

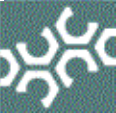
Designing a Quitline Evaluation to Maximize Access, Use and Effectiveness

APHA November 11, 2009

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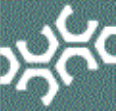
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Learning Objectives

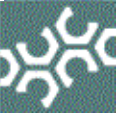
- Explain the integration of qualitative and quantitative data into evaluation plans
- Discuss the collaboration of other state and national quitline representatives to improve delivery of services
- Describe quitline-related resources and data



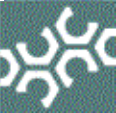
Why Evaluate a Quitline?

1. To supply information that can improve service delivery
2. To contribute to overall program accountability
3. To provide information on the quality, quantity, and effectiveness of services offered
4. To identify and assess the contribution of a quitline to a comprehensive tobacco control program

Source: CDC's "Telephone Quitlines: A Resource for Development, Implementation, and Evaluation" (chapter 7)



Example: The Pennsylvania Free Quitline Evaluation



Pennsylvania Free Quitline: Connecting Callers to Services

1. How clients learn about the PA Free Quitline

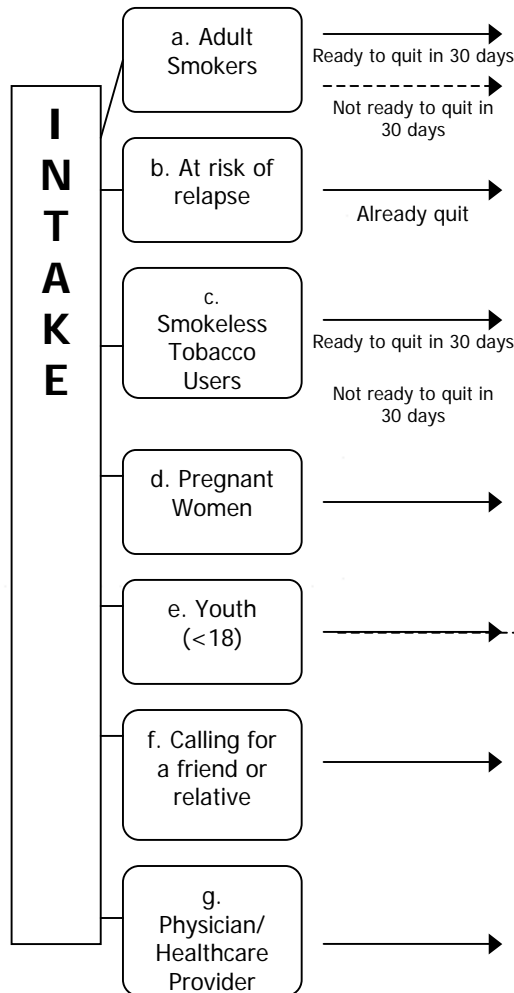
Media
 - T.V.
 - Radio
 - Print
 Materials
 Word of mouth
 Referred by Physician/Healthcare Provider
 Referred by Regional Contractors
 Fast Fax
 Other sources

2. Contacting the Quitline

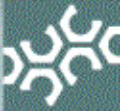
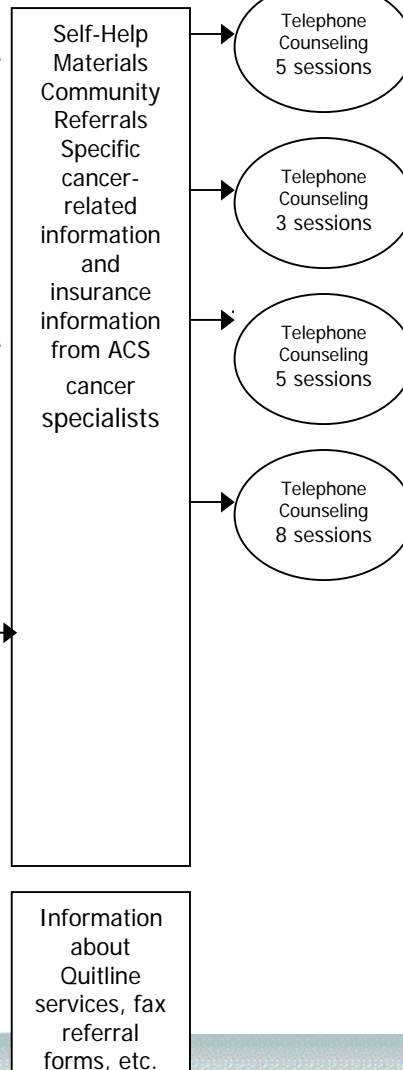
1-800-QUIT-NOW
 1-877-724-1090

Physician/Provider
 ACS Staff

3. Intake Assessment

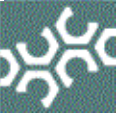


4. PA Free Quitline Services



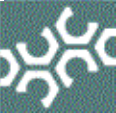
PA Free Quitline Evaluation Methodology

- I. Literature review of Quitline best practices in service delivery
- II. Key informant interviews
- III. Stakeholder survey
- IV. Analysis of Quitline data



