



North Carolina Health and Wellness Trust Fund



Quitline NC Year 1 Evaluation November 2005 - October 2006

Prepared for:
North Carolina Health and Wellness Trust Fund



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A. Executive Summary

Most North Carolina (NC) tobacco users want to quit and about half have attempted to do so in the past year.¹ In response to the ongoing and increasing need for effective tobacco cessation services in the state, the NC Health and Wellness Trust Fund Commission (HWTF) and NC Department of Health and Human Services (DHHS) jointly funded a new proactive state quitline available for free to all NC residents who want help with quitting their nicotine addiction.

Telephone-based, tobacco cessation quitlines have been identified in research as an effective and evidenced-based approach to tobacco cessation. Proactive quitlines have been shown to significantly increase quit rates compared to quitting with no support.²

The NC Tobacco Quitline, referred to as Quitline NC, completed its first year of operation between November 1, 2005 and October 31, 2006 (Year 1). Services for the following groups of callers are funded by the HWTF: 1) callers aged 24 years and younger, 2) callers who are school or childcare employees, and 3) callers who live with and/or are the primary caregiver of a child under 18 years old. Funding for all other callers is provided by the DHHS.

The UNC School of Medicine, Tobacco Prevention and Evaluation Program (UNC TPEP) was contracted by the HWTF to evaluate Year 1 outcomes of the HWTF-funded portion of Quitline NC, particularly services provided to youth and young adults. A framework for this evaluation is outlined in the HWTF Quitline NC logic model developed by UNC TPEP in collaboration with the HWTF and DHHS in January 2006 (page 9).

Findings from UNC TPEP's analysis of caller data, promotions, and activities, in relation to the Year 1 goals and objectives of Quitline NC, are summarized in this report. The following section highlights key outcomes of the HWTF-funded portion of Quitline NC during Year 1 and recommendations for program improvement in Year 2.

Summary of Key Findings and Outcomes

Based on results measured across a variety of indicators, Quitline NC has been successful in achieving several outcomes in its first year of operation. Measures that support this finding, broadly outlined in the Quitline NC logic model, are as follows:

Quitline Operation and Call Volume

- Since its launch in November 2005, Quitline NC has been fully operational and available to all NC residents who wish to use its services.
- Total funding for Quitline NC in Year 1 was approximately \$1.27 million, including \$800,000 from the HWTF, \$270,000 from the Centers for Disease Control and Prevention (CDC), and \$200,000 from Blue Cross Blue Shield of NC (BCBS). CDC and BCBS contributions were administered through the DHHS. About 24% of the total budget was spent on Quitline NC promotion, including \$160,000 from the HWTF, \$100,000 from BCBS, and \$44,000 from the CDC.

- In total, Quitline NC received 4,132 calls during Year 1, 73% (3,020) of which were from NC tobacco users (average 252 tobacco-using callers per month). The average number of calls including tobacco users, general public, providers, and proxies was 309 per month.
- Overall, Quitline NC reached approximately 0.2% of the NC adult smoking population during Year 1. According to recent data collected by the North American Quitline Consortium, this is within the expected range of smokers reached by a state quitline in its first year of operation with minimal promotion.³
- While call volume generally fluctuated over the year, the number of calls consistently increased during months that included promotional campaigns.

HWTF Target Populations

- Quitline NC services were utilized by youth and young adults during Year 1, though at lower rates than adults. Approximately 2% (72) of all tobacco-using callers were youth (aged 12-17) and 10% (315) were young adults (aged 18-24). This represents an approximate 0.07% reach of NC high school aged smokers and 0.13% reach of NC young adult smokers during Year 1.
- Three quarters of youth callers who currently attend school (i.e., 38 of 51 youth) reported that their school had a 100% Tobacco-Free School (TFS) policy. Fifty percent (19) of these youth said the policy motivated them to quit and utilized Quitline NC for support.
- More than half (56%) of all young adult callers did not attend school, and 27% were college students. Young adult callers not attending school were more likely to be Black/African American, uninsured, and working full-time than callers who were college students.
- Quitline NC reached a substantial number of adults who serve as care takers and role models of children and youth in their school and home environments. More than a quarter (29% or 888) of all Year 1, tobacco-using callers were childcare/school employees or primary caregivers funded by the HWTF.
- Quitline NC served a significant number of tobacco users from priority populations. About 40% of all tobacco-using callers were either uninsured or using Medicaid. Twenty-eight percent of all tobacco-using callers were Black/African American, 3.0% Hispanic, and 1.7% American Indian. Four percent (72) of all female callers were either planning a pregnancy, pregnant, or breastfeeding, 78% of which were from HWTF target populations.

Fax Referral Service

- The Quitline NC fax referral service was implemented and promoted among NC health care providers in Year 1. While overall fax referral service utilization was relatively low (9.3% of all Year 1, tobacco-using callers were referred by fax), additional efforts to promote and integrate the fax referral service are already under consideration for Year 2.

Promotion

- Important formative research on how to market quitline services to youth and young adults was completed during Year 1 with significant investment by the HWTF. Findings were disseminated and incorporated into Year 1 efforts, as well as planning of future promotions in Year 2.
- Paid media to promote Quitline NC was not the focus of the HWTF during Year 1; however, a grassroots marketing campaign, targeting youth and young adults, was implemented in the fall of 2005 along with other Quitline NC launch efforts and Great American Smokeout activities. While the grassroots campaign was not officially evaluated, a combination of this campaign and other promotions appeared to increase Quitline NC call volume during this time.
- Callers most frequently heard about Quitline NC through health professionals, TV, family and friends. The number of callers hearing about Quitline NC from a health professional increased over the year.
- A small-scale TV/radio campaign, funded by Blue Cross Blue Shield of NC, targeting adult callers 18-49 years old, demonstrated positive increases in youth and young adult callers in June and July of 2006. Overall, youth and young adult callers responded more significantly to TV ads than other types of promotions.
- Callers to Quitline NC are ready to quit as the majority (78%) of all Year 1 tobacco-using callers were in the preparation stage of quitting. Eighty-five percent of all callers also used tobacco every day. This suggests that Year 1 promotions were successful in reaching Quitline NC's overall target audience (i.e., everyday tobacco users who are ready to quit in the next 30 days).

Utilization

- More than half (55%) of all callers participated in Quitline NC's multi-call program during Year 1. This is significant, as research indicates that multi-call program participants are more likely to succeed in quitting than one-call program participants.² However, while the majority (99%) of multi-call program participants completed an intervention for Call 1 of the program, less than 40% of participants successfully completed interventions for Calls 3 and 4.

Satisfaction and Quit Rates

- An interim evaluation report produced by Quitline NC vendor, Free & Clear, Inc., demonstrated a 17.3% intent-to-treat, 30-day quit rate among seven month follow-up survey respondents from HWTF target populations (including both one-call and multi-call program participants). About 95% of HWTF respondents reported they were satisfied with Quitline NC services. This survey only included Year 1 callers who registered with Quitline NC between November 2005 and March 2006.

Recommendations

The demand for Quitline NC services will likely increase in NC over the next five years due to continued increases in secondhand smoke policy regulation and legislation. In light of this need, and relative success of Quitline NC during its first year of operation, the following recommendations should be taken into consideration for future planning and provision of Quitline NC services to HWTF target populations:

- Quitline NC funding should be expanded to support comprehensive quitline services for adults, young adults, and youth. If adequately funded and promoted, Quitline NC should aim to reach at least double the number of tobacco-using callers in Year 2 (6,000) and at least 16,000 callers in Year 3 (approximately 1% of NC youth and adult smokers).
- In order to reach 6,000 callers in Year 2, at least \$780,000[†] should be budgeted for Quitline NC program services in Year 2.⁴ In addition, the CDC recommends that funding for Quitline NC promotional campaigns should approximate total resources spent on program services. Therefore, a minimum total of \$1.56 million (\$780,000 for program services and \$780,000 for promotion) should be budgeted for Quitline NC in Year 2 to ensure optimal use.
- A comprehensive, sustained promotional campaign is essential to driving youth and young adult callers to Quitline NC. Formative market research, Year 1 data, and experiences from other states should be integrated into the development of an effective Quitline NC promotional campaign targeting these populations. The campaign should utilize diverse forms of media used by youth and young adults (e.g., TV, internet).
- All promotional campaigns should be formally evaluated to determine their success.
- Continued efforts to target primary caregivers and childcare/school employees in promotions should occur as children and youth are significantly influenced by these role models and continue to be exposed to secondhand smoke in their environments.
- Promotions should also target health professionals as they are a top source of referrals to Quitline NC. Formative research will help to identify effective strategies for increasing NC health care providers' awareness and utilization of Quitline NC.
- Efforts to incorporate nicotine or non-nicotine replacement therapy (NRT) as a component of Quitline NC should continue as this is an evidence-based practice and form of promotion.
- Findings from research and this evaluation should be used to establish measurable objectives (e.g., goal number of youth callers, fax referrals, etc.) for Year 2.

[†] This amount is based on multiplying 6,000 by the CDC's estimate of \$130 per caller for determination of minimum state funding.⁴ The figure \$130, given in 2004 dollars, comes from multiplying the lowest cost per caller estimate [\$175] by 75%, assuming that 25% of callers will not use counseling.

B. Background

Tobacco use continues to be the leading cause of preventable death and disability in North Carolina (NC). Approximately 12,000 NC adults die from smoking each year and another 2,000 adults, children, and babies will lose their lives from exposure to secondhand smoke.⁵ Thousands more will survive with tobacco-related illnesses. Each year, North Carolina spends \$2.5 billion in health care costs directly related to smoking.⁶

Approximately 1.5 million (22.6%) of NC adults are smokers.¹ Twenty percent of NC high school students and 5.8% of middle school students are current smokers, and about 40% of youth live in homes where others smoke.⁶ Smoking rates are highest among NC young adults, aged 18-24 years old, at 28%.¹ While declines in smoking rates have slowed in the past decade, the need for policy changes that encourage quitting and improve access to proven cessation resources has increased.

Helping tobacco users quit is one of the most important steps to improving public health and reducing tobacco-related morbidity and mortality in NC. About half of all NC youth and adult smokers have attempted to quit in the past year.^{1,6} While many studies show that most tobacco users want to quit, many of them are unable to do so without support and guidance.

B.1. The North Carolina Tobacco Quitline (Quitline NC)

In October 2005, the NC Health and Wellness Trust Fund Commission (HWTF) and the NC Department of Health and Human Services (DHHS) jointly funded the NC Tobacco Quitline, or Quitline NC (1-800-QUIT-NOW). Quitline NC is a proactive telephone service that helps tobacco users quit their addiction by offering callers advice, support, and referrals to local cessation resources.

Research has shown that quitlines are an effective and evidence-based approach to tobacco cessation. In a recent meta-analysis of 13 studies, proactive quitline use was shown to increase quit rates by 56% compared to quitting with no support.² Studies show higher quit rates for quitlines that offer pharmacotherapy in conjunction with telephone support services.^{4,7} Research has also shown that marketing campaigns that promote quitlines are effective at increasing utilization.^{4,8}

Call volume varies widely among state quitlines. The expected number of calls, or reach of a state quitline, is associated with several factors including state population, tobacco prevalence rates, quitline resources, years in operation, and level of promotion. According to the most recent data collected by researchers at the North American Quitline Consortium (NAQC),³ the reach of quitlines to adult smokers averaged around 1% in the United States in 2005, with considerable variability among quitlines ranging from 0.01 to 4.28%. Average call volumes for youth, users of other types of tobacco (e.g., smokeless tobacco), and state quitlines in their early years of operation have not been assessed by NAQC at this time.

The effectiveness of quitlines for youth populations is yet to be established, however empirical studies showing the results of youth-focused quitlines in Utah and California have been promising. An evaluation of the Utah Youth Tobacco Quitline demonstrated an overall 43% 30-day smoking abstinence rate for youth callers.⁹ Quit rates were higher for youth selecting multiple-call versus single-call intervention.

Quitline NC is the first state-funded quitline in North Carolina. Prior to the launch of Quitline NC, NC residents could access a national tobacco cessation quitline provided through the National Cancer Institute (NCI) at 1-800-44U-QUIT. As of November 2005, NC residents calling 1-800-QUIT-NOW are routed to Seattle-based quitline vendor, Free & Clear, Inc. for Quitline NC services. Free & Clear was selected through a national Request For Applications (RFA) process in the spring of 2005 to provide services for the NC Tobacco Quitline. The contract was officially awarded in July 2005.

Free & Clear currently operates several state quitlines in the U.S. including Utah, Oregon, and South Carolina. They have experience providing quitline services to youth and helping states build public-private partnerships. In a 2004 study by Free & Clear using intent-to-treat analysis, 25% (22,500) of 90,000 tobacco users enrolled in Free & Clear multi-call programs between 1993-2004 reported being quit for more than 30 days.¹⁰ This study only included data for Free & Clear's commercial quitlines. Quit rates for commercial quitlines are typically higher than state quitlines due to differences in the types of callers and services available.

Since 2002, the HWTF has funded two statewide tobacco prevention and cessation initiatives targeting teens and college students in North Carolina. In an effort to supplement these initiatives, the HWTF funded Quitline NC research and provision of services to the following three populations:

- 1) All callers aged 24 years and younger;
- 2) All callers who are identified as school or childcare employees; and
- 3) All callers who live with and/or are the primary caregiver of a child under the age of 18, and thus are a role model for children/youth.

Services for all other Quitline NC callers are paid for through Centers for Disease Control and Prevention (CDC) and Blue Cross Blue Shield of NC (BCBS) funding received and administered through the NC DHHS, Division of Public Health, Tobacco Prevention and Control Branch. The DHHS is most interested in marketing Quitline NC services to at-risk populations and those who are least likely to have coverage for services (e.g., Medicaid eligible populations).

B.2. Quitline NC Services

Quitline NC was officially launched on November 1, 2005. All interested tobacco users, providers and proxies are eligible for telephone assistance from one of Free & Clear's expert tobacco treatment specialists, or quit coaches. Services are provided in both English and Spanish, seven days a week between 8:00am and midnight.

Quitline NC is a proactive quitline service. The proactive nature of Quitline NC means that quit coaches can call the tobacco user back to answer questions and offer program services. Following Call 1 of the multi-call program, tobacco users are offered an additional three proactive calls (Calls 2-4). Research has demonstrated the quitline callers who participate in multi-call interventions are more likely to succeed at quitting than callers who participate in single-call interventions.²

Callers may request information about quitting for themselves, a friend or family member. Tobacco users may choose to participate in one-call or multi-call programs, ask general questions, and/or receive self help materials. All interested callers will receive printed cessation support materials and a referral to local programs, as required.

Quitline NC offers a customized youth program to serve callers 17 years of age and younger. Free & Clear's youth program involves specialized youth protocols including specialized call timing, "Youth Coaches," program incentives, and materials designed and tested for youth by the California Smokers' Helpline.

Quitline NC also offers a fax referral service. This service is designed to assist health professionals in connecting their patients to Quitline NC using a special fax referral form. Once this form is received by the quitline, a quit coach will initiate a call to the patient to assist them with their cessation needs. Information about Quitline NC and its fax referral service is accessible to the public via the internet at www.quitlinenc.com.

B.3. Evaluation

The UNC School of Medicine Tobacco, Prevention and Evaluation Program (UNC TPEP) was contracted by the HWTF to conduct the outcomes evaluation for the HWTF-funded portion of Quitline NC. UNC TPEP responsibilities include logic model development and evaluation planning, analyzing Quitline NC data, providing recommendations, and disseminating results. The purpose of this report is to examine Quitline NC outcomes during its first year of operation, particularly in relation to its goal of reaching tobacco-using youth and young adult populations in North Carolina.

