



**Research “Coffee Break” Conference Call
Call Summary
Thursday, April 14, 2011**

**Improving Canadian QuitlineReach: Methods to Evaluate the Impact of a
QuitlineNumber on Cigarette Packages**

Jessie Saul, NAQC’s Director of Research, welcomed everyone to the call and reminded everyone of the purpose and format for this call series:

- Purpose:
 - Serve as an informal forum to discuss current, upcoming, and potential quitline-related research;
 - Facilitate communication and interaction between researchers;
 - Create and support connections between researchers and quitlines.
- Format:
 - Monthly calls
 - “Coffee break” format – 30 minute duration; invited speakers will present 10-15 minutes on a timely topic, article, research finding, or methodology, followed by 15-20 minutes of questions and group discussion
 - Second Thursday of every month from 2:00-2:30 p.m. Eastern time (11:00-11:30 a.m. Pacific time)

All call materials are posted on the Research Calls page on the NAQC website, including speaker bios, slide presentations, recordings of the calls, and call summaries. (To view the page, go to <http://www.naquitline.org/?page=ResearchCalls>)

The next two calls will be held from 2:00-2:30 p.m. Eastern time on Thursday, May 12 and Thursday, June 9. For topic and speaker information, as well as call-in information, see the website at <http://www.naquitline.org/?page=ResearchCalls>. To nominate a speaker or topic for future calls (self-nominations are encouraged) please contact Jessie at jsaul@naquitline.org.

Jessie introduced the speaker for the call, Bruce Baskerville, Senior Scientist at the Propel Center for Population Health Impact, located at the University of Waterloo. During recent months, Dr. Baskerville and his colleagues have worked with Canadian quitlines in order to develop measures and collect baseline data in preparation for the launch of 1-800 numbers for quitlines on tobacco product packaging. His topic for the call is the Canadian government’s tobacco packaging policy and the research methods proposed to assess how the new federal tobacco packaging policy impacts provincial quitline reach, utilization, referral patterns and overall quits for vulnerable populations. Since the Food & Drug Administration in the US is currently considering its own

cigarette warning label regulations, this is a timely and important topic for people in both countries.

Dr. Baskerville then gave his presentation. The slides are available on the Research Calls page of the NAQC website at <http://www.naquitline.org/?page=ResearchCalls>.

Highlights of the presentation included:

- The Canadian Institutes of Health Research (CIHR) funded a research grant to study the “Impact of Federal Tobacco Packaging Policy on Quitline Reach for Vulnerable Groups.” Sharon Campbell and Bruce Baskerville are co-principal investigators.
- Tobacco Packaging Policy regulations are expected to be introduced in January 2012. This study will examine the impact of those regulations in a naturally occurring experiment. It will take 8-12 weeks for all old packages to be sold or removed from the shelves; study activities will start in February/March 2012.
- Two research questions:
 - #1 - How will the federal tobacco packaging policy change a) provincial quitline reach (both promotional and treatment reach), reach equity and quitting success for vulnerable populations, and b) provincial health professional’s quitline referral patterns?
 - #2 - How does the federal tobacco packaging policy decision impact the response of quitlines and provincial governments’ promotion of quitlines?
- Study 1
 - Interrupted time series design with 7 provinces. (not Alberta, BC, Quebec). Measure changes over time in reach, reach equity. Referral patterns, quit rates. Before and after implementation of the policy.
 - Priority populations include Aboriginals, those with low educational attainment (proxy for low SES), and young adult males
 - Reach and reach equity will be examined through intake data. Reach equity is the proportion of quitline callers from a priority group divided the proportion of smokers in the geographic area served by the quitline.
 - Changes in patterns of health professional referrals will be studied through administrative data
 - Quitting success will be examined through evaluation follow-up survey data at 7 months post-registration, using 7- and 30-day point prevalence abstinence measures
 - Quantitative Data analysis:
 - ARIMA (AutoRegressiveIntegrated Moving Average) analyses – Reach
 - GENMOD (Generalized Estimating Equation model) analyses - Referrals and Quits
- Study 2
 - qualitative interviews with key informants – provide more context around what has been happening.
 - Each province will have 4-5 key informants, with another few from Health Canada

- The constant comparison method will be used for analysis; two researchers will code the data for themes. Factors that may influence the variance in response to the 800-number on cigarette packaging will be gathered from the interviews and introduced to the time series analysis (question #1 above) to help explain the variance. Factors may include:
 - Organizational structure
 - Funding
 - Mandate of the quitline
 - Other environmental initiatives
 - Other policies (e.g., free NRT)
- Key informants will be involved in both the analysis and interpretation of findings
- Policy briefs will be prepared for both federal and provincial governments

Questions and Answers

Q: For tracking provider referrals, how will you determine which providers are making the referrals?

A: The quitlines all have fax-referral systems in place. Provider information is included on the fax referral form, and we will access this information from those administrative data.

Q: Do call participants have experience or insights around whether this is the first project that uses treatment reach as a way of measuring the effectiveness of the inclusion of a 1-800 number on cigarette packaging? [Note: we will be looking at total call volume as well, not just treatment reach, since if we can't serve a huge number of callers, and we only look at treatment reach, it doesn't look like the packaging changes were effective at driving call volume.]

A: To our knowledge, this is the first study that is looking at treatment reach.

Q: When will the US FDA be making its decision about US cigarette package warning labels?

A: A decision should be forthcoming from the FDA by June 22. If they decide to include the 1-800-QUIT-NOW number on packaging, it will be implemented by September 22, 2012. We expect at least 3 months between then and when the cigarette packages with the number will hit the market.

Q: Has anyone done research into the vulnerable groups that were mentioned during this presentation? Have you run into any issues with analyzing treatment in those populations?

A: The biggest issue tends to be small numbers of specific populations for individual quitlines. For a recent literature review on quitlines and priority populations, there was very little (7 articles total) published on priority populations and quitlines. It is a real gap in the literature.

Q: What kind of analysis is GENMOD?

A: It is an abbreviation for Generalized Estimating Equation Model, and is included in the SAS statistical software package. It is basically logistic regression, and will give us odds ratios, etc. It identifies a number of different models, and was recommended by our statistician for the project.

AREMA modeling was used by the people in the Netherlands in their report on the impact of the 1-800 number on cigarette packages in Europe for their EU report. We are replicating their analytical process using AREMA on Canadian data.

Q: This may be speculative, but would it be worth taking some US quitlines for the same period of time we're studying to have as a comparison group that would have no intervention during the time in question? Would there be any quitlines that would be interested in providing those data?

A: NAQC can work with the research team to identify which quitlines might be most appropriate to work with for a comparison group.