

Results from the 2011 NAQC Annual Survey of Quitlines

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and the NAQC Annual Survey Workgroup

July 2012

2011 Annual Survey Methods

Budget Survey fielded from August 15 to October 30, 2011

- Web-based survey with email and telephone follow-up:
 - 1) Quitline budgets
 - 2) Funding sources

Additional Survey Sections fielded from January 25 to March 31, 2012

- Web-based survey with email and telephone follow-up:
 - 1) General Information, hours, services offered
 - 2) Utilization
 - 3) Evaluation

Additional Information from CDC's Quarterly Services Survey and NAQC quitline profiles also included in analysis

2011 Annual Survey Response Rates

Budget Survey:

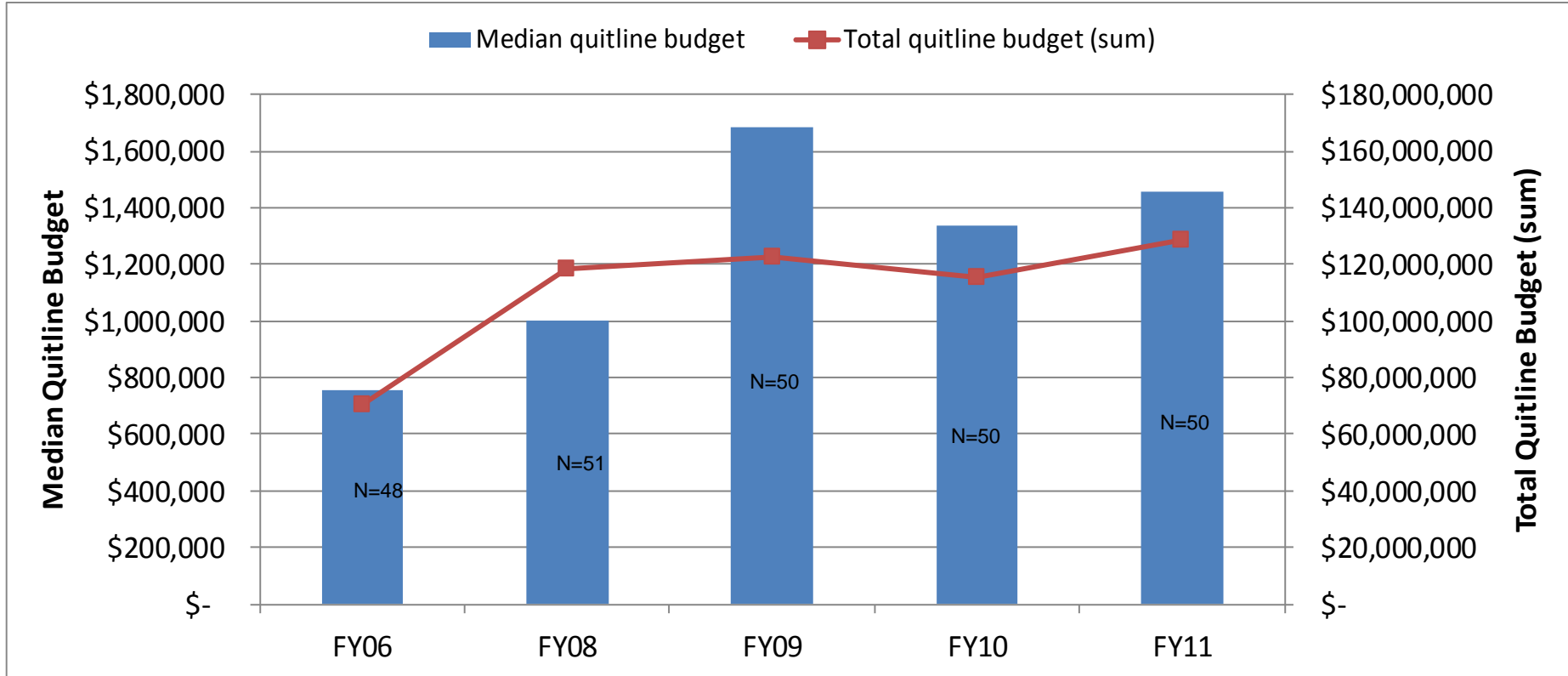
- 65 quitline funders were asked to respond; 50 of 53 US quitlines responded (94%); 12 of 12 Canadian quitlines responded (100%)

Additional Survey Sections:

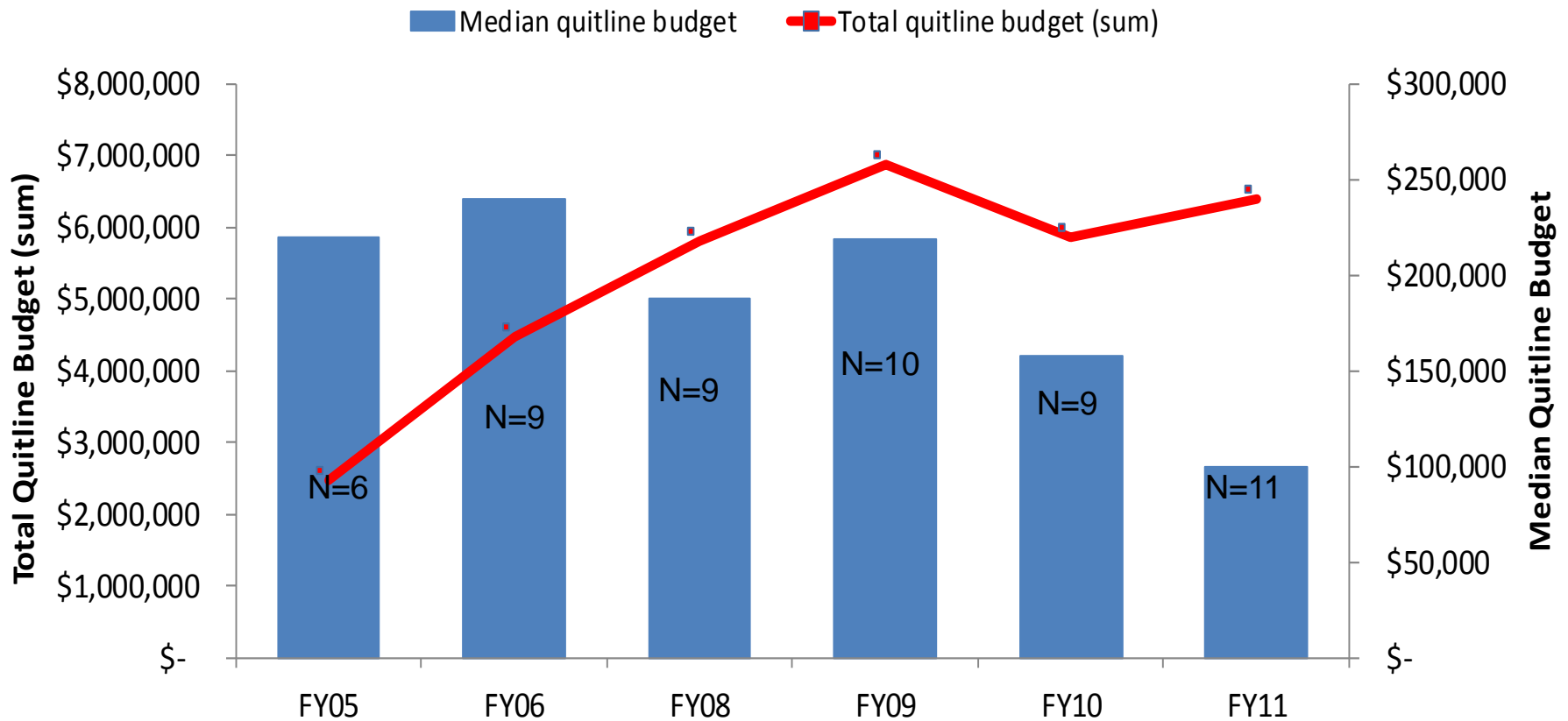
- 65 quitline funders and their service providers were asked to respond; 53 of 53 US quitlines responded (100%); 10 of 12 Canadian quitlines responded (83%)

BUDGET

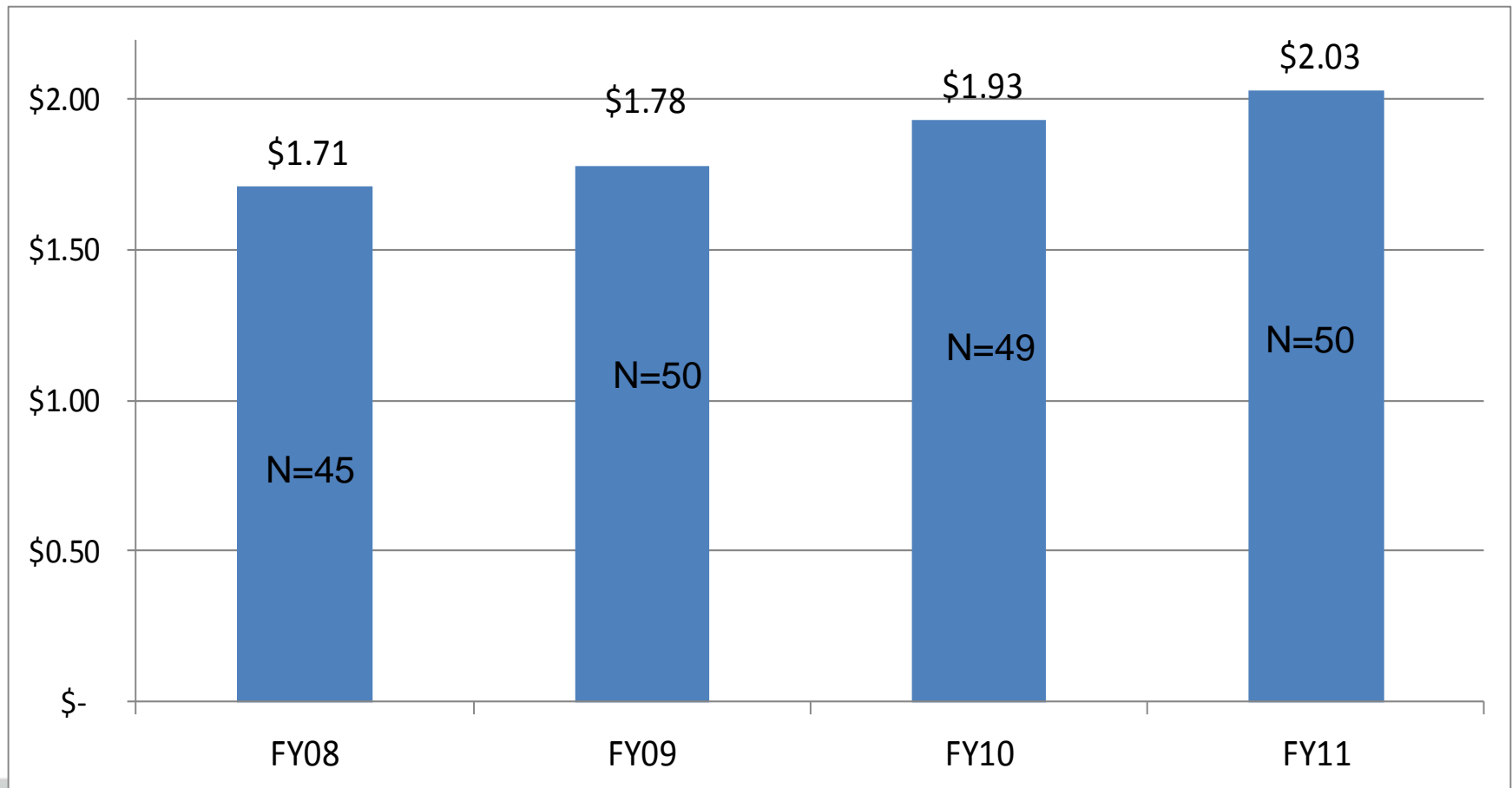
Median and total (sum) quitline budgets have increased slightly in the U.S. from FY2010 to FY2011



