2007 NAQC Annual Meeting “Building a Focus on Quality: Discussing, Generating and Applying Lessons Learned” Registration Now Open!

It is with great pleasure that NAQC invites all members and invited guests to register for our upcoming meeting to be held on October 22nd and 23rd at the Hilton Hotel in Minneapolis, MN. We are an official ancillary meeting of the National Conference on Tobacco or Health and along with the Annual Meeting Workshop Planning and Review Committee, have been working hard to bring you a rich annual meeting experience. During our time together we will be seeking your feedback on a number of issues, allowing you ample time for networking and catching up with colleagues along with hosting 15 different workshops on topics of great relevance to our community.

This Bulletin contains all the information you will need to register for the conference, including a full conference agenda and link to the registration form on surveymonkey.com.

How to Register
Registration for the meeting is an online process using www.surveymonkey.com. Please be sure your system allows you to access and complete surveys on this Web site. We have made it possible for you to start and stop the survey as needed, however, once completed, you cannot return to edit your responses.

Access the Registration Form

Meeting Agenda
The full meeting agenda, including plenary and workshop descriptions, is included in this bulletin. Please review this agenda before you begin the registration form as you will be asked to indicate your workshop selections.

What Registration Includes
Registration for the meeting includes lunches on Monday, October 22nd and Tuesday, October 23rd, attendance at all plenary and workshop sessions and an invitation to join our evening reception (cash bar) to be held on Monday from 6:00 – 7:30 PM.

Registration Deadline
Registration will be closed at 5:00 PM PST on Friday, October 5, 2007. NO EXTENSIONS WILL BE GRANTED!

Confirmation of Registration
An email confirming your registration for our meeting will be sent no later than October 5, 2007. This email will also include information on where to go on NACQ’s Web site (www.naquitline.org) to access important meeting materials that you may wish to view prior to the meeting.
Questions or Concerns
Should you have any questions or concerns related to the upcoming meeting or the registration process, please contact Tamatha Thomas-Haase at tthomas-haase@naquitline.org.

We look forward to seeing you soon!

2007 NAQC Annual Meeting Agenda
Building a Focus on Quality: Discussing, Generating and Applying Lessons Learned

Monday, October 22, 2007

9:00 AM - 11:00 AM
Registration

11:00 AM - 12:15 PM
Welcome & Opening Lunch

12:15 PM - 1:30 PM
Opening Plenary
Striking a Balance: Research-Driven Practice and Practice-Driven Research
For over three years NAQC has been engaged in building a Community of Practice, emphasizing research-driven practice to improve the quality of quitline operations and services. With a well-applied evidence base and mounting evaluation results on service enhancements such as NRT distribution and fax-referral systems, the need for a mutual conversation about quality improvement is clear. Panelists will describe the importance of practice-driven research; detail research questions from practitioners that first need answered to engage in benchmarking and quality improvement; and highlight the theoretical framework of our Community of Practice approach and how it can be engaged to better develop processes to build practice-driven research.

1:45 PM - 3:00 PM
Workshop Sessions (Participants may select one of the following workshops.)
Option 1: Effectiveness of a Quitline Fax Referral Program
This session will describe some reasons for failing to enroll a larger number of participants in this easy to use Fax Referral program, as well as some suggested ways to overcome the barriers to successfully implementing a Fax referral option as part of a Quitline program.

David G. Tinkelman, MD, Quitline Medical Director, Vice President Health Initiatives, National Jewish Medical and Research Center
Option 2: Maximizing the Benefit for Quitlines from Policy Changes

This roundtable discussion will allow members to share their varied experiences promoting and providing quitline services during the implementation of smokefree policies. Participants will be asked to share their recommendations, opportunities, challenges and lessons learned. The discussion should assist other states/provinces with their plans to promote their quitlines during policy implementation by providing information about implementation strategies and the potential impact on quitline services. As part of NAQC’s efforts to strengthen the linkages of quitlines and other tobacco control policy efforts, this session will foster networking and idea exchange among the tobacco control and cessation communities.

