

Results from the 2012 NAQC Annual Survey of Quitlines

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Background of Annual Survey

Conducted Annually 2004-2006, 2008-2012

- Research Partners:
 - 2011 & 2012 (no partners)
 - 2010 Westat
 - 2008 and 2009 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

2012 Annual Survey Methods

Survey fielded from January 23 to March 22, 2013

- Web-based survey with email and telephone follow-up:
 - 1) General Information, services offered
 - 2) Quitline budgets
 - 3) Funding sources
 - 4) Impact of any budget changes
 - 5) Sustainability (Medicaid and Public-Private Partnerships)
 - 6) Utilization (including demographics of users)
 - 7) Evaluation

Data Cleaning occurred from March to September, 2013

Additional data from CDC's Quarterly Services Survey and NAQC quitline profiles also included in analysis

2012 Annual Survey Response Rates

- 65 quitline funders were asked to respond
 - 52 of 53 US quitlines responded (98%)
 - 10 of 12 Canadian quitlines responded (83%)

Strategic Goals for 2015

GOAL 1: INCREASE THE USE OF QUITLINE SERVICES IN NORTH AMERICA

Objective 1: By 2015, each quitline should achieve a reach of at least 6% of its total tobacco users.

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.

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 at least 30%.

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

BUDGET

Budget Summary

- U.S. quitline budgets declined slightly from FY2011 to FY2012
- Funding status varied among U.S. quitlines, with some adding or expanding services, and some limiting or cutting services.
- Canadian budgets showed a sharp increase in FY2012, most likely due to Health Canada supplemental funding for serving calls generated by the national toll-free number on cigarette packs

US Quitline Budgets FY12 (N=52)

Budget Category	N	From Tobacco Control Programs Median (Min – Max)	From other sources Median (Min-Max)	Total Median (Min-Max)
Total Quitline	49	\$946,792 (\$0 - \$19,847,200)	\$0 (\$0-\$5,475,062)	\$1,421,032 (\$165,530 - \$23,298,313)
Services	44	\$712,033 (\$0-\$8,519,711)	\$0 (\$0-\$3,065,908)	\$800,691 (\$19,000-\$8,519,711)
Medications	43	\$132,924 (\$0 - \$2,350,213)	\$0 (\$0 - \$650,452)	\$221,251 (\$0 - \$2,350,213)
Evaluation	42	\$33,000 (\$0 - \$632,580)	\$0 (\$0 - \$207,134)	\$41,627 (\$0 – 632,580)
Media/promotions	40	\$138,990 (\$0 - \$12,252,047)	\$0 (\$0 - \$2,016,116)	\$452,837 (\$0 - \$12,252,047)
Outreach	33	\$4,875 (\$0 - \$716,000)	\$0 (\$0 - \$234,494)	\$10,398 (\$0 - \$716,000)
Other	43	\$0 (\$0 - \$330,000)	\$0 (\$0 - \$1,852,215)	\$0 (\$0 - \$2,182,215)
Total tobacco control	40	\$4,907,745 (\$0 - \$62,274,015)	\$0 (\$0 - \$9,683,673)	\$4,907,745 (\$0 - \$67,599,088)



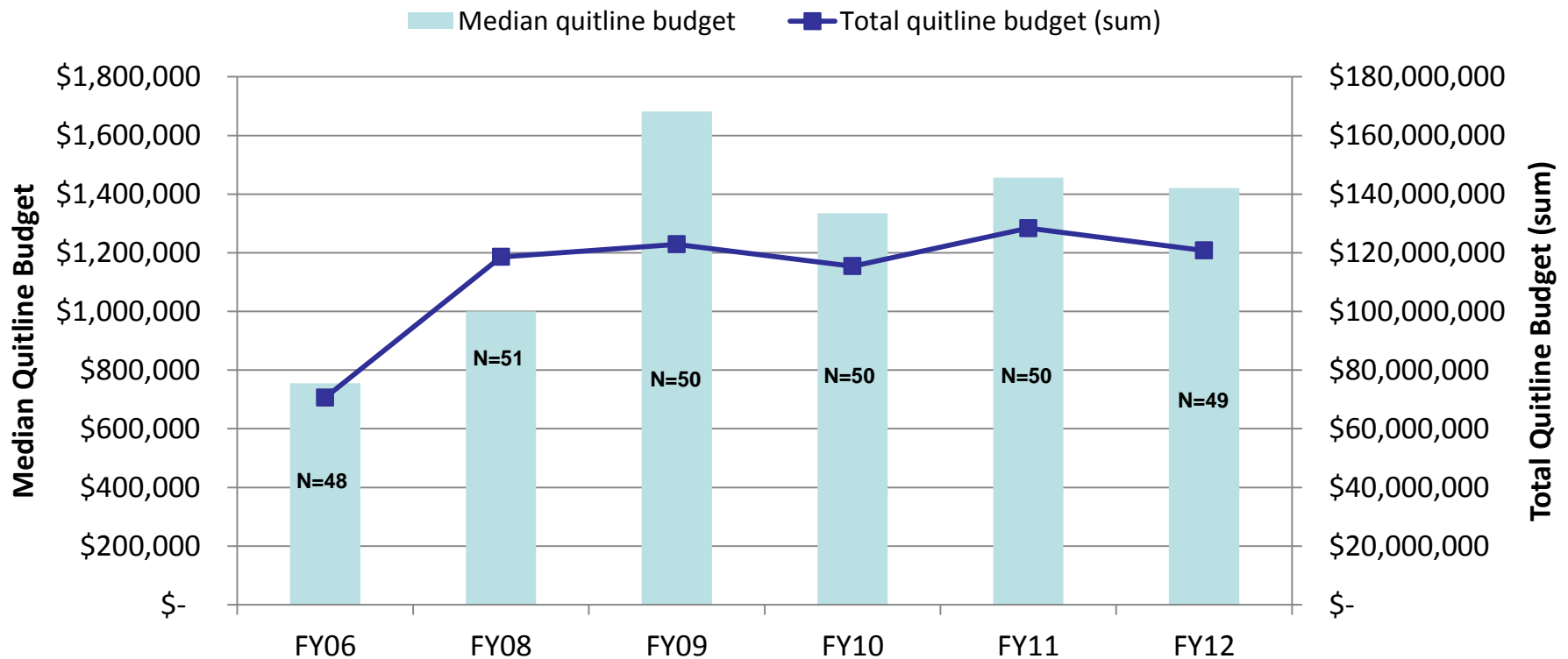
Canadian Quitline Budgets FY12 (N=10)

Budget Category	N	From Tobacco Control Programs Median (Sum)	From other sources Median (Sum)	Total Median (Sum)
Total Quitline	7	\$304,510 (\$5,809,260)	\$23,897 (\$414,363)	\$317,303 (\$6,223,623)
Services	7	\$180,989 (\$4,381,007)	\$14,000 (\$430,235)	\$186,229 (\$4,811,242)
Medications	7	\$0 (\$0)	\$0 (\$0)	\$0 (\$0)
Evaluation	4	\$6,654 (\$148,307)	\$0 (\$0)	\$6,654 (\$148,307)
Media/ promotions	4	\$2,946 (\$460,891)	\$0 (\$42,000)	\$22,946 (\$502,891)
Outreach	4	\$50,912 (\$686,055)	\$0 (\$12,553)	\$57,188 (\$698,608)
Other	4	\$1,250 (\$92,500)	\$0 (\$0)	\$1,250 (\$92,500)
Total tobacco control	3	\$2,400,000 (\$4,800,000)	\$15,375 (\$494,750)	\$2,564,000 (\$5,294,750)

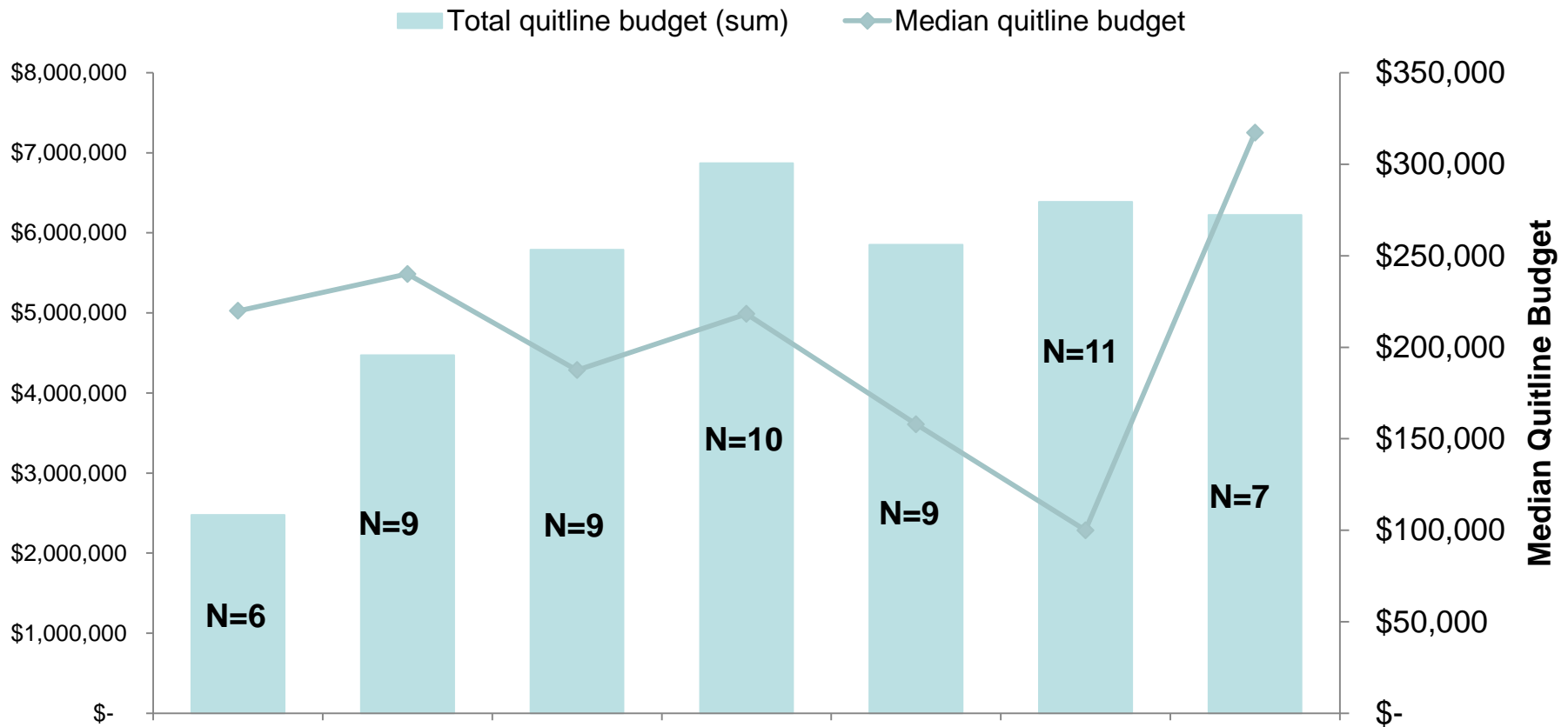
Impact of change in budget from FY12 to FY13

	U.S. (n=53)	Canada (n=12)
Decreased Services	Counseling sessions (6); NRT (6); Media/promotions (4)	0
Decrease in overall funding	4	0
Other decreases	2 (1-decrease fax callbacks; 1-reduced staff/hours)	0
Shutdown of services	2 (1 temporary, 1 of all phone except for special pops)	0
Restored services	3 (1 after temp shutdown, 2 after lengthy shutdowns)	0
Increase in overall funding	6	5 (all due to Health Canada supplemental funding)
Increase in media/promotion	5	1
Adding/expanding services	Add - 5 (text - 4; NRT - 3; online - 3); Expand - 1 (NRT)	0
No impact	8	0
No response/Not applicable	22	5

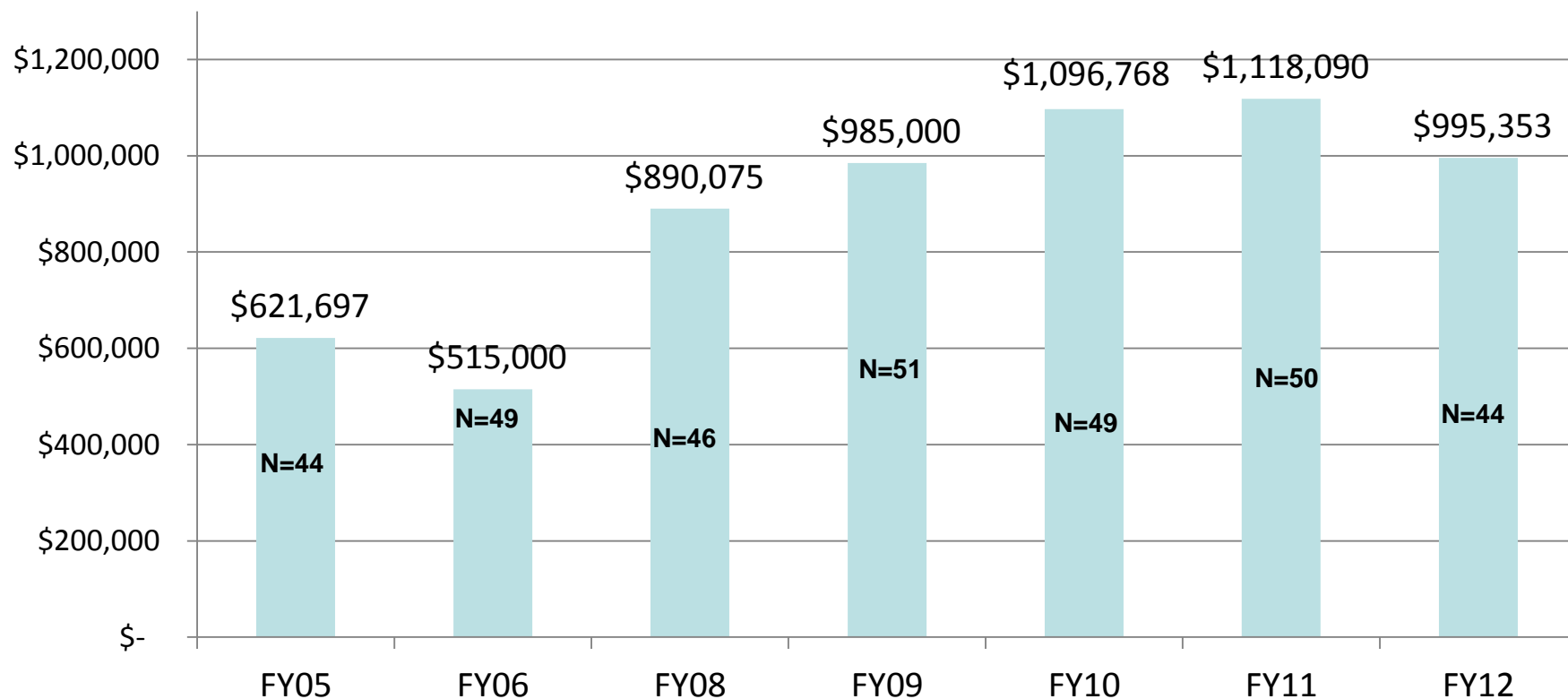
Median and total (sum) quitline budgets have decreased slightly in the U.S. from FY11 to FY12



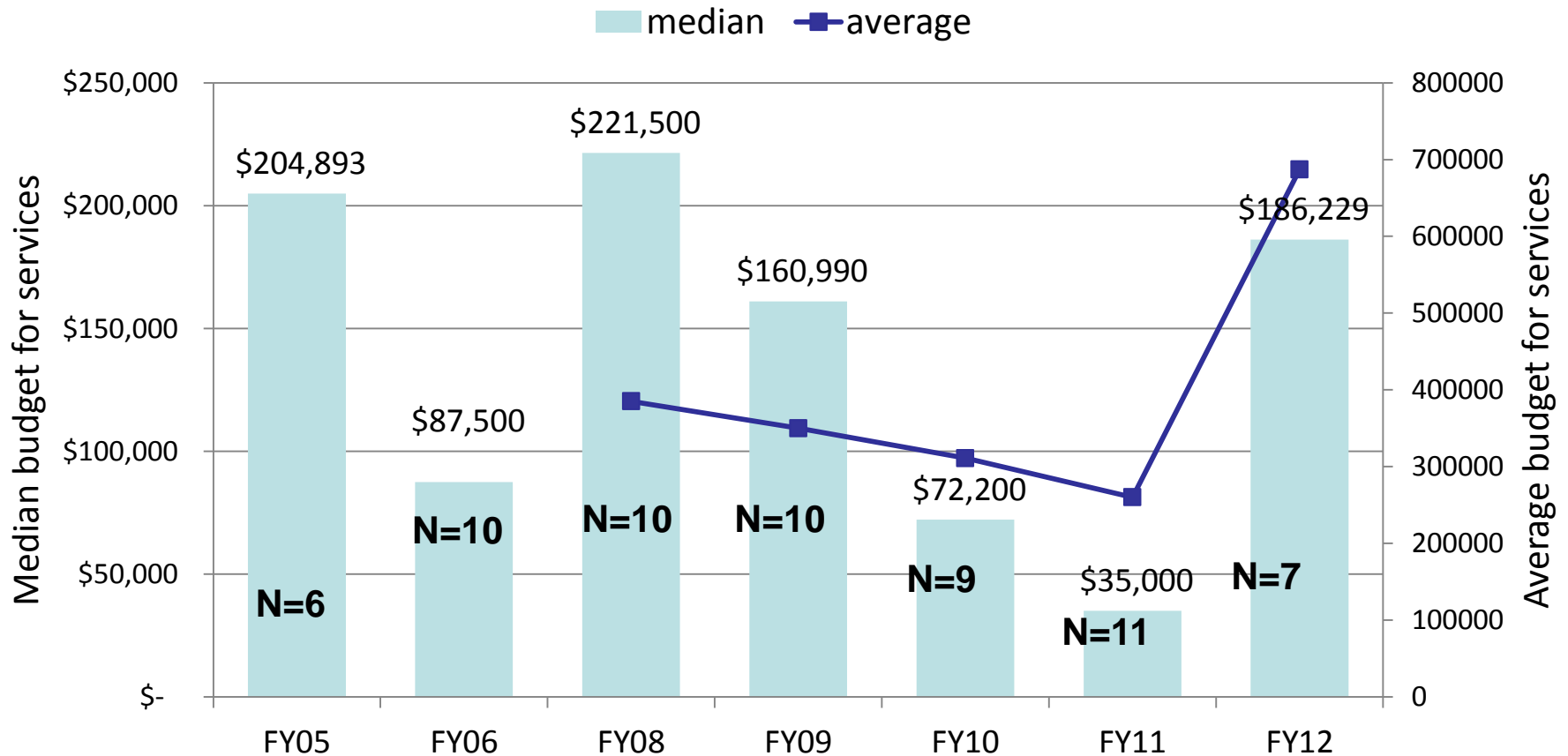
Median quitline budgets in Canada have increased by over 3 times from FY11 – FY12



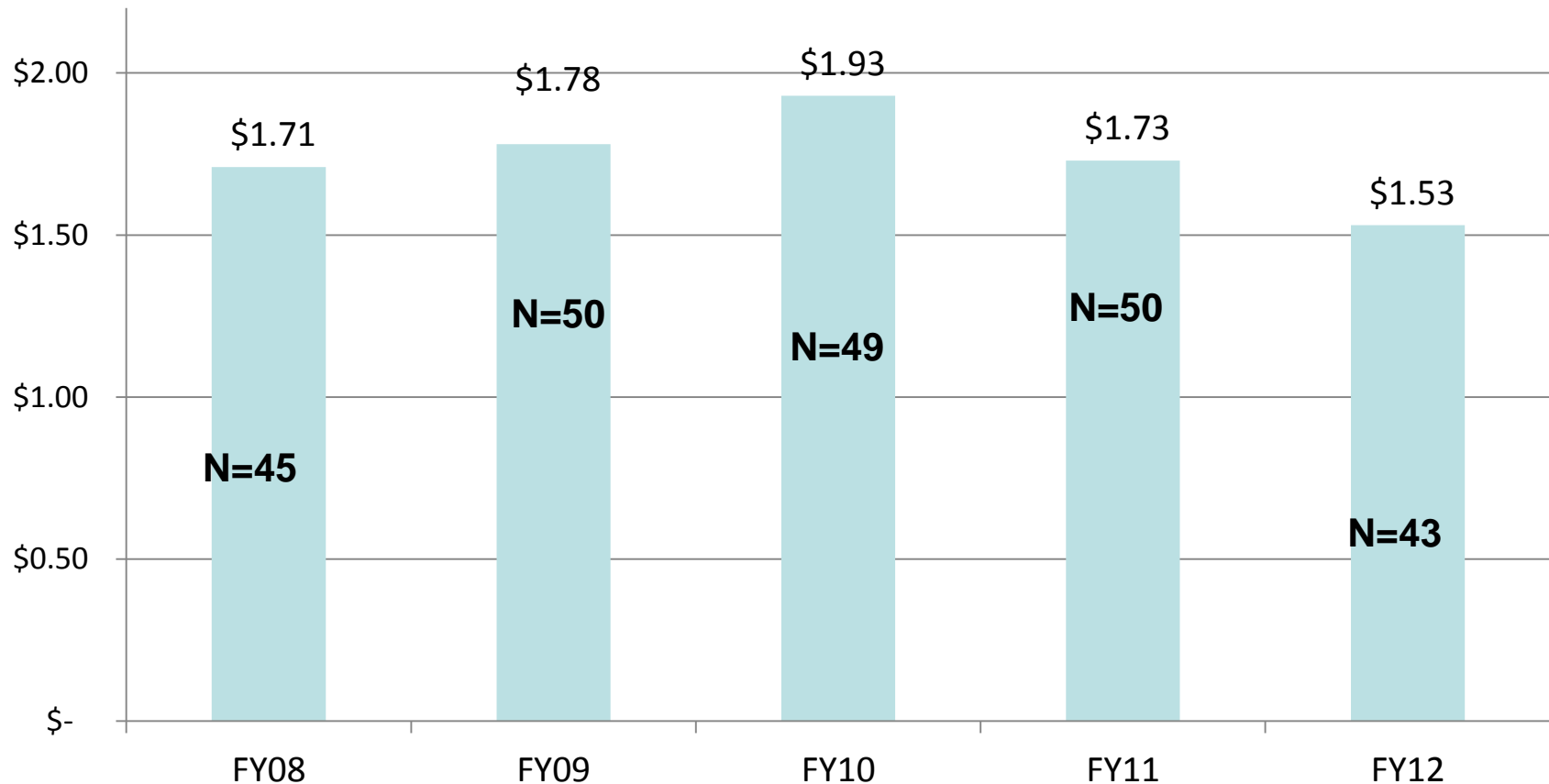
Median budget for services and medications US, FY05-FY12



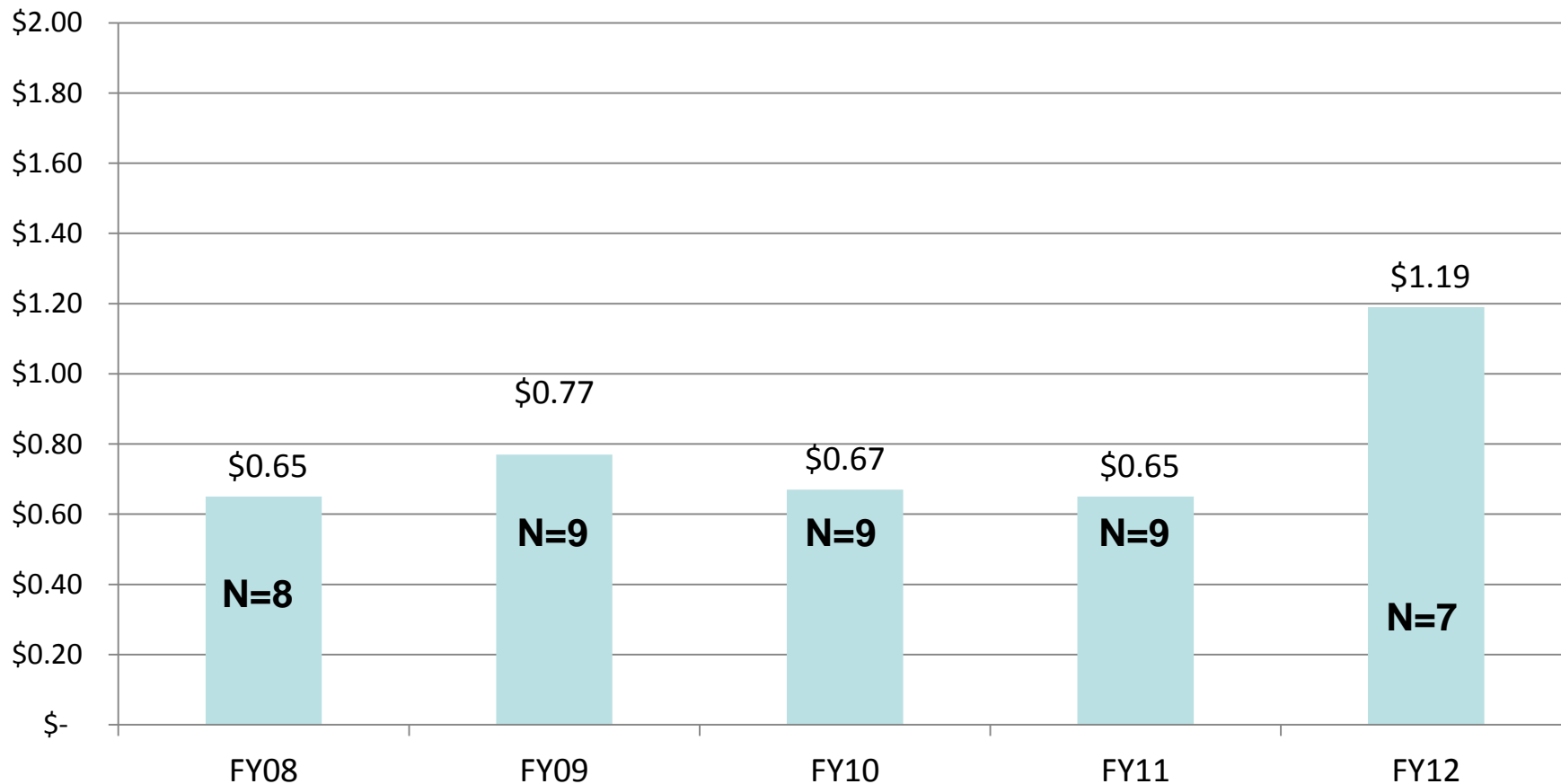
Median and Average Budget for Services Canada, FY05-FY12