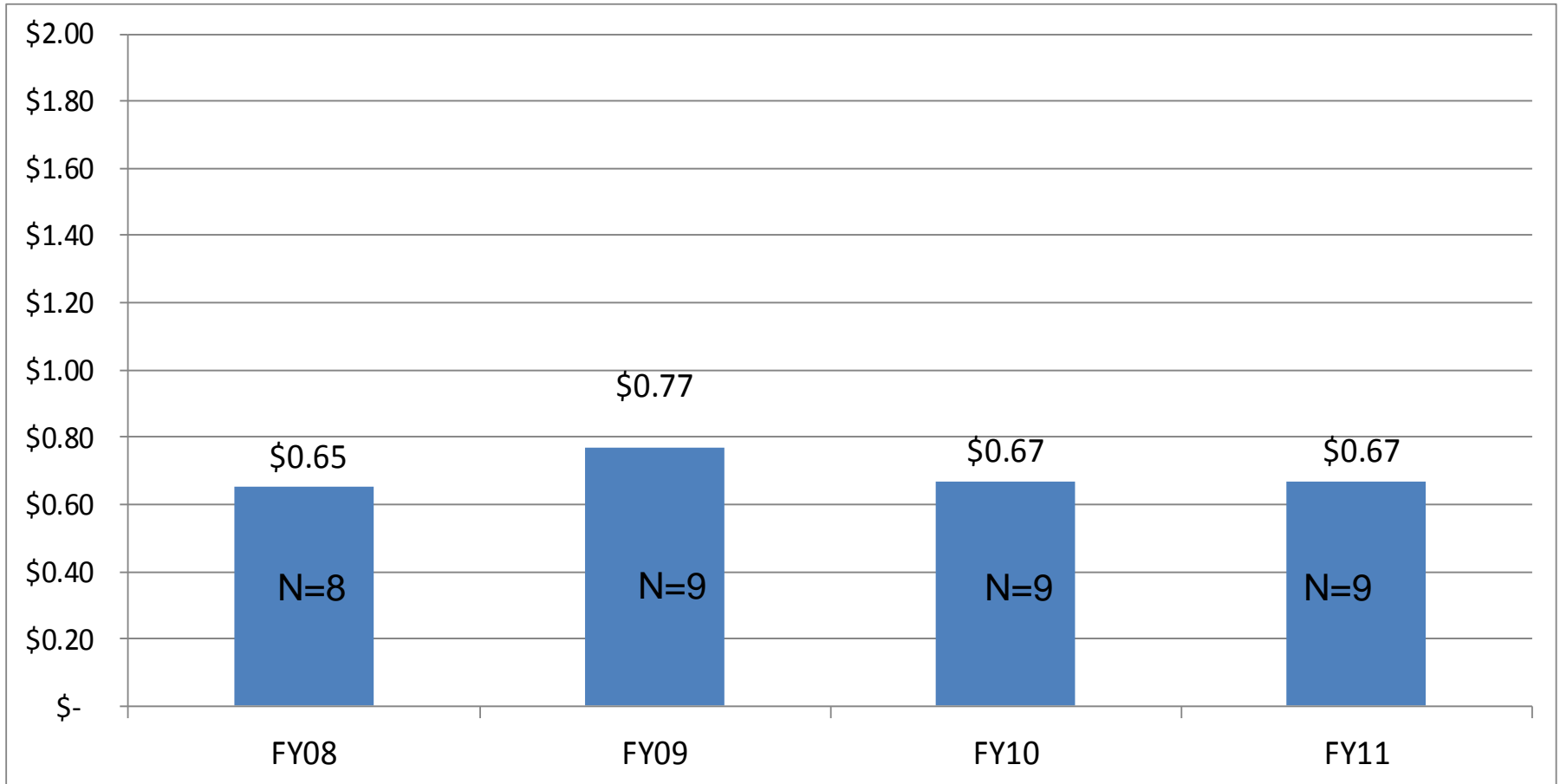
Median quitline budgets in Canada have decreased by over 50% from FY09 – FY11



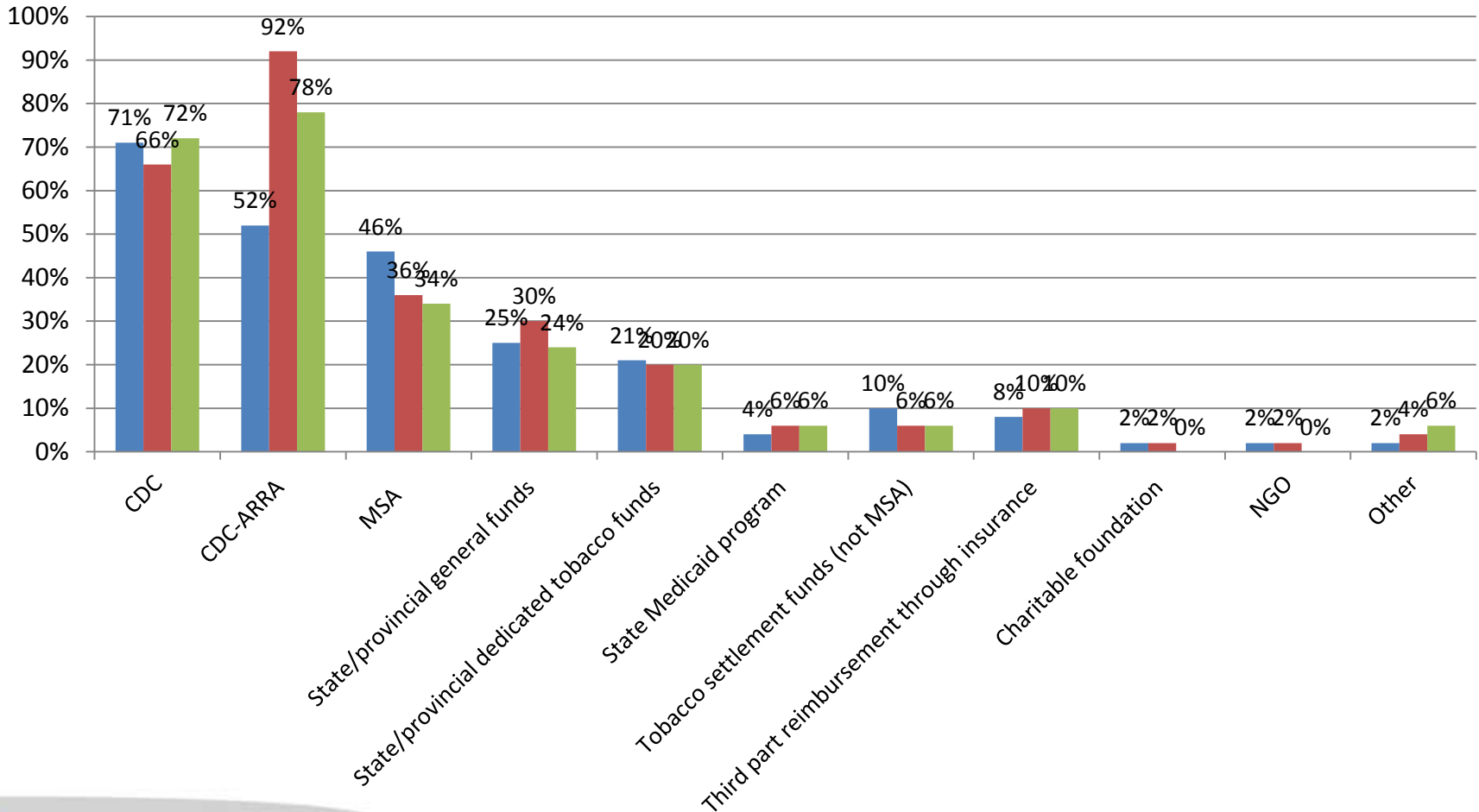
US Spending per Smoker (services and medications), FY2008-FY2011 (goal \$10.53)



