

Promotion Task Force

R E P O R T



Promoting evidence based quitline services across diverse communities in North America.

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Foreword

Tobacco cessation quitlines provide free telephone support to people wishing to quit using tobacco. Support includes educational materials, phone counseling, the provision of cessation pharmaceuticals, referral to community-based cessation programs and access to web-based information and programs. Scientific evidence demonstrates that quitlines are effective tools for tobacco cessation.

Quitlines in North America have enjoyed a rapid rise in the last decade. In 1992, only one U.S. state, California, had a quitline, and there were none in Canada. Today quitlines have proliferated across North America. Governments now offer them in all 10 Canadian provinces, all 50 U.S. states, Washington, D.C., and five U.S. territories. While these quitlines are vital cessation tools, the services they offer and the circumstances in which they operate vary considerably. Moreover, quitline service and promotion budgets differ widely across North America, as do call volumes, accessibility and utilization.

Because quitlines provide a population-based service, increasing demand is critical to their effectiveness. As utilization increases, quitline costs decrease. Many quitlines have scant funds for service, so any promotion efforts must be calibrated to match service capacity. Sometimes this means no promotion activities at all. However, in other states and provinces, quitlines remain underutilized because few people know about them and fewer still use the service. Often, tight budgets and a lack of proven strategies hamper promotional activities.

Quitlines in North America have historically reached only 1-3 percent of smokers within their state or province¹. Even flourishing quitlines with robust marketing have reached a maximum of 8 percent of smokers during short, intensive campaigns². This leaves many smokers still unreached, and thus unserved by this effective cessation intervention.

Quitline promotion can be a double-edged sword. It is needed both to reach tobacco users who are potential quitters and to assure quitline sustainability by highlighting success and appealing for future funding. On the other hand, quitline promotion often drives sharp spikes in call volume, straining quitline capacity and quality. Balancing quality and effectiveness with access and sustainability remains one of the greatest challenges quitlines face.

To manage both ends of this spectrum is a daunting challenge. Quitline promotion evolves over time in a local context. Marketing quitlines is an inexact science. It is a complex hybrid of disciplines involving social marketing, health promotions, addictions services and, in many cases, tailoring to priority populations. Because quitlines are fairly new, quitline promotion has not received enough attention in the formal literature. Those looking for advice must borrow from other disciplines.

Moreover, quitline practice is evolving rapidly and appears to have outpaced the research base. While there are few formal research articles on quitline promotion, a substantial amount of practice-based literature and anecdotal information exist. Thus practitioners tend to develop initiatives based on what they learn from their peers at conferences and workshops.

The good news is the promotion landscape is evolving. Many practitioners are forming marketing partnerships with media and pharmaceutical companies. They are promoting quitlines in association with professional groups, including primary care and associated health services. More and more health agencies are finding ways to promote quitlines at a very low cost, marketing quitlines as part of general cessation services. Other quitlines are positioning themselves as a single portal – easily accessible with a toll-free number – into all cessation services. National organizations are getting involved in quitline promotion, and while coordination of these initiatives can be challenging, particularly for quitlines with limited budgets, they offer an opportunity for quitline promotion.

It is an exciting time in quitline promotion – a time of rapid change. Questions are arising about best practices and innovations. And while most know what types of promotions work for their quitline at a given point in time, there has been little opportunity for a formal dialogue on this important topic.

Recognizing this need, and to encourage dialogue on quitline promotion, the North American Quitline Consortium (NAQC) established the Promotion Task Force in August 2005. Serving as an “investigative” arm to the quitline community, the Task Force set out to capture knowledge, evidence and expertise about quitline promotion in Canada and the United States. NAQC charged the Task Force with the following objectives:

- To develop a communication protocol to foster information exchange and deliver necessary and timely information on upcoming promotions to appropriate constituents.
- To develop a report synthesizing current knowledge about the promotion of quitlines and identifying applicable action-oriented recommendations to NAQC.

For the past two years, the Task Force has been working to fulfill these objectives. They have developed a set of Core Principles on Promotion, developed a communication protocol to facilitate exchange of information about promotional activities that could impact others' and developed a knowledge synthesis and recommendations on quitline promotion. The report provides a summary of these initiatives and includes the full reports of each specific Task Force Activity as an appendix.

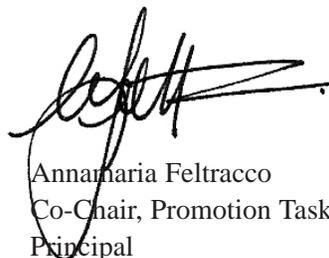
We know the field of quitline promotion is in constant motion and, even though this report is not, it can serve as a foundation, pointing to the future, where new ground is being broken.

We are pleased to present this report, and we anticipate a lively and rewarding future for quitlines and their promotion as we work together to provide effective treatments to smokers who want to quit and build a tobacco-free society.

Sincerely,



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Acknowledgments

Quitline promotion is a dynamic and exciting issue in tobacco cessation. Different tobacco control environments, quitline organizations and philosophical approaches lead to varying perspectives, challenges and opportunities in quitline promotion. NAQC sought to represent these different views and experiences through membership on the Promotion Task Force and through outreach to different groups and organizations working on similar issues. The Promotion Task Force's Report has benefited tremendously from these efforts.

In particular, the Promotion Task Force members gave their time and considerable expertise to discuss issues, draft documents, review materials, interview stakeholders and provide direction to PTF staff. The PTF is grateful to its member for their contributions. This report would not have been possible without these contributions and guidance of the PTF members.

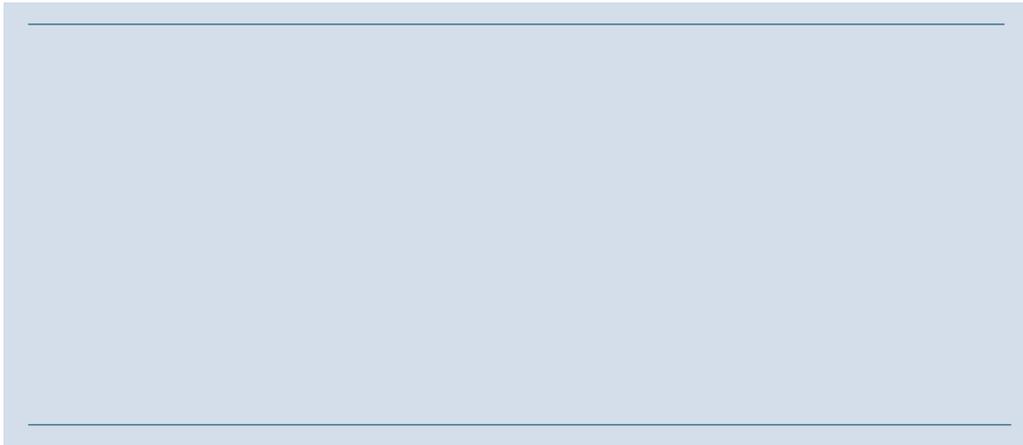
In 2004, Canadian Network of Smokers' Helplines (CNSH) published a knowledge synthesis on quitline promotion. The PTF received permission to use this knowledge synthesis as a starting point for its updated knowledge synthesis. The PTF is indebted to the CNSH for their generous contribution to this Report.

During the PTF deliberations, two other initiatives related to quitline promotion emerged. The Global Dialogue for Effective Stop Smoking Campaigns and Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health conducted a review of literature to update lessons learned in smoking cessation campaigns. These organizations graciously shared their findings and provided guidance to the PTF regarding additional quitline focused research. The University of Rochester Medical Center, Department of Community and Preventive Medicine investigated access to quitlines by priority groups. The PTF offered to assist these researchers by including questions geared to their research issues in the key informant interviews conducted by the PTF, and in exchange the University of Rochester researchers shared results of an informal or "grey" literature search with the PTF. These additional research initiatives enriched and enhanced the PTF Knowledge Synthesis on quitline promotion.

