2009 Conference Summary

On June 8th and 9th, 175 members of the quitline community and our partners met in Phoenix, Arizona for the 2009 NAQC 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.

The 2009 theme, *Building on Our Strengths and Embracing Our Future: Quality, Access and Emerging Practice*, builds on the Consortium’s efforts to contribute to the understanding and measurement of quitline quality as well as the development of emerging and innovative practices. Through participation in 16 breakout sessions in 4 tracks, a HOT TOPIC lunch, 2 plenary sessions and ample opportunities for sharing with and learning from colleagues, attendees:

- Advanced proven-practices and innovative approaches related to the promotion and delivery of quitline services;
- Examined factors that impact on quitline sustainability, quality and access to services; and
- Focused their attention on promotion and intervention strategies for priority populations.

Conference attendees were asked to complete evaluation and feedback forms at the close of the conference. The form included evaluation questions on each of the plenary sessions, every breakout session and six questions to gauge overall impression of the conference. Thirty-seven percent of meeting participants completed the evaluation form and using a 1-4 scale (1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree), the overall average score for the six questions to gauge overall impressions of the meeting was 3.7. Of the breakout sessions, “Taking Fax Referral Programs to New Frontiers” and “Evaluation of Quitline NRT Distribution” scored the highest (3.7).
Below please find brief summaries of each of the conference sessions including links to the presentation slides. Simply click on the session title to download the slides.

**Decreasing Prevalence and Increasing Parity: The Emerging Role of Quitlines**
*Gregory S. Holzman, MD, MPH - Chief Medical Executive, Michigan Department of Community Health*

Healthy People 2020, the CDC’s updated *Best Practices*, Canada’s Federal Tobacco Control Strategy and the U.S. National Action Plan for Tobacco Cessation all place a solid focus on reducing tobacco use prevalence, increasing cessation attempts and addressing health disparities. Over the past 5 years the quitline community, working individually and as a Consortium, has become recognized as a key contributor to reducing tobacco use prevalence in North America. Our contributions and efforts have positioned us well for the work ahead.

In this opening plenary, Dr. Gregory Holzman highlighted the critical role of cessation resources in achieving national goals, and most notably the increasing role of quitlines, in decreasing tobacco use prevalence and address the opportunity for quitlines to take a leadership role in eliminating health disparities resulting from tobacco use.

**Quitline Innovations for Weight Concerned Smokers**
*Tracey Strader, MSW - Executive Director, Oklahoma Tobacco Settlement Endowment Trust; Sally Carter, MSW, LCSW - Director of Planning and Cessation Systems Tobacco Use Prevention Service, Oklahoma State Department of Health; Terry Bush, PhD - Research Scientist and Mary Kokstis, Sr. Client Services Director, Free & Clear, Inc.*

In this session panel members described the role of Quitlines in bringing research to practice and provided an example with a novel Quitline intervention to increase cessation and limit weight gain. 2,000 smokers were randomized to a 5-call standard Quitline or an 8-call integrated intervention with specially trained Quit Coaches and Weight Coaches. State-level partners discussed important considerations of funding research trials such as the Oklahoma project and implications of the recruitment and utilization results.

**Taking Fax-Referral Programs to New Frontiers**
*Donna D. Warner, MBA - Director, Planning and Program Development Massachusetts Tobacco Control Program; Ann Marie Rakovic, CSW - John Snow, Inc.; John Bry, MPH - Cessation Program Coordinator, Massachusetts Tobacco Control Program*
Massachusetts has prepared to increase provider referrals in FY 2010 from 3,800 to more than 8,000. To prepare for this expansion, improvements are needed in the fax-referral program in Massachusetts, as well as new cost-sharing partnerships. This session addressed three critical improvement areas: (1) What are critical operational standards and goals for fax-referral programs and how should they be monitored? (2) How do we move from fax to electronic transmission of enrollment information and e-transmission of client-level data to health plans and institutional providers? (3) What are strategies to increase partner and healthcare provider engagement, sustain fax referral programs, and deepen relationships with large health care organizations?

**Finding Common Ground: Opportunities with Behavioral Health Partners**

Connie Revell, MA - Deputy Director, Smoking Cessation Leadership Center; Gail Hutchings, MPA - President, Behavioral Health Collaborative; Linda Aragon, MPH - Director, Tobacco Control & Prevention Program, Department of Public Health County of Los Angeles; Kirsten Hansen, MPP - Curriculum Development Manager, Center for Tobacco Cessation and California Smokers' Helpline

As smoking prevalence declines across the country, a larger percentage of remaining smokers include individuals with mental illnesses and substance use disorders. Quitlines vary considerably in regard to their ability to serve these smokers and many initiatives are under way to improve services to this key population. Certain states and localities have undertaken special training of both quitline and behavioral health providers to improve their services and these were outlined as part of a broad description of various federal, state, and local efforts to help these smokers quit. One national initiative, a partnership between the Smoking Cessation Leadership Center and the federal Substance Abuse and Mental Health Services Administration that involves 100 Pioneers for smoking cessation, was highlighted. Specific challenges and opportunities when partnering with the behavioral health community were also addressed.

