



NORTH CAROLINA
Department of Health and Human Services
Tobacco Prevention and Control Branch

QuitlineNC

YEAR 8 ANNUAL REPORT

July 2012 – June 2013

PREPARED FOR:

North Carolina Department of Health and Human Services

PREPARED BY:

UNC School of Medicine

Tobacco Prevention and Evaluation Program



For more information about the Department of Health and Human Services Quitline NC Outcomes Evaluation, please contact:

TOBACCO PREVENTION AND EVALUATION PROGRAM

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

School of Medicine

Department of Family Medicine

Campus Box #7595,
Manning Drive
Chapel Hill, NC 27599

T: 919-843-9751

WEB: www.tpep.unc.edu

F: 919-966-9435

EMAIL: tpep@med.unc.edu



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EXECUTIVE SUMMARY

Evaluation data show that QuitlineNC continues to provide a valuable and necessary service to North Carolinians in every county and to reach tobacco users from groups with disparities in tobacco use and related health outcomes. While QuitlineNC funding in 2012-2013 decreased more than 50% from 2011-2012, caller volume declined much less than expected because of the combination of free nicotine replacement therapy (NRT), grassroots communication to healthcare providers and the public, and federal TV promotions, allowing QuitlineNC to experience the second highest call volume and reach volume to date. Moving forward, restrictions on statewide promotion should be lifted to ensure optimal delivery of both QuitlineNC promotions and services. These services are necessary to achieving the ambitious Healthy People 2020 target of reducing adult smoking prevalence in North Carolina to 13%.

The North Carolina (NC) Tobacco Quitline (QuitlineNC) is a free telephone-based, tobacco cessation service for all NC residents who want to quit tobacco. Quitlines are an effective and evidence-based approach to tobacco cessation, increasing quit rates by 56% compared to quitting with no support¹. Combining cessation coaching with free NRT increases Quitline caller volume, caller satisfaction, and quit rates²⁻⁵. Marketing campaigns promoting Quitline services effectively increase utilization^{2,6,7}. The University of North Carolina at Chapel Hill School of Medicine Tobacco Prevention and Evaluation Program has provided independent evaluation of QuitlineNC since 2005.

From its launch in 2005 through June 2011, QuitlineNC was jointly funded by the NC Health and Wellness Trust Fund (HWTF) and the Tobacco Prevention and Control Branch

(TPCB) of the NC Department of Health and Human Services. Beginning in July, 2011, QuitlineNC has been funded solely through the TPCB. *In fiscal year 2012-2013 (Year 8 of QuitlineNC operation), total funding decreased from \$6.45 million for services and promotion to \$2.9 million for services only. The TPCB was legislatively prohibited from using funds on statewide TV or radio promotional efforts.* Additionally, services were closed to all callers except those covered by the NC State Health Plan (SHP) for the first six weeks of the year due to a funding gap; proactive calls were attempted to reconnect with non-SHP callers who completed an intake during this period.

As expected, with reduced funding for services and no funding for promotion, overall caller volume declined by 32% in Year 8 compared to the previous year. However, QuitlineNC achieved its second highest caller volume and reach rate in Year 8, with 14,915 North Carolinians who use tobacco calling from every county in the state, with a promotion reach of 1.0%, and a treatment reach of 0.8%. One quarter of all callers reported Black/African American race and over half (61%) were uninsured or had Medicaid, indicating the QuitlineNC continues to be utilized by tobacco users from populations with disparities in tobacco use and related health outcomes.

Three factors in the second half of Year 8 elevated overall caller volume: 1) free NRT for all callers, 2) communication about the free NRT benefit to healthcare providers and the general public through email blasts and a press release, and 3) the federally funded national “Tips From Former Smokers” TV ad campaign, which partially compensated for the absence of state funded promotion. These factors appeared to have a synergistic effect, as caller volume increased dramatically when all three factors came together.