US Spending per Smoker (services and medications), FY08-FY12 (goal \$10.53)



Canada Spending per Smoker (services), FY08-FY12 (goal \$10.53)



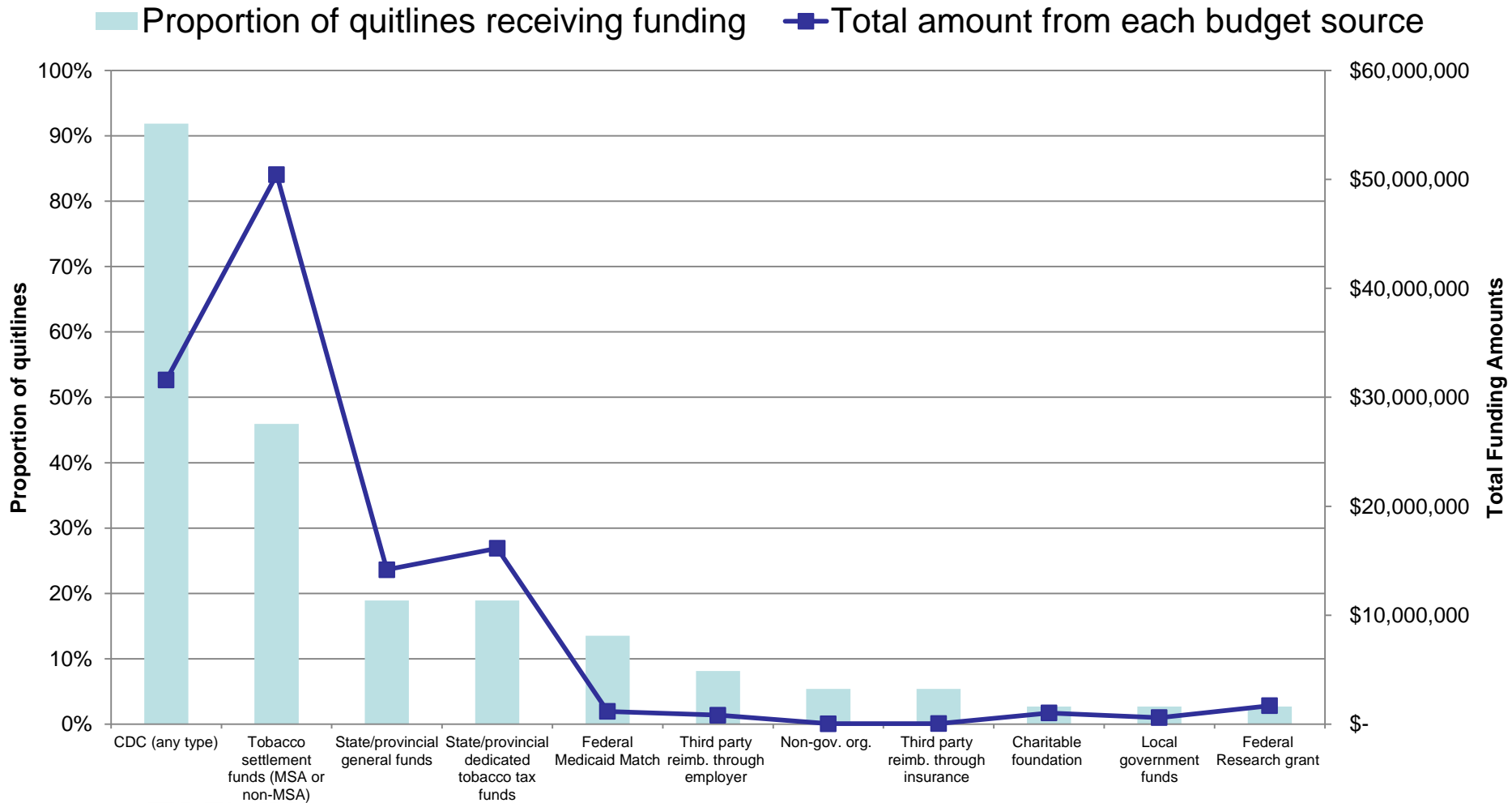
U.S. Quitline Funding Sources FY2012

Budget source FY2012	N (of 37)	% of quitlines	sum	% of total
CDC (any type)	34	92%	\$ 18,981,173	18.1%
Health Canada	0	0%	\$ -	0.0%
Local government funds	1	3%	\$ 600,000	0.6%
State/provincial general funds	7	19%	\$ 14,175,994	13.5%
State/provincial dedicated tobacco tax funds	7	19%	\$ 16,137,168	15.3%
State Medicaid funds	0	0%	\$ -	0.0%
Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries	5	14%	\$ 1,173,228	1.1%
Tobacco settlement funds (MSA or non-MSA)	17	46%	\$ 50,443,637	48.0%
Federal Research grant	1	3%	\$ 1,688,353	1.6%
Third party reimbursement through an employer	3	8%	\$ 819,366	0.8%
Third party reimbursement through insurance company or health plan	2	5%	\$ 44,385	0.0%
Charitable foundation	1	3%	\$ 1,029,036	1.0%
Non-governmental organization	2	5%	\$ 38,709	0.0%

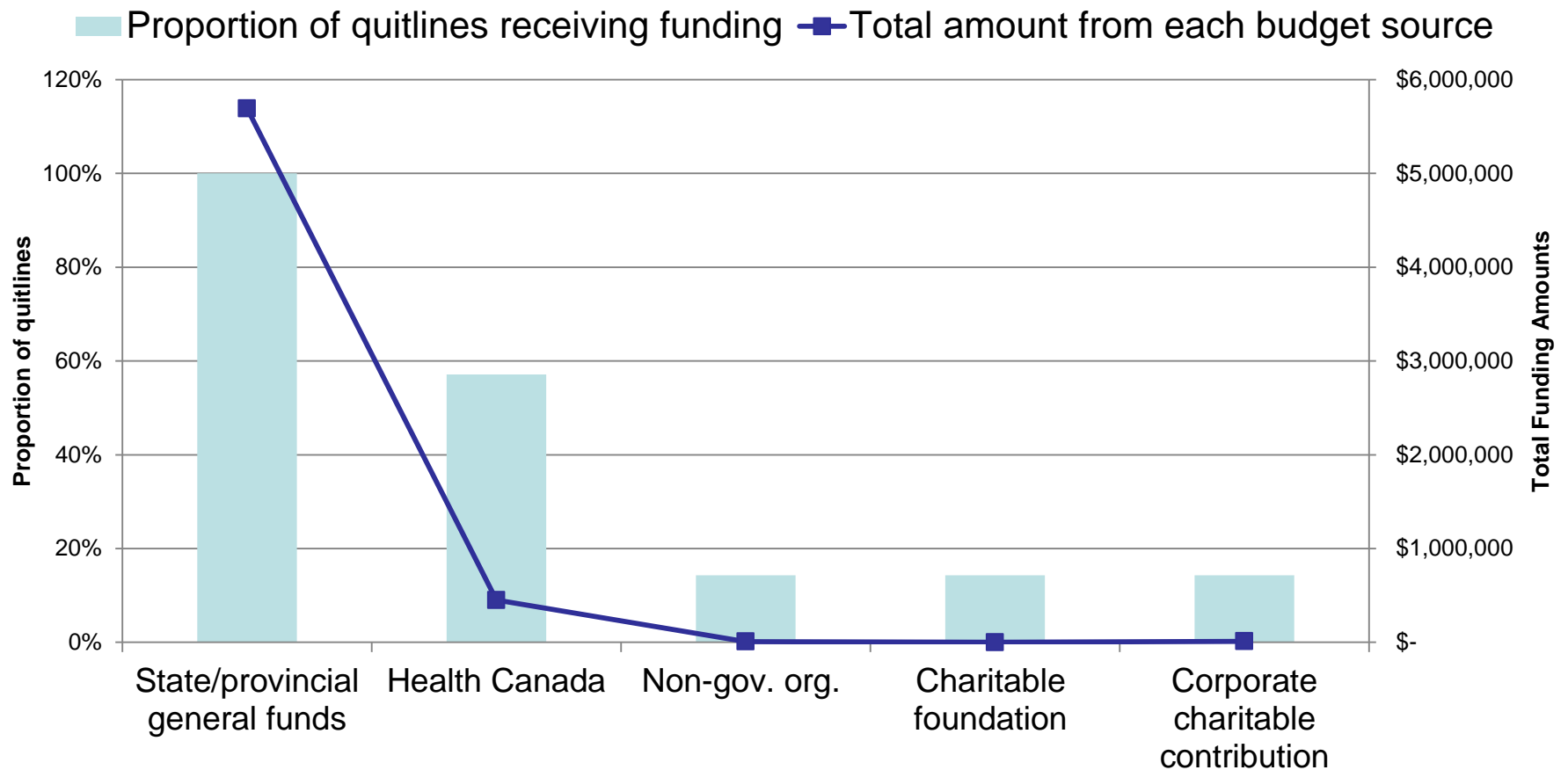
Canadian Quitline Funding Sources FY2012

Budget source FY2012	N (of 7)	% of quitlines	sum	% of total
Health Canada	4	57.1%	\$ 449,873	7.3%
Local government funds	0	0%	\$ -	0.0%
State/provincial general funds	7	100.0%	\$ 5,693,750	92.4%
State/provincial dedicated tobacco tax funds	0	0%	\$ -	0.0%
Federal Research grant	0	0%	\$ -	0.0%
Third party reimbursement through an employer or employer group	0	0%	\$ -	0.0%
Third party reimbursement through insurance company or health plan	0	0%	\$ -	0.0%
Charitable foundation	1	14.3%	\$ -	0.0%
Corporate charitable contribution	1	14.3%	\$ 10,000	0.2%
Pharmaceutical grants or contributions	0	0.0%	\$ -	0.0%
Non-governmental organization	1	14.3%	\$ 8,000	0.1%

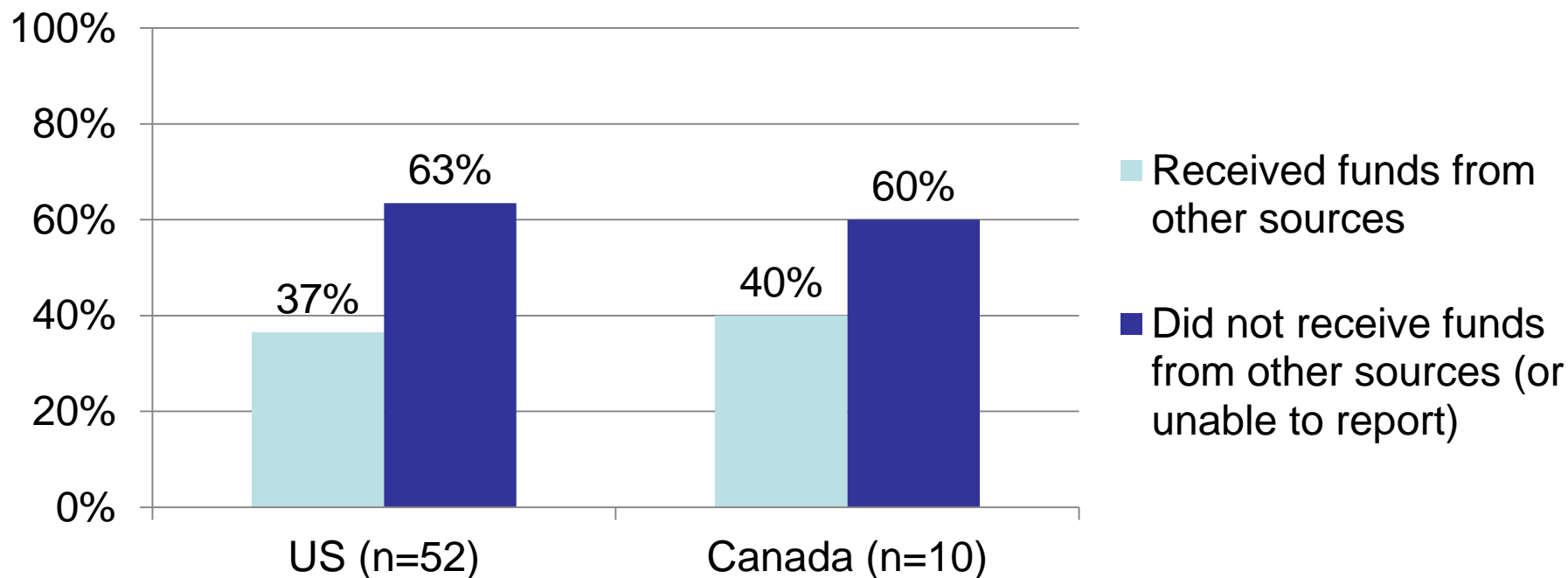
More US quitlines report receiving funds from CDC or tobacco settlement funds than any other source



Most Canadian Quitline Funding Comes from Provincial General Funds and Health Canada



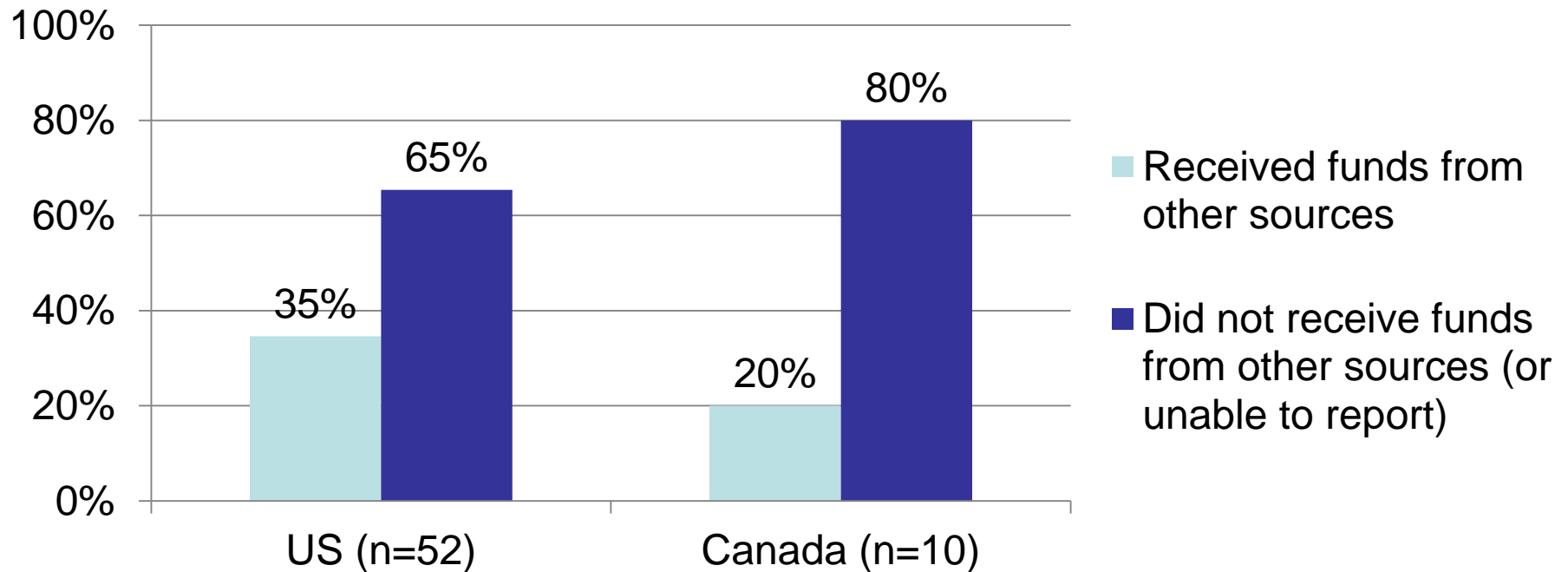
Nearly 4 in 10 US and Canadian quitlines reported receiving funds from sources other than a state or provincial tobacco control program in FY2012



Few Quitlines Report Funding from Cost-sharing Sources in FY2012

Budget Source	Number of US Quitlines Reporting Receiving Funds	Number of Canadian Quitlines Reporting Receiving Funds
State Medicaid funds	1	NA
Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries	4	NA
Third party reimbursement through an employer or employer group	3	0
Third party reimbursement through insurance company or health plan	2	0
Other	2	0

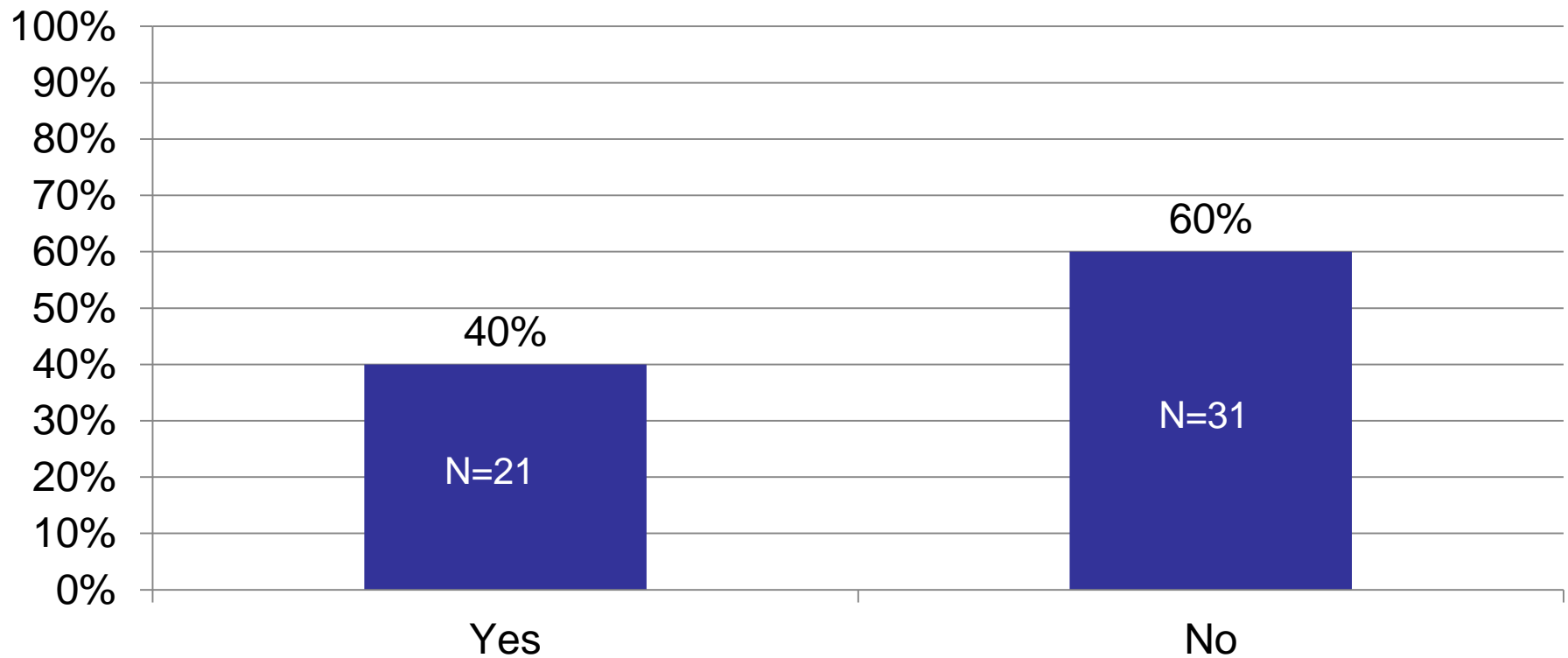
Fewer US and Canadian quitlines reported receiving funds from sources other than a state or provincial tobacco control program in FY2013 than in FY2012



More US Quitlines Report Funding from Cost-sharing Sources in FY2013

Budget Source	Number of US Quitlines Reporting Receiving Funds N (change from 2012)	Number of Canadian Quitlines Reporting Receiving Funds
State Medicaid funds	3 (+2)	NA
Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries	5 (+1)	NA
Third party reimbursement through an employer or employer group	3 (-)	0 (-)
Third party reimbursement through insurance company or health plan	3 (+1)	0 (-)
Other	2 (-)	0 (-)

Four in Ten US Quitlines Intend to Claim Federal Medicaid Funds

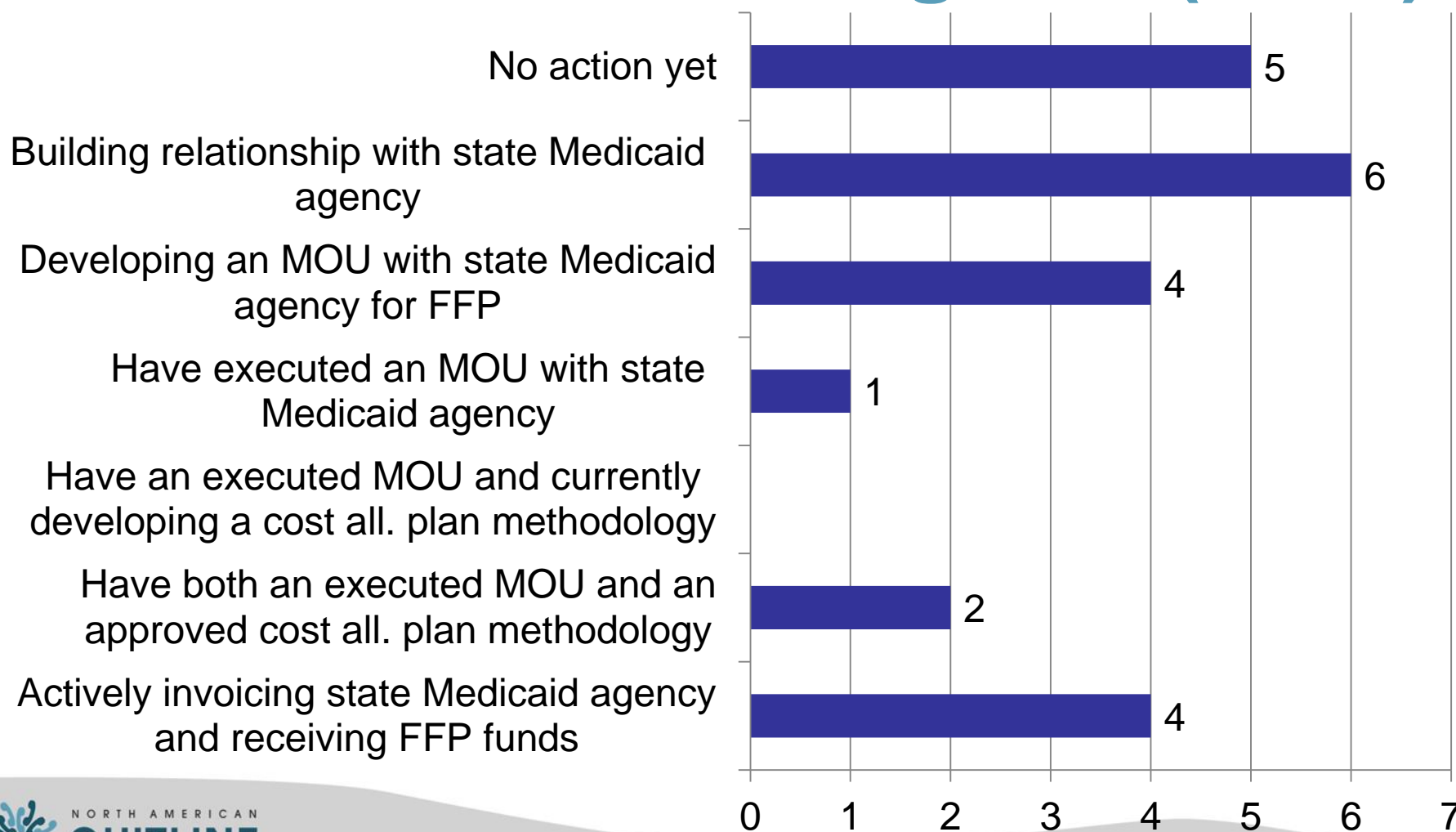


N=52; Source: FY2012 NAQC Annual Survey of Quitlines

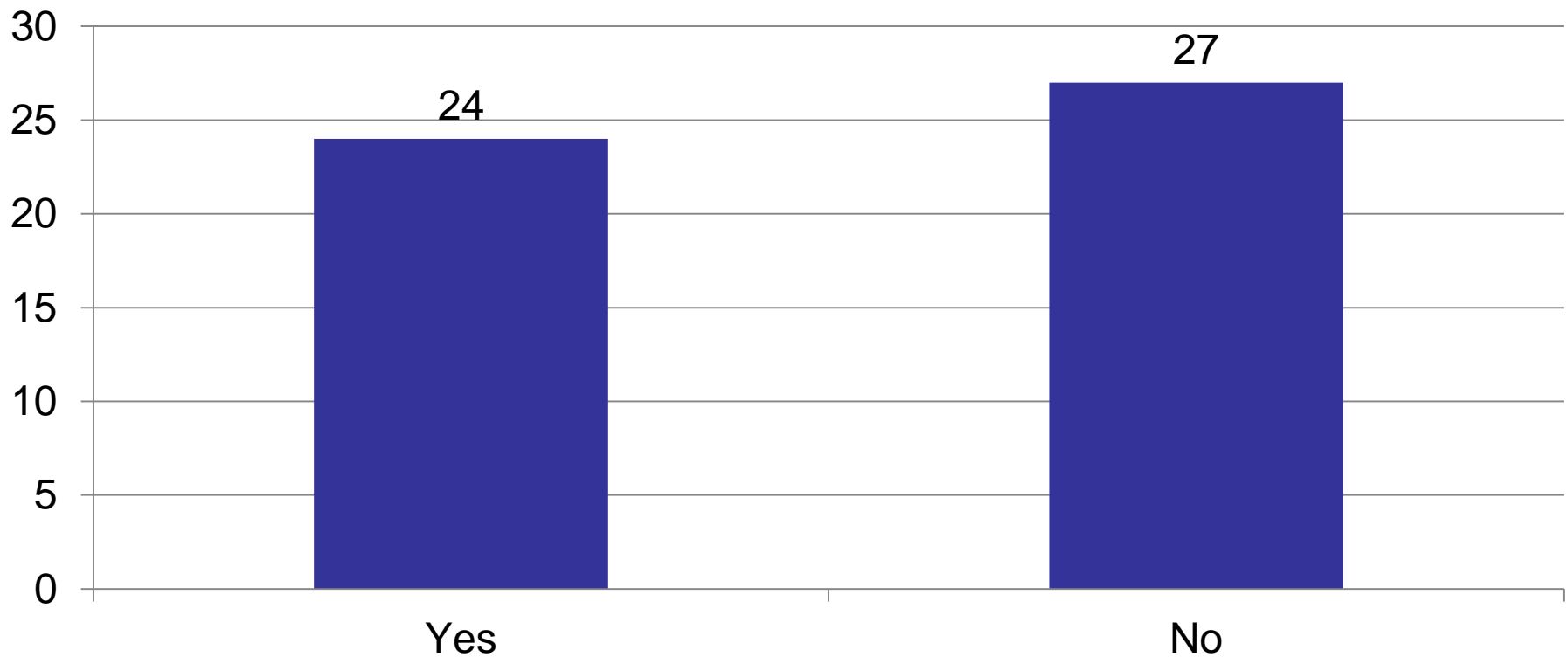
Barriers Encountered or Anticipated to Claiming FFP for Quitline Administrative Expenditures

