 20% of Canadian quitlines contracted with third-party translation services.

Sixty-two of 63 North American quitlines surveyed provided tobacco cessation materials in English; the Puerto Rico quitline was the exception. Most U.S. quitlines (96%) provided cessation materials in Spanish and 90% of Canadian quitlines provided these materials in French. Tobacco cessation materials were also provided in several other languages by U.S. and Canadian quitlines: Vietnamese (U.S. = 2%; Canadian = 10%), Cantonese (U.S. = 2%; Canadian = 10%), Amharic/Ethiopian (Canadian = 10%), Korean (U.S. = 2%), and Mandarin (U.S. = 2%).

Q: How many quitlines offer specialized counseling protocols tailored to specific populations?

A: In fiscal year 2009, fifty-nine North American quitlines (94%) provided specialized counseling protocols tailored to meet the needs of special populations. Quitlines providing specialized counseling protocols included fifty U.S. quitlines and nine Canadian quitlines.

Quitlines Providing Specialized Counseling Protocols, Fiscal Year 2009			
	North American Quitlines (N = 63)	U.S. Quitlines (N = 53)	Canadian Quitlines (N = 10)
Pregnant women	94%	94%	90%
Smokeless tobacco users	75%	87%	10%
Youth aged 12-17 years	56%	64%	10%
Racial/ethnic populations	38%	45%	0%
Persons with chronic health conditions	32%	34%	20%
Persons with chronic mental illness	29%	30%	20%
Persons with low SES/Medicaid	25%	30%	0%
Young adults aged 18 -24 years	24%	26%	10%
LGBT groups	22%	26%	0%
Persons with low literacy levels	24%	26%	10%
Persons with multiple addictions	22%	23%	20%
Older adults aged 55+ years	21%	21%	20%

Q: How many quitlines offer specialized tobacco cessation materials tailored to specific populations?

A: In fiscal year 2009, fifty-seven North American quitlines (90%) sent specialized tobacco cessation materials designed for specific population groups. Quitlines providing specialized counseling materials included fifty-one U.S. quitlines and six Canadian quitlines.

Quitlines Providing Specialized Tobacco Cessation Materials, Fiscal Year 2009			
	North American Quitlines (N = 63)	U.S. Quitlines (N = 53)	Canadian Quitlines (N = 10)
Pregnant women	90%	96%	60%
Smokeless tobacco users	81%	92%	20%

US (N=53)							
Provided info about using meds	96%	94%	91%	87%	83%	49%	49%
Referred to organization that provides meds	45%	42%	38%	32%	36%	17%	17%
Provided info about accessing meds	36%	34%	28%	30%	38%	23%	21%
Canada (N=10)							
Provided info about using meds	100%	100%	100%	100%	100%	20%	100%
Referred to organization that provides meds	20%	20%	20%	10%	20%	10%	20%
Provided info about accessing meds	50%	50%	10%	20%	10%	-	20%

Q: How much do quitlines cost to run?

A: In fiscal year 2009, North American quitlines budgeted a median \$1,681,961 in the U.S. (50 U.S. quitlines reporting) and \$218,200 in Canada for the total quitline budget, including services, medications, media, evaluation and outreach. For services alone, the median budget in fiscal year 2009 was \$787,978 for U.S. quitlines (51 U.S. quitlines reporting) and \$160,990 for Canadian quitlines.

Q: Who delivers quitline services?

A: In fiscal year 2009, North American quitline counseling services were delivered by a total of twenty-two different vendors (primary service providers) across the U.S. and Canada. Six U.S. quitlines also reported a secondary service provider.

Q: During what hours are quitlines open to take incoming calls?

A: All quitlines responding reported having counseling services available at least five days per week for a minimum of eight hours per day. Forty-nine or 94% of US and 9 or 90% of Canadian quit lines also offered counseling service on at least one day of the weekend. In addition, thirteen quitlines (11 or 21% of US and 2 or 20% of Canadian) reported having live pick-up of incoming calls 24 hours a day, 7 days a week.

CONTACT INFORMATION