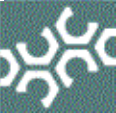
I. Literature Review: Best Practices

- Combine proactive and reactive services
- Offer free or reduced-cost pharmacotherapy, or NRT, to all callers who want to quit
- Develop/maintain partnerships with local cessation programs and community healthcare providers to ensure the delivery of comprehensive cessation treatment to all callers
- Provide self-help materials to all callers



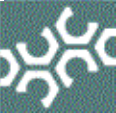
Literature Review: Best Practices

- Tailor services to target populations
 - Specialize cessation efforts to actively help pregnant smokers quit
 - Prepare specialized protocols for callers who are younger than 18 years of age
 - Prioritize tobacco users of low SES
 - Prepare specialized protocols for callers who are smokeless tobacco users
- Train counselors to handle crises
- Ensure confidentiality



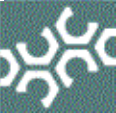
“Best Practices” Used by PA Free Quitline

Proactive counseling	✓
Reactive services	✓
Strict confidentiality	✓
Free cessation services	✓
24 hours, 7 days a week	✓
English and Spanish services; all other languages available through Language Line services	✓
Highly trained counselors	✓
Specialized services for smokeless tobacco users	✓
Specialized services for pregnant and nursing women	✓
Specialized materials for callers younger than 18 years of age	✓
Provision of free or reduced-cost NRT	✓
Partnerships with local cessation programs and healthcare providers	✓
Referral system	✓



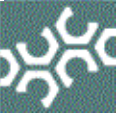
II. Key Informant Interviews

- 8 key informant interviews with Quitline staff/management and tobacco control professionals from
 - Pennsylvania
 - Massachusetts
 - Minnesota
 - Ohio
- Topics
 - Quitline operation
 - Cessation Support Services
 - Media
 - Evaluation



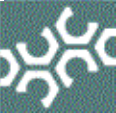
Key Informant Recommendations

- Use fax referral system (“Fast Fax”) to recruit and target pregnant smokers in prenatal care
- Develop tailored counseling protocol and promotional strategies for youth tobacco users
- Create a centralized database of community resources to be updated/accessed regularly by local cessation providers
- Prepare quitline staff to provide information about NRT and to handle increases in utilization when free NRT is provided



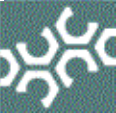
Key Informant Recommendations (cont.)

- Provide description of services provided by the quitline on all support materials and media campaigns
- Increase use and availability of quitline data (intake & evaluation)
- Maintain quitline evaluation data in a relational database, with continuous client records linked to outcome evaluation for use in de-identified data analysis



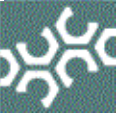
III. PA Free Quitline survey

- 28 survey respondents who refer to the Quitline
 - Primary contractors
 - Nurse consultants
- Questions about:
 - Strengths of the PA Free Quitline, as it currently operates
 - Areas of the PA Free Quitline that could be improved
 - Expectations of the PA Free Quitline among PA Tobacco Prevention and Control stakeholders



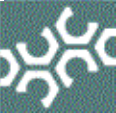
Survey recommendations

- Improve referral systems
- Increase communication about quitline services
- Continue training quitline counselors
- Expand services to teens beyond self-help materials
- Expand the use and scope of quitline data
- Continue to monitor and evaluate quitline effectiveness



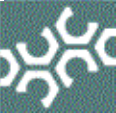
IV. Quitline Data

- Caller characteristics
- How callers heard about the quitline
- Call volume by month and by region
- Call volume and fax referrals
- Call volume and NRT distribution initiative
- Quit rates by month, by region, following initiative(s)



Caller information collected

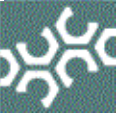
- Demographics (e.g., age, sex, county, tobacco use status);
- Nicotine delivery system of choice (e.g., cigarettes);
- Amount of tobacco per day (e.g., number of cigarettes);
- Planned quit date;
- Previous quit attempts;
- Where caller learned of the quitline number;
- Other help services utilized; and
- Outcome of cessation efforts (e.g., a quit)



Quitline

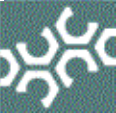
Data/Recommendations

- Increase caller satisfaction sample size during/after key events (i.e., NRT distribution initiatives)
- Coordinate face-to-face service outreach with Quitline referral
- Use findings to evaluate promotion efforts
- Collect additional data at intake (but keep it short!!)
 - Chronic disease
 - Clean Indoor Air Act awareness
 - Time limited initiatives (e.g., during NRT initiatives)



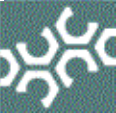
Integrating Quitline and Statewide Program Evaluation

- **Cross referral** between local and regional cessation programming (including group and one-on-one counseling, brief bedside interventions) and the PA Free Quitline.
- **Triangulate data**, including surveillance (i.e., ATS, YTS, BRFSS), Quitline, and regional cessation programming data all to get full sense of effectiveness of cessation programming in PA
- Add Quitline recall question to surveillance surveys, as appropriate



A word about wording: Integration

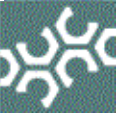
- ACS & NAQC wording used as the default to increase standardization across all program components.



Thank you!

- Questions? Comments?

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Presenter Disclosures

Michelle Henry/PHMC

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

NONE

