

2008/2009 Annual Report

Moving Quitlines Forward

Community. Collaboration. Commitment.



Comprised of over 400 organizations and individuals from across North America, the North American Quitline Consortium (NAQC) is a non-profit organization based in Phoenix, Arizona. We invite you to learn more about NAQC and its work to help tobacco users live longer, healthier lives through evidence-based tobacco cessation quitline services.

About NAQC

The North American Quitline Consortium (NAQC) is a non-profit organization based in Phoenix, Arizona that seeks to promote evidence based tobacco cessation quitline services across diverse communities in North America.

Mission

Maximize the access, use and effectiveness of quitlines; provide leadership and a unified voice to promote quitlines; and offer a forum to link those interested in quitline operations.

Strategic Goals & Objectives

- *Goal 1:* Increase the use of quitline services in North America.

Objective 1: By 2015, each quitline should achieve a reach of at least 6% of its total tobacco users

- *Goal 2:* Increase the capacity of quitline services in North America.

Objective 2: By 2015, on average \$2.19 per capita (\$10.53 per smoker) should be invested in quitline services.

- *Goal 3:* Increase the quality and cultural appropriateness of quitlines in North America.

Objective 3a: By 2015, each quitline should have an overall quit rate of at least 30%.

Objective 3b: By 2015, each quitline should achieve a reach of 6% in priority populations.



About Quitlines

Quitlines are telephone-based tobacco cessation services that help tobacco users quit. Services offered include coaching and counseling that is conducted by trained professionals; referrals; mailed materials; training to healthcare providers; Web-based services; and, in some instances, free tobacco cessation medications. Research has shown that quitlines are highly effective in helping tobacco users quit. Due to their effectiveness and ability to reach and serve tobacco users, regardless of location, quitlines have spread quickly across North America. Today, residents in all 50 states, the District of Columbia, U.S. territories, all ten Canadian provinces, Canadian territories, and Mexico have access to free, public quitline services.

Our Story

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A Message from NAQC's President & CEO

Dear Friends,

This past spring NAQC celebrated five years of community, collaboration and commitment in moving quitlines forward. And, move we have. It is amazing to look back at all we have accomplished together since NAQC began as a special program of the American Legacy Foundation in the spring of 2004. Here are some of the highlights of our work together over the past few years:

- Calls to state quitlines nearly doubled between 2005 and 2008, from 336,000 to 665,000.
- The median budget for quitline services increased in the U.S. by nearly 60% and close to 10% in Canada between 2005 and 2008.
- In 2005, 42 North American quitlines offered proactive counseling. In 2008, all 63 offered such counseling.
- Between 2005 and 2008, quitlines offering Internet-based services increased by over 500%!
- Referrals to quitlines from healthcare providers increased by over 80% in the U.S. and 900% in Canada between 2004 and 2008.
- In 2008, 70% of U.S quitlines offered cessation medications as well as counseling.

These accomplishments of the quitline community reflect a strong commitment to improving the quality of and access to quitlines as well as the strong collaboration that exists within the field. Each and every project we undertake at NAQC is designed to improve the quality and availability of quitlines. Our work is informed through the many voices of NAQC's Board of Directors, Advisory Council, working groups and all members. We thank you for your contribution and commitment. Additionally, we thank our funders and other partners, without whose support our work would not be possible.

Some of our first projects and services continue to be the cornerstones of NAQC, including technical assistance through the NAQC annual conference and seminar series; development of the Minimal Data Set; implementation of the Annual Survey of Quitlines; and member communications. However, new projects have also emerged as a result of needs from our membership, the changing economy and evolution of the quitline field. This past year we have focused much effort on a Quality Improvement Initiative to develop quitline standards. We have also made a more robust commitment to research endeavors and hired our first research director. Finally, we have stepped up our policy efforts to better make the case for sustainability and increased funding for quitlines.

However, perhaps one of the defining elements of our work this past year was developing NAQC's five-year goals and objectives, which were rolled out by NAQC's Board of Directors at the annual conference in June and are featured in this report. As we move forward into our next five years together, these goals will guide us in our work and ensure that we stay focused on improving quitline quality and access. So, let's take a look at this past year's story and see how our work together has set the foundation to move us forward toward achieving the goals.

Thank you, again, to each member as well as our funders and partners for all your support this past year. We look forward to our continued work together.

Cordially,



Linda Bailey, JD, MHS
President & CEO



Photograph courtesy of Roy Bracamonte.

