

National Network of Tobacco Cessation Quitlines

15th Anniversary



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Foreword

Game Changer: Celebrating the 15th Anniversary of the National Network of Tobacco Cessation Quitlines

Tobacco use dependence treatment and support have come a long way over the past 15 years. By 2004, a strong evidence base demonstrated the effectiveness of quitlines in helping people quit smoking. However, just 38 states had publicly funded quitlines, which varied substantially in capacity and services. The absence of reliable funding for state quitlines limited states' ability to promote them. Moreover, because each state quitline had its own toll-free number, it was not possible to promote services nationally.

The National Network of Tobacco Cessation Quitlines was a game changer. Created in 2004 in response to a recommendation from cessation experts on the Interagency Committee on Smoking and Health, the initiative included two components: (1) 1-800-QUIT-NOW, a national quitline portal established by the National Cancer Institute (NCI); and (2) dedicated funding for state quitlines from the Centers for Disease Control and Prevention (CDC). Callers to the portal were routed either to their state's quitline or, for callers from states that had not yet established a quitline, to NCI's Cancer Information Service.

Over the past 15 years, millions of people throughout the country have called quitlines, with many of these callers receiving coaching and cessation medications and going on to quit smoking. By helping people quit smoking, quitlines have saved lives.



The impact was immediate and enduring. For the first time, any person in the United States who smoked and wanted help quitting, no matter where they lived, had access to trained quitline coaches. By 2006, thanks to CDC funding, all 50 states, the District of Columbia, and Puerto Rico had established publicly funded quitlines. The 1-800-QUIT-NOW portal also made it possible to promote state quitline services nationwide. For example, *Tips From Former Smokers® (Tips®)*, CDC's highly successful national tobacco education campaign airing annually since 2012, uses the portal to direct people to their state's quitline for free help.

States had been building the evidence base for quitlines and developing best practices ever since California launched the first state quitline in 1992. The National Network of Tobacco Cessation Quitlines accelerated this process, serving as a catalyst for the rapid spread, promotion, and evolution of quitline services. Sustained CDC funding made it possible for state quitlines to strengthen their infrastructure, enhance support services, and test new strategies that eventually became widely adopted. These strategies included offering free cessation medications to callers and having health care providers refer patients to quitlines. In addition, federal investments in the Asian Smokers' Quitline (starting in 2012) for Chinese, Vietnamese, and Korean speakers, and 1-855-DÉJELO-YA (starting in 2013) for the US Spanish-speaking population increased access to linguistically and culturally relevant quitline services.

Over the years, scientific, technical, and financial support from CDC and NCI has helped ensure the quality and consistency of quitline services throughout the United States. As a result, free, local, evidence-based cessation resources are available today in all 50 states, the District of Columbia, Puerto Rico, and Guam, both for people who use tobacco and for the providers, family members, and friends who want to support their quit attempts.

The North American Quitline Consortium (NAQC), which launched full-scale activities in 2004, also has made an important contribution to the development of quitlines by creating a forum to support and enhance quitline services. NAQC created the Minimal Data Set, a compilation of key information to be collected by state quitlines, which all states had adopted by 2006 and which remains a cornerstone of quitline evaluation efforts. NAQC continues to play an important role by helping to establish

quitline best practices and by convening funders, vendors, and researchers to identify and address emerging quitline trends, issues, and needs.

By August 2019, more than 10 million people had called 1-800-QUIT-NOW, with many callers receiving counseling and, in some cases, cessation medications that enabled them to quit smoking. By helping people to quit smoking, quitlines save lives. The people whose lives are saved are not statistics. They are our relatives, co-workers, friends, and neighbors. They are parents who live to see their children grow up and have children of their own. They are community members and community leaders. They reflect the investments and commitments made in 2004 and sustained through the hard work of state quitline staff and stakeholders.

The 15-year anniversary of the National Network of Tobacco Cessation Quitlines is a fitting occasion to celebrate these achievements. In this spirit, we invite you to take a few minutes to read this commemorative booklet, which includes reflections from stakeholders on how far state quitlines have come since 2004 and where they and the National Network of Tobacco Cessation Quitlines might be headed next.

