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Tobacco Prevention and Control Branch

QuitlineNC

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1 EXECUTIVE SUMMARY

Evaluation data show that the North Carolina (NC) Tobacco Quitline, QuitlineNC, continues to provide a valuable and necessary service to North Carolinians in every county, reaching users from groups with disparities in tobacco use and related health outcomes. In 2013-2014, compared to the previous year, QuitlineNC funding decreased 10%, fewer targeted grassroots promotions and health care provider outreach activities occurred, and free nicotine replacement therapy (NRT) was less available for many Quitline callers. A ban on statewide advertising further limited Quitline promotion, likely reducing statewide awareness and reach. Subsequently, Quitline volume decreased 10.5% in 2013-14 compared to the previous year. Despite these challenges, more than 13,000 North Carolinians registered with QuitlineNC in 2013-14, the third highest annual caller volume to date. This success was largely due to the federally sponsored “Tips from Former Smokers” advertising campaign, which ran in early 2014 and played a critical role in driving a larger than expected number of North Carolinians who use tobacco to contact QuitlineNC. Increasing targeted outreach, grassroots promotion activities, and the availability of free nicotine replacement therapy will be critical to sustaining high caller volume. Removing statewide advertising restrictions would help reach more North Carolinians and ensure optimal delivery of Quitline services, which are necessary to achieving the ambitious Healthy People 2020 target of reducing smoking prevalence to below 13%.

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 support.¹ Combining cessation coaching with free NRT increases Quitline caller volume, caller satisfaction, and quit rates.²⁻⁶ Marketing campaigns promoting Quitline services effectively increase utilization.⁷⁻⁹ The Tobacco Prevention and Evaluation Program at the University of North Carolina at Chapel Hill School of Medicine 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 was funded solely through the TPCB. In fiscal year 2013-2014 (Year 9 of QuitlineNC operation), total funding decreased from \$2.9 million to \$2.6 million and was limited to service provision only, as legislation prohibited the TPCB from using funds on statewide TV or radio.

In FY 2014, fewer targeted grassroots promotion and health care provider outreach activities were conducted, and free nicotine replacement therapy was available to fewer callers compared to the previous year. As a result, a decrease in caller volume occurred. Despite these challenges, QuitlineNC achieved its third highest caller volume and reach rate in Year 9, with 13,340 North Carolinians who use tobacco calling from every county in the state (registration reach of 0.87% and treatment reach of 0.65%). More than half of all callers were uninsured or had Medicaid (60%), half had a high school diploma or less (51%), and about a quarter reported Black/African American race (27.5%), indicating that QuitlineNC continues to reach users from populations that experience disparities in tobacco use.

The federally funded CDC “Tips from Former Smokers” TV ad campaign, which aired for nine weeks between February and April 2014, was critical in sustaining relatively high caller volume during Year 9. Caller volume during the campaign was 89% higher than in the 9 weeks preceding the campaign, and TV ads accounted for 21% of how callers reported hearing about QuitlineNC. While the TIPS campaign may continue to boost caller volume in the coming years, increased and consistent state level outreach to health care providers, more grassroots promotional activities, and wider availability of free NRT will be critical to sustaining high caller volume.

2 QUITLINE NC BACKGROUND

The North Carolina (NC) Tobacco Prevention and Control Branch (TPCB) in the NC Division of Public Health, NC Department of Health and Human Services (DHHS) launched the North Carolina Quitline (QuitlineNC) in 2005. Currently operated by Alere Wellbeing, Inc., QuitlineNC provides free, proactive telephone tobacco cessation coaching services 7 days per week, 24 hours a day in multiple languages. Callers who are ready to set a quit date within 30 days may enroll in the multi-call program, which offers up to four calls with a Quit Coach; callers who are not ready to set a quit date may opt for the one-call program which provides one call with a Quit Coach. Callers who are pregnant are eligible for an intensive, tailored 10-call program. All callers have access to written educational materials, web-based support, and referrals to community-based supports.

In Year 9, free NRT was available to medically eligible callers who registered for the multi-call program at different time periods and varying intensities throughout the year. For most of the year, medically eligible callers who registered for the multi-call program and were commercially insured or were enrolled in Medicaid were eligible to receive two weeks of free nicotine patches, gum, or lozenges, and callers who were uninsured could receive two weeks of free nicotine patches. Medicare enrolled callers were eligible for two weeks of patches, gum, or lozenges beginning in March, 2014. Throughout the year, multi-call enrollees who were members of the State Health Plan, which reimburses QuitlineNC for services used by their members, could receive eight weeks of free nicotine patches, gum, or a combination of patches and gum, and multi-call enrollees from Orange County could receive eight weeks of nicotine patch, gum, or lozenge.