C. Methods

In January 2006, UNC TPEP, in cooperation of HWTF and the DHHS, developed a logic model to guide the outcomes evaluation for the HWTF-funded portion of Quitline NC (Figure 1). This model outlines the resources, activities, outputs, short-term, intermediate, and long term outcomes for the HWTF-funded portion of Quitline NC.

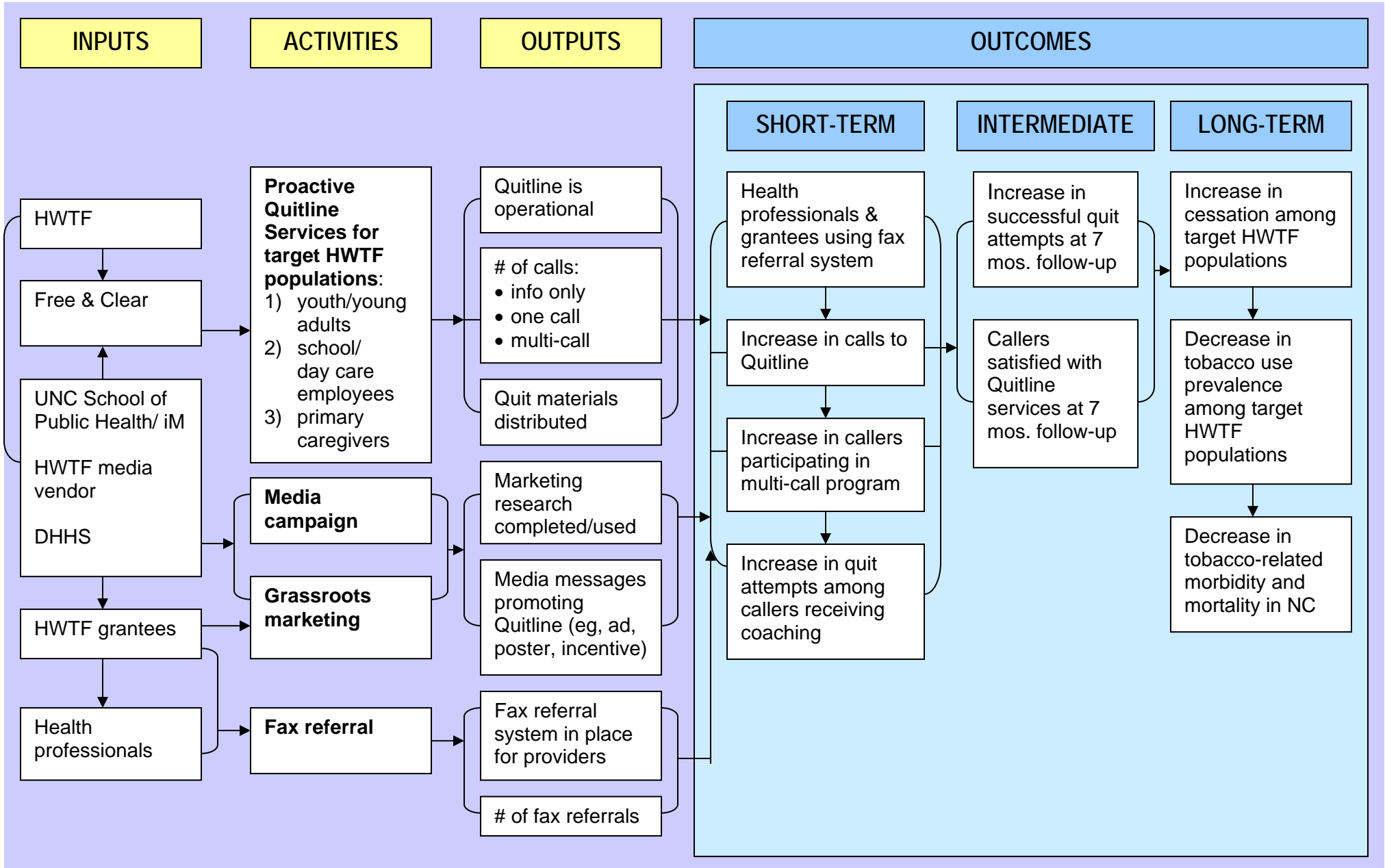
The Quitline NC vendor, Free & Clear, is responsible for collecting, cleaning, and managing all Quitline NC intake data, call utilization data, and end-of-program survey data. Intake data collection includes Minimum Data Set (MDS) questions outlined by the North American Quitline Consortium. Additional custom questions were added based on recommendation of the HWTF, DHHS, and UNC TPEP to ensure that all necessary data are being collected for the evaluation.

Intake and call utilization raw data extracts are sent to UNC TPEP by Free & Clear. Data were analyzed by UNC TPEP using SPSS with a specific focus on data for tobacco-using callers from HWTF populations (i.e., youth, young adults, childcare/school employees, and primary caregivers). In addition to this Year 1 report, findings have been disseminated in three Interim Reports produced throughout the year for the HWTF.

The primary data sets used for this report were raw intake/demographic data extracts produced by Free & Clear for UNC TPEP and DHHS evaluators. Due to delays in receiving data, and some errors in data collection, minimal analysis of call utilization data was included in this report. The following resources were also incorporated in this report to assist in the evaluation:

- *Fax Referral Survey Report*, UNC TPEP, 2007;
- *Market Research on Teenagers and Young Adults for Promoting a Tobacco Cessation Quitline*, UNC School of Public Health and Innovation Management, Inc. 2006; and
- *North Carolina Tobacco Use Quit Line Evaluation Report Year 01*, Free & Clear, 2006.

Figure 1. Logic Model for the HWTF-funded Portion of Quitline NC (January 2006)



D. Summary of Findings

D.1. Call Volume

Quitline NC completed its first year of operation between November 1, 2005 and October 31, 2006 (Year 1). Given this was its first year in existence, a significant amount of planning, start-up activities, and small-scale promotion took place to increase NC residents' awareness and use of Quitline NC services.

In total, 4,132 people called Quitline NC during Year 1 (Table 1). The majority of callers (3,020 or 73.1%) were tobacco users. Ninety-eight percent (2,948) of all tobacco users were adults (18 years old and older) and 2.4% (72) were youth (12-17 years old). This represents an approximate 0.2% reach among NC adult smokers.[†] Additional analysis demonstrates an approximate 0.13% reach among NC young adult smokers^{††} (18-24 years old) and 0.07% reach among NC high school aged smokers (14-17 years old).^{†††} About 12% of all tobacco users were repeat callers (i.e., was not first call in 12 months).

The HWTF was associated with 32.1% (1327) of all Quitline NC callers during Year 1. Calls funded by HWTF include tobacco users from target HWTF populations and related proxies, providers, and members of the general public (e.g., parents calling for help with a teenager using tobacco, callers under 24 years old asking for general information). Other types of calls (i.e., wrong numbers, pranks, hang ups) occur at no charge to either the HWTF or DHHS.

Ninety-six percent (1275) of HWTF-funded callers were tobacco users. The largest number of HWTF-funded, tobacco-using callers were primary caregivers (835 or 64.5%), followed by young adults (315 or 24.7%), youth (72 or 5.6%), and childcare/school employees (53 or 4.2%).

After tobacco users, the next largest group of Quitline NC callers was those seeking general information about Quitline NC (8.9%). Providers and proxies made up 4.0% and 3.6% of callers respectively.

Overall, the number of calls to Quitline NC increased compared to previous years when a state Quitline in NC did not exist. Accurate baseline information regarding the number of NC calls to the National Cancer Institute (NCI) Quitline prior to the launch of Quitline NC is unavailable for comparison.

Table 1. Total Year 1 Callers by Type of Caller and Funding Source (n=4132)

Type of Caller	Funding Source				Total	
	HWTF		DHHS			
	#	%	#	%	#	%
Tobacco User	1275	96.1	1745	62.2	3020	73.1
General Public	4	0.3	365	13.0	369	8.9
Provider	1	0.1	165	5.9	166	4.0
Proxy	28	2.1	122	4.3	150	3.6
Other**	19	1.5	408	14.6	427	10.3
Total	1327	100.0	2805	100.0	4132	100.0

** Includes hang ups (8.6%), pranks (1.3%), and wrong numbers (0.4%).

[†] 2,948 out of total population of NC adult smokers (1,477,697 or 22.6% of total NC adult population).

^{††} 315 out of total population of NC young adult smokers (237,687 or 28% of total NC young adult population).

^{†††} 68 out of total population of NC high school aged smokers (95,700 or 20.3% of NC 14-17 year old population).

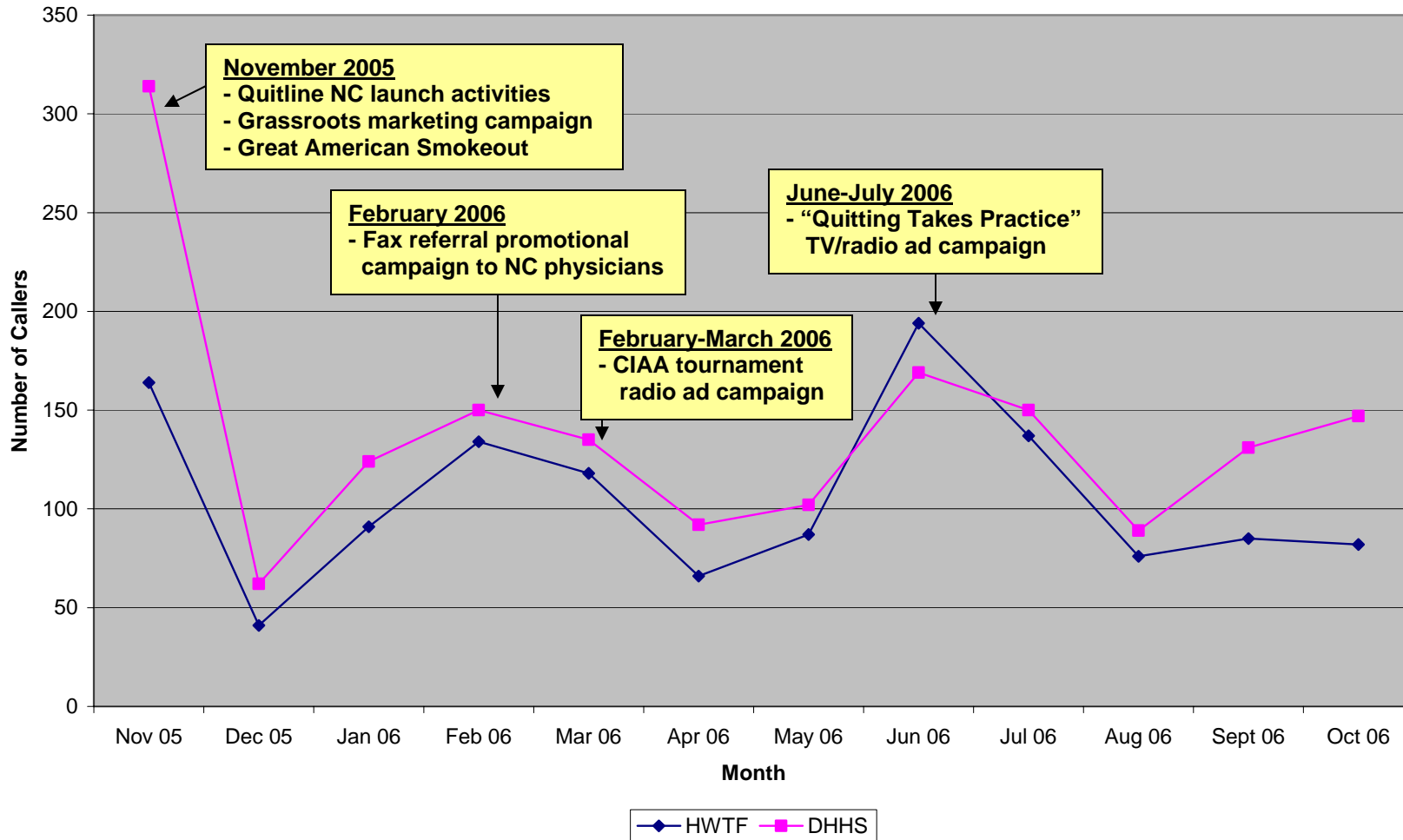
The number of calls to Quitline NC by tobacco users fluctuated throughout Year 1 with the highest number of calls occurring during the first month of operation (November 2005) and months with special Quitline promotions (i.e., Great American Smokeout activities/grassroots marketing campaign in November 2005, fax referral promotional campaign in February 2006, CIAA tournament radio ad campaign in February/March 2006, and the “Quitting Takes Practice” radio/TV ad campaign in June and July 2006). See Table 2 and Figure 2 for trends.

Calls by HWTF and DHHS-funded populations generally followed similar trends throughout Year 1, with spikes in calls for both groups generally occurring during the same months. Some exceptions include the month of June where the number of HWTF-funded calls exceeded the number of DHHS-funded calls. Also, at the end of Year 1, the number of DHHS-funded calls showed an increasing trend while the number of HWTF-funded calls appears to level out.

Table 2. Year 1 Callers by Month and Funding Source (Tobacco Users Only, n=3020)

Month	Funding Source				Total	
	HWTF		DHHS			
	#	%	#	%	#	%
NOV 05	164	12.9	314	18.0	478	15.8
DEC 05	41	3.2	62	3.6	103	3.4
JAN 06	91	7.1	124	7.1	215	7.1
FEB 06	134	10.5	150	8.6	284	9.4
MAR 06	118	9.3	145	8.3	263	8.7
APR 06	66	5.2	103	5.9	169	5.6
MAY 06	87	6.8	116	6.6	203	6.7
JUN 06	194	15.2	214	12.3	408	13.5
JUL 06	137	10.7	150	8.6	287	9.5
AUG 06	76	6.0	89	5.1	165	5.5
SEP 06	85	6.7	131	7.5	216	7.2
OCT 06	82	6.4	147	8.4	229	7.6
Total	1275	100.0	1745	100.0	3020	100.0

