## MONDAY, MARCH 20 | DAY 1

**8 AM – 9:55 AM**  
**REGISTRATION**  
**Salon JK Foyer**  
Coffee and breakfast items will be available.

**10 AM – 10:20 AM**  
**WELCOME**  
**Salon JK**  
**Linda Bailey, JD, MHS, President & CEO, NAQC**

**10:20 AM – 11:15 AM**  
**OPENING PLENARY**  
**Salon JK**  
**Pathways to Behavior Change: Celebrating Successes and Doubling Down on Challenges**  
**Erik Augustson, PhD, MPH**

Where we have made progress and where are we stuck? Join us for a thoughtful and inspiring opening plenary to learn about practices that are effective for behavior change, new research findings that are relevant to the challenges we face, and ideas that will inspire and improve the way you approach cessation.

**11:15 AM – 11:55 AM**  
**BUZZ GROUP**  
**Salon JK**  
Attendees will be asked to discuss questions posed by the speaker and provide feedback on perspective and priorities!

**12 PM – 12:50 PM**  
**LUNCH**  
**Salon JK**

**1:00 PM – 2:30 PM**  
**BREAKOUT SESSIONS (choose one of four concurrent sessions)**

### TRACK 1  
**615AB**  
**SALON JK**  
**Innovations and Research in Promotion and Service Delivery**

**Expanding Reach: Three States' Experience with a New Quitline Model**  
*Paula Keller, MPH*  
*Stephen Gillaspy, PhD*  
*Laura A. Beebe, PhD*  
*Jane E. Parker, FCCM*  
*Randi B. Lachter, MPH*

In FY2015, the average U.S. quitline treatment reach was 1.10% (range 0.06%-3.38%). In this session, three states, (Oklahoma, Florida and Minnesota) will share the changes each state has made to quitline services and promotions to increase reach and quitting behavior; share key evaluation findings; trends over time and lessons learned.

### TRACK 2  
**615AB**  
**Innovations and Research in Building and Maintaining Strategic Alliances**

**LDCT Lung Cancer Screening & Quitlines: New Research & Collaborations**  
*Vance Rabius, PhD*  
*Robert Volk, PhD*

This session will first describe a study undertaken at MD Anderson to evaluate a video decision aid to help patients decide if LDCT lung cancer screening is for them and its preliminary results. The second part of the session will provide an overview of a 5-year study being undertaken to identify the optimal configuration for integrating a smoking cessation program involving quitlines into the LDCT environment. Speakers will describe the rationale, development, design, and expected benefits of the project.

**Helping People with Multiple Sclerosis Quit: NAQC/MS Society Collaboration**  
*Rita Callens, MPA*

Multiple sclerosis (MS) is a chronic, disabling neurologic condition affecting about 400,000 people in the US. Several risk factors have been identified that contribute to the risk of developing MS, including cigarette smoking. In addition, in those diagnosed with MS, cigarette smoking has been found to contribute to disease progression. This session will discuss working with people with MS and how alliances with patient advocacy organizations can be beneficial to advancing the respective organizational missions.

### TRACK 3  
**616AB**  
**Innovations and Research in Technology**

**Mobile Apps vs Mobile Web for Cessation: A Primer**  
*Megan Jacobs, MPH*
The speaker will provide an update on the current status of the evidence base for cessation apps and online interventions, as well as provide practical recommendations for implementing digital cessation interventions.

**Using Smartphone Apps to Reach More Smokers**  
**Jo Masterson, RN, MBA**

As we watch call volumes decrease and budgets tighten, there is an opportunity to look to new technologies and research for innovative ways to serve more smokers. Apps can help reach some hard to reach populations including youth, homeless, minority groups and shift workers. This session will present: Research & case studies, how to integrate apps with telephone coaching programs, data & reporting, data security and other important issues to consider.

