NAQC Goals and Objectives for 2015

A proposal for member comment

MEMO FROM NAQC BOARD OF DIRECTORS

During 2008/2009, the NAQC Board of Directors developed key goals and objectives for NAQC to achieve by 2015. The Board would like to share its proposal with the membership for review and comment. The Board then will discuss member comments at its March meeting, revise and approve a final set of goals and objectives, and present them to the membership in June 2009.

Once final goals and objectives have been approved by the Board and presented to members, staff will engage the membership in a strategic planning process to identify strategies for meeting the goals through research, best practices, collaboration and increased diversity.

Process for Submitting Comments:

Please review the proposed goals and objectives below and provide your comments to the Board. There are two ways to comment:

1. Email comments to Board@NAQuitline.org by Monday, March 9.
2. Participate in a conference call with the Board on Monday, March 9 at 4 pm ET. Conference call-in information: 866-462-0164
   Call ID *1949891* (Please key in the asterisk before and after the call ID number.)

PURPOSE

The purpose of establishing goals and objectives is to hold NAQC accountable for advancing state and provincial quitline services through leadership, as well as collaboration with members and external partners at the state, provincial and national levels. The goals represent shared areas of responsibility for NAQC staff, the membership and key stakeholders such as budgetary decision makers. In its development process, the Board sought to relate the goals to the NAQC mission and create goals that would be visionary but feasible, stimulate members, address sustainability, and expand member’s ownership of NAQC. In collaboration with members, NAQC will develop strategies for meeting the goals through research, best practices, collaboration and increased diversity.

PROPOSAL AND JUSTIFICATION

GOAL 1: Increase the use of quitline services in North America
Objective 1: By 2015, each quitline should achieve a reach of 6% of its total tobacco users

Justification: Currently, the reach of US and Canadian quitlines is about 1%, with a range up to 8%. The US DHHS Interagency Committee on Smoking and Health report (2004) proposes that well-funded quitlines, supported with a national campaign, can reach 10-15% of smokers each year. More recently, the CDC Best Practices for Comprehensive Tobacco Control Programs (2007 update) set as a goal that quitlines should reach 8% of smokers each year and deliver services to 6% of all smokers. To measure this objective, we propose using the newly developed NAQC standard measure for calculating reach [View the NAQC Issue Paper: Measuring Reach of Quitline Programs]; the standard measure focuses on the number of clients who receive any evidence-based treatment (i.e., counseling or medications). In proposing this goal, the Board recommends that we strive to achieve the CDC target by 2015.

GOAL 2: Increase the capacity of quitline services in North America

Objective 2: By 2015, on average $2.19 per capita ($10.53 per smoker) should be invested in quitline services.

Justification: Currently, the median budget for state quitlines is $515,000 and provincial quitlines is $87,500 (2006). The CDC Best Practices for Comprehensive Tobacco Control Programs, 2007 update set as a goal that quitlines should invest $3.49 per capita in cessation services, assuming 8% of tobacco users would be reached and 6% would receive services. After consulting with CDC, NAQC staff used the same methodology to calculate a budget goal of $498.7 million for quitlines in the US (about $2.19 per capita or $10.53 per smoker). The funding covers the cost of counseling plus two weeks of NRT for all callers and up to 4 weeks for callers without insurance and those Medicaid/Medicare beneficiaries. It assumes that 85% of callers will accept NRT. Once this goal and objective are approved by the Board, NAQC staff will prepare detailed per capita, per smoker and total budget targets for each state and province. This funding level is consistent with objective one’s target for 2015 (i.e., reach of 6%).

GOAL 3: Increase the quality and cultural appropriateness of quitlines in North America

Objective 3a: By 2015, each quitline should have an overall quit rate of 30-36% for treatment with counseling and NRT, and 16-23% for treatment with counseling alone (see detail below).

Objective 3b: By 2015, each quitline should achieve a reach of 6% in priority populations:

- American Indian (First Nations)
- Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- LGBT
- Low SES
- Native Hawaiian or Other Pacific Islander

Justification: The objectives for goal 3 are proxy measures of quality and cultural appropriateness of quitlines. They reflect current knowledge base and measurement abilities rather than a full assessment of quality. Over time, we would like to develop better measures, especially for cultural appropriateness.

Currently, NAQC does not collect quit rate data from its members. To develop a target for objective 3a, we conducted a literature review of all published articles on quit rates
for quitlines (2005-2008). The 15 relevant articles were used to establish ranges of quit rates for smokers who used quitline services. NAQC used 30-day point prevalence abstinence, responder rates, 7 months after the start of treatment. This is consistent with the new NAQC standard methodology for calculating quit rates (Review NAQC Issue Paper: Measuring Quit Rates). For additional information on the literature review on quit rates, please contact NAQC at naqc@naquitline.org.

Visit the NAQC Information e-Bulletin Archives.
For more information about this publication, contact naqc@naquitline.org.

About the North American Quitline Consortium:
NAQC is a Phoenix, Arizona-based 501(3)(c) organization that seeks to promote evidence based quitline services across diverse communities in North America.