Welcome to NAQC Connections ... Keeping members and partners connected to timely and upcoming events in the quitline community.

News & Updates

2009 NAQC Annual Conference - SAVE THE DATE!
The NAQC 2009 Annual Conference will take place June 8 from 7AM-7PM and June 9 from 7AM-2PM at the Sheraton Phoenix Downtown Hotel (venue for the 2009 NCTOH Conference).

The NAQC Annual Conference aims to provide members and our partners the opportunity to exchange and disseminate the latest research, information and practices related to the promotion and delivery of quitline services with a special emphasis on collaboratively building a quality framework for quitlines in North America.

Please look for more details about the conference coming soon!

Call Summary Now Posted to NAQC Calendar!
For those of you who were unable to join us on October 22 and 24 to provide feedback on the draft white paper “Improving and Maintaining Quality of Tobacco Quitlines in North America” the summary of the call is now posted to the NAQC calendar. Be on the lookout for a Quality Update in late November!

NAQC Workgroups Forming - Space Limited, Sign-Up Now!
NAQC is forming two new workgroups on critical mission-specific projects:

- Developing a research infrastructure for NAQC (what research topics should we prioritize, how do we work fairly with all members to engage in research, how do we determine what NAQC’s level of involvement should be?)
- Developing a collaborative research agenda with the European Network of Quitlines.

Each workgroup will have a maximum time commitment of 1 conference call per month (90 minutes maximum) between now and August 2009, plus review of documents in preparation for the calls. Workgroups will have representation from each NAQC stakeholder group (funders, service providers, administrators, evaluators and researchers) as well as representation from U.S. and Canadian members. Participation is limited to members in good standing.

If you are interested in either of these projects, want more information or want to make sure your voice is heard during the process, please email Jessie Saul, Director of Research, at jsaul@naquitline.org or call 602.279.2719 by November 17, 2008. NAQC workgroups are an excellent way to help determine the direction of quitline operations and research. NAQC values the opportunity to involve members in all aspects of projects.

Register for Upcoming NAQC Conference Calls
DECEMBER CALL: Minimal Data Set (MDS) Implementation Assessment
December 3 from 3:30 – 5PM ET and December 5 from 12:30 – 2PM ET
December 3 from 3:30 – 5PM ET and December 5 from 12:30 – 2PM ET

The implementation of the NAQC MDS was a significant early accomplishment for NAQC and the North American quitline community. In 2007, NAQC conducted an assessment of the implementation of the MDS in North America. This conference call will highlight the findings of the MDS Implementation Assessment for the quitline community. Highlights will include how widespread implementation of the MDS among North American quitlines is, opportunities for improving the MDS and further efforts that will be required to increase the comparability of quitline data across North American quitlines.

*Register for NAQC Conference Calls by visiting the NAQC Web site at [www.naquitline.org](http://www.naquitline.org). Once there, you will need to login as a member and click the “View Calendar” button at the top of the page. Then, please select the appropriate call date and register. Call materials will be sent to you prior to the call and posted to the calendar date.

**2008 NAQC Annual Survey Update**
NAQC would like to thank all 2008 Annual Survey responders for the work they put into this year’s survey. The Annual Survey is a critical part of NAQC’s programmatic activities and allows us as a quitline community to track trends over time as well as assess the state of quitlines from year to year. We sincerely appreciate the time and effort it takes to make this project a success. We look forward to presenting the results to you in June. If you have any questions about the Survey or would like to comment on how the process worked this year, please contact Jessie Saul, Director of Research, at 602.279.2719 or jsaul@naquitline.org.

**Policy Changes and Quitlines? Seeking More Examples for the NAQC Policy Playbook**
NAQC members are invited to submit more examples for the [NAQC Policy Playbook](http://www.naquitline.org/playbook). The Playbook currently includes a comprehensive list of strategies used by states and municipalities, and we are looking for more examples of how states integrated quitline promotions with the implementation of smokefree laws and/or tobacco tax increases. Items to submit include: paid media, public relations and earned media, online strategies, promotional items, outreach and education materials, quitline materials, policy implementation materials such as tool kits, brochures, Web sites, fact sheets, etc., local approaches, quit and win contests and specific examples of how the quitline was integrated with a tax increase.

To view the examples currently in the playbook, visit [www.naquitline.org/playbook](http://www.naquitline.org/playbook). Please contact Randi Lachter ([rlachter@naquitline.org](mailto:rlachter@naquitline.org)) with any questions or to submit your items.