QuitlineNC coaching services are available to all North Carolinians age 13 or older; callers must be at least 18 years old to receive free nicotine patches or gum. QuitlineNC users can register over the phone or via the QuitlineNC website: <https://www.quitlinenc.com>. QuitlineNC accepts fax referrals from healthcare providers; fax referrals generate proactive calls from Quitline coaches within 24 hours.

QuitlineNC is managed by the NC TPCB. In Fiscal Year 2013-2014 (FY 2014), July 1, 2013 – June 30, 2014, QuitlineNC received funding from the NC General Assembly, the NC State Health Plan, and the Centers for Disease Control and Prevention (CDC). Funding was designated for services only and the TPCB was legislatively prohibited from using funds on statewide TV or radio promotional efforts.

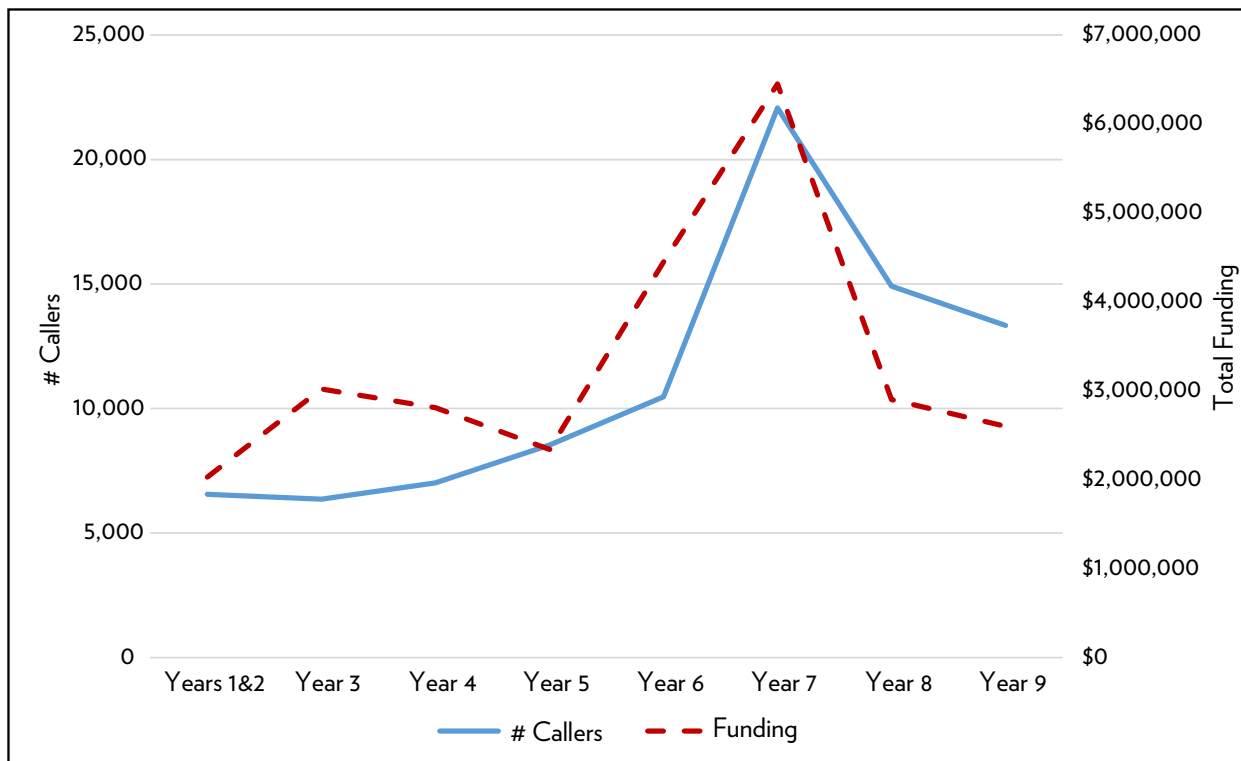
3 KEY FINDINGS & OUTCOMES

All data presented in this report reflect QuitlineNC callers who use tobacco and completed a registration call, excluding any callers (e.g., healthcare professionals or family members) who contacted the Quitline as a proxy for a tobacco user. Data presented reflect unique Quitline caller volume (i.e., callers who registered for services more than once during the year are counted only once).

