



NAQC Annual Survey of Quitlines 2009 – Wave One

Please submit one completed survey for your state/province by Monday, October 12 to annualsurvey@naquitline.org. For help, email that address or call 602.279.2719.

1. CONTACT INFORMATION

Name:

Job Title:

Employer/Organization:

State/Province:

Email:

Phone:

Second Phone:

Name of quitline:

BUDGET QUESTIONS

2. What was your quitline's Fiscal Year 2009 (FY09)?

Start date:

End date:

3. What is your quitline's Fiscal Year 2010 (FY10)?

Start date:

End date:

NOTE: All references to Fiscal Year 2009 (FY09) refer to the most recently completed fiscal year – please reply about a full 12-month budget period. All references to Fiscal Year 2010 (FY10) refer to the current 12-month budget period.

4. What was your **BUDGET** at the start of **FY09** for the following?

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------|
| <p>a. Quitline Services Services budget includes screening, counseling, providing consumer and provider materials, overhead and administration fees, fax referral operations. Services budget DOES NOT include outreach/detailing contracts, research grants, website costs and one-time capital expenditures.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>b. Quitline Medications Quitline medications include cessation medications offered in conjunction with quitline services.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>c. Quitline Evaluation</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>d. Quitline Media/promotions Media/promotions budget includes any and all activities that quitlines undertake to help promote their desired outcome (e.g., increased awareness towards increasing call volumes) and may include coordinated or stand-alone media campaigns, promotions related to subsidized pharmacotherapies, and collaboration with other programs or agencies. Media/promotion budget does NOT include earned or free media. It should be reported separately from outreach. Note: If it is not possible to calculate media/promotions amount for the quitline separately, please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>e. Quitline Outreach Outreach is the act of providing quitline and referral information to specific quitline target populations and referral groups through activities including displays or booths at health fairs, meetings, workshops, or conferences; presentations at informational meetings; reference materials; academic detailing or face-to-face visits; meetings with health plans and others to gain their agreement to use the quitline, training sessions; etc. Outreach is separate from media/promotion activities. If Outreach cannot be separated from media/promotions, the total should be reported on the Media/promotions line and "N/A" should be checked on the Outreach line.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>f. Other (quitline specific) Include any items/categories included in the total quitline budget below.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>g. Total quitline budget (should be the sum of lines a-f)</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>h. Total tobacco control program (prevention and cessation) budget for your state or province (should include the quitline budget on line g and budget for any other non-quitline programs) Tobacco control program budget should include the quitline budget, and may include more cessation and prevention programs for the state or province. If the tobacco control program budget is handled by a separate organization, check "unable to report."</p> | \$ | <input type="checkbox"/> N/A or unable to report |

5. What were your actual EXPENDITURES for FY09?

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------|
| <p>a. Quitline Services Services budget includes screening, counseling, providing consumer and provider materials, overhead and administration fees, fax referral operations. Services budget DOES NOT include outreach/detailing contracts, research grants, website costs and one-time capital expenditures.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>b. Quitline Medications Quitline medications include cessation medications offered in conjunction with quitline services.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>c. Quitline Evaluation</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>d. Quitline Media/promotions Media/promotions budget includes any and all activities that quitlines undertake to help promote their desired outcome (e.g., increased awareness towards increasing call volumes) and may include coordinated or stand-alone media campaigns, promotions related to subsidized pharmacotherapies, and collaboration with other programs or agencies. Media/promotion budget does NOT include earned or free media. It should be reported separately from outreach. Note: If it is not possible to calculate media/promotions amount for the quitline separately, please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
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| <p>f. Other (quitline specific) Include any items/categories included in the total quitline budget below.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>g. Total quitline budget (should be the sum of lines a-f)</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>h. Total tobacco control program (prevention and cessation) budget for your state or province (should include the quitline budget on line g and budget for any other non-quitline programs) Tobacco control program budget should include the quitline budget, and may include more cessation and prevention programs for the state or province. If the tobacco control program budget is handled by a separate organization, check "unable to report."</p> | \$ | <input type="checkbox"/> N/A or unable to report |

6. Was there a difference between FY09 quitline budget and ACTUAL quitline expenditures due to an unexpected budget change (as opposed to typical variations between budget and expenditures)?