**Figure 2: HWTF and DHHS call volume over time (Tobacco users only, n=3020)
November 2005 - October 2006**

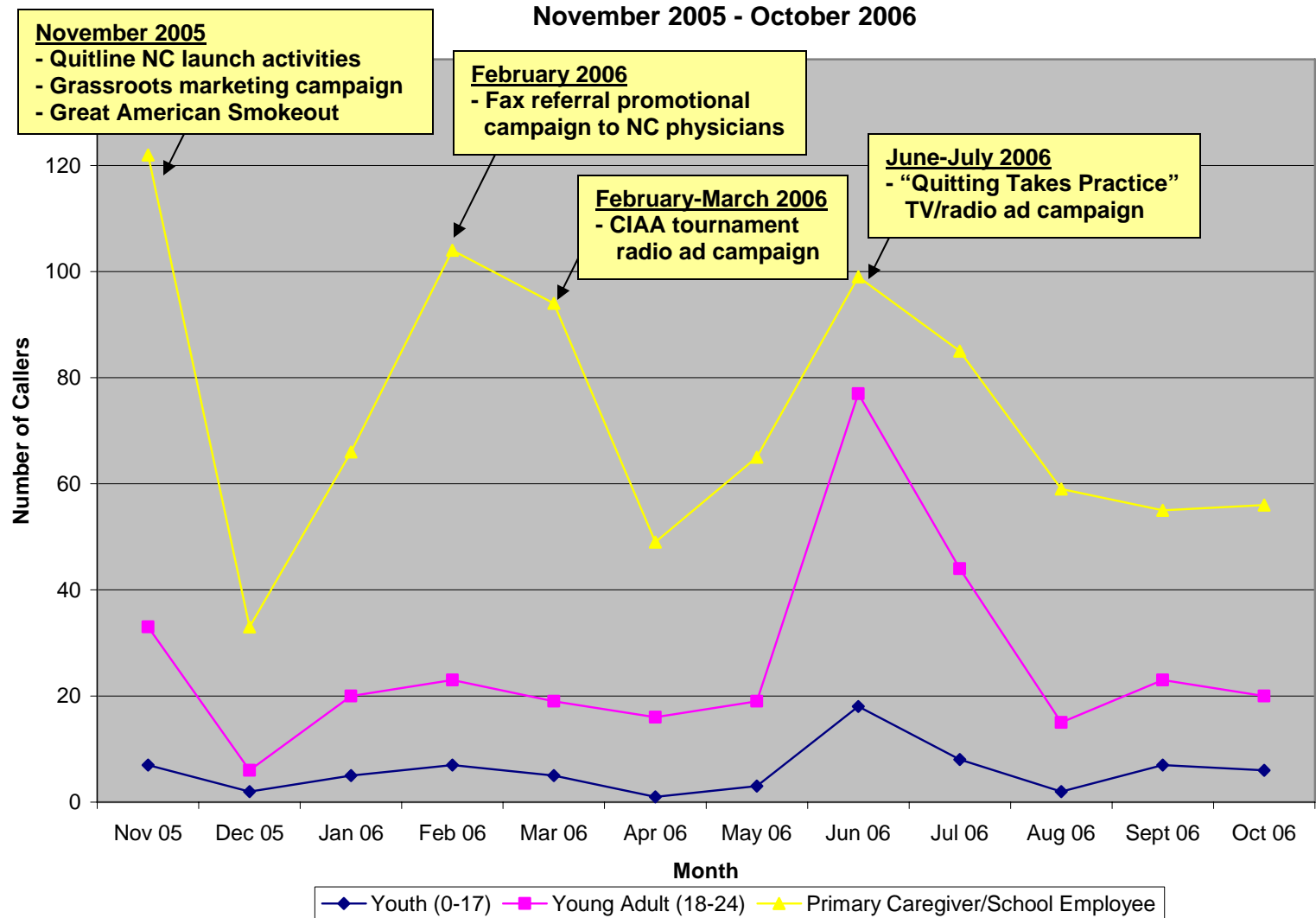


Trends in call volume by HWTF target populations also fluctuated over Year 1 (Table 3 and Figure 3). Calls by school employees and primary caregivers showed significant spikes during the months of November 2005, February, June, and July 2006. Interestingly, while calls by HWTF-funded adults increased during the months surrounding the fax referral promotional campaign in February, calls by youth and young adults did not increase. Calls by young adults increased significantly during the month on June 2006, which is likely associated to the “Quitting Takes Practice” radio/TV ad campaign which aired during that time. Overall, calls to Quitline NC by youth were relatively low in Year 1.

Table 3. Year 1 HWTF-funded Callers by Month (Tobacco Users Only, n=1275)

Month	HWTF Status								Total	
	Youth		Young Adults		Primary Caregivers		School Employees			
	#	%	#	%	#	%	#	%	#	%
NOV 05	8	11.1	33	10.5	115	13.8	8	13.8	164	12.9
DEC 05	2	2.8	6	1.9	31	3.7	2	3.8	41	3.2
JAN 06	5	6.9	20	6.3	60	7.2	6	11.3	91	7.1
FEB 06	7	9.7	23	7.3	97	11.6	7	13.2	134	10.5
MAR 06	5	6.9	19	6.0	89	10.7	5	9.4	118	9.3
APR 06	1	1.4	16	5.1	46	5.5	3	5.7	66	5.2
MAY 06	3	4.2	19	6.0	59	7.1	6	11.3	87	6.8
JUN 06	18	25.0	77	24.4	95	11.4	4	7.5	194	15.2
JUL 06	8	11.1	44	14.0	81	9.7	4	7.5	137	10.7
AUG 06	2	2.8	15	4.8	54	6.5	5	9.4	76	6.0
SEP 06	7	9.7	23	7.3	53	6.3	2	3.8	85	6.7
OCT 06	6	8.3	20	6.3	55	6.6	1	1.9	82	6.4
Total	72	100.0	315	100.0	835	100.0	53	100.0	1275	100.0

Figure 3: HWTF population call volume over time (Tobacco users only, n=1275)
November 2005 - October 2006



D.2. Characteristics of Callers

The following section highlights the characteristics of tobacco-using adults, young adults, and youth who called Quitline NC during Year 1. This includes information about demographics, health insurance, tobacco use behaviors, school/work status, and stages of change. Additional data tables to accompany this section are included in Appendix A.

D.2.a. Adults (25 years and older)

The majority (87.2%) of Year 1 Quitline NC callers were adults over 25 years old. Thirty-four percent (888) of these callers were childcare/school employees and/or primary caregivers funded by the HWTF.

Demographics

Almost 50% of all callers were between the ages of 35 and 54 years old. Adult callers were more frequently female, particularly primary caregivers and childcare/school employees. Two percent (35) of all adult, female callers were either pregnant, planning a pregnancy, or breast feeding. Fifty-four percent (19) of these females were primary caregivers or childcare/school employees.

The majority (58.1%) of all adult callers were white, followed by Black/African American (27.5%) and Hispanic (2.7%). Among childcare/school employees and primary caregivers, 55% were white, 35% Black/African American, 4.3% Hispanic, and 2.4% American Indian or Alaskan Native. Ninety-nine percent of all adult callers spoke English. One percent of childcare/school employees and primary caregivers spoke Spanish.

Most adult callers resided in the counties with the largest populations and/or counties in media markets that aired the “Quitting Takes Practice” radio/TV ad campaign in June and July 2006 (i.e., Charlotte, Greenville-Spartanburg, Greenville-New Bern, Greensboro, Raleigh, Wilmington). Seventy-six percent of the top ten counties with callers who are childcare/school employees have 100% Tobacco-Free School districts. See Table 4 for a list of top ten counties by number and type of adult callers.

Table 4. Top Ten Counties by Number of Adult Callers

Rank	Primary Caregiver		School Employee		DHHS		Total		Top Ten NC Counties By Population Size
	County	#	County	#	County	#	County	#	
1	Mecklenburg	84	Mecklenburg*	10	Mecklenburg	165	Mecklenburg	311	Mecklenburg
2	Wake	56	Durham*	6	Wake	110	Wake	198	Wake
3	Guilford	48	Wake*	3	Guilford	91	Guilford	165	Guilford
4	Durham	41	Guilford*	3	Buncombe	76	Durham	127	Forsyth
5	Gaston	33	Buncombe*	3	Durham	65	Buncombe	120	Cumberland
6	Buncombe	28	Chatham*	3	Forsyth	49	Forsyth	86	Durham
7	Forsyth	24	Forsyth	2	Cumberland	41	Cumberland	73	Buncombe
8	Cumberland	22	Moore*	2	Henderson	36	Gaston	70	Gaston
9	Catawba	22	Harnett	2	Alamance	35	Catawba	58	New Hanover
10	New Hanover/ Rowan	19	Sixteen counties* †	1	New Hanover	29	Henderson	56	Union

* Counties with 100% tobacco-free school districts

† One school employee called from sixteen counties. Twelve (75%) of these counties have 100% Tobacco-Free School districts.

Note: 215 adult callers were missing county information.

Over half (52.1%) of all adult callers have obtained a high school degree or some college/university education (no degree). Forty-three percent of school employees, 18.1% of primary caregivers, and 16.1% of DHHS-funded adults have a college or university degree. Sixteen percent of both HWTF-funded and DHHS-funded adults have no high school degree or a level of education less than grade nine.

Approximately 14.6% of all adult callers had chronic asthma, 11.7% had chronic obstructive pulmonary disease (COPD), and 10.7% had diabetes. About 13.5% of all primary caregivers had asthma and 8.5% had diabetes.

About one quarter (642 or 24%) of all adult callers was uninsured. Thirty-eight percent (245) of all uninsured callers were childcare/school employees and/or primary caregivers. Fifteen percent of all adult callers were covered by Blue Cross Blue Shield of NC (BCBS), 14% by Medicaid, and 12% by Medicare. Among callers who were childcare/school employees and/or primary caregivers, 27.6% were uninsured, 18.6% were covered by Medicaid, 16.8% by BCBS of NC, and 5% by Medicare. Twenty-five percent of childcare/school employees were covered by the NC State Employees Health Care Plan. See Figure 4 for a comparison of adult callers by four selected health plan categories: Uninsured, Medicaid, Medicare, and BCBS of NC.

Tobacco Use Behaviors

Sixty-five percent of all adult callers started smoking when they were youth and 25% when they were young adults. Most adult tobacco users (88%) who called Quitline NC used cigarettes (93% of all childcare/school employees and primary caregivers). Among all adult callers who used cigarettes, 91% smoked every day (94% of all childcare/school employees and primary caregivers who used cigarettes smoked everyday). About 2% of all adult callers used multiple forms of tobacco, 1.1% smokeless tobacco, and 0.6% cigars.

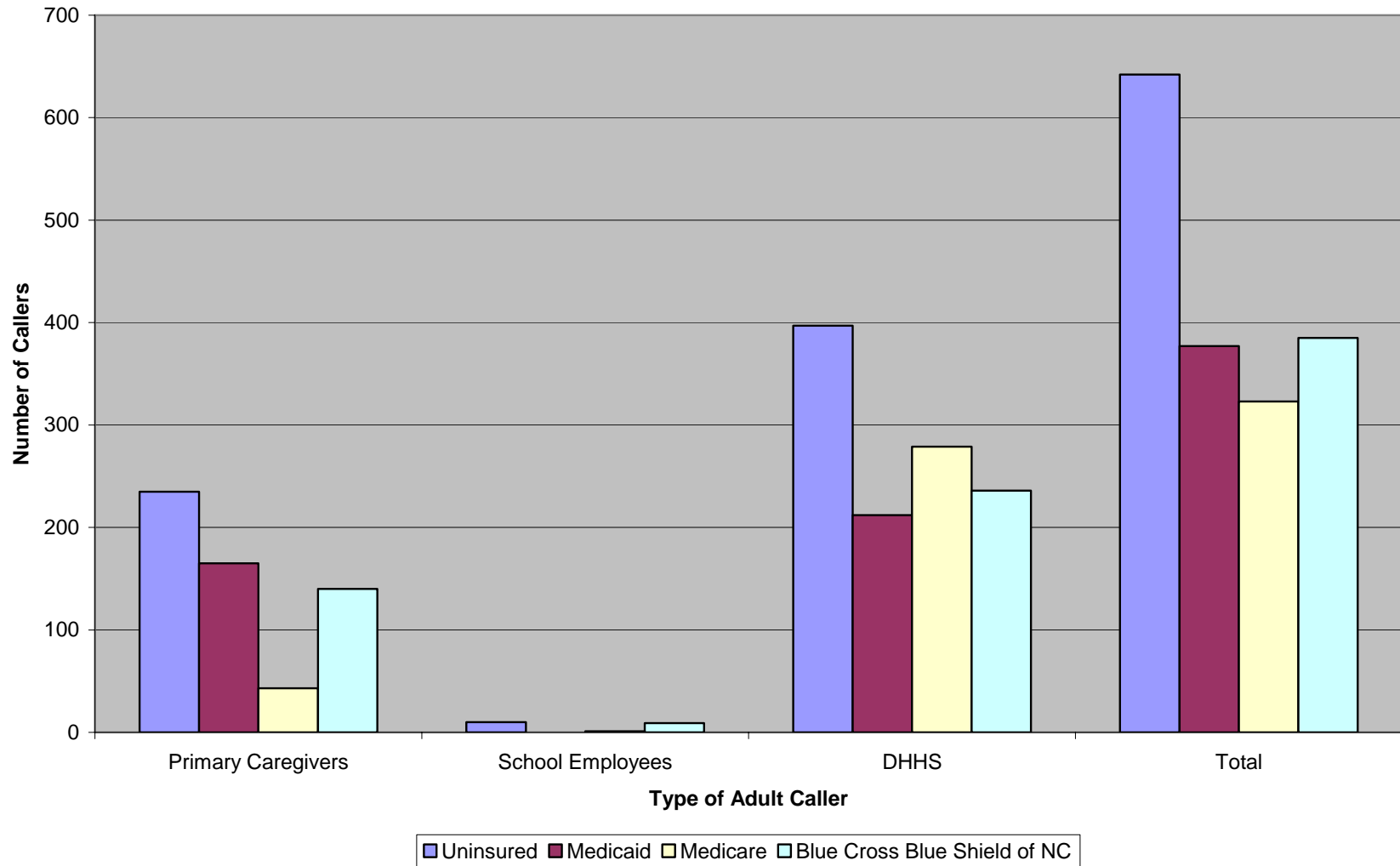
The five stages of change, based on DiClemente and Prochaska's Transtheoretical or Stages of Change Model, help to indicate where tobacco users are in their process of quitting. Table 5 lists the five stages of change and their definitions for callers. Quitline NC interventions are tailored to the individual's stage. Services are generally targeted towards callers who are ready to quit in the next 30 days (i.e., preparation stage).

Table 5. Stages of Change

Stage	Definition
Precontemplation	Caller does not intend to quit using tobacco in the next six months
Contemplation	Caller intends to quit using tobacco in the next six months
<i>Preparation</i>	<i>Caller intends to quit using tobacco in the next 30 days</i>
Action	Caller quit using tobacco in the last six months
Maintenance	Caller who has not used tobacco for more than six months

The majority (77.3%) of all adults callers were in preparation stage of quitting, indicating they were optimally ready to use Quitline NC services. An even greater percentage (84%) of childcare/school employees and primary caregivers were in the preparation stage. About 6% of adult callers were in the contemplation stage and 6% in the action stage. Relatively very few adult callers were in precontemplation or maintenance stages.

Figure 4. Select Health Insurance Plans for Year 1 Adult Callers Over 25 Years Old



D.2.b. Young Adults (18-24 years old)

Ten percent (315) of all tobacco-using, callers during Year 1 were young adults aged 18 to 24 years old. Young adults made up 25% of all tobacco-using, HWTF-funded callers in Year 1.

Demographics

Male and female young adults generally called Quitline NC at a similar rate, with only slightly more female than male callers (51.7% and 48.3%). Twenty percent (32) of all female, young adult callers were either pregnant, planning a pregnancy, or breast feeding. Young adults made up 44% of all Year 1 female callers who reported being in one of these three pregnancy stages.

The majority (58.1%) of young adult callers were white, followed by Black/African American (29.5%), Hispanic (5.1%), and American Indian or Alaskan Native (1.9%). Two percent of young adult callers used Spanish services.

In general, most young adult callers resided in the counties with the largest populations and/or counties in media markets that aired the “Quitting Takes Practice” radio/TV ads in June and July 2006. See Table 6 for a list of top ten counties by number of all young adult callers and young adult callers who were currently attending college. With the exception of four counties (Randolph, Davidson, Haywood, Onslow), all other top ten counties for young adults callers have college campuses with either direct or indirect support from a HWTF Tobacco-Free Colleges Initiative grantee. College grantees work to promote policy adoption and Quitline NC usage by young adults on NC campuses.

