



Draft Results from the 2008 NAQC Annual Survey

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Overview:

- The following slides present results from the 2008 NAQC Annual Survey for Survey Workgroup review
- Any changes or edits recommended will be incorporated into the final presentation to be used at the NAQC Annual Conference in June 2009



Background of Annual Survey

- Conducted Annually 2004-2006, 2008
 - Research Partners:
 - 2008 Evaluation, Research and Development Unit, University of Arizona
 - 2006 Center for Tobacco Research and Intervention, University of Wisconsin
 - 2005 University of California, San Diego
 - 2004 Tobacco Technical Assistance Consortium
- Informs research and practice
- Is an iterative process



The annual survey is an iterative process – the results from one year often raise more questions than they answer, which leads to a better survey the next year.

2008 Annual Survey Methods

- 63 quitline funders and their service providers were asked to respond:
 - 53 US and Territories quitlines
 - 10 Canadian quitlines
- Reporting was for Fiscal Year 2008
- Web-based completion Winter 2008
- Follow-up with quitlines thru January 2009
- Data cleaning thru March 2009
- 100% response rate



Respondents provided data for their quitlines for Fiscal Year 2008. Quitlines were asked to specify how they defined their Fiscal Year 2008. Most common were Jul 07-June 08 or April 07-March 08.

General Service Description

- All quitlines reported having counseling services available at least five days per week for a minimum of eight hours per day
- 46 US and 8 Canadian quitlines also offered counseling service on at least one day of the weekend
- 13 quitlines (12 US, 1 Canadian) reported having live pick-up of incoming calls (may or may not have counseling services available) 24 hours a day, 7 days a week
- 72% of US and 80% of Canadian quitlines reported closing on holidays



4. Please provide the days and hours of service of your quitline for the following categories of service:

Counseling service available

Live pick up of incoming calls (may or may not have counseling services available)

Voicemail / answering service pick up of calls

5. Is your quitline closed on holidays?

Quitline Services Offered

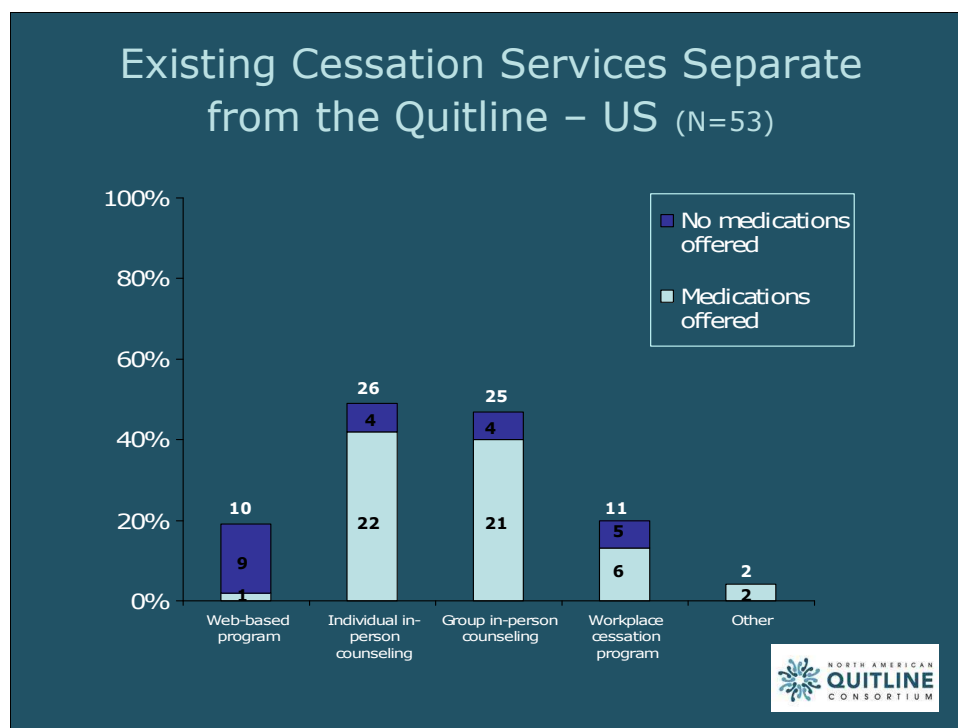
	US=53		CAN=10	
	Freq	%	Freq	%
Phone counseling				
Minimal/brief intervention—client-initiated —1-10 minutes	25	47	10	100
Single session counseling more than 10 minutes—client-initiated	35	66	10	100
Multiple sessions—client-initiated (i.e., reactive, client calls in for each follow up)	17	32	10	100
Multiple sessions—counselor-initiated (i.e., proactive, cessation specialist / counselor / coach calls client for follow up)	53	100	10	100
Internet-based				
Information about the quitline	34	64	9	90
Information about tobacco cessation	38	72	9	90
Self-directed web-based intervention to help tobacco users quit	22	42	5	50
Automated email messages	16	30	4	40
Chat rooms	15	29	5	50
Interactive counseling and/or email messaging to cessation specialist/counselor/ coach to help tobacco users quit	16	30	4	40
Other services				
Voice mail with call backs or Mailed information or self-help resources	51	96	10	100
Recorded messages for help with quitting (e.g., phone tree)	32	60	2	20
Referral to other services	49	93	10	100
Fax referral for healthcare providers and other referral sources	49	93	10	100
Other	7	13	0	0



6. Which of the following services are funded by your state / province AND are provided as part of your quitline program? **Select all that apply.**

Voice mail with Callbacks was combined with Mailed information or self-help resources due to a coding error.

All quitlines offered multiple session proactive counseling.



In addition to quitline provide services, new to the 2008 survey was a question asking about other cessation services funded by the state or province, but not provided by the quitline.

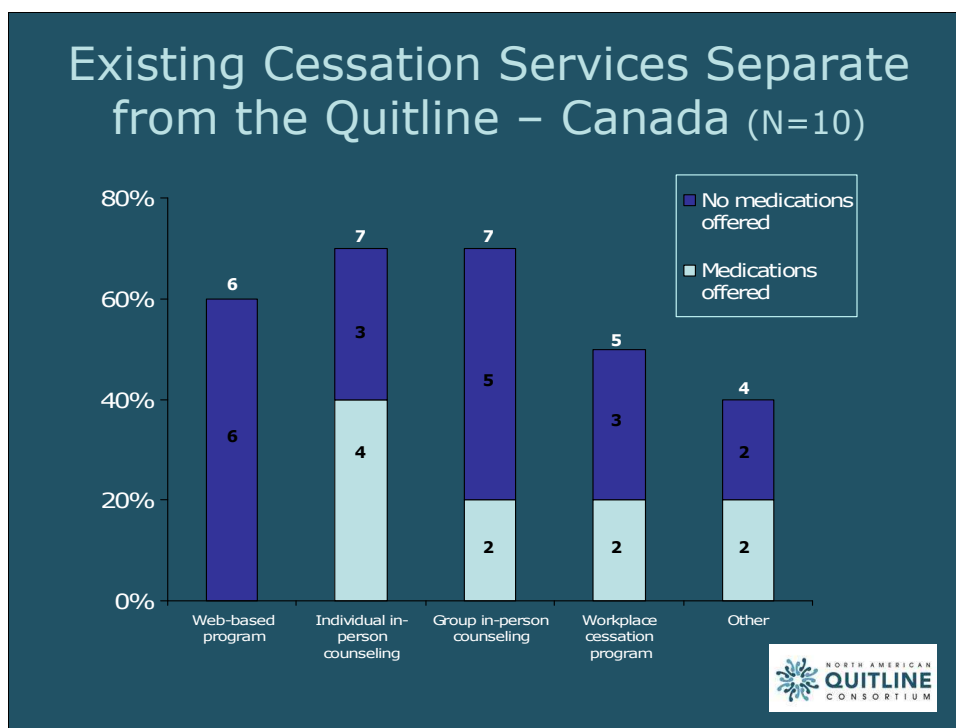
7. In addition to the services funded by your state / province and provided as part of your quitline program, what **OTHER** cessation services (not related to the quitline) are funded by the same funder but **NOT** provided through your quitline? **Select all that apply.**

Other responses:

US

1) Local coordinators staffed in area hospitals or community organizations in seven counties throughout the state of Wyoming who aid participants in the Quitline to obtain a voucher for cessation medications and follow up regarding their quit attempt.

2) Our Clinical Cessation program provides medication and counseling at all Federally Funded Community Health Centers in Iowa. The client receives 2 weeks of medication at each visit and is required to get counseling in the form of 1) Brief Provider Counseling, 2) Group or Individual Counseling from a cessation counselor or 3) Quitline Iowa enrollment



In addition to quitline provide services, new to the 2008 survey was a question asking about other cessation services funded by the state or province, but not provided by the quitline.