Yes, an increase (**continue to 6a**) Yes, a decrease (**continue to 6a**)

No, no increase or decrease in budget during FY09 (**skip to 6c**)

a. If yes to 6, was the increase or decrease in your quitline budget due to:

Select all that apply

| | |
|--------------------------|----------------------------------------------------|
| <input type="checkbox"/> | i. Economic downturn |
| <input type="checkbox"/> | ii. Political issues unrelated to the economy |
| <input type="checkbox"/> | iii. Loss of partnership(s) |
| <input type="checkbox"/> | iv. State/provincial tobacco tax increase |
| <input type="checkbox"/> | v. Federal tobacco tax increase |
| <input type="checkbox"/> | vi. Increased demand for services/high call volume |
| <input type="checkbox"/> | vii. Other. Please describe: |

b. If yes to 6, what was the IMPACT of the quitline budget increase or decrease?

Select all that apply. Please describe for each item you select.

| | Impact of budget change | Please describe |
|--------------------------|------------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> | i. No impact | |
| <input type="checkbox"/> | ii. Eligibility criteria for counseling changed | |
| <input type="checkbox"/> | iii. Number of counseling sessions changed | |
| <input type="checkbox"/> | iv. Counseling protocol changed | |
| <input type="checkbox"/> | v. Amount or type of NRT provided per caller changed | |
| <input type="checkbox"/> | vi. Eligibility criteria for NRT changed | |
| <input type="checkbox"/> | vii. Promotional budget changed | |
| <input type="checkbox"/> | viii. Types of promotion changed (e.g., shifted television advertising to radio) | |
| <input type="checkbox"/> | ix. Targets of promotion changed (e.g., limited or stopped promotions to specific populations) | |
| <input type="checkbox"/> | x. Other (e.g., cuts in services to special populations or health care partnerships/outreach) | |

c. Describe any impact on your overall tobacco control program related to a budget increase or decrease in FY09. (For example, all face-to-face counseling programs at medical centers have been eliminated, or funding for community coalitions was cut):

7. In **FY09**, what types of **FUNDERS** supported your quitline’s operations, services, promotions, outreach, medications, staff or other infrastructure?

Note: Only include funders that supply money, not those that supply “in-kind” resources only. This information will be used to identify the number and variety of funding sources, can be used to indicate unique or creative ways quitlines have found to fund quitlines or be used to advocate for increased funding for quitlines.

Select all that apply

| | |
|--------------------------------------|-----------------------------------------------------------------------|
| Public sector/government | |
| <input type="checkbox"/> | Local government funds |
| <input type="checkbox"/> | State/provincial general funds |
| <input type="checkbox"/> | State/provincial dedicated tobacco tax funds |
| <input type="checkbox"/> | State Medicaid program |
| <input type="checkbox"/> | MSA funds |
| <input type="checkbox"/> | Tobacco settlement funds (not MSA) |
| Federal funds | |
| <input type="checkbox"/> | CDC |
| <input type="checkbox"/> | Health Canada |
| <input type="checkbox"/> | Other. Please specify: |
| Private sector/non-government | |
| <input type="checkbox"/> | Third party reimbursement through health care institution |
| <input type="checkbox"/> | Third party reimbursement through insurance company |
| <input type="checkbox"/> | Charitable foundation |
| <input type="checkbox"/> | For-profit company |
| <input type="checkbox"/> | Non-governmental organization |
| <input type="checkbox"/> | Employer organization |
| OTHER | |
| <input type="checkbox"/> | Please specify any other public or private funders for your quitline: |

8. For FY09, please indicate the proportion of total quitline funds (identified in item 4g or 5g above) provided by different funding sources.