From the beginning, NAQC has focused on building a strong sense of community among quitline stakeholders. And, nowhere is NAQC's sense of community more evident than in the commitment of its members, whose expertise, ideas and energy have shaped our work immensely this past year. Along with a strong membership base, NAQC offers a variety of tools and resources to grow the quitline community. Technical assistance and networking opportunities provide members with ways to connect and share ideas on an ongoing basis. NAQC also offers its members a wide variety of communications to help them stay informed. Let's take a closer look at these activities and how they have shaped the quitline community this past year.

Membership

NAQC's membership is made up of over 400 organizations and individuals from across North America. NAQC is the only organization in North America dedicated solely to the advancement of quitlines. Members consist of organizations and individuals that provide quitline services, fund quitlines, conduct research around quitline-related topics, advance national cessation policies and work in other areas of tobacco control. Our members enjoy professional support, educational programs and opportunities for participation in activities. Following are NAQC's 2008/2009 organizational members. We thank them for their support.

Quitline Funders

Alabama Department of Public Health
Alaska, DHSS, Tobacco Prevention and Control
Alberta Alcohol and Drug Abuse Commission
Arizona Department of Health Services
Arkansas Department of Health
Canada Ministry of Health
ClearWay Minnesota
Colorado Department of Public Health
Connecticut Department of Public Health
Federated States of Micronesia Tobacco Control Program
Florida Tobacco Prevention and Cessation
Guam Department of Public Health and Social Services
Georgia Public Health State Office
Hawaii Department of Health
Idaho Tobacco Prevention & Control Program
Illinois Department of Public Health
Indiana Tobacco Prevention and Cessation
Kansas Tobacco Use Prevention Program
Kentucky Tobacco Prevention and Cessation Program
Louisiana Department of Health and Hospitals
Maryland Department Health and Mental Hygiene
Massachusetts Tobacco Control Program
Missouri Department of Health and Senior
Mississippi Office of Tobacco Control
Montana Tobacco Use Prevention Program
Nebraska Department of Health and Human Services
New Hampshire Tobacco Prevention & Control Program
North Carolina Division of Public Health
North Dakota Department of Health

Ohio Department of Health
Oklahoma Tobacco Settlement Endowment Trust
Oregon Public Health Division
Pennsylvania Department of Health
Puerto Rico Department of Health
Rhode Island Department of Health
South Carolina Department of Health and Environmental
Control
South Dakota Department of Health
Tennessee Department of Health
University of Wisconsin CTRI
Utah Department of Health
Vermont Department of Health
Virginia Department of Health
Washington State Department of Health

Quitline Service Providers

Alberta Health Services
American Cancer Society – Texas
American Lung Association – Washington DC
Arizona Smokers Helpline
BeBetter Networks, Inc.
Canadian Cancer Society, Ontario Division
Free & Clear, Inc.
Information & Quality Healthcare
JSI Research & Training Institute, Inc.
National Jewish Health Medical and Research Center
Nevada Tobacco Users Helpline
Roswell Park Cancer Institute
Smokers Helpline of Newfoundland and Labrador
Sykes Assistance Services

Partners

American Legacy Foundation
American Medical Association – Illinois
Asian Pacific Partners for Empowerment, Advocacy and Leadership
Blue Cross Blue Shield of Minnesota
Canadian Cancer Society – Saskatchewan
Center for Behavioral Research and Program Evaluation
University of Waterloo
Center for Tobacco Independence – Maine
Centers for Disease Control and Prevention; Office on Smoking and Health
Group Health Cooperative
Health Canada Tobacco Control Programme

Health Education Council Break Free Alliance
Healthyroads, Inc.
Inter-Tribal Council of Michigan
Iowa Tobacco Research Center
National African American Tobacco Prevention Network
National Cancer Institute
National Latino Tobacco Control Network
National LGBT Tobacco Control Network
Oklahoma Tobacco Use Prevention Service
Professional Data Analysts, Inc.
Quit Doc
Robert Wood Johnson Foundation

