Tobacco Cessation Quitlines

Background

Currently, every state in the United States and the District of Columbia operates a tobacco cessation quitline. In 2004, the North American Quitline Consortium (NAQC) conducted a survey of existing state quitlines.[1] The survey found that the services provided by these quitlines included:

- Mailing information/self-help materials (97.4%)
- Proactive counseling (89.5%)
- Referrals to other cessation services (89.2%)
- Reactive counseling (62.2%)
- Smoking cessation medications (21.1% provide at no cost; 16.2% provide at low cost)
- Multiple language services (57.2% provide Spanish language services; 28.9% provide services in multiple languages through translation services or language line)

Usage and promotion

Usage rates for quitlines vary greatly from state to state depending on the services offered, promotion, availability of no or low-cost NRT and other factors. On average, state quitlines are used by 1-3% of the smoking population in that state. Maine's usage rate is well above 3%, which is most likely due to the fact that their quitline is well integrated into their health system.[2]

Promotional efforts are similar for many state quitlines. The most commonly reported promotional strategies included:[1]

- Brochures/fact sheets (97.4%)
- Posters/flyers (94.7%)
- Radio advertising (94.6%)
- Television (86.8%)

The most commonly reported indicators for measuring the effectiveness of promotional strategies included:[1]

- Call volume (100%)
- Asking how callers heard about the quitline (91.9%)

Funding and operation

Funding for quitlines comes predominantly from state governments (89.5%). Almost 70% of funding comes from Master Settlement Agreement funds.[1]

The organizations responsible for delivering services to tobacco users that call a quitline include:

- Non-governmental organizations (e.g., American Cancer Society, Center for Health Promotion) (39.5%)
- Health care institutions (26.3%)
- Universities (13.2%)

State Medicaid coverage

The NAQC 2006 Medicaid Information Survey provided a snapshot of the relationship between state quitlines and state Medicaid agencies. In some states, Medicaid recipients comprise as much as 40% of all quitline callers. The survey revealed that:[3]

- The top three reported services that Medicaid recipients can obtain through the quitline were counseling, intake/assessment, and information & referral.
- Quitlines reported serving Medicaid beneficiaries, but do not receive reimbursement or payment from state Medicaid programs for the services provided.
- There is both great variability among states in the populations served by the quitlines (Medicaid, Medicare, uninsured) and the need for better reporting of the total number of these types of callers served.
- Promotion of the Medicaid benefit is variable. Some quitlines report that promotion occurs in collaboration with both the state tobacco control program and the state Medicaid program, and others do not promote the benefit at all.
- Nearly half reported that the state tobacco control program works directly with the state Medicaid program on benefit design and/or improvement.

Effectiveness

Calculating outcomes, or quit rates, of callers to quitlines is an important step in determining the effectiveness of this intervention. However, there is considerable variation in the ways that quitlines calculate and report these outcomes. Rates can vary depending on who is surveyed, when the survey occurs, what services were utilized, and what method of analysis is used.[4] NAQC is currently hosting the "Establishing Best Practices for Quitline Operations: Back to Basics" conference call series dedicated to the exchange and dissemination of quitline research and innovations in practice. Use of telephone quitlines is recommended as an effective tobacco cessation treatment method in the Public Health Service (PHS) Clinical Practice Guidelines.[5]

As more states and localities implement smoke-free policies, the demand and need for cessation services increase. This increased demand results in the need for more state-based quitlines that can serve more tobacco users. In addition, there is a need for more attention to the issue of how best to promote the use of quitlines as an effective tool for tobacco cessation.

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[1] Evaluating the Impact of the National Tobacco Quitline Network. Retrieved March 2007 from http://www.naquitline.org/assets/SRNT.ppt.
[2] North American Quitline Consortium data
[3] NAQC 2006 Medicaid Information Survey (U.S.) Fact Sheet. Retrieved March 2007 from http://www.naquitline.org/newsletter/Fact_Sheet_2006_Medicaid_Survey.pdf.
[4] North American Quitline Consortium Establishing Best Practices for Quitline Operations: Back to Basics Summary 2006
[5] Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000.