NAQC staff consultants, first Sara Hutchison and then Alik Pappas Weakland, provided stalwart and perceptive guidance to the Promotion Task Force and its members. They took the direction provided by the PTF and "made the work happen." Their professionalism, attention to detail and persistence is the reason this Task Force was able to complete its work. Linda Bailey, as President and CEO of NAQC, conceptualized the project and provided as needed support, guidance and direction to the Task Force.

The North American Quitline Consortium (NAQC) is a nonprofit organization that strives to unite state and provincial quitline administrators, quitline service providers, researchers and national organizations in the United States and Canada. By bringing these quitline partners together, NAQC helps to facilitate shared learning, encourage a better understanding of the operations, promotion and effectiveness of quitlines with the goal to ultimately improve quitline services.

NAQC works together with the broader tobacco cessation and control community to encourage tobacco users to quit, and to ensure those who want to quit know about and can utilize effective tobacco cessation treatments. NAQC's mission is to maximize the access, use and effectiveness of quitlines; provide leadership and a unified voice to promote quitlines; and offer a forum to link those interested in quitline operations.



2.0

NAQC Promotion Task Force

NAQC has a keen interest in advancing the knowledge base for quitline services, including promotion. The organization has played a key role in facilitating information and strategy exchange on effective promotion approaches. NAQC established a Promotion Task Force in August 2005 with two objectives:

- To develop a communication protocol to foster information exchange and deliver necessary and timely information on upcoming promotions to appropriate constituents; and
- To develop a report synthesizing current knowledge about the promotion of quitlines and identifying applicable action-oriented recommendations to NAQC.

The PTF was co-chaired by Connie Revell of the Smoking Cessation Leadership Center, Annamaria Feltracco, a Canadian consultant and researcher on quitlines. Members included American and Canadian quitline service providers, researchers and promotions experts; representatives from the state, provincial and federal funding organizations; and national and community organizations.

To begin, the Task Force developed the following working definition of promotion:

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.

In 2006, the PTF finalized a communication protocol for NAQC to use to facilitate information exchange regarding regional and national promotion to appropriate constituents. Next, the PTF developed a set of 10 Core Principles for Quitline Promotion. These core principles identify goals, processes and impacts for quitline promotions. Finally, in 2007, the Task Force completed the Knowledge Synthesis on Quitline Promotion Report.

By addressing these two objectives, the PTF has provided the quitline community with guidance to further the operations, promotion and effectiveness of quitlines in North America.

3.0

Core Principles for Quitline Promotion

The Task Force developed Core Principles for Quitline Promotion which are based on the recommendations of the report *Preventing 3 Million Premature Deaths, Helping 5 Million Smokers Quit: A National Action Plan for Tobacco Cessation*, which notes that an optimal quitline service providing counseling and medications may reach up to 16% of smokers each year and yield a 20% long-term successful cessation rate. This report serves as a foundation for quitline promotion activities and initiatives.

The core principles outline 10 issues that should guide quitline promotion initiatives and are outlined below:

1. Quitlines are working toward accomplishing these specific goals:
 - a. To reach increased numbers of tobacco users each year;
 - b. To provide treatment services to increased numbers of tobacco users yearly; and
 - c. To achieve higher quit rates via quitline treatment.
2. Quitline promotion should be conducted commensurate with work to increase capacity and quality of quitline services. Promotion success should be determined by improvements on both sides of this equation.
3. Promotions should strive to reach all populations who need quitline services, particularly those who remain at high risk for smoking. The most valuable promotions break new ground in reaching previously underserved groups.
4. Promotions should be based on evidence-based practice. More research is needed to understand what makes quitline promotions most effective and efficacious.
5. Promotions should not be conducted in the absence of a plan to respond to increased demand with adequate resources.
6. The best promotions are sustainable and build on existing quitline infrastructure; they do no harm to current efforts and avoid duplication.
7. The value of a broad quitline network is well established, and good promotions recognize the interconnectedness of quitlines and the value of local, state, provincial, national and international initiatives. They are part of broader, comprehensive programs, and communication channels allow for information exchange among these programs.
8. Promotion efforts should be fluid and flexible to take into account the constantly shifting backdrop against which they operate and the need for continuous improvement. Promotions should be evaluated and lessons learned incorporated into future promotions.
9. Quitline promotion should strive to increase quit attempts in the population (both aided and unaided quit attempts).
10. Quitline promotion should not discourage provision of cessation treatment by the private sector.

4.0 NAQC Promotion Communication Protocol

The Task Force developed a protocol to facilitate information exchange on promotion activities across state/provincial quitlines, national funders and important national organizations. The resulting email- and Web-based NAQC Promotion Communication Protocol (Appendix A) is a four-tiered approach to information exchange. The protocol allows for the exchange of information via (1) Promotion Alerts; (2) Promotion Communiqués; (3) Promotion Detailed Briefs; and (4) Quarterly Call-Volume Summary Reports.

■ Promotion Alerts:

The goal of the promotion alerts is to identify potential national communication activities and quickly alert appropriate parties. These alerts include any available information about the potential initiative, including the target date for finalization, if known.

■ Promotion Communiqués:

The goal of the promotion communiqués is to identify confirmed promotion activities as soon as they are known. These communiqués include a summary and comprehensive information about national communication activities.

■ Promotion Detailed Briefs:

The goal of the detailed briefs is to provide more detailed operational information about promotional activities, including specific initiatives, timing and content. The information is designed to assist quitline operators and funders in planning for and anticipating operational issues that may occur as a result of the promotion.

■ Quarterly Call Volume Summary Reports:

The goal of the Quarterly Call Volume Summary Reports is to provide a brief summary of reported call volume by province/state for each quarter, by month, for current year and previous year (when available). The reports can be used to help analyze impact of future promotions and inform quitline planning activities.

The final activity of the Promotion Task Force was to develop the Knowledge Synthesis on Quitline Promotion. The PTF reviewed existing formal and informal (grey) literature and conducted interviews with key informants to identify important issues in quitline promotion. The PTF then made recommendations for NAQC to continue to support and develop the field of quitline promotion.

The PTF Knowledge Synthesis on Quitline Promotion identified three key themes for quitline promotion necessary to address:

- Quitline promotion context
- Knowledge dissemination
- Balance between promotion and service delivery

The research identified five promotion approaches used by quitlines to promote their services. The knowledge synthesis reported on how quitlines currently promote services and what has been learned from these experiences. The five promotion approaches include:

- Media
- Coordination and referral
- Integrated cessation services
- Cessation medication
- Cigarette packaging

The Knowledge Synthesis makes six recommendations to NAQC outlined below. The full report is available in appendix C.

1. Document current knowledge about quitline promotion in North America, including the context, cost, approach and results of promotion activities. Specific suggested action includes:
 - a. Work with members and other stakeholders to identify emerging quitline promotion methodologies (like web banners, click through ads and new media) to understand impact on reach and awareness, comparative costs and implications for service.
 - b. Facilitate knowledge sharing by communicating to the field.
 - c. Encourage and support a research process that leads to a better understanding of the balance between quitline promotion and services and to the ability to predict the impact of various promotion methodologies on quitline services.
2. Develop a shared agenda with members and external experts on advancing knowledge, coordination and collaboration for the sustainability of quitlines. This includes identification of comprehensive quitline promotion methods and new ways to build resources to meet demand for new promotions.

3. Foster a necessary dialogue to advance knowledge and understanding of promotion success to ensure quitline promotions are commensurate with work to increase capacity and quality of quitline services.
4. Encourage quitlines to document and capture data on quitline promotions and impacts (e.g. source of calls, costs). Use data to facilitate research on the relative impact of different promotions within a comprehensive quitline promotion strategy.
5. Work with researchers to develop standard measures and develop better methods for evaluating promotion methodologies and impact of quitline promotions on services.
6. Foster discussion about the “quality” of the call generated by the promotion activity. Consider what type of promotion drives calls from people generally interested in quitting or who are more seriously motivated to quit or make a quit attempt.