A. To what extent does QuitlineNC reach NC tobacco users?

Nearly 90,000 North Carolina tobacco users (not including proxies) have contacted QuitlineNC since it launched in 2005 (Figure 1), with 13,340 North Carolinians registering in FY 2014 (Year 9 of QuitlineNC operation). Though overall caller volume decreased by 10.5% in Year 9 compared to Year 8, it was the third highest overall caller volume recorded since QuitlineNC began in 2005, despite an absence of statewide media promotion and relatively few targeted promotions or outreach activities. As shown in Figure 1, substantially higher funding in Year 7, which allowed for strong media promotion and provision of free NRT for all callers, facilitated a dramatic rise in caller volume. As funding levels have declined over the past two years, caller volume has declined substantially as well, with federally funded mass media campaigns playing a significant role in achieving caller volume levels that are higher compared to previous years of similarly low QuitlineNC funding.

FIGURE 1. OVERALL TOBACCO USER CALLER VOLUME, 2005-2014



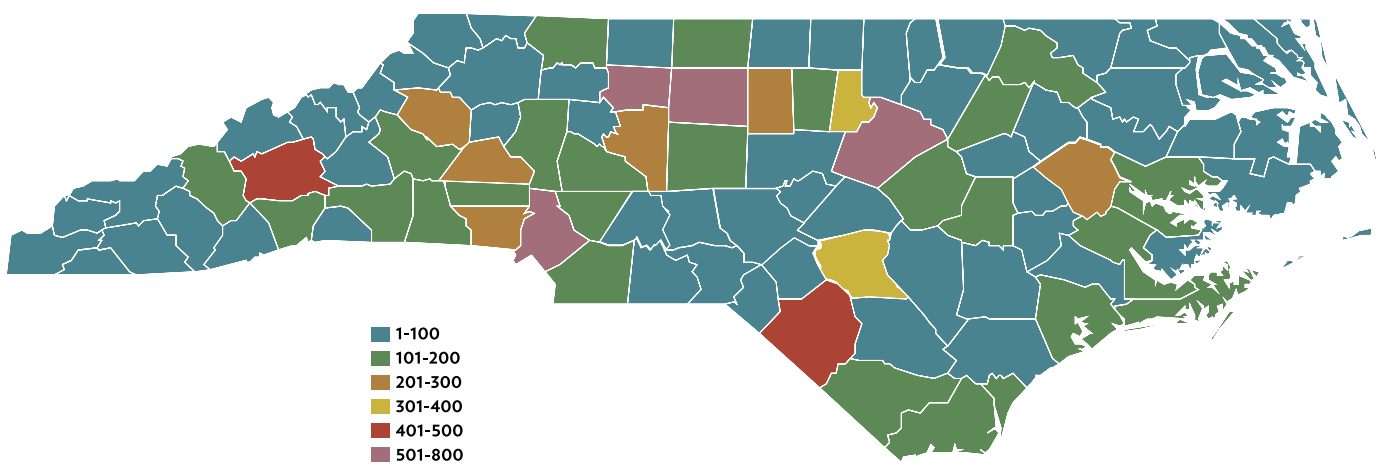
Registration reach provides a measure of the proportion of a state’s tobacco users completing a registration call in a given year, and treatment reach measures the proportion of the state’s tobacco users who receive evidence-based cessation treatment in the form of a completed cessation coaching call.¹⁰ In Year 9, QuitlineNC registration reach was 0.87%, compared with 1.0% in Year 8, and treatment reach was 0.65% compared with 0.8% in Year 8. QuitlineNC reach in this fiscal year was lower than the most recent national estimates (1.22% registration reach and 1.08% treatment reach in 2013).¹⁰ The CDC Best Practices for Comprehensive Tobacco Control Programs sets an ambitious target for state quitlines, recommending that they seek to reach 8% of their state’s tobacco users annually.¹¹ Achieving this goal requires funding resources for Quitline services and promotion at significantly higher levels than those currently available to QuitlineNC.

While most callers accessed QuitlineNC via a direct inbound call (84%), a substantial number were connected via a fax referral from a health care provider (12%, n=1,600). This represents 41% of all fax referrals received by QuitlineNC (n=3,891). Fax referrals for callers completing a registration call were generated from 196 healthcare facilities, including four behavioral health facilities, which generated 92 unique referrals, and 38 local health departments, which generated 167 unique referrals.

B. Who calls QuitlineNC?

Tobacco users from every county in NC called QuitlineNC (Figure 2), with more than 500 callers from Forsyth, Guilford, Mecklenburg, and Wake counties.

FIGURE 2. CALLER VOLUME BY COUNTY (N=13,340)



QuitlineNC callers were predominantly female (60%), over the age of 35 (74%), and white (57%) (Table 1). More than half of callers (51%) had a high school education or less, 38% were uninsured, and 22% were enrolled in Medicaid.