The bottom line is that quitlines work. They help people to quit smoking; they save people's lives.



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What Is a Quitline?

Quitlines are tobacco cessation services that are available at no cost to US residents in all 50 states, the District of Columbia, Guam, and Puerto Rico. Quitlines help tobacco users quit through a variety of service offerings, including individual counseling, providing practical information on how to quit smoking, referral to other cessation resources, self-help materials sent by mail or online, information on FDA-approved cessation medications, and—in some cases—free or discounted cessation medications.

What Services Can Quitlines Provide?

Quitlines provide many services to help tobacco users quit. The services provided vary by state, but can include:



Counseling Telephone | Web | Text Messaging | Chat Rooms | Mobile Apps



Medications



Referrals to local cessation programs



Self-help materials sent by mail or online

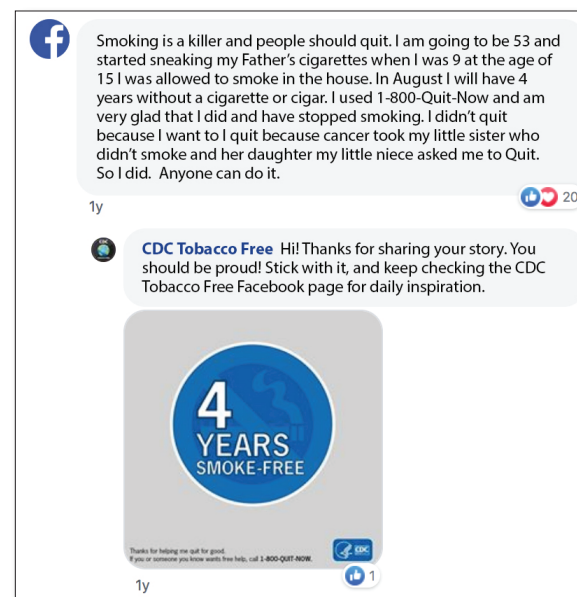
Who Do Quitlines Serve?

Quitlines provide services to individuals of all ages and backgrounds who use tobacco, as well as their family members and health care providers. Quitlines help reduce tobacco-related disparities by removing barriers and by providing culturally and linguistically appropriate services.

While quitlines serve all Americans, they *especially* serve persons with low socioeconomic status; nearly three out of five quitline callers have a GED or high school diploma or less, and almost half of quitline callers are uninsured or enrolled in Medicaid.

What Do Callers Say About Quitlines?

From Our Facebook Posts



"I couldn't have done it without the Quit Coaches—sometimes it helps to talk about it. One time at 2 a.m., I had a cigarette dream—a bad dream. But instead of going out, I called the Quitline. It helped me stop. It's a good program. I try to inspire other people to quit smoking too before it gets to COPD stage 2, like me."

"Before I called the Quitline, I thought I was never going to quit. Now that I've gone through the calls, I am happy with how easy the quit journey has been. Thank you all for your help."

"Thank you to all the Quit Coaches that helped me. The last one I talked to took the time to explain the best way for me to use nicotine lozenges and patches together. I will continue to call in; the program is great."

"I've quit tobacco more times than I can remember. But this was different. The patches I received from the Quitline really took the edge off ... they called me on a regular basis and I could call them as well. Gunalchéesh (thank you) to Alaska's Tobacco Quitline. Now I'm a nonsmoker."

Reflections

National Cancer Institute (NCI)

In 2004, people often went without necessary and readily available help to quit tobacco because they did not know where to turn. When then-Department of Health and Human Services Secretary Tommy Thompson announced the creation of 1-800-QUIT-NOW, it brought a flurry of excitement. Over the next nine months, CDC and NCI talked to important stakeholders, built the necessary infrastructure, and offered needed support to new and existing state quitlines. It was a colossal effort, but the dedication and commitment from everyone involved—state and federal partners alike—were truly remarkable. We at NCI are extremely proud of the work that we've done and continue to do, not to mention the impact this work has had on millions of people who have successfully quit tobacco. The success of 1-800-QUIT-NOW shows that when we all work together, we can help people make positive changes in their health and lives. Here's to the next 15 years!