The North American Quitline Consortium has a mission to maximize the access, use and effectiveness of quitlines, provide leadership and a unified voice to promote quitlines and offer a forum to link those interested in quitline operations. Promotion is clearly a core issue for NAQC and for the quitline community.

The PTF's communication protocol provides NAQC with a process for its members and stakeholders to inform and be informed about local, regional and national promotion initiatives with potential to affect the call volumes of more than one quitline. The Core Principles on Quitline Promotion lays a foundation for NAQC and its members to better coordinate and collaborate with strategic partners on promotion activities. The Knowledge Synthesis on Quitline Promotion pulls from research and practice literature and experiences to identify key themes and document current research and practice on quitline promotion. Together, these three PTF initiatives provide an important contribution to quitline promotion initiatives across North America. These initiatives offer an opportunity for NAQC to continue to support quitlines in North America toward building and managing quitline promotion.

References

- 1 North American Quitline Consortium. (2005). *Annual Survey of Quitlines in North America*.
- 2 S. Swartz, T. Cowan, J. Klayman, M. Welton, B. Leonard. (2005). Use and effectiveness of tobacco telephone counseling and nicotine therapy in Maine. *American Journal of Preventive Medicine*. 29(4), 288-294.
- 3 Subcommittee on Cessation, Fiore, Michael C. (Chair). (2003). *Preventing 3 million premature deaths. Helping 5 million smokers quit: A national action plan for tobacco cessation*. Interagency Committee on Smoking and Health. Final Draft, February 13, 2003.

Core Principles for Quitline Promotion

1. Quitlines are working toward accomplishing these specific goals:
 - a. To reach increased numbers of tobacco users each year;
 - b. To provide treatment services to increased numbers of tobacco users yearly; and
 - c. To achieve higher quit rates via quitline treatment.
2. Quitline promotion should be conducted commensurate with work to increase capacity and quality of quitline services. Promotion success should be determined by improvements on both sides of this equation.
3. Promotions should strive to reach all populations who need quitline services, particularly those who remain at high risk for smoking. The most valuable promotions break new ground in reaching previously underserved groups.
4. Promotions should be based on evidence-based practice. More research is needed to understand what makes quitline promotions most effective and efficacious.
5. Promotions should not be conducted in the absence of a plan to respond to increased demand with adequate resources.
6. The best promotions are sustainable and build on existing quitline infrastructure; they do no harm to current efforts and avoid duplication.
7. The value of a broad quitline network is well established, and good promotions recognize the interconnectedness of quitlines and the value of local, state, provincial, national and international initiatives. They are part of broader, comprehensive programs, and communication channels allow for information exchange among these programs.
8. Promotion efforts should be fluid and flexible to take into account the constantly shifting backdrop against which they operate and the need for continuous improvement. Promotions should be evaluated and lessons learned incorporated into future promotions.
9. Quitline promotion should strive to increase quit attempts in the population (both aided and unaided quit attempts).
10. Quitline promotion should not discourage provision of cessation treatment by the private sector.

NAQC Promotion Task Force Proposed Communication Protocol

■ Purpose

The North American Quitline Consortium seeks to unite health departments, quitline service providers, researchers and national organizations in the United States and Canada to enable these quitline professionals to learn from each other and to improve quitline services. A key objective of the Consortium is to provide leadership and a unified voice to promote quitlines.

To fulfill this objective, one of the goals of the PTF is to identify and establish a communication protocol (including channels and vehicles) between state/provincial quitlines, national funders and other relevant national organizations to facilitate information exchange on promotion activities. This communication protocol will ensure that quitlines know about promotion activity that may affect call volume.

■ Proposed Communication Protocol

The communication protocol outlined below builds on the existing communication protocol used by NAQC to communicate national promotion information to its members. There are four levels of communication identified: a NAQC Promotion Alert, Promotion Communique, Promotion Detailed Brief and Call Volume Summary Quarterly Report.

1. Emailed NAQC Promotion Alert

- Identifies potential promotion activities as soon as NAQC becomes aware of the initiative.
- Includes brief information about the initiative including initiating organization (if possible), timeframe, communication channel (i.e., television, newspaper, radio, etc.), promotion message and content and brief assessment of anticipated promotion impact on quitlines.
- Identifies date when proposed promotion activity is anticipated to be finalized, if available.
- Provides email address and contact information for more information (please note: As the primary purpose of this notification process is to provide information on promotion activities for quitline operators/funders, queries regarding these initiatives will take precedence over queries for more information).

Purpose:

- To identify potential national communication activities as soon as possible.
- Includes caution that further verification of the activity will follow as soon as possible.

Audience:

- To be determined.

Timing:

- As soon as tentative information becomes available.

2. Emailed NAQC Promotion Communique

- Identifies confirmed promotion activities as soon as NAQC becomes aware of the initiative.
- Includes a summary of the confirmed promotion activities, which includes brief information about the initiative, including initiating organization (if possible); timeframe; communication channel (i.e., television, newspaper, radio, etc.); promotion message and content; and more information based on brief assessment of anticipated promotion impact on quitlines.
- Includes links to NAQC “Members Only” Web site with detailed information about the promotional activities and email and contact information for further information (*please note*: as the primary purpose of this notification process is to provide information on promotion activities for quitline operators/funders, queries regarding these initiatives will take precedence over queries for more information).

Purpose:

- To provide comprehensive information about confirmed national communication activities as soon as possible.
- To gather information about the impact of the promotion campaign to inform future activities.
- Where an ongoing promotion initiative is identified, a communication plan specific to the initiative will be developed and communicated.

Audience:

- All NAQC Members.

Timing:

- As soon as confirmed information is available.

3. Emailed NAQC Promotion Detailed Brief

- Provides detailed operational information about promotional activities, including specific initiatives, timing and content.
- Requests reports on call volume statistics during the period of the promotion compared to the previous year’s call volume, if available. (*Please note*: A link on NAQC Web site or form for completion will be emailed as an attachment with the Promotion Detailed Brief to obtain call volume information as a result of a promotion.)

Purpose:

- To provide more detailed, operational information to assist quitline operators with information that will assist in planning for staffing and other initiatives.
- To ensure that funders are aware of the operational issues resulting from promotion initiatives.
- To facilitate feedback on call volume statistics during the promotion period.

Audience:

- Quitline operators and funders.

Timing:

- As soon as confirmed information is available and ongoing during duration of the initiative as required.

4. NAQC Call Volume Summary Quarterly Report

- Provides a brief summary of reported call volume by province/state for each quarter by month for current year and previous year, where available.
- Information provided will be used to help understand and analyze impact of future promotions on quitlines and will be provided to quitlines to inform planning activities.
- Emailed each quarter and archived on NAQC website.

Purpose:

- To inform NAQC membership of the impact of national promotion activities by quarter.
- To assist NAQC and quitlines in understanding impact of national promotion activities for future planning.

Audience:

- NAQC Membership.

Timing:

- Each quarter (January – March reported by April 15; April – June reported by July 15; July – September reported by October 15; October – December reported by January 15).

Promotion Task Force's
Knowledge Synthesis on Quitline Promotion Report
June 5, 2007

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■ 1.0 Purpose

In 2005, the Promotion Task Force was established to address two important issues:

1. To develop a communication protocol to foster information exchange and deliver necessary and timely information on upcoming promotions to appropriate constituents.
2. To develop a report synthesizing current knowledge about the promotion of quitlines and identifying applicable action-oriented recommendations to NAQC.

This Knowledge Synthesis report addresses the latter for these two objectives. To address this issue, the Task Force developed the following working definition of promotion:

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.