**Mobile Tobacco Cessation App for Community Health Workers/Promotores**  
**Shelley Karn, EdD  
Ann Marie Newman, BS  
Trina Robertson, MA**

This “Help to Quit” mobile app was developed by The University of Texas Tobacco Research & Evaluation Team to support Texas community health workers and to provide a mobile tobacco cessation referral tool. This session will review the collaborations established to obtain input from community health workers/promotores on topics of key interest that were vital to the development of the app and provide an overview of the training on the app that was provided to increase utilization of the free tobacco cessation resources by populations that may otherwise be unaware of this resource.

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**Quitline Best Practices**

**Tailoring Quitline Programs to Reach Disproportionately Impacted Groups**  
**Amy V. Łukowski, PsyD  
Chad D. Morris, PhD  
Susan E. Young, PhD**

During this session, National Jewish Health (NJH) and the University of Colorado will discuss their latest research efforts that inform quitline best practices for working with groups most impacted by tobacco dependence, including callers with mental illnesses, American Indian/Alaskan Natives, and those in Lesbian, Gay, Bisexual, Transgendered communities. In addition, NJH will discuss the American Indian Commercial Tobacco Program (AICTP), as well as plans for a behavioral health pilot.

**Innovations and Research in Promotion and Service Delivery**

**Promoting the Quitline to the Masses – Requiring the Quitline on Health Warning Signs at the Point-of-Sale**  
**Raymond Leung, JD**

Imagine this. In every store that tobacco is sold, the quitline is made available to consumers. The quitline is plastered on health warning signs designed by local government, and required to be posted in a conspicuous place within the store. Now, consumers have broad access to the quitline at places that sell tobacco – supermarkets, gas stations, convenience stores. This session will describe a potential policy that requires mandatory health warning signs at the point-of-sale, teach participants how to take this policy approach while minimizing legal risk, and discuss how to incorporate lessons learned from a similar effort undertaken in New York City.

**Innovations and Research in Building and Maintaining Strategic Alliances**

**Building and Maintaining Strategic Alliances with Employers and Private Insurers**  
**Bobbie Gray, RN  
Joyce Swetlick, MPH  
Marcie Nelson, BS, CHES**

During this panel presentation and discussion, attendees will hear from Kentucky, North Carolina and Utah about their experiences building and maintaining cost-sharing partnerships with employer, private insurance and state employee benefit plans. These types of partnerships can help to sustain state quitlines and increase the reach of cessation services. Attendees of this session will also learn about the states’ approaches, the successes and lessons learned, future directions of states efforts and technical assistance NAQC can provide for states interested in exploring these approaches.

**Innovations and Research in Technology**

**Specialized Tobacco Cessation Coaching Program to Support Participants who Report a Mental Health Condition**  
**Etta Short, MPH  
Robert Vargas, MSW, MPH**

This session will review key elements and outcome data related to a pilot that was developed and operationalized in a partnership with Optum (formerly Alere Wellbeing) and the State of Texas. The pilot supported those who report mental health conditions (MHCs) to quit tobacco using quitline services. The session will introduce a new treatment protocol aimed at delivering highly specialized treatment to help those who report MHCs, review specific about the pilot and key outcomes.
Quitline Best Practices

**A Quitline’s Role for Supporting Health Systems Change**
Patricia Bax, RN, MS

The current evolving healthcare environment has created unique opportunities to enhance Quitline work with various state health system partners to support cessation efforts. This session will describe practices implemented by the New York State Smokers’ Quitline (NYSSQL) which demonstrate how a Quitline can play an active role in helping to support statewide cessation related health systems change. This session will also explore how the NYSSQL works with partners and organizations to help reach underserved populations, providing access to Quitline services and linkages to cessation health plan benefits.