- Putting in place a tailored intake protocol for pregnant and postpartum women.
- Providing at least one FDA-approved cessation medication at no cost.
- Providing a minimum of a two-week supply of cessation medications to eligible quitline participants.
- Ensuring that all quitline participants receive information on cessation medications.
- Promoting cessation services and medications.
- Following NAQC guidance on reaching priority populations and reengaging smokers.
- Adopting intake and follow-up questions on electronic nicotine delivery systems.

North American Quitline Consortium (NAQC)

Every year state quitlines receive over one million calls and provide cessation services to more than 350,000 tobacco users, while achieving quit rates of 30% and above. This high-quality national network of quitlines is the product of collaboration, innovation, and bold action among state tobacco control programs, service provider organizations, researchers, CDC, and our devoted NAQC staff.



In 2004, NAQC was established to encourage quitlines to adopt best practices. In 2018, NAQC assessed 21 best practices adopted by state quitlines and determined that the following eight were the most successful:

- Offering proactive telephone counseling.

California Smokers' Helpline

When California started the first state-wide tobacco quitline in 1992, the public health community reacted both with excitement because it provided an easily accessible, evidence-based counseling service and with skepticism because many doubted that people who smoked, especially those from ethnic minority backgrounds, would respond to the quitline's outreach. Subsequent research shows that the quitline is well accepted by people who smoke and has reached many traditionally underserved groups, including African Americans, American Indians, people living in rural areas, and recent immigrants with limited English proficiency.



MAJOR MILESTONES IN 15 YEARS

2004 CDC and NCI partner to launch the National Network of Tobacco Cessation Quitlines.

2005 NAQC launches its Minimal Data Set (MDS).

The quitline's ability to reach many people and its potential to help reduce tobacco disparities were two key reasons for its quick adoption.

Over the years, state quitlines across the US have become a safety net for tobacco users needing basic cessation services. With near-universal accessibility, quitlines provide an infrastructure for delivering new public health services. For example, mailing nicotine patches directly to people who smoke gradually became commonplace after first being tested by a state quitline. More recently, state quitlines have begun to receive calls from people who want help quitting e-cigarettes.

Quitlines are part of a comprehensive approach to helping people of all backgrounds and needs quit tobacco. They have had great success, but much more needs to be done. One example is to do a better job of connecting quitlines with the health care system, especially via referral through electronic medical records. More people—those who smoke and those who want to help them quit—need to know that quitlines provide personalized and effective service, free of charge.



Stories from the States

Quitline Services

Increasing Reach by Offering Choices: Minnesota's Experience

Quitting commercial tobacco is difficult. Quitlines must understand the needs of commercial tobacco users and adapt services to respond to their changing preferences.

Over the years, ClearWay MinnesotaSM, an independent nonprofit, has continually worked to improve our programs. QUITPLAN[®] Services, which ClearWay Minnesota funds and administers, are effective, free, science-based programs that have helped more than 185,000 Minnesota commercial tobacco users since 2001. Based on research that we conducted to help understand how to better support Minnesotans in their efforts to quit, quitline services were changed dramatically to offer more choices. Beginning in March 2014, QUITPLAN Services provide:

- QUITPLAN[®] Helpline, which offers telephone counseling plus nicotine replacement therapy (NRT), as well as text, email, and printed materials for uninsured or underinsured adult Minnesotans. For those with insurance, transfers are made to health plan quitlines. Young people can enroll in telephone counseling, and there are special programs for persons living with mental health and/or substance use conditions, American Indian/Alaska Native commercial tobacco users, and pregnant women.
- Individual QUITPLAN[®] Services offer a two-week NRT starter kit, text messaging, email program, and/or quit guide for all adult Minnesotans. Participants may choose any or all individual QUITPLAN Services.



MAJOR MILESTONES IN 15 YEARS

2006 All 50 states and the District of Columbia now offer quitline services.

2007 1-800-QUIT-NOW reaches a milestone of one million calls.