7. In addition to the services funded by your state / province and provided as part of your quitline program, what **OTHER** cessation services (not related to the quitline) are funded by the same funder but **NOT** provided through your quitline? **Select all that apply.**

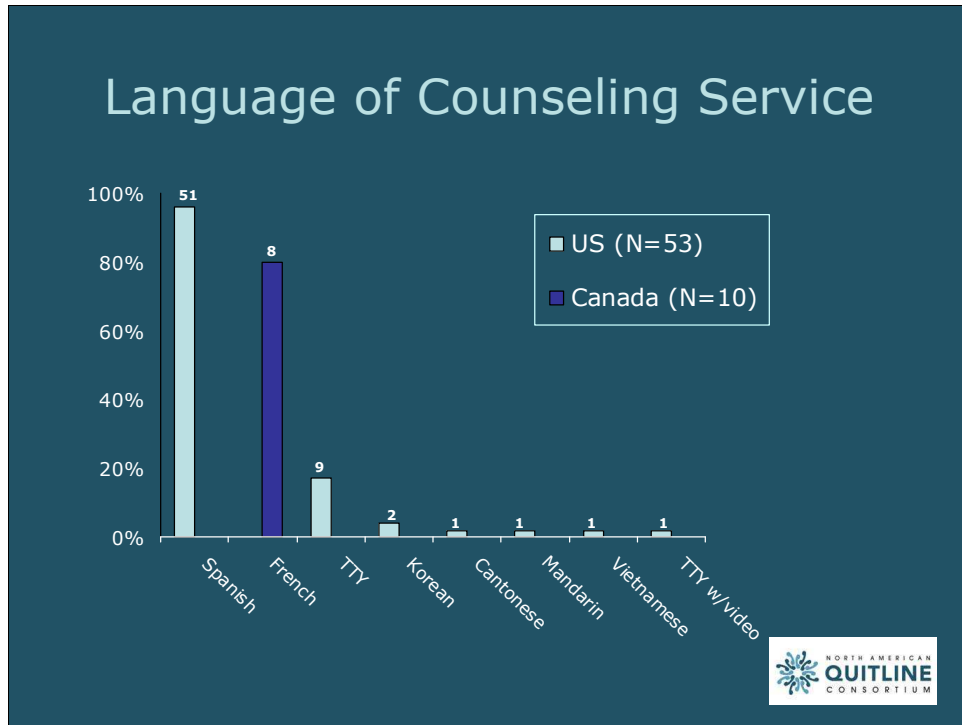
Other responses:

Canada

1) In some areas of the province and only in some programs is there medication offered with cessation programs (e.g. workplace and individual counseling (hospital) 2) Presentations, health fairs and open house where anyone who uses tobacco can speak to a trained counselor in person.

3) STOP Study

4) The Public Service Agency serving BC government employees offers NRTs through our benefits program and Health Authorities offer some NRTs in specific programs



10. Does your quitline use counselors who provide quitline services in languages other than English?

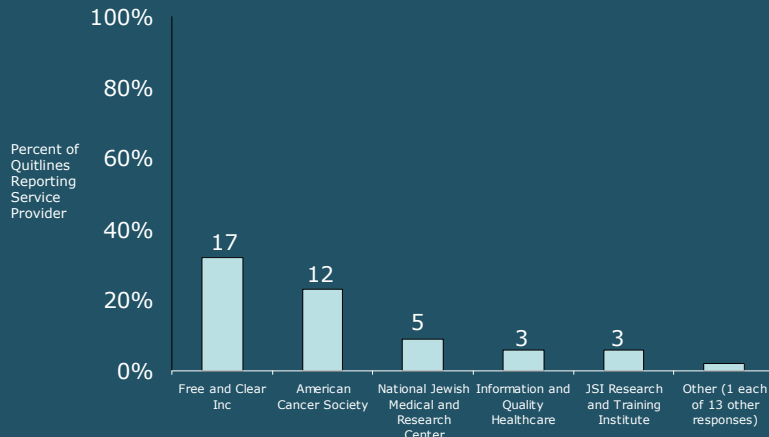
11. If yes, in which of the following languages does your quitline offer counseling, **not translated through a third party?**

Select all that apply.

- 49 of 53 US quitlines used a translation service, while only 2 of 10 Canadian quitlines did so
- 51 of 53 US quitlines and 8 of 10 Canadian quitlines had counselors who offered counseling in a language other than English
- Again Spanish for US and French for Canadian quitlines were the most common other language of service
- 9 US quitlines provided TTY service for deaf and hard of hearing callers
- 2 or fewer quitlines provided service directly in Cantonese, Mandarin, Korean, Vietnamese or TTY with video

US Primary Service Providers

- The figure below shows the organizations (n=18) that were the primary service provider of counseling services for US quitlines.



A total of 18 organizations were cited as the Primary Service Provider by US quitlines. The %'s represent the proportion of quitlines covered by each service provider, e.g., Free and Clear is the service provider for 32% of US quitlines. The last bar "Other": 13 other service providers were selected by a single quitline each. All Other responses combined equal 27% of the total # of primary service providers. The 13 other service providers mentioned only once include: American Lung Association, Ceridian Leade Health Inc, Mayo Clinic Health Solutions, Avera McKennan, beBetter Networks, Roswell Park Cancer Institute, Telemedik, University of Arizona, University of California San Diego, University of Nevada at Reno, MaineHealth, University of North Dakota School of Medicine, and University of Arkansas for Medical Sciences College of Public Health

5 US Quitlines also reported a secondary service provider. These included: Free and Clear Inc (n=1), Ceridian Leade Health Inc (n=1),

Mayo Clinic Health Solutions (n=2), National Cancer Institutes Cancer Information Service (n=1)

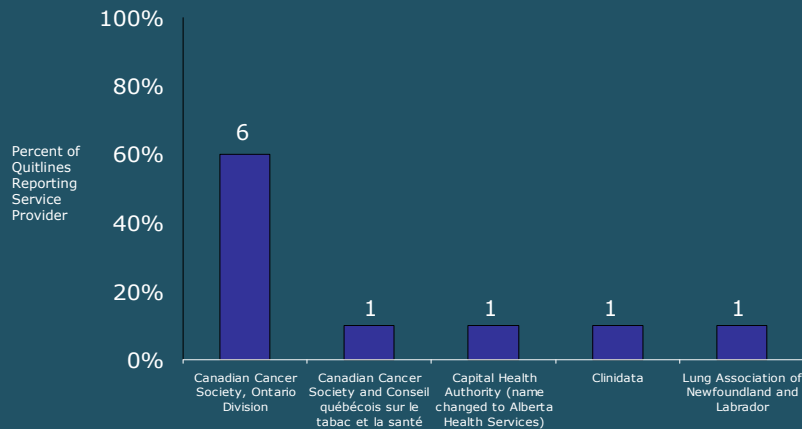
15. Please indicate the organization that was the **PRIMARY SERVICE PROVIDER** for the **counseling service** for the quitline at the **beginning** of FY 08. The primary service provider is the service provider who provides the main service provided by your quitline. **Select one.**

16. Does your quitline have a secondary service provider?

17. If yes, please indicate the organization that was the **SECONDARY SERVICE PROVIDER** for the counseling service for the quitline at the

Canadian Service Providers

- The majority of Canadian quitlines (60%) had counseling services provided by the Canadian Cancer Society, Ontario Division.

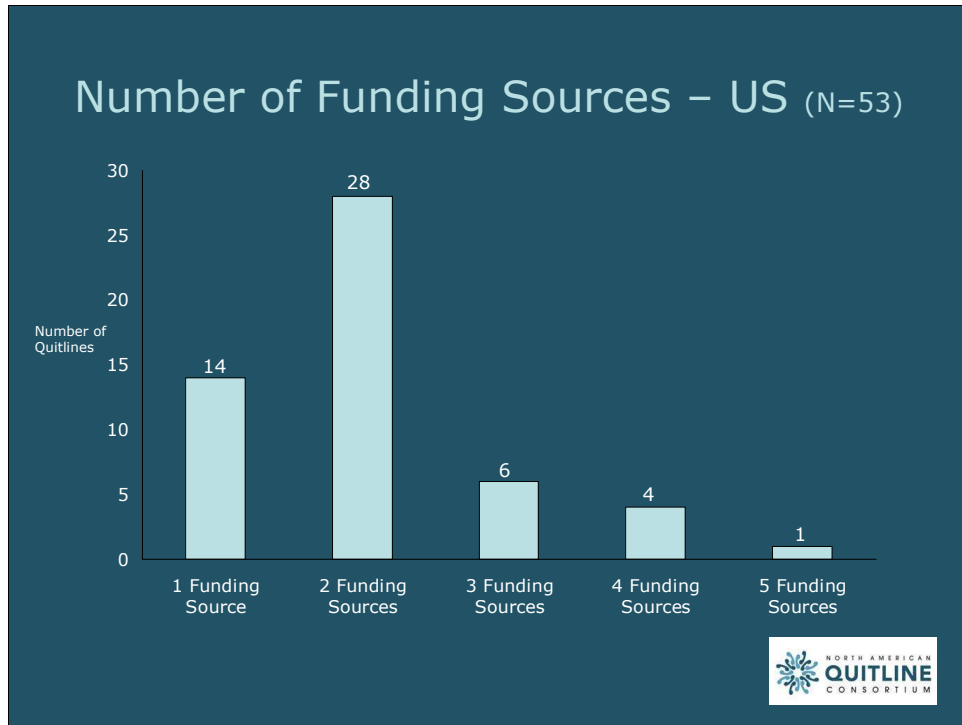


There were a total of 5 Primary Service providers for Canadian Quitlines. No Canadian Quitlines reported a secondary service provider

15. Please indicate the organization that was the **PRIMARY SERVICE PROVIDER** for the **counseling service** for the quitline at the **beginning** of FY 08. The primary service provider is the service provider who provides the main service provided by your quitline. **Select one.**

16. Does your quitline have a secondary service provider?

17. If yes, please indicate the organization that was the **SECONDARY SERVICE PROVIDER** for the counseling service for the quitline at the **beginning** of FY 08. The secondary service provider is a service provider who provides supplementary service for the quitline (eg., handles "overflow" calls from the primary service provider) **Select one.**



14. What types of funders support your quitline? Select all that apply.

Note: Only include funders that supply money, not those that supply "in-kind" funds only.