| | |
|----------------------------------------|---|
| Local government funds | % |
| State/provincial general funds | % |
| State/provincial dedicated tobacco tax | % |
| State Medicaid program | % |
| MSA funds | % |
| Tobacco settlement funds (not MSA) | % |
| Federal funds – CDC | % |
| Federal funds – Health Canada | % |
| Private sector/non-government | % |
| Other | % |

9. What is your FY10 (CURRENT YEAR) budget for the following (refer to page 1 for the start and end dates of your quitline’s FY10):

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------|
| <p>a. Quitline Services Services budget includes screening, counseling, providing consumer and provider materials, overhead and administration fees, fax referral operations. Services budget DOES NOT include outreach/detailing contracts, research grants, website costs and one-time capital expenditures.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>b. Quitline Medications Quitline medications include cessation medications offered in conjunction with quitline services.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>c. Quitline Evaluation</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>d. Quitline Media/promotions Media/promotions budget includes any and all activities that quitlines undertake to help promote their desired outcome (e.g., increased awareness towards increasing call volumes) and may include coordinated or stand-alone media campaigns, promotions related to subsidized pharmacotherapies, and collaboration with other programs or agencies. Media/promotion budget does NOT include earned or free media. It should be reported separately from outreach. Note: If it is not possible to calculate media/promotions amount for the quitline separately, please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>e. Quitline Outreach Outreach is the act of providing quitline and referral information to specific quitline target populations and referral groups through activities including displays or booths at health fairs, meetings, workshops, or conferences; presentations at informational meetings; reference materials; academic detailing or face-to-face visits; meetings with health plans and others to gain their agreement to use the quitline, training sessions; etc. Outreach is separate from media/promotion activities. If Outreach cannot be separated from media/promotions, the total should be reported on the Media/promotions line and “N/A” should be checked on the Outreach line.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>f. Other (quitline specific) Include any items/categories included in the total quitline budget below.</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>g. Total quitline budget (should be the sum of lines a-f)</p> | \$ | <input type="checkbox"/> N/A or unable to report |
| <p>h. Total tobacco control program (prevention and cessation) budget for your state or province (should include the quitline budget on line g and budget for any other non-quitline programs) Tobacco control program budget should include the quitline budget, and may include more cessation and prevention programs for the state or province. If the tobacco control program budget is handled by a separate organization, check “unable to report.”</p> | \$ | <input type="checkbox"/> N/A or unable to report |

10. What is the expected impact of the change in your quitline budget from FY09 to FY10 on quitline services and promotions? (Please compare to quitline services offered at the end of FY09 with services now offered in FY10). DO NOT report on any potential impact from anticipated stimulus funds here.

Select all that apply and please describe for each item you select

| | Impact of budget change | Please describe |
|--------------------------|-----------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> | i. No impact | |
| <input type="checkbox"/> | ii. Eligibility criteria for counseling will change | |
| <input type="checkbox"/> | iii. Number of counseling sessions will change | |
| <input type="checkbox"/> | iv. Counseling protocol will change | |
| <input type="checkbox"/> | v. Amount or type of NRT provided per caller will change | |
| <input type="checkbox"/> | vi. Eligibility criteria for NRT will change | |
| <input type="checkbox"/> | vii. Promotional budget will change | |
| <input type="checkbox"/> | viii. Types of promotion will change (e.g., shift television advertising to radio) | |
| <input type="checkbox"/> | ix. Targets of promotion will change (e.g., limit or stop promotions to specific populations) | |
| <input type="checkbox"/> | x. Other (e.g., cuts in services to special populations or health care partnerships/outreach) | |

11. Please describe the anticipated impact of the change in your overall tobacco control program budget from FY09 to FY10 on your overall tobacco control program (e.g., all face-to-face counseling programs at medical centers will be cut, or funding for community coalitions will be reduced). Please report only on anticipated impact on services and promotions, etc., not on outcomes (e.g., quit rates). DO NOT report on any potential impact from anticipated stimulus funds here.

12. In FY10, what types of FUNDERS support your quitline’s operations, services, promotions, outreach, medications, staff, or other infrastructure?

Note: Only include funders that supply money, not those that supply “in-kind” resources only. This information will be used to identify the number and variety of funding sources, can be used to indicate unique or creative ways quitlines have found to fund quitlines, or be used to advocate for increased funding for quitlines.

