

Results from the NAQC annual survey of quitlines, FY17

We will start at 3:00pm ET

To mute your line: *1

To unmute your line: *1

For operator assistance: *0

Please do not put your line on hold

Results from the NAQC annual survey of quitlines, FY17

Presented by:
Maria Rudie, NAQC Research Manager
Linda Bailey, NAQC President & CEO

May 16, 2018

Webinar objectives

- Assess the status of state quitline funding, service delivery, sustainability activities, utilization, and evaluation for FY17, as well as identify trends over time.
- Learn about how NAQC will use FY17 annual survey data, plans for sharing and posting data online, and how your state quitline ranks on key metrics compared to all quitlines.
- Identify next steps for the survey and learn about plans for the FY18 annual survey.

Acknowledgements

Partner	Contribution
NAQC Members	Funding for data collection and providing feedback on the survey each year
CDC OSH	Funding for analysis and dissemination of data
Meghan Mason, Analysis Consultant	Research partner with analysis of data
State Quitlines & Service Providers	Sharing data & providing feedback on survey instruments and process
NAQC Staff	Oversight of survey, review of data and presentation

Methods, FY17

- FY17 - 12th annual survey of quitlines
- Web-based survey with email and telephone follow-up
- Data gathered included:
 - Quitline services offered
 - Quitline budgets and funding sources
 - Utilization, demographics and evaluation
- Survey sent to all 53 state quitlines
 - In FY17, the Asian Smokers' Quitline participated presenting data on a national quitline.
- Fielded: October 2, 2017 – December 8, 2017
- Data cleaning & analysis: December 2017– February 2018



**Response
Rate
94.3%!**

Benchmarking data, FY16 & FY17

Benchmarking Metric	FY16 %(N)	FY17 %(N)	NAQC Goal*
Overall Treatment Reach	1.01% (50)	0.87% (49)	≥6%
Treatment Reach – AI/AN	0.85% (39)	1.16% (39)	--
Treatment Reach – AA	0.80% (38)	0.93% (41)	--
Treatment Reach – Asian	0.21% (38)**	0.21% (40)**	--
Treatment Reach – Latino	0.46% (44)	0.50% (42)	--
Treatment Reach - <HS Education	0.60% (48)	0.66% (47)	--
Overall Quit Rate – Conventional Tobacco	30.2% (35)	27.6% (27)	≥30%
Overall Quit Rate – Conventional Tobacco + ENDS***	Not asked	27.0% (22)	--
Overall Spending per Smoker	\$1.91 (45)	\$1.81 (43)	\$10.53

*Developed in 2009 based on CDC's 2007 Best Practices for Comprehensive Tobacco Control Programs

**Includes data from Asian Smokers' Quitline

***New standard quit rate, recommended in NAQC's "[Calculating Quit Rates, 2015 Update](#)" issue paper, beginning 2017.

Key questions

Given the limited budget for state quitline services:

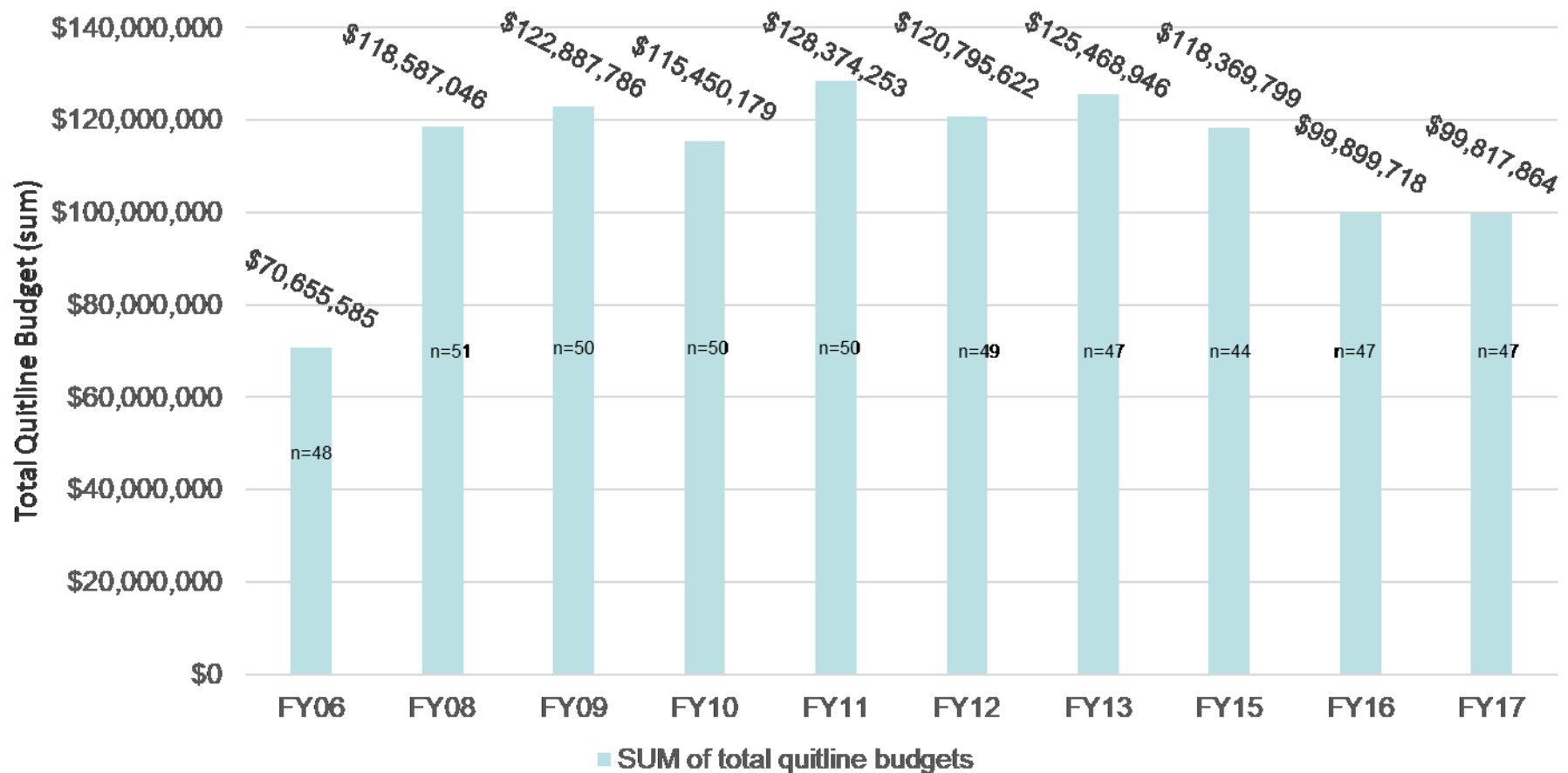
- What types of services and what level of intensity of services should state quitlines offer?
- What populations should state quitlines target?
- How can state quitlines leverage cessation services offered through employer-based health plans and Medicaid?

Quitline budget data

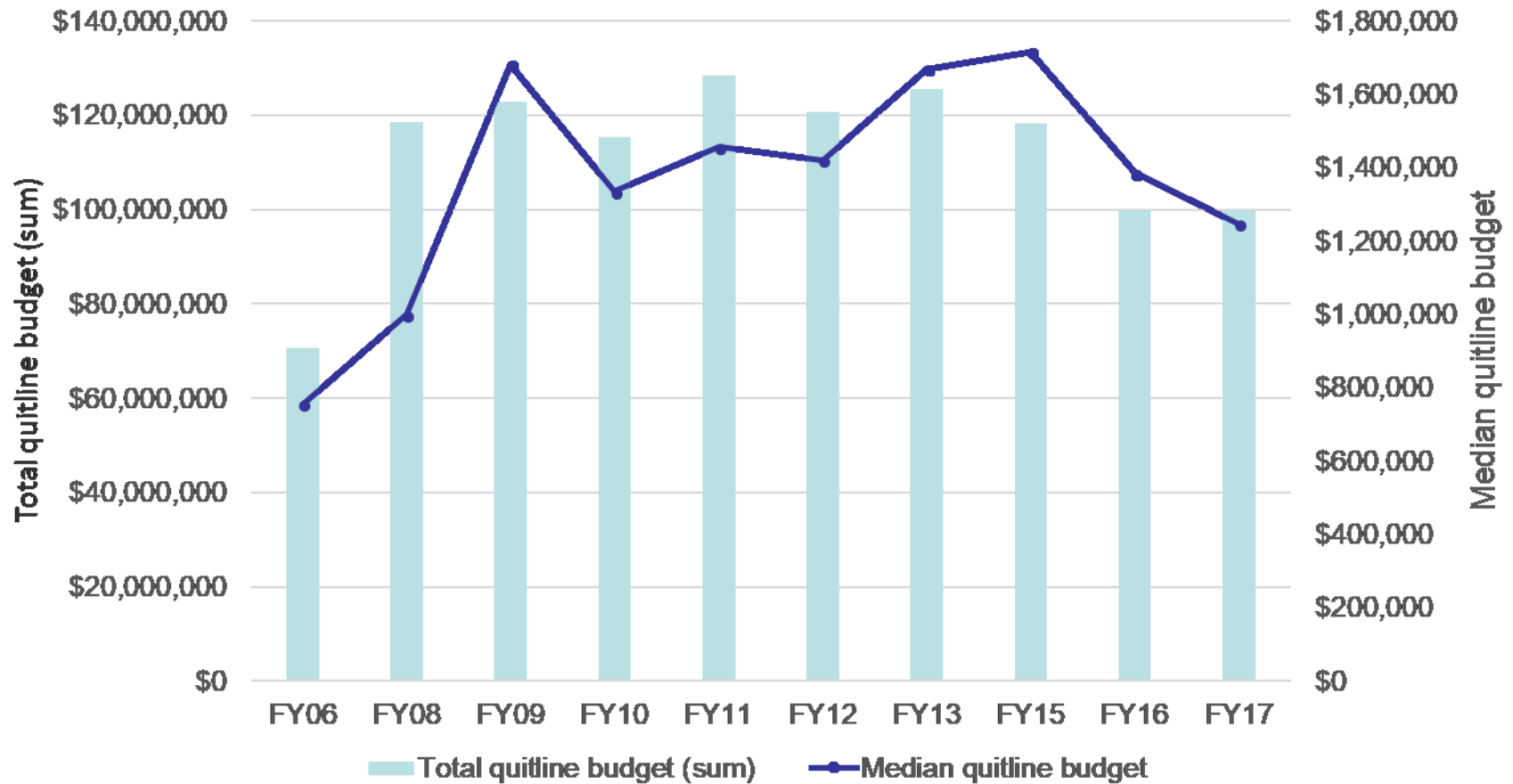
Budget highlights, FY17

Key budget data for state quitlines (N=50)	n	Amount
SUM of the total quitline budgets	47	\$99,817,864
Median total quitline budget	47	\$1,246,953
Median quitline services & medications budget	47	\$805,587
Overall spending per smoker	43	\$1.81

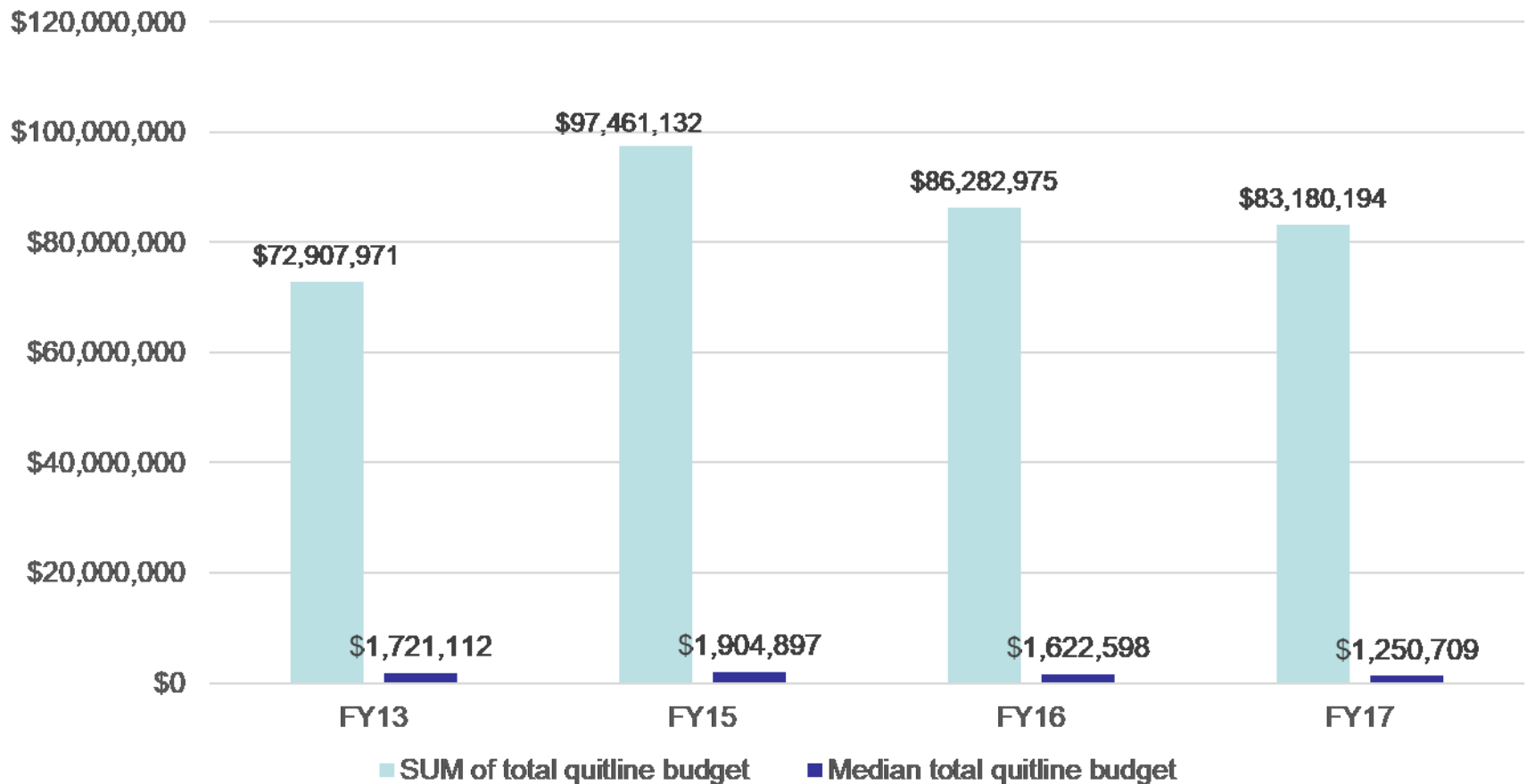
SUM of total quitline budgets, FY06 - FY17