Additionally, QUITPLAN Services users can enroll online for all services on a redesigned website that has more in-depth information for tobacco users. ClearWay Minnesota also created an advertising campaign—*No Judgments Just Help*—which shows that QUITPLAN Services understands how difficult it is to quit smoking and is available to help.

Changes in the QUITPLAN Services delivery model and marketing resulted in a 169% increase in unique tobacco users registering for the program in its first full year. In addition, the 30-day quit rates for the QUITPLAN Helpline (30.9%), Individual QUITPLAN Services (27.1%), and QUITPLAN Services overall (27.6%), as well as our program enrollments, have remained consistently strong.

Adding service options to the quitline and reducing registration barriers have resulted in engaging more tobacco users. Over time, it is hoped that these changes will contribute to helping more Minnesotans quit.

"I thought I'd give QUITPLAN a try again. The text messages were awesome, because sometimes when you really needed it, up popped that message saying 'good job, way to go.' That was my support, the 'rah-rah.'" – QUITPLAN user

Serving Specific Populations

Serving the Behavioral Health Population: New York State Smokers' Quitline

In 2000, Roswell Park Comprehensive Cancer Center launched the New York State Smokers' Quitline (NYSSQL). Since then, the NYSSQL has responded to over 2.5 million calls and provided free cessation services to more than 800,000 tobacco users. Thirty-seven percent of NYSSQL callers report behavioral and mental health conditions. To better serve this population, the NYSSQL added intake ques-



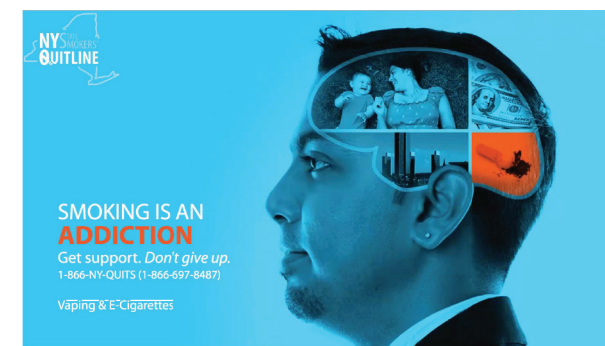
tions to better understand the types and severity of these conditions.

The NYSSQL also plays an important role in assisting mental health care professionals in helping patients quit smoking. Trained staff members proactively work with behavioral health treatment facilities and Federally Qualified Health Centers (FQHCs) to assist them in implementing NYSSQL's Opt-to-Quit™ patient referral program. To ensure patients have evidence-based treatment to help them quit, the NYSSQL equips providers in these settings with tools and resources. As a result, more than 50 behavioral health treatment facilities and FQHCs refer hundreds of patients to the NYSSQL monthly.

In addition, the NYSSQL collaborates with other New York State Department of Health Bureau of Tobacco Control contractors, offering continuing medical education webinars, toolkits, and digital resources to providers serving persons with behavioral health conditions and other populations with tobacco-related disparities. State quitlines play an important role in supporting the delivery of evidence-based tobacco use and dependence treatment to behavioral health populations. They can ensure that health care professionals serving people with behavioral health issues are equipped to deliver this treatment, aware of the services quitlines offer, and knowledgeable regarding quitline referral systems.



Roswell Park Campus, New York



nysmokefree.com homepage

MAJOR MILESTONES IN 15 YEARS

2008 The US Public Health Service concludes that telephone quitline counseling is effective with diverse populations and has broad reach.