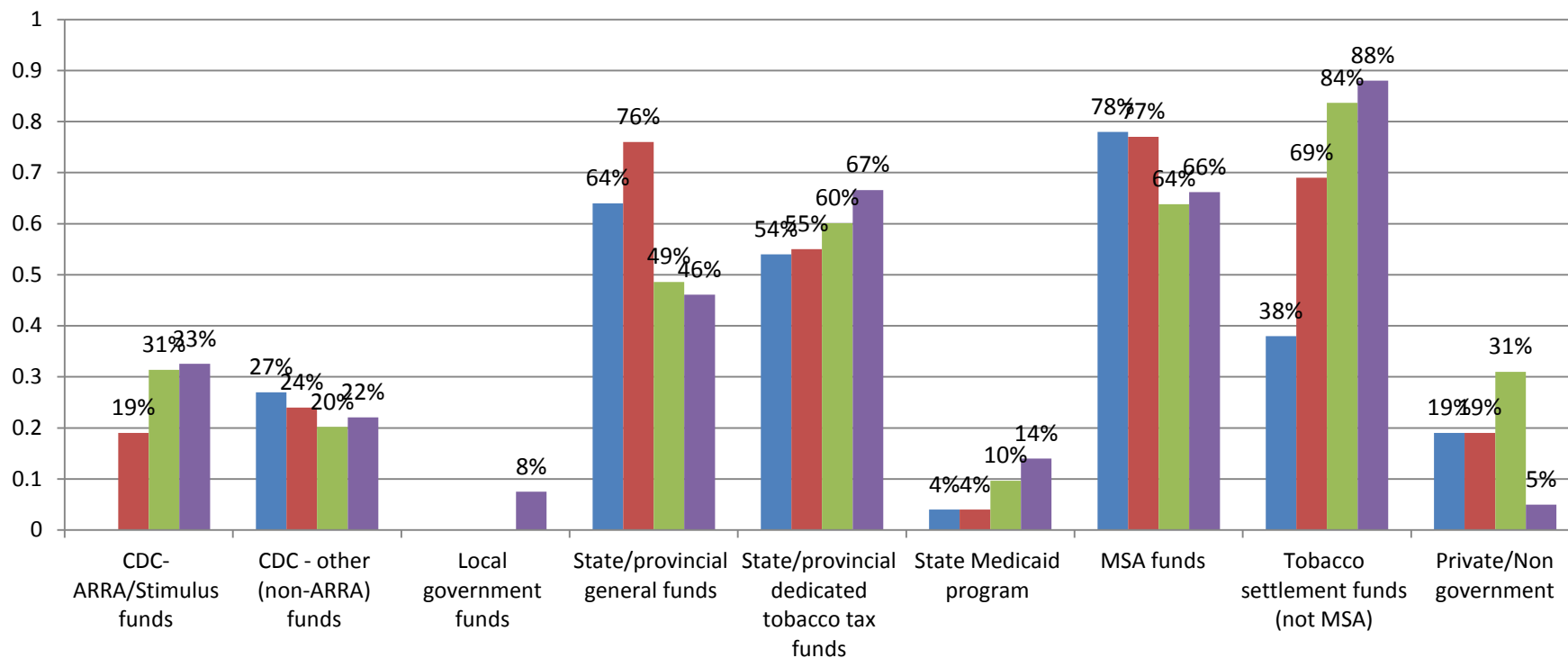
Canada Spending per Smoker (services), FY2008-FY2011 (goal \$10.53)



More US quitlines report receiving funds from CDC or MSA funds than any other source

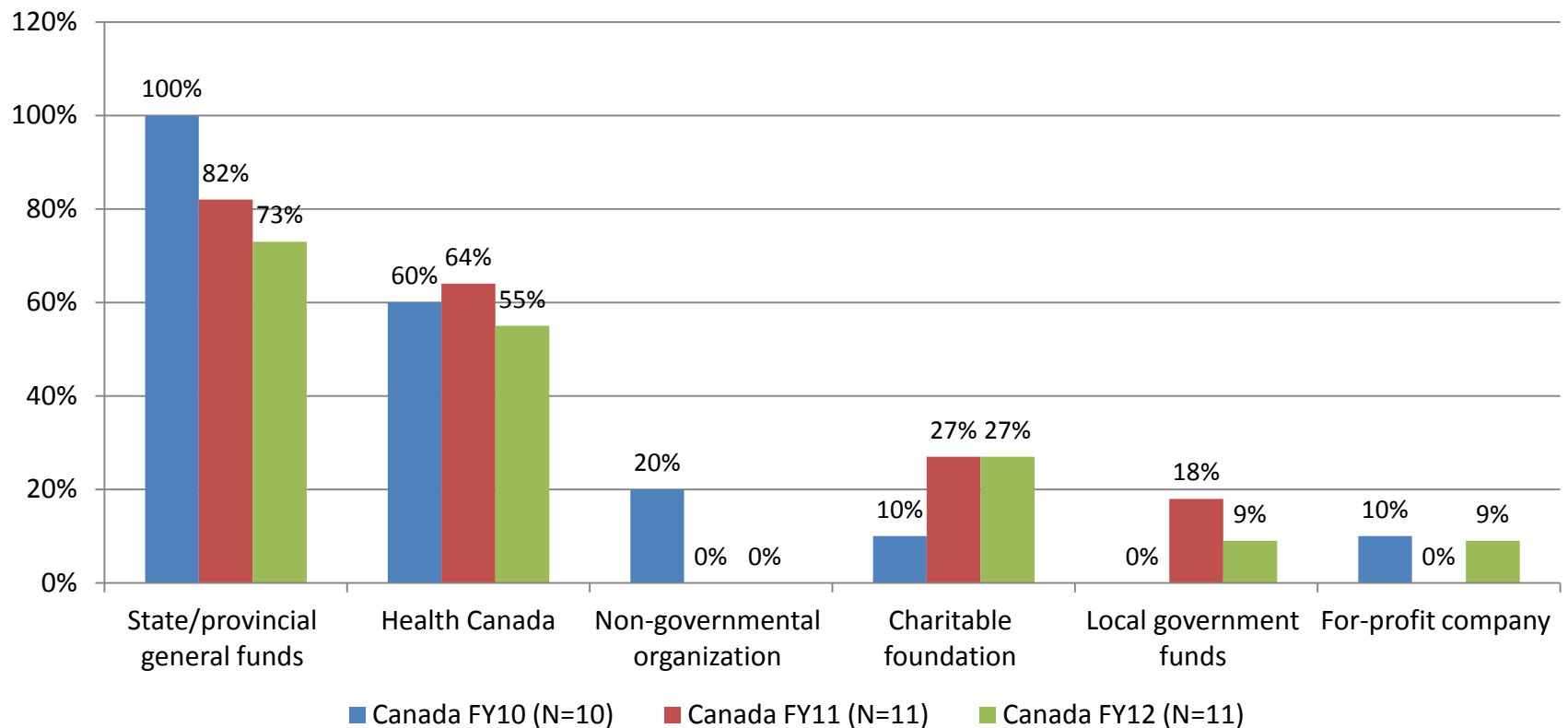


For US quitlines, the highest proportion of funds come from MSA, general funds, state tobacco taxes, and non-MSA tobacco settlement funds

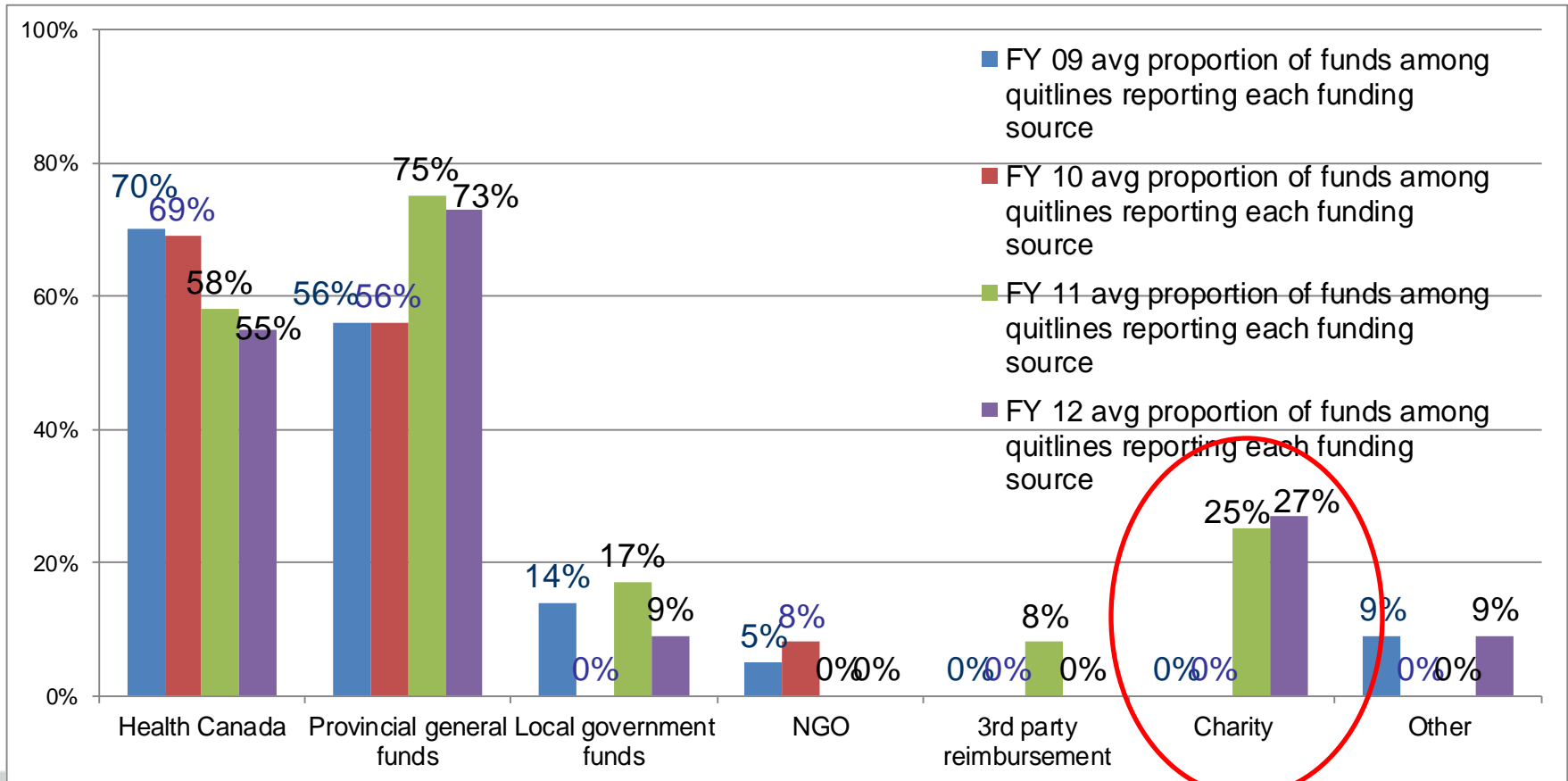


- 09 avg proportion of funds among quitlines reporting each funding source
- 10 avg proportion of funds among quitlines reporting each funding source
- 11 avg proportion of funds among quitlines reporting each funding source
- 12 avg proportion of funds among quitlines reporting each funding source

The majority of Canadian quitlines report receiving funds from provincial general funds and Health Canada



For Canadian quitlines, the highest proportion of funds come from provincial general funds and Health Canada