Select all that apply

| | |
|--------------------------------------|-----------------------------------------------------------------------|
| Public sector/government | |
| <input type="checkbox"/> | Local government funds |
| <input type="checkbox"/> | State/provincial general funds |
| <input type="checkbox"/> | State/provincial dedicated tobacco tax funds |
| <input type="checkbox"/> | State Medicaid program |
| <input type="checkbox"/> | MSA funds |
| <input type="checkbox"/> | Tobacco settlement funds (not MSA) |
| Federal funds | |
| <input type="checkbox"/> | CDC |
| <input type="checkbox"/> | Health Canada |
| <input type="checkbox"/> | Other. Please specify: |
| Private sector/non-government | |
| <input type="checkbox"/> | Third party reimbursement through health care institution |
| <input type="checkbox"/> | Third party reimbursement through insurance company |
| <input type="checkbox"/> | Charitable foundation |
| <input type="checkbox"/> | For-profit company |
| <input type="checkbox"/> | Non-governmental organization |
| <input type="checkbox"/> | Employer organization |
| OTHER | |
| <input type="checkbox"/> | Please specify any other public or private funders for your quitline: |

13. Please indicate the proportion of total quitline funds (identified in item 9g above) provided by different funding sources in FY10.

| | |
|----------------------------------------|---|
| Local government funds | % |
| State/provincial general funds | % |
| State/provincial dedicated tobacco tax | % |
| State Medicaid program | % |
| MSA funds | % |
| Tobacco settlement funds (not MSA) | % |
| Federal funds – CDC | % |
| Federal funds – Health Canada | % |
| Private sector/non-government | % |
| Other | % |

UTILIZATION

For FY09 operations – please refer to page 1 for the start and end date of your quitlines’ FY09

14. Quitlines use many types of promotions and referral networks to increase their reach to tobacco users. Please select all of the sources that generated referrals to your quitline in FY09. Referrals are client referrals to the quitline from health professionals, other intermediaries or services (including Web sites) that trigger a proactive call to the client initiated by the quitline.

Select all that apply

| | |
|--------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> | a. Fax referral system |
| <input type="checkbox"/> | b. Community organization networks |
| <input type="checkbox"/> | c. Online advertising (paid) |
| <input type="checkbox"/> | d. Web referrals (links from Web sites, not paid ads) |
| <input type="checkbox"/> | e. Central call center (“triage”) separate from the quitline |
| <input type="checkbox"/> | f. Other. Please describe: |

15. How many REFERRALS did the quitline receive during FY09 from the following?

| | | |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------|
| a. FAX referrals | b. Other referrals (e.g., web referrals, “click to call,” online ads, etc.) | c. Total referrals (C=A+B) |
| N= <input type="checkbox"/> unable to report | N= <input type="checkbox"/> unable to report | N= <input type="checkbox"/> unable to report |

16. How many total DIRECT calls came into the quitline during FY09? Note: Direct calls are calls to the quitline, not referrals that generate an outbound call *from* the quitline. Please report on number of CALLS, not number of callers/unique individuals. This should include proxy callers, wrong numbers, and prank calls.

| | | | |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| a. Calls answered live | b. Calls that went to voice mail | c. Calls hung up or abandoned | d. Total direct calls (sum of first three categories) |
| N= <input type="checkbox"/> unable to report | N= <input type="checkbox"/> unable to report | N= <input type="checkbox"/> unable to report | N= <input type="checkbox"/> unable to report |

17. Of the total DIRECT calls into the quitline as reported above, how many UNIQUE tobacco users called the quitline during FY09? Note: tobacco user can be smoker, chewer, etc. and can be a current user or recent quitter interested in staying quit. Please include all tobacco users who called, including those who had questions only, those who requested materials, and those who requested services.

N=
unable to report

18. Does your quitline have a formal intake or registration process?

Yes (continue to 18a) No (skip to 18b)

18a. (If yes to 18) Of the total number of referrals reported above, and the total number of tobacco users calling directly, indicate the total number of tobacco users who completed an INTAKE or REGISTRATION process.