In this report, the Promotion Task Force discusses key issues in quitline promotion, identifies research and practice-based experiences in promoting quitlines to describe the main approaches that quitlines use to promote their services and makes six recommendations that will assist the organization to continue to support and develop promotion activities among North American quitlines.

■ 2.0 Methods

The Promotion Task Force used two main research methods to identify current knowledge about the promotion of quitlines: literature reviews and key informant interviews. Using these tools, the PTF gathered information from both formal and informal literature, and the experiences of quitline promotion practice. A key resource for this initiative was a knowledge synthesis on promotion conducted by the Canadian Network of Smokers' Helpline (CNSH) through a contribution agreement with Health Canada. With permission from the CNSH, the evidence identified through this literature review was used as a cornerstone of the NAQC Promotion Report. A description of the literature review and key informant approaches follows.

2.1 Literature Review

The Task Force sought to identify both formal and informal (grey) literature on the promotion of quitlines, as well as relevant resources and tools available online. The PTF conducted its own literature review as well as reviewing the results of relevant literature reviews conducted by others.

The PTF conducted a formal literature search to identify published literature on quitline promotion. *Pubmed (includes Medline), PsychINFO, Sociological Abstract, Social Services Abstract and Cochrane database* were searched for the period 1995-2005 using the terms *telephone counseling or telephone helpline or quitline AND tobacco cessation OR smoking cessation OR quit smoking AND promotion OR awareness*.

Results of this search were cross-referenced against those identified through the CNSH Knowledge Synthesis as a check to ensure that the search was identifying appropriate articles. This search identified journal articles and publications from which 21 relevant articles were identified for full review for this report.

The Global Dialogue for Effective Stop Smoking Campaigns Initiative also generated an international literature review and review of tobacco control campaign learnings in 2006. The insights gleaned from this joint project of the Global Dialogue Initiative and the Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health, while broader than promotion of quitlines, also provided important evidence for this report.

An extensive review of informal grey literature on quitline promotion initiatives was conducted by the University of Rochester Medical Center, Department of Community and Preventive Medicine. This search identified reports, conference presentations, resource guides and tool kits regarding quitline promotion and was shared with the NAQC PTF.

[2.2 Key Informant Interviews](#)

In addition to the formal literature, the PTF analyzed current practices and experiences in quitline promotion. The Task Force members identified quitline key informants across North America who could provide insight into quitline promotion from varied experiences. They adapted the interview tool from the CNSH's expert review protocol to capture current practice in quitline promotion, how practitioners learn about promotion strategies and emerging issues in the field. PTF members and NAQC consultants interviewed 17 key informants.

■ 3.0 Analysis

The Promotion Task Force members worked together to identify themes in the formal and informal literature and the key informant interviews. Themes that emerged from each methodology were discussed and supporting evidence in literature or key informant interviews identified. This analysis was reviewed by the PTF to confirm themes and ensure relevance to the field. Revisions to the themes were made and a draft report, including recommendations, was then prepared by the initial research team and presented to the PTF and NAQC chief executive officer for review. Based on this review, final revisions were made and the report finalized.

[3.1 Limitations](#)

These literature and research review efforts and interviews were comprehensive, but not exhaustive. Research on quitlines is still emerging. The grey literature and interviews round out what is currently known about quitline promotion, but there are limitations to this study. Literature review articles were reviewed primarily for their research results, not methodology. While the entire NAQC membership was not surveyed, the Promotion Task Force tried to reflect a wide range of practice, views and experiences among those interviewed.

■ 4.0 Findings

Analysis of the research and interviews generated three key themes in quitline promotion:

1. Quitline Promotion Context
2. Knowledge Dissemination
3. Balance between Promotion and Service Delivery

A discussion of each of these explains the issues as they relate to quitline promotion, identifies, where applicable, how quitlines are addressing the issues and identifies what additional work in each area is required.

The research also identified five promotion approaches used by quitlines to promote their services. This document reports how quitlines currently promote their services and what they have learned from these experiences. The five promotion approaches include:

1. media
2. coordination and referral
3. integrated cessation services
4. cessation medication
5. cigarette packaging

4.1 Key Issue Areas

4.1.1 Quitline Promotion Context

Quitline promotions reflect the jurisdiction, environment and quitline service of which they are an integral part. Through the literature and the interviews, the PTF identifies five factors that appear to significantly impact quitline promotion:

- Whether or not the quitline's promotion is developed within the context of a broader tobacco control campaign
- Age of the quitline
- Tobacco control policy environment
- Philosophical perspective of the funder
- Budget

In the U.S., quitline promotion is often managed by tobacco control or marketing staff at the state/provincial funder level. By contrast, in Canada, there is more variation, with non-governmental organizations frequently wielding this control. Thus quitline promotions in the U.S. and in some Canadian provinces are usually designed in the context of other tobacco control priorities as part of a comprehensive tobacco control budget, not a singular activity.¹

Quitline promotions change over time during the life of a quitline. The U.S. Centers for Disease Control and Prevention noted that newer quitlines rely on paid advertising (radio and television) to promote awareness, while more established quitlines use advertising to highlight specific issues or to target specific populations.² In one case, after eight years of existence, a quitline reported more than half its call volume came from professional and lay referral sources.³

Quitline promotion strategies are also a product of the tobacco control policy environment. In Ontario, quitline promotion was an integral part of the introduction of Smoke-Free Ontario legislation that made the province's workplaces smoke-free.⁴ The New York state quitline likewise planned a major campaign to coincide with implementation of a new state smoke-free workplace law, which included free NRT in New York City and some other communities.⁵

Another integral issue for quitline promotion is the existence of a single national number. For example, in the United States, 1-800 QUIT NOW sends callers directly to state quitlines. National promotions use the national number. In Canada, however, no single national number links callers to provincial quitlines, so there are no national promotion campaigns. Despite this, Health Canada is in the process of developing new packaging requirements for cigarette packages. These new packaging requirements could require a toll-free quitline phone number on cigarette packages. This would drive the development of a Canadian national number with direct linkage to Canadian provincial quitlines.⁶

Many quitlines may have philosophical or very real financial parameters that dictate how and why the quitline can be promoted. For example, a limited budget and a preference for working through health professional providers has meant that the New Brunswick quitline has focused promotion efforts almost exclusively on non-media promotions.⁷ By contrast the California Smokers Helpline, in its early years, relied heavily on media advertising.⁸ These issues illustrate two very important points:

1. How a quitline is promoted is unique to the program and how it works as well as to the environment in which it exists.
2. How quitline stakeholders promote quitlines will change over time.

Given these important points, it is imperative that quitline funders or administrators and service providers evaluate and document process, impact and outcomes of promotion initiatives. These evaluations should also consider the quitline context, a critical factor in developing effective quitline promotion.

4.1.2 Developing a Quitline Promotion / Service Balance

Quitline key informants report that achieving a balance between quitline promotion and its impact on service is vital. In 2003, Ossip-Klein and McIntosh noted that the most significant challenge for quitlines was to achieve a balance between promotion and utilization. "It is critical to have the dollars to maintain a sufficiently high level of promotion to ensure adequate call rates that justify continuation of the quitline service, while not stimulating excessive demand that overwhelms the resources of the system," they reported.⁹

Different quitline promotion approaches have varied impacts on quitline reach and awareness. Evidence shows that some approaches like mass media and free cessation medication can have immediate and dramatic impacts on quitline call volume, while others (such as working with health professionals) can result in more gradual increases.