About Quitlines

- Quitlines exist in all 50 states, the District of Columbia, Puerto Rico and Guam; all 10 Canadian provinces, Nunavut and the Northwest Territories; and Mexico.
- Quitline services are publicly funded and are available to all callers where quitlines exist at no cost.
- On average, North American quitlines reach just over 1% of smokers. Given adequate resources for services and promotion, quitlines could reach and serve many more.
- In 2008, U.S. quitlines total budget was \$1,000,000 (median); in Canada, the median was \$324,624.
- In the U.S., 1-800-QUIT-NOW is the national, toll-free portal number that connects callers with their state quitlines. Canada is in the process of exploring a similar type of national portal access number.
- Quitline counseling sessions are provided by highly trained professionals, many with master's level degrees.
- In 2008, over 66,000 fax referrals from medical professionals were received by North American quitlines.
- Most North American quitlines supported counselors fluent in at least one additional language, with Spanish the most common in the U.S. (96%) and French being the most common in Canada (80%).
- In the U.S., 70% of U.S. quitlines provide free tobacco cessation medications; in Canada, 10% of quitlines do so.
- All quitlines have counseling services available at least five days per week for a minimum of eight hours per day.



Technical Assistance & Networking

NAQC offers important technical assistance and networking opportunities to its members each year. These events are critical to information exchange that helps improve quality across quitlines.

2008 and 2009 Seminar Series

The 2008 Seminar Series encouraged the quitline community to move toward a community of improved practice with a focus on NAQC's 2008 Quality Improvement Initiative. Our goal with the Quality Improvement Initiative was to develop quality standards on measures critical to maintaining high quality outcomes for quitlines.

The 2009 Seminar Series, Sustaining Quitlines Now and in the Future: Topics to Build the Case, aimed to facilitate the exchange and growth of knowledge across the quitline community on practices that impact on and build the case for sustaining quitlines across North America. This call series covered five different topic areas through both Webinars and conference calls and served as vehicles to encourage dialogue on critical and emerging topics.

Annual Conference – Building on Our Strengths and Embracing Our Future: Quality, Access and Emerging Practice

In June 2009, nearly 200 members of the quitline community and our partners met in Phoenix, Arizona for the NAQC Annual Conference. Participants included U.S. and Canadian quitline researchers and evaluators, funders, service providers and national partners, including the Centers for Disease Control and Prevention, the National Cancer Institute, American Legacy Foundation and the Canadian Cancer Society. Breakout sessions, plenaries and a networking dinner offered ample opportunities for sharing with and learning from attendees. Evaluation results from the conference, as in years past, proved that this event is one of the highlights of NAQC membership.

Connecting & Informing

NAQC offers a wide variety of communications to its members to help them stay up to date on quitline activities, cessation news and broader tobacco control efforts.

Ongoing communications include NAQC's most popular publication, its monthly e-newsletter NAQC Connections. Along with Connections, NAQC publishes Information e-Bulletins and News Flashes on important quitline related topics. Additionally, Promotion Alerts and Communiques help members and partners stay current on any national quitline promotions.

In addition to ongoing communications, NAQC publishes a wide variety of quitline resources, including in-depth Issue Papers, Fact Sheets, Case Studies and NAQC Reports. These highly utilized resources feature the most up-to-date information provided by experts in the field.

Finally, NAQC's Web site underwent a major revision in 2009. The Web site's new organization and features have made it a popular go-to resource for members, partners and media.



From its Board of Directors, which provides governance and financial oversight; to the Advisory Council, which focuses on key programmatic issues; to the many Working Groups and individual member voices, member collaboration is at the heart of NAQC's work to move quitlines forward. Let's learn more about some of these important contributions.

Advisory Council

The Advisory Council is NAQC's leadership group that provides guidance and advice on programmatic issues to staff. The Council meets four times a year. In 2008 and 2009, the Advisory Council was highly engaged in NAQC's Quality Improvement Initiative. We thank them for their many contributions toward this work and other important projects. Following are NAQC's 2008/2009 Advisory Council members.

Christopher Anderson, BA
Program Director
California Smokers' Helpline
University of California San Diego

Matthew Barry, MPA
Vice President
Edelman

Donna Czukar
Director, Cancer Information and Support
Canadian Cancer Society, Ontario Division

Lowell C. Dale, MD
Medical Director
Mayo Clinic Tobacco Quitline and Condition Management Programs
Mayo Clinic Health Solutions
Mayo Clinic

Scott J. Leischow, PhD
Deputy Director, Strategic Partnerships and Policy
Dept. of Family and Community Medicine
Arizona Cancer Center

Stephen Michael, MS
Director
Arizona Smokers' Helpline

Michael Renner, BS, JD
Consultant

Mary Kate Salley, BA
Senior Vice President Client Services
Free & Clear, Inc.