Randi B. Lachter, MPH, NAQC


Quitlines in North America have grown and transformed in a relatively short period of time. In this session, findings from the 2006 North American Quitline Consortium (NAQC) Survey will be presented. The survey methodology will be summarized and data on quitline services, funding, utilization, training and evaluation reported. Additionally, data from the 2004 and 2005 NAQC surveys will be presented regarding trends in reported quitline services, funding, utilization, training and evaluation. Future research questions and opportunities will also be discussed.

Paula A. Keller, MPH, Senior Policy Advisor, University of Wisconsin Center for Tobacco Research and Intervention

The following two workshops have been combined into one session.

Option 4: Callers with Psychiatric & Substance Abuse Disorders: How Can Quitlines Help?

Persons with mental illnesses and substance abuse disorders smoke at higher rates than the general population, yet this vulnerable population experiences many barriers to cessation services. Most quitline services do not address the unique needs of these callers. In this presentation, Drs. Morris and Tedeschi describe characteristics of quitline callers with mental illnesses or substance abuse disorders, a disparity group at risk for excess morbidity and mortality. We discuss strategies for supporting their cessation attempts, based on our clinical experience with National Jewish and the California Smokers’ Helpline respectively.

Chad D. Morris, PhD, Assistant Professor, University of Colorado at Denver Health Sciences Center and Gary J. Tedeschi, PhD, Clinical Director, California Smokers’ Helpline

Bringing Smoking Cessation Treatment to the Mental Health Population: Progress, Pitfalls and Promise

This workshop will address recent developments in providing cessation treatment for people with mental illness. More psychiatric facilities are going smoke free, and cessation efforts are being stimulated by a recent study showing that people with serious mental illness die 25 years early. The role of quitlines in serving this population is being explored with increased interest. The workshop will cover a new National Mental Health Partnership for Wellness and Smoking Cessation.

Connie Revell, Deputy Director, Smoking Cessation Leadership Center

3:15 PM - 4:15 PM
Mid-Day Plenary

NAQC Minimal Data Set Implementation Assessment: Report and Opportunities

This plenary session will “tell the story” of the MDS Implementation Assessment. The NAQC MDS Working Group will report on the process and impact of implementing the MDS, provide quitline stakeholders with a good understanding of the opportunities for comparative analysis and encourage discussion about the utility and
opportunity for further use and development of the MDS.

4:30 PM - 5:45 PM
**Workshop Sessions** (Participants may select one of the following workshops.)

*The following two workshops have been combined into one session.*

**Option 1: Fax to Quit and Provider Referrals to Quitlines: Do These Methods Contribute to Disparities?**
Discussion of health care provider outreach and paid promotional strategies in regard to Quit Line utilization by various populations of callers.

*Lezli Redmond, MPH, Director of Statewide Outreach and Education Programs, University of Wisconsin Center for Tobacco Research and Intervention*

**What Works? Integrating a Fax-Referral in 30 Hospitals in Massachusetts**
This workshop will present strategies used to integrate the QuitWorks fax-referral program reporting 30 hospitals in MA and results of post-implementation surveys, including barriers and facilitators to systems change in hospitals.

*Donna D. Warner, MA, MBA, Director of Cessation Policy and Program Development, Massachusetts Tobacco Control Program*

**Option 2: Translating Research into Practice**
This workshop will focus on specific examples of how research has informed practice at the American Cancer Society’s Quitline over the past seven years. We will discuss how the results of a randomized clinic trial have served as the basis for offering a counseling protocol with a reduction total counseling time, but an increase in the number of sessions available. Two examples from previous research will also be discussed in the context of when and how it is appropriate, or not, to use post hoc analyses as a basis for modifying practice.

*Vance Rabius, PhD, Senior Scientist, American Cancer Society, National Cancer Information Center*

**Option 3: Assuring Deaf and Hard of Hearing Videophone Access to Quitline Services**
This expert panel will provide a detailed description of the specific challenges the deaf and hard of hearing community has experienced when attempting to access quitline services and the national collaborative effort utilized to overcome barriers resulting from the emerging videophone/relay service technology.