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KEY FINDINGS AND OUTCOMES

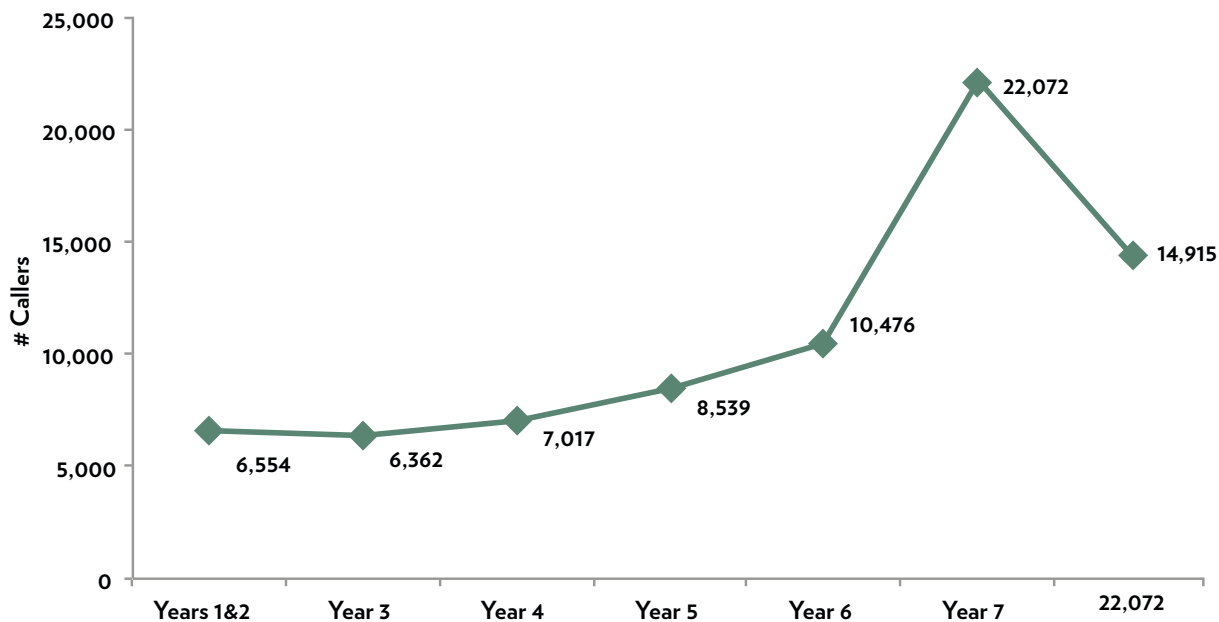
All data presented in this report reflect only those Quitline callers who use tobacco and completed a registration call, excluding any callers (e.g. healthcare professionals or family members) who contacted Quitline as a proxy for a tobacco user.

A. QuitlineNC Caller Volume and Service Utilization

Over 75,000 North Carolina tobacco users (not including proxies) have contacted QuitlineNC since it launched in 2005 (Figure 1). Overall caller volume decreased by 32% in Year 8 compared to Year 7, but was the second highest caller volume overall recorded since QuitlineNC began in 2005.

Adequately funding and promoting state Quitlines should result in between 1% - 2% of adult tobacco users completing a registration call in a given year, a measure known as promotion reach^{6,8}. Treatment reach provides a measure of the proportion of the state's smokers who receive evidence-based cessation treatment in the form of a completed cessation coaching call. In Year 8, QuitlineNC promotion reach was 1.0%, compared with 1.4% in Year 7, and treatment reach was 0.8% compared with 1.1% in Year 7. QuitlineNC reach in this fiscal year was lower than national estimates (1.22% promotion reach and 1.15% treatment reach in 2011, the most recent year for which data are available)⁸.