Barrier	Cited by
Limited state Medicaid funding/no state matching funds	3
Complicated relationships between quitline organizations and state agencies	3
Procedural delays (slow approval of cost allocation plan, bureaucracy, invoicing protocols, “it just takes a long time”)	8
Lack of interest/support by state Medicaid office	1
Lack of clarity around eligibility, benefit to Medicaid office	2

Stage of Action Among US Quitlines for Claiming FFP (n=21)



Cost sharing exists, or is in progress, for 24 US quitlines in FY2012



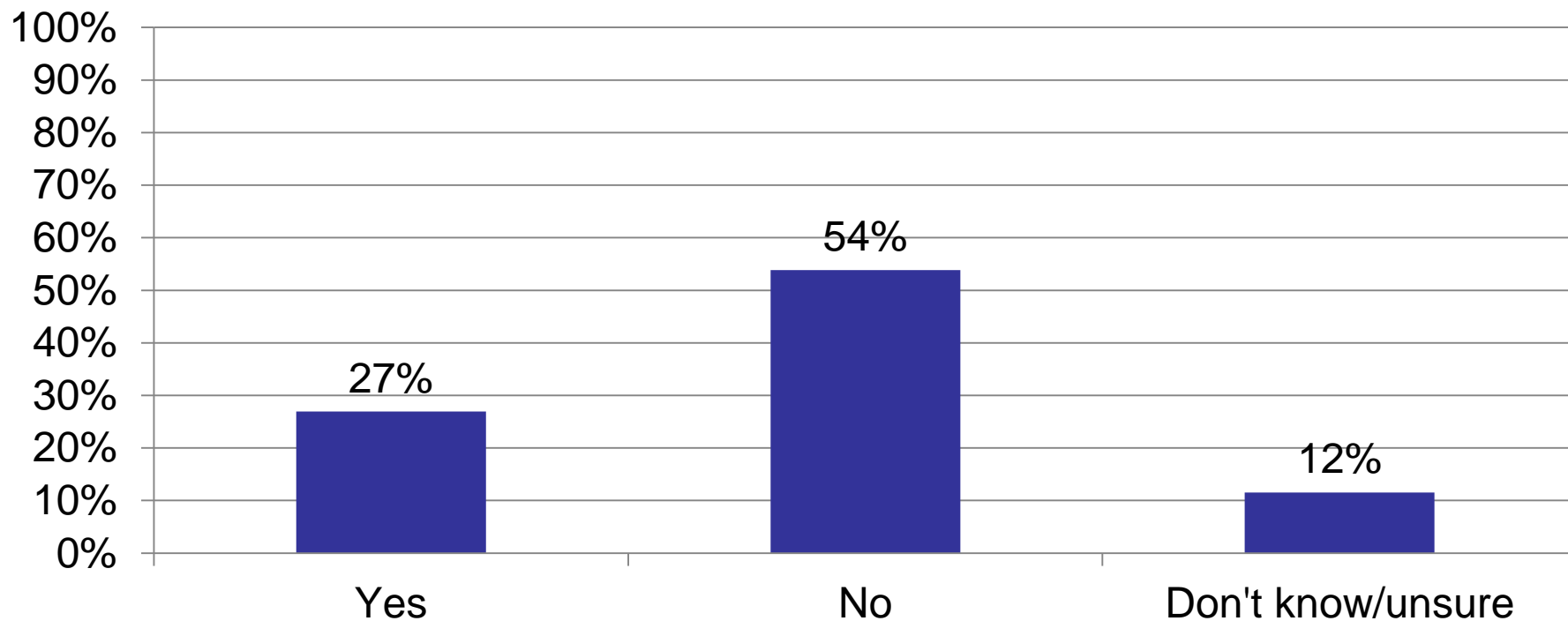
Examples of Cost Sharing Agreements and Work

- Needs/opportunity assessment
- Exploring agreements where state provides counseling, private entities pay for NRT
- Educating large employers and health plans about cessation coverage and quitline resources
- Educating regulators/policy makers about importance of including comprehensive cessation benefits in all insurance products

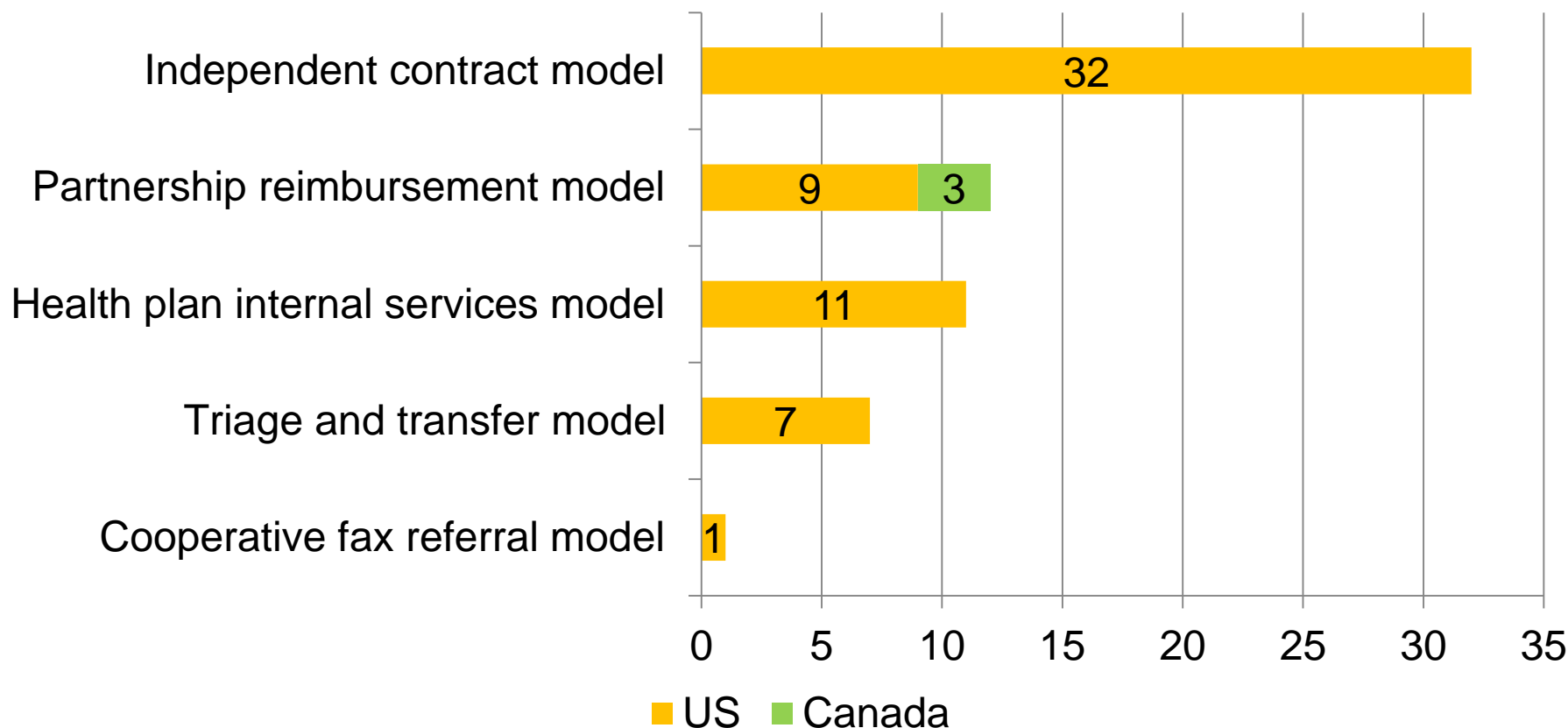
Examples of Cost Sharing Agreements and Work (cont.)

- Inventory/survey of insurance company health benefits
- Transferring insured callers to health plan quitlines
- Training healthcare providers on cessation interventions and billing for treatment
- Cost-sharing plans in place with specific health plans (e.g., state employees)

More than one-quarter of US quitlines are restricting or considering restrictions on services for insured callers



Number of Quitlines Using Different Service Delivery Models



Eleven US and Four Canadian Quitlines engaging in some type of cost-sharing model can report on utilization data

- Examples:
 - Vendor reports to state and health plans
 - Vendor provides data to private payers
 - All organizations providing quitline services report utilization data to a 3rd party for reporting
- Reports vary by quitline
 - Level of detail
 - Report contents

DESCRIPTION OF SERVICES

Current General Service Description

64 or 98% of quitlines responding reported having counseling services available at least five days per week for a minimum of eight hours per day. (Minimum #hrs/wk = 48)

49 or 92% of US and 10 or 83% of Canadian quit lines also offered counseling service on at least one day of the weekend

20 quitlines (19 or 36% of US and 1 or 8% of Canadian) reported operating (may or may not have counseling services available) 24 hours a day, 7 days a week

96% of US (n=53) and 75% of Canadian (n=12) quitlines reported closing on holidays

Most US and Canadian quitlines provide multiple proactive counseling sessions FY12

Phone counseling services	US N = 53	CAN N = 12
	% (n)	% (n)
Minimal/brief intervention—client-initiated —1-10 minutes	32% (17)	92% (11)
Single session counseling more than 10 minutes—client-initiated	64% (34)	92% (11)
Multiple sessions—client-initiated (i.e., reactive, client calls in for each follow up)	81% (43)	92% (11)
Multiple sessions—counselor-initiated (i.e., proactive, cessation specialist / counselor / coach calls client for follow up)	94% (50)	100% (12)

US and Canadian Quitlines Provide Interactive Web-based Programs to Help Tobacco Users Quit FY12

Internet-based services	US N=52	CAN n=10
	% (n)	% (n)
Information about the quitline	96% (50)	100% (10)
Information about tobacco cessation	94% (49)	90% (9)
Self-directed web-based intervention to help tobacco users quit	62% (32)	100% (10)
Text messaging	25% (13)	50% (5)

Most U.S. and Canadian Quitlines Provide Interactive Features of Their Web-based Programs to Help Tobacco Users Quit FY12

	US N = 52	CAN N = 10
	% (n)	% (n)
Automated email messages	56% (29)	90% (9)
Chat rooms	60% (31)	100% (10)
Interactive counseling and/or email messaging to cessation specialist/counselor/ coach to help tobacco users quit	58% (30)	40% (4)

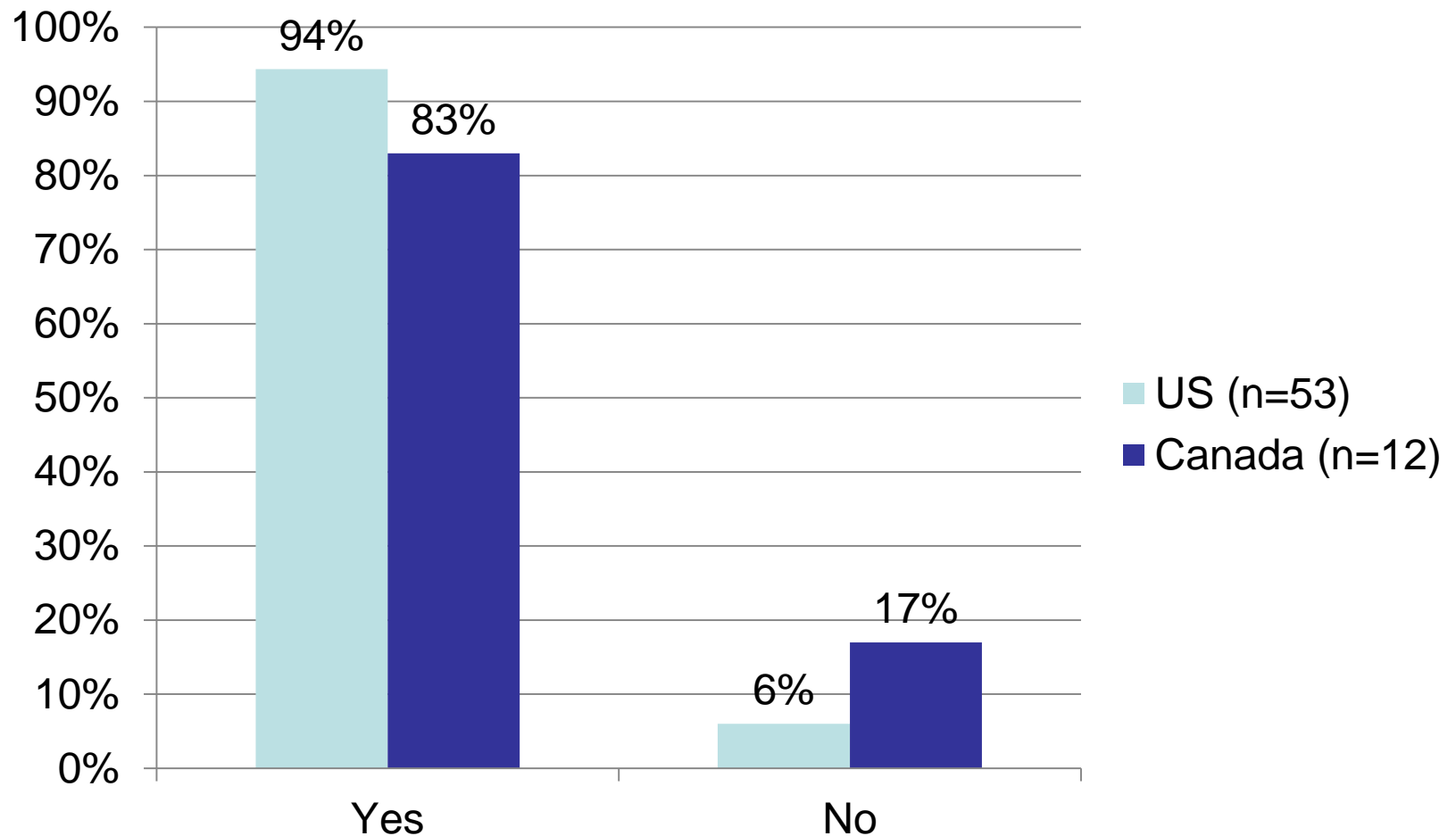
Most U.S. Quitlines are Using IVR Systems; Very Few Use IVR to Provide Services

IVR as Triage Only		IVR to Handle Provision of Services		IVR (combined/either)	
US (n=52)	Canada (n=10)	US (n=52)	Canada (n=10)	US (n=52)	Canada (n=10)
% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
67% (35)	10% (1)	10% (5)	20% (2)	79% (41)	20% (2)

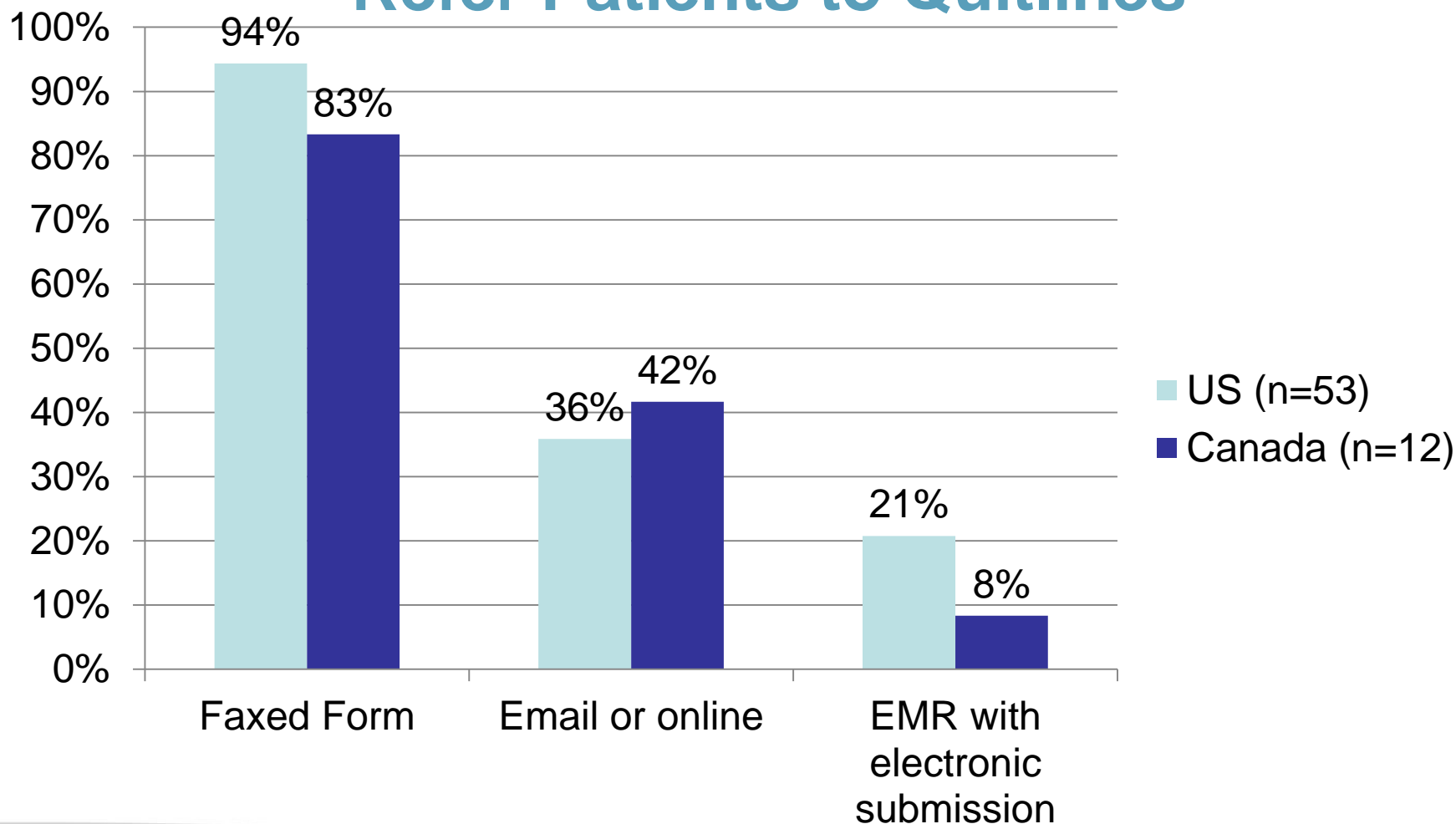
Nearly All Quitlines Have Voice Mail With Call Backs and All Mail Information to Tobacco Users FY12

Other services	US (n = 53)	CAN (n = 12)
	% (n)	% (n)
Voice mail with call backs	100% (53)	92% (11)
Recorded messages for help with quitting (e.g., phone tree)	81% (43)	25% (3)
Referral to other health services	98% (52)	92% (11)
Mailed information or self help resources	100% (53)	100% (12)

Fax or Electronic Referral Offered



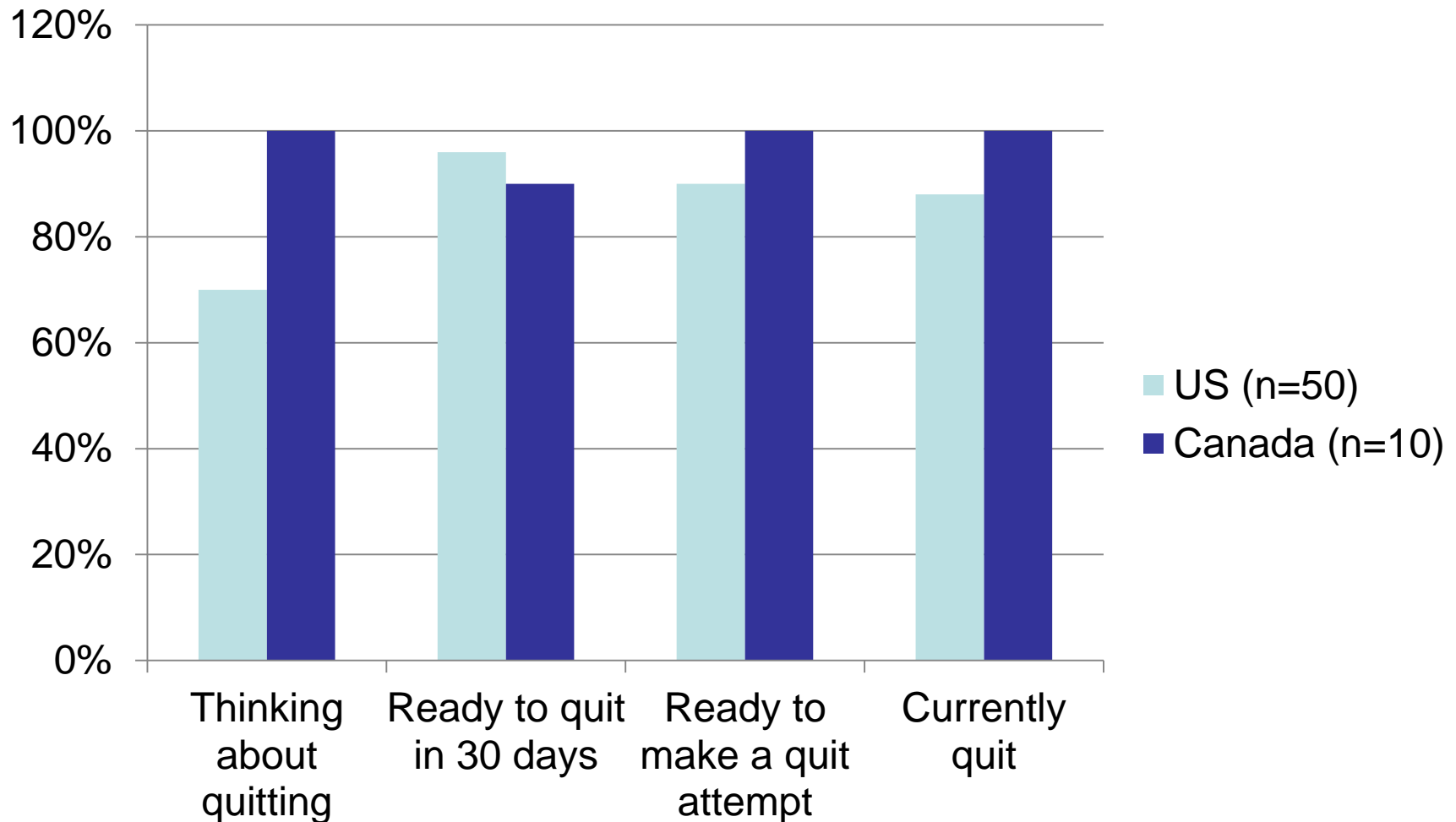
Current Methods Offered to Providers to Refer Patients to Quitlines



Person(s) eligible to refer patients for the fax or electronic referral program, 2013 profile data

Who could make a referral to the quitline using the fax- or electronic-referral process?	US N = 50	CAN N = 10
	% (n)	% (n)
Certified or trained fax referral providers	58% (29)	60% (6)
Clinicians or non-clinicians in a healthcare setting	96% (48)	100% (10)
Clinicians or non-clinicians in a community-based organization	82% (41)	100% (10)
Other	24% (12)	60% (6)