26% (n=14) of US quitlines reported only a single funding source

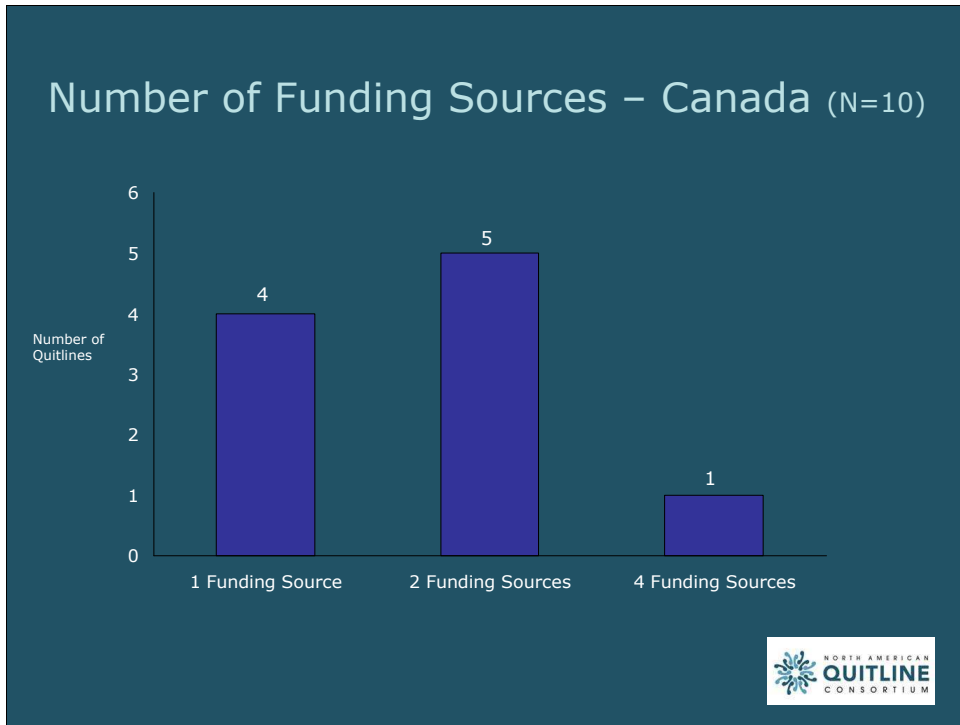
US Quitline Funding

Public Sector/Government Sources:

77% CDC funds, 45% MSA funds, 38% State general funds, 23% state dedicated tobacco tax funds, 6% Tobacco Settlement funds (non-MSA), 4% Medicaid funds, 4% Other federal funds

Private Sector/Non-Government Sources:

6% Third party reimbursement through insurance company, 2% Charitable Foundation or NGO



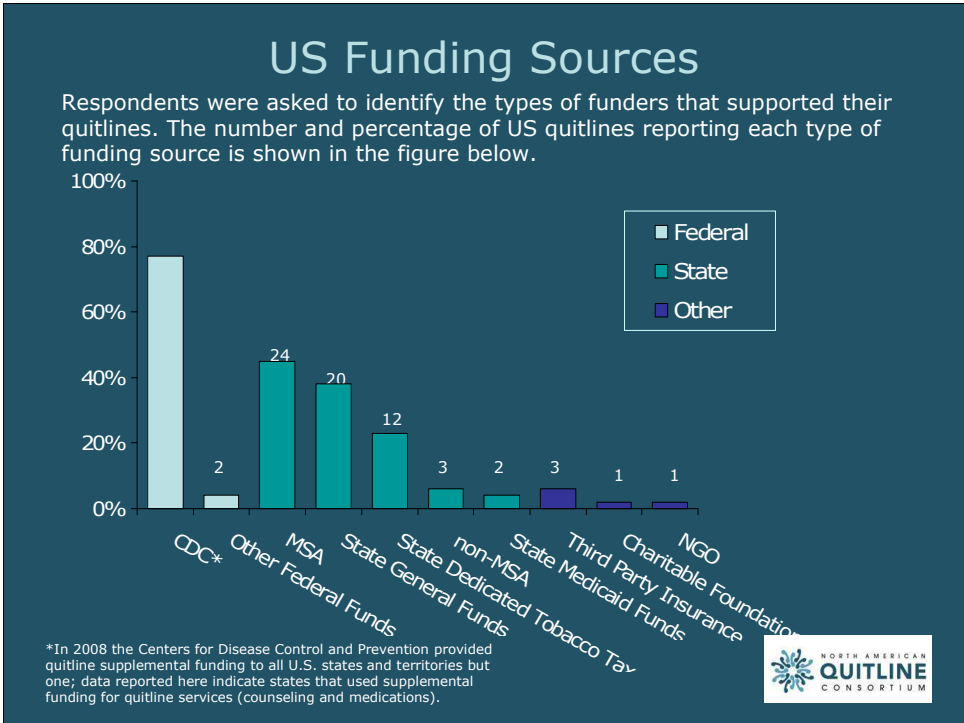
14. What types of funders support your quitline? Select all that apply.

Note: Only include funders that supply money, not those that supply "in-kind" funds only.

40% (n=4) of Canadian quitlines reported only a single funding source

Canadian Quitline Funding

100% Provincial general funds, 60% Health Canada funds, 10% local government and for-profit company funds



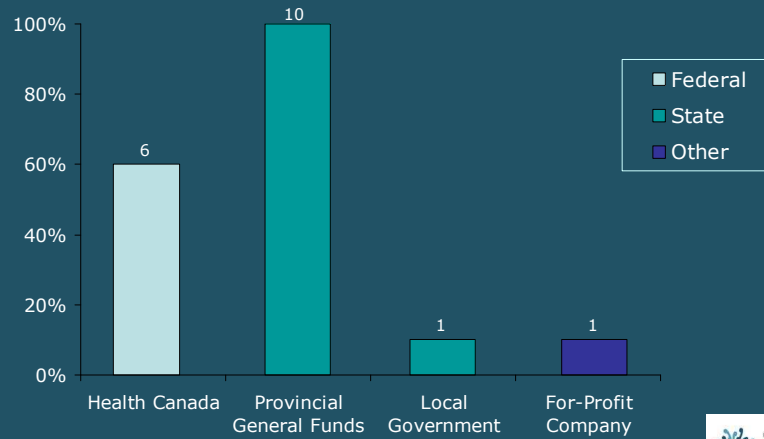
14. What types of funders support your quitline? Select all that apply.

Note: Only include funders that supply money, not those that supply "in-kind" funds only.

This figure shows the number of quitlines reporting each type of funding source within the categories, Federal, State and Other funding sources.

Canadian Funding Sources

- Respondents were asked to identify the types of funders that supported their quitlines. The number and percentage of Canadian quitlines reporting each type of funding source is shown in the figure below.



14. What types of **fund**ers support your quitline? **Select all that apply.**

Note: Only include funders that supply money, not those that supply "in-kind" funds only.

This figure shows the number of quitlines reporting each type of funding source within the categories, Federal, State and Other funding sources.

US Quitline Budgets

Budget Category	N	Missing	Min	Max	Median	Sum
Total	51	2	\$100,000	\$24,538,157	\$1,000,000	\$118,587,046
Services	46	7	\$85,000	\$5,711,411	\$683,944	\$52,611,933
Medications	28	25	\$16,000	\$5,000,000	\$310,024	\$16,149,797
Evaluation	25	28	\$6,650	\$1,200,000	\$75,000	\$3,131,450
Media	36	17	\$4,000	\$16,000,000	\$373,621	\$43,672,706
Outreach	16	37	\$18,000	\$1,104,451	\$133,924	\$5,110,545



20. Please complete the following table. Mark "unknown" when appropriate. Only report on funding specific to the quitline budget. Please include funds from all sources including state (e.g. settlement, excise tax, and other funds), provincial, federal (e.g., CDC, SAMHSA, Health Canada), and non-government (e.g., American Legacy Foundation, RWJF, AMA) sources. Do not include estimates for earned or free media.

(Services budget includes screening, counseling, providing consumer and provider materials, overhead and administration fees, fax referral operations. Services budget

DOES NOT include outreach / detailing contracts, research grants, website costs and one time capital expenditures)

(Outreach is the act of providing quitline and referral information to specific quitline target populations and referral groups through activities including displays or booths at health fairs, meetings, workshops, or conferences; presentations at informational meetings; reference materials; academic detailing or face to face visits; training sessions, etc. Outreach is separate from media promotion activities.)