David Tinkelman, MD
Quitline Medical Director and Vice President for Health Initiative
National Jewish Medical and Research Center

Susan Woods, MD, MPH
Medical Informatics Fellow (VA)
Department of Medical Informatics & Clinical Epidemiology
Oregon Health & Sciences University (BICC)

Karen S. Brown, MPA
Public Health Consultant
Michigan Department of Community Health Tobacco Section

Sharon Campbell, PhD
Director, Evaluation Studies
Centre for Behavioural Research and Program Evaluation
University of Waterloo

K. Michael Cummings, PhD, MPH
Chairman, Department of Health Behavior
Roswell Park Cancer Institute

Niki Legge, BSW, RSW, BA
Director, Cessation Initiatives and Tobacco Control
The Newfoundland & Labrador Lung Association
Smokers' Helpline (SHL)

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Board of Directors

NAQC's board of directors is committed to the organization's advancement and sustainability. Directors are elected by organizational members and serve three-year terms; officers are elected by the Directors. The Board governs the organization under the Carver Policy Governance model. Following are NAQC's Board of Directors for FY09.

David Willoughby, MA, Chair
Chief Executive Officer
Clear Way Minnesota

Donna Warner, MBA, MA, Vice Chair
Director, Cessation Policy & Program Development
Massachusetts Department of Public Health

Matthew G. Madonna, MPA, Treasurer
Principal, MGM Associates
MGM Associates

Tim McAfee, MD, MPH, Secretary
Chief Medical Officer
Free & Clear

Carolyn M. Dresler, MD, MPA
Branch Chief
Tobacco Prevention and Cessation Program
Arkansas Department of Health

Corinne Husten, MD, MPH
Vice President for Policy Development
Partnership for Prevention

Paul Lapierre
Vice President Public Affairs and Cancer Control
Canadian Cancer Society

Terry Music
Chief Mission Officer
American Cancer Society

Becky Roberson, CPA
Senior Vice President
Information and Quality Healthcare

Penny E. Thomsen
Health Charity CEO (retired)

Amber Hardy Thornton, MPH, CHES
Executive Vice President for Program Development
American Legacy Foundation

Advisory Council

Continued from page 5

Judy Martin, MS

Program Manager, Tobacco Free Nebraska
Nebraska Health and Human Services
System

Deborah Ossip-Klein, PhD

Chief, Division of Social and Behavioral
Medicine
Director, Smoking Research Program
University of Rochester

Connie Revell, MA

Deputy Director
Smoking Cessation Leadership Center
University of California San Francisco

Barbara Schillo, PhD

Director of Research Programs
Clearway Minnesota

Tracey Strader, MSW

Executive Director
Oklahoma Tobacco Settlement
Endowment Trust

Dawn Elise Wiatrek, PhD

Quitline Director
American Cancer Society
National Cancer Information Center

Government Liaisons

Mary Anne Bright, RN, MN

Associate Director, Office of Cancer
Information Service
Office of Communications, National
Cancer Institute

Ann M. Malarcher, PhD, MSPH

Senior Scientific Advisor, Epidemiology
Branch
Office on Smoking and Health, Centers
for Disease Control and Prevention

Collaborative Projects

NAQC engages in several collaborative projects to move quitlines forward. In fact, all of our work involves collaborations and partnerships in one form or another. While many key partnerships are featured throughout this report, following are some of the highlights from key collaborations in 2008 and 2009.

KIQNIC – The Knowledge Integration in Quitlines: Networks that Improve Cessation (KIQNIC) grant was awarded to the Arizona Cancer Center at The University of Arizona from the U.S. National Cancer Institute. The grant provides funds to develop a five-year research partnership with NAQC to better understand the communication mechanisms by which NAQC members interact, share new evidence, make decisions on how and when to implement new knowledge and actually adopt practices they believe will improve quitline performance. The KIQNIC research team worked with a workgroup of NAQC members to develop a theoretical framework for the project and the survey instrument.

The KIQNIC study will provide information on how best and promising quitline practices are disseminated and adopted among quitlines and how relationships to NAQC and with other individuals and organizations influence the adoption of those practices. Some of these practices will indirectly influence reach and quit rates as well as quality of services provided.

National Data Warehouse Project: Working in partnership with the Centers for Disease Control and Prevention, Office on Smoking and Health (CDC/OSH), NAQC's National Data Warehouse Project focused on learning more about how best to gather state quitline data. Gathering such information in a central location would help to promote standardization of the analytic and presentation methods used to demonstrate the availability and effectiveness of quitlines. It will also help to inform questions related to the CDC strategic priorities.