FIGURE 1: OVERALL TOBACCO USER CALLER VOLUME, 2005-2013



During Year 8, callers who were insured through the State Health Plan and registered for the multi-call program were eligible to receive a free eight week supply of nicotine patches. Free NRT (patch, gum, or lozenge) was available in various quantities to other caller groups who registered for the multi-call program throughout the second half of the year (Figure 2). The majority of QuitlineNC callers (68.5%) registered for the multi-call program. This is an underestimate of the number of callers who ultimately engaged with the multi-call program, as non-SHP callers who completed intake between July 1 and August 11 could not register for services at that time due to a temporary funding gap. Most callers (98%) who registered for either the multi-call or single-call program completed at least one coaching session. This is an overestimate, due to data analysis limitations related to registration restrictions during the first six weeks of Year 8. Over half of all callers (55%) received free NRT in Year 8.

B. Promotion and Caller Volume

Statewide tobacco control TV and radio ads were legislatively prohibited during Year 8 and no funding was provided for state QuitlineNC promotion. QuitlineNC specific promotion was thus limited to earned media (i.e. press releases and any resulting news stories about QuitlineNC services), small amounts of paid local media purchased by local grantees (e.g. TV or movie theater ads from previous campaigns), communication about the free NRT benefit through email blasts to healthcare providers, and TV ads from the federally funded Centers for Disease Control and Prevention “Tips From Former Smokers” (Tips) campaign. One-third of Tips ads, which provided strong cessation messages, were tagged with the QuitlineNC number.

The lack of statewide media promotion and lack of free NRT for all callers through mid-December clearly contributed to suppressed caller volume during the first half of Year 8 (Figure 3). Free

FIGURE 2. NRT BENEFIT SCHEDULE

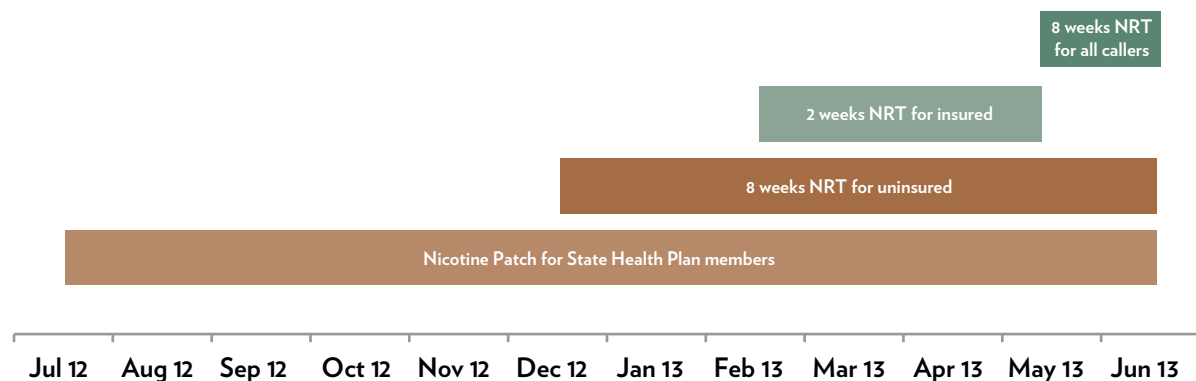
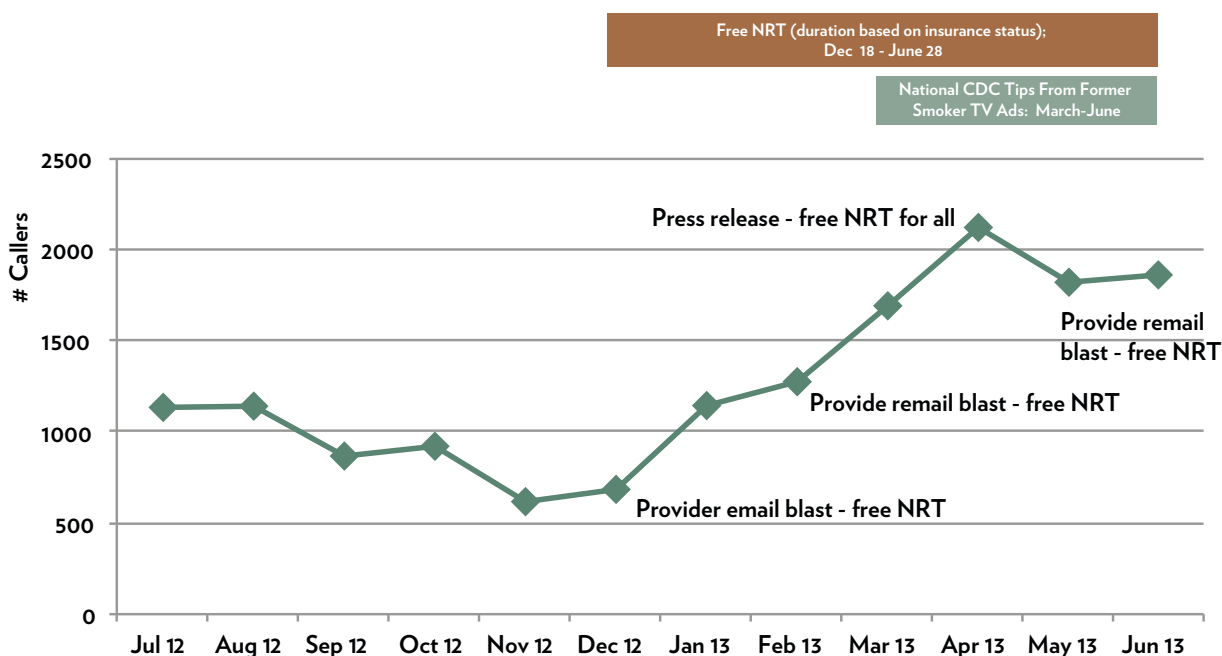