Table 6. Top Ten Counties by Number of Young Adult Callers

Rank	All Young Adults		College Students		Top Ten NC Counties By Population Size
	County	#	County	#	
1	Mecklenburg	47	Mecklenburg	11	Mecklenburg
2	Wake	24	Wake	6	Wake
3	Guilford	17	Durham	7	Guilford
4	Durham	12	New Hanover	5	Forsyth
5	Buncombe	11	Guilford	4	Cumberland
6	Forsyth	8	Buncombe	3	Durham
7	Rowan	8	Pitt	3	Buncombe
8	Cumberland	7	Watauga	3	Gaston
9	Catawba	7	Eleven	2	New Hanover
10	Randolph*	7	counties**		Union

* No HWTF Tobacco-Free Colleges Initiative grantee.

** Two young adults called from 11 counties. Three of these counties do not have HWTF grantee- covered campuses.

Note: Eighteen young adult callers (including 2 college students) were missing county information.

Thirty-six percent of young adult callers had a high school degree or GED. Thirty-five percent had either some level of college/university education or had obtained a college/university degree. Twenty-four percent of young adults had some high school education or a level of education less than grade nine.

About 18% of young adult callers reported that they had chronic asthma. Nine young adult callers (2.9%) reported that they had diabetes and one caller had COPD.

Compared to adult callers over 25 years old, young adult callers were more likely to not have health insurance. Over half of all Year 1 young adult callers were either uninsured (132 or 41.9%) or received health coverage through Medicaid (61 or 19.4%). The next highest percentage of young adults was covered through BCBS of NC (16.2%).

Tobacco Use Behaviors

More than 80% of young adult callers started smoking when they were youth (12-17 years old) and 16% started smoking when they were young adults. Most young adult tobacco users (87.3%) used cigarettes. Among all young adult callers who used cigarettes, 95.6% smoked every day. About 2% of young adults used smokeless tobacco and 1% used cigars. A greater percentage of young adult callers used multiple forms of tobacco than did adult callers (7.0% vs. 2.0%).

The majority (87.3%) of young adult callers were in preparation stage of quitting their tobacco use. About 6% of young adult callers were in the action stage, 2.9% in the contemplation stage, and 1.3% in the maintenance stage.

School and Employment

More than half of all young adult callers (55.9% or 176) reported that they were not currently attending school. Thirty-five percent (110) said they were currently attending school. Of those who reported that they were currently attending school, 78% (86) were in college and 21% (23) were in high school. Nine percent (29) of all young adult callers had no information about school attendance.

Table 7 compares characteristics of young adult callers who currently attend college (i.e., college students) with young adult callers who do not currently attend school (i.e., non-college students). More female college students called than male college students, while male and female non-college students called at the same rate. Female non-college students made up 29% of all female callers who reported that they were either planning a pregnancy, pregnant, or breast feeding (female college students made up 11% of the same group). A greater percentage of non-college students were Black/African American, uninsured, or using Medicaid. Non-college students were also more likely to use multiple forms of tobacco than college students.

Fifty-eight percent of all young adult callers reported that they were currently employed. Of those that reported working, 61.7% worked full-time and 32.8% worked part time. College students more frequently worked part-time and non-college students more frequently worked full-time.

Table 7. Comparison of Young Adult College and Non-College Students

Characteristic	College Students* (n=86)		Non-College Students** (n=176)	
	#	%	#	%
Gender				
Female	51	59.3	88	50.0
Male	35	40.7	88	50.0
Age				
18	10	11.6	27	15.3
19	14	16.3	26	14.8
20	14	16.3	20	11.4
21	15	17.4	28	15.9
22	14	16.3	22	12.5
23	11	12.8	23	13.1
24	8	9.3	30	17.0
Race/Ethnicity				
White	58	67.4	106	60.2
Black/African American	21	24.4	56	31.8
Hispanic	5	5.8	9	5.1
American Indian/Alaskan Native	1	1.2	4	2.3
Pregnancy Status				
Planning Pregnancy	2	2.3	6	3.4
Pregnant	6	7.0	13	7.4
Breast Feeding	0	0.0	2	1.1
Health Plan				
Uninsured	26	30.2	87	49.4
Medicaid	8	9.3	43	24.4
Blue Cross Blue Shield of NC	32	37.2	12	6.8
Tobacco Use				
Cigarettes	79	91.9	158	89.8
Cigars	2	2.3	1	0.6
Smokeless Tobacco	1	1.2	2	1.1
Multiple	4	4.7	15	8.5
Currently Working				
Yes	53	61.6	114	64.8
<i>Full Time</i>	24	45.3	79	69.3
<i>Part Time</i>	27	50.9	25	21.9

* 18-24 year old callers who currently attend school and report college as the school level.

**18-24 year old callers who report that they do not currently attend school.

D.2.c. Youth (12-17 years old)

In total, 72 (2.4%) of all tobacco-using, Quitline NC callers during Year 1 were youth. Youth made up 5.7% of all tobacco-using, HWTF-funded callers in Year 1.

Demographics

Youth callers were approximately half male and half female. Three youth were pregnant and two were planning a pregnancy. Youth made up 6.9% of all Year 1 female callers who reported being either pregnant, planning a pregnancy, or breast feeding.

The majority (68.1%) of youth callers were white, followed by Black/African American (20.8%), and Hispanic (6.9%). No callers under 18 years old used Spanish services.

The top three counties by number of youth callers were also the top three counties by population size (see Table 8). The “Quitting Takes Practice” radio/TV ads also aired in these three counties in June and July 2006. With the exception of two counties (Davidson, Alexander), all other top ten counties for youth callers received direct support from a HWTF Teen Tobacco Prevention and Cessation Initiative Community/School grantee. Community/School grantees work to promote tobacco-free policy adoption and cessation among youth in local schools and communities across the state.

Table 8. Top Ten Counties by Number of Youth Callers

Rank	Youth		Top Ten NC Counties By Population Size
	County	#	
1	Guilford	6	Mecklenburg
2	Mecklenburg	5	Wake
3	Wake	5	Guilford
4	Davidson*	4	Forsyth
5	Alexander*	3	Cumberland
6	Durham	3	Durham
7	Forsyth	3	Buncombe
8	Ten counties**	2	Gaston
9			New Hanover
10			Union

* No HWTF Teen Tobacco Prevention and Cessation Initiative Community/School grantee.

** Two youth called from 10 counties. All of these counties have a Community/School grantee.

Note: Seven youth callers were missing county information

Twenty-one percent (15) of all youth callers reported that they had chronic asthma. Two youth reported that they had COPD.

Health plan information was not collected for the majority (76.4%) of youth callers. Of those that reported health plan information, 11% reported they were uninsured and 4.2% reported health coverage through Medicaid.

Tobacco Use Behaviors

Seventy-one percent of youth callers started smoking when they were 12–17 years old and 28% percent reported that they started smoking when they were 0–11 years old. Most youth tobacco users (87.5%) used cigarettes. Among all youth callers who used cigarettes, 90.5% smoked every day and 7.9% smoked some days. One youth caller used smokeless tobacco and four youth callers used multiple forms of tobacco.

The majority (80.6%) of youth callers were in the preparation stage of quitting. About 10% were in precontemplation or contemplation stages.

School and Employment

Most youth callers (51 or 70.8%) reported that they were currently attending school. Among youth currently attending school, 86.3% (44) were in high school, 7.8% (4) were in middle school, 3.9% (2) were in college, and one was in grade school.

Three quarters of all youth who were attending school (38 or 51, or 75%) reported that their school had a 100% Tobacco-Free School (TFS) policy. TFS policy information was missing for five youth attending school. Of those who said they attended a school with a 100% TFS policy (n=38), 50% reported that the policy motivated them to quit and 44.7% reported that it did not motivate them to quit.

Over one third (27 or 37.5%) of all youth callers reported that they were currently employed. Of those who reported working, 18 (66.7%) reported working part time and nine (33.3%) reported working full-time.

D.3. Fax Referral Service

The fax referral service is a special feature of Quitline NC designed to assist health professionals in connecting their patients to the quitline. Using this service, physicians and medical staff can easily refer people to Quitline NC using a fax referral form. Once a patient has agreed to attempt to quit their tobacco use within 30 days and signed the form, the provider faxes it to the quitline at 1-800-483-3114. A Quitline NC quit coach then initiates an intake call to the patient to assist them with their cessation needs.

In an effort to increase Quitline NC fax referral service awareness and utilization by health care providers, the HWTF funded a campaign to promote the service to NC physicians. This campaign, involving a direct mailing to over 6,000 physicians, took place in February 2006. For more information about this campaign and its evaluation, refer to Section D.4.b.

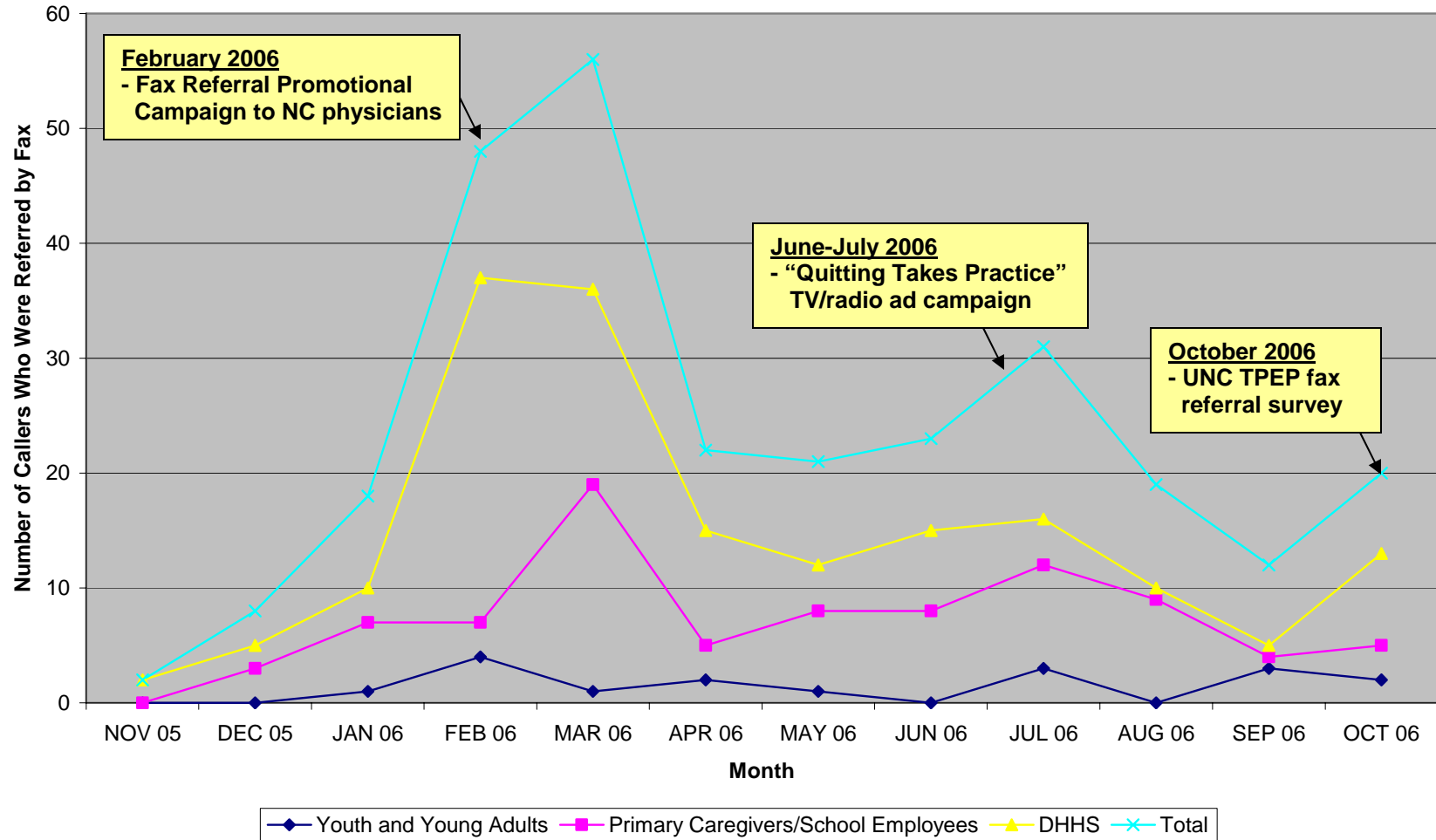
In total, 9.3% (280) of all tobacco users who used Quitline NC during Year 1 entered Quitline NC via the fax referral service. This includes 10.1% of all DHHS-funded callers, 9.8% of primary caregivers/school employees, 4.1% of young adults, and 5.6% of youth.

The number of fax referrals increased over Year 1 for all groups, but for low overall rates (Figure 5). Fax referral utilization increased significantly around the time of the fax referral promotional campaign (February 2006), as well as the “Quitting Takes Practice” TV/radio campaign (June and July 2006). Increases in fax referrals during these times were more pronounced for adults than youth and young adults. After these promotions, fax referral rates generally declined. Interestingly, at the end of Year 1, fax referrals for DHHS-funded adults appeared to be on the rise. This increase may be related to the UNC TPEP fax referral survey mailed to approximately 600 physicians in October 2006 (See Section D.4.b). While this survey was designed to evaluate the fax referral promotional campaign, it may have also increased provider awareness of Quitline NC and use of the fax referral service.

The majority (89.7%) of Year 1 callers entered Quitline NC via an inbound English phone call. Less than one percent (0.4%) entered via an inbound Spanish phone call. The majority of callers who were referred to the quitline by fax, or who entered via an inbound call, were ready to quit in the next 30 days. Eighty percent (225) of all callers who entered the quitline via the fax referral service were in the preparation stage of quitting compared to 78% of callers in the preparation stage who entered via an inbound call.

Additional data tables to accompany this section are included in Appendix B.

**Figure 5: Number of fax referrals over time (Tobacco users only, n=280),
November 2005 - October 2006**



D.4. Promotion

Research indicates that targeted quitline promotional campaigns are effective at driving callers to the quitline.^{4,8} Large-scale, paid media campaigns to promote Quitline NC were not the focus of the HWTF during Year 1, however various small-scale, statewide and local level promotions did occur along with significant investment in research to investigate the most effective ways of promoting Quitline NC to youth and young adults. In total, the HWTF budgeted approximately \$160,000 towards Quitline NC promotion in Year 1, plus an additional \$350,000 for formative market research to assist with future promotional campaigns. The results of HWTF-funded research and Quitline NC promotional efforts in Year 1 are summarized below.

D.4.a. Formative Research

In considering how to best promote Quitline NC services to youth and young adults populations, the HWTF entered into a \$350,000 contract with researchers at the UNC School of Public Health and innovation Management, Inc. to conduct formative research regarding the most effective messages and media for communicating with these two populations about cessation services. This research included an observational study of social venues and campus events, focus groups with youth and young adults in rural and urban NC counties, and a web-based survey of young adult smokers.

The results of this research were published in a comprehensive report entitled *Market Research on Teenagers and Young Adults for Promoting a Tobacco Cessation Quitline*. The study provided several recommendations for the development of future Quitline NC promotional campaigns targeting youth and young adults. Highlights of the report's recommended campaign strategies are included below.

Young Adults: The study recommended increased spending on Quitline NC promotions targeting NC young adults. Young adult promotions should be innovative, contemporary, and focus on venues and media that young adults use most (e.g., social clubs, internet, television). Researchers also recommended that telephone-based services be expanded to incorporate other cessation modalities (e.g., online counseling, NRT).

Youth: Formative research findings suggested that NC youth smokers are not receptive to quitline messages. Researchers recommended against the development of a major, youth-focused Quitline NC media campaign, but suggested that a well-designed campaign focused on young adults would also reach heavy teen smokers or youth tobacco users who are already thinking about quitting.