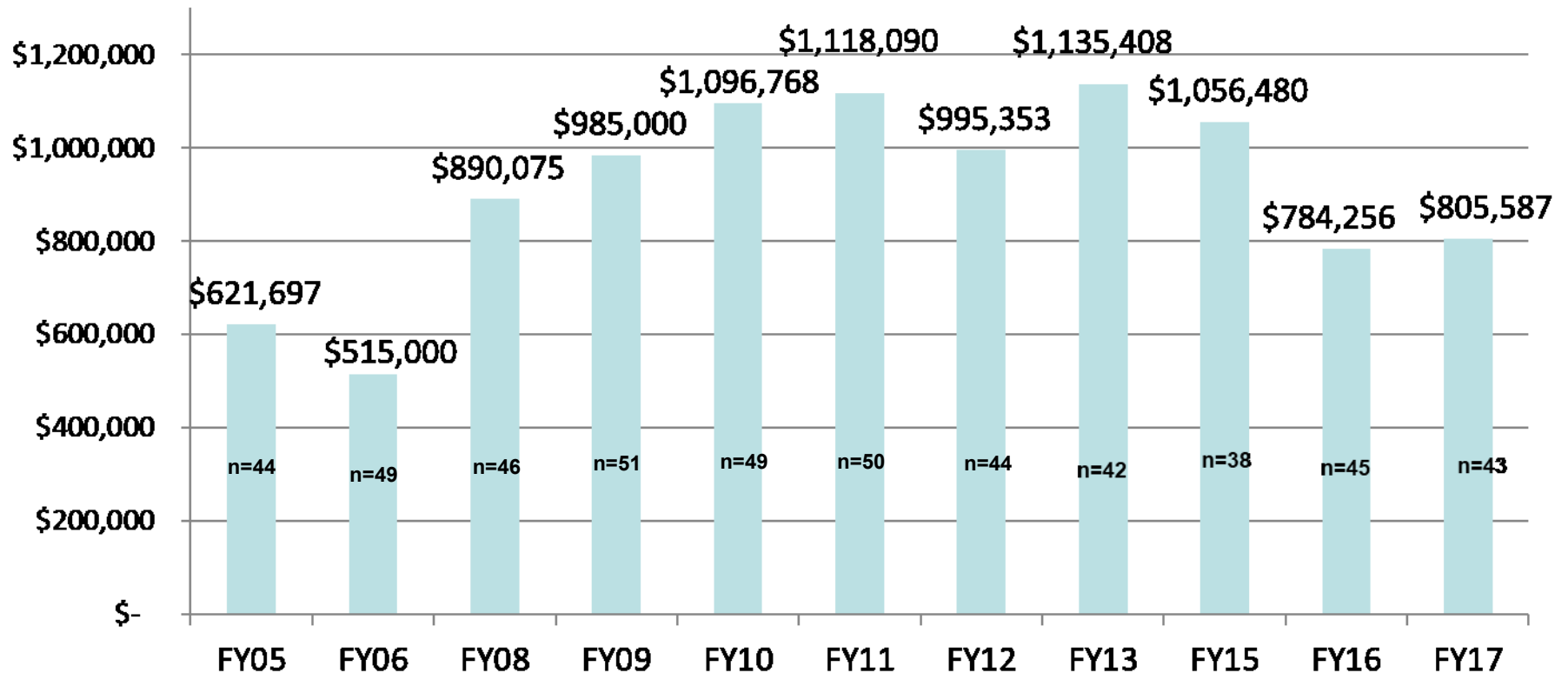
Median and sum total quitline budget, FY06 – FY17



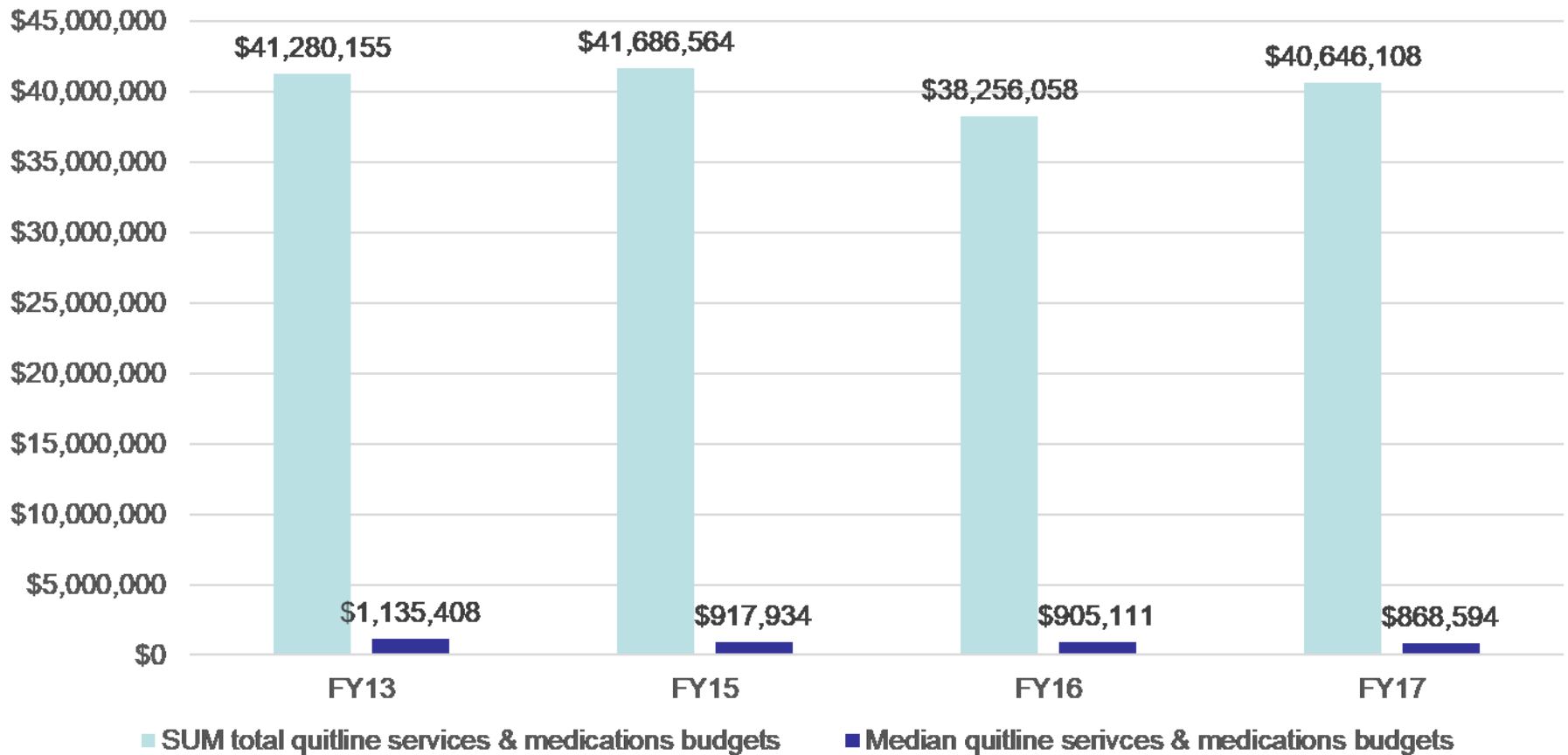
Comparison of total quitline budget: 36 quitlines that provided data in FY13 - FY17



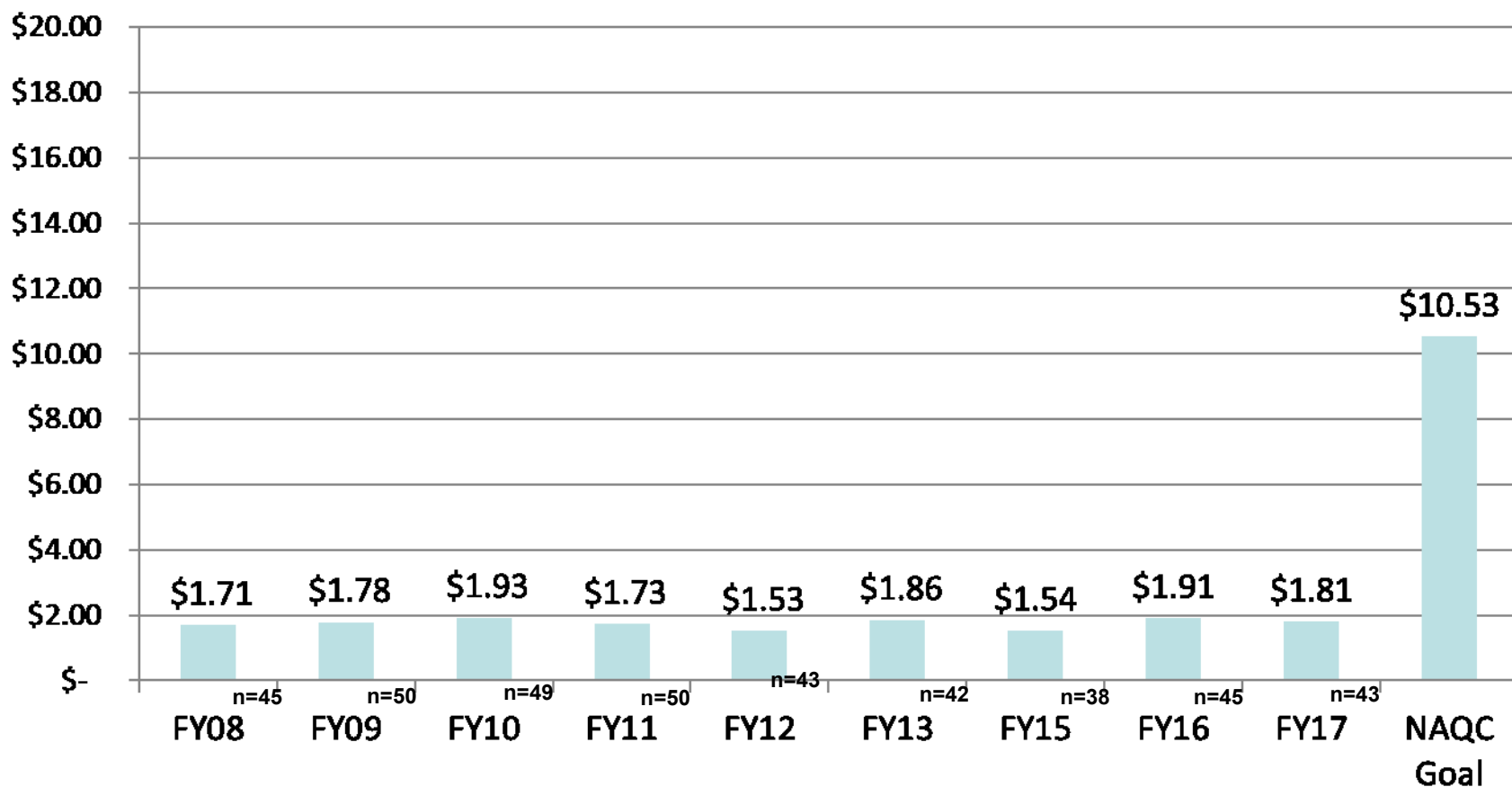
Median budget for quitline services & medications, FY05 – FY17



Comparison of combined quitline services & medications budget: 31 quitlines that provided data in FY13 - FY17