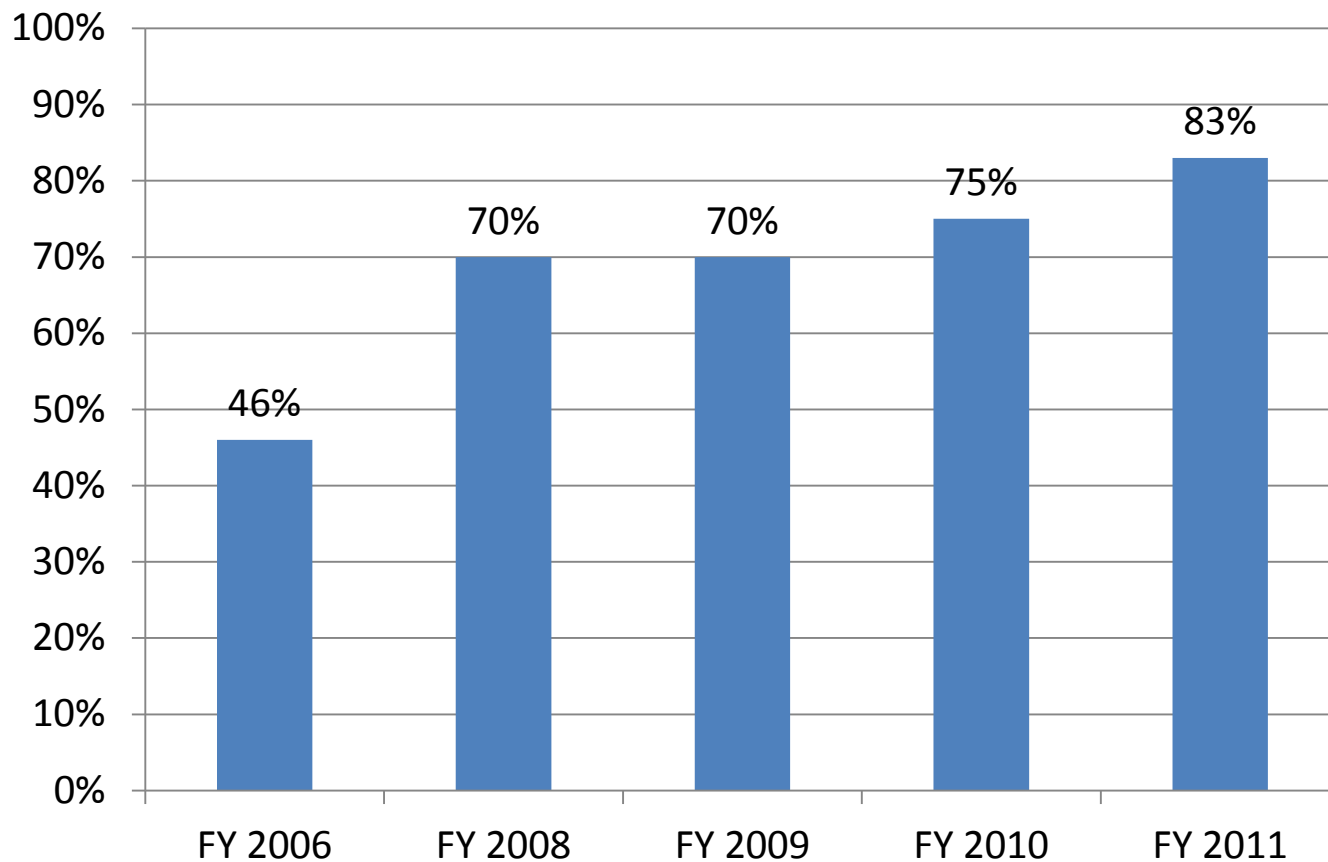


DESCRIPTION OF SERVICES

Most US and Canadian quitlines provide multiple proactive counseling sessions FY11

Phone counseling services	US N = 53	CAN N = 10
	% (n)	% (n)
Minimal/brief intervention—client-initiated —1-10 minutes	26% (14)	100% (10)
Single session counseling more than 10 minutes—client-initiated	64% (34)	100% (10)
Multiple sessions—client-initiated (i.e., reactive, client calls in for each follow up)	76% (40)	100% (10)
Multiple sessions—counselor-initiated (i.e., proactive, cessation specialist / counselor / coach calls client for follow up)	96% (51)	100% (10)

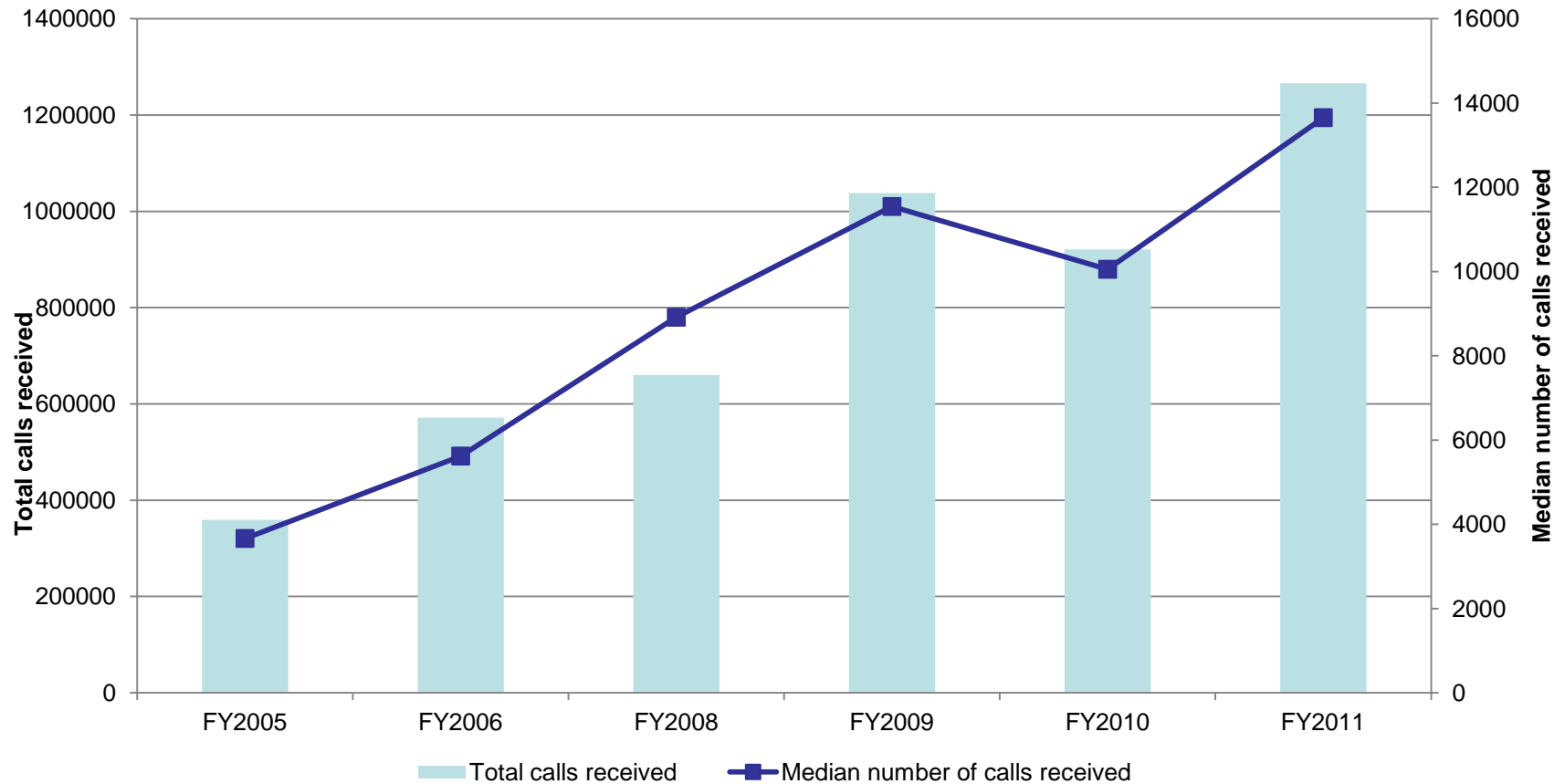
The number of US quitlines providing free medications has increased over time