In order to move forward on this critical strategic priority, CDC provided funding to NAQC to assist in information gathering to support development of a data warehouse. NAQC led a collaborative process with a sample of U.S. quitline funders to explore states' perspectives on the benefits of, challenges to and possible solutions for gathering state-owned quitline data in a national data warehouse. NAQC's produced the report *Exploring a National Data Warehouse for U.S. Quitlines* to help CDC/OSH move forward with this initiative.

Policy Activities

In 2008/2009, NAQC's policy activities covered a broad range of activities, including focus on quitline funding and sustainability, reimbursement for quitlines, maximizing the cessation benefit for quitlines and coordination of national quitline promotions. Following are some highlights from each of these initiatives:

Quitline Funding & Sustainability

In 2009, NAQC published an Issue Paper entitled *Tobacco Cessation Quitlines – A Good Investment to Save Lives, Decrease Direct Medical Costs and Increase Productivity*. The paper featured data on utilization, reach and demographics of quitline callers to help make the case to policymakers, both state and Federal, to ensure quitline sustainability in a challenging economic environment. In 2009, NAQC began a sustainability project to provide the most useful and timely information and resources to help advocates describe quitlines and need for increased quitline funding at the state and Federal levels.

Reimbursement for Quitlines

A survey was fielded to NAQC members in 2008 to assess the current practices of quitlines with regard to third-party reimbursement and other forms of financial support, identify opportunities for reimbursement and develop potential next steps for NAQC to support its members in their efforts to increase reimbursement. The work of this project was featured in *The Role of Reimbursement and Third Party Financial Support in Sustaining Quitlines*, a NAQC Issue Paper.

Maximizing the Cessation Benefit of Quitlines

Recognizing the impact of smokefree policies and tobacco tax increases on smokers' interest in quitting, NAQC conducted the project, *Maximizing the Cessation Benefit from Policy Change* from December 2006 through January 2009. The project's focus was on how to increase quit attempts through the use of quitlines following the passage of smokefree policies and tobacco tax increases. A number of NAQC Fact Sheets and Case Studies were published and widely distributed that featured the work of this project.

Coordinating National Quitline Promotions

Quitlines are promoted through a variety of strategies such as paid and earned media, tobacco cessation medication and healthcare provider referrals. When these strategies are more national in scope, such as promotions of the 1-800-QUIT-NOW national access number, they have the potential to dramatically increase the number of smokers reached and counseled for tobacco use cessation throughout North America. These increases can have a significant impact on quitlines, which often operate on tight budgets and may not have the capacity to respond to all callers or may have to adjust service delivery to accommodate the calls. Recognizing these and other quitline concerns related to national promotions, NAQC conducted the project *Building Consensus: National Quitline Promotions* from December 2006 to January 2009. As a result of the project, NAQC published a wide variety of highly used resources.





NAQC is deeply committed to moving quitlines forward through evidence-based quitline services. To this end, much of our work this past year focused on activities that strengthened the quality of quitlines.

Improving Quitline Quality

Quality improvement is a NAQC hallmark. From the beginning, NAQC has worked collaboratively with its members and partners to improve the quality of quitline services. In 2008 and 2009, NAQC embarked on several important projects to support quality improvement.

Quality Improvement Initiative

The Quality Improvement Initiative began in 2008 to focus on improving the quality and effectiveness of quitlines in North America. This milestone, ongoing project aims to encourage a standard approach to measuring quality across quitlines. Through collaboration with the NAQC Advisory Council and contributions from many experts in the field, NAQC has created a series of Issue Papers that provide recommendations on standard methods for quality measurement, analysis and reporting. Ancillary materials on improving quality are under development. NAQC is hopeful that quitlines will work toward measuring quality and developing a shared understanding of how to improve quality through this project.

Annual Survey

The NAQC annual survey, begun in 2004, is a key element of how NAQC serves its members and fulfills its mission. Through the survey, NAQC uses data and information gathered to inform its activities and advocacy efforts on behalf of North American quitlines and provide an understanding of the nature of services, funding, utilization, staffing and evaluation of North American quitlines in a particular year. As part of this project, NAQC collects data, analyzes it and shares it with members and the public via presentations and publications. NAQC also makes the data set available to members for additional research.