Overall quitline spending per smoker*, FY08-FY17



Quitline services data

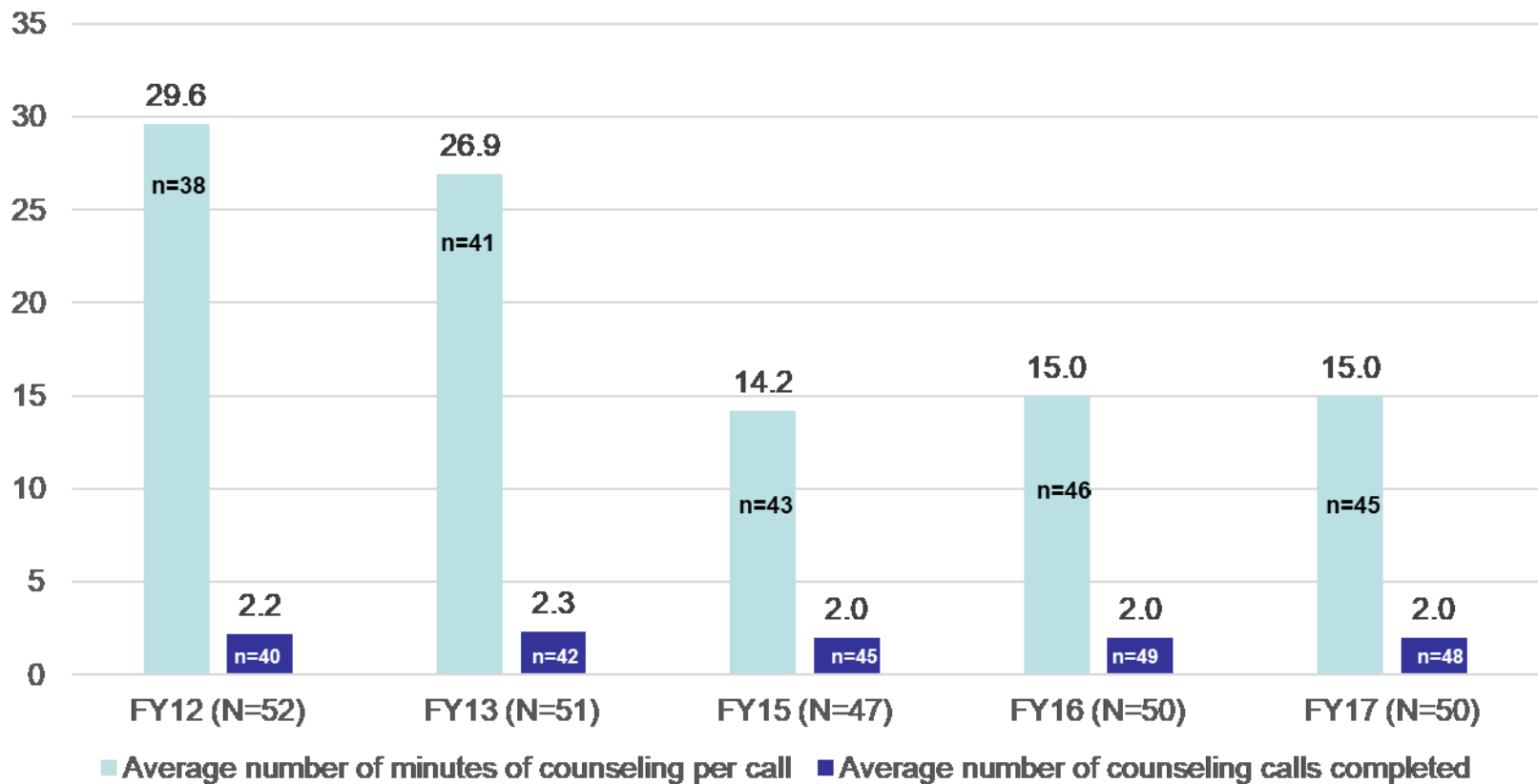
Key counseling services data, FY16 & FY17

Counseling service	FY16 % (n)	FY17 % (n)
Proactive counseling* ¹	94.3% (50/53)	94.3% (50/53)
Interactive text messaging ³	52.0% (26/50)	55.1% (27/50)
Automated emails ³	76.% (38/50)	79.6% (39/50)
Web-based self-help ²	90.0% (45/50)	93.9% (46/50)
Web-based interactive counseling ³	58.0% (29/50)	63.3% (31/50)
Mobile cessation app ⁴	Not asked	10.2% (5/50)

1 = research validated best practice; 2 = field tested best practice; 3 = promising practice; 4 = insufficient research evidence.

*NAQC Profile Data

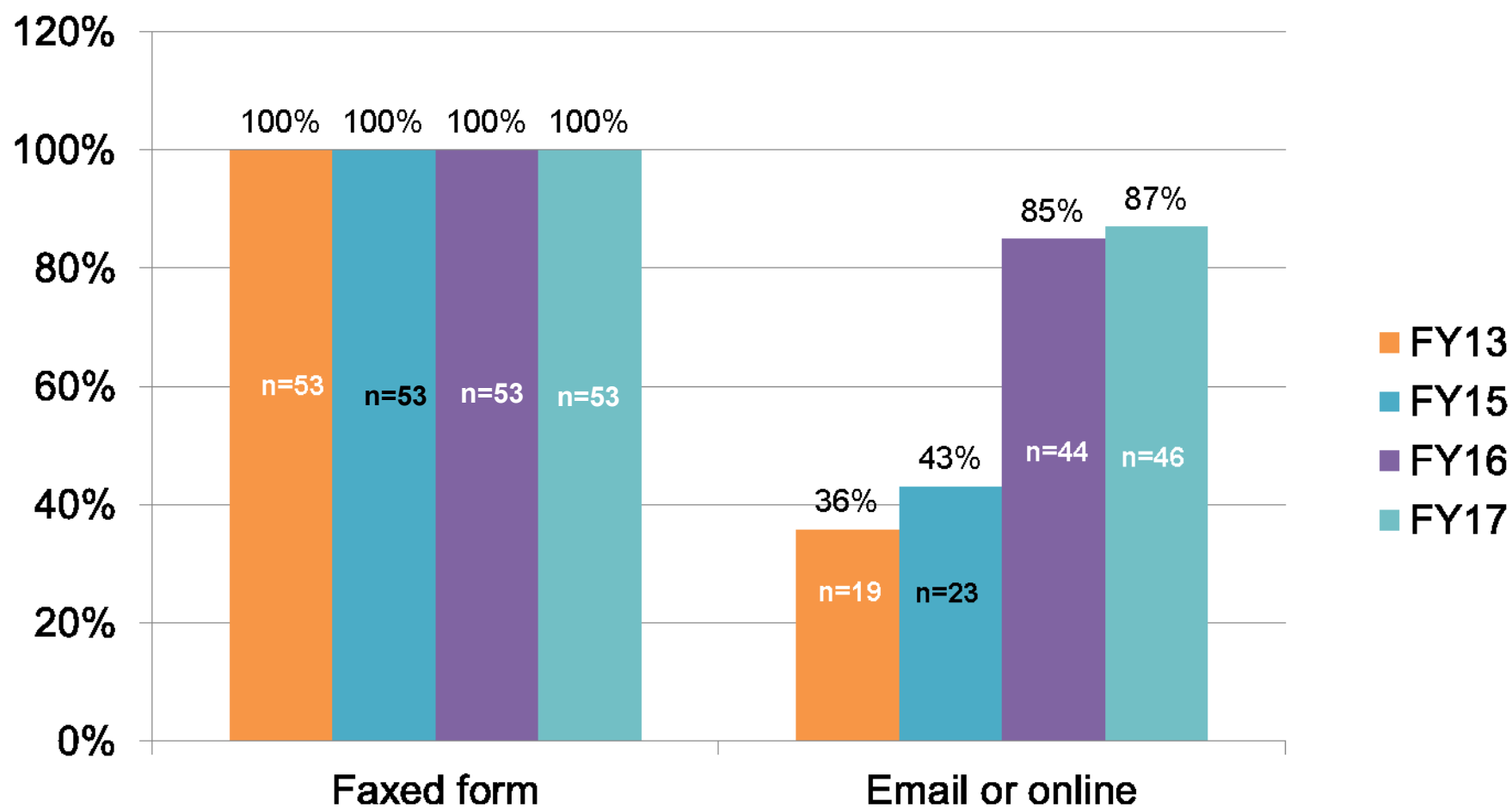
Average number of minutes of counseling per call & average number of counseling calls completed, FY12 - FY17



Referral services, FY16 & FY17

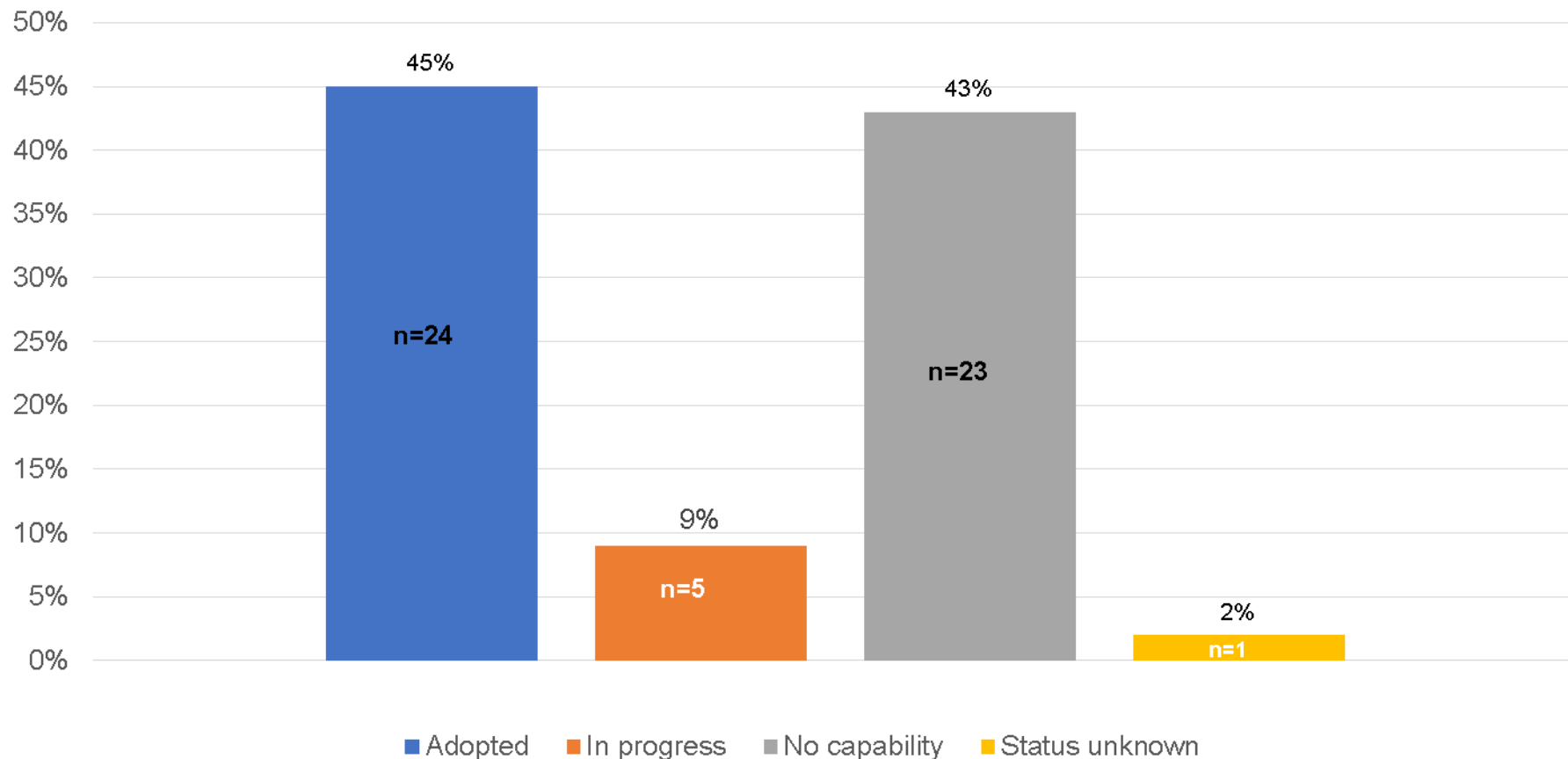
Referral service	FY16 (N=50) %(n)	FY17 (N=50) % (n)
Referral to other cessation services offered by public or private health plans	70.0% (35)	85.7% (42)
Referral to other public and private health services for chronic conditions (e.g., diabetes, hypertension)	34.0% (17)	59.2% (29)

Fax and online referral, FY13 - FY17*



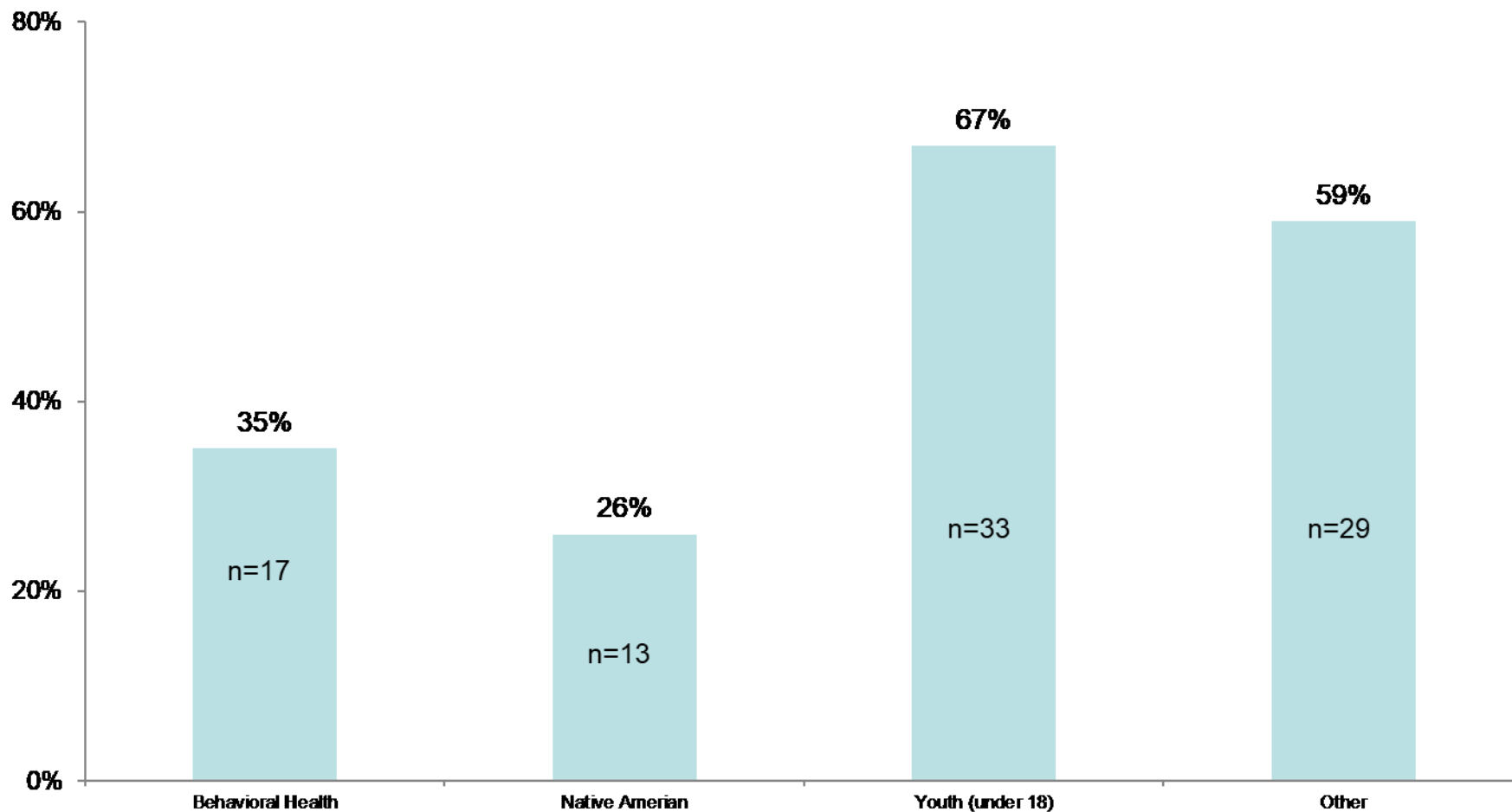
*Data source: NAQC quitline profile

eReferral capacity among quitlines, FY17*



*Data source: [2016 Quitline Vendor eReferral Survey](#) (2017 update)

Quitline protocols for special populations, FY17



State activities to promote cessation to residents of public housing, FY17

List of states working with local PHAs to promote cessation and the quitline*

AZ, CO, DC, FL, GA, HI, IN, KY, MA, MI, MN, MO, NC, NE, NH, NJ, NY, OK, PA, RI, SC, SD, TX, UT, VA, VT, WA, WI, WY

Examples of how states are working with PHAs to promote cessation and the quitline

Providing door hangers, brochures, signage and window clings for local organizations to distribute in public housing buildings.