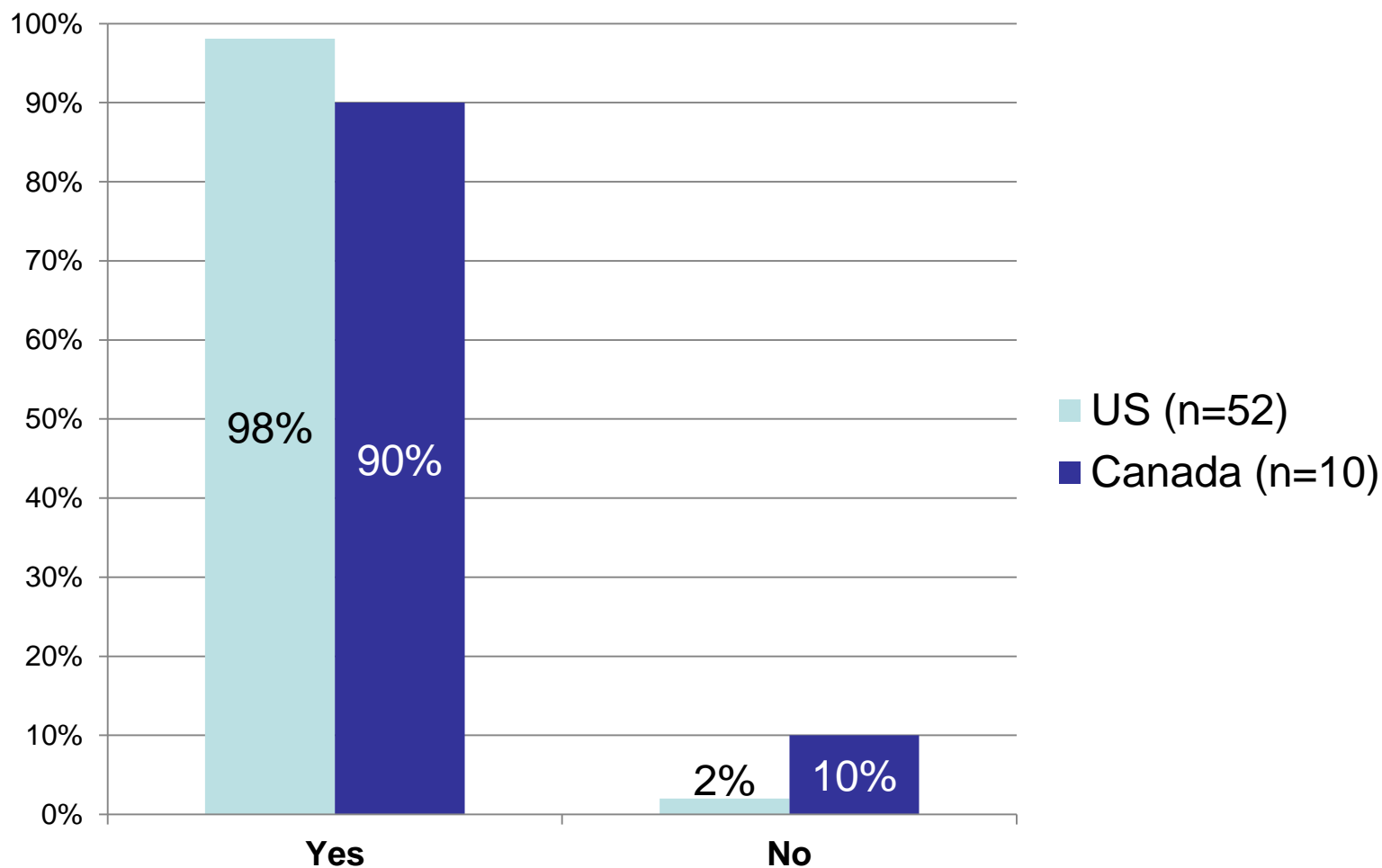
Tobacco users can be referred using the referral process if they are:



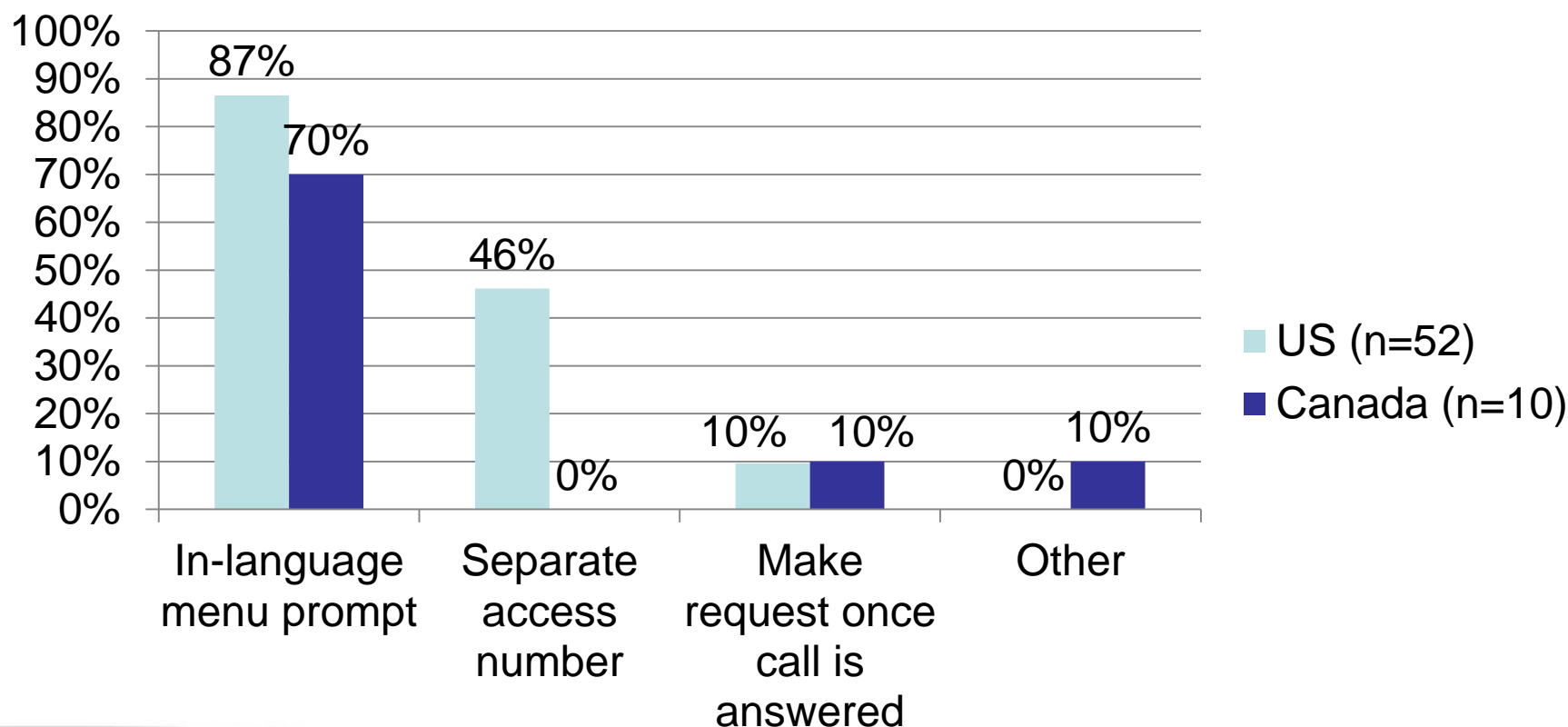
Services Available to Referring Providers, Profile data 2013

Services received	US N = 49	CAN N = 10
	% (n)	% (n)
Quitline and/or referral brochures	92% (45)	100% (10)
Customized referral/consent forms	74% (36)	80% (8)
Patient progress reports	49% (24)	20% (2)
Customized provider feedback reports	59% (29)	50% (5)
Staff training	63% (31)	70% (7)
Quitline/referral program newsletter	10% (5)	20% (2)

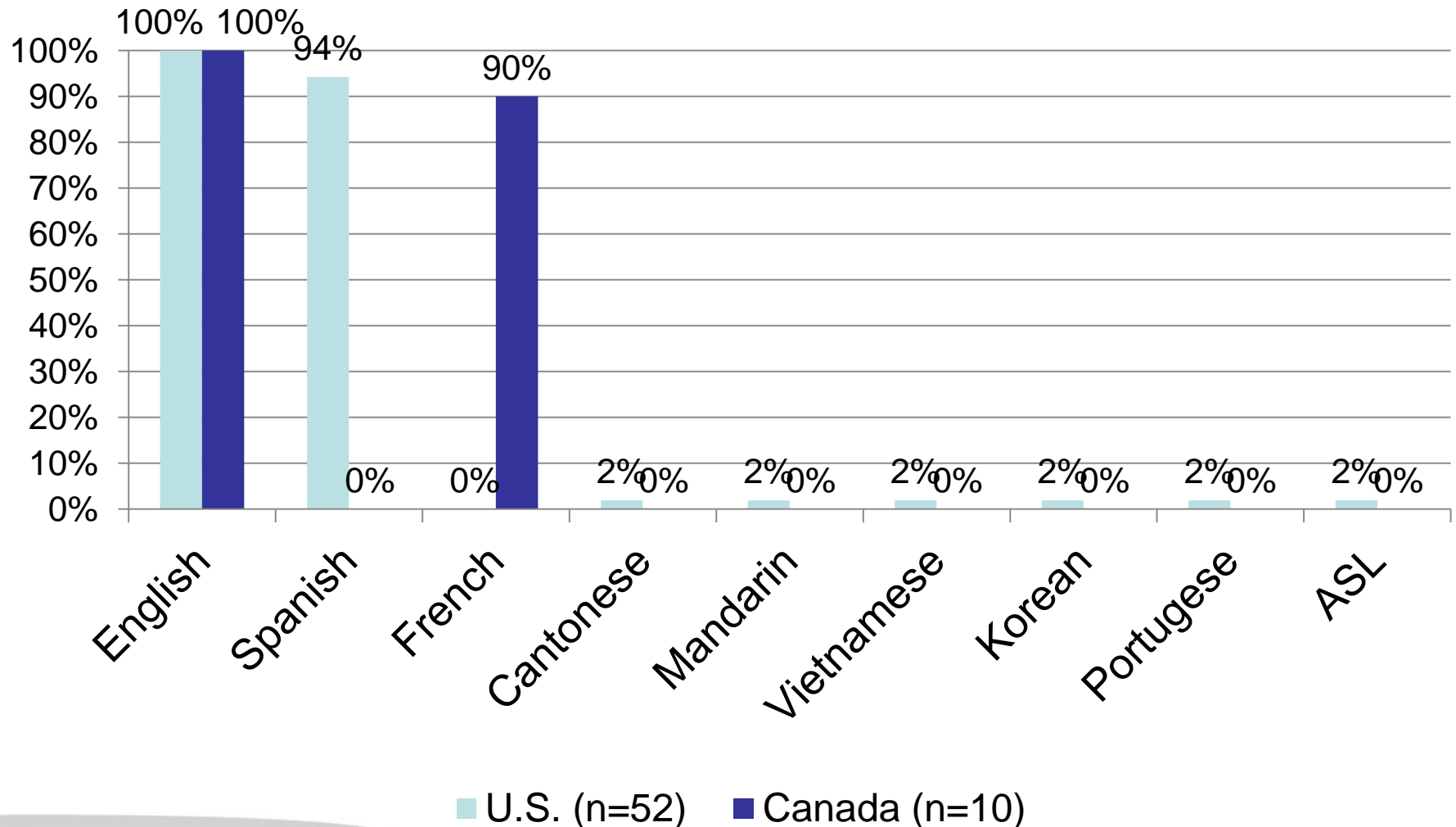
Nearly All Quitlines Provided In-language Counseling for Languages Other than English FY2012



Nearly Half of U.S. Quitlines Provided a Language-Specific Access Number for non-English Speakers FY2012



Language of Counseling Service FY2012

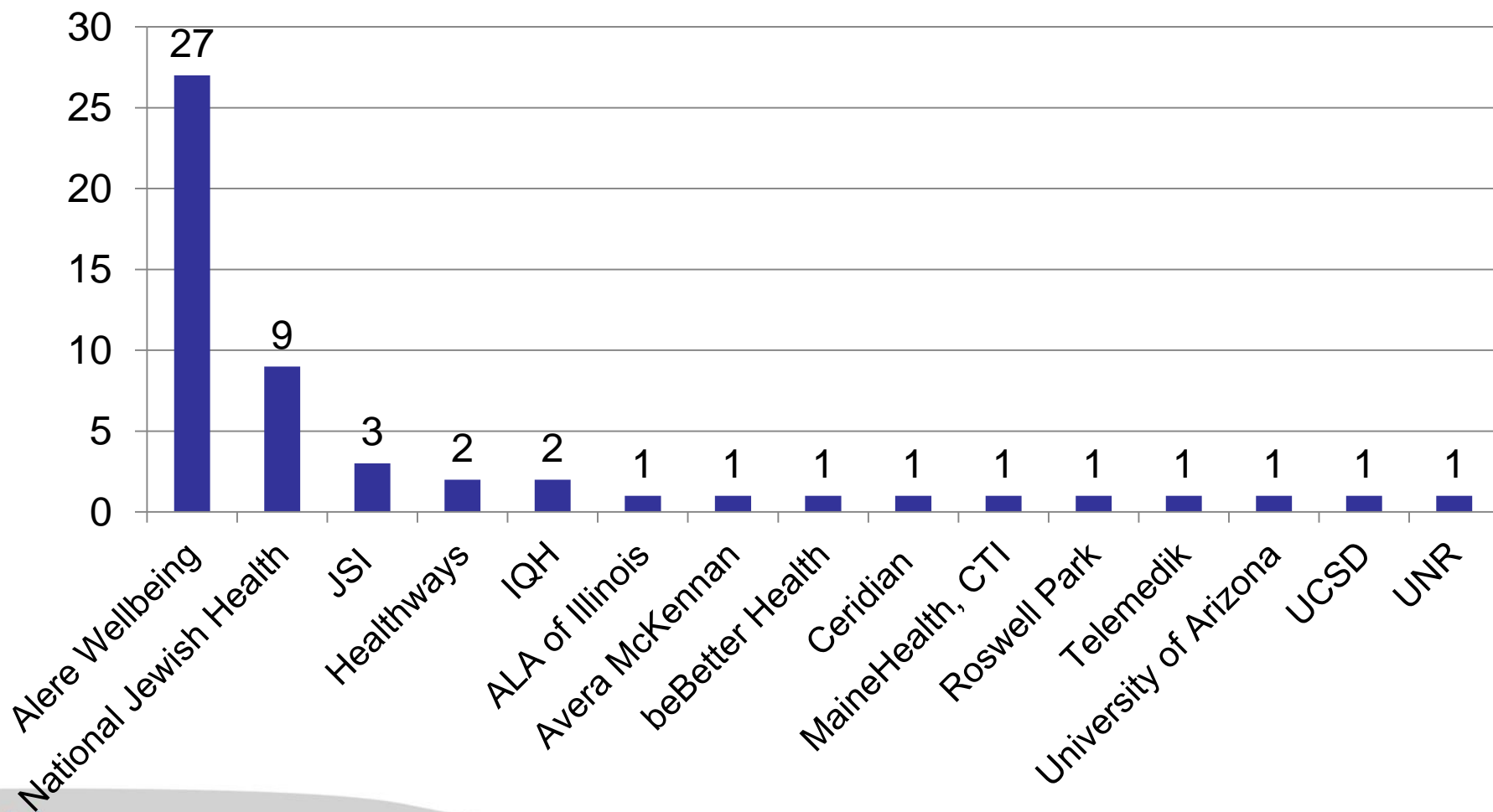


Language of Counseling Service FY2012

Language	In-Language Counseling Provided N (%)		Of the quitlines providing the service, average number of hours per week counseling available		Total number tobacco users who spoke with a counselor in each language (#quitlines reporting)	
	US	CAN	US	CAN	US	CAN
English	52 (100%)	10 (100%)	132	74	332,836 (n=44)	11,620 (n=7)
Spanish	49 (94%)	0 (0%)	95	0	10,764 (n=42)	0
French	0 (0%)	9 (90%)	0	60	0	8,461 (n=7)
Cantonese	1 (2%)	0 (0%)	65	0	35	0
Mandarin	1 (2%)	0 (0%)	65	0	75	0
Vietnamese	1 (2%)	0 (0%)	65	0	143	0
Korean	1 (2%)	0 (0%)	65	0	594	0
Portuguese	1 (2%)	0 (0%)	NR	0	13	0
ASL	1 (2%)	0 (0%)	NR	0	0	0

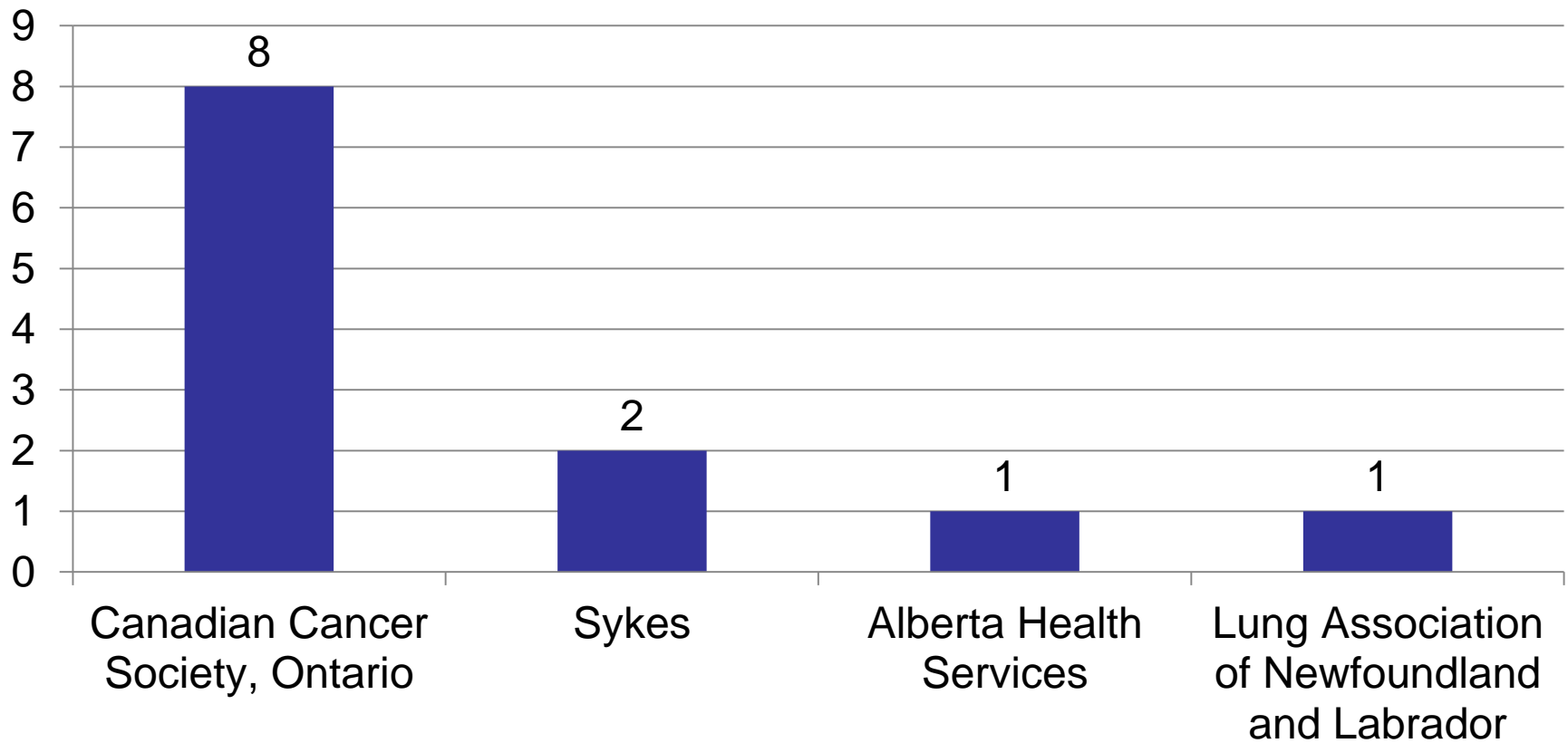
US Primary Service Providers (April 2013)

The figure below shows the organizations (n=15) that were the primary service provider of counseling services for US quitlines



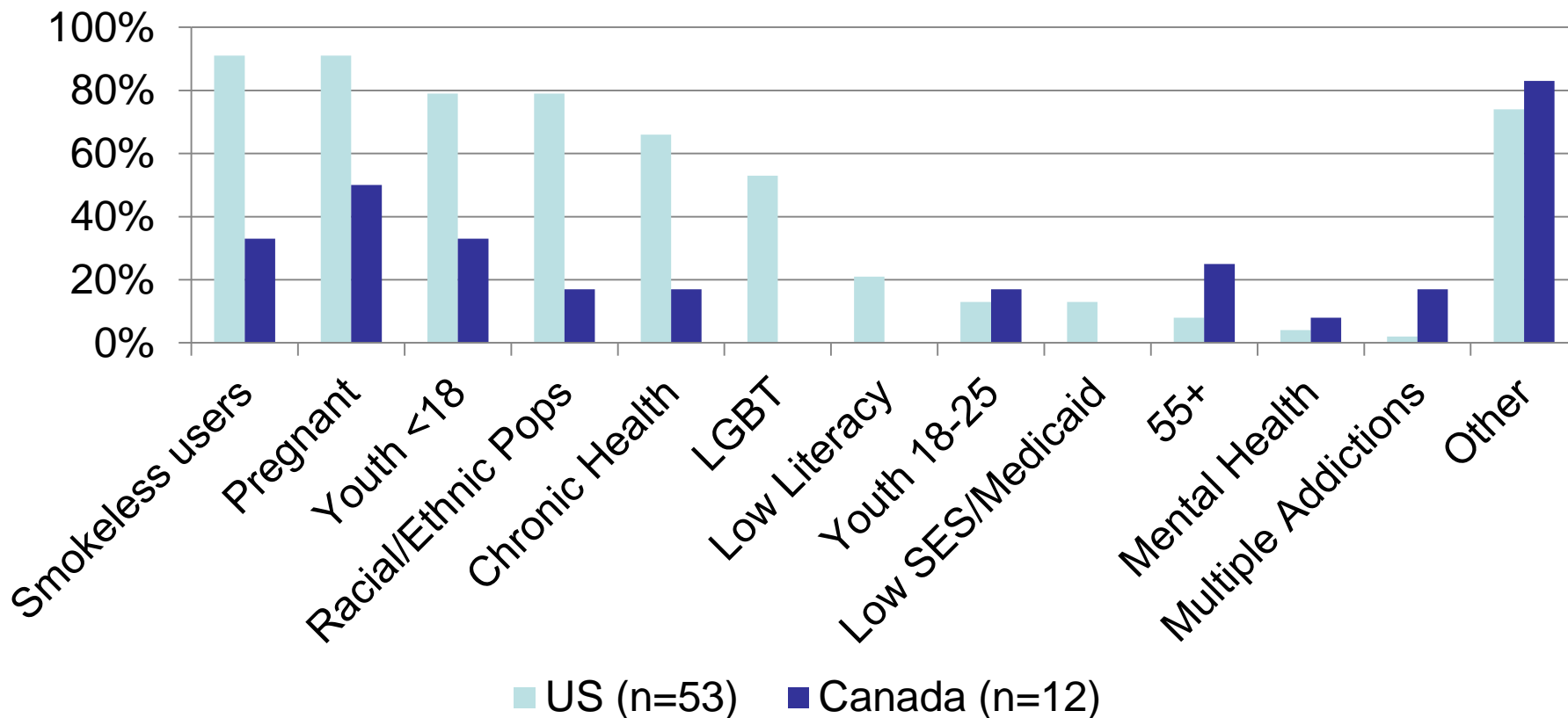
Canadian Service Providers (April 2013)

The majority of Canadian quitlines (8 of 12, or 67%) had counseling services provided by the Canadian Cancer Society, Ontario Division