TABLE 1. QUITLINE NC CALLER DEMOGRAPHICS (N=13,340)

Demographic Characteristic*		#	%
Gender	Female	8028	60.2%
	Male	4847	36.3%
	Unknown	465	3.5%
Age	17 and under	40	0.3%
	18 – 24	856	6.4%
	25 – 34	1964	14.7%
	35 – 64	8910	66.8%
	65 and older	922	6.9%
	Unknown	648	4.9%
Race	White	7554	56.6%
	Black/African American	3665	27.5%
	Other†	430	3.2%
	Unknown	397	3.0%
Ethnicity	Hispanic	282	2.1%
	Non-Hispanic	11748	88.1%
	Unknown	1310	9.8%
Sexual Orientation	Heterosexual/Straight	11034	82.7%
	GLBT	476	3.6%
	Other	71	0.5%
	Unknown	1759	13.2%
Health Insurance Status	State Health Plan	1049	7.9%
	Other private insurance	1971	14.8%
	Medicaid	2984	22.4%
	Medicare	1472	11.0%
	No Insurance	5040	37.8%
	Unknown	824	6.2%
Education Level	Less than high school	2725	20.4%
	High School/GED	4097	30.7%
	More than high school	4791	35.9%
	Unknown	1727	13.0%

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

†Other includes callers reporting American Indian/Alaskan native (0.04%), Asian (0.2%), Native Hawaiian/Other Pacific Islander (0.06%), or Other (2.7%)

As shown in Table 2, most callers (88%) smoked cigarettes only; 10.4% used multiple tobacco products; and 9% were dual users of cigarettes and electronic cigarettes. Many callers were highly dependent tobacco users, with over half (53%) smoking at least one pack of cigarettes per day (20 cigarettes) and 80% of callers using tobacco within 30 minutes of waking. Many QuitlineNC callers reported having a tobacco-related health condition such as COPD (63%), having at least one mental health condition (41%), or living and/or working in a smoking environment (51%). Over 200 women (2.8% of female callers) were planning a pregnancy, pregnant, or breastfeeding at the time of their Quitline registration; reaching these women with effective cessation services can result in significant health benefits and medical cost savings for the women and their infants.

TABLE 2. QUITLINE NC CALLER TOBACCO USE AND HEALTH CHARACTERISTICS (N=13,340)

Tobacco Use/Health Characteristics		#	%
Tobacco use	Cigarettes only	10826	88.0%
	Cigarettes and other tobacco products (includes e-cigarettes)	1276	10.4%
	Cigarettes and e-cigarettes	783	8.9%
Cigarette smokers' smoking intensity (n=12,102)	Light (0-10 cpd)	4333	35.8%
	Moderate (11-19 cpd)	1410	11.7%
	Heavy (20+ cpd)	6359	52.6%
Nicotine dependence	Use tobacco within 5 minutes of waking	5997	51.3%
	Use tobacco within 30 minutes of waking	3388	80.3%
Health status	Tobacco-related health condition*	8368	62.7%
	At least 1 mental health condition†	5490	41.1%
	2+ mental health conditions	3168	23.8%
	Drug or alcohol abuse	737	5.5%
Smoking exposure	Live/work in smoking environment	6799	51.0%
Pregnancy status (female callers only, n=28,028)	Planning pregnancy, pregnant, or breastfeeding	221	2.8%