N= (skip to 19)

18b. (If no to 18) Of the total number of referrals reported above and the total number of tobacco users calling directly, indicate the total number of tobacco users who indicated an interest in receiving services from the quitline.

N= (continue to 19)

19. How many TOBACCO USERS who called or were referred to the quitline received the services listed below in FY09? Report only on those who received service, not those who requested service. For the purposes of this question, we define “received” service as anyone who received quitline self-help materials and/or began at least one counseling call with the quitline and/or received medications through the quitline. Number of minutes of counseling should be cumulative for each tobacco user. DO NOT include time spent conducting intake or other non-counseling time. [If your quitline’s intake process takes 10 minutes on average, subtract 10 minutes from the total number of minutes to calculate the number of counseling minutes for each tobacco user.

| a.* Self-help materials with no counseling | b. <u>Minimal</u> Counseling (began first session but less than 3 minutes) | c. <u>Low-intensity</u> counseling (3-10 minutes) | d.* <u>Higher-intensity</u> counseling (>10 minutes) |
|-------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| N= <input type="checkbox"/> unable to report | N= <input type="checkbox"/> unable to report | N= <input type="checkbox"/> unable to report | N= <input type="checkbox"/> unable to report |

***Note: a-d are mutually exclusive categories.**

e. Number of tobacco users who were provided Medications (NRT or other FDA-approved medications for tobacco cessation) through the quitline

N=
 unable to report

f. Total tobacco users provided Minimal, low-intensity, or higher-intensity **counseling OR **medications** OR **both** counseling and medications [Do NOT include those who received only self-help materials here.] (Note: This is the number that will be used to calculate treatment reach using the NAQC standard calculation.)**

***If your quitline cannot report on the numbers of tobacco users receiving minimal, low-intensity, and higher-intensity counseling, include the number of tobacco users who **began** the first counseling session and/or received medications here.

N=
 unable to report

20. In FY09, was there greater demand for services than your quitline had the capacity to deliver?

- Yes (continue to 20a) No (skip to 21)

20a. If yes to 20, how did you assess or measure this demand?

21. Did your quitline experience a surge in call volume in FY09? Note: a surge is defined here as an increase in call volumes beyond capacity (e.g. too many calls for the budget available, too many calls in a short period of time, inability to handle a long-term increase in calls.)

- Yes (continue to 21a) No (skip to 22)

21a. If yes to 21, what was the surge in response to? *Select all that apply*

| | |
|--------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> | i. Federal tax increase |
| <input type="checkbox"/> | ii. State/provincial tax increase |
| <input type="checkbox"/> | iii. Promotional campaign. Please describe: |
| <input type="checkbox"/> | iv. Free NRT/medications (new or newly promoted). Please describe: |
| <input type="checkbox"/> | v. Other. Please describe: |

21b. If yes to 21, what was the impact of the surge in call volume? *Select all that apply and please describe for each item you select*

| | Impact of budget change | Please describe |
|--------------------------|------------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> | i. No impact | |
| <input type="checkbox"/> | ii. Eligibility criteria for counseling changed | |
| <input type="checkbox"/> | iii. Number of counseling sessions changed | |
| <input type="checkbox"/> | iv. Counseling protocol changed | |
| <input type="checkbox"/> | v. Amount or type of NRT provided per caller changed | |
| <input type="checkbox"/> | vi. Eligibility criteria for NRT changed | |
| <input type="checkbox"/> | vii. Promotional budget changed | |
| <input type="checkbox"/> | viii. Types of promotion changed (e.g., shifted television advertising to radio) | |
| <input type="checkbox"/> | ix. Targets of promotion changed (e.g., limited or stopped promotions to specific populations) | |
| <input type="checkbox"/> | x. Other (e.g., cuts in services to special populations or health care partnerships/outreach) | |