FIGURE 3. CALLER VOLUME BY MONTH



*QuitlineNC services were not available to non-SHP callers from July 1 – August 11; callers could complete intake at this time but could not access coaching services

NRT for all callers and communication to healthcare providers about this benefit supported gradually increasing caller volume in early 2013. Caller volume increased significantly when the Tips TV ads aired, and peaked when TPCB expanded communication about the free NRT benefit to the general public via a press release. The combination of free NRT, TPCB communication to healthcare providers and the general public, and TV ad promotion appeared to have a strong, synergistic effect on caller volume.

Healthcare providers remain the most frequently cited source of how callers heard about QuitlineNC (29% compared to 21% in Year 7), suggesting that multiple efforts to promote the NRT benefit to this group were likely successful in increasing provider

communication about and patient use of the Quitline (Figure 4). Sixteen percent of callers reported hearing about QuitlineNC from a family member or friend (compared to 17% in Year 7), suggesting a word of mouth promotion effect related to the free NRT benefit similar to that observed in Year 7. While Tips TV ads were on air for only the last four months of Year 8, 18% of callers reported hearing about QuitlineNC from a TV ad, clearly demonstrating the power of TV ads as an effective and necessary promotional strategy.

C. Caller Demographics and Characteristics

Tobacco users from every county in NC called QuitlineNC (Figure 5), with over 500 callers from Forsyth, Guilford, Mecklenburg, and Wake counties.