**BC Trends in Tobacco, Alcohol and Drug Use**
The use of alcohol and illicit drugs is sending more and more people to the hospital, according to a new report by the University of Victoria’s Centre for Addictions Research of BC (CARBC). The report, *Regional Variations and Trends in Substance Use and Related Harms in BC*, shows tobacco causes the most deaths—25 times that caused by illicit drugs. The information for this report is taken from the BC Alcohol and Other Drug (AOD) monitoring project, which uses a range of complementary data sources on the use of alcohol and other drugs and related harms in BC. The research is funded by provincial government agencies and ministries as well as Health Canada. For a copy of CARBC’s report and background information visit “What’s New?” on the CARBC website: [http://www.carbc.ca](http://www.carbc.ca).

**North Dakota’s Measure 3 Will Use Tobacco Settlement Money to Keep Kids from Smoking**
Last Tuesday, North Dakota voters delivered a victory for the state’s kids and health by approving Measure 3, a state ballot initiative to increase funding for tobacco prevention and cessation programs. Measure 3 will use new funds provided under the original 1998 state tobacco settlement to create a comprehensive statewide program to prevent kids from smoking and help smokers quit. The program will be funded at levels recommended by the CDC, utilizing revenue North Dakota is receiving under a special “bonus payment” provision in the tobacco settlement. No taxpayer money will be used to fund the new program. North Dakota has been receiving about $40 million a year in tobacco-generated revenues from the tobacco settlement and tobacco taxes, but currently spends only $3.1 million a year in state funds on programs to prevent kids from smoking and help smokers quit. Measure 3 will increase North Dakota’s investment to the $9.3 million recommended by the CDC.
A Randomized Trial of a Pay-For-Performance Targeting Clinician Referral to a State Tobacco Quitline
An LC, Bluhm JH, Foldes SS, Alesci NL, Klatt CM, Center BA, Nersesian WS, Larson ME, Ahluwalia JS, Manley MW

This study was a randomized trial that compared usual care (n=25 clinics) to a pay-for-performance program (n=24 clinics). The pay-for-performance program offered $5,000 to a clinic if it referred 50 smokers to a telephone quitline. Pay-for-performance clinics also received updates on their number of referrals on a monthly basis. Eligibility criteria for referral included being 18 or older, current smokers and intending to quit in the next 30 days. The study found that pay-for-performance clinics referred 11.4% of smokers compared to 4.2% of smokers for usual care clinics. The rate of patient contact with the quitline after referral was 60%. Among those contacted, 49% enrolled, representing 27% of all referrals. The cost per additional quitline enrollee was $300.

Telephone-Based Tobacco-Cessation Treatment Re-Enrollment Among Diverse Groups
Carlini BH, Zbikowski SM, Javitz HS, Deprey TM, Cummins SE, Zhu SH

While quitlines provide an opportunity for tobacco users to seek assistance with quitting multiple times, little is known about how frequently this opportunity is utilized. This randomized clinical trial aimed to study the effectiveness of four different communication strategies for getting previous quitline callers of varying racial/ethnic identities to re-enroll in treatment. In a random sample of 2,400 quitline enrollees during 2006, participants were either not contacted at all (arm 1), invited to re-enroll with a letter (arm 2), invited to re-enroll with a letter containing ethnic-specific content (arm 3) or invited to re-enroll with a letter and a telephone call. Arm 1 resulted in a re-enrollment rate of 0.54% per 30 days. Recruitment using letters (tailored or untailored) did not significantly change this rate. The addition of a telephone call increased the rate of re-enrollment to 7% per 30 days. The authors conclude it is feasible to re-enroll previous quitline callers into treatment. They note the next step is a test of effectiveness of such a program.

Pilot of a Preoperative Smoking Cessation Intervention Incorporating Post-Discharge Support from a Quitline
Wolfenden L, Wiggers J, Campbell E, Knight J

In this study, surgical patients were recruited from a preoperative clinic of an Australian hospital in 2003. Those in the experimental arm of the study received a smoking cessation intervention, including preoperative computerized smoking cessation counseling, tailored self-help material, brief advice from preoperative clinical staff, NRT, telephone counseling and proactive post-discharge telephone support from a telephone quitline. Six months later, twice as many patients who received the intervention reported having quit (25%) than the usual care group (12%). The authors conclude this type of intervention may be effective in increasing smoking abstinence.