4:15 PM – 5:15 PM  **AFTERNOON PLENARY**
Salon JK

**Priorities for Quitlines: U.S. and Canadian Perspectives**
Corinne Graffunder, DrPH, MPH
Barry Sharp, MSHP, MACM, MCHES
John Atkinson, MSW, BA, ONI
Michel Blanchard, BSc

What are the priorities for quitlines in the U.S. and Canada? Join our dynamic speakers to hear their perspectives and share your perspectives on the role of quitlines in reaching tobacco users, improving their health, transforming healthcare systems, and moving towards tobacco free nations!

5:15 PM – 6:30 PM  **RECEPTION**
Salon JK Foyer

Join us for an evening reception celebrating the great work of quitlines over the past years. Share stories with colleagues, reminisce with some who have left the quitline community but return for this one night and enjoy time spent reflecting on all we have learned, gained and achieved.

6:30 PM
Dinner on your own!
John Atkinson, MSW, BA, ONI

Ontario’s cessation rate remains unchanged at 1.9% and research estimates that it takes smokers an average of 30 attempts before quitting successfully. Derived from the finding that people are 9 times more likely to quit for good if they quit for one week, the Canadian Cancer Society Smokers’ Helpline (SHL) developed The First Week Challenge Contest (FWCC); a health promotion campaign to motivate tobacco users to maintain their quit for one week for the chance to win a cash prize. This session will discuss the outcomes of the FWCC which was found to increase quitline reach and reduce barriers to making and sustaining a quit attempt.

**Innovative and Interactive Ways to Reach Tobacco Users at the Contemplation Stage**

Sara Wolfe, MS

The Maryland Department of Health and Mental Hygiene, Center for Tobacco Prevention and Control (CTPC) executed two innovative media campaigns to reach tobacco users when these individuals were actively engaging in behaviors often associated with using tobacco. This session will provide an overview of the two unique campaigns, the digital jukebox media campaign and the gas station TV campaign which, combined reached more than seven million Maryland residents at non-traditional locations and encouraged tobacco users to contact the Quitline.

### TRACK 2 615AB

**Innovations and Research in Building and Maintaining Strategic Alliances**

**Providing Tobacco Cessation Support in a State Correctional Facility**

Jennifer D. Keith, MPH, CPH
Jordan Wilson, MPH
Lyn Becker, MBA, RMA
Judy Ochs
Livia Greenbacker, MS

The Pennsylvania Free Quitline provides free counseling, support, and NRT to tobacco users in the state. In 2015, a trial program was implemented to deliver Quitline services to 14 inmates at SCI Muncy who wanted to quit using tobacco. Quitline protocol was adjusted to comply with facility regulations: intake questions were revised to ensure sensitivity to incarcerated persons, participants received counseling through TeleMed video-conferencing, and participants were offered an eight week supply of NRT patches. This session will discuss lessons learned, address the timing of counseling sessions, unique communication needs, and the desire for peer support and additional NRT for inmates.

**NRT Protocols: Coach vs No Coach, Phone vs Online, User Types, Reach & Quit Behavior**

Laurie Krupski, PhD
Paula Celestino, MPH

In 2006, the NYS Smokers Quitline (NYSQL) launched an online NRT application to maximize reach, increase capacity, motivate quit attempts and attract smokers who wouldn’t normally call a quitline. Receiving NRT didn’t require a coach intervention but a quit-date callback was attempted for each applicant. In November 2015, NYS began requiring a coach intervention prior to sending out the NRT. This session will provide an overview of the different online protocols; outcomes including reach rates and user characteristics; and compare characteristics, quit attempts and quit rates of those accessing the online and phone NRT from 2006-2015.

### TRACK 3 616AB

**Innovations and Research in Technology**

**Beyond Telephone Services: Using Additional Engagement Methods to Increase Quit Rates**

Amy Lukowski, PsyD
Kate Olson, MPH

Telephone quitlines have become a standard in providing access to smoking cessation services across the country. National Jewish Health (NJH) offers these standard, evidence-based practices consisting of an intake and cessation counseling sessions. During this session, attendees will learn about various engagement strategies and engagement tools that support participants’ quit attempts including redesigned print materials and website, text messaging, email program and their impact on quit rates.