FIGURE 4. HOW CALLERS HEARD ABOUT QUITLINE NC

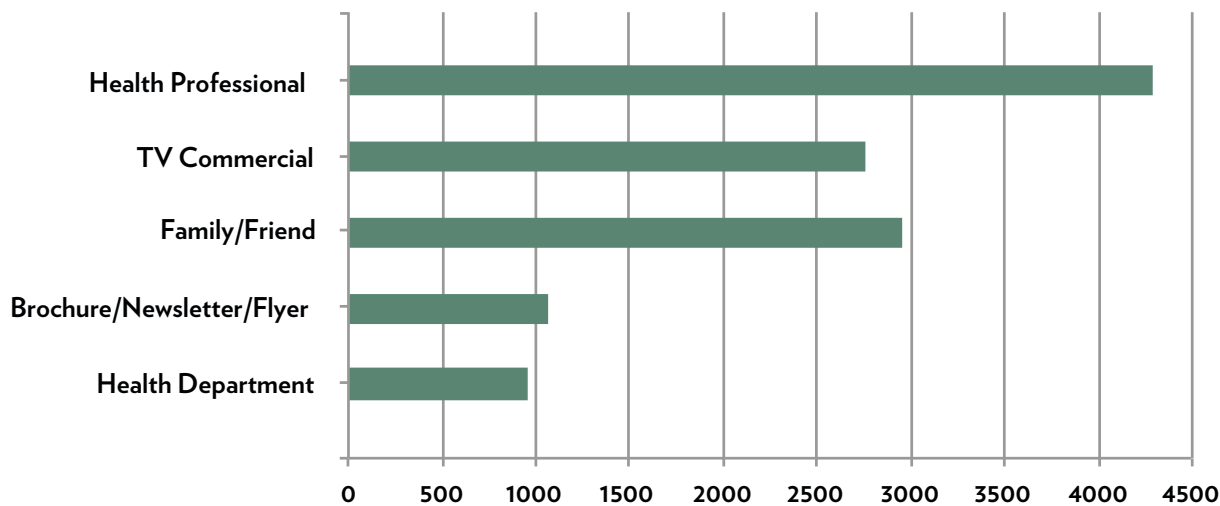


FIGURE 5. CALLER VOLUME BY COUNTY

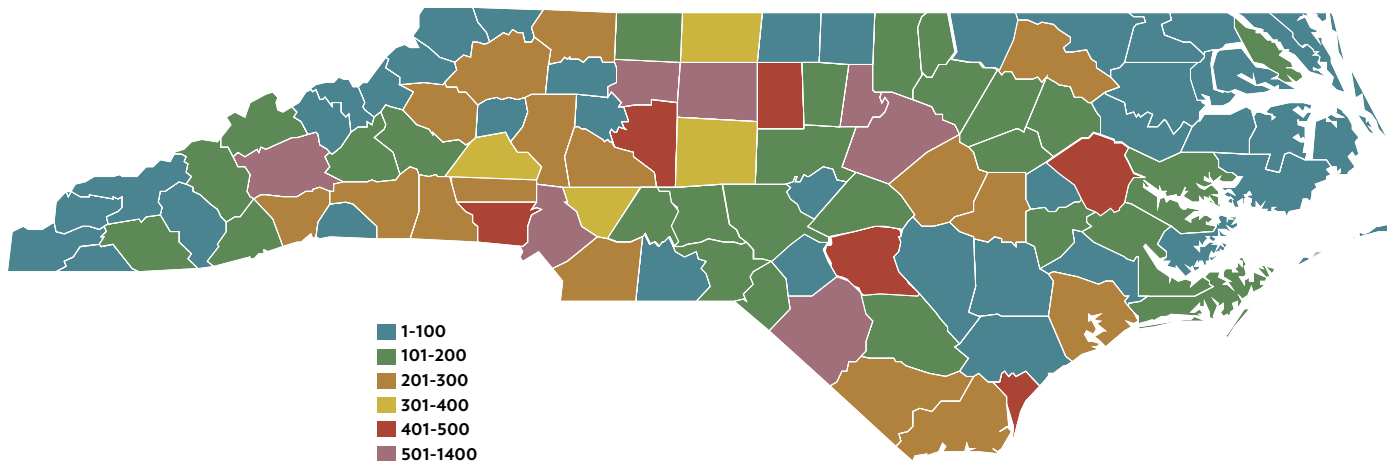


TABLE 1. QUITLINE NC CALLER DEMOGRAPHICS*

Demographic Characteristic	QuitlineNC Callers (n=14,915)	
	#	%
Gender		
Female	8867	59.5
Male	5394	36.2
Unknown	654	4.4
Age		
17 and under	45	0.3
18 to 24	1152	7.7
25 to 64	11699	78.4
65 and older	958	6.4
Unknown	1061	7.1
Race[†]		
White	7649	51.3
Black or African American	3756	25.2
American Indian or Native Alaskan	358	2.4
Other Race	428	2.9
Unknown	2724	18.3
Ethnicity		
Hispanic	334	2.2
Non-Hispanic	11838	79.4
Unknown	654	18.4
Insurance Group		
State Health Plan	536	3.6
Other Private Insurance	2487	16.7