Several key principles emerged from the literature and from key informant interviews for consideration when trying to achieve a good balance of promotion-to-call volume:

- **Mass media campaigns (particularly television advertising) increase demand for quitline services when an ad is on-air.** The impact of the ad is influenced by the number of “Gross Rating Points” (GRP) purchased (the higher GRP, the higher the call volume) and the placement of advertising (high- interest, low-involvement programming generates more calls). Call volume generally decreases after the initial introduction of a mass media campaign, but increases again with the introduction of “new” advertisements within an existing campaign.^{10,11}
- **Messaging is critical to determining how many calls a quitline will receive based on a promotion.** Generally if a message directs people to call the quitline and includes the quitline number, calls can be immediate and frequent. Naturally, other factors such as the quality of the campaign, how long the phone number remains on screen, the nature of the advertisement and the number of exposures influence the impact of the campaign. However, if a message includes a generic number (i.e., general information line which provides callers with the quitline number), the increase in call volume may be less dramatic.^{12,13,14,15}
- **Media placement is critical.** More frequent placement of advertising in less highly rated programming can also mitigate spikes in call volume while still increasing call volume overall.^{16,17}
- **Newspaper and radio advertising increase calls to the quitline.** In general these increases are less dramatic than those generated by television advertising. Additionally, lower costs associated with newspaper and radio advertising mean this type of promotion can be sustained longer.^{18,19,20}
- **Promotion through referral programs increases call volume more slowly,** and call volume remains steady as long as the referral programs are maintained and supported.^{21,22,23,24}
- **The offer of free cessation pharmacotherapy increases calls to quitlines dramatically.** Evidence shows that despite the different ways in which offers of free NRT are made – time-limited offers, or sustained offers integrated into quitline service – when pharmacotherapy is used as a promotion method, the impacts are immediate and significant. There is mixed evidence of the sustainability of this promotion approach, particularly where the offer of free pharmacotherapy is time-limited.^{25,26,27}
- **Integrating quitline promotions within comprehensive smoking cessation programs can be effective** (e.g., co-branding, piggy-backing on second-hand smoke/clean indoor air campaigns) and is sustainable over the long term, but does present challenges. In particular, when quitline promotion is part of an overall provincial or state budget, there can be less interaction with quitline providers. Excellent communication is critical to ensure that quitlines are aware of promotions being conducted by other partners.^{28,29,30}
- Including quitline phone numbers on cigarette packages has a significant immediate impact that levels off at a much higher rate compared to the baseline. However, the characteristics of those who call the quitline and the timing of the calls do change. Quitlines that use this approach must be cognizant of the changing nature of callers and timing, and adjust services and training to match.^{31,32}

4.1.3 Developing Knowledge in Quitline Promotion

This report has noted that quitline promotion evolves over time and within changing tobacco control contexts. Thus the way in which quitlines learn about promotion approaches is a key issue for NAQC and for those interested in improving quitline practice. Understanding this will help NAQC identify ways to disseminate learnings and knowledge about quitline promotion to quitline practitioners, researchers, funders and other quitline stakeholders.

In 2004, the Canadian Network of Smokers' Helplines Knowledge Synthesis on Promotion concluded that the "promotion of quitlines has generally been addressed by researchers as one element of a quitline program but not as an independent variable to be explored and tested. Thus, the research tends to describe various elements of promotion, with some view towards what works, however without the rigour of randomized control trials focused on the promotions of quitlines."³³

This still largely holds, although there has been substantial development in research on promotion through pharmacotherapy and mass media, with other modes of promotion remaining relatively underdeveloped. While excellent research examines single mass media approaches, coordinating and partnering with health professionals, integrating into comprehensive services, cessation medication promotions and cigarette packaging, no comparative work considers different quitline promotion approaches and identifies the opportunities and challenges of each. In addition, current practice among quitline practitioners features multiple methods of quitline promotion, with mass media most frequently used. Yet, little research is available on comprehensive campaign strategies.

The lack of comparative analysis and of research synthesis presents a significant problem for quitline stakeholders, who, working in real time with limited resources, must make decisions about the merits of one promotion approach over another, with little comparative analysis of relative advantages and disadvantages.

While quitline key informants acknowledged their need to understand more about what works in quitline promotion, they rarely seek formal research and journal publications. Quitline key informants reported learning about promotion approaches from other stakeholders, conferences, presentations and workshops. They learn from evaluation results, focus groups and working with the community.³⁴ Because most quitline promotion initiatives occur at the province or state level,³⁵ there are too few opportunities to share experiences, successes and challenges with others.

This "way of doing business" has an important implication for transferring quitline promotion knowledge from research to practice: evidence about what works in quitline promotion must be disseminated via practice-based mechanisms, and the research must have real-world applications to be useful to the quitline community. Moreover, research that reflects quitline reality is needed. Quitlines use multiple promotion approaches and rarely can afford sustained mass media promotions. Quitline practice remains out in front of quitline research in many instances.

Much remains to be learned about how quitline promotion approaches can work together to provide a synergistic promotion strategy. Quitline operators need to understand how approaches like mass media, public relations and health professional outreach can be structured to build both a financially and operationally sustainable quitline. Research that reveals how these approaches work together

in a comprehensive quitline promotion campaign along with efforts to synthesize the data and communicate it to quitlines using mechanisms they access will be invaluable to quitline promotion planners and practitioners.

4.2 Five Promotion Approaches

By reviewing both the formal and informal literature and through key informant interviews, the PTF identified five key approaches that quitlines as well as those who promote quitlines use to promote services:

1. Media
2. Coordination and referral
3. Integrated cessation services
4. Cessation medication
5. Cigarette packaging

A discussion of each of these approaches follows to describe what is known about the approach, how it is used, challenges and opportunities.

It is important to note that no one promotion approach will likely be used by a quitline in isolation and that quitlines will use different promotion approaches over time during the life of the quitline service.³⁶ Key informants noted that ideally all promotion methods should result in increases to call volume that result in a “balanced” approach to quitline promotion.³⁷

4.2.1 Media Approaches

Mass media approaches are the most commonly used quitline promotion approach.³⁸ Mass media promotion methods used by quitlines include:

- Television
- Newspaper
- Radio
- Outdoor billboards
- Transit advertising
- Telephone directories

Evidence for smoking cessation demonstrates that paid media is an effective promotion approach. Several research efforts have shown that mass media plays an important role in both motivating smokers to quit and increasing their use of smoking cessation supports.^{39,40,41} In fact, among recent quitters, advertisements were the most frequently mentioned source of help for quitting.⁴² Research by McAllister et al demonstrates that while mass media approaches by themselves increase smoking cessation activities, mass media efforts combined with the provision of community cessation services almost doubled cessation rates.⁴³

There is also specific evidence that mass media approaches have been effective in driving calls to quitlines.^{44,45,46,47} Research by Miller et al shows that calls to the quitline were closely related to the

“target audience rating points” or TARPS.⁴⁸ TARPS are similar to “Gross Rating Points” used in North America.⁴⁹

Quitline stakeholders know this well. “When the ads are on, the phones ring” is a familiar adage among them. However, mass media approaches are costly and can create unmanageable fluctuations in call volume that can threaten quitline service quality.^{50,51}

Two new emerging mass media promotion practices reported by key informant stakeholders are the use of direct mail and Web-based media. In Alberta, the Alberta Alcohol and Drug Abuse Commission delivered direct mail “cards” to all households in the province with some radio advertising support. The campaign created a spike in calls – with a 400% increase in calls compared to pre-campaign. The province is now considering ways to balance the impact of the promotion approach by staggering the promotion throughout the province.⁵²

A second new emerging media is the use of Web-based promotion. Quitlines have increasingly used “Web banner” ads, “click through ads” and other Web-based advertising.^{53,54} This promotion approach often targets younger audiences and frequently includes cross-promotion of quitline telephone and Web-based services. While there is no research yet on the efficacy of using these approaches, significant anecdotal evidence among quitline stakeholders suggests that they are successful at driving calls inexpensively. Research is required on this as well as other emerging approaches like direct mail to understand who responds to the promotion and how to best implement the promotion strategy for quitlines.