Working with Community Health Works to assist connecting public housing residents with the quitline or other cessation services.

Development of toolkits, trainings and workshops to assist public housing implement and enforce a smoke-free policy.

Providing information on the quitline to public housing managers and stakeholders.

Conducting focus groups with public housing residents to understand barriers to cessation and the quitline.

*Includes data from the FY2017 annual survey and information from supplemental conversations with states and webinars on the new HUD rule.

Existing intake questions, FY17

- Two state quitlines reported collecting data on PHA residents who called the quitline.
- Both state quitlines used a question at intake to identify PHA residents.
 - One state quitline used the MDS “How Heard About” standard intake question.
 - One state quitline used a customized non-MDS intake question.

Pennsylvania quitline: customized non-MDS intake question	Response option(s)	Additional guidance or clarifications provided to quitline caller
“Do you currently live in public housing (sometimes called subsidized housing)?”	<ul style="list-style-type: none">• Yes• No• Don’t Know• Refused	Public housing is rental housing for low-income families, the elderly, and persons with disabilities. Eligibility is determined by criteria from the U.S. Department of Housing and Urban Development (HUD), the group that administers Federal aid to local housing agencies

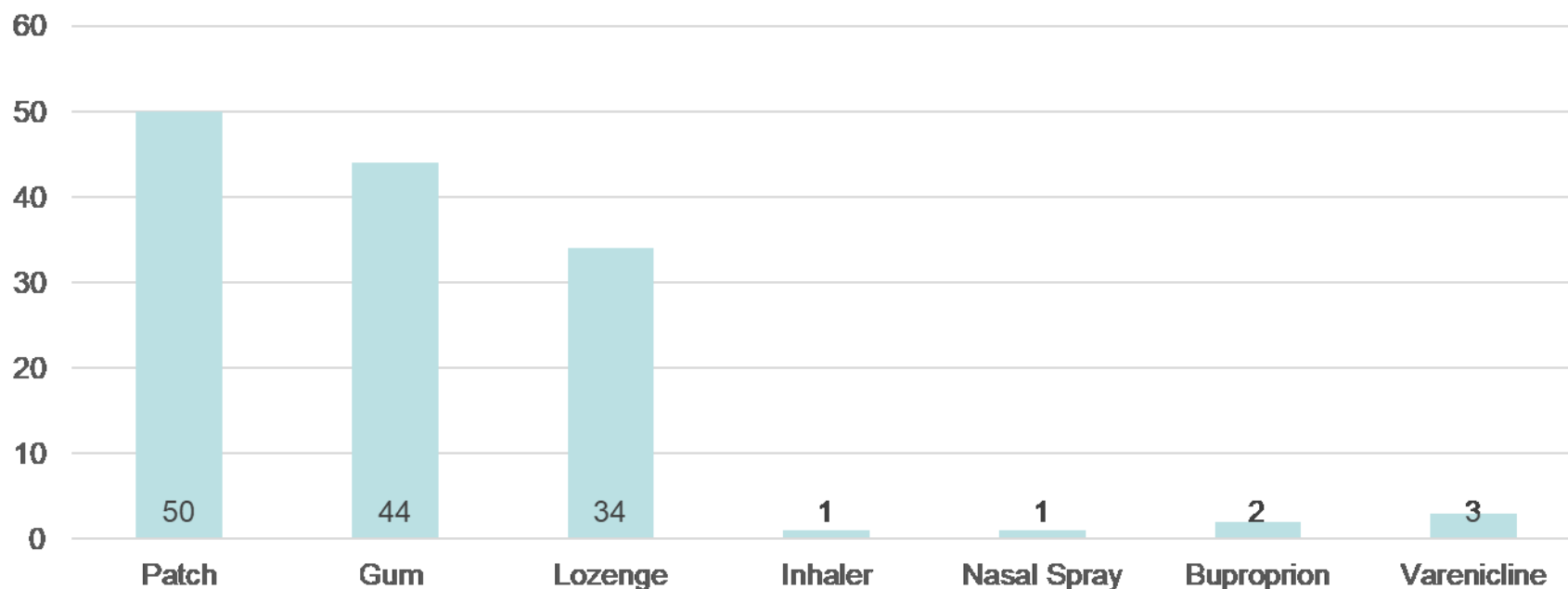
Quitlines and lung cancer screening, FY17

- **New questions in FY17**
- **Determine if quitlines are assessing eligibility of quitline callers for lung cancer screening and connecting eligible quitlines callers to appropriate providers**
- **Found none of the 50 state quitlines are assessing eligibility for lung cancer screening**

Medications data

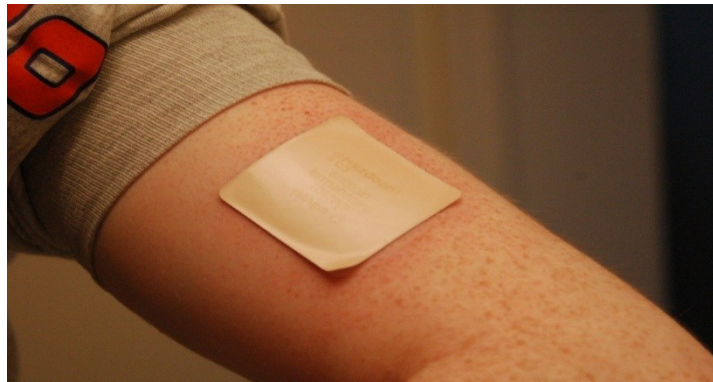
Cessation medications, FY17

Number of quitlines offering free cessation medication by type of medication



2-week NRT starter kits, FY17

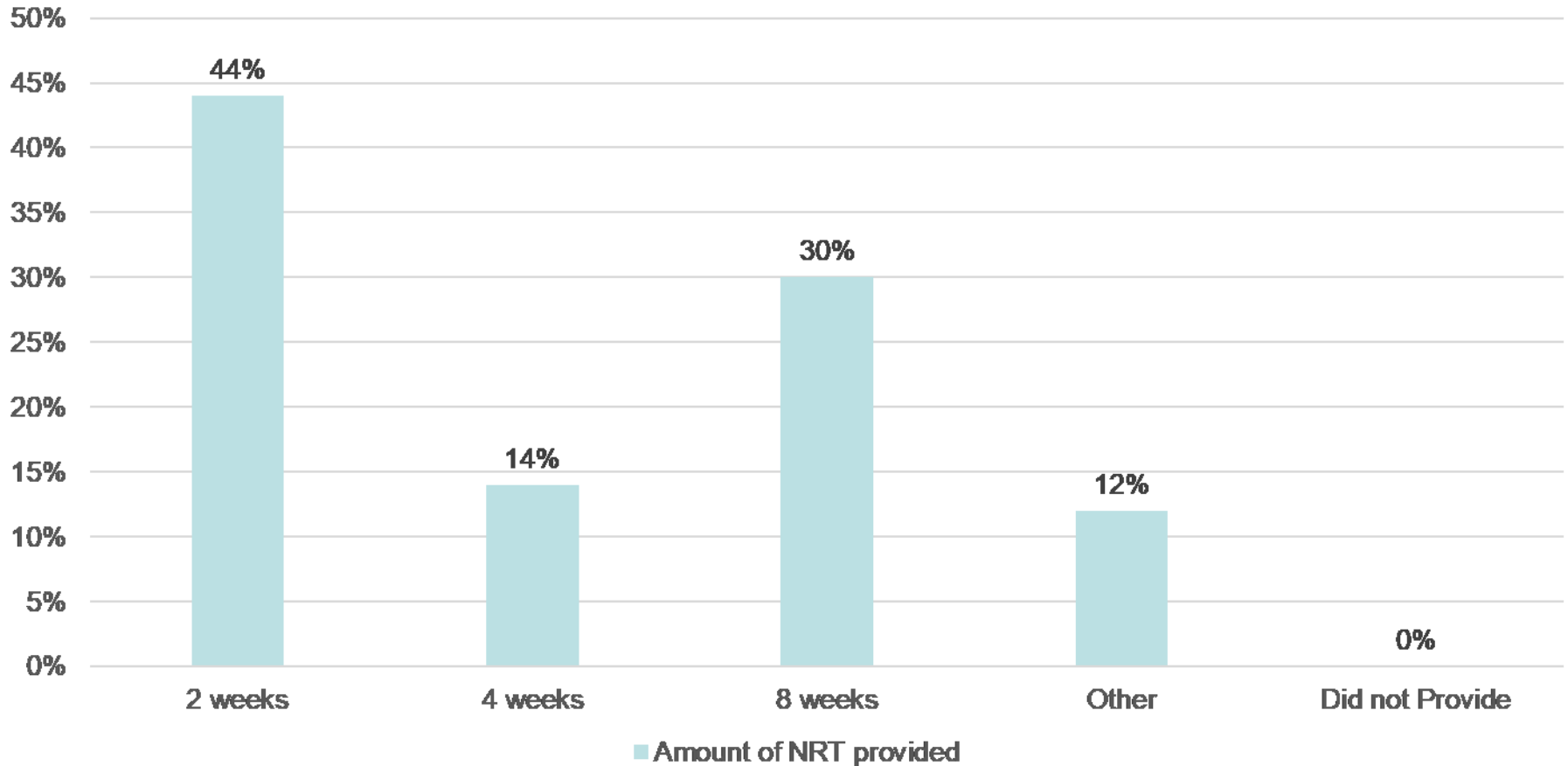
16% (n=8) quitlines offered a 2-week NRT starter kit, which was available to all quitline callers +18.



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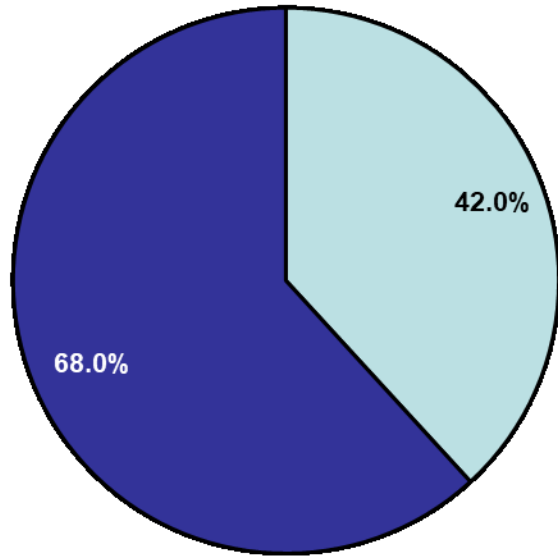
Cessation medications, FY17

Amount of NRT provided in FY17 to eligible participants (N=50)