PROMOTIONAL ACTIVITY

22. What state-wide or provincial-wide paid media/promotions and outreach activities did you do in FY09?

Select all that apply

| | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Paid media/promotions |
| <input type="checkbox"/> | Television ads |
| <input type="checkbox"/> | Radio ads |
| <input type="checkbox"/> | Newspaper ads |
| <input type="checkbox"/> | Billboards |
| <input type="checkbox"/> | Online advertising (banner ads and paid search engine ads) |
| <input type="checkbox"/> | Earned media |
| <input type="checkbox"/> | Outreach |
| <input type="checkbox"/> | Displaying or presenting quitline information at health fairs, meetings, workshops or conferences |
| <input type="checkbox"/> | Building health care referral networks (health care providers and systems) (includes academic detailing or face-to-face visits, meetings, training sessions, etc.) |
| <input type="checkbox"/> | Building other referral networks (community-based organizations) (includes face-to-face visits, meetings, training sessions, etc.) |
| <input type="checkbox"/> | Other. Please describe: |

23. What state-wide or provincial-wide paid media/promotions and outreach activities do you have planned for FY10?

Select all that apply

| | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Paid media/promotions |
| <input type="checkbox"/> | Television ads |
| <input type="checkbox"/> | Radio ads |
| <input type="checkbox"/> | Newspaper ads |
| <input type="checkbox"/> | Billboards |
| <input type="checkbox"/> | Online advertising (banner ads and paid search engine ads) |
| <input type="checkbox"/> | Earned media |
| <input type="checkbox"/> | Outreach |
| <input type="checkbox"/> | Displaying or presenting quitline information at health fairs, meetings, workshops or conferences |
| <input type="checkbox"/> | Building health care referral networks (health care providers and systems) (includes academic detailing or face-to-face visits, meetings, training sessions, etc.) |
| <input type="checkbox"/> | Building other referral networks (community-based organizations) (includes face-to-face visits, meetings, training sessions, etc.) |
| <input type="checkbox"/> | Other. Please describe: |

24. Are you conducting or do you plan to conduct promotions or outreach to priority or special populations in FY10?

- Yes (continue to 24a) No (skip to 25)

24a. If yes to 24, please indicate which populations. *Select all that apply*

| | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | i. Pregnant tobacco users |
| <input type="checkbox"/> | ii. Youth – under 18 |
| <input type="checkbox"/> | iii. Young adults (18-25) |
| <input type="checkbox"/> | iv. Older tobacco users (e.g., 55+) |
| <input type="checkbox"/> | v. Smokeless tobacco users |
| <input type="checkbox"/> | vi. Racial ethnic populations. Please describe: |
| <input type="checkbox"/> | vii. Lesbian, Gay, Bisexual, Transgender |
| <input type="checkbox"/> | viii. Mental health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.) |
| <input type="checkbox"/> | ix. Multiple addictions: tobacco and alcohol OR other drugs |
| <input type="checkbox"/> | x. Low SES |
| <input type="checkbox"/> | xi. Medicaid |
| <input type="checkbox"/> | xii. Uninsured/Underinsured |
| <input type="checkbox"/> | xiii. Chronic health conditions |
| <input type="checkbox"/> | xiv. Low literacy |
| <input type="checkbox"/> | xv. Other. Please specify: |

SERVICES OFFERED AND SERVICE CAPACITY

For the following section, “counseling AND medications” refers to the CDC recommended level of service of proactive multi-session counseling plus at least 2 weeks of NRT for all callers and at least 4 weeks of NRT for uninsured callers or those on public assistance.

25. Which of the following quitline services are being provided in FY10?

Select all that apply

| | |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | i. Minimal/brief intervention – 1-10 minutes |
| <input type="checkbox"/> | ii. Single session counseling more than 10 minutes |
| <input type="checkbox"/> | iii. Multiple sessions – client initiated (i.e., reactive, client calls in for each follow-up) |
| <input type="checkbox"/> | iv. Multiple sessions – counselor initiated (i.e., proactive, cessation specialist/counselor/coach calls client for each follow-up) |
| <input type="checkbox"/> | v. Other. Please specify: |

26. What are the eligibility criteria for receiving counseling services for your quitline in FY10? If eligibility criteria vary based on types of services offered, please indicate in the text box after “other”.