**Lessons From Two Years of Post-NRT Media Campaigns**

Emily Burns, MD, MSPH - Instructor of Epidemiology, Colorado School of Public Health; Deb Montgomery Osborne, RD, MPH - Director Cessation Initiatives, State Tobacco Education and Prevention Partnership

This session highlighted 8 state-level quitline-focused media campaigns that occurred after free NRT. Examples and discussion of development of the media campaigns were presented to inform others who are creating campaigns. Reach and outcomes among target populations do inform the type, focus, and success of campaigns with varied priorities.

**Online NRT: Increasing Utilization & Access**

Shannon Carlin-Menter, PhD - Evaluation Coordinator, Roswell Park Cancer Institute; Paula Celestino, BS - Project Director, Roswell Park Cancer Institute
The New York State Smokers' Quitline offers free NRT through both online and phone support. Through an analysis of historical data including website registration and phone sessions, the presentation identified patterns of utilization of Quitline services and cessation attempts by both web and phone clients.

**What Can KIQNIC Do For You?**

*Scott J. Leischow, PhD - Professor, Department of Family and Community Medicine, Deputy Director, Strategic Partnerships and Policy, Arizona Cancer Center*

The Knowledge Integration in Quitlines-Networks That Improve Cessation (KIQNIC) project will collect data from the quitline community over four years. This interactive session informed participants about KIQNIC and gave them an opportunity to tell the researchers how to best feed back information that can help them improve their organizations and NAQC.

**Engaging Health Plans to Provide Cessation Coverage**

*Deb Montgomery Osborne, RD, MPH - Director of Cessation Initiatives, Colorado Department of Public Health and Environment; Claire Brockbank - Consultant, Segue Consulting*

Private health plans and employers have been absent partners in public health efforts to promote tobacco cessation. Participants in this session learned more about a process to engage these critical players to support better coverage benefits and the quitline as a cost-effective tool. Participants gained an understanding of how to build a partnership with shared objectives.

**Making the Case for Quitlines to Policy Makers: A Perspective From Wisconsin**

*Moira Harrington, BA - Communications Director, University of Wisconsin Center for Tobacco Research and Intervention; Kate Kobinsky, MPH, CHES - Wisconsin Tobacco Quit Line Coordinator, University of Wisconsin Center for Tobacco Research and Intervention*

The session kicked off with a discussion on strategies and methods to influence legislators as they make funding decisions regarding quitlines. There were real-life examples of materials to distribute and plenty of opportunity for questions, answers and discussions.

**Dialogue With the Board**

During this interactive session, NAQC's Board of Directors provided an update on their key activities in 2008/2009 (including goals for 2015, relationship with pharmaceutical industry, and other issues) and sought input from members. There was an opportunity for NAQC members to ask questions about the Board’s activities and other issues. In addition, David Willoughby, Board Chair,
announced the results of NAQC’s milestone election of the Board by its membership.

**Driven to the Quitline: Mobilizing Partners**  
*Donna Czukar - Director, Cancer Information and Support, Canadian Cancer Society*

This presentation illustrated the ways in which the Canadian Cancer Society Smokers’ Helpline has significantly increased its client base with the Society’s hosting of the provincial *Driven to Quit Challenge*. The audience learned how public health and community cessation partners can be mobilized and a quitline can be effectively integrated as a key source of support to participants in a quit and win challenge to increase reach and enhance quitting efforts.

**QuitNow & WIN: Zero to 60 in 50 Days**  
*Suzanne Gaby - Manager, QuitNow Services*

The first province-wide Quit & Win contest for British Columbia was planned and executed in 50 days. This session highlighted a number of innovative promotional activities that were implemented to increase the reach to as many smokers in the province as possible.

**Improving Reach: Making the Most of Limited Funds**  
*Julie Hare - Director, Public Information Unit and Quitline Coordinator, Alabama Department of Public Health*

Participants in this session learned effective, low-cost strategies to engage media, partners, and funders in expanding the reach of quitlines through integration with other programs. Following the presentation, participants formed roundtables to develop outreach plans. Materials provided included press releases, brochures, media creatives, fax-referral forms, and survey tools.