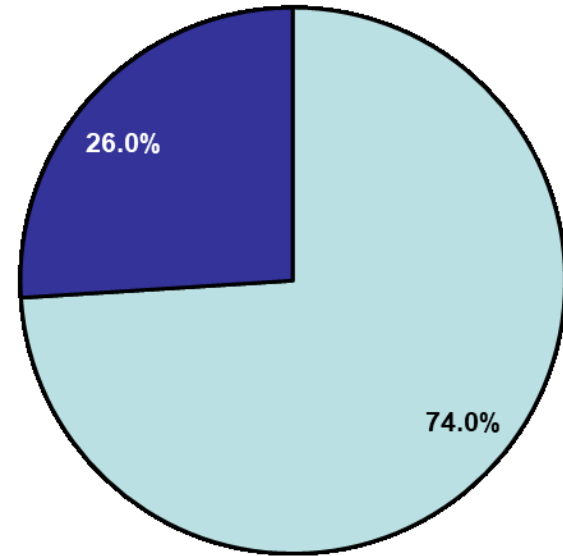
Cessation medications, FY17

Quitline provided more NRT to specific populations



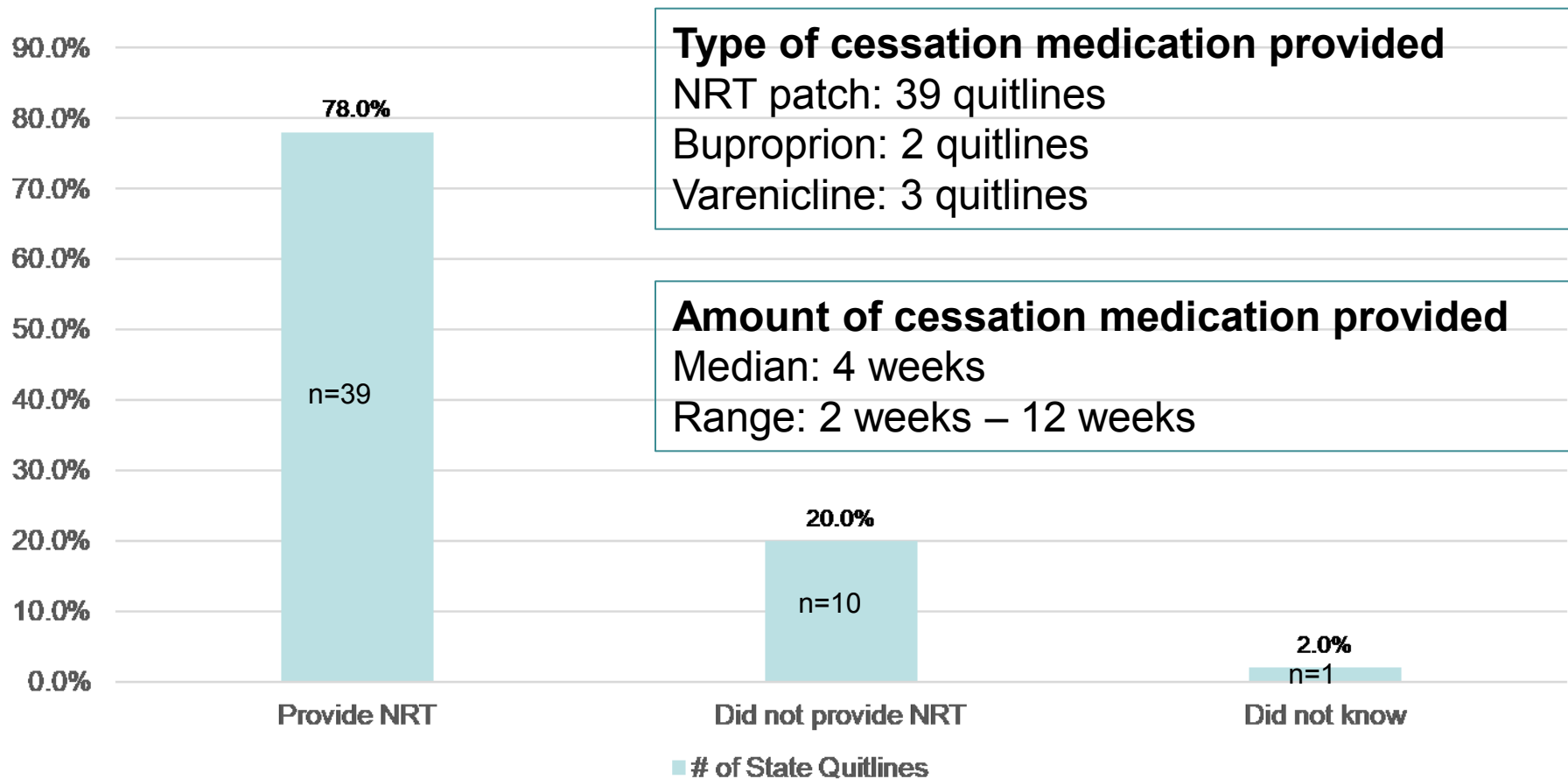
□ Yes ■ No

Ability to consistently provide free NRT throughout FY2017



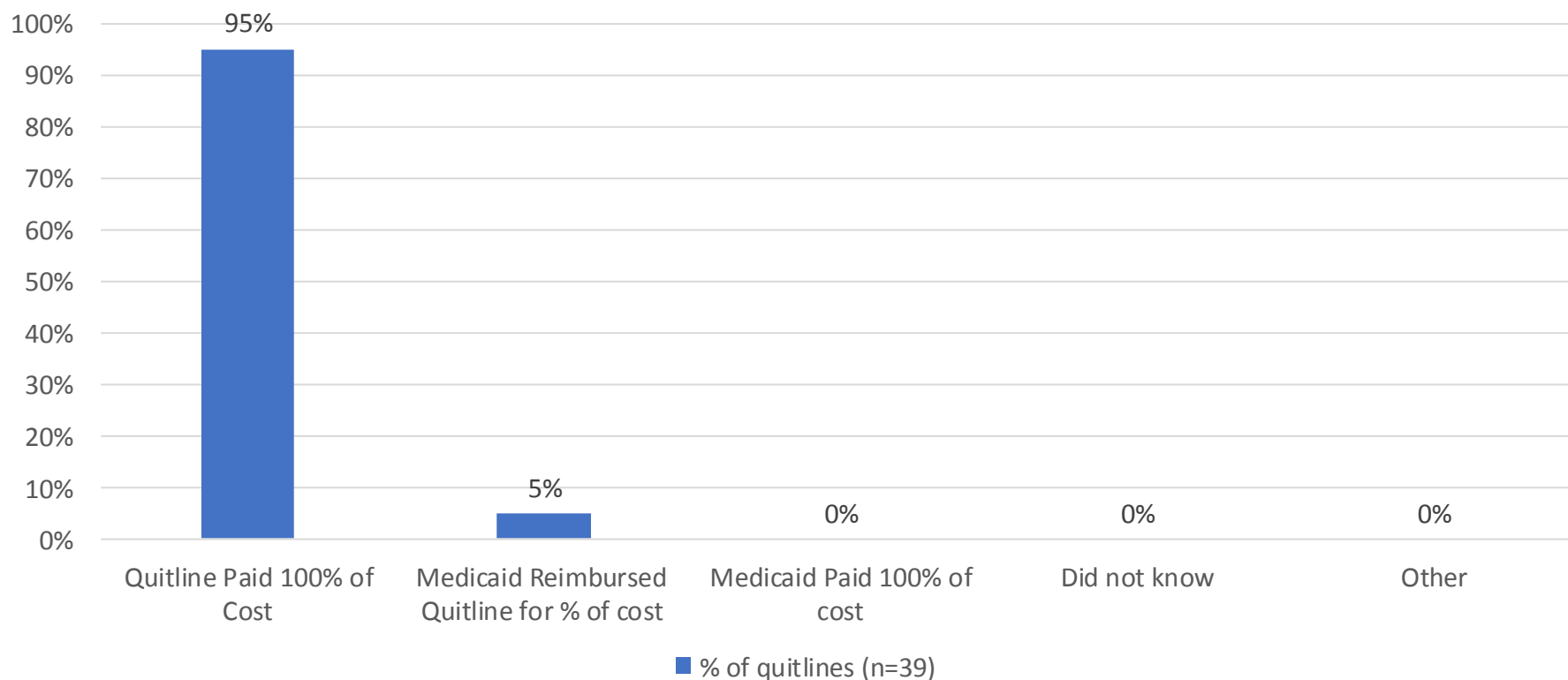
□ Yes ■ No

Provision of cessation medications for Medicaid enrollees, FY17



Provision of cessation medications for Medicaid enrollees, FY17

Who pays for cessation medications provided to Medicaid enrollees?

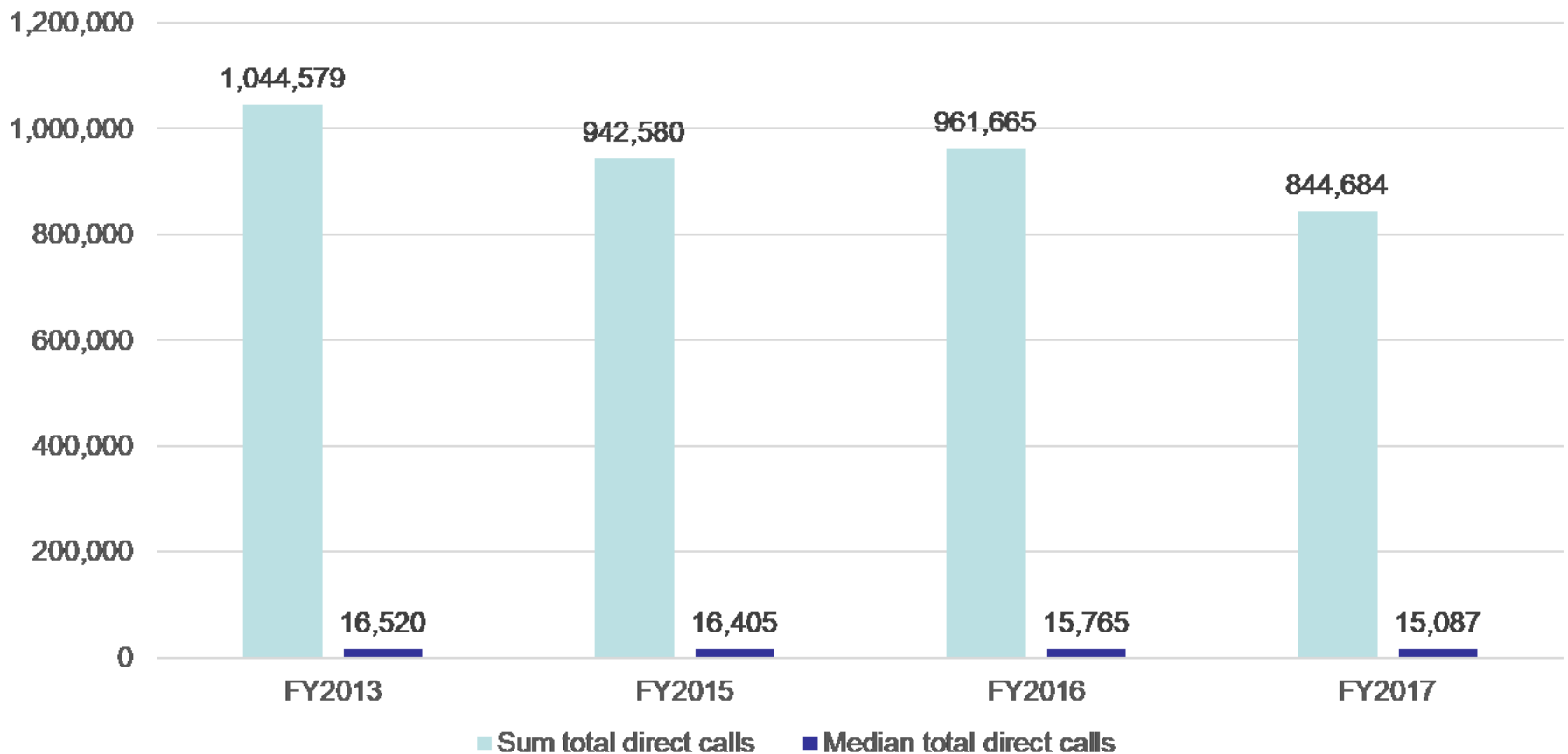


Utilization data

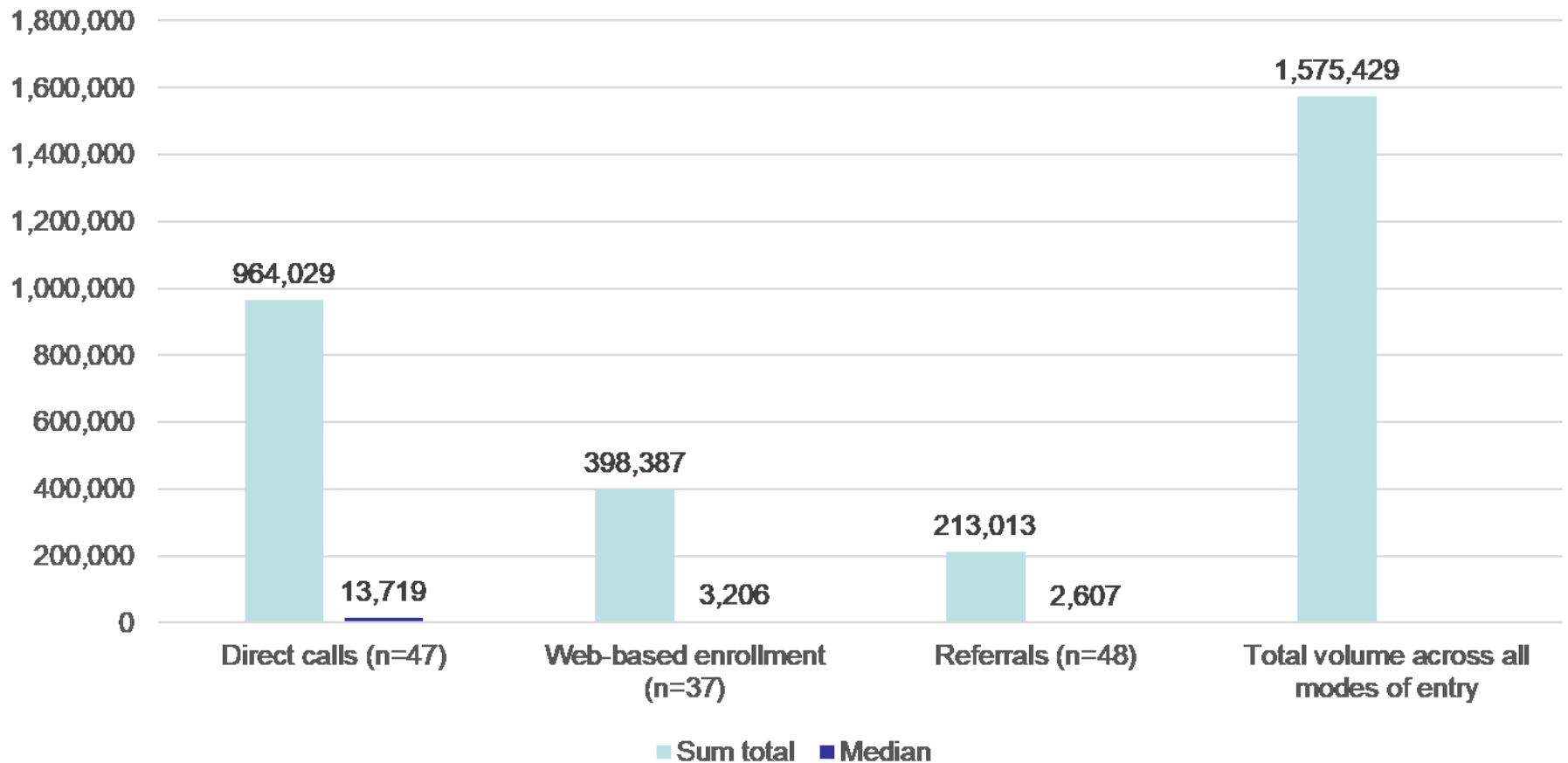
Total direct calls to quitlines, FY12 - FY17