***Note:** The data collected on quitline budgets has increased in quality over the years, but it still requires additional work to standardize definitions of terms and clarity about exactly what is being included in each of the budget categories requested. The instruction that budget subcategories should add to the total budget was removed from the 2008 Survey. As a result, for many quitlines, the budget subcategories totaled either more or less than the total quitline budget. These subcategory numbers should therefore be interpreted

Canadian Quitline Budgets

Budget Category	N	Missing	Min	Max	Median	Sum
Total	8	2	\$46,230	\$2,660,500	\$324,624	\$6,036,968
Services	8	2	\$25,000	\$1,320,000	\$221,500	\$3,080,572
Medications	0	10				
Evaluation	2	8	\$50,000	\$206,000	\$128,000	\$256,000
Media	8	2	\$7,610	\$900,000	\$100,000	\$1,883,859
Outreach	4	6	\$2,246	\$479,500	\$44,092	\$569,931



20. Please complete the following table. Mark "unknown" when appropriate. Only report on funding specific to the quitline budget. Please include funds from all sources including state (e.g. settlement, excise tax, and other funds), provincial, federal (e.g., CDC, SAMHSA, Health Canada), and non-government (e.g., American Legacy Foundation, RWJF, AMA) sources. Do not include estimates for earned or free media.

(Services budget includes screening, counseling, providing consumer and provider materials, overhead and administration fees, fax referral operations. Services budget

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Spending per Smoker

- The smoking population was calculated for each state or province using adult population (18+ US ^{BRFSS}, 15+ Canada ^{Statcan}) and smoking prevalence (18+ US ^{BRFSS}, 15+ Canada ^{CTUMS}) estimates for 2007
- The Services and Medications Budget reported per quitline was then divided by the number of smokers in each state/province
- The mean spending per smoker for US quitlines was \$3.33, (median = \$1.33), with a range from \$0.08 to \$24.05 (N=45, N=25 also provided Meds budget)
- The mean spending per smoker for Canadian quitlines was \$0.60, (median = \$0.53), with a range from \$0.13 to \$1.66 (N=8) *Canadian Quitlines reported no Medications Budget so spending per smoker is for Services only
- CDC Best Practices for Comprehensive Tobacco Control Programs - 2007 recommends spending of \$10.53 per adult smoker (\$2.19 per capita – adults) for quitline services and medications*



*The CDC's published recommendations for funding Cessation services include quitlines and health care system-based interventions. The quitline-only portion of that amount is \$10.53 per adult smoker or \$2.19 per adult.

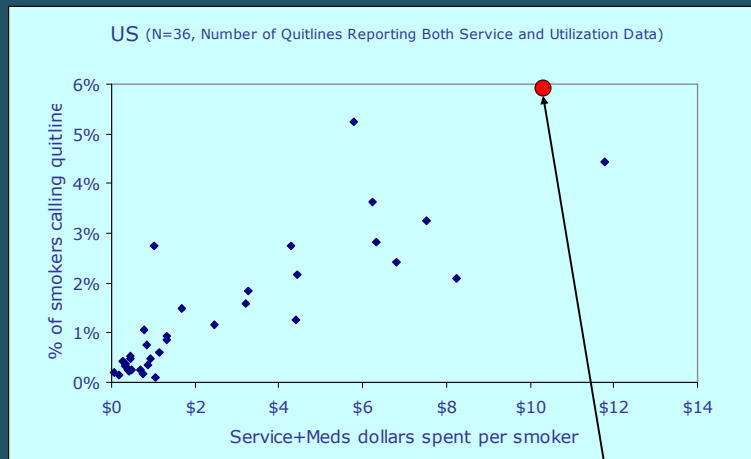
US Population and BRFSS smoking estimates were taken from the NAQC Issue Paper: *Measuring Reach of Quitline Programs*

Note - These results exclude Guam and Puerto Rico because smoking prevalence data was not available for these territories

46 US Quitlines provided a budget amount for Services. Of those, 25 also provided budget information for Medications.

Note: Again, keep in mind the issues with interpreting budget data when interpreting these spending per smoker calculations.

Relationship Between Service Spending and Utilization Reach



CDC calculates that quitlines funded at the recommended level of \$10.53 per adult smoker could serve 6% of smokers with counseling, and assumes 85% of those served would accept free NRT (CDC, 2007)

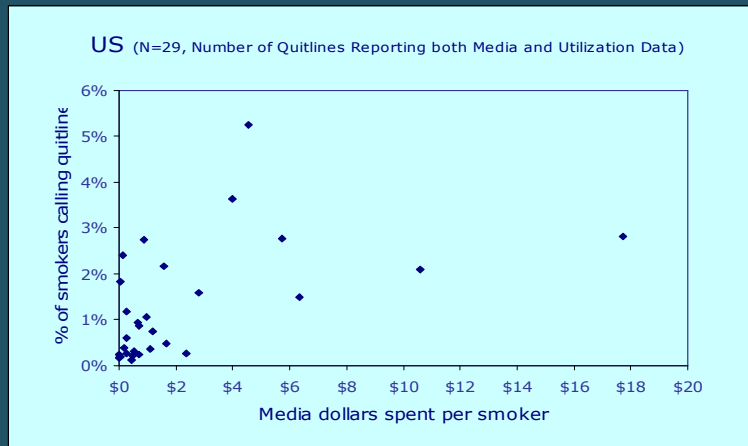


The red dot on the figure indicates CDC's recommended funding amount per adult smoker, and the corresponding assumed reach given that funding level. This assumption appears to be plausible, given the relationship between dollars spent on services and medications and percent of smokers calling the quitline as shown here.

36 US quitlines had both utilization data and Service budget (Service + Meds N=20, Service Only N=16) shown in the above figure

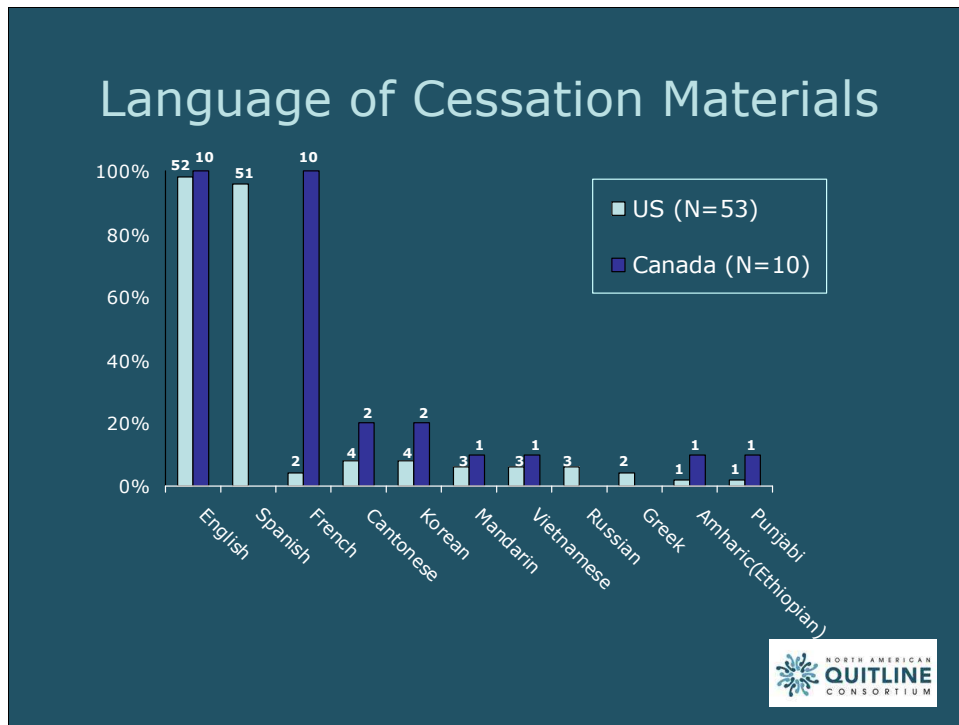
Utilization reach (% of smokers calling the quitline) was calculated by dividing the # of smokers calling the quitline (#52 NAQC Survey) by the # of adult smokers in the state (NAQC Issue Paper: *Measuring Reach of Quitline Programs*)

Relationship Between Media Spending and Utilization Reach



29 US quitlines had both media budget and utilization data shown in the above figure

Utilization reach (% of smokers calling the quitline) was calculated by dividing the # of smokers calling the quitline (#52 NAQC Survey) by the # of adult smokers in the state (NAQC Issue Paper: *Measuring Reach of Quitline Programs*)

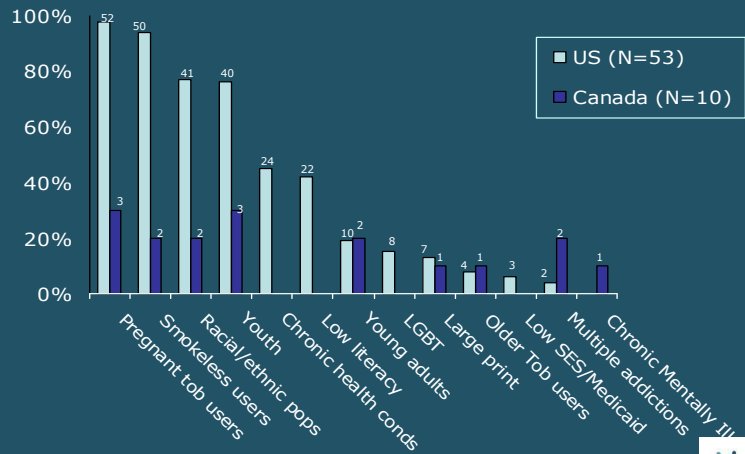


8. In which of the following languages does your quitline offer tobacco cessation materials (self-help materials or materials designed to be used with cessation counseling)? **Select all that apply.**