Medicare	1572	10.5
Medicaid	3166	21.2
Uninsured	5942	39.8
Unknown	1212	8.1
Education Level		
Less than High School	2897	19.4
High School or GED	4196	28.1
More than High School	5020	33.7
Unknown	2802	18.8
Pregnancy Status (Female callers only n=8,867)		
Planning Pregnancy, Pregnant or Breastfeeding	372	2.5
Disease Status		
Multiple Chronic Conditions (e.g. COPD)	7869	52.76

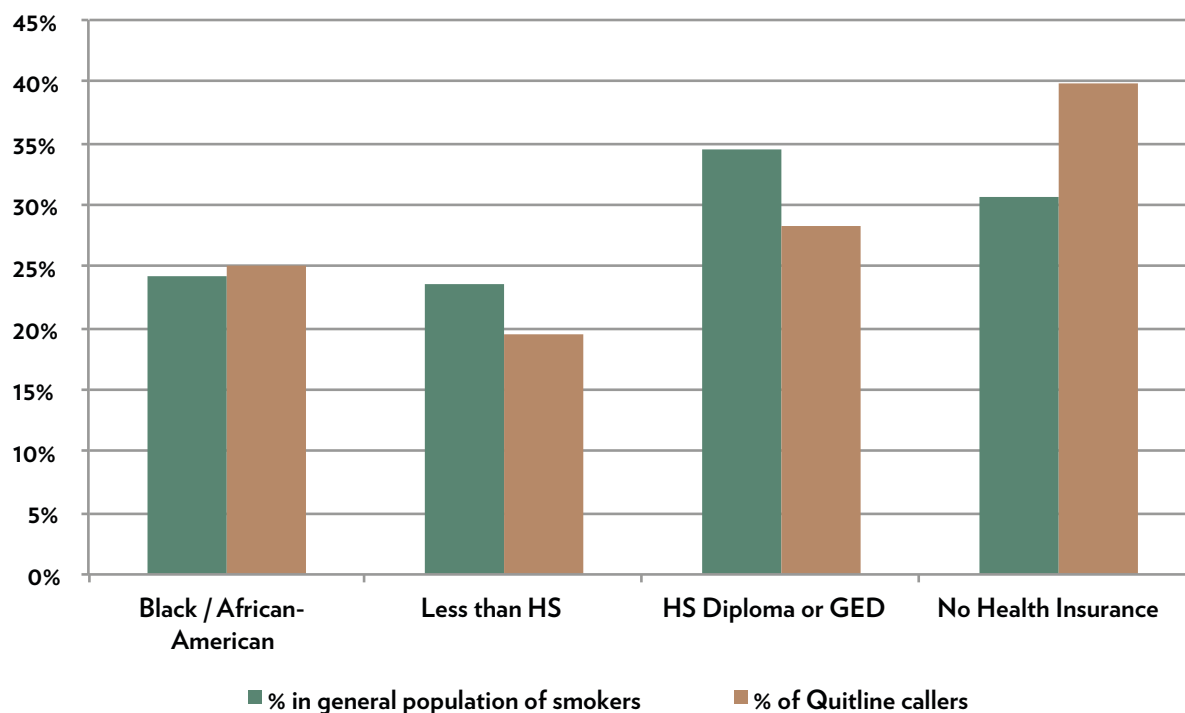
* Unknown includes numbers classified as refused, not collected, not asked, does not know, and missing

† "Other" includes callers who reported Arab or Arab American, Asian, Native Hawaiian/Other Pacific Islander, or Other. Not collected includes Not Asked, Not Collected, and Refused.