Extended Cognitive Behavior Therapy for Cigarette Smoking Cessation
Killen, Jd, Fortmann, SP, Schatzberg, AF, Arredondo, C., Murphy, G, Hayward, C, Celio, M, Crompt, D, Fong, D, Pandurangi, M
*Addiction.* August 2008, 103(8):1381-1390

This study was designed to determine whether extending certain types of support beyond eight weeks would be effective. A total of 304 smokers were enrolled in the study. All received bupropion SR, nicotine patch and cognitive behavior therapy for eight weeks. For weeks 9-20, participants either received cognitive behavior therapy, voicemail monitoring and telephone counseling (intervention) or telephone-based general support (control). At week 20, the intervention arm had a higher quit rate (45%) than the control arm (29%). At 52 weeks the difference was not significant. Authors conclude that based on the results at 20 weeks, extended cognitive behavioral support should be encouraged and supported because of its potential to increase longer-term abstinence.

Perceived Safety and Efficacy of Nicotine Replacement Therapies Among US Smokers and Ex-smokers: Relationship With Use and Compliance
Shiffman, S, Ferguson, SG, Rohay, J, Gitchell, JG
*Addiction.* August 2008, 103(8):1371-1378

This study examined the impact of misperceptions of NRT safety and efficacy on its use by smokers to help them quit. More than 3,200 current and former U.S. smokers completed a nation-wide mailed survey.
Two-thirds (66%) of respondents agreed with the statement “stop-smoking products with nicotine are just as harmful as cigarettes” or were unsure whether the statement was true or not. These respondents were less likely to have used NRT in the past and were less likely to consider using NRT in the future. They were also more likely to have under-used NRT products (amount per day and duration of treatment). The authors conclude many smokers are misinformed about the health risks posed by NRT. They go on to state these misperceptions are a barrier to smokers using NRT as well as compliance with treatment, thereby reducing its effectiveness.

Effects of Cigarette Smoking Upon Clinical Outcomes of Assisted Reproduction: A Meta-Analysis
This meta-analysis aimed to determine whether differences in success rate of assisted reproductive technologies occur between women who smoke cigarettes at the time of treatment and those who do not. Findings show that smoking patients had lower odds of live births per cycle, lower odds of clinical pregnancy per cycle, higher odds of spontaneous miscarriage and higher odds of ectopic pregnancy. The authors conclude this is “compelling evidence for a significant negative effect of cigarette smoking upon clinical outcomes of ART and should be presented to infertility patients who smoke cigarettes in order to optimize success rates.”

Developing Smokeless Tobacco Products for Smokers: An Examination of Tobacco Industry Documents
Carpenter CM, Connolly G, Ayo-Yusuf OO, Ferris Wayne G
*Tob Control*. 2008 Oct 23 [Epub ahead of print]
This study analyzed internal tobacco industry documents to investigate whether the development of smokeless tobacco products is intended to target current smokers. The authors found cigarette and smokeless tobacco product manufacturers recognized that environmental factors such as indoor smoking restrictions, health concerns and reduced social acceptability of smoking could impact the growth of the smokeless tobacco market. Tobacco industry documents indicate that manufacturers developed new smokeless products with the intention of targeting cigarette smokers to promote dual use of both cigarettes and smokeless products, which may have unknown public health effects. The authors conclude these products may pose significant challenges to efforts by federal agencies to reduce the harm caused by tobacco.

Resources & Information

**2009 National Conference on Tobacco or Health Call for Abstracts – Deadline Approaching**
NCOTH will be held June 10–12, 2009 in Phoenix, AZ. Invitation to submit abstracts for presentation is open. The submission deadline is Friday, November 14, 2008. Access more information about the abstract submission process or the conference.

**Provider Training Webinar**
Washington State has collaborated with the Tobacco Cessation Resource Center to develop a training solution to teach health care providers how to incorporate cessation into their daily practice. During Innovative and Sustainable Trainings for Health Care Providers, Julie Thompson, Tobacco Cessation Coordinator with the Washington State Department of Health, and Gillian Schauer, Program Manager of the Tobacco Cessation Resource Center, will describe the program and share insights about their experience. Register for the Webinar at [https://www2.gotomeeting.com/register/965687665](https://www2.gotomeeting.com/register/965687665).