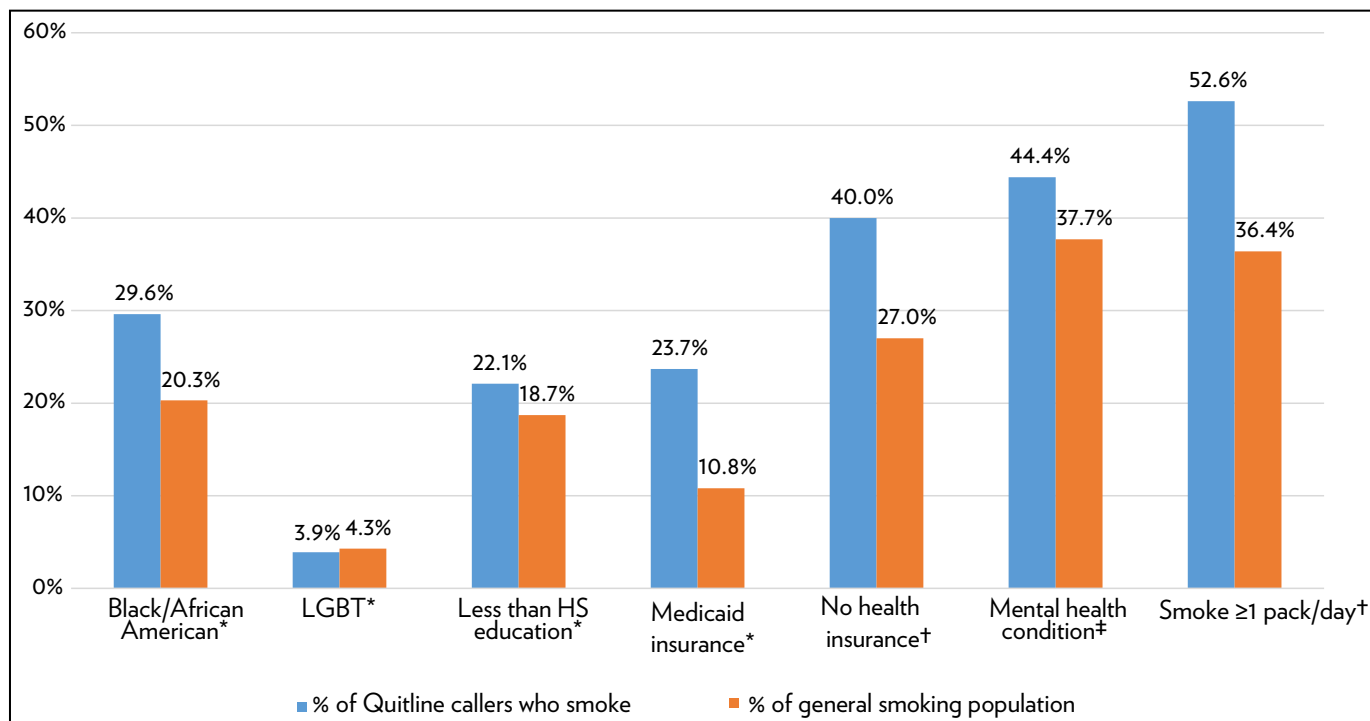
cpd: cigarettes per day

*Includes asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, high blood pressure, arthritis, high cholesterol, or cancer

†Includes depression, ADHD, bipolar, anxiety disorder, PTSD, or schizophrenia

QuitlineNC is successfully reaching callers from populations that experience disparities in tobacco use and tobacco related diseases and/or have more difficulty quitting at rates approximately equal to or exceeding the proportion of NC adults who smoke in each of these populations (Figure 3). In Year 9, QuitlineNC was particularly successful in reaching callers who reported Black/African American race, were enrolled in Medicaid or were uninsured, reported having a mental health condition, and/or reported heavy smoking. The two week free nicotine patch starter kit offered to callers with Medicaid or no insurance likely contributed to the success in reaching callers from these populations.

FIGURE 3. QUITLINE NC CALLERS FROM DISPARATE POPULATIONS



*Estimate based on 2012-2013 NC Behavioral Risk Factor Surveillance Survey

†Estimate based on 2012-2013 National Health Interview Survey

‡Estimate based on 2009-2011 National Survey on Drug Use and Health

C. How do callers engage with QuitlineNC services?

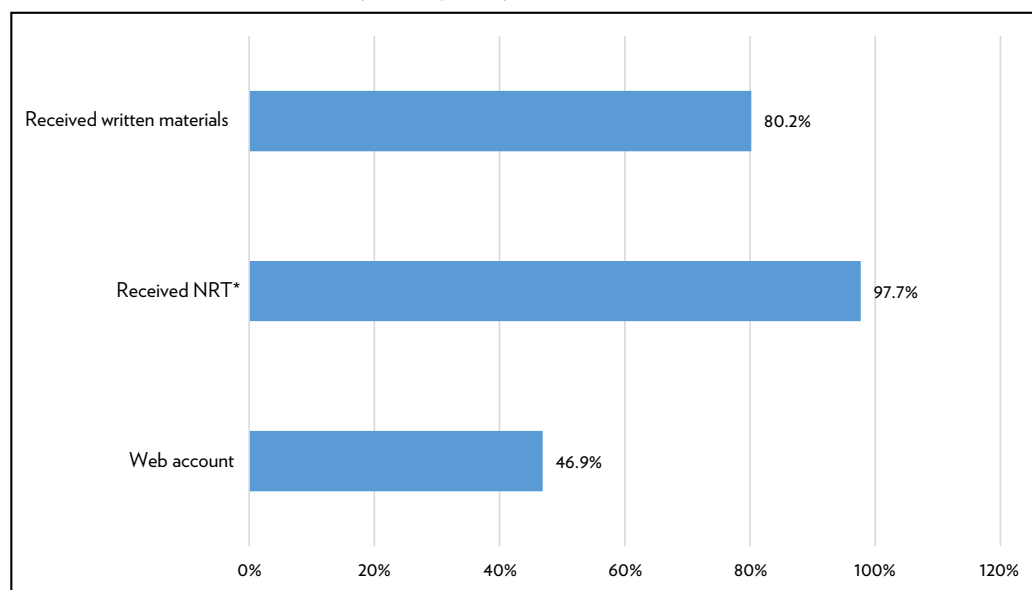
Most (92%) tobacco users who call QuitlineNC request an intervention (i.e., request a coaching call rather than requesting materials only or asking general questions). Of callers requesting an intervention (n=12,291), most (78%) enrolled in the four-call program, 21% enrolled in the one-call program, and 1% enrolled in the multi-call program tailored to pregnant women or youth callers. Most multi-call enrollees (82%) completed at least 2 coaching calls, though only 8% completed at least four coaching calls as recommended by tobacco use treatment guidelines.¹²