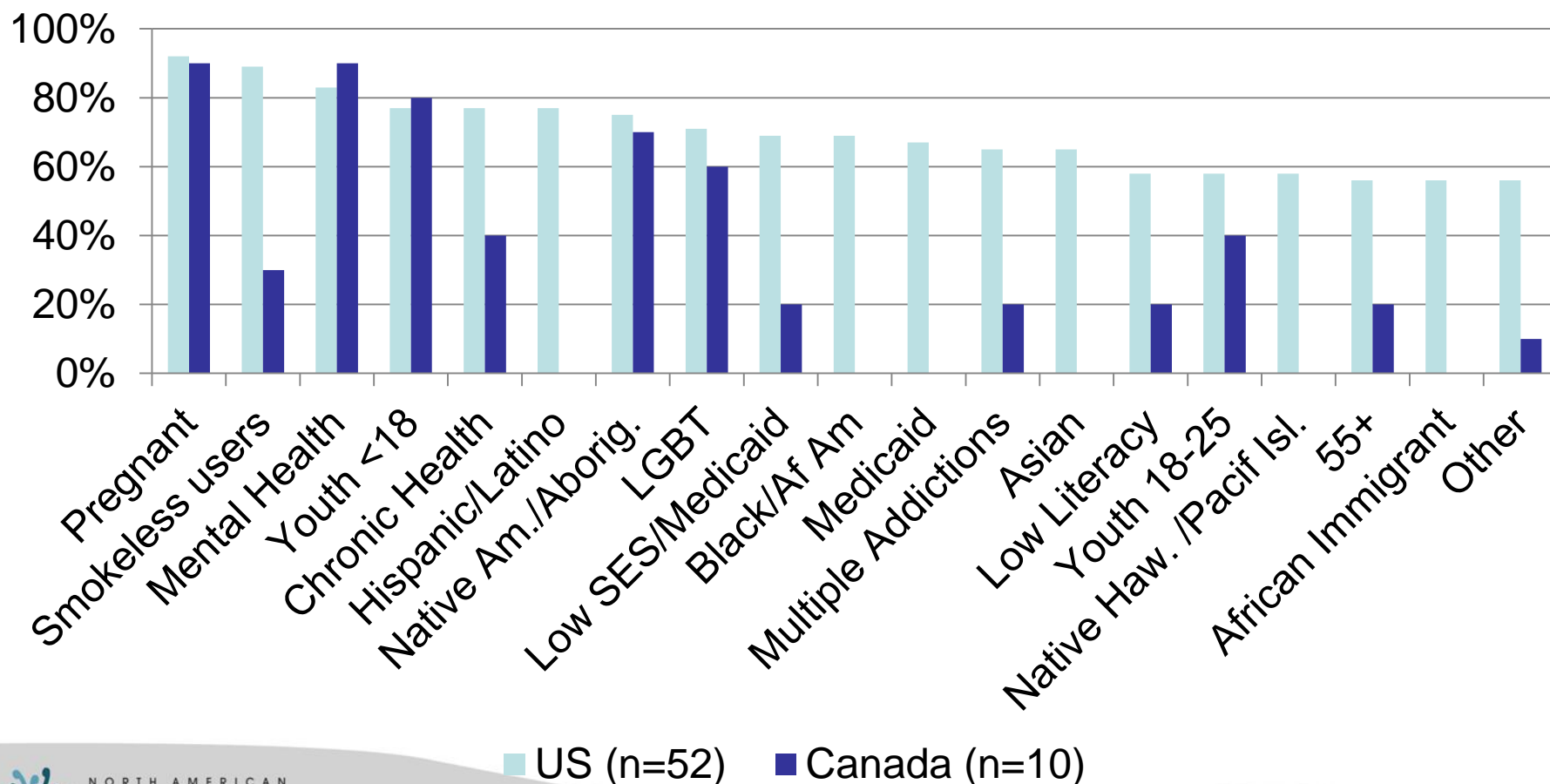
Specialized Materials for Special Populations (April 2013)

**50 US quitlines (94%) and 10 Canadian quitlines (83%)
send specialized materials to special populations. These include:**



Specialized Training for Cultural Competence FY12

**50 US quitlines (96%) and 9 Canadian quitlines (90%)
have specialized training for their counselors. Populations covered include:**



Eligibility Criteria for Different Levels of Service FY12

22 US quitlines (42%) and 10 Canadian quitlines (100%) have different eligibility criteria for different levels of service

Open-ended responses described eligibility criteria for differing level of service including:

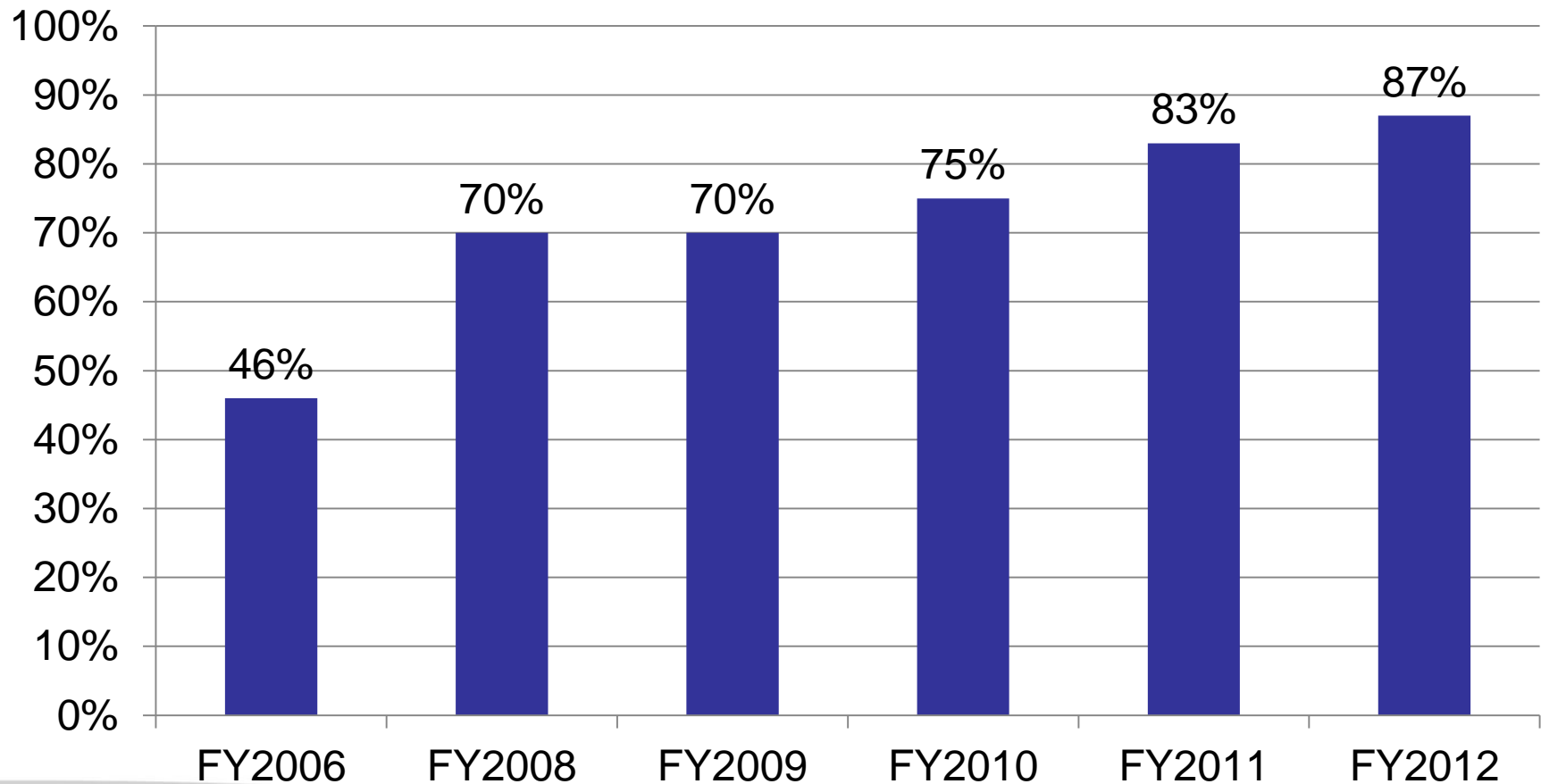
- Increased sessions for pregnant women (n=12 US; n=7 CA)
- Increased sessions for uninsured or Medicaid insured (n=5 US)
- Fewer sessions for privately insured (n=3 US)
- Increased sessions for youth (n=2 US; n=1 CA)
- Increased or decreased sessions depending on readiness to quit (n=1 US; n=1 CA)
- Increased sessions for individuals with mental illness or chronic illness (n=1 CA)
- Increased sessions for government employees (n=1 CA)

MEDICATIONS

Provision of Quitting Medication FY12

	Patch n (%)	Gum	Lozenge	Zyban	Chantix	Nasal Spray	Inhaler	ANY Meds
US (N=53)								
Provide free medication	46 (87%)	34 (64%)	26 (49%)	3 (6%)	3 (6%)	2 (4%)	2 (4%)	46 (87%)
Provided discounted meds	1 (2%)	1 (2%)	1 (2%)	2 (4%)	3 (6%)	1 (2%)	1 (2%)	3 (6%)
Provided voucher to redeem meds	1 (2%)	1 (2%)	1 (2%)	1 (2%)	3 (6%)	1 (2%)	1 (2%)	3 (6%)
Canada (N=10)								
Provide free medication	-	-	-	-	-	-	-	
Provided discounted meds	-	-	-	-	-	-	-	
Provided voucher to redeem meds	-	-	-	-	-	-	-	

The number of US quitlines providing free medications has increased over time



UTILIZATION

Average number of minutes of counseling and number of counseling calls completed FY12

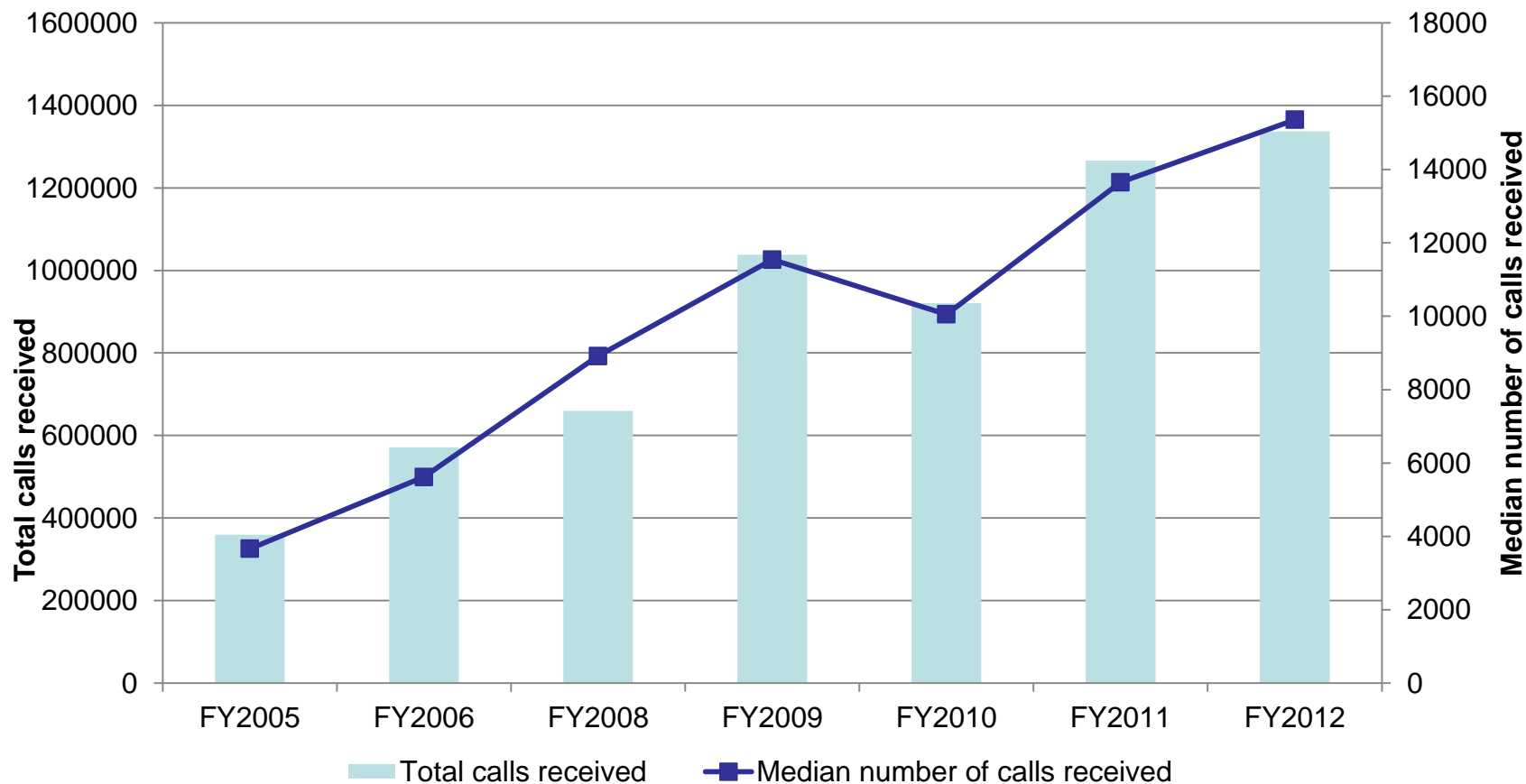
Total Calls	N	Missing	Min	Max	Average
US (N=52)					
Minutes	38	14	0	50	29.6
Calls	40	12	1	4	2.2
Canada (N=10)					
Minutes	2	8	4	18	11.0
Calls	2	8	4	4	4.0

Utilization: Total Direct Calls FY12

Total Direct Calls	N	Missing	Min	Max	Median	Mean	Sum
US <small>(N=53)</small>	52	1	340	185,546	15,356	26,208	1,336,602
Canada <small>(N=12)</small>	7	5	706	14,142	6,248	6,374	44,620

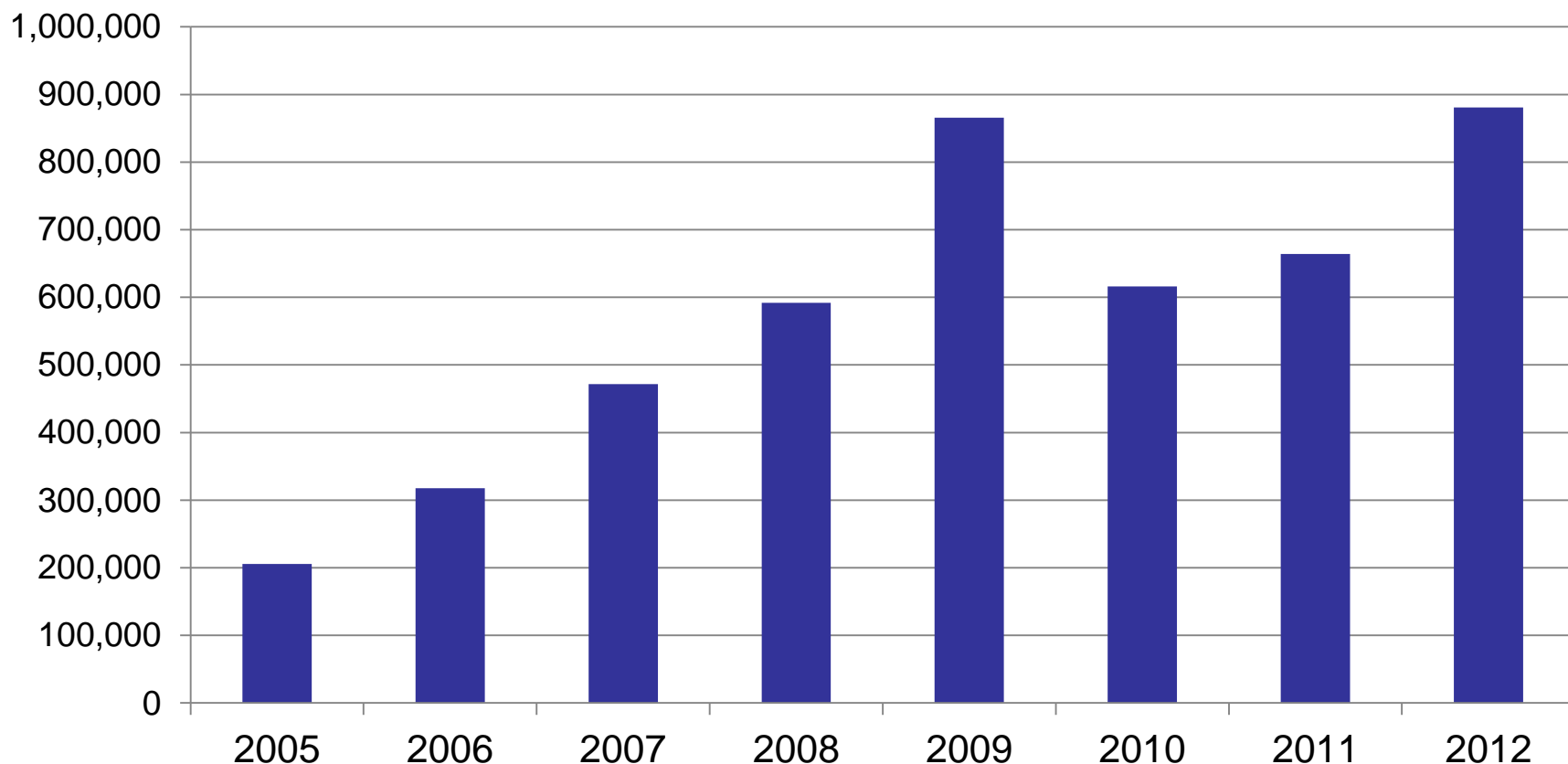
Demand for Quitline Services is Rising

Total and median calls received by US Quitlines

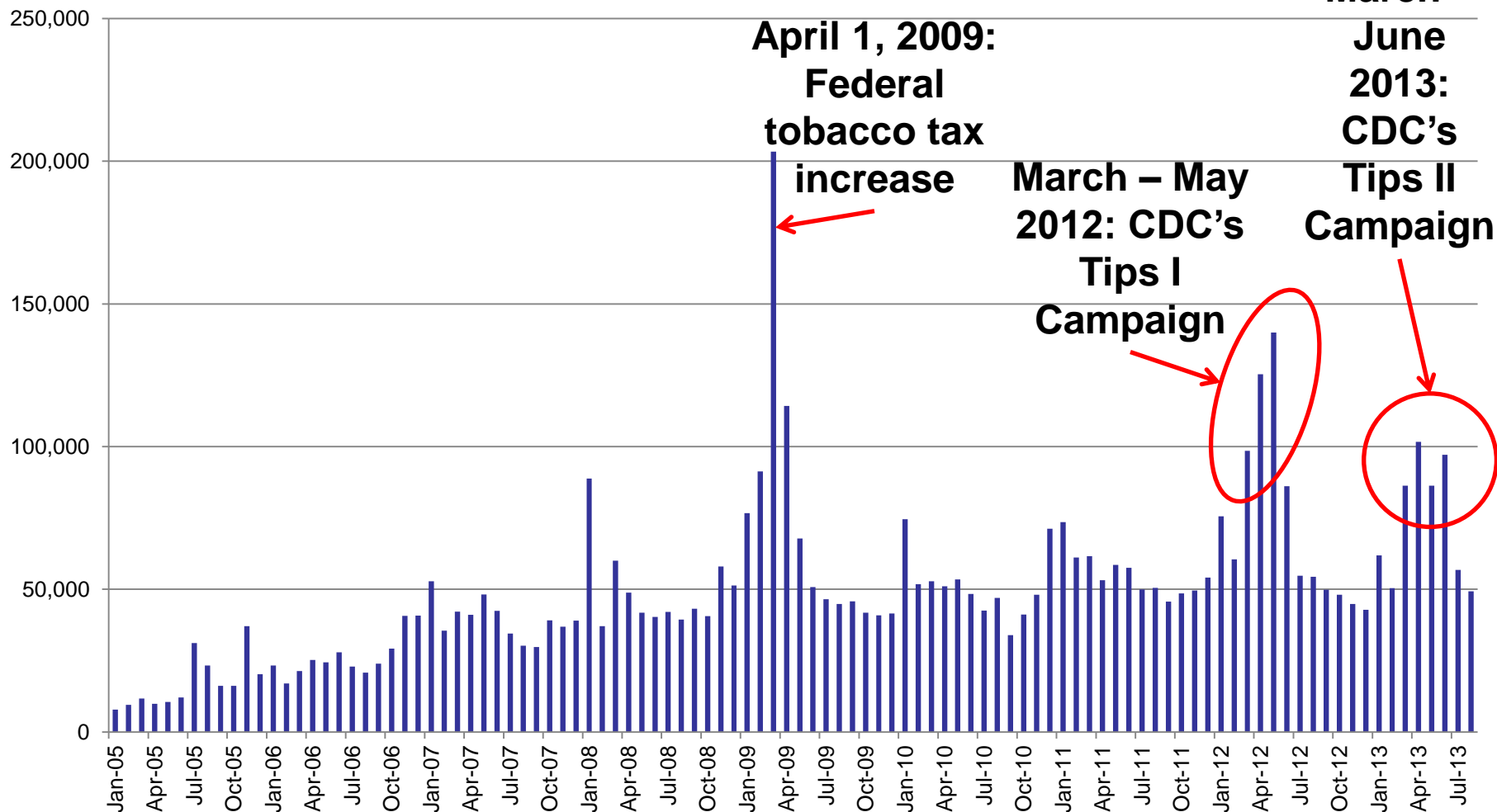


Demand for Quitline Services is Rising

1-800-QUIT-NOW Annual call attempt totals

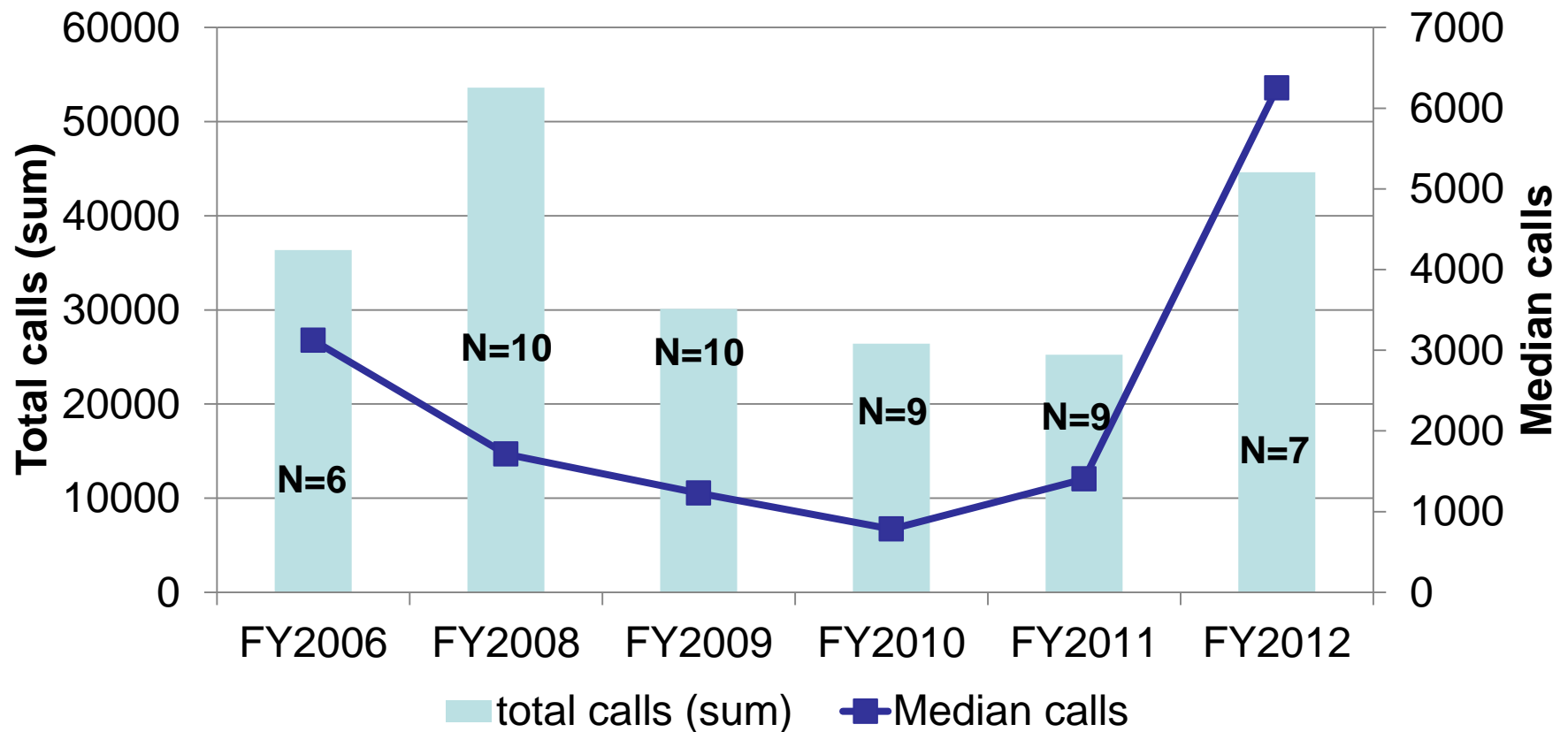


1-800-QUIT-NOW Call Attempts by Month



Data source: Monthly NCI 1-800-QUIT-NOW reports

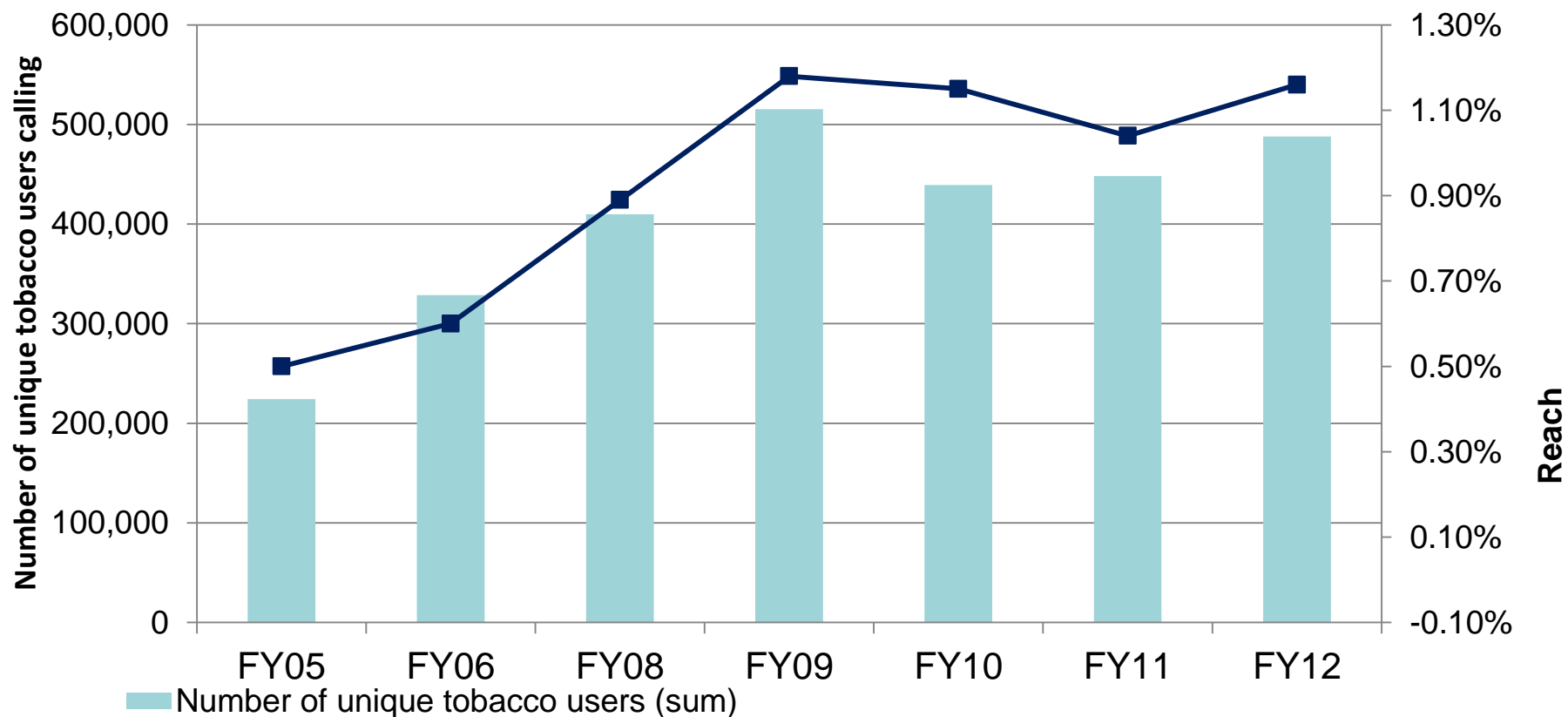
Total and median calls received by Canadian quitlines