- All but 1 US and all Canadian quitlines provided cessation materials in English
- 51 of 53 US quitlines provided Spanish materials
- All Canadian quitlines provided cessation materials in French
- 4 or fewer US quitlines provided materials in;
 - French, Cantonese, Mandarin, Korean, Vietnamese, Russian, Greek, Ethiopian, and Punjabi
- 2 or fewer Canadian quitlines provided materials in;
 - Cantonese, Mandarin, Korean, Vietnamese, Ethiopian, and Punjabi

Specialized Materials for Special Populations

- 52 US quitlines (98%) and 4 Canadian quitlines (40%) send specialized materials to special populations. These include:



12 Other US responses 8 of the Other US responses were audio or cd materials for the visually impaired

1 Other Canadian response - The other Canadian response was for youth under 12

For Racial/Ethnic Pops – US Quitlines, 7 (13%) indicated American Indian, 14 (26%) African American, and 37 (70%) Hispanic or Latino. 2 (4%) other (Language based)

For Canadian Quitlines – 2 (20%) First Nations, and 1 (10%) other (Hindu, Mandarin, Cantonese, French, Korean)

22. Does your quitline send specialized tobacco cessation materials to any special populations (for example, pregnant smokers)?

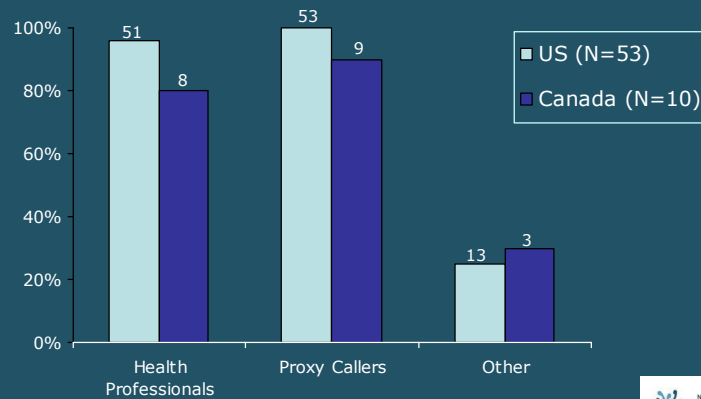
Please note: Specialized materials are materials that are developed for a specific audience (eg., pregnant women, low SES, a specific racial or ethnic group). They would include additional or different materials or information presented in a unique way to serve the needs of a specialized population. Specialized materials are not simply translated versions of materials produced in the main language of service.

23. Please indicate the populations that your quitline sends specialized tobacco cessation materials to. **Select all that apply.**

24. (Only answer question 24 if you selected "Racial/Ethnic populations" in question 23 above.) Please select the racial /ethnic populations that receive specialized tobacco cessation materials from your quitline.

Specialized Materials for Non-tobacco Users

- 100% of US and 90% of Canadian quitlines send materials to callers who are not tobacco users or recent quitters. These include:



25. Many quitlines send materials to callers who are not tobacco users or recent quitters, such as those seeking help for others or professionals inquiring about the quitline as a resource. Does your quitline send materials to callers who are not tobacco users or recent quitters?

26. Please identify the other callers you send information to. **Select all that apply.**

Other responses below

US Other

Anyone who requests information

Educators, students, people seeking info re secondhand smoke, researchers, Employers, Health Care Plans, State Umbrella Groups, Chronic Disease Programs, Tobacco Control Partners

employer groups

Employers, Community Organizations

Groups and organizations seeking promotional materials

Individuals who have diabetes and use tobacco

Info on smoke free workplace policy, advocacy opportunities, etc.

Information on smoke free workplace policy, advocacy opportunities, etc.

Information on smoke-free workplace policy, advocacy opportunities, etc.

Information on smoke-free workplace policy, advocacy opportunities, etc. Hospitals, community organizations and teachers also call for information.

QuitWorks health care providers, boards of health, retailers, general public, community health centers, public health programs and hospitals, local tobacco control programs, private (corporate) institutions, other states.

Canadian Other

teachers and students (schools), family and friends, workplaces, health care professionals.

First Counseling Encounter - US

- **Typical Intake/Enrollment**
 - 25 could separate out Intake/Enrollment
 - Range: 7 to 30 minutes, median =15 minutes
- **Typical Assessment**
 - 36 could separate out Assessment
 - Range: 7 to 45 minutes, median =10 minutes
- **Typical first Counseling session**
 - 51 could separate out first Counseling session
 - Range: 10 to 45 minutes, median =30 minutes



Respondents were asked how they operationalize the first counseling intervention / encounter with the quitline client for three distinct components that may be a part of, or occur in conjunction with the first counseling intervention / encounter:

Intake / enrollment for quitline clients is defined as the collection of demographic and contact information from clients.

Assessment is defined as the collection of information required to conduct counseling, such as amount smoked and stage of change, but does not include the provision of information, advice or counseling.

Counseling is defined as person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/ coach and caller.

27. Thinking only about the intake/enrollment of a client, how long is a typical intake/enrollment? _____minutes

N/A – intake / enrollment is always combined with assessment and cannot be reported separately

28. Thinking only about the assessment (the collection of information required to conduct counseling, such as amount smoked and stage of change, but not the provision of information, advice or counseling), how long is a typical assessment? _____minutes

N/A – assessment is always combined with intake / enrollment and cannot be reported separately

29. Thinking only about the first counseling intervention / encounter (separate from intake / enrollment and assessment), how long is a typical first counseling session? Please exclude time spent on intake / enrollment and on

First Counseling Encounter - Canada

- **Typical Intake/Enrollment**
 - 2 could separate out Intake/Enrollment
 - Range: 5 to 25 minutes, median =15 minutes
- **Typical Assessment**
 - 9 could separate out Assessment
 - Range: 4 to 15 minutes, median =5 minutes
- **Typical first Counseling session**
 - 10 could separate out first Counseling session
 - Range: 5 to 45 minutes, median =15 minutes



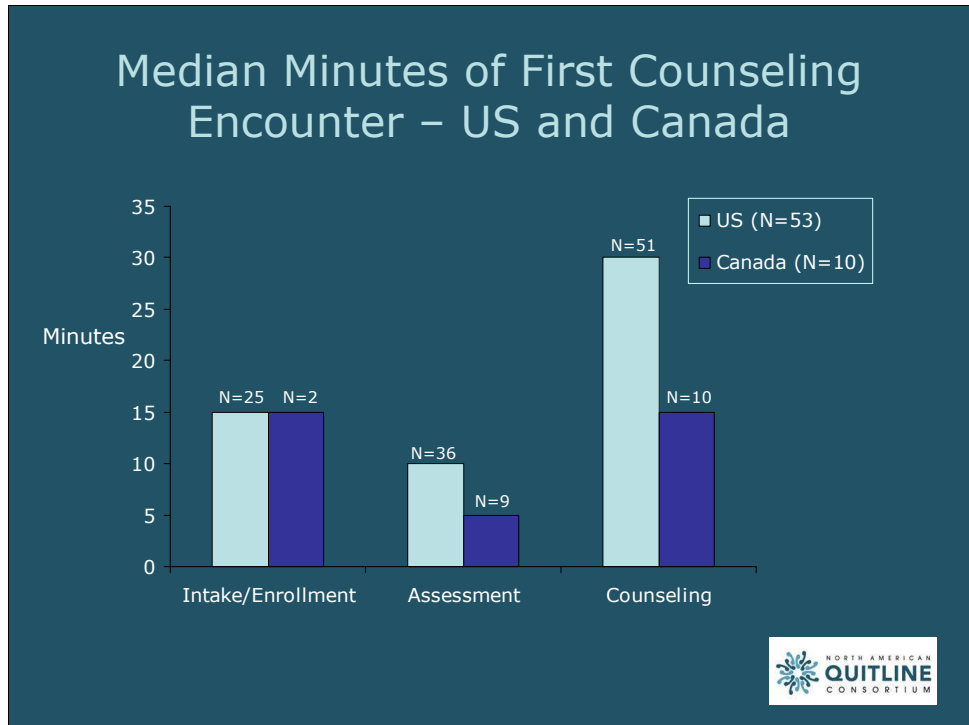
27. Thinking only about the intake/enrollment of a client, how long is a typical intake/enrollment? _____minutes

N/A – intake / enrollment is always combined with assessment and cannot be reported separately

28. Thinking only about the assessment (the collection of information required to conduct counseling, such as amount smoked and stage of change, but not the provision of information, advice or counseling), how long is a typical assessment? _____minutes

N/A – assessment is always combined with intake / enrollment and cannot be reported separately

29. Thinking only about the first counseling intervention / encounter (separate from intake / enrollment and assessment), how long is a typical first counseling session? Please exclude time spent on intake / enrollment and on assessment. _____minutes