Select all that apply

| | |
|--------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> | i. Resident of state/province. Please specify: |
| <input type="checkbox"/> | ii. Age. Please specify: |
| <input type="checkbox"/> | iii. Uninsured. Please specify: |
| <input type="checkbox"/> | iv. Under-insured. Please specify: |
| <input type="checkbox"/> | v. Medicaid. Please specify: |
| <input type="checkbox"/> | vi. Medicare insured. Please specify: |
| <input type="checkbox"/> | vii. Private insured or private insurance holders. Please specify: |
| <input type="checkbox"/> | viii. Readiness to quit. Please specify: |
| <input type="checkbox"/> | ix. Special population. Please specify: |
| <input type="checkbox"/> | x. Other. Please specify: |

27. How many tobacco users do you expect to serve with counseling and/or medications in FY10?

N= _____ tobacco users
 unable to report

28. Quitlines address quitting medications in a variety of ways. Please report how your quitline provides medications in FY10. For free or discounted medications or vouchers, please provide the number of weeks of medications or vouchers that are provided per enrollment. Note: if your quitline provides varying amounts of free medications based on eligibility criteria, please describe in the text box following this question.

| | Patch | Gum | Lozenge | Zyban (Bupropion) | Chantix/Champix (Varenicline) | Nasal spray | Inhaler | Other meds |
|-------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Provided FREE medications | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks |
| b. Provided DISCOUNTED meds | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks |
| c. REFERRED to organizations that provide free or discounted products | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| d. Provided voucher/coupon or certificate to redeem product | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks | <input type="checkbox"/> Yes weeks |
| e. Provided information about using products | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| f. Provided information about accessing free or reduced-cost products | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

28g. Please describe any other ways your quitline addresses quitting medications not reported in 28a-f above:

29. What are the eligibility criteria for receiving FREE NRT for your quitline for FY10? If eligibility criteria vary based on level of service, please indicate in the text box after “other”.

Select all that apply

| | |
|--------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> | a. None (no free NRT provided) |
| <input type="checkbox"/> | b. Resident of state/province. Please specify: |
| <input type="checkbox"/> | c. Age. Please specify: |
| <input type="checkbox"/> | d. Uninsured. Please specify: |
| <input type="checkbox"/> | e. Under-insured. Please specify: |
| <input type="checkbox"/> | f. Medicaid. Please specify: |
| <input type="checkbox"/> | g. Medicare insured. Please specify: |
| <input type="checkbox"/> | h. Private insured or private insurance holders. Please specify: |
| <input type="checkbox"/> | i. Enrollment in counseling. Please specify: |
| <input type="checkbox"/> | j. Readiness to quit. Please specify: |
| <input type="checkbox"/> | k. Special population. Please specify: |
| <input type="checkbox"/> | l. Medical conditions/contraindications. Please specify: |
| <input type="checkbox"/> | m. Limited supply – orders filled on first come/first served basis. Please specify: |
| <input type="checkbox"/> | n. Geographic area (e.g., specific to a county, city, region). Please specify: |
| <input type="checkbox"/> | o. Research study criteria. Please specify: |
| <input type="checkbox"/> | k. Other. Please specify: |

30. What are the eligibility criteria for receiving REDUCED COST NRT from your quitline for FY10? If eligibility criteria vary based on level of service, please indicate in the text box after “other”.