*Sally Carter, MSW, LCSW, Director of Planning and Cessation Systems, Oklahoma State Department of Health*

6:00 PM - 7:30 PM
**Networking Reception**

**Tuesday, October 23, 2007**

8:30 AM - 10:00 AM
**Morning Plenary** *(Breakfast on your own. Coffee and tea service provided.)*

**National Quitline Promotions: Engaging Members in Coordination and Consensus-Building**
NAQC is excited to have received funding from the Robert Wood Johnson Foundation to address the challenging issue of promoting 1-800-QUIT-NOW on a national level. Working together, NAQC staff, Advisory Council members and national partners contributed to the development of a plan to coordinate with organizations
conducting national quitline promotions. The plan was created with an understanding of members’ concerns and the challenges presented by this issue. During this plenary, NAQC staff and Advisory Council members will provide an overview of the proposed plan and will seek members’ feedback on the plan’s feasibility and suggestions for improving it to move towards consensus within NAQC.

10:15 AM - 11:30 AM
**Workshop Sessions** *(Participants may select one of the following workshops.)*

**Option 1: Continuing the Discussion about National Quitline Promotions**
This session will provide those who are interested in contributing suggestions regarding how to successfully implement a plan for coordinating national quitline promotions an additional opportunity to share their ideas. Core elements of the plan will include collaboration, building partnerships, sharing information, collecting data and identifying contingency procedures to activate if needed. For the plan to work, all stakeholders need to provide input on the practical implications presented by the plan. The conversation should ultimately help NAQC staff better understand the most feasible approaches to ensure effective information sharing, data gathering and analysis, and to identify feasible contingency procedures.

*Randi B. Lachter, MPH, NAQC*

**Option 2: Employer Based Quitlines: Strategies for Success**
Since all states now have quitlines (QL), an evident potential for QL growth and development lies in forming relationships with employers. Employers constitute potential cost-sharing partners for QL funders and potential new markets for QL vendors. ACS currently provides services to many employers and has worked to create partnerships between employers and states. Some employers work directly with QL’s and some work indirectly through managed care organizations or employee assistance programs. This presentation will focus on partnerships ACS has found to be beneficial for all concerned and discuss aspects of Quitline service that are relatively unique to employer relationships.

*Dawn E. Wiatrek, PhD, National Quitline Director, American Cancer Society*

**Option 3: Quitline Research: Improving Outcomes & Contributing to Science**
The 2 primary objectives for conducting Quitline research are to identify ways to broaden reach of smokers and to find out which interventions are most effective. A secondary objective is to contribute to the science of tobacco control; Quitlines are positioned to do this with access to smokers and organized data collection systems in place. NYS Quitline has implemented several studies which will be reviewed. Quitline services take precedence over research studies and overcoming obstacles for study implementation will be addressed. Study outcomes can initiate immediate adjustments in Quitline promotions or services and serve as a catalyst for future studies.

*Paula Celestino, Project Director, New York State Smokers’ Quitline, Roswell Park Cancer Institute*

**Option 4: Examination of NRT Distribution and Partnerships in Ohio**
From December 2006 to June 2007, the Cleveland Clinic partnered with OTPF to provide NRT to Cuyahoga County residents who enrolled in the quit line coaching program. OTPF continued its initial NRT arrangement with the health plan/employer partners. Of all calls to the quit line at this time, 32% came from Cuyahoga County. An analysis will reveal the cost effectiveness of partnering with others for the Funder through lowering costs per quits; which arrangement drove more calls hence generated more enrollees and quitters; and finally explores cost
effectiveness from partnering with various types of organizations.

Michael Renner, JD, Executive Director, Ohio Tobacco Prevention Foundation and Joyce Swetlick, MPH, Program Project Manager, Ohio Tobacco Prevention Foundation

11:45 AM - 1:00 PM
Lunch

1:00 PM - 2:15 PM
Lunch Plenary

“Black Folks Don’t Call Quitlines:” A Partnership Project
In August of 2006, NAQC partnered with the National African American Tobacco Education Network (NAATEN) in an effort to better understand quitline services to African American tobacco users. Through data gathering, site visits to quitline service providers, and key informant interviews, the NAQC-NAATEN partnership has resulted in a number of critical recommendations to the quitline community. Highlights of the partnership process, important findings from the assessment and resulting recommendations will be discussed.

2:30 PM - 3:45 PM
Workshop Sessions (Participants may select one of the following workshops.)

The following two workshops have been combined into one session.