Promoting quitlines through mass media has disadvantages as well. Five key challenges for smoking cessation mass media campaigns include:

1. Holding viewer interest
2. Successfully influencing harder-core smokers
3. Balancing effectiveness and offensiveness of ads
4. Evaluating environmental context
5. Maintaining adequate campaign duration⁵⁵

It is clear various media approaches work for promoting quitlines, however, it is also important that quitlines understand how to use mass media effectively while balancing quitline call volume. Emerging trends provide new opportunities for quitlines to explore and document their promotion initiatives.

4.2.2 Coordination and Partnering

Quitlines integrate promotion with other cessation initiatives and partner with service providers as another key means of quitline promotion. The CNSH Knowledge Synthesis noted that complexity of the quit smoking message lends itself to partnering where different cessation stakeholders work together to coordinate messaging. Promoters can then take advantage of partnerships with stakeholders who share the quitline’s objectives.⁵⁶

California has a partnership-based quitline promotion effort that includes state tobacco control mass media campaigns, health care providers, local tobacco control programs and the school system.⁵⁷ The Newfoundland and Labrador Smokers' Helpline has presented at several conferences and workshops to describe their extensive coordination and partnering projects with health professionals, social workers, schools and tobacco control advocates.⁵⁸ Both these quitlines, as well as others, use relationship-building strategies with health professionals and professional associations to engage them as intermediaries working with their clients and making referrals to the services.

In the past two years, health professionals have significantly increased their use of fax referral programs. In 2005, 43 U.S. state quitlines and eight Canadian provincial quitlines formally employed fax referral programs for health professionals.⁵⁹ Even where these are not in place, quitline stakeholders report that they engage in initiatives to coordinate with health professionals.⁶⁰

A substantial amount of grey literature (reports and Web sites) describe the mechanics of setting up formal referral partnerships with quitlines. Notably, Massachusetts and Wisconsin in the U.S. and Newfoundland and Labrador in Canada have shared processes and findings related to fax referral quitline programs through reports, presentations and journal publications.

The formal literature has also focused on the applicability and process elements of this approach.⁶¹ This literature is important to support quitline promotion planning and implementation of these formal systems. Research that assesses the relative reach and cost-effectiveness of formal and informal coordination and partnering initiatives on quitlines is required.

Coordination and partnering fit with quitline practice. They build on quitline staff expertise and can be implemented with a minimal promotional budget. However, more study is needed of promotion approaches, particularly in terms of call volume, reach and awareness. Moreover, the form, function and impact of formal health professional fax referral systems will vary based on factors like the type of health professional using the system, how the health professional is reimbursed, the practice setting and clinical behaviour change strategies used.^{62,63}

4.2.3 Integration into Comprehensive Cessation Initiatives

While quitline promotion is frequently a component of comprehensive state tobacco control initiatives, the services are not often integrated. Many different service providers work in tobacco cessation, and some quitlines find benefits to coordinating service with these groups. This section examines how quitline promotion can be integrated into comprehensive cessation initiatives through several examples.

In Quebec, the provincial cessation campaign promotes all cessation interventions – individual, group and quitline interventions – as part of an overall cessation package of services. The state of California mandates all groups and organizations receiving tobacco control funding include the quitline phone number on its materials.⁶⁴

Working with cessation stakeholders to promote quitlines is a common and effective practice.⁶⁵ This is true in part because there is evidence that promotions aimed at increasing smoking cessation or promoting cessation aids also drive calls to quitlines.^{66,67} To help facilitate integrated promotion, the CNSH Knowledge Synthesis noted quitline objectives, particularly with regard to promotion, should

be integrated with those of partners.⁶⁸ The province of Newfoundland and Labrador has identified the Smokers' Helpline as the lead organization for the provincial tobacco control strategy's cessation efforts, and the quitlines' objectives are integrated with those of the provincial strategy.⁶⁹

This approach of integrating quitline promotion into comprehensive cessation services demonstrates that organizations with the same goal can work together to address tobacco cessation, and increase the reach and awareness of quitlines.

4.2.4 Cessation Medication-Related Promotions

A recent development in quitline promotion is the use of offering free cessation pharmacotherapy to drive quitline call volume. The goal of these campaigns is to increase successful cessation attempts, but a byproduct of these campaigns is to generate quitline reach and awareness. An unpublished study from South Dakota found that 8% of smokers were reached when offered access to bupropion and nicotine replacement therapy (NRT) through that state's quit line.⁷⁰ The issue of the use of NRT is complex. In this discussion, we consider the evidence on using cessation medication-related promotions as promotion activities, not their effectiveness as interventions for tobacco cessation.

These campaigns typically offer free NRT to eligible callers. In 2006, 21 of 50 U.S. quitlines responding to the *2006 NAQC Annual Survey of Quitlines in North America* offered some form of free pharmacotherapy.⁷¹ Until recently, Canadian quitlines did not offer free or discounted pharmacotherapy. However, in 2007, British Columbia's QuitNow quitline began a collaborative initiative with BC's Income Assistance program to provide 12 weeks of NRT free to people who receive Income Assistance in BC.⁷²

While using free cessation pharmacotherapy as a promotion approach is a relatively new approach to quitline promotion, it has generated several important studies. In 2004, quitlines had experimented with using the offer of free cessation medications (NRT, Bupropion) as a way to increase calls to the quitline.⁷³ Just two years later, six journal articles discussed the experiences of two different states using free cessation medications to promote quitline use and increase quitting attempts.

Two state experiences illustrate the use of smoking cessation pharmacotherapy as a means to increasing reach:

- A free cessation medication offer generated a tremendous number of calls immediately, even with only earned media (press release) used as promotion efforts.^{74,75,76}
- Callers who called the quitline during the free cessation medication promotion period differed demographically from callers calling the quitline at other times. In Minnesota, more callers reported they were ready to quit within 30 days during the free cessation medication period than previously.⁷⁷ In New York, evaluation showed that people enrolled in the program and receiving the medications tended to be non-white, foreign-born or lived in a low-income neighborhood.⁷⁸
- In Minnesota, the quitline also saw an increase in enrollment in multi-session counseling, from 17.4% pre-NRT to 75.3% post-NRT.⁷⁹

Clearly, offers of free NRT generate calls to quitlines. Using free pharmacotherapy to generate calls to quitlines will no doubt impact on the types of callers and services provided. While research is still at a nascent stage, it is clear the use of free pharmacotherapy as a way to promote quitline services has implications for quitlines interested in using this approach. These implications include:

- Offers of free cessation medication create the same spike in call volume over a short time as mass media campaigns.
- Most quitlines have eligibility criteria for free pharmacotherapy. It is unclear what impact this may have on callers who are interested in this cessation methodology and then get turned away.
- Using free pharmacotherapy to generate calls to the quitline may reach a different demographic of callers, who may be interested in different services.

Offers of free cessation pharmacotherapy serve a broader purpose than quitline promotion. They must be evaluated as interventions and in the context of the quitline environment. It is clear that free cessation medication offers play a role in quitline reach and awareness. More research is required to better understand the full range of these impacts on quitline reach, utilization and outcomes.

4.2.5 Quitline Promotion through Cigarette Packaging

Cigarette packaging is another way to integrate different tobacco control efforts to increase the reach and awareness of quitlines. Promotion of the quitline number on cigarette packages is a policy-based promotion initiative that has been introduced in several European countries and is planned in Canada for 2008.

In the Netherlands, one of 14 package warnings included a cessation message on the back along with the quitline phone number, quitting Web site or referral to a physician or pharmacist. Call volume increased immediately, peaked and then remained steady at more than six times the original call volume.⁸⁰

A study of quitline client demographics noted that after the quitline number was introduced on cigarette packs, callers from clients with lower incomes increased, and more callers were not serious about quitting. Call volume also varied by time of day. Once the quitline number appeared on cigarette packs, quitline call volume during evening hours increased. There was also an increase in non-quitline related calls, including calls from individuals questioning the veracity of the warnings or calling to complain about them.^{81,82}

Promoting quitline phone numbers on cigarette packages offers an attractive promotion mechanism for quitlines – it puts the quitline number directly in the hands of the target audience. However, the issue is complex and involves more than the quitline community – it involves tobacco control policy and regulations. Moreover, additional research is required to understand the impact of this promotion approach.