Number of unique tobacco users (direct callers) FY12

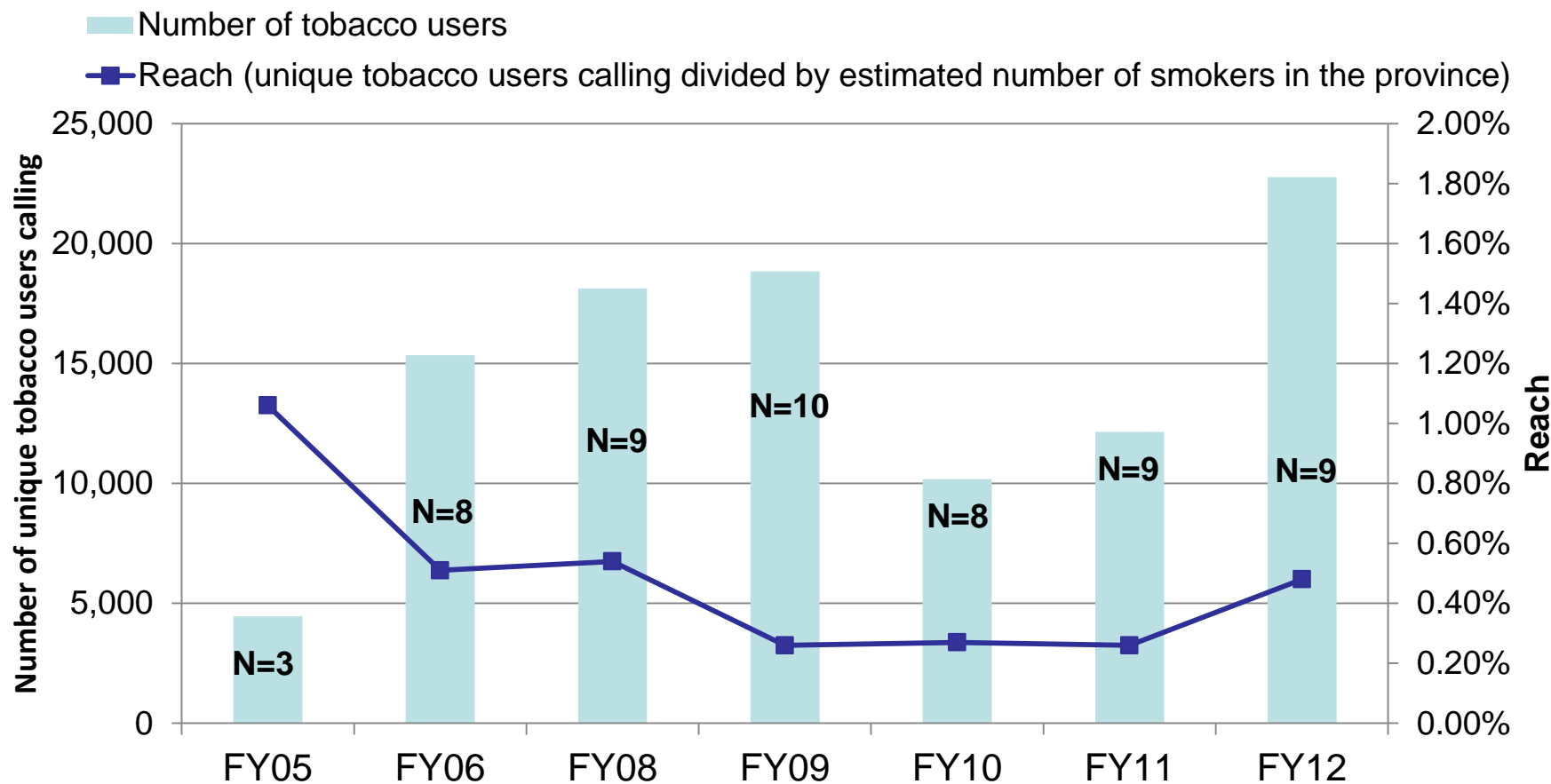
	N	Missing	Min	Max	Median	Mean	Sum
US (N=52)							
Total unique tobacco users	44	9	124	58,110	7,058	11,087	487,847
Canada (N=10)							
Total unique tobacco users	9	1	163	8,062	314	2,530	22,767

US Promotional Reach FY 2005-2012



■ Reach (unique tobacco users calling divided by estimated number of smokers in the state or territory using 2005-2011 BRFSS)

Canada Promotional Reach FY 2005-2012



US Quitlines (n=52)

Number of referrals received in FY12

Referrals	N	N reporting 1 or more	Median (min, max)	Sum
Basic fax-referral	45	36	125 (0, 9960)	22,375
Fax-referral with feedback	45	39	956 (0,12550)	84,795
Email and/or online referral	31	7	0 (0, 1332)	3,070
Fully automated, bi-directional electronic referral	36	2	0 (0, 1338)	1,539
Community organization networks	27	2	0 (0, 539)	802
Online advertising (paid)	31	2	0 (0, 1161)	1,192
Web referrals (links, not paid ads)	44	31	45 (0, 38147)	45,288
Central call center	32	0	0 (0, 0)	0
Other referral sources	32	5	0 (0, 9854)	10,913
Total	52	52	1312 (22, 44455)	171,379

Canada Quitlines (n=10)

Number of referrals received in FY12

Referrals	N	N reporting 1 or more	Median (min, max)	Sum
Basic fax-referral	8	7	238 (0, 3387)	8,733
Fax-referral with feedback	8	2	0 (0, 1818)	2,702
Email and/or online referral	8	3	0 (0, 5500)	6,097
Fully automated, bi-directional electronic referral	7	0	0 (0, 0)	0
Community organization networks	6	0	0 (0, 0)	0
Online advertising (paid)	6	0	0 (0, 0)	0
Web referrals (links, not paid ads)	6	2	0 (0, 14)	18
Central call center	7	0	0 (0, 0)	0
Other referral sources	7	4	299 (0, 14,799)	16,135
Total	9	9	955 (35, 18200)	33,688

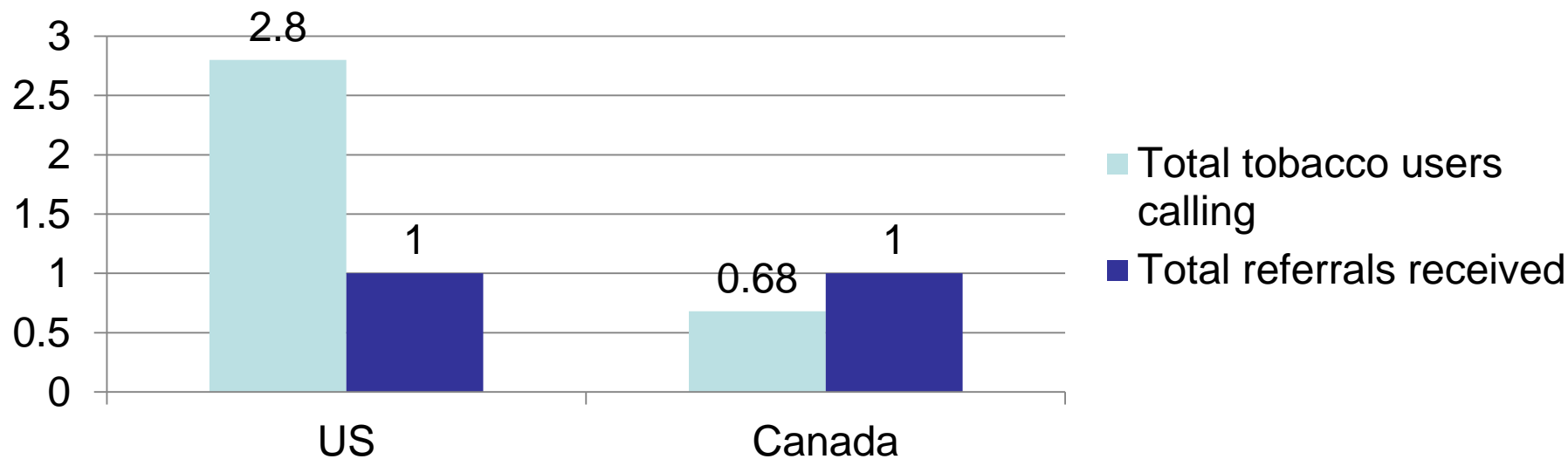
Between one-quarter and one-third of referrals received counseling or medications in FY2012

	N	Total referrals	Total referrals receiving counseling or medication	Proportion of referrals receiving counseling or medication
US	44	110974	38599	35%
Canada	8	24931	6471	26%

N = number of quitlines reporting both total number of referrals and total referrals receiving counseling or medications.

**US quitlines receive 2.8 times as many direct calls from tobacco users as referrals;
Canadian quitlines receive 1.5 times as many referrals as direct calls from tobacco users**

Ratio of Total number of tobacco users calling to total number of referrals received



Number of tobacco users who completed an intake or registration process in FY12

Number	N	Missing	Min	Max	Median	Mean	Sum
US (N=52)	49	3	140	79,505	6,286	11,606	568,706
Canada (N=10)	8	2	207	7,948	593	2,624	20,992

Registration reach FY 2009-2012

Canada	N	Min	Max	Mean	Actual
2009	9	0.14%	1.37%	0.43%	0.35%
2010	3	0.36%	1.45%	0.77%	0.51%
2011	9	0.14%	1.26%	0.43%	0.45%
2012	8	0.14%	1.47%	0.56%	0.60%

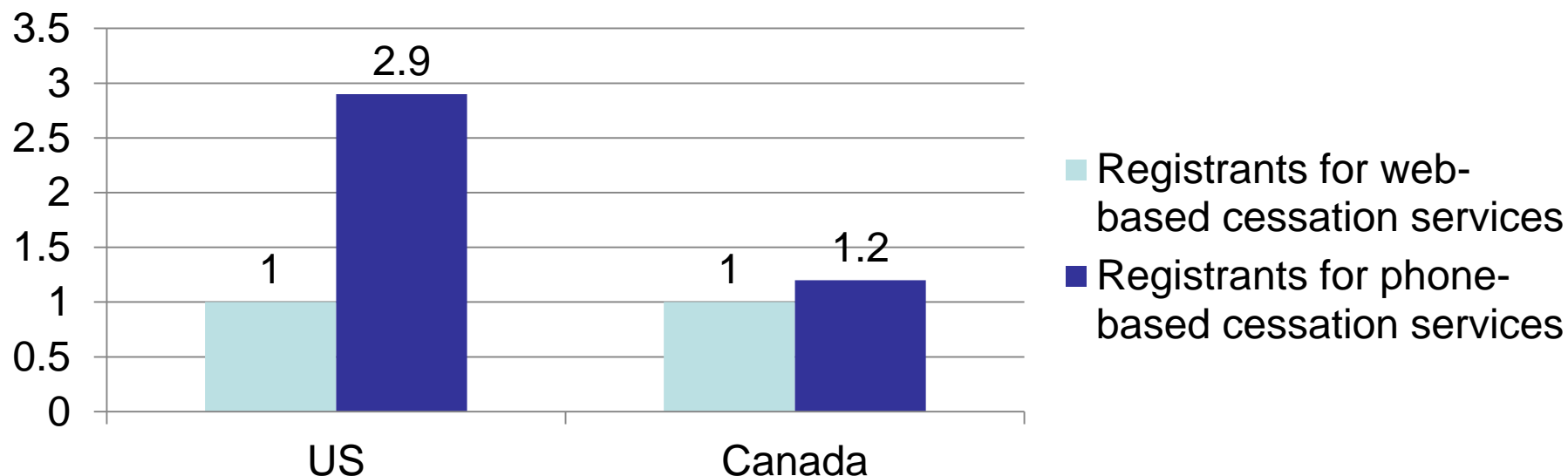
US	N	Min	Max	Mean	Actual
2009	49	0.16%	9.84%	1.89%	1.22%
2010	52	0.12%	7.26%	1.71%	1.30%
2011	50	0.17%	5.37%	1.54%	1.17%
2012	48	0.19%	4.79%	1.59%	1.29%

Utilization FY12–Registrants for Web-based Services

	N	Missing	Min	Max	Mean	Sum
US (N=52)						
Registrants for web-based cessation services integrated with the quitline	45	7	0	31,643	2,829	127,292
Registrants for web-based cessation services that are STANDALONE programs	46	6	0	18,890	1,474	67,818
Canada (N=10)						
Registrants for web-based cessation services integrated with the quitline	9	1	0	258	29	258
Registrants for web-based cessation services that are STANDALONE programs	9	1	7	9,238	1,883	16,950

Canadian quitlines received proportionally more registrants for web-based cessation services than US quitlines FY12

Ratio of Registrants for Web-based Cessation Services to Phone-based Cessation Services



US Quitlines Utilization – Received Service FY12

Tobacco Users Who Received Service	N	Missing	Median (Min,Max)	Sum
US (N=52)				
Self-help Materials	47	5	58 (1, 11749)	33,284
Any amount of counseling by phone	49	3	5177 (137, 51090)	414,458
Any amount of counseling by web	23	29	0 (0, 13593)	17,680
Medication received	45	7	3188 (0, 75688)	319,415
Total served with either counseling or medications	49	3	5614 (138, 80523)	473,544

Canadian Quitlines Utilization – Received Service FY12

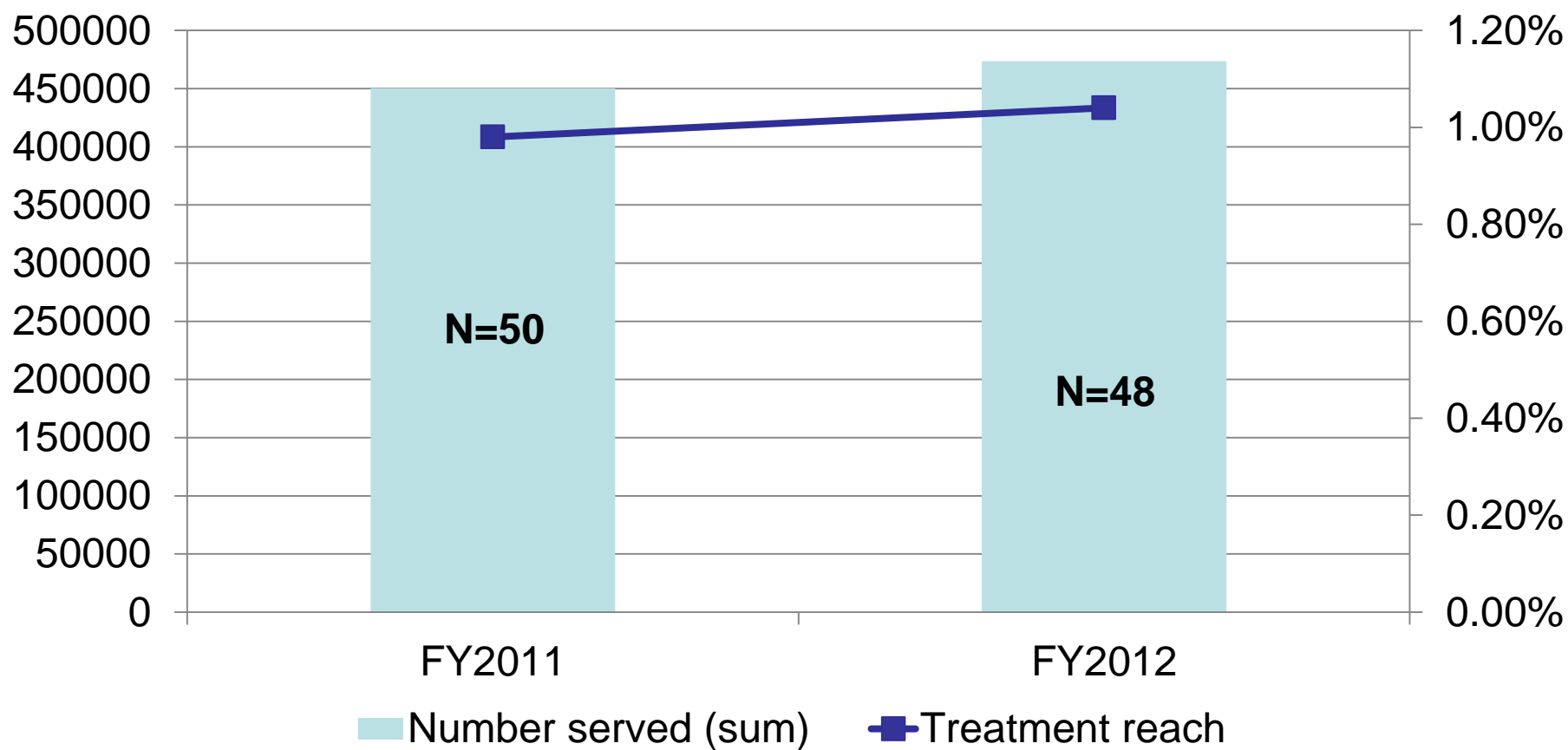
Tobacco Users Who Received Service	N	Missing	Median (Min,Max)	Sum
Canada (N=10)				
Self-help Materials	2	8	156 (34, 278)	312
Any amount of counseling by phone	8	2	572 (150, 7824)	16,988
Any amount of counseling by web	7	3	0 (0, 7)	7
Medication received	8	2	0 (0, 0)	0
Total served with evidence-based services (counseling or meds)	8	2	576 (150, 7824)	16,995

Treatment Reach FY09-FY12

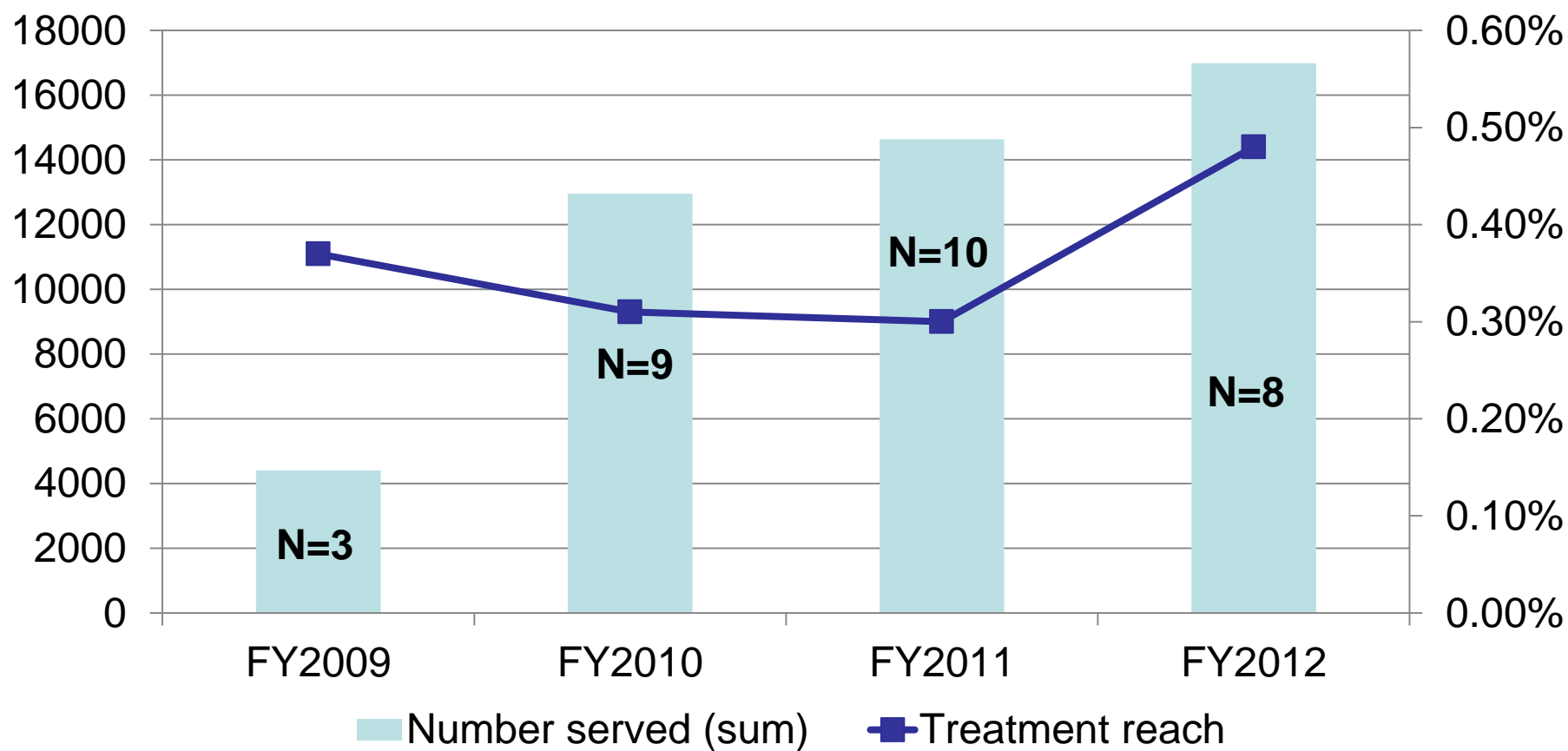
Canada	N	Min	Max	Mean	Actual
2009	3	0.24%	1.90%	0.80%	0.37%
2010	9	0.17%	1.79%	0.49%	0.31%
2011	10	0.06%	1.43%	0.35%	0.30%
2012	8	0.10%	1.45%	0.50%	0.48%