Fiscal Year	n	Missing	Min	Max	Median	Sum
FY12 (N=53)	52	1	340	185,546	15,356	1,336,602
FY13 (N=51)	46	5	431	215,128	16,520	1,328,478
FY15 (N=47)	47	0	226	167,545	16,241	1,065,408
FY16 (N=50)	49	1	274	134,733	15,645	1,124,191
FY17 (N=50)	47	3	253	105,809	13,719	964,029

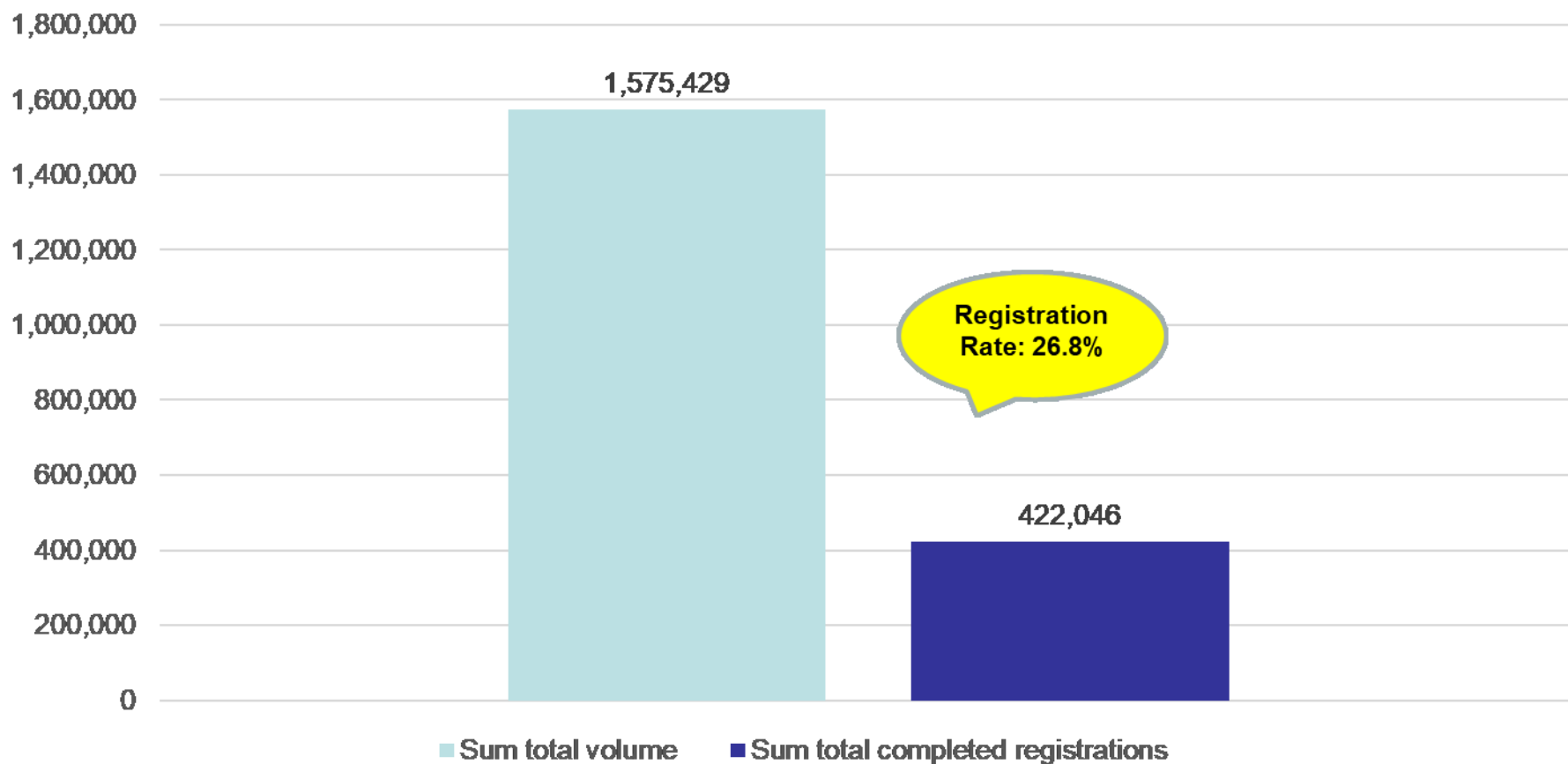
Comparison: Total calls for 38 quitlines that provided data in FY13 - FY17



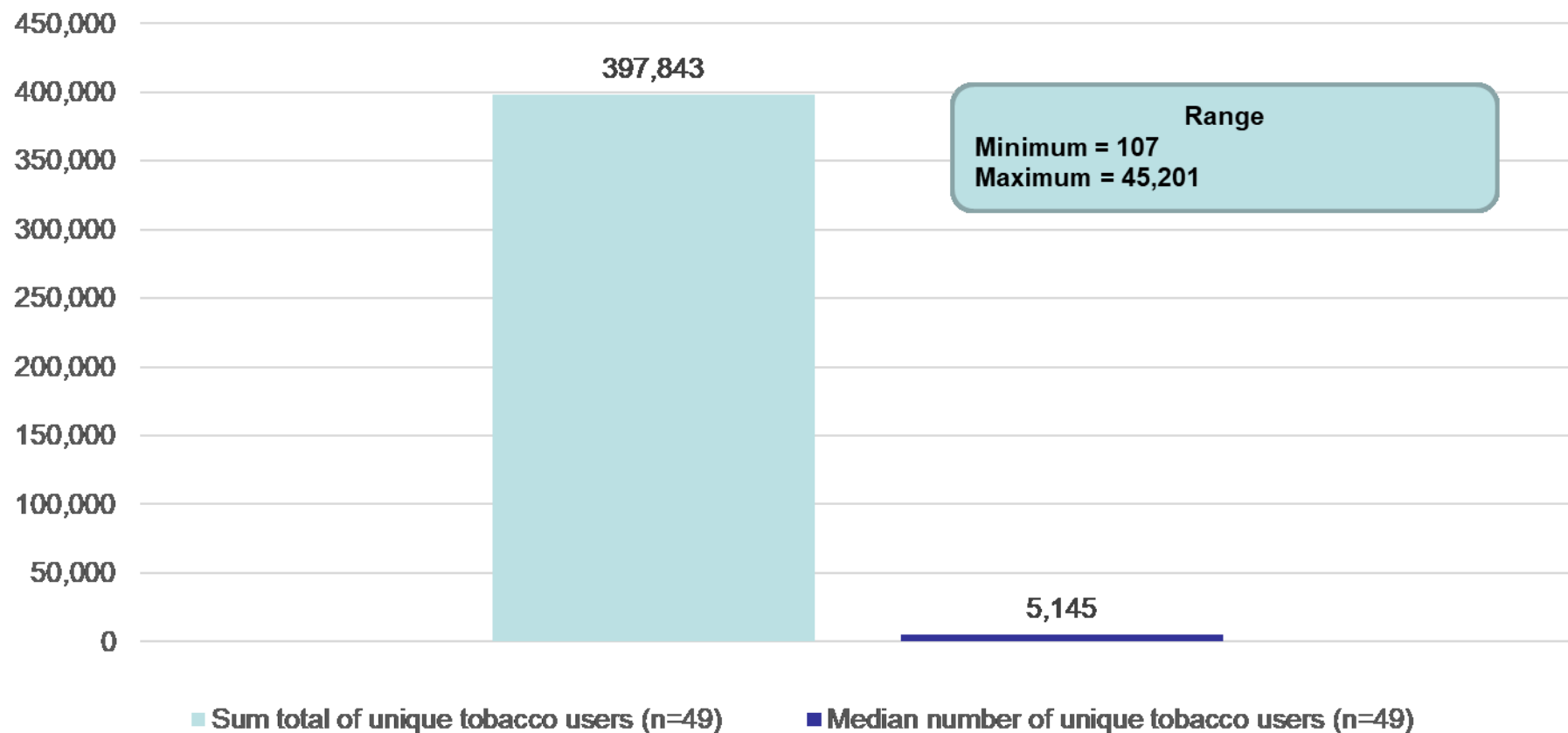
Volume by mode of entry to quitline, FY17