Certain caller characteristics were associated with a lower likelihood of completing multiple coaching calls. Callers who were younger (ages 18-24), uninsured, had less than a high school education, those living and/or working in a smoking environment, and those who smoke at least 20 cigarettes (1 pack) per day were less likely to complete the recommended four coaching calls. Identifying barriers that result in lower utilization of QuitlineNC services from these callers (e.g., limited cell phone minutes, lack of social support) is crucial in developing strategies to better engage NC tobacco users from disparate populations.

Strategies to increase QuitlineNC service utilization by one-call program enrollees are also needed; the majority of one-call program enrollees (86%) do not complete any coaching calls following registration. QuitlineNC callers who are not ready to set a quit date during the registration process are directed to the one-call program. These callers may be less motivated or confident in their ability to quit and thus may be less likely to accept a coaching call following the registration process. Strategies are needed to increase the number of one-call program enrollees who complete a coaching call; such strategies may result in increasing caller motivation and self-efficacy.

Many callers utilized additional supports offered through QuitlineNC (Figure 4). The majority of callers (80%) received written materials and most (98%) eligible multi-call program callers (i.e., callers with State Health Plan insurance, Medicaid, Medicare, or no insurance and callers who were residents of Orange County) received NRT. Roughly half of callers (47%) utilized support through a registered web account.

FIGURE 4. UTILIZATION OF QUITLINE NC RESOURCES FOR CALLERS ENROLLED IN A CALL PROGRAM (N=12,291)



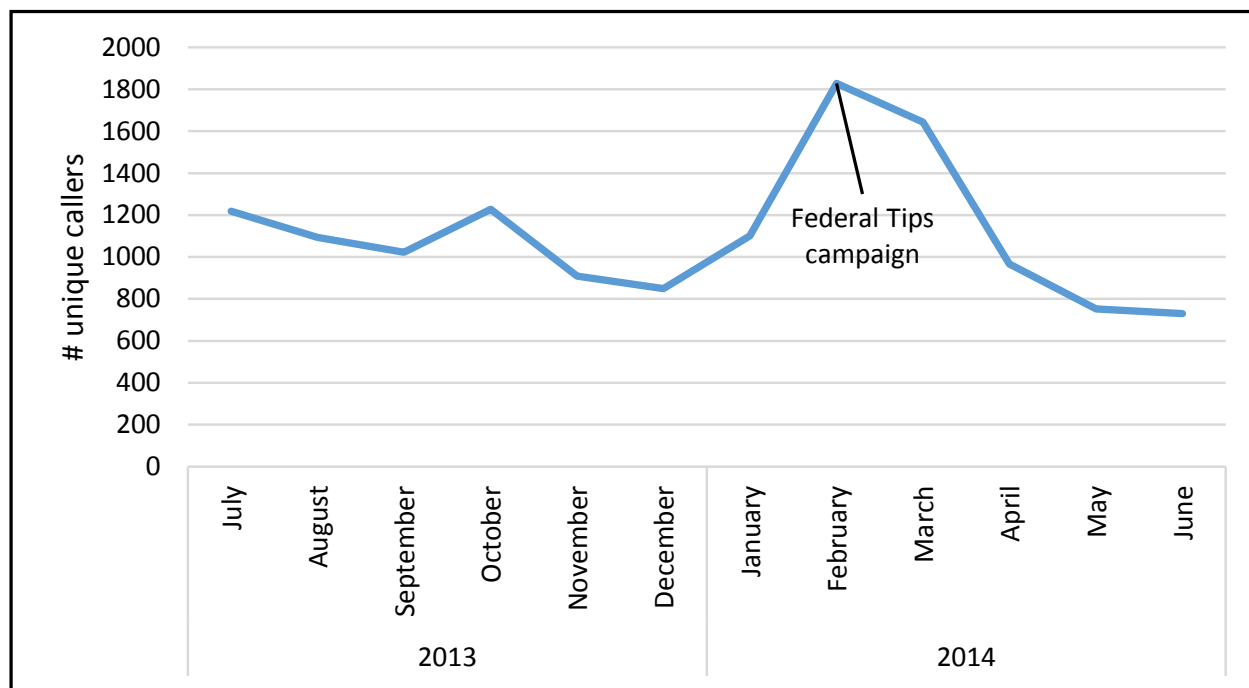
*Only multi-call program callers with State Health Plan Insurance, Medicaid, Medicare, or no insurance and callers who were residents of Orange County were eligible for NRT (n=7,637)