27. Thinking only about the intake/enrollment of a client, how long is a typical intake/enrollment? _____minutes

N/A – intake / enrollment is always combined with assessment and cannot be reported separately

28. Thinking only about the assessment (the collection of information required to conduct counseling, such as amount smoked and stage of change, but not the provision of information, advice or counseling), how long is a typical assessment? _____minutes

N/A – assessment is always combined with intake / enrollment and cannot be reported separately

29. Thinking only about the first counseling intervention / encounter (separate from intake / enrollment and assessment), how long is a typical first counseling session? Please exclude time spent on intake / enrollment and on assessment. _____minutes

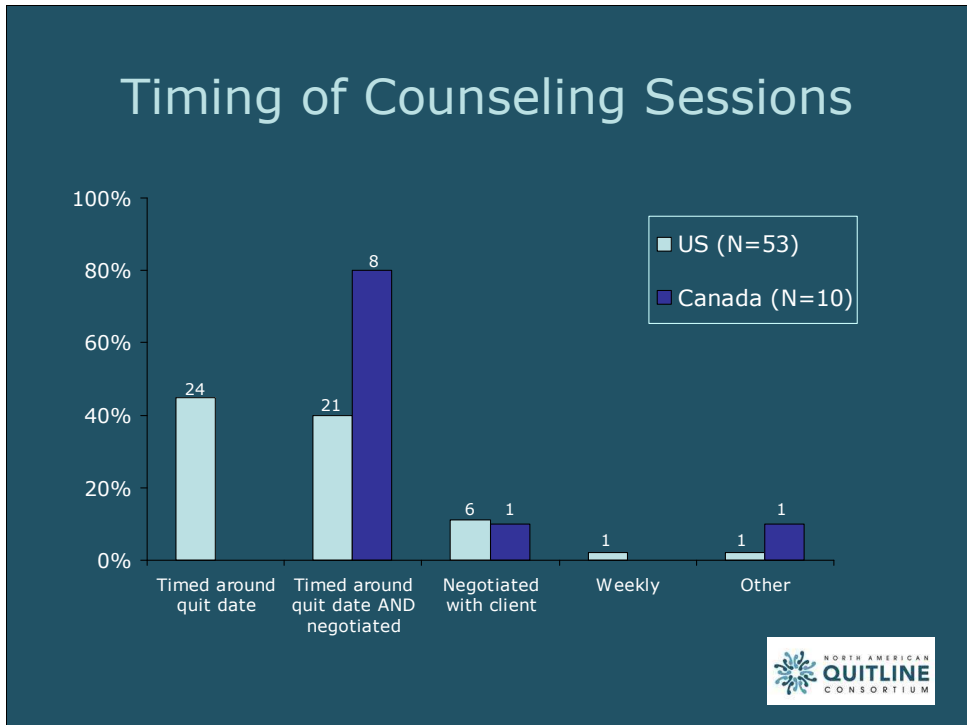
Counseling Intervention Protocols

- Respondents were asked whether their quitline has a **counseling protocol that dictates a certain number of sessions**. The number who responded yes and a summary of the session protocols are shown in the first three rows below. The last two rows show the number of quitlines that do not dictate a certain number of sessions, and the maximum number of calls allowed for each.

	Yes	Minimum # of sessions	Maximum # of sessions	Median # of sessions	Allow Additional Sessions	No Limit to Additional Sessions
US (N=53)	51	4	15	5	46	37
Canada (N=10)	4	5	9	7	4	2
	No					
US (N=53)	2		4, 5			
Canada (N=10)	6		14 for all			



30. Does the protocol dictate a certain number of sessions?
31. How many sessions?
32. Does the counseling process allow additional calls if requested by the client above the standard number of sessions?
33. If yes, is there a limit?




36. What is the timing of the counseling sessions (e.g., weekly; negotiated with client; timed around the quit date as in 1, 3, 7, 14, 28 days post-quit)? **Select one only.**

The Other response for **US** – on a case by case basis

The Other response for **Canada** – weekly, timed around quit date, and negotiated

Major Content Areas of Counseling	US (N=53)		Canada (N=10)	
	Freq	%	Freq	%
Motivation (Effects of nicotine, health risks of continued smoking, medical conditions and concerns)	53	100	10	100
Use of quitting medications (including medication compliance)	53	100	10	100
Development of quit plan	53	100	10	100
Setting a quit date	52	98	10	100
Relapse prevention	51	96	10	100
Self-efficacy (including confidence level monitoring)	50	94	10	100
Withdrawal symptoms	50	94	10	100
Planning—coping strategies for dealing with triggers (alternatives to smoking, conflict management, refusal skills, decision making)	49	93	10	100
History of smoking/quitting behavior (including barriers to quitting)	49	93	10	100
Social support	45	85	10	100
Weight gain	43	81	10	100
Stress management (Relaxation, breathing)	42	79	10	100
Culturally specific information	33	62	2	20
Second hand smoke / environmental tobacco smoke	31	59	3	30



Quitlines were asked select their major areas of counseling from 14 items

All Canadian quitlines indicated they cover 12 of the 14 topics

All US quitlines cover 3 of the 14 topics, with more than 79% of US quitlines also covering;

Planning—coping strategies for dealing with triggers, Setting a quit date, Relapse prevention, Self-efficacy, History of smoking/quitting behavior, Withdrawal symptoms, Weight gain, Stress management and Social support

Fewer quitlines covered;

Second hand smoke / environmental tobacco smoke (62% US, 30% Canadian) or Culturally specific information (59% US, 20% Canadian)

Note: Italicized topics below are those that are covered by all quitlines.

37. What are some of the major content areas covered by counseling? Check all that apply.

Please note: Specialized protocols you may provide will be addressed in question 38.

Motivation (Effects of nicotine, health risks of continued smoking, medical conditions and concerns)

Use of quitting medications (NRT, Zyban) including medication compliance

Planning—coping strategies for dealing with triggers (alternatives to smoking, conflict management, refusal skills, decision making)

Setting a quit date

Development of quit plan

Relapse prevention

Self-efficacy (including confidence level monitoring)

History of smoking/quitting behaviour (including barriers to quitting)

Withdrawal symptoms

Weight gain

Stress management (Relaxation, breathing)

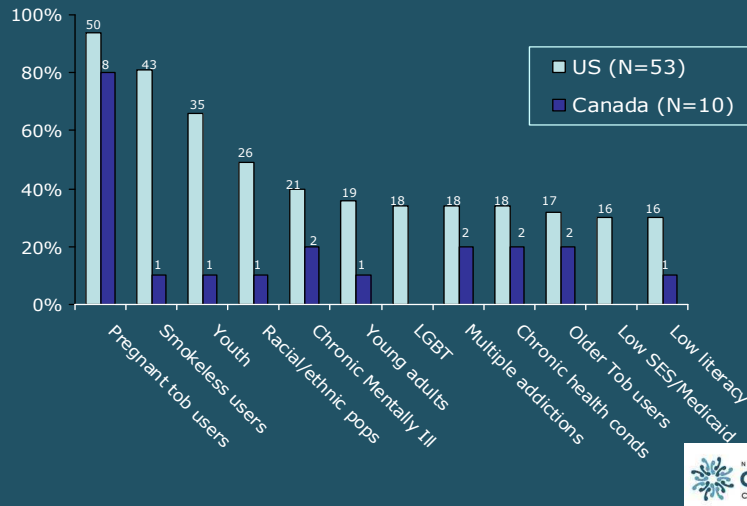
Social support

Second hand smoke / environmental tobacco smoke

Culturally specific information

Specialized Counseling Protocols

- 94% of US and 90% of Canadian quitlines use specialized counseling protocols for special populations. These include:



Racial Ethnic groups with specialized protocols include:

First Nations/ American Indian: US 19 (36%), Canada 1 (10%)

African American: US 16 (30%)

Hispanic/Latino: US 23 (43%)

Cessation specialists/counselors/coaches naturally tailor their work to the individual client. However, some quitlines label callers (e.g., pregnant, teen) in such a way that it triggers the use of a **specialized counseling protocol**.

Please note: A specialized counseling protocol varies from the standard adult protocol (described in questions 30-36). A specialized counseling protocol is adapted / revised for a specific audience (eg., pregnant women, low SES, a specific racial or ethnic group.). Specialized counseling protocols would include additional / different counseling information or processes or a counseling protocol that is presented in a unique way to serve the needs of a specialized population. Specialized counseling protocols are not simply translated versions of protocols produced for the main target population.

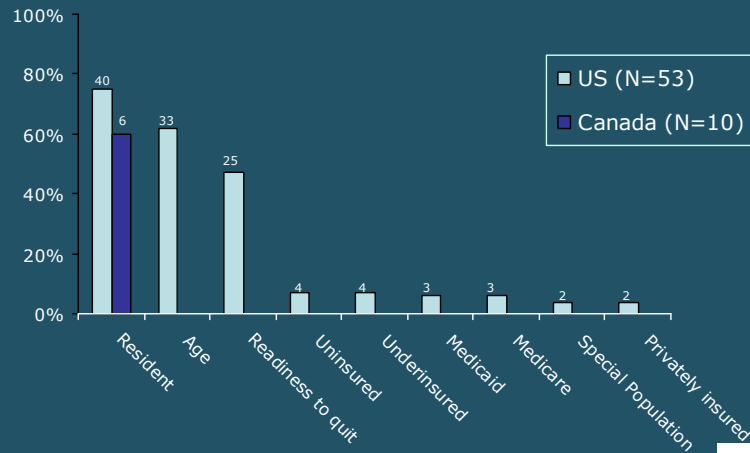
38. Does your quitline use specialized counseling protocols?