UTILIZATION

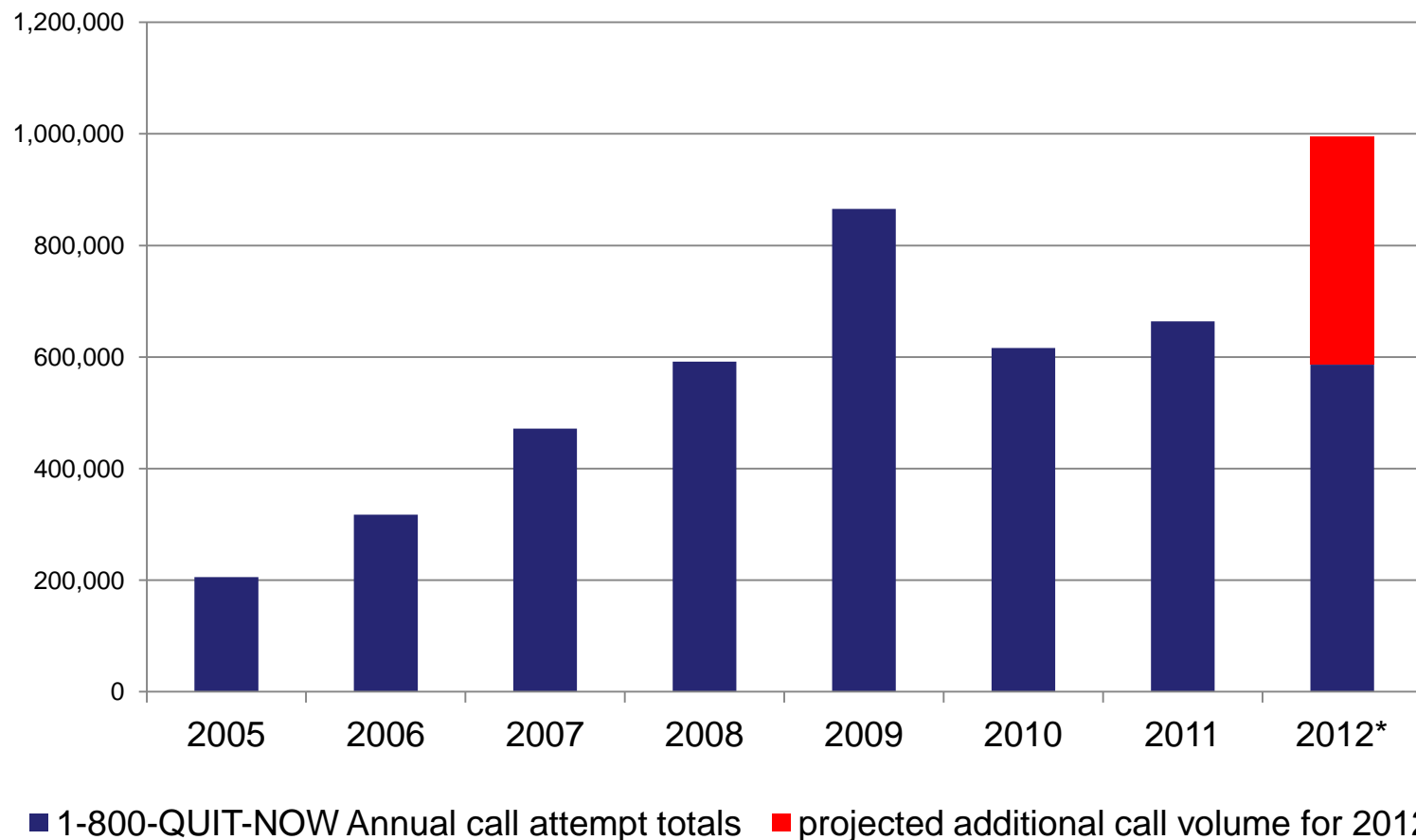
Demand for Quitline Services is Rising

Total and median calls received by US Quitlines

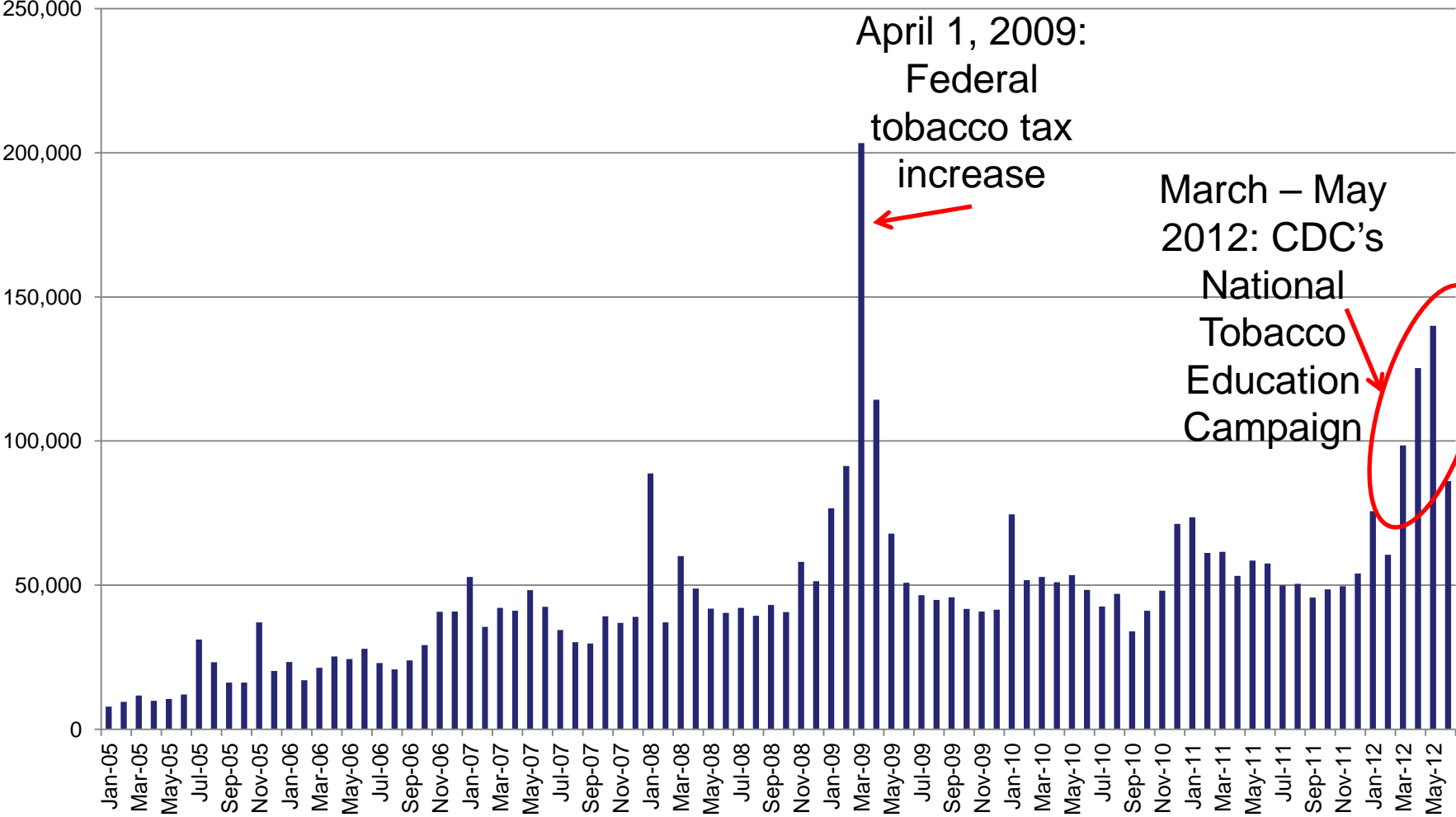


Demand for Quitline Services is Rising

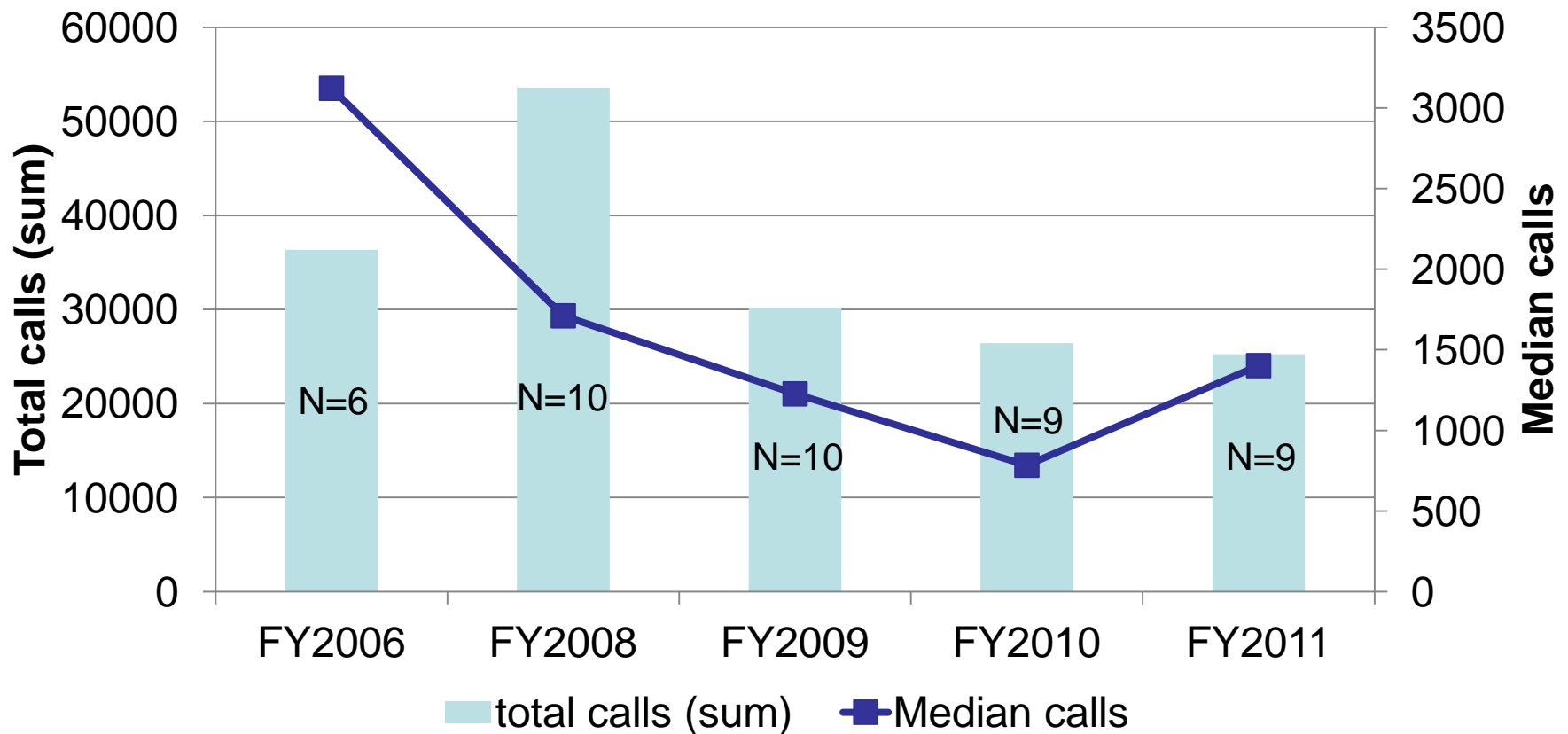
1-800-QUIT-NOW Annual Call Attempt Totals