■ 5.0 Future Issues

A number of issues remain for future consideration as they unfold and more experience with them is documented. One of these involves tailoring promotions to specific populations when feasible and warranted. These may be more effective in reaching populations with the highest smoking rates, such as low-income smokers, Native Americans and others.

Web-based promotion of quitlines requires further discussion and study. Some quitline stakeholders report that the use of the Internet to promote quitlines is successful, yet this evidence is anecdotal. More evidence and effectiveness studies are required.

Cost comparisons are required between quitline promotion approaches. To date, some studies regarding the cost of free pharmacotherapy have emerged, however, broader evidence about the cost of media, coordination and partnering and integration into other cessation interventions is not available. Quitlines need to understand the cost and relative benefit of the various promotion approaches to determine how they will invest their promotion dollar.

■ 6.0 From Information to Action-Recommendations to NAQC

How quitlines are promoted and determining what constitutes the best promotion for a quitline is a complex issue. The Promotion Task Force has reviewed the most recent literature and interviewed stakeholders to identify latest findings on quitline promotion and the issues that affect how quitlines promote services. It is clear that while there is a great deal of synthesis on what works in quitline promotion, and the issues that need to be considered in developing quitline promotions, there remain many unanswered questions.

NAQC is committed to facilitating information and strategy exchange on effective approaches to quitline promotion. To support this effort, the Task Force has developed six key recommendations for NAQC designed to provide practical guidance about the role NAQC can play in promotion of quitlines in North America in keeping with the Consortium's mission.

Given the information obtained through the literature review and key informant interviews, the Promotion Task Force makes the following recommendations to NAQC:

1. Document current knowledge about quitline promotion in North America, including the context, cost, approach and results of promotion activities. Specific suggested action includes:
 - (a) Work with members and other stakeholders to identify emerging quitline promotion approaches (like Web banners, click through ads and new media) to understand impact on reach and awareness, comparative costs and implications for service.
 - (b) Facilitate knowledge sharing by communicating to the field.
 - (c) Encourage and support a research process that leads to a better understanding of the balance between quitline promotion and services and the ability to predict the impact of various promotion approaches on quitline services.

2. Develop a shared agenda with members and external experts on advancing knowledge, coordination and collaboration for the sustainability of quitlines. This includes identification of comprehensive quitline promotion approaches and new ways to build resources to meet demand for new promotions.
3. Foster a necessary dialogue to advance knowledge and understanding of promotion success to ensure quitline promotions are commensurate with work to increase capacity and quality of quitline services.
4. Encourage quitlines to document and capture data on quitline promotions and impacts (e.g. source of calls, costs). Use data to facilitate research on the relative impact of different promotions within a comprehensive quitline promotion strategy.
5. Work with researchers to develop standard measures and develop better methods for evaluating promotion approaches and impact of quitline promotions on services.
6. Foster discussion about the “quality” of the call generated by the promotion activity. Consider what type of promotion drives calls from people generally interested in quitting or who are more seriously motivated to quit or make a quit attempt.

References

- 1 North American Quitline Consortium (2006). 2006 NAQC Annual Survey Preliminary Results. Phoenix: North American Quitline Consortium.
- 2 Centers for Disease Control and Prevention (2004). *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- 3 Schar EH, Gutierrez KK (2001). *Smoking Cessation Media Campaigns from Around the World: Recommendations from Lessons Learned*. World Health Organization Regional Office for Europe and Centres for Disease Control.
- 4 Ministry of Health and Long Term Care (2005). *Smoke-Free Ontario: An Overview*. Toronto, ON: Ministry of Health and Long Term Care.
- 5 Miller N., et al. Effectiveness of a large-scale distribution programme of free nicotine patches: a prospective evaluation *Lancet* 2005; 365: 1849-54.
- 6 Carol Sutherland-Brown, Update from Health Canada, Presentation to Canadian Network of Smokers' Helpline 2007 Network Meeting. Ottawa, ON: Health Canada Tobacco Control Programme
- 7 Barb Ramsay, Personal Communication, February 2007.
- 8 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 9 Ossip-Klein, DJ McIntosh, S. Quitlines in North America: Evidence Base and Applications. *Am J Med Sci* 2003; 326(4):201-205.
- 10 Miller CL, Wakefield M, Roberts, L Uptake and effectiveness of the Australian telephone Quitline service in the context of a mass media campaign. *Tobacco Control* 2003; 12(Suppl II): ii53-ii58
- 11 McDonald P. Utilization and promotion of quitlines: State of the science and future research directions Presentation at National Institutes of Drug Abuse, Developing a Research Agenda to Improve the Impact of Tobacco Use Quitlines, Washington DC, February 23, 2005. Health Behaviour Research Group, University of Waterloo
- 12 Biener L, Reimer RL, Wakefield M., Szczypka G., Rigotti NA, Connolly G. Impact of smoking cessation aids and mass media among recent quitters. *Am J Prev Med.*, 2006 Mar; 30(3):217-23
- 13 M. Freeman J., Donovan R. "Recall and response of smokers and recent quitters to the Australian National Tobacco Campaign" *Tobacco Control* 2003; 12 (Suppl II): ii 15-ii-2d
- 14 Gutierrez, K. Overview of Evidence Based Recommendations Presentation at the 13th World Conference on Tobacco OR Health, Washington DC: July 2006. Global Dialogue for Effective Stop Smoking Campaigns and Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health.
- 15 McDonald, P. Utilization and promotion of quitlines; State of the science and future research directions Presentation at National Institutes of Drug Abuse, Developing a Research Agenda to Improve the Impact of Tobacco Use Quitlines, Washington DC, February 23, 2005. Health Behaviour Research Group, University of Waterloo
- 16 Centers for Disease Control and Prevention (2004). *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- 17 Carroll T, Rock B. Generating Quitline calls during Australia's National Tobacco Campaign: effects of television advertisement execution and programme placement *Tobacco Control* 2003;12:ii40 2003
- 18 McAlister A, Morrison T, Hu S, Meshack A. Media and Community Campaign Effects on Adult Tobacco Use in Texas. *Journal of Health Communication*, 2004;Volume 9: 95-109.
- 19 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 20 Key Informant Interviews, 2006
- 21 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 22 Key Informant Interviews, 2006
- 23 McGill R. Implementing a proactive referral program to support cessation recruitment, Presentation at National Conference on Tobacco or Health, Chicago, IL, October 2005. University of Arizona
- 24 Warner D. Massachusetts Tobacco Control Program: Partnerships to Sustain and Support the Quitline", National Network of Tobacco Cessation, NCI/CDC Atlanta Regional Meeting, May 18, 2006.
- 25 An LC, Schillo BA, Kavanaugh AM, Lachter RB, Luxenberg MG, Wendling AH, Joseph AM. Increased reach and effectiveness of a statewide tobacco quitline after the addition of access to free nicotine replacement therapy. *Tobacco Control*. 2006, Aug.; 15(4): 286-93.