39. For which of the following populations does your quitline have specialized counseling protocols? **Select all that apply.**

40. (Only answer question 40 if you selected "Racial/Ethnic populations" in question 39 above). Please select the racial /ethnic populations for which your quitline has specialized counseling protocols.

Eligibility Criteria for Counseling

- 87% of US and 60% of Canadian quitlines have eligibility criteria for callers to receive counseling. These include:



41. Many quitlines have eligibility criteria for receiving services based on state or province of residence, age, insurance status, being a member of a special population or readiness to quit. Are there **eligibility criteria** for receiving counseling through your quitline?

Note: Counseling here refers to a caller-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and caller.

42. If yes, the eligibility criteria include: **(Check all that apply)**

Eligibility Criteria for Different Levels of Service

- 18 US quitlines (34%) and 7 Canadian quitlines (70%) have different eligibility criteria for different levels of service
- Open-ended responses described eligibility criteria for differing level of service including:
 - Increased sessions depending on readiness to quit (n=10, US and n=6, Canada)
 - Increased sessions for pregnant women (n=6, US)
 - Increased sessions for youth (n=4, US)
 - Increased sessions for uninsured or Medicaid/Medicare/VA/IHS insured (n=5, US)



43. Do the different levels of quitline service you provide (e.g., single session counseling vs multi-session counseling) have different eligibility criteria?

Note – Although Canadian quitlines did not indicate readiness to quit as an eligibility criteria for receiving counseling, readiness to quit appears to be a large determinant of the level/amount of service callers receive.

Provision of Quitting Medication

	Patch	Gum	Lozenge	Zyban	Chantix	Nasal Spray	Inhaler	ANY Meds
US (N=53)								
Provide free medication	70%	57%	34%	7%	4%	2%	2%	70%
Provided discounted meds	9%	9%	9%	6%	7%	4%	4%	9%
Provided voucher to redeem meds	13%	11%	9%	6%	7%	4%	4%	13%
Canada (N=10)								
Provide free medication	10%	10%	-	-	-	-	-	10%
Provided discounted meds	10%	10%	-	-	-	-	-	10%
Provided voucher to redeem meds	-	-	-	-	-	-	-	-



44. Quitlines address quitting medications in a variety of ways. Please report how your quitline provided medications in FY08. **Select all that apply.**

This table shows the percentage of US and Canadian quitlines providing NRT product in some form – either free, discounted, or with a voucher/certificate. The one Canadian quitline that provided Free Quitting Medication provided 12 weeks of patch and gum during a time limited project for people on income assistance

The next slide shows the breakdown for provision of information regarding how to get quitting medication

Provision of Information about Quitting Medication

	Patch	Gum	Lozenge	Zyban	Chantix	Nasal Spray	Inhaler
US (N=53)							
Provided info about using meds	98%	98%	94%	94%	81%	49%	49%
Referred to organization that provides meds	36%	34%	30%	26%	23%	7%	7%
Provided info about accessing meds	28%	25%	23%	23%	26%	19%	17%
Canada (N=10)							
Provided info about using meds	100%	100%	90%	100%	100%	30%	90%
Referred to organization that provides meds	20%	20%	-	-	-	-	-
Provided info about accessing meds	30%	30%	10%	20%	10%	10%	20%



This table shows the percentage of US and Canadian quitlines providing information regarding how to get or use quitting medication

Free Medication Provision – US Quitlines

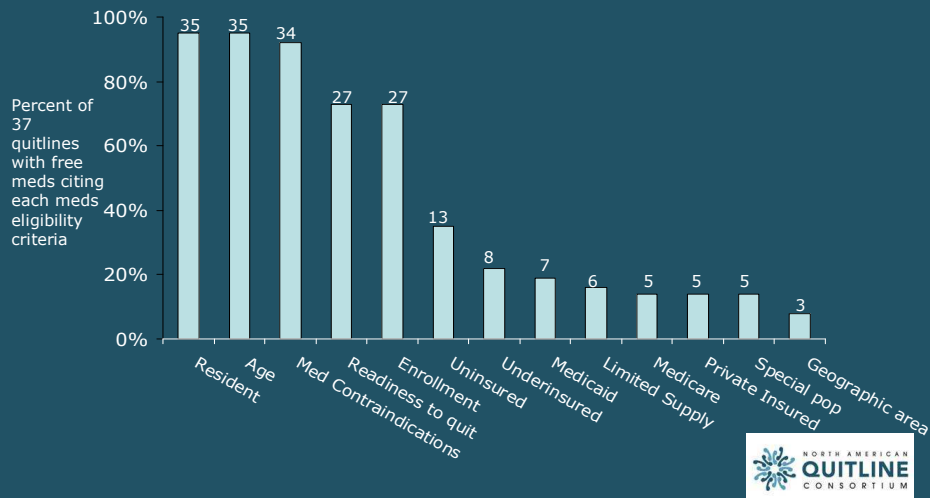
Free Meds Type	# Providing Type of Free Meds	N (Providing weeks data)	Median # of Weeks Provided	Minimum # of Weeks	Maximum # of Weeks
Patch	37	30	4	2	10
Gum	30	23	6	2	8
Lozenge	18	15	8	2	10
Zyban	4	2	10	8	12
Chantix	2	1	12	12	12
Nasal Spray	1	1	8	8	8
Inhaler	1	1	8	8	8



The number of missing data for the # of weeks on free meds provided is due to the # of open ended comments that listed varying lengths of distribution for a single quitline depending on client type, e.g., uninsured receive more weeks than insured, or varying # of weeks depending on the specific promotion or the quantity available, e.g, clients got less as free meds ran out.

US Free Medications Eligibility Criteria

- Of the 37 US quitlines providing some form of free meds, the following number used eligibility criteria which included:



29 of the 37 US quitlines providing free NRT had a limit to the number of times a caller could receive free NRT in one year

45. What criteria made a caller **eligible** to receive free quitting medications from the quitline in FY 08? **Select all that apply.**

46. In addition to eligibility criteria, please select other criteria used to determine what clients receive free quitting medications. **Select all that apply.**

Utilization - Calls

Total Calls	N	Missing	Min	Max	Median	Sum
US (N=53)						
Answered live	45	8	197	132,811	8,270	608,377
Went to voicemail	30	23	5	3,941	134	14,086
Hung up or abandoned	30	23	6	23,195	437	42,428
Canada (N=10)						
Answered live	10	0	526	18,565	1,600	50,924
Went to voicemail	2	8	104	524	314	628
Hung up or abandoned	2	8	116	602	359	718



*Note 2 Canadian Quitlines' answered live # of calls cannot be separated – they have the same area code and the total for both is the only # that can be reported. For calculation purposes, the total for both (1347) was divided by 2 and entered 674 and 673 for each quitline. In that way the N=10 could be maintained for median calculation

49. How many total calls came in to the quitline during FY 08?

***Note:** Again, there is a single US quitline with utilization numbers far greater than the rest – may want to display results with this outlier removed. Total calls and receipt of counseling are shown here as examples.

Taking out this state for Call Answered Live results in a median=7,603, and a mean=10,808

Taking out this state for those Receiving Counseling results in a median=2,914, and a mean=5,300

Utilization – Unique Tobacco Users

Unique Users Calling for Self	N	Missing	Min	Max	Median	Sum
US (N=53)						
Total	47	6	226	76,894	4,847	409,902
Smokers	41	12	226	76,827	4,544	317,296
Other Tobacco Users	36	17	1	1,835	199	12,873
Canada (N=10)						
Total	9	1	201	9,330	591	18,125
Smokers	3	7	591	7,225	1,642	9,458
Other Tobacco Users	2	8	34	45	39	79



•For first time and repeat callers (#51) several Canadian quitlines could not distinguish “unique individuals” but included data anyway. Also for US quitlines Missing data was 18 for first time and 30 for repeat callers, so this data not presented in a slide. It is presented below however...

- US: First: N=35 Missing=18 Min=218 Max=70054 Median=4154 Sum=265070
 - Repeat N=23 Missing=30 Min=7 Max=6840
Median=501 Sum=22829
- Canada: First: N=8 Missing=2 Min=134 Max=7270 Median=401.5
Sum=10170
 - Repeat N=8 Missing=2 Min=23 Max=2060
Median=196.5 Sum=3934

50. How many unique tobacco users called the quitline during FY 2008?

Note: Tobacco user can be smoker, chewer, etc. and can be current user or recent quitter interested in staying quit.

52. Indicate the total number of smokers (unique individuals) calling for self and the total number of other tobacco users (unique individuals) calling for self who used your quitline in FY 2008.

Please note: "Smokers" equals any user of cigarettes, regardless of whether they use other tobacco products or not. "Other tobacco users" equals any user of any non-cigarette tobacco product, regardless of whether they use cigarettes or not. The two categories are not mutually exclusive.