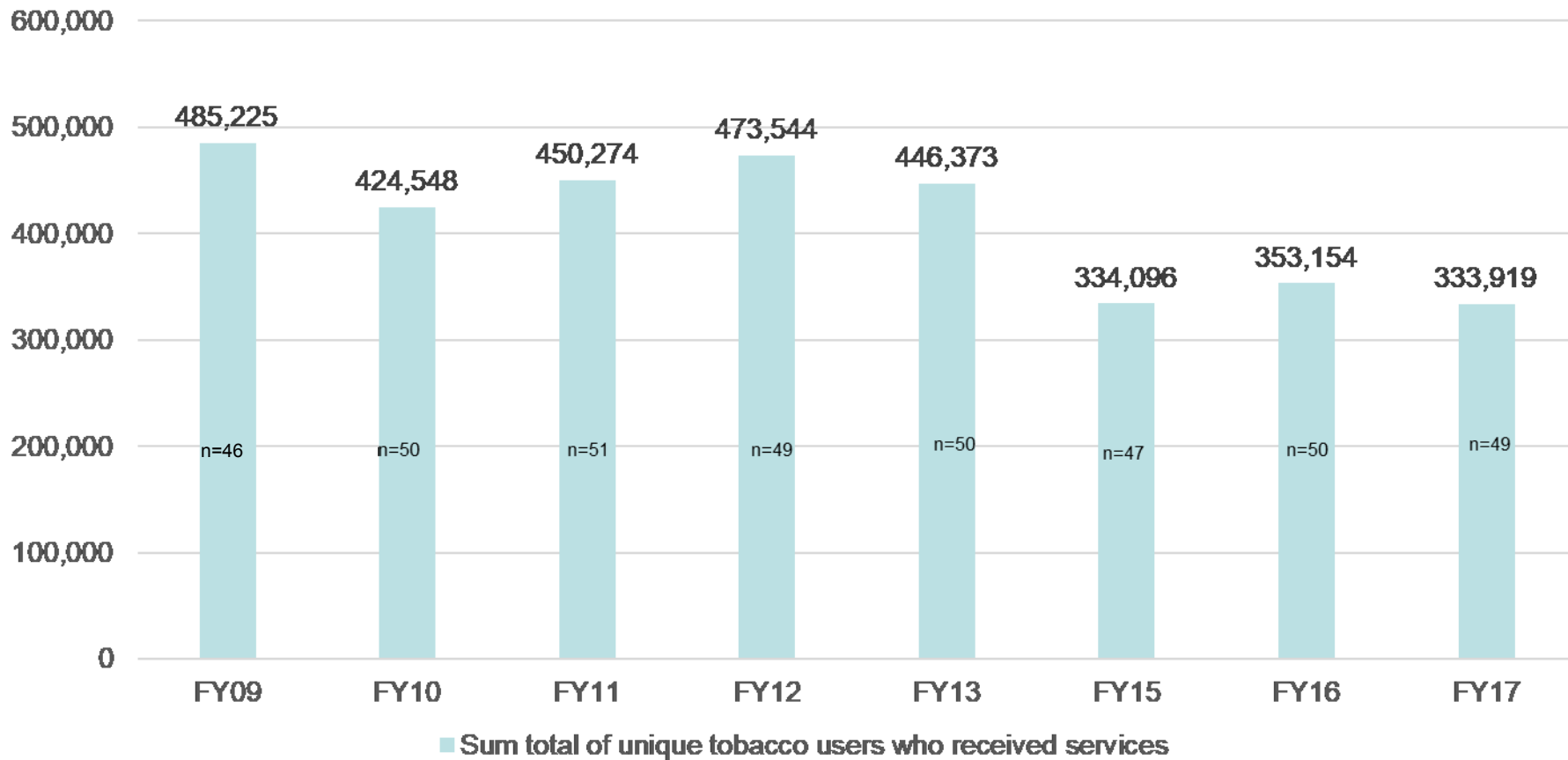
Completed registrations, FY17



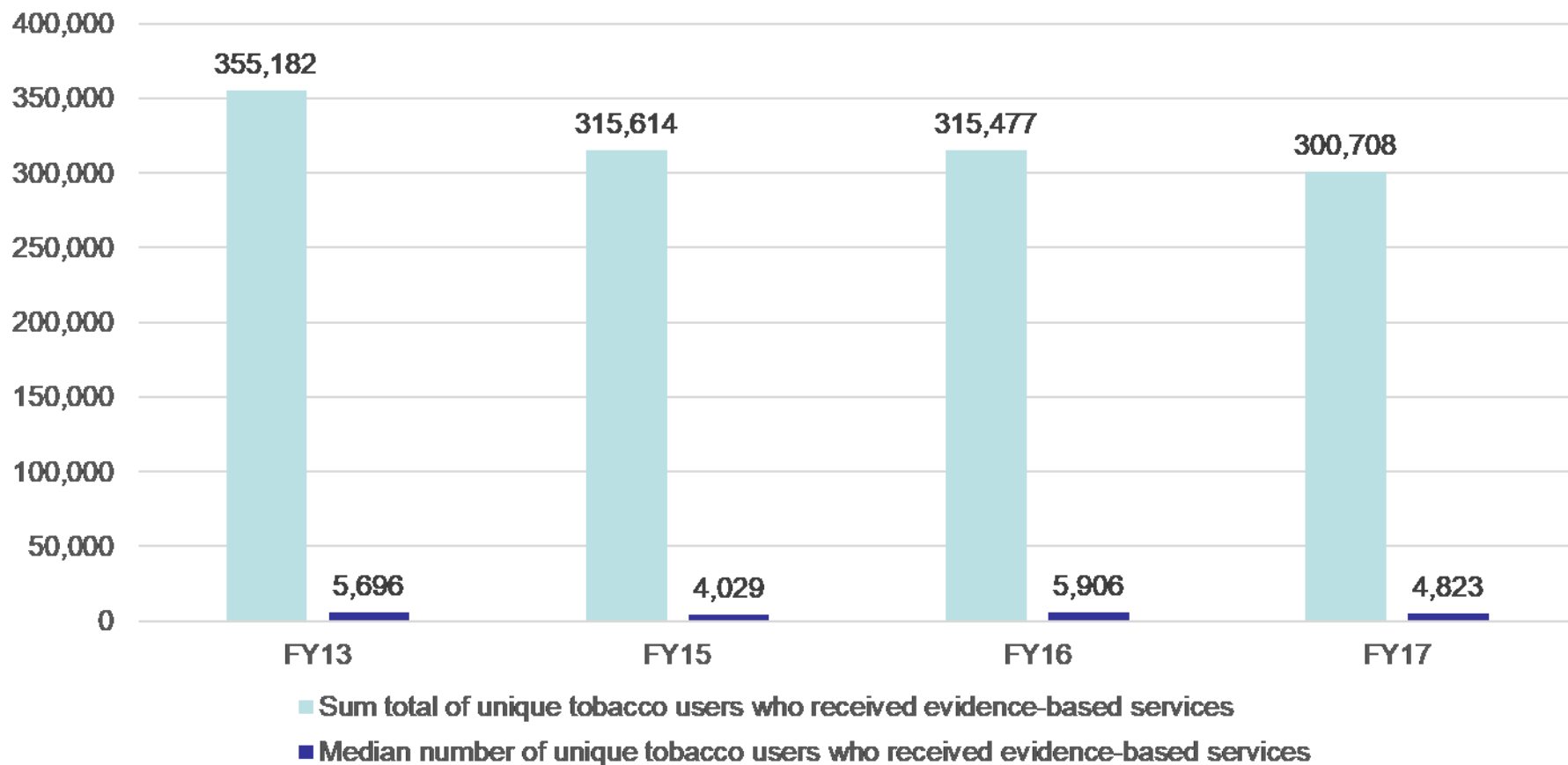
Unique tobacco users, FY17



Unique tobacco users who received evidence based services, FY09 - FY17



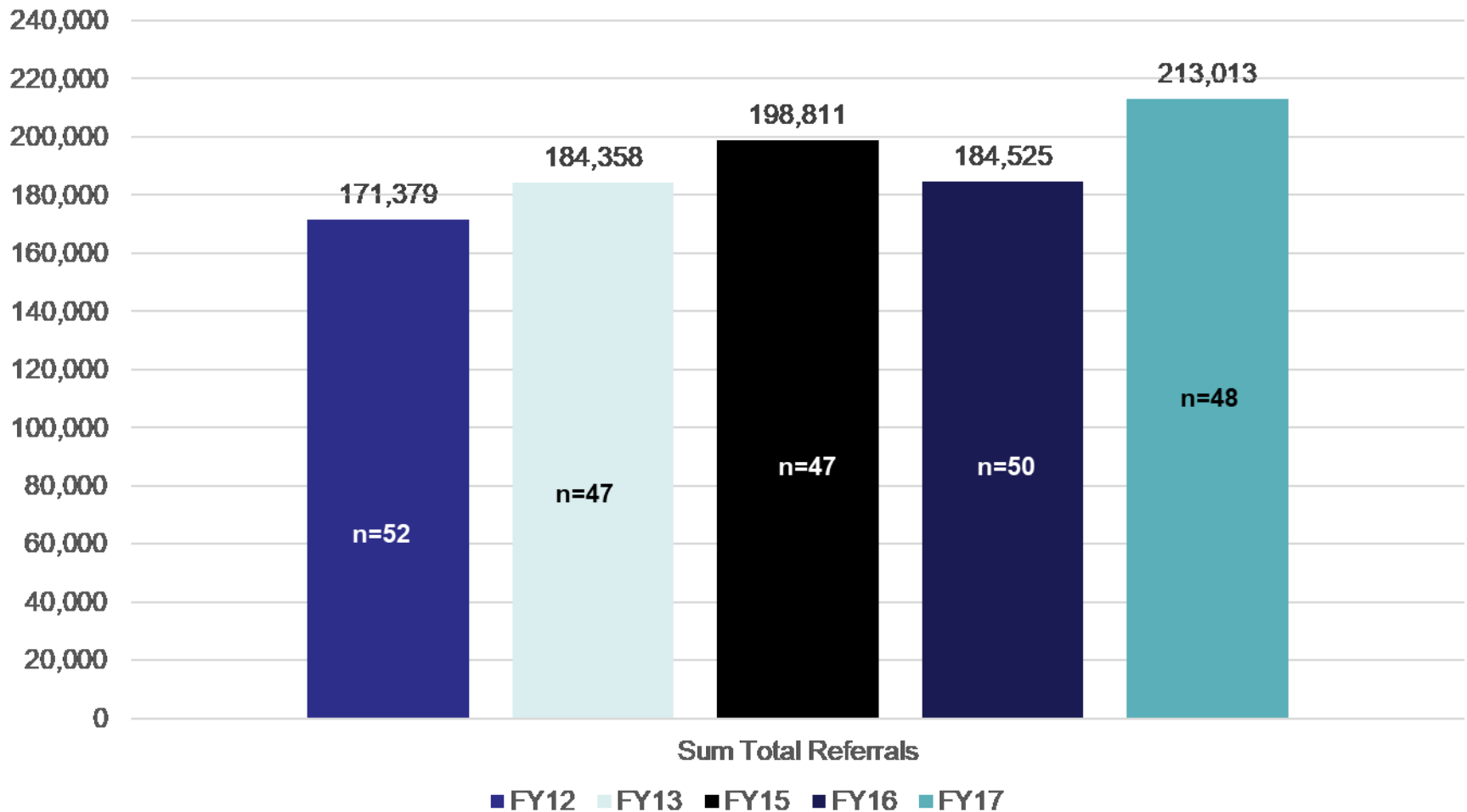
Comparison: Unique tobacco users who received evidence based services for 43 quitlines that provided data in FY13 - FY17



Referrals received by quitlines, FY17

Type of referral	N reporting referral source	N reporting # referrals from source	Median (minimum to maximum)	Sum
Fax referral form	50	47	1,730 (60 to 13,732)	135,999
Email or online referral	37	34	84 (0 to 14,798)	39,493
Electronic Health Record (EHR) – transmitted directly from an EHR to the quitline	25	24	740 (0 to 4,991)	29,129
Other referral modes	6	7	469 (5 to 4,125)	7,586
Total	50	48	2,607 (60 to 23,909)	213,013

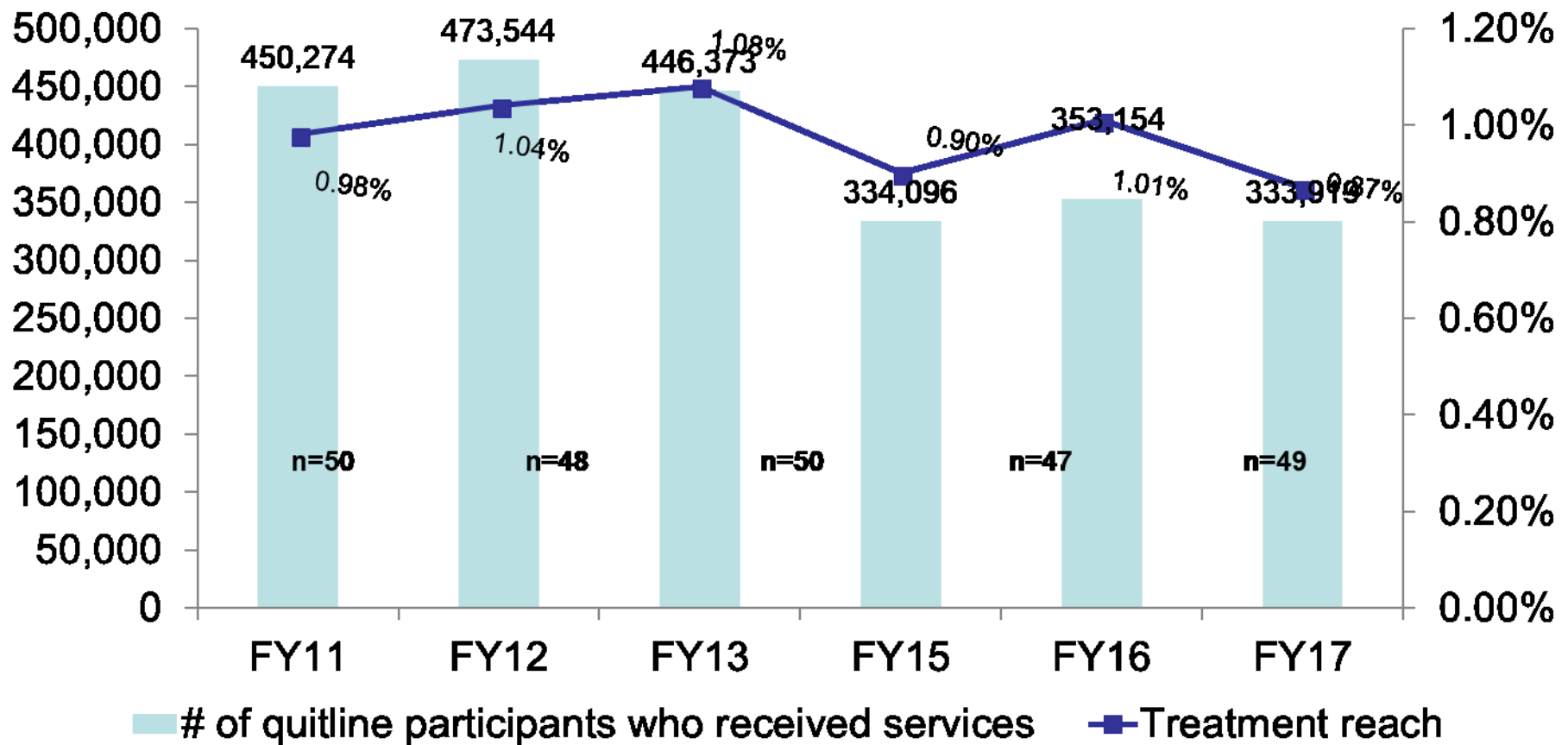
Referrals received by quitlines, FY12 - FY17



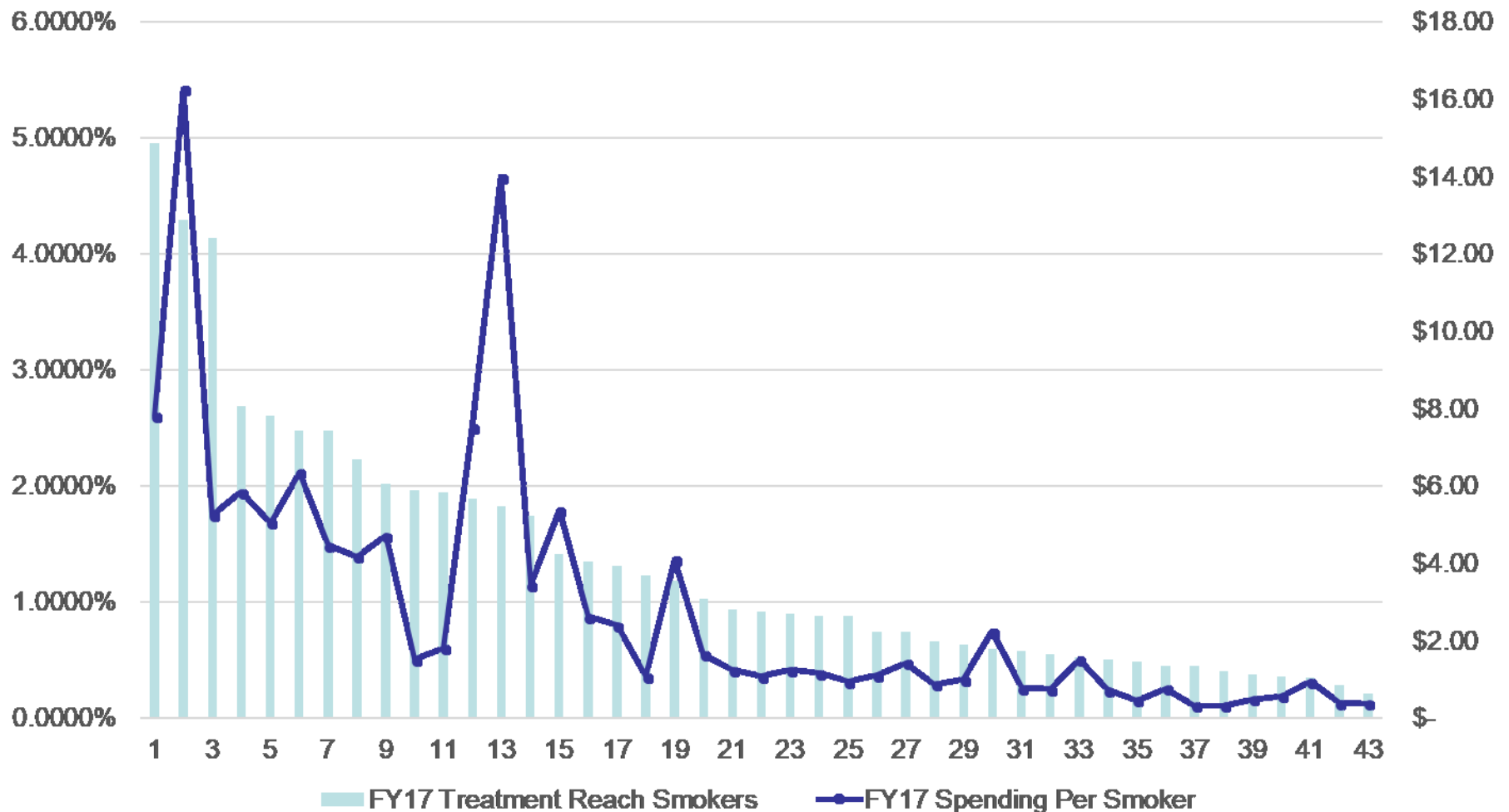
Treatment reach, FY09-FY17

US	N	Min	Max	Mean	Actual
2009	46	0.05%	7.25%	1.57%	1.19%
2010	50	0.05%	6.66%	1.45%	1.09%
2011	50	0.13%	4.30%	1.28%	0.98%
2012	48	0.16%	4.41%	1.32%	1.04%
2013	50	0.12%	4.70%	1.34%	1.08%
2015	47	0.06%	3.38%	1.10%	0.90%
2016	50	0.16%	6.03%	1.40%	1.01%
2017	49	0.21%	4.95%	1.33%	0.87%