Option 1: Using the Web to Build Quitline Referral Skills Among Clinicians
Healthcare providers report higher awareness of quitline services than tobacco users, but many remain uneducated with regard to the potential patient benefits of quitline use. There is great potential for healthcare provider referrals to quitlines to increase. Clinicians want their patients to stop smoking, but tend not to address this issue due to time constraints, belief that patients will not quit, lack of expertise, and pressure to provide other competing preventive advice. Quitline referrals are quick and effective and, thus, can overcome these barriers if clinicians learn how to incorporate quitline referrals into their routine practice. The CDC has awarded a contract to develop a package of customizable web-based tools to educate providers about quitlines and how to incorporate referrals into empirically-based tobacco cessation interventions. These interactive web-based modules will be tailored for a variety of healthcare settings (e.g., hospital-based, clinic-based), provider types (e.g., physicians, nurses, dentists, pharmacists), and patient groups (e.g., adolescents, parents, pregnant women). In the pilot phase of the project, the investigators will develop a quitline educational module for providers and skills training modules for ED physicians and primary care nurses. The prototype materials will be usability tested and evaluated for clinical utility and acceptability. One of the prototype modules will be available for demonstration. Future plans include developing the complete suite of modules and evaluating the impact of use of the educational modules on quitline referral rates in a randomized clinical trial.

Beatriz H Carlini, PhD, MPH, Research Scientist, Free & Clear Inc.

Maintaining Referrals Without an Advertising Budget
The Michigan Tobacco Quitline has a large proportion of callers that come through referrals rather than paid or earned media. This presentation will explain effective methods to continue to drive calls to a quitline without using paid media.

Karen S. Brown, MP A, Public Health Consultant, Michigan Department of Community Health
Option 2: Integrating Phone-based Cessation with Local Services
This presentation will provide an overview and several examples of a quitline working strategically with stakeholders and providers to understand and promote services to increase referrals and reach.
Donna Czukar, Director, Cancer Information & Support, Canadian Cancer Society, Ontario Division

Option 3: Client-Directed Outcome Informed Intervention Strategies & Tobacco Cessation
The research over the last 40 years regarding therapeutic interventions provides eye-opening analysis of what really works in a variety of models, levels of care, specific techniques and common factors of interventions. This presentation will provide an overview of the research and how the findings can be used in tobacco cessation programming. Challenges will be presented about whether clinical services in tobacco cessation are really focused in the right areas. The data collected over six months using the Outcome Rating Scale and Session Rating Scale will be presented to demonstrate how tobacco cessation services correlate with other treatment environment.
Stephen S. Michael, MS, Director, Arizona Smokers’ Helpline

Option 4: Reaching Underserved Populations with Quitlines
Targeting underserved groups with specific promotional strategies present challenges to quitlines, which aim to maximize their impact while remaining within budget constraints. The proposed panel will provide an interactive discussion of results of current research projects on strategies for engaging underserved groups and an approach for measuring success. The session will help attendees better understand issues in quitline use for various underserved populations, and assist in decision making regarding how to best allocate resources for recruitment and promotion.
Deborah J. Ossip-Klein, PhD, Director, Smoking Research Program, University of Rochester Medical Center; Beatriz H. Carlini, PhD, MPH, Free & Clear Inc.; Paul McDonald, PhD, Professor, Department of Health Studies, University of Waterloo and Vance Rabius, PhD, Senior Scientist, American Cancer Society

4:00 PM - 5:00 PM
Closing Plenary
Updates that Matter: The Bigger Picture, the “New” Best-Practices, and the Work Ahead
After nearly two days of focus on the nuts and bolts of service delivery and operations, the 2007 Annual Meeting closing plenary will turn our attention to important big-picture matters. Representatives from the Centers for Disease Control and Prevention (CDC) and Health Canada will provide members with important updates to be aware of; the two lead authors of the CDC’s updates to Best Practices for Comprehensive Tobacco Control Programs will highlight revisions to the recommended level of investment for telephone-based cessation services that reflects new evidence regarding attainable rates of quitline usage and the provision of no-or low-cost, over-the-counter nicotine replacement therapy; and NAQC’s President and CEO Linda Bailey will officially close the meeting with a vision for the Consortium’s year ahead.