For more information about this study, contact innovation Management, Inc. in Chapel Hill, NC, or visit: <http://www.quitlinenc.com/QuitlineMktgResearchReport.pdf>.

D.4.b. Fax Referral Promotional Campaign

In February 2006, the HWTF funded a statewide marketing campaign to promote the Quitline NC fax referral service among NC physicians (\$75,000). This campaign included a direct tube mailing, in the shape of a large cigarette, containing informational materials about Quitline NC and the fax referral service (Figure 6). The tube was sent to 6,197 physicians across the state.

The campaign was evaluated by UNC TPEP in the fall of 2006 to determine its effectiveness at increasing fax referral utilization by NC physicians, as well as to provide recommendations for future promotions. The study involved a follow-up mail survey to a 10% random sample of providers who received the mailing.

Results of this evaluation showed that the HWTF fax referral promotional campaign increased utilization of the fax referral service but for low, overall rates. Only 3.5% of respondents reported using the service in the past six months. Forty percent of respondents reported familiarity with the service despite the promotional mailing. Forty-four percent of respondents remembered receiving the mailing. Those who received the mailing reported reading the materials and becoming more familiar with the service.

Overall, the study showed that increased utilization of the Quitline NC fax referral service by physicians has great potential even while it is currently underutilized. The need for formative research and preferentially targeting certain types of providers was also identified.

For more information about this study, contact UNC TPEP or visit: http://www.fammed.unc.edu/TPEP/quitline_eval.htm.

Figure 6. Fax referral promotional tube mailing



D.4.c. Other Promotions

Several other types of small-scale media and community resources were utilized to promote Quitline NC during Year 1 in addition the fax referral promotional campaign. Three key promotions of Quitline NC during Year 1 are as follows:

Grassroots Marketing Campaign:

In the fall of 2005, the HWTF contracted with Brogan and Associates marketing firm to develop a grassroots Quitline NC marketing campaign targeting youth and young adults (approx. \$84,000). This campaign was intended to coincide with the launch of Quitline NC and Great American Smokeout activities in November 2005. Posters, pamphlets, chip clips and pens were distributed as a part of this campaign which used the slogan “Quitting cold turkey alone can be difficult” (Figure 7). This campaign was not officially evaluated by UNC TPEP, however spikes in callers during the time of this campaign have been noted.

HWTF Teen and College Initiative Grantee Promotions:

The HWTF currently funds two statewide initiatives, involving over 65 grantees, targeting teens and young adults. These initiatives include the NC HWTF Teen Tobacco Use Prevention and Cessation Initiative and the NC HWTF Tobacco-Free Colleges Initiative. In addition to policy advocacy, grantees are encouraged to promote Quitline NC to youth and young adults in their communities, schools, and college campuses through the use of earned or non-paid media (e.g., TV interviews, school newspapers), publicity at community events, meetings with student health services, etc. College Initiative grantees alone reported approximately 500 quitline promotions (e.g., class presentations, distribution of Quitline NC materials at campus events, etc.) between April and October 2006. In response to formative research results, and relatively few calls made by youth, paid media was not funded for the sole purpose of promoting Quitline NC to youth.

Figure 7. Items from Quitline NC grassroots marketing campaign



CIAA Tournament Radio Ad Campaign:

The HWTF contracted with Webb Patterson marketing firm to develop a small-scale, radio ad campaign to be aired during the Central Intercollegiate Athletic Association (CIAA) tournament held from February 27-March 1, 2006. The CIAA tournament is an athletic conference consisting of eleven historically African-American institutions of higher education in NC. The promotion involved two radio spots that were aired in heavy rotation on popular African American radio stations a week before, after and during the tournament in Triangle, Triad, and Charlotte radio markets. The ads targeted Black/African Americans, with an emphasis on young adult tobacco users. This campaign was not officially evaluated by UNC TPEP. However, during the months of February and March 2006, data shows spikes in Black/African American callers who reported hearing about Quitline NC from the radio. The majority of these callers were adults. See pages 32 and 35 for more information.

“Quitting Takes Practice” TV/Radio Ad Campaign:

A TV/radio ad campaign, funded by the Blue Cross Blue Shield of NC (approx. \$145,000) through the DHHS, was aired for six weeks in June and July 2006. The ads, entitled “Quitting Takes Practice” aired in six NC media markets including Charlotte, Greenville-Spartanburg, Greenville-New Bern, Greensboro, Raleigh, and Wilmington. The campaign was intended to target callers 18-49 years old. This campaign was not officially evaluated by UNC TPEP; however spikes in call volume during the time of this campaign are highlighted throughout the report. See pages 32-33 for more information.

How Callers Heard About Quitline NC

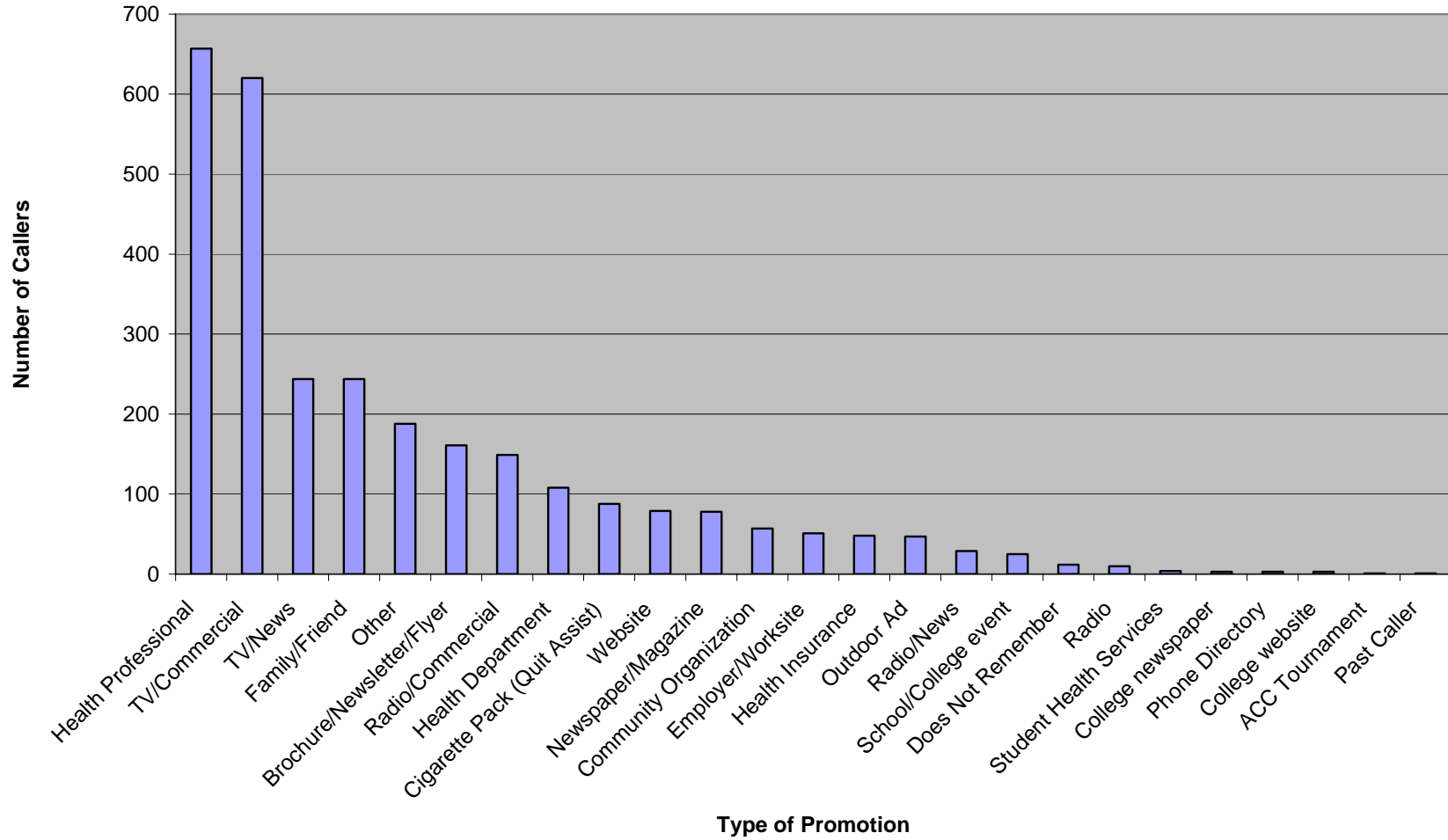
All Quitline NC callers are asked at intake to identify how they heard about Quitline NC. Health professionals, TV, and family/friends were the three most frequently reported ways callers from all groups heard about Quitline NC (Figure 8). Other frequent responses include brochures/newsletters/flyers, radio, health departments, website, and cigarette packs. Cigarette pack refers to QuitAssist™ advertisements placed on Phillip Morris cigarette packs. QuitAssist™ is a free information resource offered by Phillip Morris USA. Information about state Quitlines is referred to on the QuitAssist™ website.

Primary caregivers and school employees had similar responses to other adult callers when asked how they heard about Quitline NC. Compared to adults, youth and young adults responded more significantly to TV ads than health professionals and other types of promotions (Figures 9 and 10).

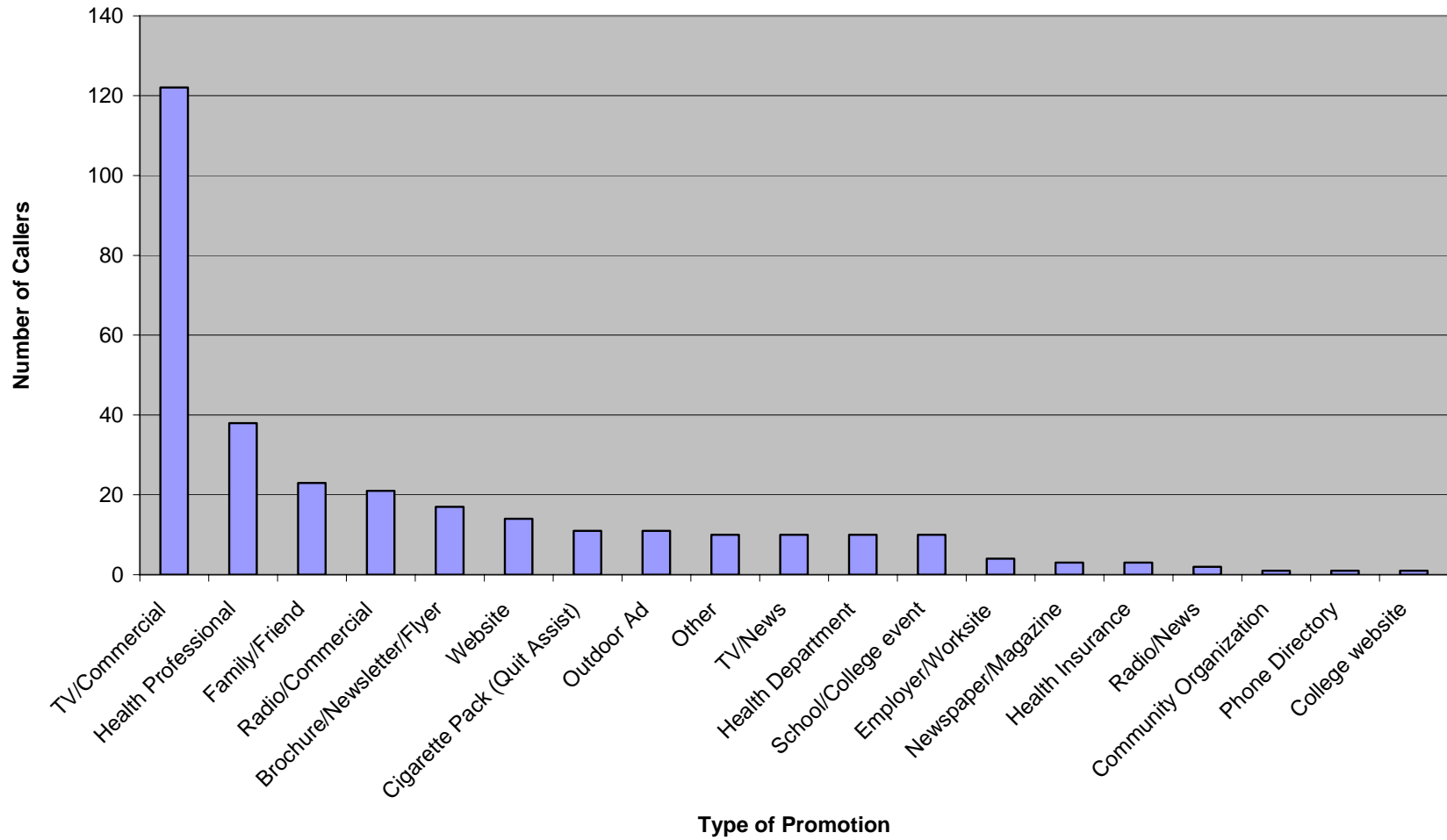
The majority of callers who heard about Quitline NC from a family/friend, health professional, or TV/commercial were in the preparation stage of quitting (80%, 77%, and 72% respectively). This implies that the top three methods of promotion are reaching the quitline’s target audience of tobacco users who want to quit within the next 30 days.

Additional data tables to accompany this section are included in Appendix C.