1-800-QUIT-NOW call attempts

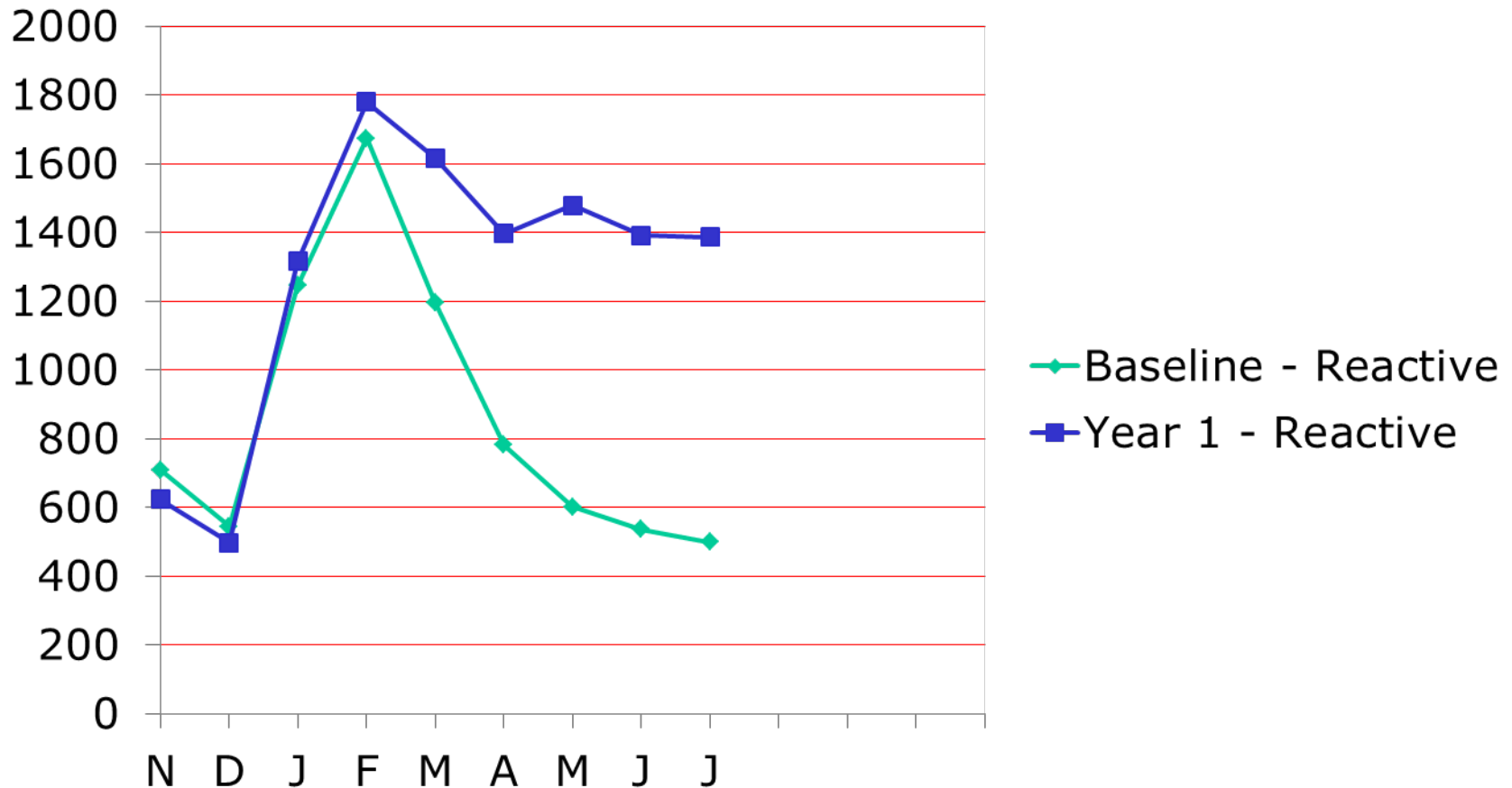


Total and median calls received by Canadian quitlines



Ontario Collaborative

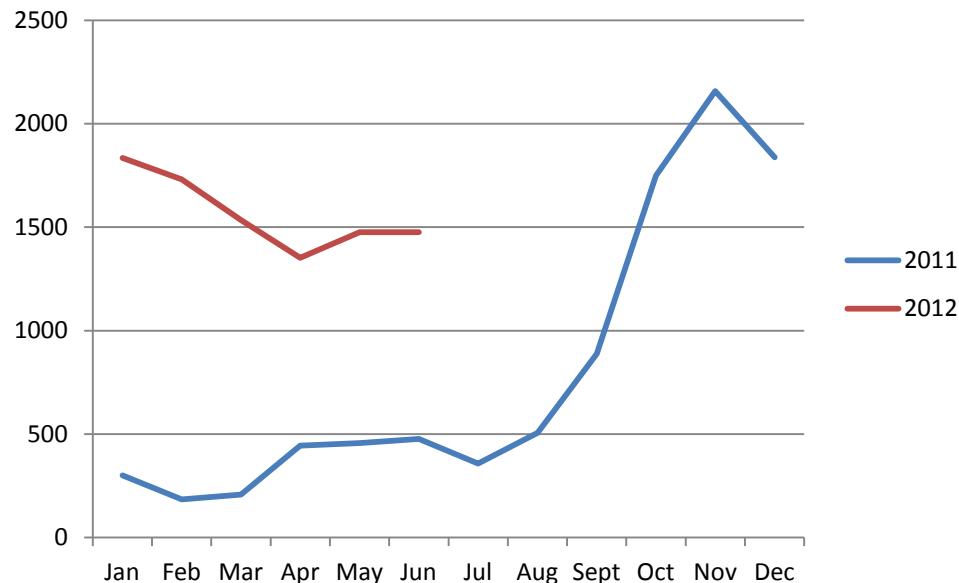
Outcomes: Reactive Volume Nov – July: Baseline vs. Year 1



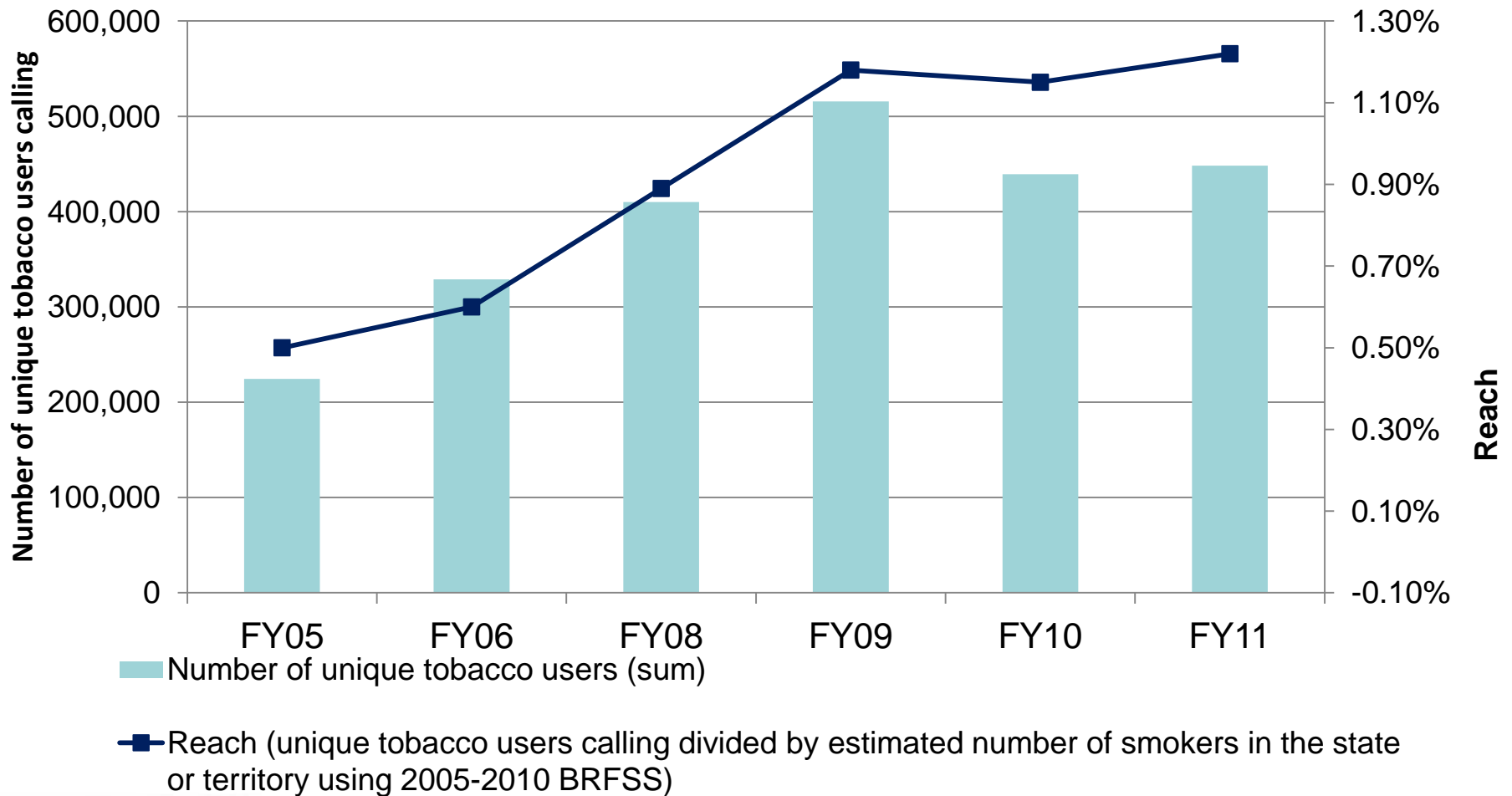
British Columbia

Outcomes:

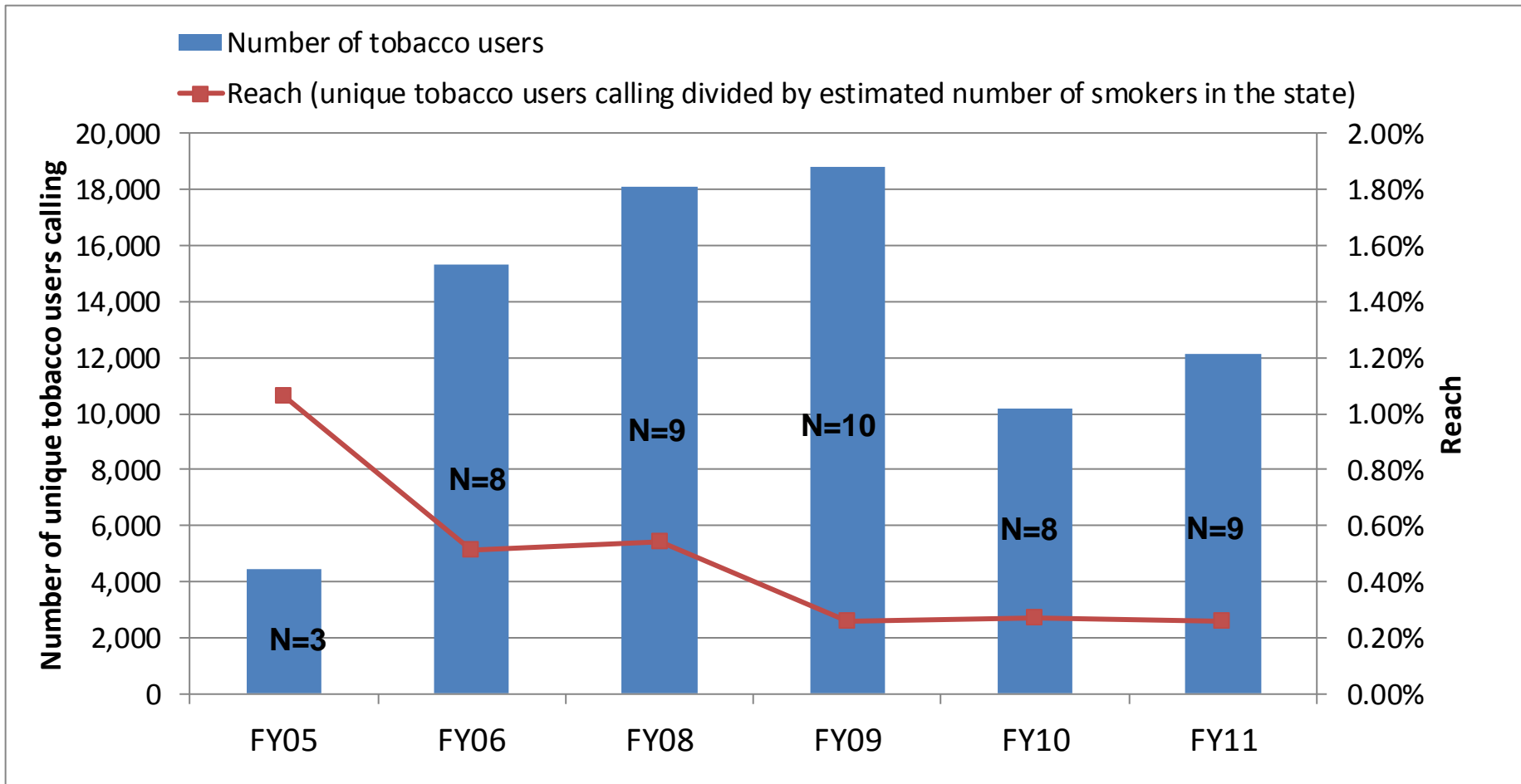
- During NRT introduction received 100-200% increase in calls and a 200% increase in web registrations
- This volume has been steady through the introduction graphic health warnings