Utilization – Received Service

Tobacco Users Who Received Service	N	Missing	Min	Max	Median	Sum
US (N=53)						
Self-help Materials	43	10	8	9,046	215	37,604
Counseling	47	6	104	105,097	3,065	348,880
Canada (N=10)						
Self-help Materials	2	8	114	218	166	332
Counseling	2	8	1,562	1,676	1,619	3,238



53. How many tobacco users who called or were referred to the quitline received the services listed below in FY 08? Report only on received service, not intended service. For the purposes of this survey, we define "received" service as anyone who received quitline self-help materials and / or completed at least one counseling call with the quitline.

Note: It is not clear whether quitlines were able to distinguish between callers who registered for services and those who completed at least one counseling call. In addition, this number does not include callers who were sent NRT or other medications but who did not complete one counseling session. The combination of both types of callers would need to be used to calculate treatment reach or identify those callers who should be in the denominator of the NAQC standard quit rate calculation.

Utilization Proxy Calls and Proactive Referrals

	N	Missing	Min	Max	Median	Sum
US (N=53)						
Proxy Calls	43	10	15	3,918	271	22,044
Total Proactive Referrals	33	20	2	9,647	605	38,609
Fax Referrals	43	10	4	9,647	405	62,156
Other Referrals	10	43	28	45,261	869	54,800
Canada (N=10)						
Proxy Calls	9	1	16	688	56	1,660
Total Proactive Referrals	7	3	15	1,531	40	2,263
Fax Referrals	9	1	15	1,389	78	3,972
Other Referrals	2	8	419	896	658	1,315



The amount of missing data was very high for Prank calls so these were excluded from table

54. Indicate the number of calls the quitline received from proxy and other callers in FY 08.

Proxy Calls (i.e., health professionals, family or friends)

55. How many referrals did the quitline receive during FY 08 from the following?

Proactive referrals are client referrals to the quitline from health professionals, other intermediaries or services (including websites) that trigger a proactive call to the client initiated by the quitline. These referrals may be "fax" referrals by a health provider or intermediary or referral via other services like a cessation website.

Total Proactive Referrals Proactive FAX Referrals
Other referrals (web referrals, "click to call", etc.)

Insurance Status of Callers

- 45 US quitlines (85%) reported that they collect information on the insurance status of callers who receive services. The numbers of three types of insurance quitlines collect include:

Insurance Type	N	Missing	Min	Max	Median	Sum
US (N=53)						
None	31	22	262	19,803	1,618	92,269
Gov't Provided (Medicare, Medicaid, etc.)	34	19	79	20,141	1,336	92,674
Private	31	22	137	26,499	2,065	113,431



Only 1 Canadian quitline indicated they collected data on insurance status but were unable to report any insurance #'s

57. Does your quitline collect information on insurance status of callers who receive services?

58. If yes, indicate below the number of tobacco users (unique callers) who used the quitline in FY 08, distinguishing between types of insurance status.

Staff Training

- All quitlines train cessation specialists/counselors before they counsel clients. Training includes:

Training Type	US (N=53)				Canada (N=10)			
	N	Median Hours	Min	Max	N	Median Hours	Min	Max
Classroom training	52	90	5	187	9	16	14	60
Role playing	50	16	2	60	8	12	4	12
Call shadowing	52	11	2	80	9	10	2	16
Online training	28	5	4	24	7	12	6	12
On their own	45	8	4	54	8	20	2	28
Other	30	120	2	120	6	28	28	280



60. Are cessation specialist/counselors provided with training before they are allowed to counsel quitline clients?

61. Please indicate the types of training a cessation specialist/counselor/coach receives **prior** to counseling quitline callers, and enter the number of hours of training received. **Select all that apply.**

59. Please identify the **minimum required educational qualifications** for counseling staff.

49% of US quitlines and all Canadian quitlines indicated the minimum required educational qualification for counseling staff as completion of college/university. *Note, this item (#59) was problematic in that it forced selection of a single radio button, but many respondents indicated additional minimum educational requirements in multiple text boxes. It appears as if multiple minimum educational requirements are common.

62. Does your quitline have a formal **continuing education (CE)** program for cessation specialist/counselors? A formal CE program refers to a policy of providing educational opportunities to cessation specialist/counselors to improve cessation counseling skills. CE occurs outside the scope of regular supervision. CE can be provided in house by quitline staff or by outside presenters, or can be programs or workshops outside the quitline that are directly related to cessation counseling and behavioral change.

63. Indicate the **numbers of hours** of continuing education the **average**

Supervision of Cessation Counselors

- All quitlines indicated they had a procedure for supervising cessation counselors. Types of supervision include:

<i>Supervision Type</i>	US (N=53)		Canada (N=10)	
	N	Most common frequency	N	Most common frequency
Group led by clinical supervisor	52	Biweekly or weekly	10	As needed
Individual meeting with clinical supervisor	52	As needed	10	Quarterly
Peer supervision	50	As needed	9	Daily
Reviewing taped calls	52	Biweekly or weekly	10	Quarterly
Live call monitoring by supervisor	52	Bimonthly or monthly	10	Semiannually or Yearly



64. Does your quitline have a procedure for supervising cessation specialist/counselors?

65. Indicate the type of supervision provided for cessation specialist/counselors/coaches. Indicate how often cessation specialist/counselors participate in these activities **on average**. **Select one response for each row.**

Evaluation

- 52 US quitlines (98%) and 3 Canadian quitlines (30%) conduct follow-up evaluations
- Most quitlines have follow-up evaluation conducted internally by;
 - quitline staff (US n=20; Canada n=1)
 - staff other than quitline staff (e.g., internal evaluation unit) (US n=20; Canada n=1)
- Next most commonly cited was evaluation conducted by;
 - an outside evaluation firm (US n=13; Canada n=1),
 - an Other source (US n=5)
 - the Funding Agency (US n=3)



Note: Nine US quitlines cited more than 1 source for evaluation, so evaluation source type N is greater than 52 (the # of US quitlines who reported conducting follow-up evaluations in 2008).

66. During FY 08, did your quitline conduct **follow-up evaluations** by obtaining information/feedback from clients?

68. Who conducts your quitline follow-up evaluations? **Select all that apply.**

Evaluation

- The types of evaluation data collected by those quitlines that conduct follow-up evaluations include;
 - Customer satisfaction:
US (94%, 50), Canada (30%, 3)
 - Staff performance:
US (66%, 35), Canada (10%, 1)
 - Quitting outcome:
US (98%, 52), Canada (20%, 2)



Follow-up evaluation was most commonly conducted internally, either by quitline staff (US =20, CAN=1) or staff other than quitline staff (US =20, CAN=1), followed by outside evaluation firms (US =13, CAN=1)

66. During FY 08, did your quitline conduct **follow-up evaluations** by obtaining information/feedback from clients?

67. What type of data do you collect? **Select all that apply.**

Treatment Reach

- Data provided by quitlines should be put into the context of the size of the smoking population within each state/province by calculating reach
- Treatment reach is defined as “the proportion of the target population who receive an evidence-based treatment from a quitline” (NAQC, 2009, p 1)
- Only 2 Canadian quitlines were able to report the number of tobacco users who received service
- Prevalence estimates available are only for smokers (BRFSS, CTUMS), not all tobacco users
- As a result, treatment reach can not be adequately calculated at this time
- However, utilization reach, “the proportion of a population who use a service” (NAQC, 2009, p 2) can be calculated for smokers, at least for the US



Note: The BRFSS will have questions about smokeless tobacco added in 2009.

Treatment reach and utilization definitions from the NAQC Issue Paper:
Measuring Reach of Quitline Programs see...

http://www.naquitline.org/pdfs/NAQC_IssuePaper_MeasuringReachofQuitlinePrograms_Final.pdf

Utilization Reach for Smokers

- The smoking population was calculated for each state or province using adult population (18+ US BRFSS, 15+ Canada Statcan) and smoking prevalence (18+ US BRFSS, 15+ Canada CTUMS) estimates for 2007
- 41 US and 3 Canadian quitlines reported the total number of smokers calling for self during FY08
- The mean utilization reach for the 3 Canadian quitlines was 0.44% (median=0.38%)
- The mean utilization reach for 40 US quitlines was 1.3% (median=0.7%), with a range of 0.1% to 5.2% *Utilization reach could not be calculated for 1 US quitline reporting the number of smokers calling for self because no smoking prevalence data was available for this territory.



US Population and BRFSS smoking estimates were taken from the NAQC Issue Paper: *Measuring Reach of Quitline Programs*

*Note - These results exclude Guam and Puerto Rico because smoking prevalence data was not available for these territories

52. Indicate the total number of smokers (unique individuals) calling for self and the total number of other tobacco users (unique individuals) calling for self who used your quitline in FY 2008.

Note: For comparison, utilization reach was also calculated using the sum of total number of smokers calling for self AND other tobacco users calling for self. Using both these numbers in the numerator of the utilization reach calculation resulted in a mean utilization reach for US quitlines of 1.36% and median 0.71%. (Without other tobacco users included, the un-rounded utilization reach mean was 1.28% and median 0.70%). The Canadian estimates did not change when other tobacco users were added because the numbers were so small.

For more information on the survey or
on NAQC's data request and review
process, please contact;

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