**Figure 8: How all callers heard about Quitline NC (Tobacco users only, n=3020)
November 2005 - October 2006**



**Figure 9: How young adult callers heard about Quitline NC
(Young adult tobacco users only, n=315), November 2005 - October 2006**



**Figure 10: How youth callers heard about Quitline NC
(Youth tobacco users only, n=72), November 2005 - October 2006**

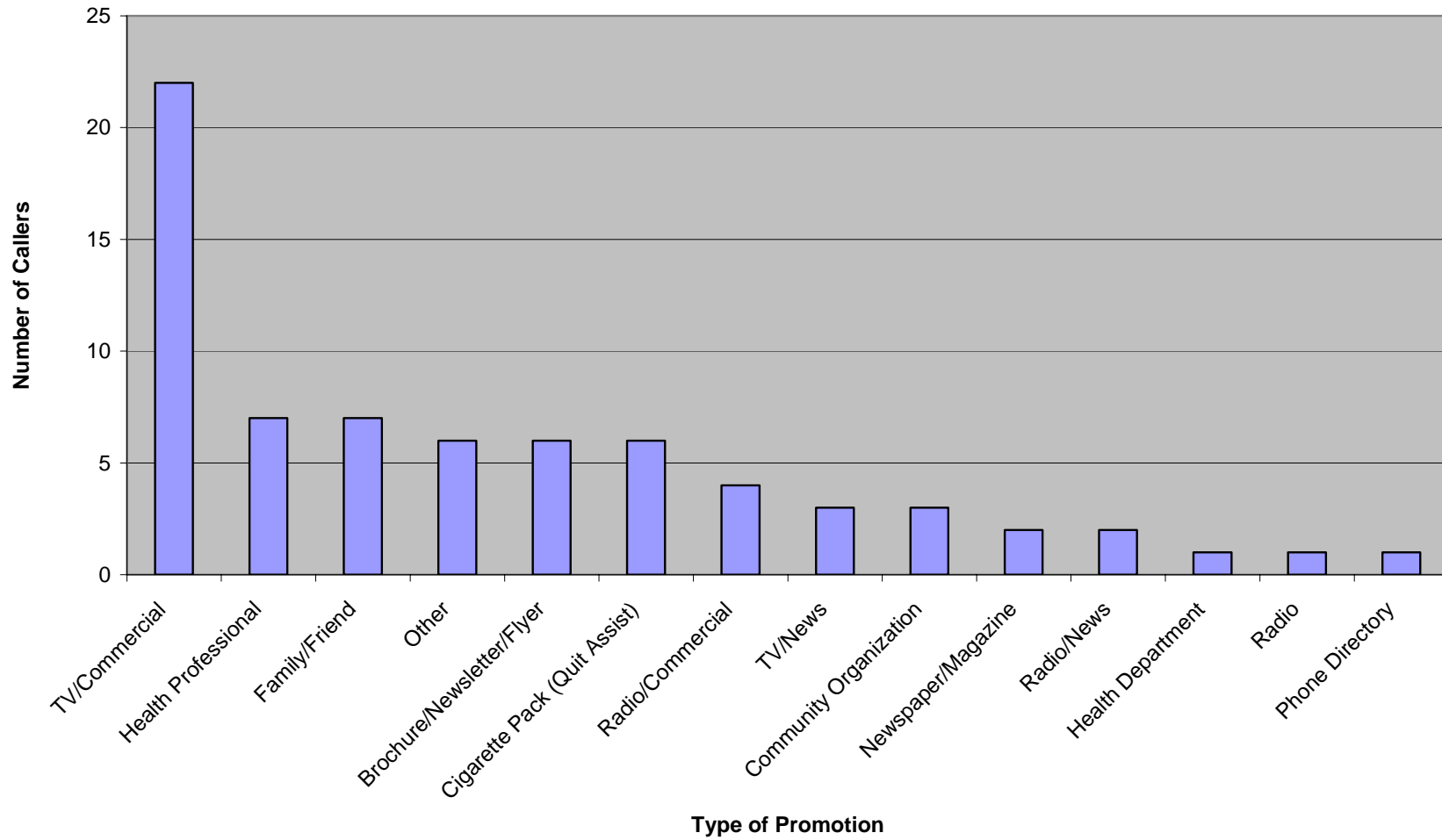


Figure 11 shows changes in the number of callers who reported that they heard about Quitline NC from a TV commercial or TV news program over Year 1. As expected, increases were significantly associated with the “Quitting Takes Practice” TV/radio ads aired in June and July 2006, as well as Quitline NC launch activities taking place in November 2005 (e.g., grantee earned TV/news media messages, other local/statewide news coverage of Quitline NC launch and Great American Smokeout activities). While the “Quitting Takes Practice” TV/radio ad campaign was originally intended to target adult callers, calls by youth and young adults also increased significantly during these months.

Figure 12 highlights trends in the number of callers who reported that they heard about Quitline NC from a health professional over Year 1. Overall, more callers appear to be hearing about Quitline NC from health professionals over time. Similar to the trends in fax referrals (Figure 3, page 14), health professionals appeared to tell more people about Quitline NC around the time of the fax referral promotional campaign. Unlike other groups, the number of young adults reporting hearing about the quitline from a health professional dipped in June 2006.

Figure 13 shows the number of Black/African American, tobacco-using callers who reported that heard about Quitline NC by the radio (news or commercial) over Year 1. The number of Black/African American callers clearly spiked during the months of the targeted CIAA tournament radio ads (February-March 2006). While the campaign hoped to reach young adults, 85% (71) of the Black/African American, radio-referred callers during these two months were adults. Twelve percent (10) were young adults and 4% (3) were youth.

Figure 11: Number of callers who heard about Quitline NC by TV commercial or news (Tobacco users only, n=881), November 2005 - October 2006

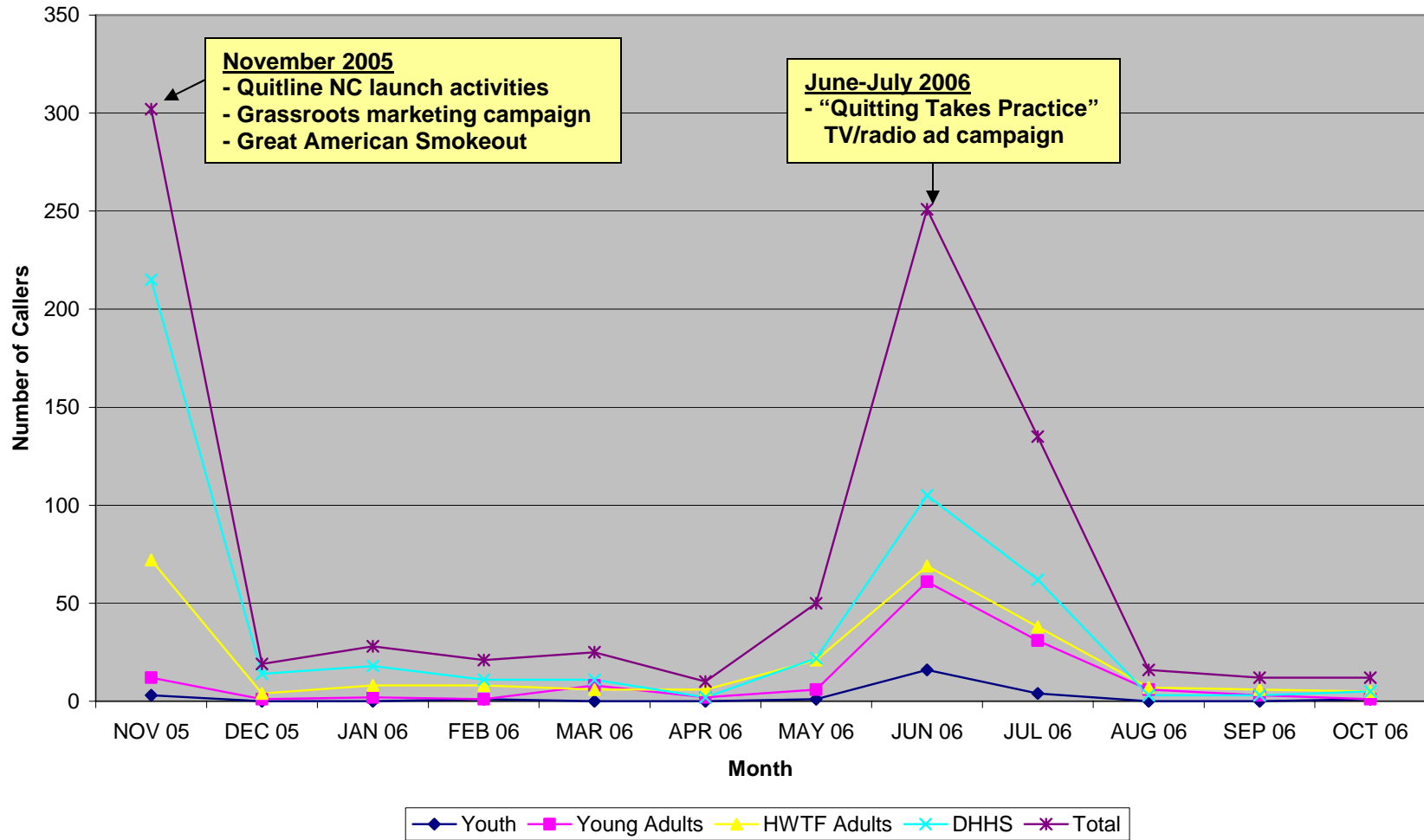
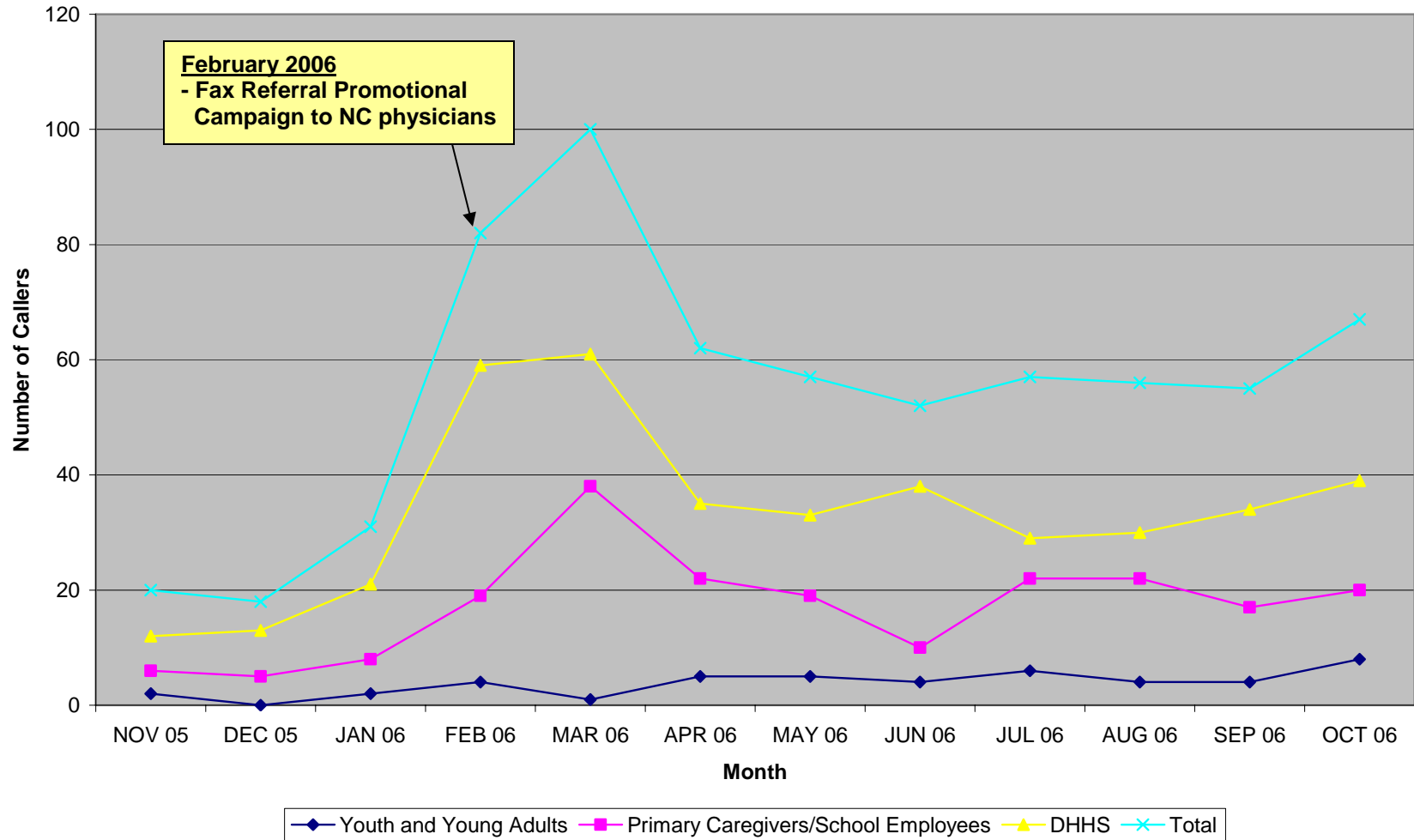
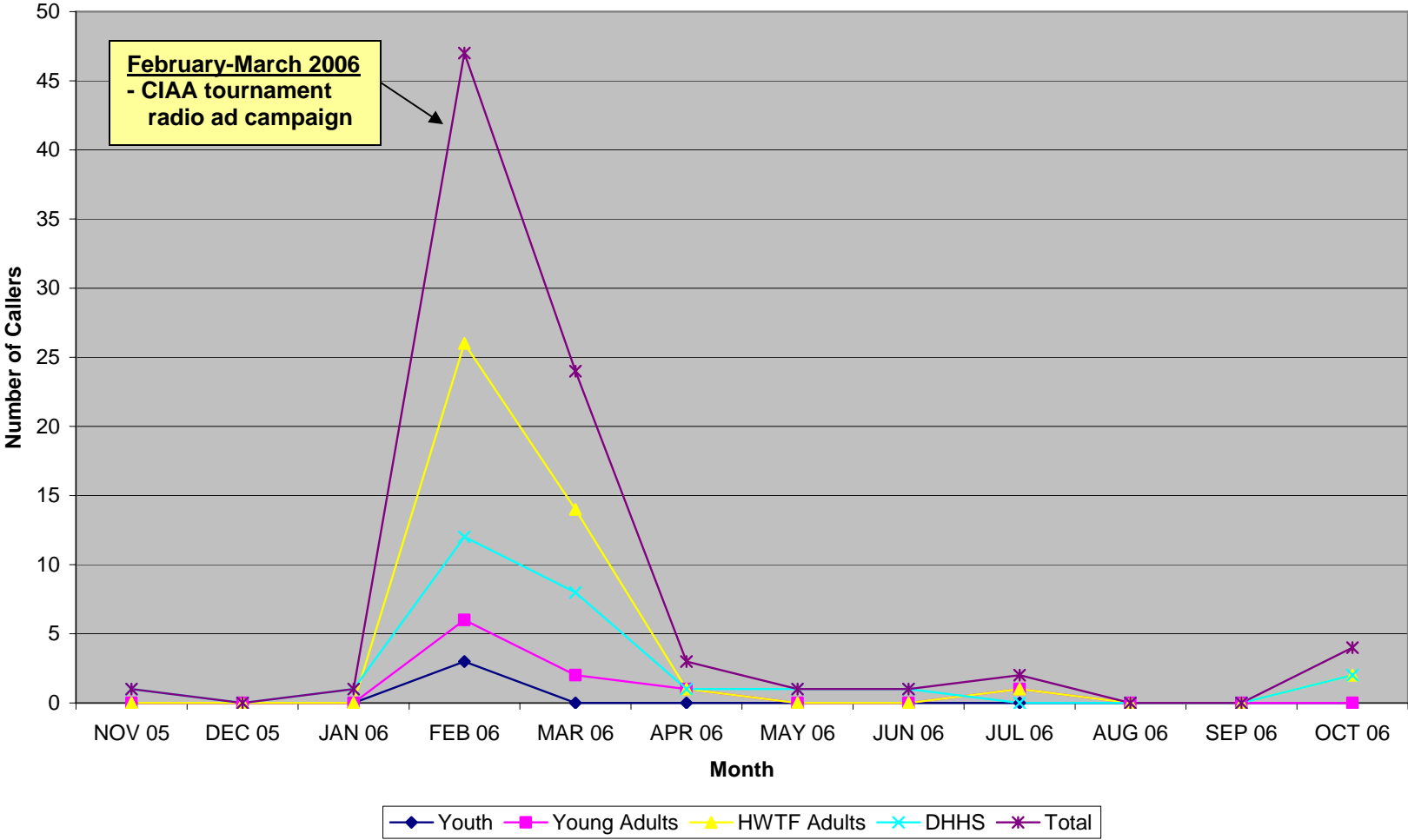


Figure 12. Number of callers who heard about Quitline NC from a health professional (Tobacco users only, n=657), November 2005 - October 2006



**Figure 13: Number of Black/African American callers who heard about Quitline NC by radio
(Tobacco users only, n=84), November 2005 - October 2006**



D.5. Utilization

When registering for the quitline, callers are asked to indicate the type of service they would like to receive. Callers may choose to participate in Free & Clear's one-call program (Quit Line Call) or multi-call program (Quit For Life Program™). The one-call program is a one-time, comprehensive intervention for tobacco users who are not ready to quit within 30 days and/or who do not wish to participate in the multi-call program. The Quit For Life Program is an intensive, multi-call proactive intervention that includes three follow-up calls, written materials, referrals to community resources, and additional support initiated by the caller. If callers do not wish to participate in either of these programs, they may ask general questions or request materials only.