**Do People with Mental Illnesses and Substance Use Disorders Have Equal Access to Quitlines and Other Smoking Cessation Services? Should They?**  
*Steven A. Schroeder, MD - Director, Smoking Cessation Leadership Center, moderator; Tim McAfee, MD, MPH - Chief Medical Officer, Free & Clear, Inc.; Gail Hutchings, MPA - Behavioral Health Policy Collaborative; Stephen S. Michael, MS - Director, Arizona Smokers’ Helpline, University of Arizona; Chad Morris, PhD, University of Colorado School of Medicine, Department of Psychiatry*

In this session experts discussed whether people with mental illnesses and substance use disorders have equal access to quitlines and other cessation services, whether they should, and what needs to be done to achieve parity for
this underserved and large group of smokers. Findings of studies related to this topic were also presented.

**The Ins and Outs of Government Health Systems: A Medicaid Story**

*Gregory S. Holzman, MD, MPH - Chief Medical Executive, Michigan Department of Community Health; Karen S. Brown, MPA - Tobacco Dependence Treatment Specialist, Michigan Department of Community Health*

Using a project between the Michigan Department of Community Health, the Bureau of Medicaid Managed Care and the American Cancer Society Quitline as an example, this session explored the intricacies of working with government health systems, including Medicaid.

**Evaluation of Quitline NRT Distribution**

*Michele Henry, BA - Research Associate, Public Health Management Corporation; Jennifer D. Keith, MPH - Research Associate, Public Health Management Corporation*

This roundtable focused on planning, implementing, and evaluating quitline NRT distribution initiatives and was based on the recent experiences of the Pennsylvania Tobacco Prevention and Control Program. Successful components of this initiative and its evaluation were discussed and presenters brainstormed with the audience ways to improve similar future initiatives.

**Raising COPD Awareness: A Community Collaboration**

*Shannon Vaffis, MPH - Outreach and Referral Manager, Arizona Smokers’ Helpline*

COPD is the 4th leading cause of death in the US. 80-90% of COPD cases are linked to smoking. Quitlines can play a vital role in the treatment of COPD through cessation for diagnosed patients who are still smoking. By collaborating with local COPD coalitions quitlines can maximize the potential to reach health providers with awareness messages.

**Using Quitline Data Effectively**

*Jessie Saul, PhD - Director of Research, NAQC*

Having high-quality data is a necessary component of being able to support and promote quitlines. But once you have good data, what do you do with them? How do you use them to tell your quitline’s story, to advocate for additional resources, or to make the case for its relevance as part of a comprehensive tobacco control program? This session presented 2008 NAQC Annual Survey data, and showed how information about quitlines (individually or collectively) can be used effectively for different purposes, and can be packaged for a variety of different audiences. Participants learned about existing data sources, as well as how to combine other data with their own quitline’s intake and follow-up evaluation results to provide both context and meaning. In addition, they had an opportunity
to provide feedback about what kinds of national quitline data would be most interesting and useful to individual quitlines in the US and Canada.

**The Tobacco Free Pregnancy Initiative of West Virginia**  
*Kathy Danberry, MS - Tobacco Cessation Program Manager, West Virginia Division of Tobacco Prevention*

The West Virginia Tobacco Free Pregnancy Initiative was created to address WV’s high smoking and pregnancy rate. WV’s tobacco use rate by pregnant women is almost triple the national average at 27.2%. This session focused on strategies employed by the WV Division of Tobacco Prevention to collaborate with many healthcare entities and community partners to address this epidemic.

**Development of a Post-Partum Protocol**  
*Ines Alex Parks, MS - Senior Manager, Priority Populations, American Legacy Foundation; Cathy Melvin, MPH, PhD - Sheps Center Program Director and Senior Research Fellow, The University of North Carolina at Chapel Hill; David Kapelle, LCSW - Counseling Initiatives Specialist, American Cancer Society*

Presenters discussed the need and process of developing and implementing an evidenced-based cessation protocol for women in the post-partum stage of pregnancy. Challenges and opportunities resulting from this collaborative inter-agency effort were highlighted.

**The Economic Crisis and Its Impact on The Work Ahead**  
*Bishwa B. Adhikari, PhD - Health Economist, Office on Smoking and Health, Centers for Disease Control and Prevention; Peter Fisher - Vice President, State Issues, Campaign for Tobacco-Free Kids; Jeannette Noltenius, MA, PhD - National Coordinator, National Latino Tobacco Control Network*

With many quitlines facing significant reductions in budgets, 2010 appears grim. In the face of the current economic and financial crisis we must anticipate that quitline services “as usual” will no longer do. This closing session focused our attention and our energy on the future, most notably how the current economic crisis may impact tobacco use rates, help-seeking behavior, funding for our services, and those who are harmed most by tobacco use. Plenary speakers made clear the actions we can all take to sustain and expand the capacity and reach of quitlines despite the obvious challenges ahead.