**New National Latino Tobacco Control Network**
The National Latino Tobacco Control Network (NLTCN) is a new national collaboration between various public health groups and community organizations that began operating in July 2008 to address tobacco use among Hispanics and Latinos. NLTCN is one of six national networks currently leading tobacco control efforts for priority populations funded by the CDC. NLTCN is currently compiling a directory of individuals who are interested in or currently working in the Hispanic community to address tobacco use, alcohol and drug abuse and other disparities. For details on joining the network, please email Mr. Jean Leroux at jleroux@indianalatino.com. View the NLTCN Web site.

**Blueprint for a Healthier America**
Last month the Trust for America’s Health (TFAH) released a *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness* with recommendations for the next Administration and Congress on ways to improve the health of Americans. More than 150 experts...
and organizations helped identify gaps and fixes for federal public health agencies and programs through a yearlong consensus-building process. The report includes a budget analysis which shows critical national, state and local public health programs facing an annual $20 billion shortfall, in part, due to CDC funding cuts. Report recommendations include securing funding for public health activities such as smoking prevention, among others.

**CDC/OSH Seeking Health Scientist**

CDC/OSH currently has a vacancy for a Health Scientist, (GS-0601-12/13) on the Evaluation Team within the Epidemiology Branch at the CDC’s Office on Smoking and Health. View the full position posting (Note: Deadline for application is Nov. 12, 2008).

**Fellowships in Tobacco Control Research**

The UCSF Center for Tobacco Control Research and Education (CTCRE) invites applications for fellowships in policy-relevant tobacco control research. Completed applications are due January 28, 2009 for fellowships beginning July 1, 2009. Applicants may learn more about the Center, the fellowship program and review the list of UCSF faculty and their research interests at [http://tobacco.ucsf.edu](http://tobacco.ucsf.edu).

**Call for Papers for Collection of Systems Modeling in Tobacco Control Manuscripts**

The American Journal of Public Health (AJPH) intends to publish a collection of manuscripts on systems modeling in tobacco control. In recognizing the complexity of issues involved in the tobacco epidemic, AJPH seeks to encourage the use of conceptual models, methods and analysis techniques suitable to describe such complexity and the strong interdependence among the elements of the problem as well as its potential solutions. They are particularly interested in manuscripts that use these methods to help inform U.S. policies aimed at reducing smoking attributable mortality as much as possible through the year 2030. Research articles and briefs that address these issues and provide innovative insights will be considered. Conceptual essays defining a strategic framework for the application of system methodologies to the tobacco problem will be considered for the Framing Health Matters; Government, Politics, and Law; and Health Policy and Ethics forums. All manuscripts will undergo the standard peer review process by the AJPH editors and peer referees as defined by AJPH policy. Submit manuscripts to [http://submit.aihp.org](http://submit.aihp.org) by March 31, 2009.

**International Institute for Theory-based Interventions and Research Intensive Workshop, December 2008, Phoenix, Arizona**

**Designing, Conducting, Analyzing & Funding Intervention Studies: A Research Intensive Workshop**

Held December 3-5, this intensive research workshop will focus on the essential elements of designing, conducting, analyzing and funding intervention studies. Doctorally prepared nurses, advanced practice nurses, doctoral students and professionals from other health disciplines who seek to acquire or enhance their knowledge and critical skills to design, conduct, analyze and fund intervention studies should attend. Maximum capacity: 40 participants.

**International Institute for Theory-Based Interventions**

This institute held December 1-3 is designed for individuals interested in exploring conceptual and practical knowledge for the development of theory-based interventions. Maximum capacity: 20 participants. Attend separately or in conjunction with the Research Intensive Workshop mentioned above.

For more information on either the International Institute for Theory-based Interventions or the Research Intensive Workshop, visit [www.nursing.asu.edu/ace](http://www.nursing.asu.edu/ace).

**Connect with NAQC Members!**

NAQC’s Listserv offers an opportunity for NAQC members to connect with one another. Through the Listserv, you can ask questions, post comments and share resources. To post a question or comment to the NAQC Listserv, email [NAQC@listserv.naquitline.org](mailto:NAQC@listserv.naquitline.org). You must be a member of the Listserv to post a question or comment. If you are not on the Listserv and wish to participate, please email [bbryan@naquitline.org](mailto:bbryan@naquitline.org) to join.