At registration, more than half (55.4%) of all Year 1 tobacco-using callers chose to participate in the multi-call program (52.8% of youth, 56.8% of young adults). About 34% percent of callers chose to participate in the one-call program (37.5% of youth, 36.2% of young adults), 7.5% asked general questions (4.2% of youth, 2.9% of young adults), and 2.8% requested materials only (5.6% of youth, 4.1% of young adults) (Appendix D, Table D-1).

Based on UNC TPEP's analysis of Free & Clear's call utilization data (i.e., data on calls made post-registration), the multi-call program was attempted with 54.8% (1656) of all Year 1 tobacco-using, Quitline NC callers (Table 9). The vast majority of these callers (99.3%) completed an intervention for Call 1 of the multi-call program. However, fewer callers completed interventions for the remaining three calls (52.4% completed Call 2 intervention, 38.8% completed Call 3 intervention, 30.4% completed Call 4 intervention), demonstrating a substantial level of attrition. Callers who did not complete interventions were sent a letter following each proactive call attempt. Data regarding completion of Call 2-4 interventions were missing for several callers.

The one-call only program was attempted with 34.1% (1030) of all tobacco-using, Quitline NC callers during Year 1. Fifty-three percent (545) of one-call program participants completed the intervention. Letters were sent to 46.4% (478) of one-call program participants who did not complete an intervention.

Table 9. Participation of Year 1 Callers in One-call and Multi-call Programs

Type of Program	Call Status						Total
	Completed Intervention		Sent Letter		Unknown		
	#	%	#	%	#	%	
Multi-call Program							
Call 1	1645	99.3	11	0.7	0	0.0	1656
Call 2	868	52.4	720	43.5	68	4.1	1656
Call 3	642	38.8	814	49.2	200	12.1	1656
Call 4	503	30.4	791	47.8	362	21.9	1656
One-call Program							
Call 1	545	52.9	478	46.4	7	0.7	1030

D.6. Satisfaction and Quit Rates

Seven months post-registration, a sample of Quitline NC callers are asked by the Quitline NC vendor, Free & Clear, to complete an End-Of-Program (EOP) survey to assess their success at quitting and satisfaction with Quitline NC services. The EOP survey was first initiated with Quitline NC callers in June 2006 (i.e., seven months following the first Quitline NC callers in November 2005). An interim Evaluation Report with EOP survey results for a portion of Quitline NC callers was completed by Free & Clear in November 2006. UNC TPEP did not complete any additional analysis on satisfaction or quit rates.

For this evaluation, Free & Clear attempted to survey 208 individuals who registered with Quitline NC between November 1, 2005 and March 30, 2006. One hundred and twenty (57.7%) participants completed the survey, 37.8% (42) of which were from HWTF-funded populations. Youth were not included in this survey. Future EOP survey samples will be stratified to include youth and young adult callers.

Highlights from Free & Clear's Report, entitled *North Carolina Tobacco Use Quit Line Evaluation Report Year 01*, are summarized below:

Satisfaction

Of those who responded to the survey, 93.8% reported that were satisfied with Quitline NC (95.1% of HWTF respondents). Ninety percent of all respondents reported that Quitline NC met their expectations.

Quit Rates

Since enrolling in Quitline NC, 29.5% of all respondents reported that they had made four or more serious quit attempts that lasted more than 24 hours (31.3% of HWTF respondents). The seven-day point prevalence, intent-to-treat quit rate was 14.9% (31) for all respondents (17.3% of HWTF respondents). The 30-day point prevalence, intent-to-treat quit rate was 13.9% (29) for all respondents (17.3% HWTF respondents). *Intent-to-treat quit rates* are more conservative than *respondent quit rates* as they include all non-respondents (considered to be smokers) in their denominator. The 30-day, respondent quit rate was 24.2% (29) for all respondents and 33.3% (14) for HWTF respondents. A complete Annual Report, including final quit rates for Year 1 callers, is anticipated from Free & Clear in September 2007.

This concludes the UNC TPEP Quitline NC Year 1 Evaluation Report. For a summary of Year 1 outcomes and program recommendations, see the Executive Summary on page 1. Appendices including Year 1 data tables are included in the following section.

Appendix A
Data Tables for Characteristics of Callers

Table A-1. Year 1 Callers by Age (Tobacco Users Only, n=2833)*

Age	Funding Source				Total	
	HWTF		DHHS			
	#	%	#	%	#	%
0 to 17 years old	72	5.7	-	0.0	72	2.5
18 to 24 years old	315	24.7	-	0.0	315	11.1
25 to 34 years old	292	22.9	178	11.4	470	16.6
35 to 44 years old	333	26.1	306	19.6	639	22.6
45 to 54 years old	191	15.0	542	34.8	733	25.9
55 to 64 years old	59	4.6	371	23.8	430	15.2
65 years and older	12	0.9	162	10.4	174	6.1
Total	1274	100.0	1559	100.0	2833	100.0

* 187 callers missing age (1 HWTF, 186 DHHS)

Table A-2. Year 1 Callers by Gender (Tobacco Users Only, n=3020)

Gender	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Female	35	48.6	163	51.7	558	66.8	35	66.0	1026	58.5	1817	60.2
Male	37	51.4	152	48.3	277	33.2	18	34.0	634	36.3	1118	37.0
Other*	0	0.0	0	0.0	0	0.0	0	0.0	85	4.8	85	2.8
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

* Refused or not collected.

Table A-3. Year 1 Callers by Pregnancy Status (Female Tobacco Users Only, n=1817)

Pregnancy Group	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
None	30	85.7	131	80.4	540	96.8	34	97.1	1010	98.4	1745	96.0
Planning Pregnancy	2	5.7	9	5.5	5	0.9	1	2.9	9	0.9	26	1.4
Pregnant	3	8.6	21	12.9	11	2.0	0	0.0	7	0.7	42	2.3
Breast Feeding	0	0.0	2	1.2	2	0.4	0	0.0	0	0.0	4	0.2
Total	35	100.0	163	100.0	558	100.0	35	100.0	1026	100.0	1817	100.0

Table A-4. Year 1 Callers by Ethnicity (Tobacco Users Only, n=3020)

Ethnicity	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Hispanic	5	6.9	16	5.1	34	4.1	4	7.5	32	1.8	91	3.0
Non-Hispanic	62	86.1	286	90.8	780	93.4	47	88.7	1484	85.0	2659	88.0
Other*	5	7.0	13	4.1	21	2.6	2	3.8	229	13.2	270	9.0
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

* Refused, does not know, or not collected.

Table A-5. Year 1 Callers by Race (Tobacco Users Only, n=3020)

Race	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
White	49	68.1	183	58.1	464	55.6	25	47.2	1041	12.3	1762	58.3
Black or African American	15	20.8	93	29.5	292	35.0	23	43.4	408	23.4	831	27.5
Other Race	4	5.6	18	5.7	34	4.1	2	3.8	35	2.0	93	3.1
American Indian or Alaskan Native	0	0.0	6	1.9	20	2.4	1	1.9	24	1.4	51	1.7
Asian	0	0.0	2	0.6	2	0.2	0	0.0	6	0.3	10	0.3
Native Hawaiian/Other Pacific Islander	0	0.0	0	0.0	1	0.1	0	0.0	1	0.1	2	0.1
Other*	4	5.6	13	4.1	22	2.7	2	3.8	230	60.6	271	9.0
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

* Refused, does not know, or not collected.

Table A-6. Year 1 Callers by Language (Tobacco Users Only, n=3020)

Language	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
English	72	100.0	309	98.1	824	98.7	53	100.0	1734	99.4	2992	99.1
Spanish	0	0.0	6	1.9	11	1.3	0	0.0	11	0.6	28	0.9
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

Table A-7. Year 1 Callers by Highest Level of Education Attained (Tobacco Users Only, n=3020)

Highest Level of Education	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Less than grade 9	0	0.0	10	3.2	29	3.5	0	0.0	73	4.2	112	3.7
Grade 9-11, no degree	0	0.0	65	20.6	115	13.8	2	3.8	210	12.0	392	13.0
High School degree	0	0.0	98	31.1	233	27.9	5	9.4	413	23.7	749	24.8
GED	0	0.0	17	5.4	43	5.1	0	0.0	79	4.5	139	4.6
Some College or Univ.	0	0.0	95	30.2	244	29.2	21	39.6	457	26.2	817	27.1
College or Univ degree	0	0.0	16	5.1	151	18.1	23	43.4	281	16.1	471	15.6
Other*	72	100.0	14	4.4	20	2.4	2	3.8	232	1.7	340	1.3
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

* Refused or not collected.

Table A-8. Year 1 Callers Responding Yes to Having a Chronic Condition* (Tobacco Users Only)

Chronic Condition	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Asthma	15	3.3	57	12.5	113	24.7	6	1.3	266	58.2	457	100.0
Chronic Obstructive Pulmonary Disease	2	0.6	1	0.3	53	17.1	3	1.0	251	81.0	310	100.0
Coronary Artery Disease	0	0.0	0	0.0	36	22.5	0	0.0	124	77.5	160	100.0
Diabetes	0	0.0	9	3.1	71	24.5	2	0.7	208	71.7	290	100.0

Note: No callers reported having chronic high blood pressure, heart failure, stroke, bronchitis, heart attack, heart disease, or lung problems.

* Some callers reported more than one chronic condition.

Table A-9. Year 1 Callers by Type of Health Insurance (Tobacco Users Only, n=3020)

NC Health Plan	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Uninsured	8	11.1	132	41.9	235	28.1	10	18.9	397	22.8	782	25.9
Medicaid	3	4.2	61	19.4	165	19.8	0	0.00.0	212	12.1	441	14.6
Blue Cross/Blue Shield	0	0.0	51	16.2	140	16.8	9	17.0	236	13.5	436	14.4
Other Health Plan	5	6.9	37	11.7	104	12.5	10	18.9	219	12.6	375	12.4
Medicare	0	0.0	2	0.6	43	5.1	1	1.9	279	16.0	325	10.8
United Health Care	0	0.0	5	1.6	48	5.7	3	5.7	72	4.1	128	4.2
Cigna	0	0.0	7	2.2	35	4.2	0	0.0	40	2.3	82	2.7
State Employees Plan	0	0.0	1	0.3	22	2.6	13	24.5	28	1.6	64	2.1
Aetna	0	0.0	2	0.6	14	1.7	1	1.9	21	1.2	38	1.3
Well Path	0	0.0	2	0.6	5	0.6	3	5.7	18	1.0	28	0.9
First Carolina Care	0	0.0	0	0.0	1	0.1	0	0.0	1	0.1	2	0.1
Other*	56	77.8	15	4.7	23	2.7	3	5.7	222	12.7	319	10.6
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

* Refused, does not know, or not collected.

Table A-10. Year 1 Callers by NC County (Tobacco Users Only, n=3020)

County	HWTF Status				DHHS	Total	
	Youth	Young Adults	Primary Caregivers	School Employees		#	%
ALAMANCE	1	6	12	1	35	55	1.8
ALEXANDER	3	1	1	0	5	10	0.3
ALLEGHANY	0	0	1	0	3	4	0.1
ANSON	0	2	6	0	5	13	0.4
ASHE	0	2	1	0	8	11	0.4
AVERY	0	1	3	0	3	7	0.2
BEAUFORT	0	0	3	1	5	9	0.3
BERTIE	0	0	2	0	6	8	0.3
BLADEN	0	0	3	0	9	12	0.4
BRUNSWICK	0	3	9	0	17	29	1.0
BUNCOMBE	2	11	28	3	76	120	4.0
BURKE	0	1	8	1	21	31	1.0
CABARRUS	2	6	18	0	22	48	1.6
CALDWELL	1	3	1	0	10	15	0.5
CARTERET	0	2	6	0	18	26	0.9
CASWELL	0	0	4	0	7	11	0.4
CATAWBA	0	7	22	1	28	58	1.9
CHATHAM	0	1	9	3	12	25	0.8
CHEROKEE	0	0	2	0	10	12	0.4
CHOWAN	0	1	3	0	14	18	0.6
CLAY	1	0	2	0	3	6	0.2
CLEVELAND	2	4	6	0	23	35	1.2
COLUMBUS	0	1	9	0	9	19	0.6
CRAVEN	0	3	7	1	23	34	1.1
CUMBERLAND	2	7	22	1	41	73	2.4
CURRITUCK	0	0	1	0	3	4	0.1
DARE	1	1	0	0	5	7	0.2
DAVIDSON	4	3	15	0	14	36	1.2
DAVIE	0	0	3	0	1	4	0.1
DUPLIN	0	0	3	0	6	9	0.3
DURHAM	3	12	41	6	65	127	4.2
EDGECOMBE	0	2	5	0	5	12	0.4
FORSYTH	3	8	24	2	49	86	2.8
FRANKLIN	1	1	3	0	9	14	0.5
GASTON	2	6	33	1	28	70	2.3
GATES	0	0	1	0	3	4	0.1
GRAHAM	0	1	2	0	0	3	0.1
GRANVILLE	0	3	4	0	22	29	1.0
GREENE	0	0	0	0	2	2	0.1
GUILFORD	6	17	48	3	91	165	5.5
HALIFAX	2	1	4	0	5	12	0.4
HARNETT	0	1	4	2	8	15	0.5

Table A-10 contd.	HWTF Status				DHHS	Total	
	Youth	Young Adults	Primary Caregivers	School Employee		#	%
HAYWOOD	2	3	4	0	16	25	0.8
HENDERSON	1	5	13	1	36	56	1.9
HERTFORD	0	0	1	0	7	8	0.3
HOKE	0	0	2	0	1	3	0.1
IREDELL	1	3	16	0	17	37	1.2
JACKSON	0	1	3	0	6	10	0.3
JOHNSTON	0	1	12	1	24	38	1.3
JONES	0	0	1	1	3	5	0.2
LEE	0	2	7	0	10	19	0.6
LENOIR	0	3	11	1	8	23	0.8
LINCOLN	0	0	0	0	8	8	0.3
MACON	0	0	4	0	9	13	0.4
MADISON	0	0	2	0	6	8	0.3
MARTIN	0	0	2	1	4	7	0.2
MCDOWELL	1	1	4	0	17	23	0.8
MECKLENBURG	5	47	84	10	165	311	10.3
MITCHELL	0	1	1	0	2	4	0.1
MONTGOMERY	0	0	2	0	3	5	0.2
MOORE	0	2	4	2	5	13	0.4
NASH	0	1	8	0	12	21	0.7
NEW HANOVER	1	6	19	0	29	55	1.8
NORTHAMPTON	0	2	1	0	5	8	0.3
ONSLOW	1	6	14	0	15	36	1.2
ORANGE	0	2	6	0	17	25	0.8
PAMLICO	0	2	0	0	0	2	0.1
PASQUOTANK	0	0	5	0	4	9	0.3
PENDER	1	0	3	0	4	8	0.3
PERQUIMANS	1	0	0	0	6	7	0.2
PERSON	0	1	6	0	8	15	0.5
PITT	1	4	7	0	17	29	1.0
POLK	0	1	1	1	2	5	0.2
RANDOLPH	0	7	10	0	22	39	1.3
RICHMOND	2	2	11	1	19	35	1.2
ROBESON	0	3	14	1	8	26	0.9
ROCKINGHAM	1	4	14	1	23	43	1.4
ROWAN	1	8	19	0	11	39	1.3
RUTHERFORD	0	1	4	0	13	18	0.6
SAMPSON	0	3	4	0	6	13	0.4
SCOTLAND	0	1	2	0	2	5	0.2
STANLY	0	5	3	0	7	15	0.5
STOKES	0	1	5	0	5	11	0.4
SURRY	0	2	5	0	8	15	0.5
SWAIN	0	0	0	0	2	2	0.1
TRANSYLVANIA	0	0	2	0	4	6	0.2

Table A-10 contd.	HWTF Status				DHHS	Total	
	Youth	Young Adults	Primary Caregivers	School Employees		#	%
County							
TYRRELL	0	0	1	0	3	4	0.1
UNION	2	4	12	0	21	39	1.3
VANCE	0	2	8	0	10	20	0.7
WAKE	5	24	56	3	110	198	6.6
WARREN	0	1	2	0	3	6	0.2
WASHINGTON	0	1	1	0	4	6	0.2
WATAUGA	1	4	1	0	13	19	0.6
WAYNE	0	6	11	0	23	40	1.3
WILKES	2	0	7	0	15	24	0.8
WILSON	0	4	7	0	13	24	0.8
YADKIN	0	1	1	0	2	4	0.1
YANCEY	0	1	0	0	4	5	0.2
Unknown	7	18	13	3	199	240	7.9
Total	72	315	835	53	1745	3020	100.0

Table A-11. Year 1 Callers by Age Started Using Tobacco (Tobacco Users Only, n=3020)

Start Age	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
0-11 years old	20	27.8	30	9.5	65	7.8	3	5.7	303	17.4	421	13.9
12-17 years old	51	70.8	233	74.0	486	58.2	27	50.9	836	47.9	1633	54.1
18-24 years old	-	-	51	16.2	212	25.4	19	35.8	437	25.0	719	23.8
25 years old or older	-	-	-	-	72	8.6	4	7.5	153	8.8	229	7.6
Other*	-	-	-	-	0	0.0	0	0.0	16	0.9	18	0.6
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

* Refused or not collected.