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%

U.S. Treatment Reach FY2011-12



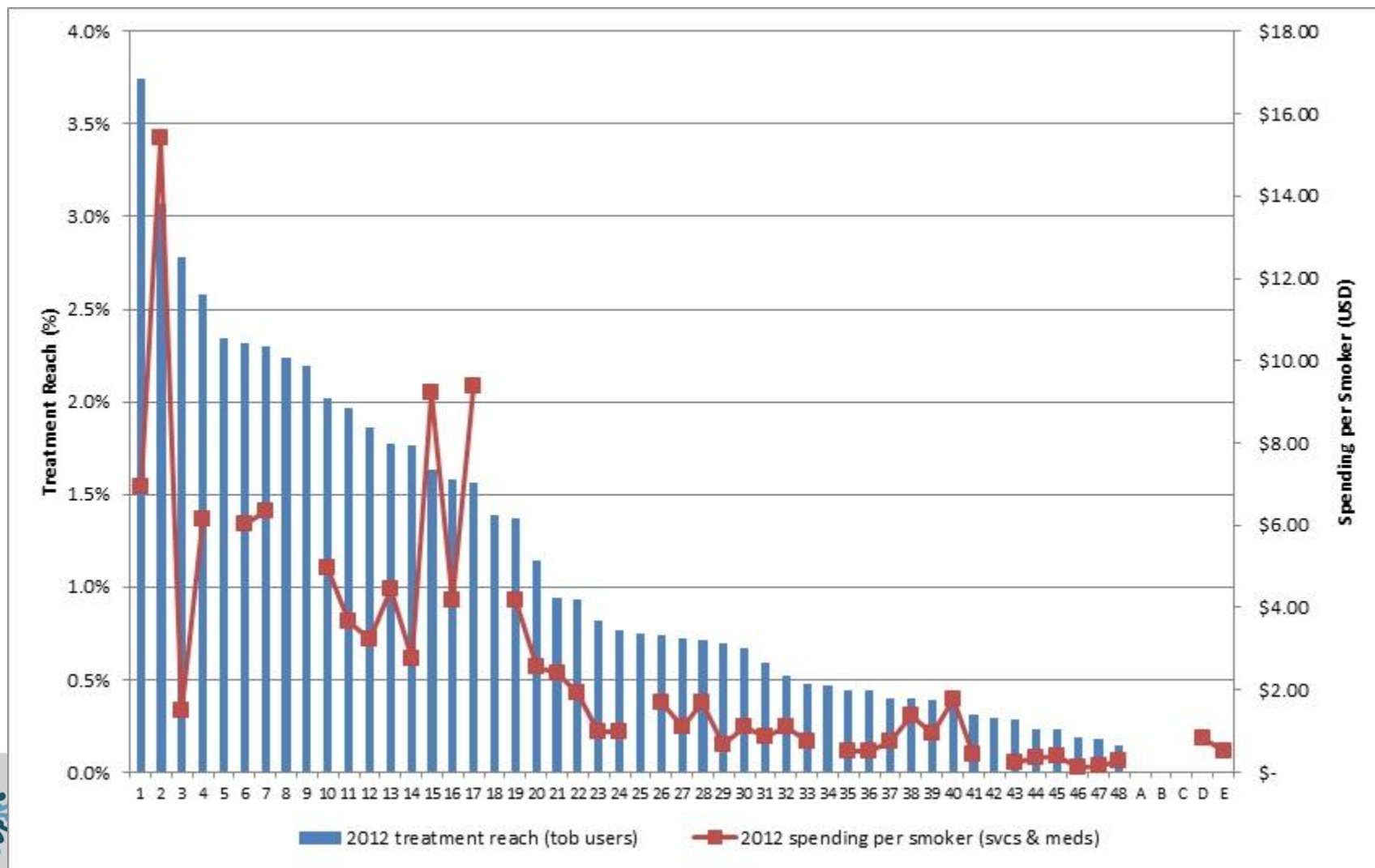
Canada Treatment Reach FY2009-12



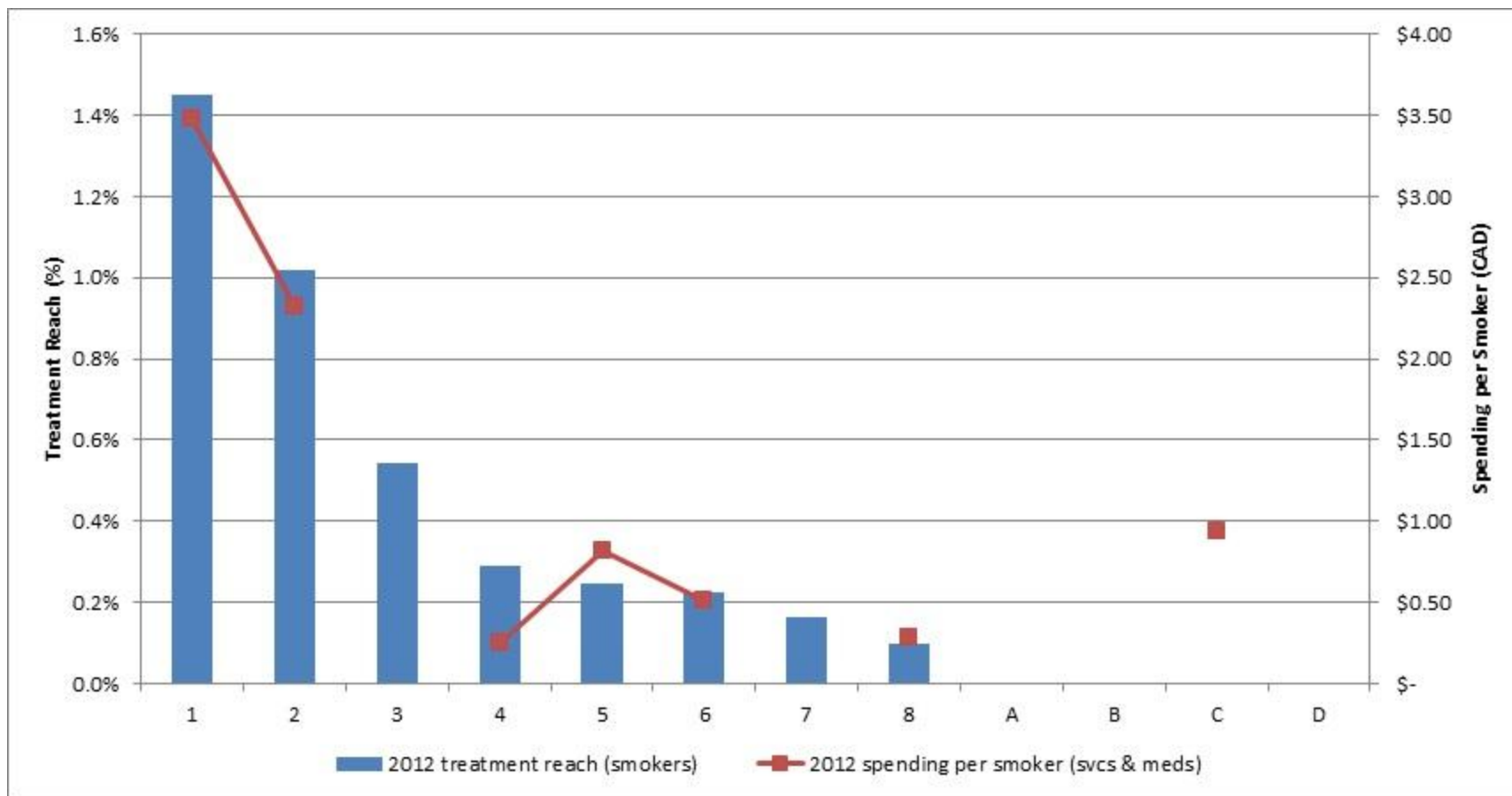
Where are we now?

FY12 Reach	Promotional reach (# of unique tobacco users calling) Reach (N)	Registration reach (# of tobacco users completing an intake) Reach (N)	Treatment reach (# receiving evidence based services) Reach (N)
U.S.	1.16% (43)	1.29% (48)	1.04% (48)
Canada	0.48% (9)	0.60% (8)	0.48% (8)

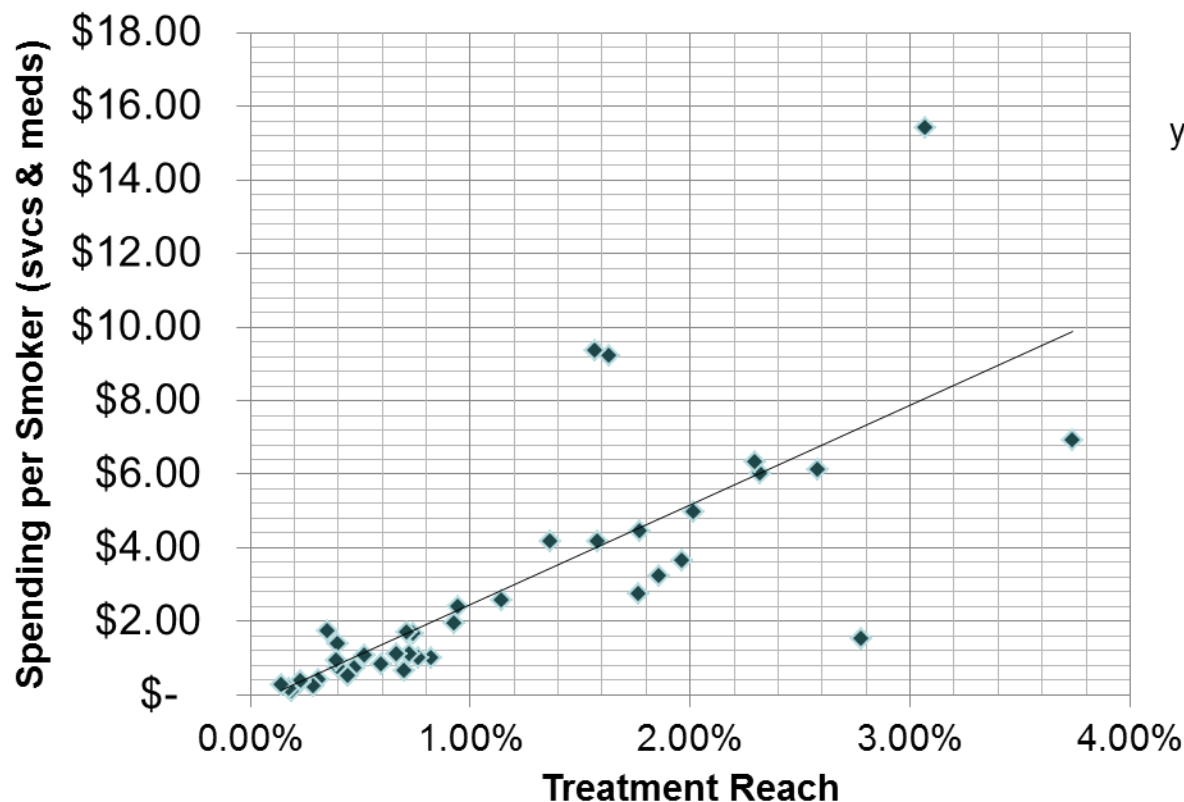
Treatment reach and spending benchmarking – US FY12



Treatment Reach and spending benchmarking – Canada FY12



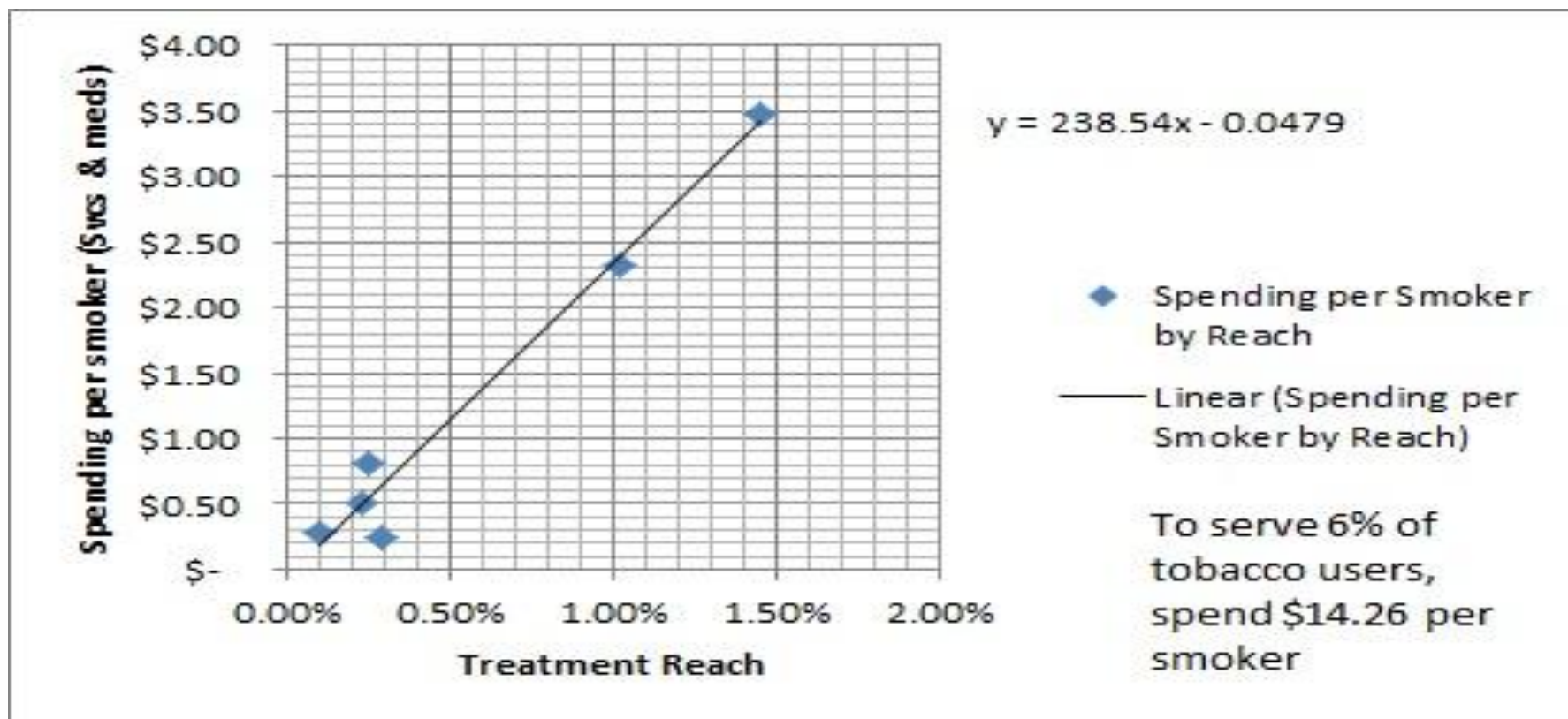
Spending on Services is Linked to Quitline Reach (U.S.) FY2012



to serve 6%, need
to spend \$15.98
per smoker

Treatment reach = number of tobacco users receiving counseling or medications divided by number of tobacco users in the state or territory (2011 BRFSS)

Spending on Services is Related to Quitline Reach (Canada) FY2012



Treatment reach = number of tobacco users receiving counseling or medications divided by number of tobacco users in the province or territory (2011 CTUMS)

Number of U.S. Quitlines Reaching NAQC Strategic Goals FY2009-12

	FY 2009	FY 2010	FY 2011	FY 2012
# quitlines \geq \$10.53 per smoker	3	5	5	1
# quitlines $>$ \$5 per smoker investment	12	12	10	7

	FY 2009	FY 2010	FY2011	FY2012
# quitlines \geq 6% treatment reach	3	0	1	0
# quitlines $>$ 3% treatment reach	9	10	7	3

Number of Canadian Quitlines Reaching NAQC Strategic Goals FY2009-12

	FY 2009	FY 2010	FY 2011	FY 2012
# quitlines \geq \$10.53 per smoker	0	0	0	0
# quitlines $>$ \$5 per smoker investment	0	0	0	0

	FY 2009	FY 2010	FY2011	FY2012
# quitlines \geq 6% treatment reach	0	0	0	0
# quitlines $>$ 3% treatment reach	0	0	0	0

DEMOGRAPHICS OF CALLERS

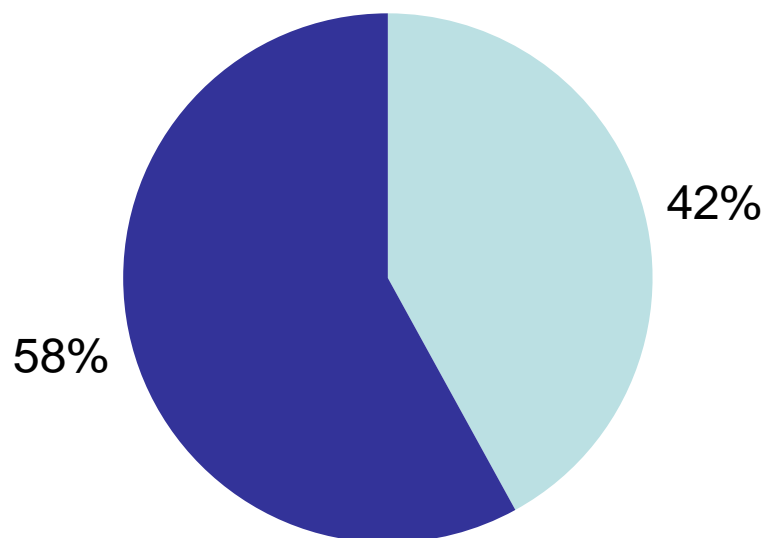
Note: Our original intention was to ask quitlines to report demographics on **ONLY** those tobacco users who received counseling or medications. Some quitlines were only able to report on the population of tobacco users completing an intake questionnaire (6 US, 1 Canada). Due to this inconsistency, the numbers reported in this section may be slightly larger than the population who received counseling or medications. Treatment reach for priority populations may be similarly inflated, albeit slightly.

Utilization FY12– Gender

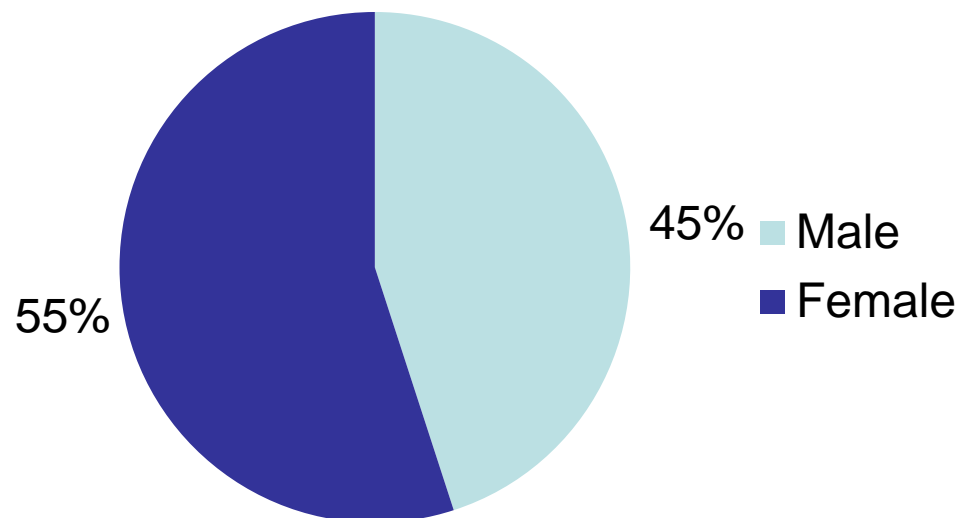
	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Sum
US (N=52)						
Male	49	3	57	39,018	4,021	197,024
Female	49	3	80	41,502	5,603	274,525
Canada (N=10)						
Male	4	6	337	4,408	2,376	9,504
Female	4	6	475	5,653	2,911	11,643

The Majority of Quitline Callers were Women FY12

US (n=49)



Canada (n=4)



Utilization FY12 – Age

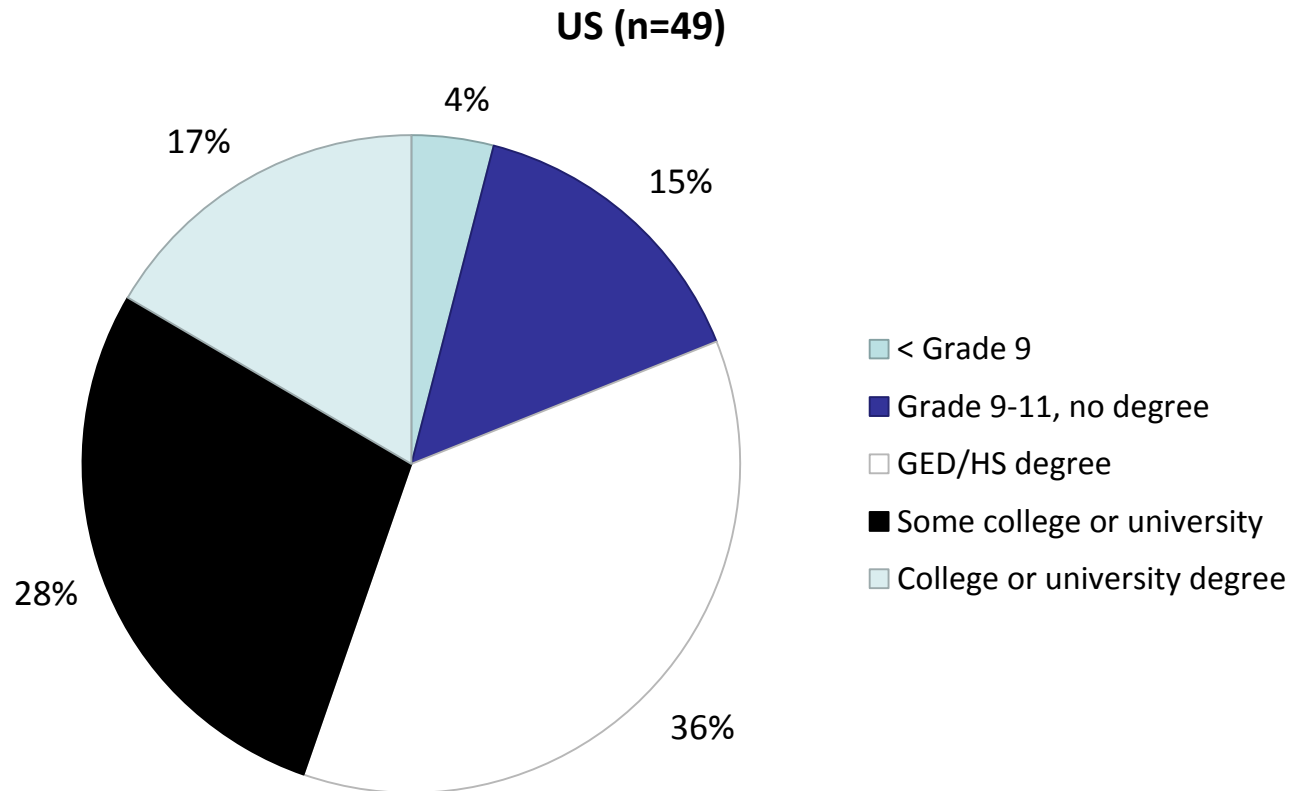
	Quitline		Callers		
	N	Missing	Min*	Max**	Mean***
US (N=52)					
Age	44	8	13	112	44.2
Canada (N=10)					
Age	4	6	12	88	51.1

- *Min = the least of the minimum ages reported
- **Max = the greatest of the maximum ages reported
- ***Mean = the average of the mean ages reported

Utilization FY12 – Level of Education US

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Sum
US (N=52)						
< Grade 9	50	2	4	1,940	338	16,893
Grade 9-11, no degree	49	3	27	7,393	1,274	62,440
GED/HS degree	50	2	56	19,401	3,050	152,492
Some college or university	50	2	26	17,090	2,357	117,862
College or university degree	50	2	23	12,938	1,388	69,392

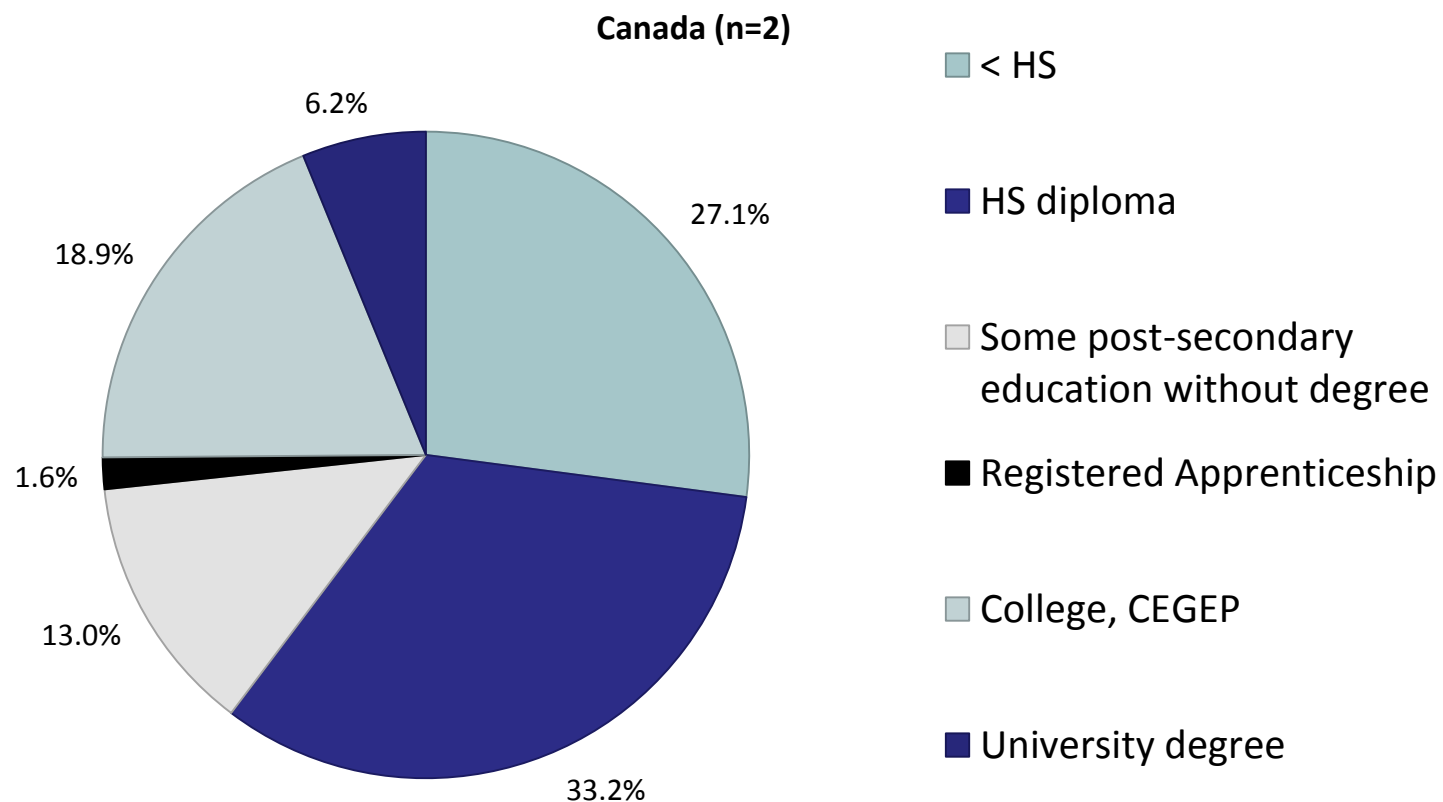
Utilization FY12 – Level of Education US



