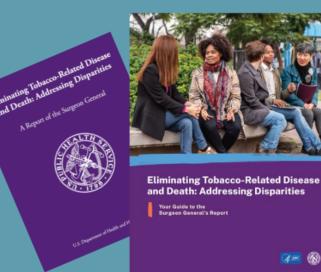
Eliminating Tobacco-Related Disease and Death: Addressing Disparities -Insights from the Surgeon General's 35th Report

Promising Interventions to Reduce Commercial Tobacco-Related Health Disparities: Quitlines





Quitlines can increase access to cessation treatments among population groups affected by tobacco-related disparities, particularly when quitline promotion and services are developed, delivered, and evaluated with attention to their reach and relevance to these groups.





ACCESS

Offer phone and digital services that benefit populations with commercial tobacco-related health disparities.



REACH

Currently serve ~ 3.5% of those trying to quit.



STRENGTH

Effective for priority populations. Additional research on culturally-specific protocols can advance quitline services.



American Indian/Alaska Native Communities

Evidence suggests quitline callers from the AI/AN community are more likely to engage in counseling and make quit attempts at higher rates than White callers, with comparable long-term cessation outcomes (page 608).

Mental Health Conditions

State quitline data show a high percentage of callers report having a mental health condition. Many quitlines offer tailored both standard and tailored programs, with higher engagement in tailored services (page 608).

Lower Socioeconomic Status

Quitlines programs offer free services including both telephone counseling and medications sent by mail to reduce access barriers. Some states prioritize lower SES populations for additional services and financial incentives (page 608).

Spanish-language Services (1-855-DÉJELO-YA)

Spanish language media campaigns have been shown to increase quitline reach among Spanish speakers (page 610 – 611).

Menthol

Quitlines may have proportional reach for populations using mentholated products. In 2022, 35% of quitlines offered a menthol-specific protocol and some states offer incentives (page 609).

Underserved Health Care Populations

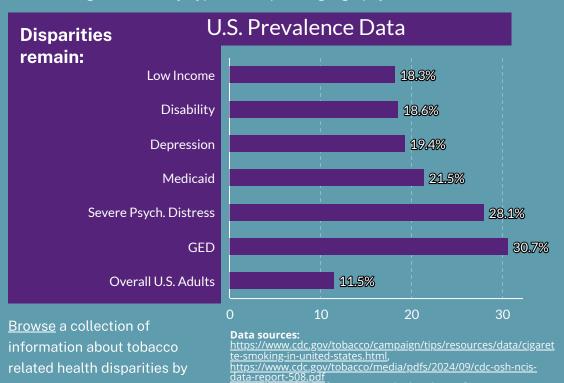
Promising results shows integrating quitline referrals into healthcare systems significantly increased enrollment and referral rates, particularly among underserved groups (page 611).



The Surgeon General's (SGR) 35th Report

Despite strong progress in reducing tobacco use at the population level, significant disparities in use persist by race and ethnicity, level of income, level of education, sexual orientation, gender identity, type of occupation, geography, and behavioral health status.







populations and groups.

Expand Access & Services



- Identify the optimal ways to design, evaluate, and deliver services and promotion to reduce commercial tobacco-related disparities.
- Identify how reach, engagement, and cessation are affected by type of service (e.g., phone, web, text, app), protocols, and amount of service provided for priority populations.

Note: Al/AN data is from 2020 and other data is from 2021.

- Promote policy interventions that prompt healthcare systems to deliver treatment for commercial tobacco use increasing referrals to quiltines and improving insurance coverage of quitline services.
- Promote using technology-based platforms as well as increase the intensity of media campaigns to improve reach.



Explore the CDC companion resources (CDC.gov/EndTobaccoDisparities) including an overview, consumer guide, fact sheets, partner presentation materials, a link to the full report, Spanish language resources, and more.

Visit NAQC's SGR webpage (https://www.naquitline.org/SGR) for a summary of key takeaways for the quitine community.