D. What impact does promotion have on QuitlineNC caller volume?

Fiscal Year 2014 was marked by a lack of wide scale promotion, with continued legislative prohibition of statewide TV and radio ads since FY 2013, no dedicated promotion funding, and an absence of large TPCB promotions (e.g., extended free NRT promotions). A limited number of small scale paid media efforts, including TV, radio, movie theater, and transit ad placements, were conducted by local health groups in the cities of Wilmington and Raleigh; these activities were not of sufficient scale to noticeably influence overall caller volume. A small increase in caller volume in October is likely related to annual enrollment in the State Health Plan (SHP) for state employees and teachers. SHP enrollment reminder postcards contained information about QuitlineNC, and enrollees who use tobacco were eligible for reduced premiums if they engaged the Quitline as part of a quit attempt.

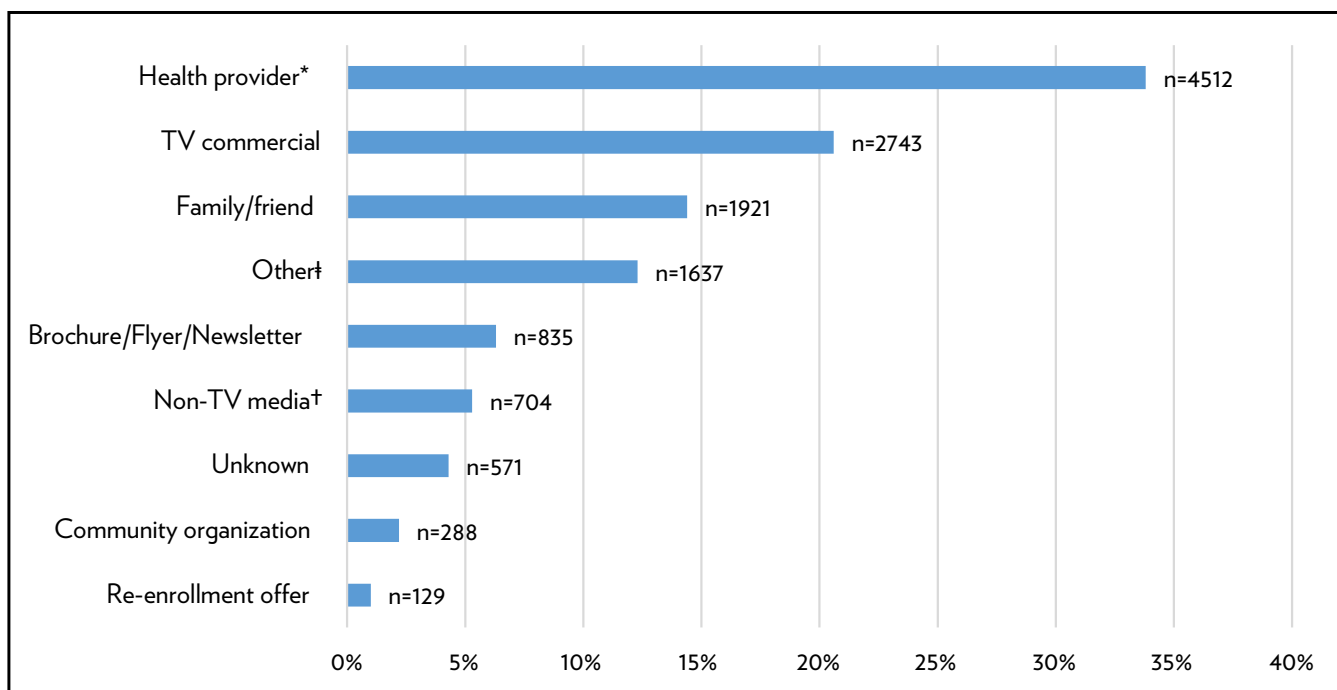
TV ads from the federally funded CDC Tips campaign, tagged with the Quitline number, aired in North Carolina for nine weeks between February and early April 2014, during which time caller volume increased substantially (Figure 5). Twenty one percent of callers reported hearing about QuitlineNC from a TV ad, likely influenced by this nine-week federal Tips campaign. The effectiveness of this campaign in promoting the Quitline is demonstrated by the 89% increase in call volume during the nine weeks of the campaign compared to the preceding nine weeks, though the campaign's effect on driving calls to QuitlineNC appeared to taper off toward the end of the campaign.