Treatment reach of quitlines, FY11 - FY17



Treatment reach & Spending per smoker, FY17



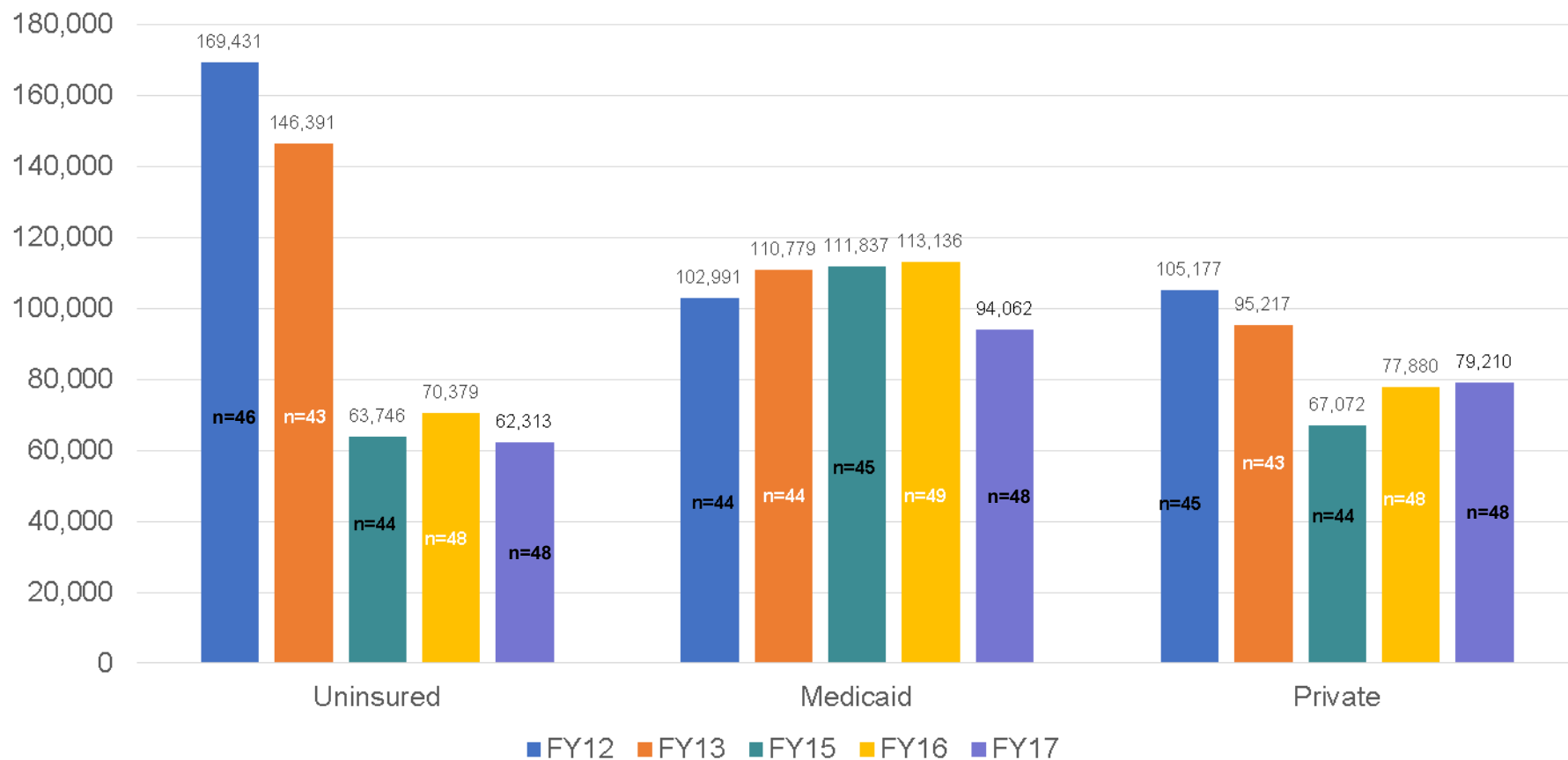
Demographics data

Note: Our original intention was to ask quitlines to report demographics on **ONLY** those tobacco users who received counseling or medications. Similar to previous years, a few state quitlines were only able to report on the population of tobacco users completing an intake questionnaire. Meaning the number reported in this section may be slightly larger than the population who received counseling or medications.

Demographic highlights, FY17

- Nearly 60% of quitline callers are female.
- Median age of quitline callers is 48 years old.
 - Callers aged 12 to 18 years old:
 - First asked in FY2017 and 46 quitlines provided data.
 - Total of 1,661 quitline callers in were aged 12 to 18 years old.
- Nearly 60% of callers have a GED/HS diploma or less for educational attainment.
- Nearly 4% of quitline callers identified as American Indian/Alaskan Native.
- 8% of quitline callers identified as Hispanic/Latino.
- Nearly 5% of quitline callers identified as LGBT.
- 50% of quitline callers stated they were either uninsured or enrolled in Medicaid.

Demographics: Insurance status, FY12 - FY17



Screening for chronic health conditions, FY15 - FY17

▪

	Number of state quitlines that screen for chronic health conditions n (%)
FY15 (N=47)	47 (100%)
FY16 (N=50)	49 (98%)
FY17 (N=50)	49 (98%)

Screening for behavioral health conditions, FY15 - FY17

- **FY17 - First time quitlines were asked to report number of quitline callers who report a behavioral health condition.**
- **Among the 41 quitlines that provided data:**
 - **42.8% of unique tobacco users who received evidence-based services (counseling and/or medications) reported a behavioral health condition**

	Number of state quitlines that screen behavioral health conditions n (%)
FY15 (N=47)	39 (83%)
FY16 (N=50)	43 (86%)
FY17 (N=50)	45 (90%)

Evaluation data

Evaluation, FY17

- First year requested quit rates recommended in the “[Calculating Quit Rates, 2015 Update](#)” paper
 - Quit rate for conventional tobacco
 - Quit rate for conventional tobacco + ENDS

Evaluation, FY17

Quit rate	# of quitlines reported quit rate & response rate	Response rate range	Overall quit rate
Conventional tobacco only	27	19.7% to 56.6%	27.6%
Conventional tobacco + ENDS	22	19.7% to 56.6%	27.0%

Number of quitlines with a response rate of $\geq 50\%$

6

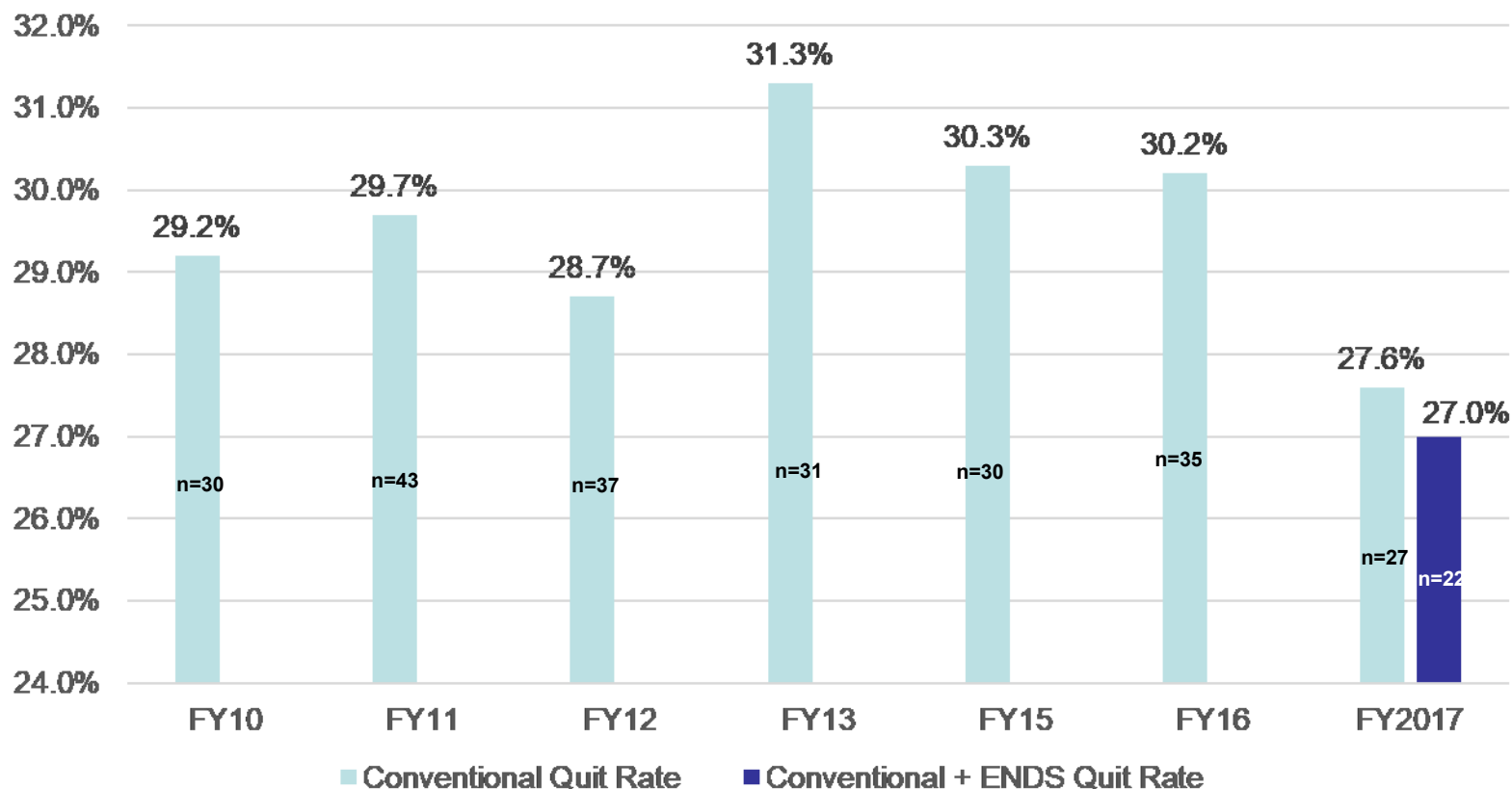
Number of quitlines with a conventional quit rate $\geq 30\%$

13

Number of quitlines with a conventional + ENDS quit rate $\geq 30\%$

8

NAQC standard quit rates, FY10-FY17



NAQC recommendations on best practices

FY17 annual survey

New questions on the adoption of recommendations from NAQC issue paper:

Quitline Services: Current Practice and Evidence Base

- Made 12 recommendations for quitline services

NAQC recommendations on best practices

Recommendation	Adopted	Plan to adopt	No plan to adopt
Reduce intake	44.9%	16.3%	38.8%
Offer multisession proactive calls	87.8%	2.0%	10.2%
If reverting to single call – supplement with other EBS	24.5%	0.0%	75.5%
Use IVR beyond basic triaging	14.3%	6.1%	79.6%
Offer tailored txt messaging	57.1%	8.2%	34.7%
Provide links in txt to phone counseling and NRT	51.0%	8.2%	40.8%

NAQC recommendations on best practices

Recommendation	Adopted	Plan to adopt	No plan to adopt
Offer at least 2-week starter kit NRT	61.2%	2.0%	36.7%
Offer combinations NRT or Varenicline	38.8%	4.1%	57.1%
Offer at least 6 to 8 weeks of cessation meds	44.9%	0.0%	55.1%
Do not require phone counseling for cessation medications	59.2%	0.0%	40.8%
Offer range of direct and indirect referral options	89.8%	4.1%	6.1%
Develop capacity for eReferral(bi-directional)	51.0%	18.4%	30.6%

NAQC goals for key quitline metrics, FY17

Key metric	NAQC goal	FY17
Spending per Smoker	\$10.53	\$1.81 (\$0.32 to \$16.25)
Treatment Reach	$\geq 6\%$	0.87% (0.21% to 4.95%)
Quit Rates	$\geq 30\%$	27.6% (21.5% to 41.8%)

Top states for key quitline metrics, FY17

Spending per smoker	Treatment reach	Quit rate for conventional tobacco	Quit rate for conventional tobacco + ENDS
South Dakota	Oklahoma	South Dakota	South Dakota
Maine	South Dakota	Mississippi	Tennessee
Oklahoma	Idaho	North Dakota	North Dakota
North Dakota	Wyoming	Arizona	Mississippi
New Mexico	Colorado	Montana	Arizona

Resources

- Final PowerPoint slides posted on the 2017 survey page.
- FY2017 benchmarking and quitline metrics will be sent in May.
- FY2017 quitline metrics will be posted to NAQC profiles in early June.
- Please visit: <http://map.naquitline.org/>

Recommended citation:

North American Quitline Consortium. 2017. Results from the 2017 NAQC Annual Survey of Quitlines. M. Rudie, editor. Available at <http://www.naquitline.org/?page=2017Survey>

For more information on the survey or on
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