References (continued)

- 26 Cummings KM, Fix B, Celestino P, Carlin-Menter S, O'Connor R, Hyland A, Reach, efficacy and cost-effectiveness, *J Public Health Manag Pract.* 2006 Jan-Feb;12(1): 37-43.
- 27 Donna Warner, Personal Communication, April 2007.
- 28 Levy DT, Chaloupka F, Gitchell J. The Effects of Tobacco Control Policies on Smoking Rates: A Tobacco Control Scorecard: *J Public Health Manag Pract.* 2004 Jul-Aug: 10(4): 338-353.
- 29 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 30 Key Informant Interviews, 2006
- 31 Willemsen M, Simons C, Zeeman G. Impact of the new EU health warnings on the Dutch quit line. *Tob Control* 2002; 11: 381-382.
- 32 Willemsen M, van der Meer, R. European Smoking Cessation Helplines Evaluation Research. Presentation at National Institutes of Drug Abuse, Developing a Research Agenda to Improve the Impact of Tobacco Use Quitlines, Washington DC, February 23, 2005
- 33 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines, p. 2.
- 34 Key Informant Interviews, 2006
- 35 Key Informant Interviews, 2006
- 36 Centers for Disease Control and Prevention (2004). *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- 37 Key Informant Interviews, 2006
- 38 Key Informant Interviews, 2006
- 39 Schar EH, Gutierrez KK. (2001). *Smoking Cessation Media Campaigns from Around the World: Recommendations from Lessons Learned.* World Health Organization Regional Office for Europe and Centres for Disease Control.
- 40 Biener L. et al. Impact of smoking cessation aids and mass media among recent quitters. *Am J Prev Med* 2006; 30(3):217-224.
- 41 Gutierrez, K. Overview of Evidence Based Recommendations Presentation at the 13th World Conference on Tobacco OR Health, Washington DC: July 2006. Global Dialogue for Effective Stop Smoking Campaigns and Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health.
- 42 Biener L. et al. Impact of smoking cessation aids and mass media among recent quitters. *Am J Prev Med* 2006; 30(3):217-224.
- 43 McAlister A, Morrison T, Hu, Meshack A. Media and Community Campaign Effects on Adult Tobacco Use in Texas. *Journal of Health Communication*, 2004; Volume 9: 95-109.
- 44 Schar EH, Gutierrez KK. (2001). *Smoking Cessation Media Campaigns from Around the World: Recommendations from Lessons Learned.* World Health Organization Regional Office for Europe and Centres for Disease Control.
- 45 Gutierrez, K. Overview of Evidence Based Recommendations Presentation at the 13th World Conference on Tobacco OR Health, Washington DC: July 2006. Global Dialogue for Effective Stop Smoking Campaigns and Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health.
- 46 Miller CL, Wakefield M, Roberts L. Uptake and effectiveness of the Australian telephone Quitline service in the context of a mass media campaign. *Tobacco Control* 2003;12(Suppl II): ii53-ii58.
- 47 Hill D, Carroll T. Australia's National Tobacco Campaign. *Tobacco Control* 2003; 12 (Suppl II): ii9-ii14
- 48 "TARPs are the multiples of each 1% of the target audience (aged 18-40 years) who were exposed to the campaign, on the basis of the placement of television advertisements. TARPs can be increased by running the advertisement more frequently or in higher rating television programmes, or both." from Miller et al
- 49 Miller CL, Wakefield M, Roberts L. Uptake and effectiveness of the Australian telephone Quitline service in the context of a mass media campaign. *Tobacco Control* 2003;12 (Suppl II): ii53-ii58.
- 50 Gutierrez K. Overview of Evidence Based Recommendations Presentation at the 13th World Conference on Tobacco OR Health, Washington DC: July 2006. Global Dialogue for Effective Stop Smoking Campaigns and Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health.
- 51 Key Informant Interviews, 2006
- 52 Bryan Miller, Personal Communication, April 2007.
- 53 Jack Boomer, Personal Communication, April 2007.
- 54 Donna Warner, Personal Communication, April 2007.
- 55 Schar EH, Gutierrez KK (2001). *Smoking Cessation Media Campaigns from Around the World: Recommendations from Lessons Learned.* World Health Organization Regional Office for Europe and Centres for Disease Control.

References (continued)

- 56 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 57 Zhu S-H, Anderson CM, Johnson CE, Tedeschi G, Roeseler A. (2000). A centralized telephone service for tobacco cessation: the California experience. *Tobacco Control*; 9(Suppl II):ii48-ii55.
- 58 Nikki Legge, Personal Communication, October 2006.
- 59 North American Quitline Consortium (2006). Quitlines of North America and Europe. Phoenix: North American Quitline Consortium.
- 60 Key Informant Interviews, 2006
- 61 Adsit R, Fraser D, Redmond L, Smith S, Fiore M. Changing clinical practice, helping people quit: the Wisconsin Cessation Outreach model. *WMJ*. 2005 May; 104(4):32-6.
- 62 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 63 Canadian Cancer Society, Ontario Division Smokers' Helpline (2007) Fax Referral Program Briefing Paper. Hamilton ON; Canadian Cancer Society, Ontario Division Smokers' Helpline.
- 64 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 65 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 66 Gutierrez, K. Overview of Evidence Based Recommendations Presentation at the 13th World Conference on Tobacco OR Health, Washington DC: July 2006. Global Dialogue for Effective Stop Smoking Campaigns and Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health.
- 67 Ossip-Klein DJ, McIntosh S. Quitlines in North America: Evidence Base and Applications. *Am J Med Sci* 2003; 326(4):201-205.
- 68 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 69 Nikki Legge, Personal Communication, October 2006.
- 70 Swartz SH, Cowan TM, Klayman JE et al. Use and effectiveness of tobacco telephone counseling and nicotine therapy in Maine. *Am J Prev Med* 2005; 29(4), 288-294.
- 71 North American Quitline Consortium (2006). 2006 NAQC Annual Survey Preliminary Results. Phoenix: North American Quitline Consortium.
- 72 Jack Boomer, Personal Communication, April, 2007.
- 73 Feltracco A, Wilkerson T. (2004) Knowledge Synthesis Report: Better Practices in the Promotion of Smokers' Helplines Report. Toronto, ON: Canadian Network of Smokers' Helplines.
- 74 An, LC, Schillo BA, Kavanaugh AM, Lachter RB, Luxenberg, MG, Wendling AH, Joseph AM. Increased reach and effectiveness of a statewide tobacco quitline after the addition of access to free nicotine replacement therapy. *Tobacco Control*. 2006, Aug.; 15(4): 286-93.
- 75 Cummings KM, Fix B, Celestino P, Carlin-Menter S, O'Connor R, Hyland A. Reach, efficacy and cost-effectiveness, *J Public Health Manag Pract*. 2006 Jan-Feb;12(1): 37-43.
- 76 It is important to note that in the NY experience, there were significant policy initiatives (clean indoor air policy, taxation hike) that may also have impacted on calls to the quitline.
- 77 An LC, Schillo BA, Kavanaugh AM, Lachter RB, Luxenberg MG, Wendling AH, Joseph AM Increased reach and effectiveness of a statewide tobacco quitline after the addition of access to free nicotine replacement therapy. *Tobacco Control*. 2006, Aug.; 15(4): 286-93.
- 78 Miller N., et al. Effectiveness of a large-scale distribution programme of free nicotine patches: a prospective evaluation *Lancet* 2005;365 1849-54.
- 79 An LC, Schillo BA, Kavanaugh AM, Lachter RB, Luxenberg MG, Wendling AH, Joseph AM. Increased reach and effectiveness of a statewide tobacco quitline after the addition of access to free nicotine replacement therapy. *Tobacco Control*. 2006, Aug.; 15(4): 286-93.
- 80 Willemsen M, Simons C, Zeeman G. Impact of the new EU health warnings on the Dutch quit line. *Tob Control* 2002; 11: 381-382.
- 81 Willemsen M, Simons C, Zeeman G. Impact of the new EU health warnings on the Dutch quit line. *Tob Control* 2002; 11: 381-382.
- 82 Willemsen M, van der Meer R. European Smoking Cessation Helplines Evaluation Research. Presentation at National Institutes of Drug Abuse, Developing a Research Agenda to Improve the Impact of Tobacco Use Quitlines, Washington DC, February 23, 2005

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