Table A-12. Year 1 Callers by Type of Tobacco Use (Tobacco Users Only, n=3020)

Type of Tobacco Use	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Cigarette	63	87.5	275	87.3	778	93.2	47	88.7	1491	85.4	2654	87.9
Multiple	4	5.6	22	7.0	18	2.2	2	3.8	30	1.7	76	2.5
Smokeless	1	1.4	6	1.9	18	2.2	0	0.0	12	0.7	37	1.2
Cigar	0	0.0	3	1.0	5	0.6	2	3.8	9	0.5	19	0.6
Other type of tobacco	0	0.0	0	0.0	1	0.1	0	0.0	2	0.1	3	0.1
Unknown	4	5.6	9	2.9	15	1.8	2	3.8	201	11.5	231	7.6
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

Table A-13. Year 1 Callers by Cigarette Frequency (Cigarette Users Only, n=2654)

Cigarette Use Frequency	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Every day	57	90.5	263	95.6	728	93.6	45	95.7	1339	89.8	2432	91.6
Some days	5	7.9	4	1.5	28	3.6	2	4.3	60	4.0	99	3.7
Other*	1	1.6	8	2.9	22	2.8	0	0.0	92	6.2	123	4.7
Total	63	100.0	275	100.0	778	100.0	47	100.0	1491	100.0	2654	100.0

*Refused, not collected, and not at all responses.

Table A-14. Year 1 Callers by Stage of Readiness to Change (Tobacco Users Only, n=3020)

Stage	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Precontemplation	1	1.4	0	0.0	1	0.1	0	0.0	8	0.5	10	0.3
Contemplation	7	9.7	9	2.9	53	6.3	2	3.8	114	6.5	185	6.1
Preparation	58	80.6	275	87.3	705	84.4	41	77.4	1289	73.9	2368	78.4
Action	2	2.8	18	5.7	49	5.9	7	13.2	97	5.6	173	5.7
Maintenance	0	0.0	4	1.3	11	1.3	1	1.9	34	1.9	50	1.7
Unknown	4	5.6	9	2.9	16	1.9	2	3.8	203	11.6	234	7.7
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

Table A-15. Youth and Young Adult Callers Who Currently Attend School (Tobacco Users Only, n=387)

Currently Attending School?	HWTF Status				Total	
	Youth		Young Adults			
	#	%	#	%	#	%
Yes	51	70.8	110	34.9	161	41.6
No	16	22.2	176	55.9	192	49.6
Other*	5	6.9	29	9.2	34	8.8
Total	72	100.0	315	100.0	387	100.0

* Refused and not collected.

Table A-16. Current School Attended by Youth and Young Adult Callers (Tobacco Users Only, n=161)*

Current School Level	HWTF Status				Total	
	Youth		Young Adults			
	#	%	#	%	#	%
College	2	3.9	86	78.2	88	54.7
High School	44	86.3	23	21.0	67	41.6
Middle School	4	7.8	0	0.0	4	2.5
Grade School	1	2.0	0	0.0	1	0.6
Refused	0	0.0	1	1.0	1	0.6
Total	51	100.0	110	100.0	161	100.0

* Includes callers under 24 years old responding "Yes" to "Are you Currently Attending School?"

Table A-17. Youth Attending Schools with 100% TFS Policy (Tobacco Users Only, n=51)*

Does your school have a 100% TFS policy?	# Youth	%
Yes	38	74.5
No	8	15.7
Not Collected/Asked	5	9.8
Total	51	100.0

* Includes youth callers who responded "Yes" to "Are you Currently Attending School?"

Table A-18. Youth Motivated to Quit by 100% TFS Policy (Tobacco Users Only, n=38)*

Did your school policy motivate you to quit?	# Youth	%
Yes	19	50.0
No	17	44.7
Not Asked	2	5.3
Total	38	100.0

* Includes youth callers who responded "Yes" to "Does your school have a 100% TFS Policy?"

Table A-19. Youth and Young Adult Callers Who Are Currently Working (Tobacco Users Only, n=387)

Currently Working?	HWTF Status				Total	
	Youth		Young Adults			
	#	%	#	%	#	%
Yes	27	37.5	183	58.1	210	54.3
No	40	55.6	101	32.1	141	36.4
Other*	5	7.0	31	9	36	9.3
Total	72	100.0	315	100.0	387	100.0

* Unknown, does not know, refused, and not collected.

Table A-20. Type of Employment for Youth and Young Adult Callers (Tobacco Users Only, n=210)*

Current Type of Employment	HWTF Status				Total	
	Youth		Young Adults			
	#	%	#	%	#	%
Part Time	18	66.7	60	32.8	78	37.1
Full Time	9	33.3	111	60.7	120	57.1
Other**	0	0.0	12	6.6	12	5.8
Total	27	100.0	183	100.0	210	100.0

* Includes callers under 24 years old responding "Yes" to "Are you Currently Working?"

** Unknown and refused.

Appendix B Data Tables for Fax Referral Service

Table B-1. How Year 1 Callers Entered the Quitline (Tobacco Users Only, n=3020)

	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Fax Referral	4	5.6	13	4.1	83	9.9	4	7.5	176	10.1	280	9.3
Inbound English Phone Call	66	91.7	298	94.6	745	89.2	49	92.5	1550	88.8	2708	89.7
Inbound Spanish Phone Call	0	0.0	3	1.0	4	0.5	0	0.0	5	0.3	12	0.4
Registration Short Form	0	0.0	1	0.3	3	0.4	0	0.0	12	0.7	16	0.5
Voicemail	2	0.0	0	0.0	0	0.0	0	0.0	2	0.1	4	0.1
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

Table B-2. Number of Fax Referrals by Month and Funding Source (Tobacco Users Only, n=3020)

Month	Funding Source				Total	
	HWTF		DHHS			
	#	%	#	%	#	%
NOV 05	0	0.0	2	1.1	2	0.7
DEC 05	3	2.9	5	2.8	8	2.9
JAN 06	8	7.7	10	5.7	18	6.4
FEB 06	11	10.6	37	21.0	48	17.1
MAR 06	20	19.2	36	20.5	56	20.0
APR 06	7	6.7	15	8.5	22	7.9
MAY 06	9	8.7	12	6.8	21	7.5
JUN 06	8	7.7	15	8.5	23	8.2
JUL 06	15	14.4	16	9.1	31	11.1
AUG 06	9	8.7	10	5.7	19	6.8
SEP 06	7	6.7	5	2.8	12	4.3
OCT 06	7	6.7	13	7.4	20	7.1
Total	104	100.0	176	100.0	280	100.0

Table B-3. Year 1 Callers by Stage of Change and Entry Method (Tobacco Users Only, n=3020)

Stage	Entry Method										Total	
	Fax Referral		Inbound English Call		Inbound Spanish Call		Registration Short Form		Voicemail			
	#	%	#	%	#	%	#	%	#	%	#	%
Precontemplation	1	0.4	9	0.3	0	0.0	0	0.0	0	0.0	10	0.3
Contemplation	23	8.2	160	5.9	1	8.3	1	6.3	0	0.0	185	6.1
Preparation	225	80.4	2115	78.1	10	83.3	14	87.5	4	100.0	2368	78.4
Action	19	6.8	153	5.6	1	8.3	0	0.0	0	0.0	173	5.7
Maintenance	4	1.4	46	1.7	0	0.0	0	0.0	0	0.0	50	1.7
Unknown	8	2.9	225	8.3	0	0.0	1	6.3	0	0.0	234	7.7
Total	280	100.0	2708	100.0	12	100.0	16	100.0	4	100.0	3020	100.0

Appendix C Data Tables for Promotion

Table C-1. How Year 1 Callers Heard About Quitline NC (Tobacco Users Only, n=3020)

How Heard About Quitline	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
ACC Basketball Tournament	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0
Brochure/Newsletter/Flyer	6	8.3	17	5.4	44	5.3	2	0.1	92	5.3	161	5.3
Cigarette Pack (Quit Assist)	6	8.3	11	3.5	18	2.2	0	0.0	53	3.0	88	2.9
College Newspaper	0	0.0	0	0.0	1	0.1	0	0.0	2	0.1	3	0.1
College Website	0	0.0	1	0.3	2	0.2	0	0.0	0	0.0	3	0.1
Community Organization	3	4.2	1	0.3	9	1.1	2	0.1	42	2.4	57	1.9
Employer/Worksite	0	0.0	4	1.3	17	2.0	1	1.9	29	1.7	51	1.7
Family/Friend	7	9.7	23	7.3	74	8.9	5	9.4	135	7.7	244	8.1
Health Department	1	1.4	10	3.2	26	3.1	2	3.8	69	4.0	108	3.6
Health Insurance	0	0.0	3	1.0	13	1.6	3	5.7	29	1.7	48	1.6
Health Professional	7	9.7	38	12.1	201	24.1	7	13.2	404	23.2	657	21.8
Newspaper/Magazine	2	2.8	3	1.0	22	2.6	4	7.5	47	2.7	78	2.6
Other Type of Promotion	6	8.3	10	3.2	54	6.5	5	9.4	113	6.5	188	6.2
Outdoor Ad	0	0.0	11	3.5	12	1.4	1	1.9	23	1.3	47	1.6
Past Caller	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0.0
Phone Directory	1	1.4	1	0.3	0	0.0	0	0.0	1	0.1	3	0.1
Radio	1	1.4	0	0.0	4	0.5	0	0.0	5	0.3	10	0.3
Radio/Commercial	4	5.6	21	6.7	63	7.5	5	9.4	56	3.2	149	4.9
Radio/News	2	2.8	2	0.6	9	1.1	1	1.9	15	0.9	29	1.0
School/College Event	0	0.0	10	3.2	6	0.7	2	3.8	7	0.4	25	0.8
Student Health Services	0	0.0	0	0.0	1	0.1	0	0.0	3	0.2	4	0.1
TV/Commercial	22	30.6	122	38.7	183	21.9	7	13.2	286	16.4	620	20.5
TV/News	3	4.2	10	3.2	56	6.7	3	5.7	172	9.9	244	8.1
Website	0	0.0	14	4.4	13	1.6	3	5.7	49	2.8	79	2.6
Other*	1	1.4	3	0.9	7	0.9	0	0.0	111	6.4	122	4.1
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

* Refused, does not remember, and not collected.

Table C-2. Number of Year 1 Callers by Stage of Change and Selected Promotion (i.e., How Heard About)

Type of Promotion	Stage of Change						Total
	Pre-contemplation	Contemplation	Preparation	Action	Maintenance	Unknown	
Family/Friend	1	12	196	19	5	11	244
Health Professional	3	40	549	40	5	74	711
Radio/Commercial	0	6	130	2	4	20	162
School/College event	0	1	21	1	2	4	29
TV/Commercial	1	46	504	25	6	121	703

Table C-3. Top Ten Quitline NC Promotions for HWTF Target Populations

	Youth	#	Young Adults	#	Primary Caregivers	#	School Employees	#	All Callers*	#
1	TV/Commercial	22	TV/Commercial	122	Health Professional	201	Health Professional	7	Health Professional	657
2	Family/Friend	7	Health Professional	38	TV/Commercial	183	TV/Commercial	7	TV/Commercial	620
3	Health Professional	7	Family/Friend	23	Family/Friend	74	Family/Friend	5	Family/Friend	244
4	Brochure/Newsletter/Flyer	6	Radio/Commercial	21	Radio/Commercial	63	Radio/Commercial	5	TV/News	244
5	Cigarette Pack **	6	Brochure/Newsletter/Flyer	17	TV/News	56	Other	5	Other	188
6	Other	6	Website	14	Other	54	Newspaper/Magazine	4	Brochure/Newsletter/Flyer	161
7	Radio/Commercial	4	Cigarette Pack **	11	Brochure/Newsletter/Flyer	44	TV/News	3	Radio/Commercial	149
8	Community Organization	3	Outdoor Ad	11	Health Department	26	Website	3	Health Department	108
9	TV/News	3	Other TV/News	10	Newspaper/Magazine	22	Health Insurance	3	Cigarette Pack **	88
10	Newspaper/Magazine Radio/News	2	Health Department School/College event		Cigarette Pack **	18	Brochure/Newsletter/Flyer Health Department Community Organization School/College Event	2	Website	79

* 99 callers had missing responses.

** Refers to Quit Assist advertisements featured on Phillip Morris cigarette packs.

**Appendix D
Data Tables for Utilization**

Table D-1. Year 1 Callers by Type of Service Requested (Tobacco Users Only, n=3020)

Call Program	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
1-Call Program	27	37.5	114	36.2	305	36.5	8	15.1	576	33.0	1030	34.1
Accepted Multiple Call Program	38	52.8	179	56.8	508	60.8	41	77.4	906	51.9	1672	55.4
General Questions	3	4.2	9	2.9	15	1.8	2	3.8	199	11.4	228	7.5
Materials Only	4	5.6	13	4.1	7	0.8	2	3.8	60	3.4	86	2.8
All Transfer Types	0	0.0	0	0.0	0	0.0	0	0.0	2	0.1	2	0.1
Not Completed	0	0.0	0	0.0	0	0.0	0	0.0	2	0.1	2	0.1
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

Table D-2. Year 1 Callers by First Call to Quitline NC in 12 Months (Tobacco Users Only, n=3020)

First Call in 12 months	HWTF Status								DHHS		Total	
	Youth		Young Adults		Primary Caregivers		School Employees					
	#	%	#	%	#	%	#	%	#	%	#	%
Yes	66	91.7	292	92.7	754	90.3	47	88.7	1481	84.9	2640	87.4
No	6	8.3	23	7.3	80	9.6	6	11.3	259	14.8	374	12.4
Not Collected	0	0.0	0	0.0	1	0.1	0	0.0	5	0.3	6	0.2
Total	72	100.0	315	100.0	835	100.0	53	100.0	1745	100.0	3020	100.0

Appendix E References

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