Minimal Data Set

NAQC's Minimal Data Set (MDS) for quitlines offers a standard approach to evaluating tobacco cessation quitlines. NAQC has been engaged in developing the MDS since the summer of 2003. The MDS was implemented in North America in September 2005. As a foundational NAQC product, the MDS continues to play an important role in improving the quality of quitlines.

In 2008/2009, NAQC's MDS workgroup began efforts to revise it based on a current commitment to review the data set after a few years of its use in the field. A report of this work entitled *Realizing Opportunities: Implementation Assessment of the Minimal Data Set in North America* was published. The report helped inform changes that will be made to the MDS. In 2009, NAQC began revisions to the MDS based on the recommendations in the assessment report. Additionally, extensive technical assistance documents were created to provide support for implementing the recommended changes to the MDS.

Developing a Research Infrastructure

In 2008/2009, NAQC began the process of working with its members and the quitline research community to develop a research infrastructure. NAQC began gathering feedback from members to develop criteria for determining which research projects it pursues, how it engages members in research projects and its level of involvement in emerging research opportunities. NAQC is currently seeking to secure funding for the development of critical research infrastructure elements.

Funders

In addition to our membership, NAQC works collaboratively with a number of organizations whose contributions in FY09 provided critical support for our work. The following organizations provided key funding for NAQC activities. We thank them for their support.

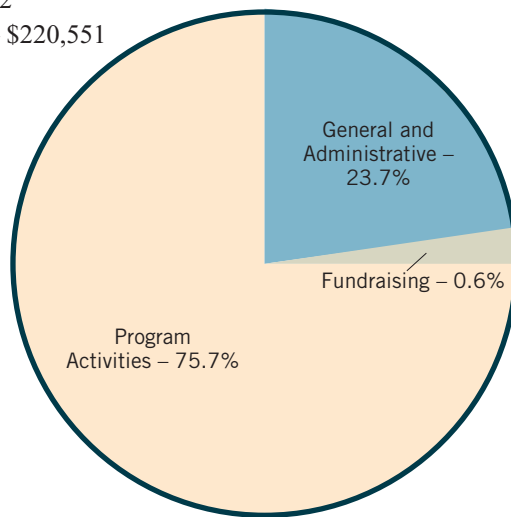
- American Cancer Society*
- American Legacy Foundation*
- Centers for Disease Control and Prevention*
- Clearway Minnesota*
- Robert Wood Johnson Foundation*
- National Association of Chronic Disease Directors*
- Novartis Consumer Health, Inc.*

Financial Snapshot

Program Activities – \$706,152
General and Administrative – \$220,551
*Fundraising – \$5,881

Total Expenses – \$932,584
Total Income – \$941,737
Total Net Assets – \$387,925

Portion Spent on Program Activities: 75.7%



*The only activities attributed to fundraising are those related to seeking unrestricted grants from national foundations and voluntary organizations. Activities related to seeking program grants and contracts are attributed to general and administrative activities.

A Look Ahead

As NAQC looks toward the future, the following recently developed strategic goals and objectives will provide the roadmap to move quitlines forward through building their quality, sustainability, access and reach:

- **Goal 1:** Increase the use of quitline services in North America.

Objective 1: By 2015, each quitline should achieve a reach of at least 6% of its total tobacco users

- **Goal 2:** Increase the capacity of quitline services in North America.

Objective 2: By 2015, on average \$2.19 per capita (\$10.53 per smoker) should be invested in quitline services.

- **Goal 3:** Increase the quality and cultural appropriateness of quitlines in North America.

Objective 3a: By 2015, each quitline should have an overall quit rate of at least 30%.

Objective 3b: By 2015, each quitline should achieve a reach of 6% in priority populations.

As you can see from the work presented in this report, NAQC has already done much to move toward these goals. Yet, much work is still needed. Ultimately, working toward and meeting these goals will decrease direct medical costs and help more smokers quit and live longer, healthier lives.

staff

- | | |
|---------------------------|--|
| Linda A. Bailey, JD, MHS | President and CEO |
| Jessie Saul, PhD | Director of Research |
| Tamatha Thomas-Haase, MPA | Manager of Training and Program Services |
| Natalia Gromov | Office Manager |

Contact Us

learn more

We would appreciate hearing from you about NAQC and the work of moving quitlines forward. Please learn more about us or contact one of the staff members listed below through any of the following ways:

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www.naquitline.org

Promoting evidence based quitline services across diverse communities in North America.