Q&A for FY2017 Annual Survey

The following are questions submitted by NAQC members regarding the FY2017 Annual Survey. This document will be updated throughout the survey as new questions come in. NAQC responses will be in red following each question.

Question:
For Q39, you ask the states to report on the total completed registrations (by entry method) for “phone counseling and/or cessation medications (including NRT Starter Kits)?” For states that offer Individual Services, registration is once for a lifetime. This means a participant can register in 2014 and then add-on services in each subsequent year without having to re-register. Where as participants registering for quitline phone counseling must register each type they seek the service. How should we handle participants that added-on cessation medication, including NRT Starter Kits via Individual Services?

Answer:
Participants that registered for individual services (i.e., cessation medications or NRT Starter Kits) in FY2017 or added-on individual services (i.e., cessation medications or NRT Starter Kits) in FY2017 based on a registration from a previous year, should be included in the count for registrations for cessation medications, including NRT Starter Kits in Q39.

NAQC has revised the definition of “Registration” to provide further clarification and guidance on how to answer Q39.

Registration
Registration refers to the process of questions asked by the state quitline of tobacco users seeking cessation assistance to enroll the tobacco users in cessation services. Special Note: State Quitlines that offer Individual Services (i.e., cessation medications or NRT Starter Kits) should include participants that registered for an individual service in FY2017 or registered for individual services in a previous fiscal year, but added an individual service in FY2017.

Question:
For Q76f, is there a definition for the term “link”? Does this mean a hyper link to a web page that provide information about phone counseling? Does this mean provide written information about phone counseling?

Answer:
For Q76f, the term “link” refers to provision of information on phone counseling and how to enroll in phone counseling services. This could be a web page hyperlink in a text message, and/or written information on phone counseling services and how to access the service.

Question:
For Q76j, is there a definition for the term “offer”? Does the “offer” of phone counseling need to be passive (i.e., providing information on webpages or in text communication on the service and how to access/enroll) or more direct (i.e., direct links to enrollment pages or direct encouragement from a counselor to consider enrollment in phone counseling)?

Answer:
*Q76 assess for recommendations made in NAQC’s best practices paper: “Quitline Services: Current Practice and Evidence Base”. Information about medications and phone counseling can be found on pages 43 – 49. There is no clear definition of “offering phone counseling” and if the offer needs to be passive or more direct. What is clear is that the provision of NRT cannot be dependent on enrollment in phone counseling. Therefore, both passive and direct “offers” of phone counseling should be considered as “Recommendation has been adopted”.*

Question:
For Q55, when our quitline asks about behavioral health condition, we include PTSD and ADHD. These do not appear on the list of behavioral health conditions in the MDS questions. Should we include people who report PTSD and ADHD in our count?

Answer:
*Yes, please include people who report any behavioral health condition your quitline assess for.*