FIGURE 5. QUITLINENC CALLER VOLUME BY MONTH (N=13,340)



Health departments and health providers were the most frequently cited source of how callers heard about QuitlineNC (34% compared to 29% in Year 8) (Figure 6), followed by TV commercial (21% compared to 18% in Year 8). Word of mouth was also an important source of information, with 14% of callers hearing about QuitlineNC from a family member or friend. The number of callers reporting hearing about the Quitline via health care providers and social networks in the absence of wide scale promotion suggests a sustained impact of previous years' efforts to increase QuitlineNC awareness and utilization. Ongoing promotion and outreach in the coming years will be needed as the carryover impact of these efforts may fade over time.

FIGURE 6. HOW CALLERS HEARD ABOUT QUITLINE NC (N=13,340)



*Health provider includes health department or health professional

†Other includes health insurance providers, TV news, cigarette pack, employer/worksites, and other

‡Non-TV media includes radio, outdoor ad, newspaper/magazine, and website

E. How effective are QuitlineNC services?

Satisfaction and quit data are collected with a seven-month follow-up survey conducted by the QuitlineNC vendor, Alere Wellbeing. Based on their surveys of QuitlineNC callers who registered between August 1, 2013 and May 31, 2014, 72% of survey respondents report being very or mostly satisfied with the Quitline,¹³ consistent with the previous year (70%).¹⁴ Alere reported an intent-to-treat 30 day quit rate of 11%, identical to the rate reported in Year 8. This rate gives the percentage of callers who reported being quit for 30 consecutive days at the time of the seven month follow-up survey, assuming that all survey non-respondents continue to use tobacco. Thus, it is an underestimate of actual quit rates among QuitlineNC callers. The respondent 30-day quit rate was 28% in both Year 9 and Year 8. The respondent rate does not account for survey non-respondents and thus is an overestimate of actual quit rates. The true 30-day quit rate lies somewhere between these two estimates. Using these estimates, between 1,734 and 3,735 QuitlineNC callers quit their tobacco use for at least 30 days in Year 9.

Between the launch of QuitlineNC in 2005 and the end of Year 9, between 7,382 – 19,230 tobacco users who utilized QuitlineNC coaching have quit, resulting in between \$44.9 and \$157.5 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 QuitlineNC callers over time and assume a \$9,500 medical cost savings per tobacco user who quits.¹⁵

4 CONCLUSIONS

Evaluation data show that the North Carolina (NC) Tobacco Quitline, QuitlineNC, continues to provide a valuable and necessary service to North Carolinians in every county, reaching users from groups with disparities in tobacco use and related health outcomes. In 2013-2014, compared to the previous year, QuitlineNC funding decreased 10%, fewer targeted grassroots promotions and health care provider outreach activities occurred, and free nicotine replacement therapy (NRT) was less available for many Quitline callers. A ban on statewide advertising further limited Quitline promotion, likely reducing statewide awareness and reach. Subsequently, Quitline volume decreased 10.5% in 2013-14 compared to the previous year. Despite these challenges, more than 13,000 North Carolinians registered with QuitlineNC in 2013-14, the third highest annual caller volume to date. This success was largely due to the federally sponsored “Tips from Former Smokers” advertising campaign, which ran in early 2014 and played a critical role in driving a larger than expected number of North Carolinians who use tobacco to contact QuitlineNC. Increasing targeted outreach, grassroots promotion activities, and the availability of free nicotine replacement therapy will be critical to sustaining high caller volume. Removing statewide advertising restrictions would help reach more North Carolinians and ensure optimal delivery of Quitline services, which are necessary to achieving the ambitious Healthy People 2020 target of reducing smoking prevalence to below 13%.

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