**Flinstones to Jetsons: Enhancing The Maine Tobacco HelpLine Referral Process**

Lori Travis, MS
David Spaulding, BA

Historically, provider referrals were sent manually using fax machines, but emerging technology enables referrals to zoom from the Flinstones to Jetsons era electronically, and more efficiently. Recently, in 2010 a major effort began to expand the ways providers could send referrals with the goal to increase referrals. Now, the MTHL receives referrals as paper forms faxed via email server (20%), as generated from EHRs but sent via fax (50%) and closed-loop via eReferral using HL7(30%). During this session, attendees will hear success stories and lessons learned by the MTHL with each new technology added.

### TRACK 4 602

**Quiltline Best Practices**

**Strategies to Improve Healthcare System Referrals to Quitline’s**

Shelley Karr, EdD
Ann Marie Newman, BS
Trina Robertson, MA

During this session, presenters will provide an overview of the eTobacco protocol, an electronic referral interface for the Electronic Medical Record (EMR) that was developed to facilitate the process of electronically referring patients to a state-funded quitline service by establishing a one-click connection for use within the EMR system. The session will also provide information on how Texas has integrated the process through a large-scale integration and powerful learned lessons along the way.
The integration of tobacco helpline referral mechanisms into statewide crisis or resource hotlines is feasible and can be effective at increasing awareness of and access to cessation services. This session will provide an overview of how the Oklahoma Tobacco Helpline established screening and referral mechanisms with a statewide crisis hotline (211 Heartline). Also during this session, screening, tobacco use, referral acceptance, and enrollment rates will be presented; the implementation process and costs will be described in detail; and lessons learned and next steps will be discussed.

11:45 AM – 1:00 PM  LUNCH PLENARY  
Salon JK

State Innovations: Enhancing Quitline Services for Medicaid Smokers
Karen Brown, MPH  
Paula Celestino, MPH  
Tasha Moses, MPA

How can we assure that quitline services are reaching low-SES populations like Medicaid and are as effective as possible in helping them succeed in their quit attempts? This plenary session will focus on three innovative approaches that states are using: 1) requiring Medicaid MCOs to cover the cost of quitline services for their members; 2) building triage capacity from the quitline to Medicaid MCOs; and 3) using eScript to facilitate the delivery of medications to Medicaid members. The roles of quitlines will be discussed, along with lessons learned about delivering enhanced services to this priority population.

1:15 PM – 2:45 PM  BREAKOUT SESSIONS (choose one of four concurrent sessions)

**TRACK 1**  
**SALON JK**

Innovations and Research in Promotion and Service Delivery

**Welcome Back: Strategies to Re-Engage Relapsed Tobacco Quitline Users**
Laurie Krupski, PhD  
Susan Pike, BS

This session will provide an overview of The Welcome Back study which was conducted to improve upon two similar studies in which Quitline registries were developed to test the efficacy of re-contacting smokers to re-engage in Quitline services. The session will review the study's approaches and the feasibility and effectiveness of re-engaging unsuccessful quitters back to the Quitline by using a diverse communication approach using IVR, Short Messaging Service, and email messages with repeated interventions.

**Reaching Hidden Populations: Case Studies from the Asian Smokers’ Quitline**
Caroline Chen, PhD

During this session, the Asian Smokers' Quitline will review studies on the effects of a combination of mass media and grass-roots partnerships, and how it subsequently led to an increase in referrals to the service; highlight alignment of goals as key to successful collaborations; and examine the critical roles that shared methods of measurement, timely communication, and external funding play in reinforcing activities that link linguistically isolated communities to meaningful access to care.

