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Background

There is considerable evidence that tobacco cessation quitlines are effective at helping people quit using tobacco (Miller 2009, Stead 2006, Stead 2008, An et al. 2010, Tinkelman 2010, Moor et al., (NAQC annual survey data, 2010)). Similarly, while there is strong evidence that providing outbound proactive counseling improves effectiveness (Quitline members, 1996, Pan 2006, Stead et al. 2006, Stead et al. 2005, Forre 2008), there are no studies that show that staffing quitlines with health care providers, only 5% have implemented text messaging programs (NAQC annual survey data, 2010).

Methods

The Knowledge Integration for Quitlines: Networks to Improve Cessation (KITQIC) grant was awarded to the Arizona Cancer Center at the University of Arizona, to work with the North American Quitline Consortium (NAQC) to better understand the communication mechanisms by which NAQC members interact, share new evidence, make decisions on how and when to implement different evidence-based and adopt practices that they believe will improve quitline outcomes.

To understand more about the specific practices implemented by quitlines, the research team surveyed representatives of North American quitlines in two consecutive years 2010 n = 63 and 2011 n = 65.

To assess level of implementation for each practice, survey respondents were asked first whether they were aware or not aware of each practice. If they reported being “aware” of a practice, they were asked what stage of the decision-making process they were in.

If they selected “decided to implement the practice,” they were asked what stage of implementation they were in (see Figure 1).

Results

There was no relationship between the level of evidence for either reach or efficacy and the number of quitlines implementing the practice in either 2010 or 2011 (see Table 1).

Discussion

In general, for the practices included in this study, quitlines added more practices than they dropped from 2010 to 2011. Of the four practices that showed a decrease in level of implementation, one requiring counselors to have masters degrees had very little evidence that it increased either efficacy or reach, and very little overall improvement from electronic medical records to require significant financial and staff resources to implement.

Conclusions

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The format of the questions will follow these linear stages.

Finally, there are some individual studies that examine the impact of certain practices on quitline reach (Miller 2009, Campbell 2006, Stead 2008, An et al. 2010, Tinkelman 2010, Moor et al., (NAQC annual survey data, 2010)).

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