Utilization FY12 – Level of Education Canada

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Sum
Canada <small>(N=10)</small>						
< HS	2	8	229	1,332	781	1,561
HS diploma	2	8	174	1,740	957	1,914
Some post-secondary education without degree	2	8	60	690	375	750
Registered Apprenticeship	2	8	40	51	46	91
College, CEGEP	2	9	143	948	546	1,091
University degree	2	9	91	266	179	357

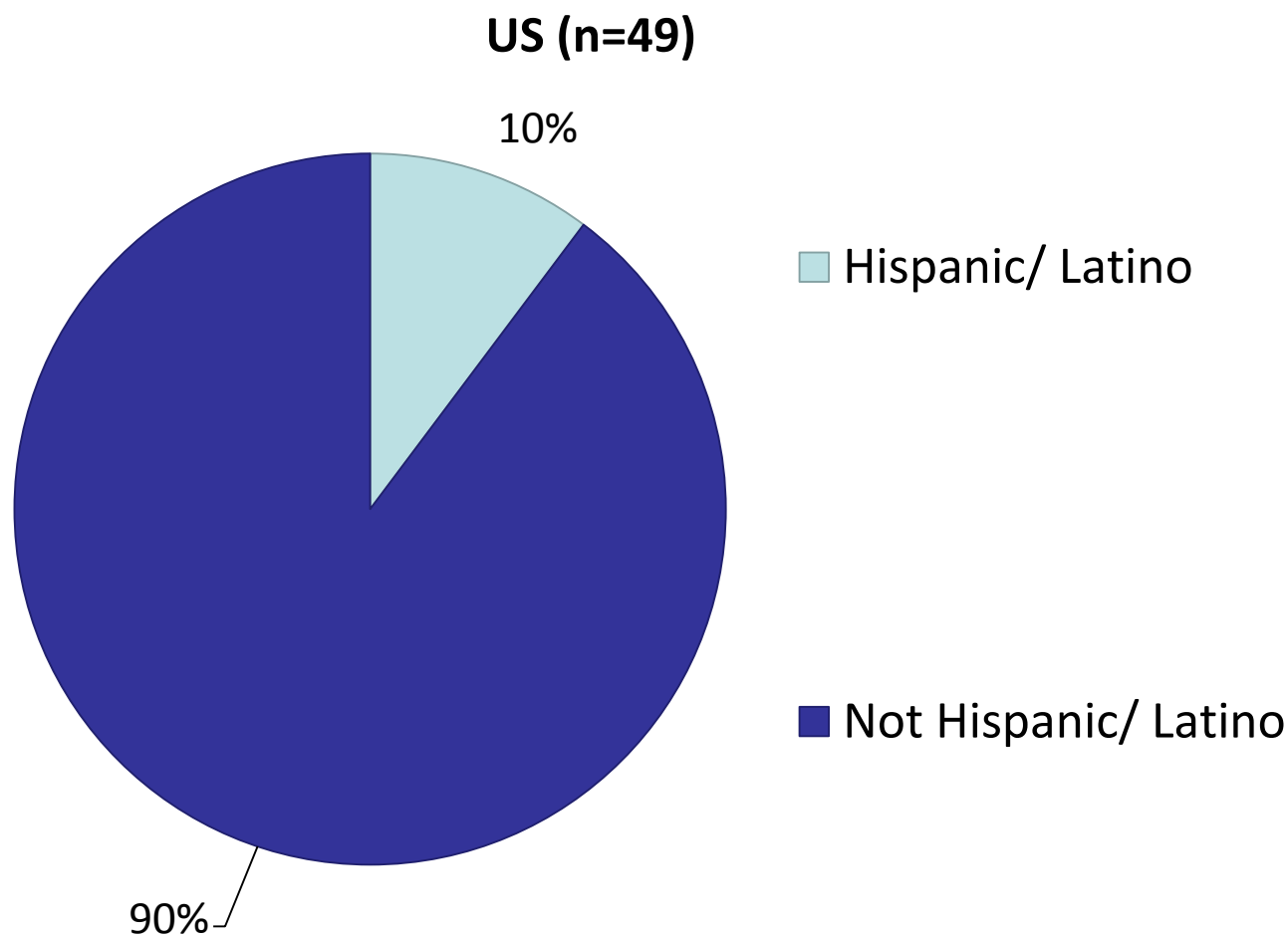
Level of Education – Canada FY12



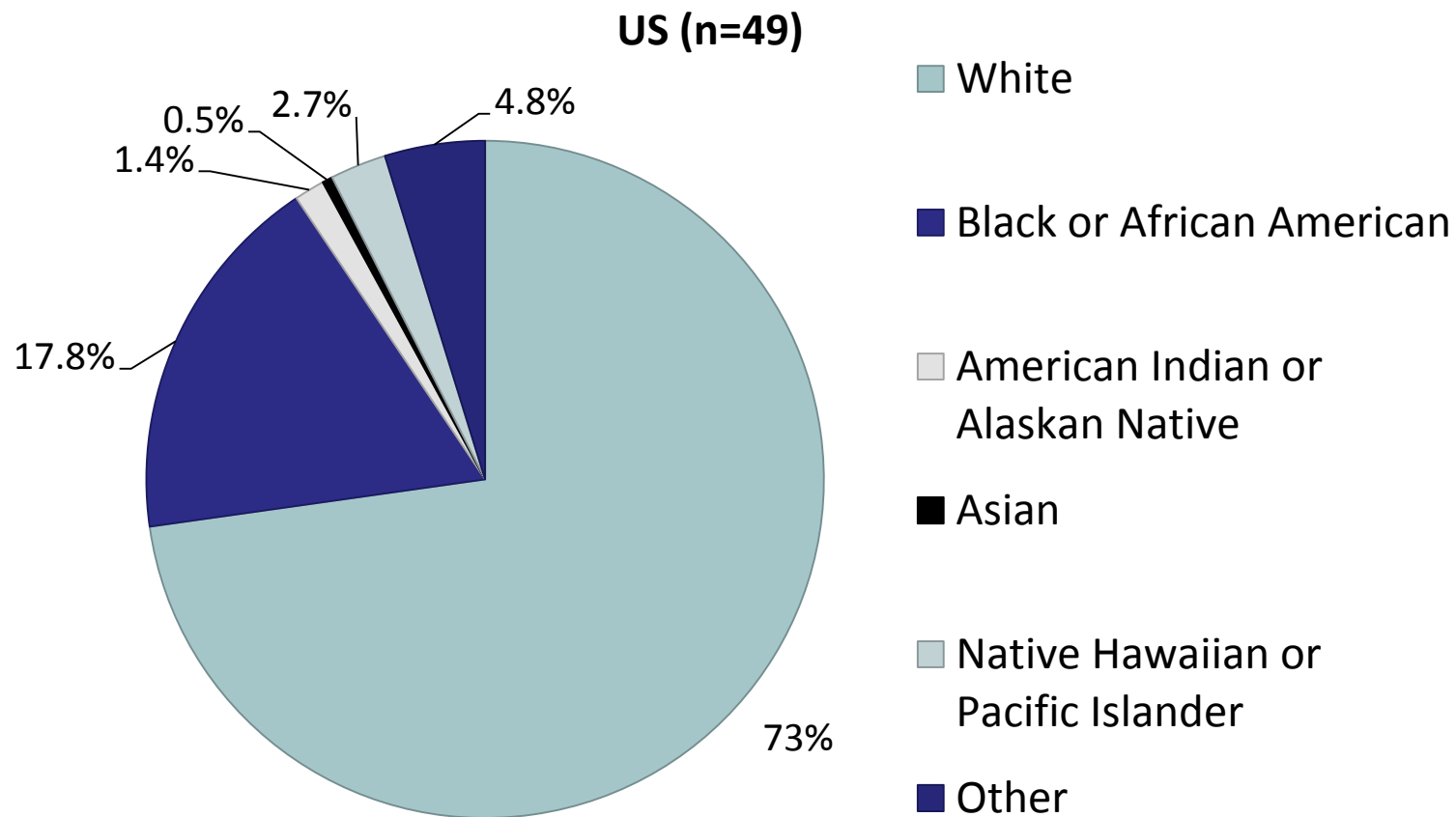
Utilization FY12 – Ethnicity and Race US

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Sum
US (N=52)						
Hispanic or Latino	49	3	11	10,044	865	42,375
White	49	3	13	46,749	6,127	300,236
Black or African American	49	3	1	11,061	1,501	73,547
Asian	48	4	2	1,764	124	5,970
Native Hawaiian or Pacific Islander	47	5	0	1,338	43	2,039
American Indian or Alaskan Native	48	4	0	3,507	231	11,077
Other	48	4	0	5,015	411	19,720

Utilization FY12 – Ethnicity US



Utilization FY12–Race US



Utilization FY11 – Race Canada

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Median
Canada (N=10)						
White	2	8	930	1,534	1,232	1,232
Aboriginal (Native Indian, Métis, Inuit)	2	8	51	89	70	70
Asian	2	8	1	31	16	16
Middle Eastern	1	9	4	4	4	4
Black	1	9	4	4	4	4
Latin American	1	9	2	2	2	2
Other	2	8	4	48	26	26

Utilization FY11 – Sexual Orientation

	Quitline		Number of Callers			
	N	Missing	Min	Max	Mean	Median
US (N=53)						
Straight	27	26	657	41,546	9,789	6,018
Gay or lesbian	27	26	20	1,463	280	144
Bisexual	27	26	0	859	188	134
Transgender	21	32	0	33	7	6
Other	19	34	0	2,911	196	29
Refused	23	30	0	2,022	380	276
Missing	27	26	19	35,863	2,659	232

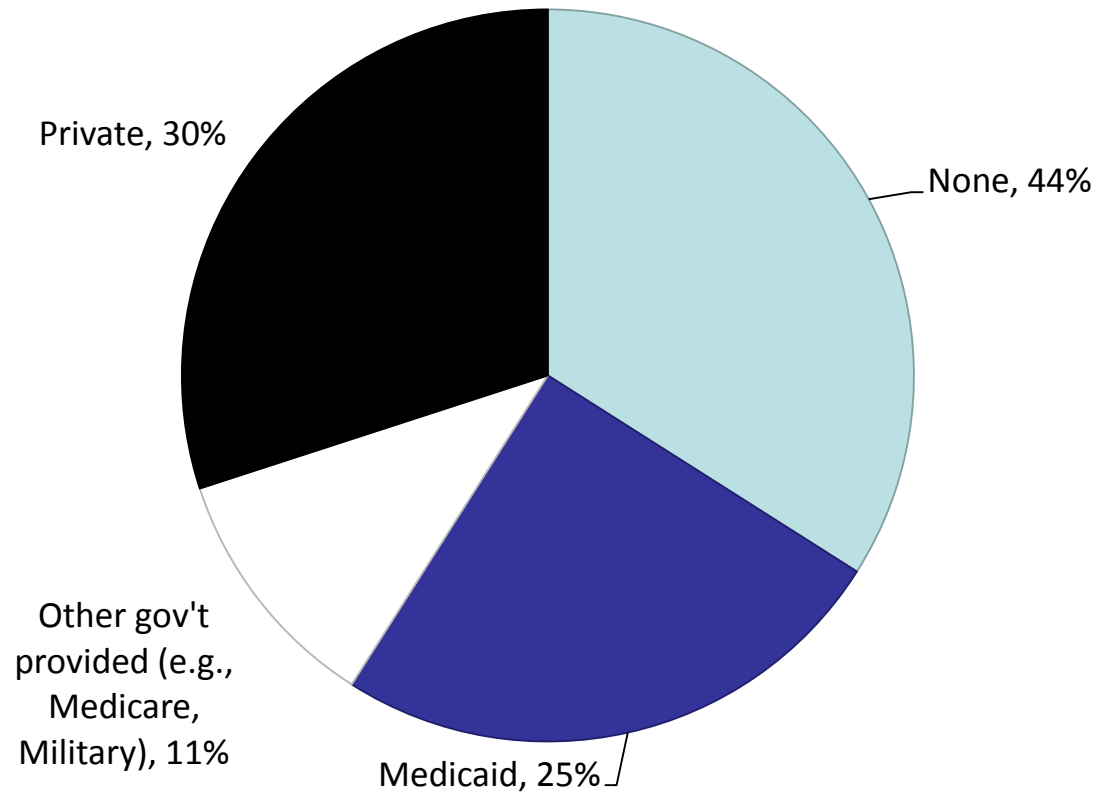
Insurance Status of Callers FY11

50 US quitlines (94%) reported that they collect information on the insurance status of callers who receive services. The types of insurance quitlines collect information about include:

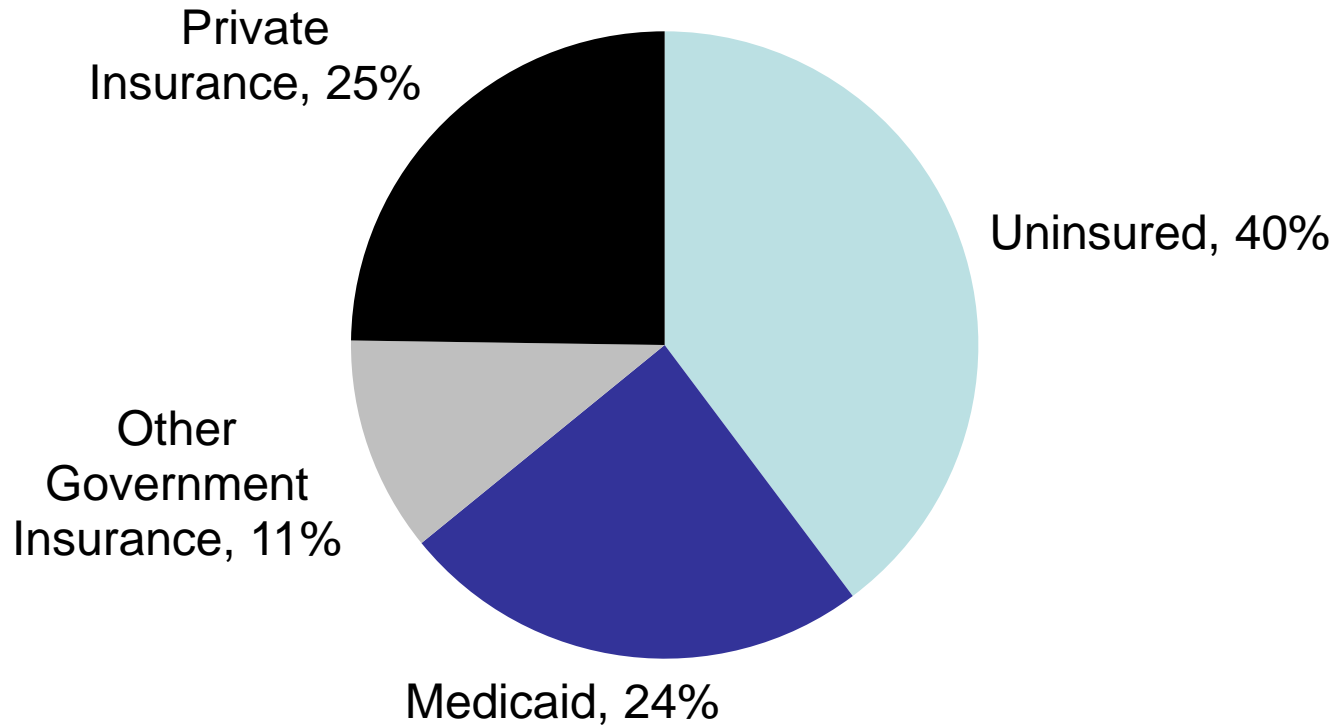
	Quitline		Number of Callers			
Insurance Type	N	Missing	Min	Max	Mean	Median
US (N=53)						
None	46	7	24	25,089	3,223	1,758
Medicaid	46	7	31	20,720	2,383	1,359
Other Gov't-provided insurance (e.g., Medicare, Military)	45	8	3	5,641	988	611
Private	46	7	96	27,963	2,798	1,129

Insurance Status of Callers FY11

US (n=46)



60% of US Quitline Users Were Insured in FY2012



Goal 3b: Reach $\geq 6\%$ Priority Pops

	Afr Am	AI/AN	Asian	Latino	<HS Ed
2010 US treatment reach (US overall = 1.09%)	0.86% (2>6%; 8>3%)	1.51% (2>6%; 6>3%)	0.46% (2>6%; 3>3%)	0.63% (0>6%; 3>3%)	0.71% (0>6%; 2>3%)
2011 US treatment reach (US overall = 1.15%)	1.09% (1>6%; 9>3%)	1.45% (1>6%; 6>3%)	0.39% (1>6%; 2>3%)	0.78% (1>6%; 1>3%)	0.72% (0>6%; 4>3%)

EVALUATION

Evaluation FY11

45 US quitlines (85%) and 1 Canadian quitline (10%) reported on follow-up evaluation data

All US quitlines conducted evaluation activities during calendar years 2010 and 2011.

- Eight (8) US quitlines (15%) surveyed tobacco users who registered for services beginning in November or December 2009
- Seven (7) US quitlines (13%) extended follow-up survey data collection into January or February 2012
- Eight (8) of the 45 US quitlines did not report on the time period for the evaluation.

One Canadian quitline reported on results of follow-up evaluation surveys conducted in 2009.

NAQC Standard Quit Rate Methodology

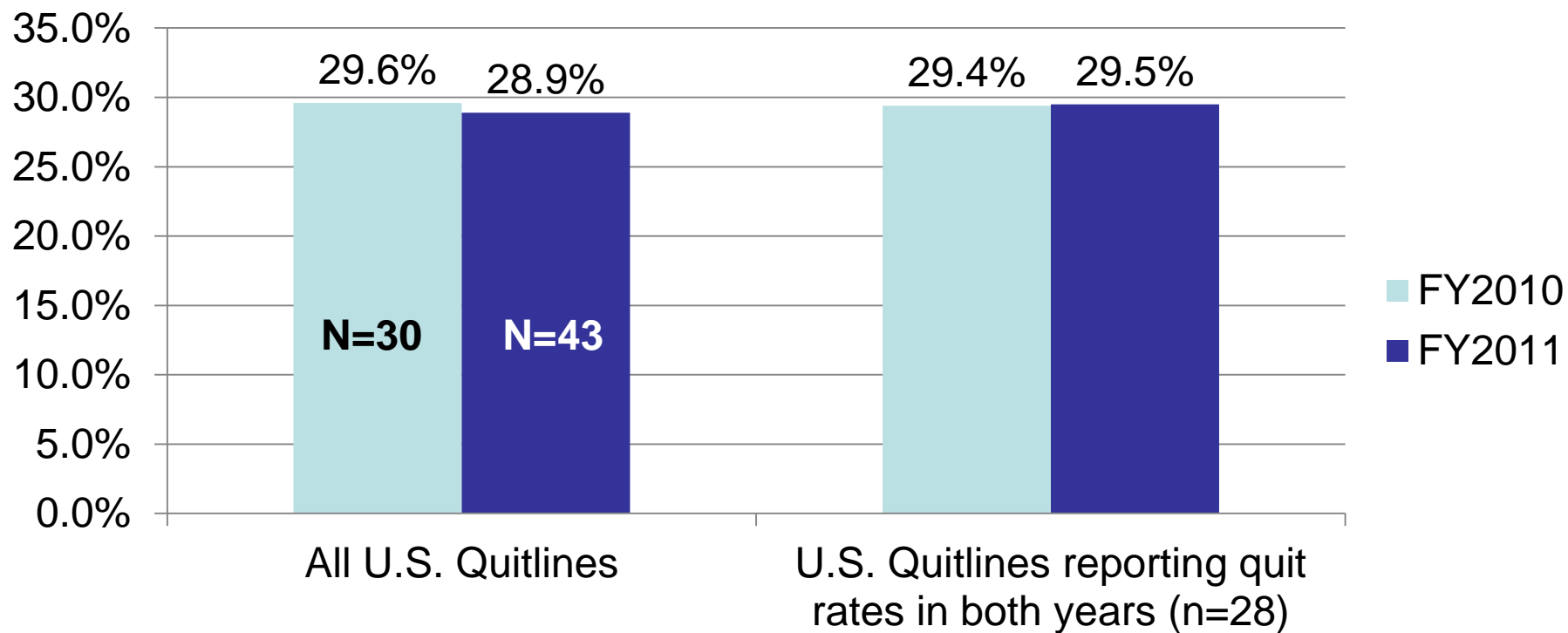
- 30-day point-prevalence-abstinence measured at 7 months after registration
- Quit rate should be calculated on all tobacco users seeking treatment who register for services and consent to the evaluation and *receive at least minimal evidence-based treatment.*

Source: NAQC. (2009). *Measuring Quit Rates. Quality Improvement Initiative* (L. An, MD, A. Betzner, PhD, M.L. Luxenberg, PhD, J. Rainey, BA, T. Capesius, MPH, & E. Subialka, BA). Phoenix, AZ.. Available at http://www.naquitline.org/resource/resmgr/docs/naqc_issuepaper_measuringquit.pdf

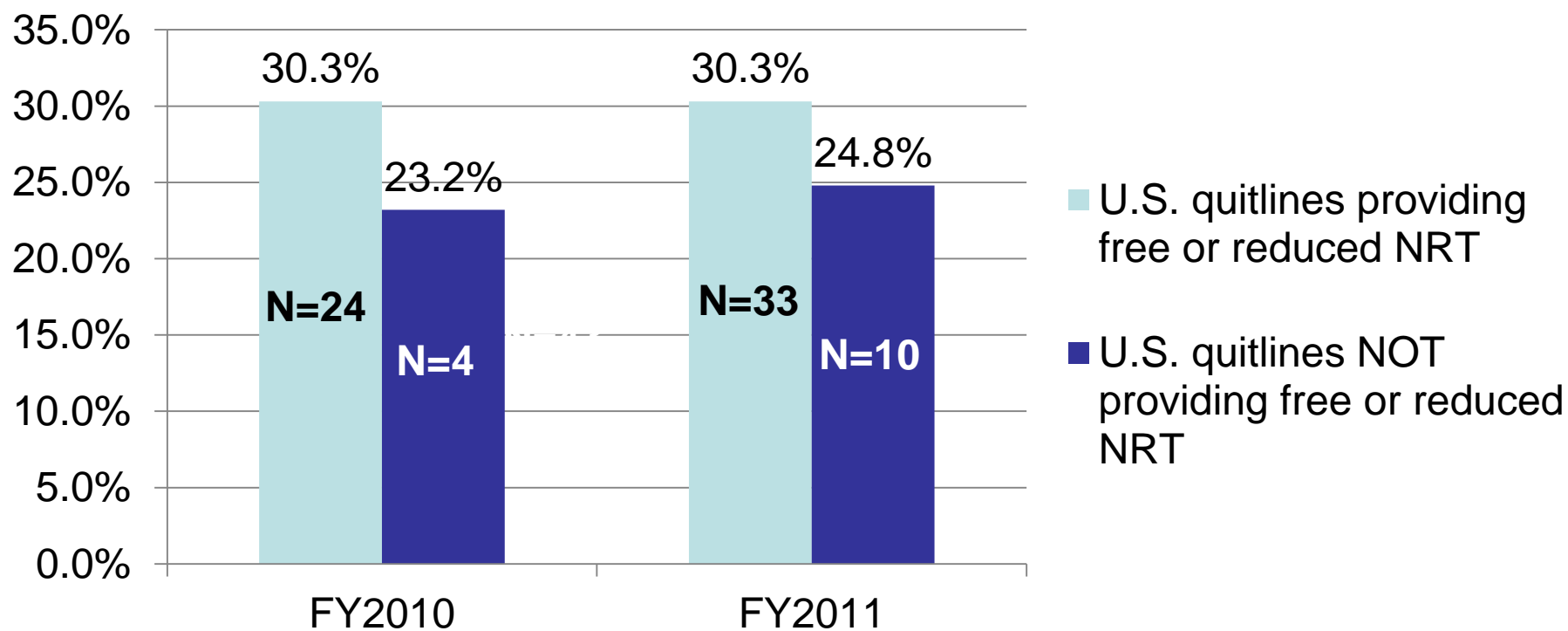
Quit Rate Context

- All 45 US and 1 Canadian quitlines reporting quit rate information obtained consent from tobacco users
- Consent rates averaged 92%, ranging from 63% to 100% (n=38)
- Response rates averaged 40%, ranging from 15% to 65% (n=44)
- Average time to follow-up was 212 days (range 147-365 days) (n=34)

NAQC Standard Quit Rates Remained Steady FY2010-FY2011



FY10-FY11 Average Quit Rates by Provision of Free or Reduced NRT



Goal 3a: Quit Rates $\geq 30\%$ (U.S. Quitlines)

		FY 2010	FY 2011
# quitlines $\geq 30\%$ quit rate		12/29 (41%)	16/42 (38%)
# quitlines $> 20\%$ quit rate		27/29 (93%)	40/42 (95%)

Next Steps

- Final powerpoint presentations will be posted on the 2011 survey page
- FY2011 benchmarking data will be sent to individual quitlines
- Quitline-specific tables will be posted on the 2011 survey page
- Quitline Profiles will be updated (metrics section)
- FY2011 Fact Sheet will be posted online

Funding Sources for the FY 2011 NAQC Annual Survey of Quitlines

Centers for Disease Control and Prevention,
Office on Smoking and Health

American Lung Association

NAQC Membership Dues

Recommended Citation:

North American Quitline Consortium. 2012. Results from the 2011 NAQC Annual Survey of Quitlines.

Available at

<http://www.naquitline.org/?page=2011Survey>

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

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