Select all that apply

| | |
|--------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> | a. None (no reduced cost NRT provided) |
| <input type="checkbox"/> | b. Resident of state/province. Please specify: |
| <input type="checkbox"/> | c. Age. Please specify: |
| <input type="checkbox"/> | d. Uninsured. Please specify: |
| <input type="checkbox"/> | e. Under-insured. Please specify: |
| <input type="checkbox"/> | f. Medicaid. Please specify: |
| <input type="checkbox"/> | g. Medicare insured. Please specify: |
| <input type="checkbox"/> | h. Private insured or private insurance holders. Please specify: |
| <input type="checkbox"/> | i. Enrollment in counseling. Please specify: |
| <input type="checkbox"/> | j. Readiness to quit. Please specify: |
| <input type="checkbox"/> | k. Special population. Please specify: |
| <input type="checkbox"/> | l. Medical conditions/contraindications. Please specify: |
| <input type="checkbox"/> | m. Limited supply – orders filled on first come/first served basis. Please specify: |
| <input type="checkbox"/> | n. Geographic area (e.g., specific to a county, city, region). Please specify: |
| <input type="checkbox"/> | o. Research study criteria. Please specify: |
| <input type="checkbox"/> | k. Other. Please specify: |

For the following section, “counseling AND medications” refers to the CDC recommended level of service of proactive multi-session counseling plus at least 2 weeks of NRT for all callers and at least 4 weeks of NRT for uninsured callers or those on public assistance.

31. The CDC recommends funding quitlines at a level that can serve 6% of tobacco users with counseling and/or medications annually. This assumes that 8% of tobacco users contact quitlines, and 75% of those (6% of tobacco users) receive counseling AND medications. Please estimate and explain:

31a. How much funding would you need annually to generate calls from 8% of adult tobacco users each year?

\$ per year

31b. Please describe how you arrived at this estimate:

PLEASE SKIP TO #34 (THE LAST QUESTION) IF YOUR QUITLINE SERVICE PROVIDER IS ONE OF THE FOLLOWING:

- FREE & CLEAR
- ACS
- NATIONAL JEWISH
- IQH
- JSI
- CCS-ONTARIO

ALL OTHERS PLEASE CONTINUE WITH QUESTIONS 32 – 34. THANK YOU!!!

For the following section, “counseling AND medications” refers to the CDC recommended level of service of proactive multi-session counseling plus at least 2 weeks of NRT for all callers and at least 4 weeks of NRT for uninsured callers or those on public assistance.

32. Given unlimited funds, but using existing infrastructure (i.e., without changing or improving telephony platforms, computer systems, or hiring new staff, etc.), what is the maximum number of clients your quitline could serve with counseling AND medications in FY10 if calls come in at a sustained rate (i.e., no call surges)?

N= callers per year

33. The CDC recommends funding quitlines at a level that can serve 6% of tobacco users with counseling and/or medications annually. This assumes that 8% of tobacco users contact quitlines, and 75% of those (6% of tobacco users) receive counseling AND medications.

33a. Assuming 8% of tobacco users contact the quitline, what, if any, additional resources would your organization need, in each category listed below, to create an infrastructure sufficient to SERVE 6% of tobacco users in all state/provincial populations while meeting the quality standards in place for your quitline? Please provide a description and a cost estimate for each category

| | Description of what would need to be added/changed | Cost estimate for changes as described |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------|
| CAPITALIZATION/STARTUP COSTS | | |
| i. Telephony system | | \$ |
| ii. Physical space | | \$ |
| iii. Computer/software operating system | | \$ |
| ONGOING DELIVERY OF SERVICE COSTS | | |
| iv. Counseling services (including hiring, training, and oversight of management/clinical oversight staff, counseling staff, and registration staff) | | \$ |
| v. Medications (clinical oversight, management, and fulfillment, to provide at least 2 weeks of NRT for all callers, and at least 4 weeks of NRT for uninsured callers or those on public assistance. Do not include the cost of NRT itself.) | | \$ |

33b. How many additional counselors/coaches and intake staff would your service provider need to hire to field calls from 8% of tobacco users and serve 6% with counseling?

intake staff

counselors/coaches

33c. Assuming the financial resources were provided, how long would it take for your quitline to generate sufficient capacity to serve 6% of tobacco users in your state or province with evidence-based services (counseling and medications). Counseling AND medications refers to the CDC recommended level of service of proactive multi-session counseling plus at least 2 weeks of NRT for all callers and at least 4 weeks of NRT for uninsured callers or those on public assistance.

months

34. Please provide any additional comments you would like to make?

Thank you for taking the time to complete this survey.