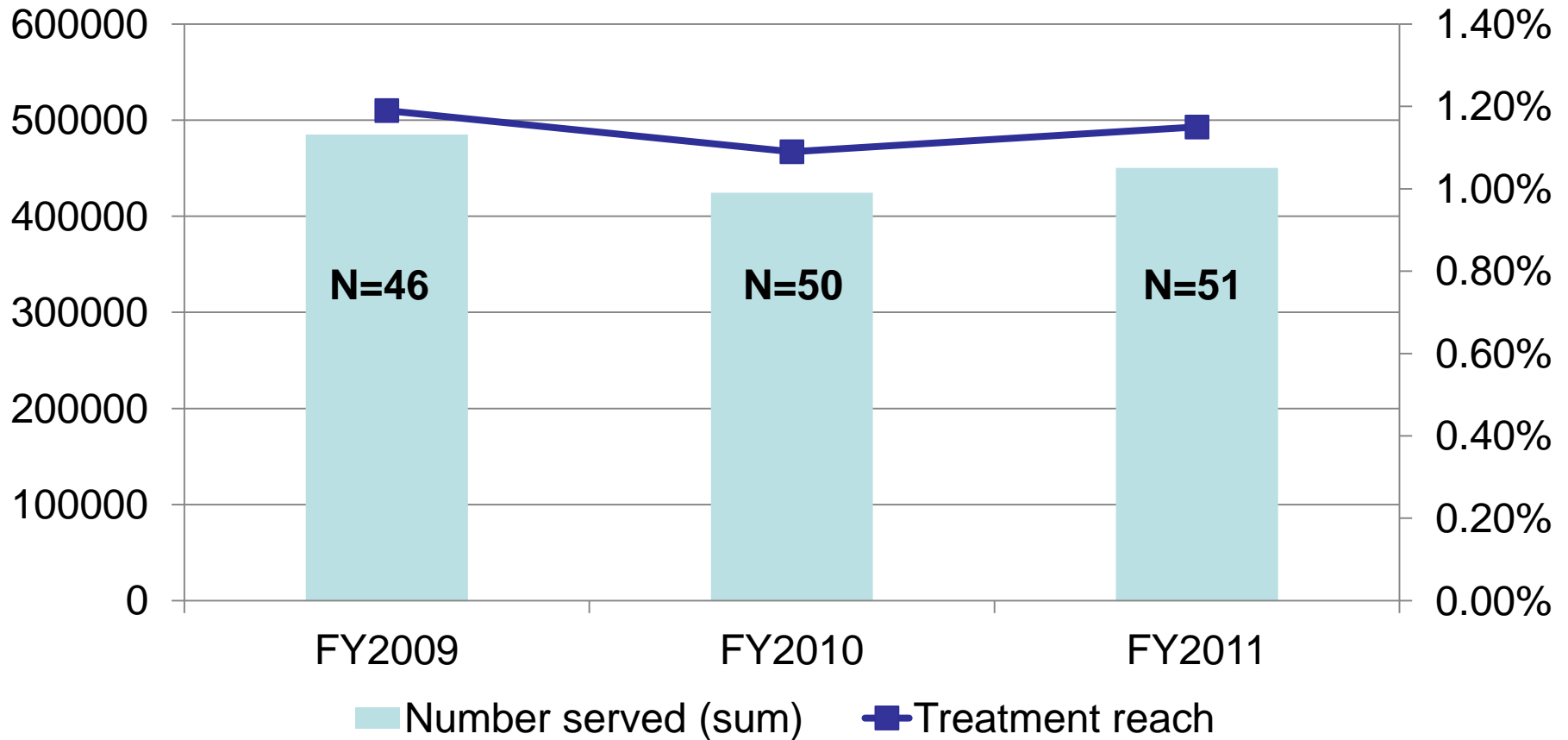
US Promotional Reach FY 2005-2010



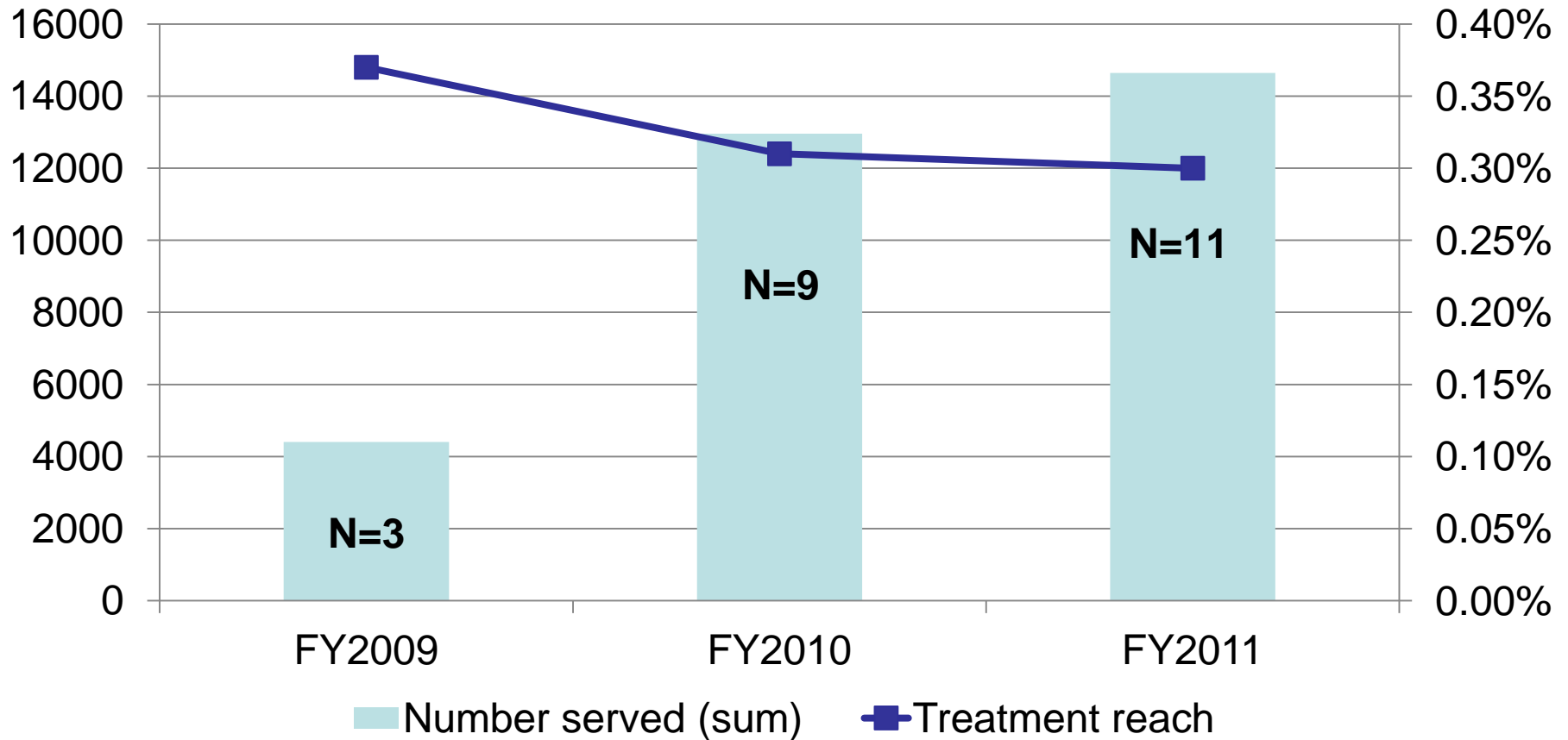
Canada Promotional Reach FY 2005-2010



U.S. Treatment Reach FY2009-11

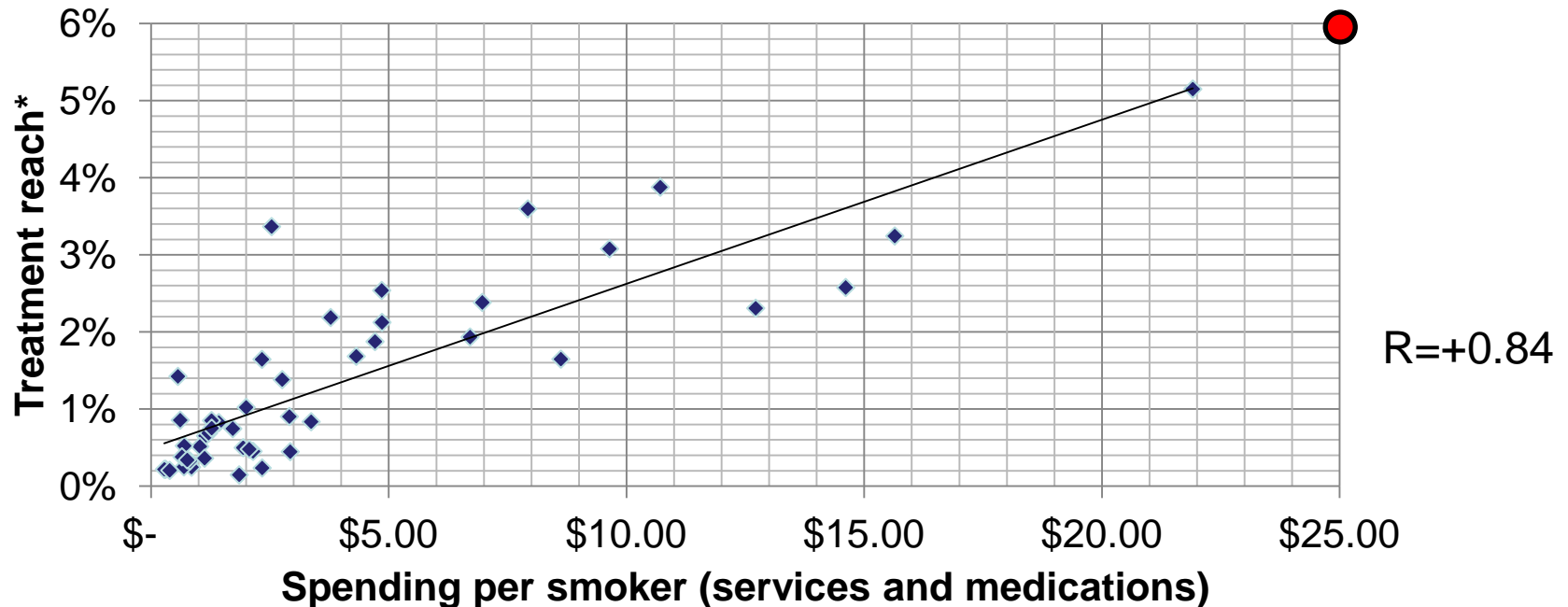


Canada Treatment Reach FY2009-11



Spending on Services is Linked to Quitline Reach (U.S.) FY2011

The Relationship Between Spending per Smoker and Treatment Reach*

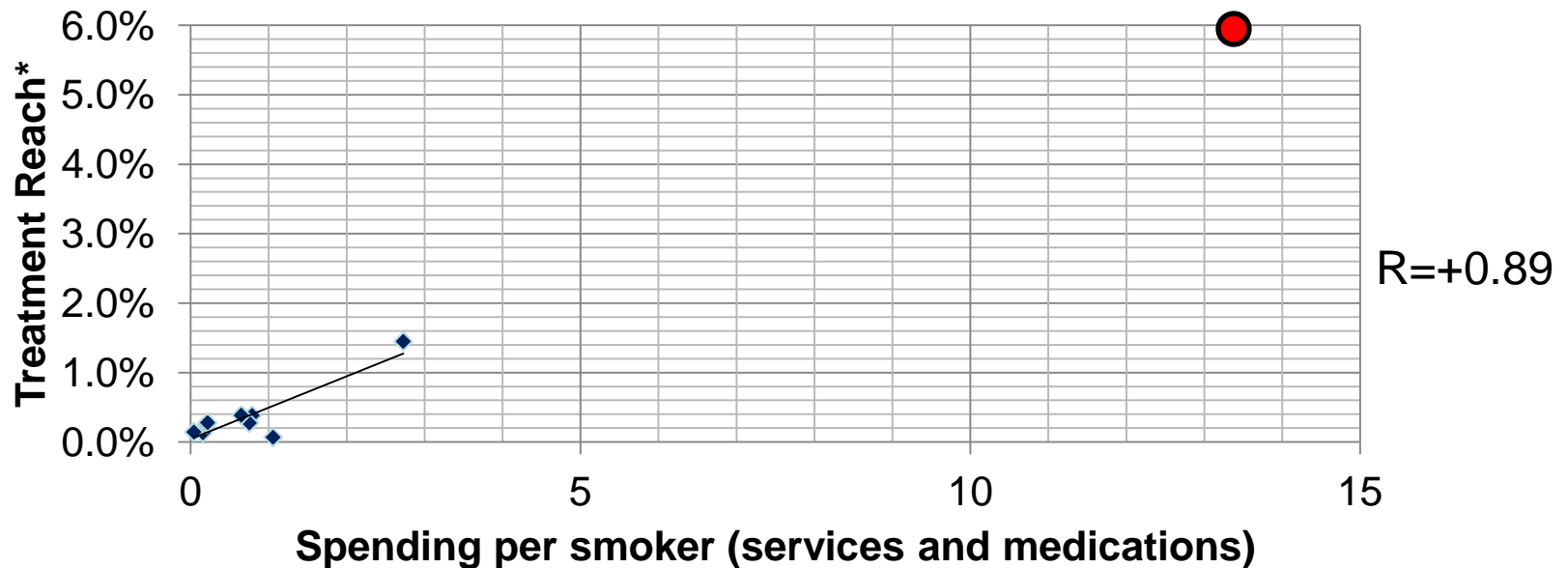


◆ Treatment reach* — Linear (Treatment reach*)

*Treatment reach = number of tobacco users receiving counseling or medications divided by number of tobacco users in the state or territory (2010 BRFSS)

Spending on Services is Related to Quitline Reach (Canada) FY2011

The Relationship Between Spending per Smoker and Treatment Reach*



◆ Treatment Reach* — Linear (Treatment Reach*)

*Treatment reach = number of tobacco users receiving counseling or medications divided by number of tobacco users in the province or territory (2010 CTUMS)

Number of U.S. Quitlines Reaching NAQC Strategic Goals FY2009-11

	FY 2009	FY 2010	FY 2011
# quitlines \geq \$10.53 per smoker	3	5	5
# quitlines $>$ \$5 per smoker investment	12	12	10

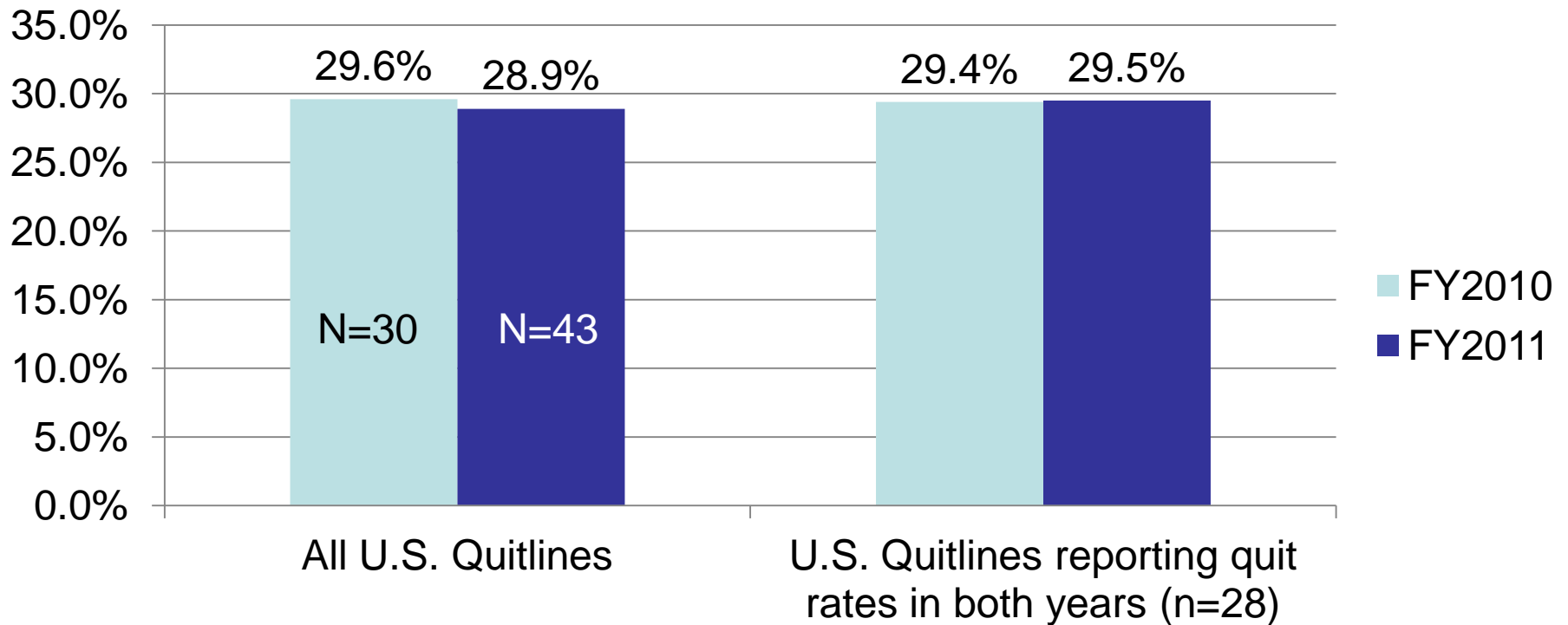
	FY 2009	FY 2010	FY2011
# quitlines \geq 6% treatment reach	3	0	1
# quitlines $>$ 3% treatment reach	9	10	7

Number of Canadian Quitlines Reaching NAQC Strategic Goals FY2009-11

	FY 2009	FY 2010	FY 2011
# quitlines \geq \$10.53 per smoker	0	0	0
# quitlines $>$ \$5 per smoker investment	0	0	0

	FY 2009	FY 2010	FY2011
# quitlines \geq 6% treatment reach	0	0	0
# quitlines $>$ 3% treatment reach	0	0	0

NAQC Standard Quit Rates Remain Steady FY2010-FY2011



Questions For You

- What has NAQC done well, and how could we improve:
 - Reporting survey results back to members
 - Making survey results available publicly (profiles and other reporting mechanisms)
 - Responding to requests for data from researchers and others
 - Collecting data from quitlines (time, clarity, data interface, frequency)

For more information on the survey or on NAQC's data request and review process, please contact;

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