**TRACK 2**  
615AB

**Innovations and Research in Building and Maintaining Strategic Alliances**

**Medicaid: Where to start? Nevada’s story (so far)**
Maria Rudie, MPH  
Debra Kawcak, BS

During this session, Nevada’s state tobacco control team will walk attendees through the genesis of their partnership with Nevada’s Medicaid program and share ideas on how to get started with meaningful Medicaid partnerships, how to peak Medicaid’s interest and how to develop a common vision between the two agencies. A short presentation will be followed by discussion to help attendees advance to the next level of partnership their state’s Medicaid agency.

**Reducing Tobacco-Related Health Disparities in Maryland: Innovative Connections to Cessation for Pregnant Women and Medicaid Participants: Maryland**
Sara Wolfe, MS

During this session, The Maryland Department of Health and Mental Hygiene, Center for Tobacco Prevention and Control (CTPC) enhanced current health systems by implementing e-referrals to the Quitline will be discussed, opportunities and tactics for outreach through providers to pregnant and Medicaid populations, and implementing POC marketing campaigns. These concerted efforts led to a dramatic increase in calls from Medicaid and pregnant residents.

**TRACK 3**  
616AB

**Innovations and Research in Technology**

**Never Quit Trying: Reengaging Tobacco Users in Statewide Cessation Services**
Randi B. Lachter, MPH  
Paula Keller, MPH  
Jacalyn Jenssen, MBA

Knowing that it takes most commercial tobacco users multiple attempts before successfully quitting, quitlines should identify opportunities to reach back to those who have previously enrolled in quitline services for additional help. Proactive outreach can be conducted in many ways. This session will review the collaboration of an engagement study between ClearWay Minnesota and Optum to test the
effectiveness of multiple outreach methods (email, text and phone) within a state quitline. The results of this reengagement study were used to develop an ongoing reengagement protocol for QUITPLAN Services which was implemented July 1, 2016.

Real-world Application of Reach Ratios: A Tool to Monitor Guideline Reach Among Priority Populations
Rebecca Lien, MPH
Randi B. Lachter, MPH
Emily Subialka Nowariak, MA

A Reach Ratio is a measure of how well quitline services are reaching specific priority populations. A low Reach Ratio may indicate barriers to service or opportunities for outreach. This session will review the literature regarding Reach Ratios and demonstrate how to calculate the metric. We will share our experiences calculating Reach Ratios across multiple quitline evaluations, giving recommendations on reliable data sources and tips for interpretation. Attendees will come away from the session knowing how to calculate Reach Ratios and how they can be used to inform quitline outreach, promotions, and services.

QUITLINE BEST PRACTICES

Enhancing eReferral Capacity with a Focus on Priority Populations
Tasha Moses, MPA
Cherylee Bridges, RN
Vickie Moore Tucker, MS, CHES, CSM

e-Referral provides the opportunity for quitlines to deliver effective cessation services to more smokers, especially those populations disproportionately burdened by smoking. In May 2015, the North American Quitline Consortium (NAQC) launched an 18-month project to establish national capacity to implement eReferral systems between state quitlines and healthcare organizations. This session will provide an overview of the current status of eReferral in quitlines followed by a brief review of the project, the barriers and challenges encountered, solutions developed and overall lessons learned.

Mode of Entry and Quit Outcomes among Tobacco Users Utilizing Quitline Services
Uma S. Nair, PhD

This session will explore relationships among client mode of entry – specifically, self-referred, passively referred, and proactively referred – on quitline service utilization and long-term quit outcomes. Also, this session will present potential implications for practice, both among provider training programs and clinical services teams, toward improving services for provider-referred clients.

3:00 PM – 4:00 PM
CLOSING PLENARY

Smokers, Cessation and the “End Game”
K. Michael Cummings, PhD, MPH

This plenary will engage attendees in a discussion about the important role that smokers and cessation may play in the “end game” and thoughtful options for helping smokers quit or reduce the harm caused by tobacco products they use. The presentation will invite attendees to consider the products (combustibles versus non combustibles), risks (higher risk versus lower risk) and moving smokers along a continuum.

Thanks to our sponsors and supporters for making NAQC Conference 2017 possible!