QuitlineNC callers were predominantly female (59.5%), over the age of 25 (91.9%), and white (51.3%) (Table 1). Most callers (79%) smoked cigarettes; 3% used multiple tobacco products. Many QuitlineNC callers reported having costly chronic medical conditions that are either a risk factor for tobacco use (e.g. mental

health diagnoses) or related to tobacco use (e.g. COPD). Over 300 women callers were planning a pregnancy, pregnant, or breastfeeding at the time of their Quitline call; reaching these women with effective cessation services has the potential for significant health benefits and medical cost savings for the women and their infants.

FIGURE 6. QUITLINE/NC CALLERS FROM DISPARATE POPULATIONS*



*Based on estimates from the 2012 NC Behavioral Risk Factor Surveillance Survey and the 2012 American Community Survey

Quitline/NC is successfully reaching callers from groups with poor access to care and disparities in tobacco use and related health outcomes, with callers who report Black/African American race and/or having no insurance calling at rates equal to or higher than their proportion of NC adult smokers (Figure 6). Quitline/NC has consistently achieved this reach pattern with callers who have lower educational attainment as well; failure to demonstrate this in Year 8 is likely an artifact of significant missing data related to educational attainment.

D. Satisfaction and Quit Rates

Satisfaction and quit data are collected with a seven-month follow-up survey conducted by the Quitline/NC vendor, Alere. At the time of this report, data on Year 8 callers was not available. Based on previous quit data, between the launch of Quitline/NC in 2005 and the end of Year 7 (FY 2011-2012), between 3,366 and 9,322 tobacco users who utilized this resource quit, resulting in between \$30.9 and \$113 million in net medical cost savings (costs of healthcare savings minus cost of services). Savings estimates apply current quit rates to the total number of unique Quitline/NC callers over time and assume a \$9,500 medical cost savings per tobacco user who quits¹⁰.

E. NC Surveillance Data

Data from the 2012 NC Behavioral Risk Factor Surveillance Survey (BRFSS) indicate that 20.9% of North Carolinians smoke, compared to 21.8% in 2011¹⁰. Due to changes in survey

methodology and analysis, 2012 BRFSS data are not comparable to estimates prior to 2011. Among smokers, 62.8% reported making a quit attempt in the previous year. More smokers (65.3%) were aware of Quitline/NC compared to 2011 (53.8%); this increase is likely related to the strong promotional presence and free NRT offered in Year 7 between January and June, 2012, as surveys are administered through the year. Building awareness of Quitline/NC through adequate promotion and continuing to offer free NRT could improve the number of North Carolina smokers attempting to quit and succeeding in quitting.

F. Conclusions

Evaluation data show that Quitline/NC continues to provide a valuable and necessary service to North Carolinians in every county and to reach tobacco users from groups with disparities in tobacco use and related health outcomes. While Quitline/NC funding in 2012-2013 decreased more than 50% from 2011-2012, caller volume declined much less than expected because of the combination of free nicotine replacement therapy (NRT), grassroots communication to healthcare providers and the public, and federal TV promotions, allowing Quitline/NC to experience the second highest call volume and reach volume to date. Moving forward, restrictions on statewide promotion should be lifted to ensure optimal delivery of both Quitline/NC promotions and services. These services are necessary to achieving the ambitious Healthy People 2020 target of reducing adult smoking prevalence in North Carolina to 13%.

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