2010 The National Quitline Warehouse is established to assist in evaluating CDC-funded state and territorial quitlines.

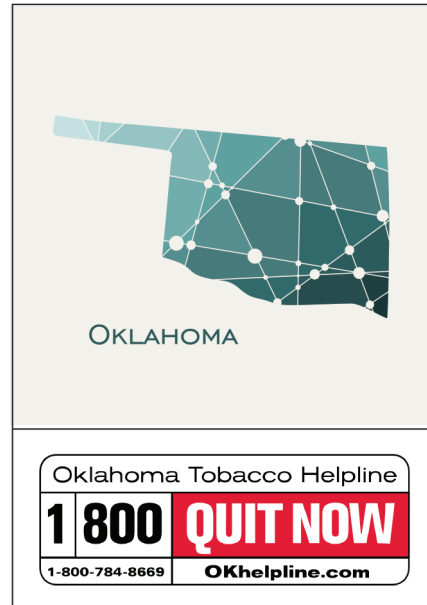
Serving the American Indian Population: Oklahoma Tobacco Helpline

The Oklahoma Tobacco Helpline (OTH), Oklahoma's state quitline, has proved itself an effective resource for Oklahoma American Indians by promoting the quitline and collaborating with tribal nations. The state has over 16 years of focused services and engagement with tribal nations. The success of the OTH has been dependent on key factors:

Collaboration. Oklahoma acknowledges the importance of working with local tribal experts when addressing tobacco cessation among American Indian people. The traditional and ceremonial use of tobacco products is common within many tribes and must be addressed with respect and appropriate messaging. Oklahoma continues to cultivate relationships to ensure that its quitline services meet the needs of this population.

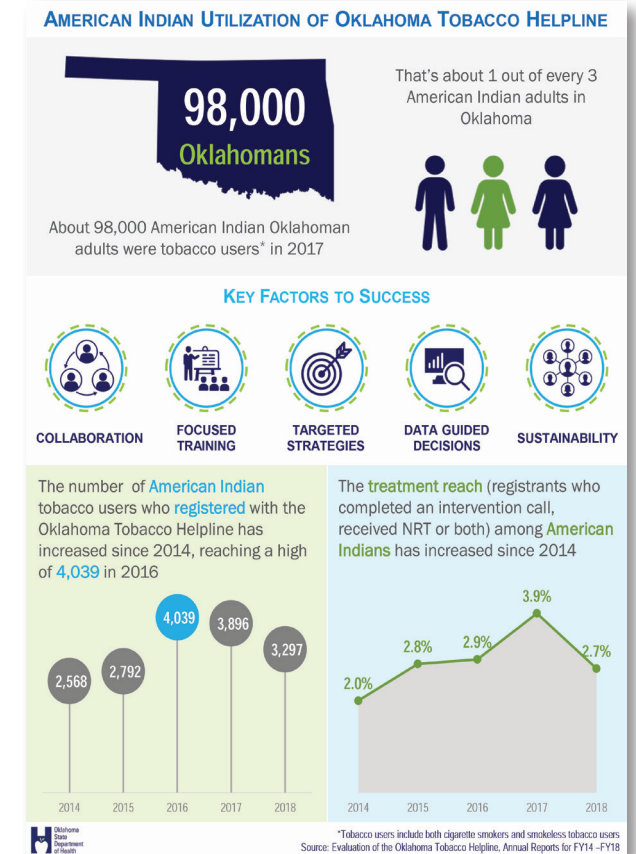
Focused training and resource allocation for American Indian populations. Oklahoma has put quality improvement processes in place to ensure that its quitline services are culturally appropriate and effective. Oklahoma's quitline vendor provides specific training for the Quit Coaches working with American Indian callers. Activities that identify resources and training opportunities include satisfaction surveys and "secret shopper" calls to ensure quality assurance and support specialized training for OTH Quit Coaches when working with American Indian registrants.

Using data to guide decisions. The utilization of and engagement in OTH services by American Indian registrants are continuously monitored, along with measures of the OTH's effectiveness. Consistent and



thorough evaluation of OTH services and satisfaction demonstrates that quitline services are acceptable and effective for American Indian callers. Systematic reporting of quitline data allows the OTH and tribal partners to utilize key data points to ensure that services are being used and that outcomes continue to exceed national benchmarks (see infographic).

Sustainability. Sustained and stable funding of state quitline services is critical to ensure that consistent tobacco dependence treatment is provided. The majority of the funding for services and promotion of services is provided by the Oklahoma Tobacco Settlement Endowment Trust. Additional funding is provided by the Oklahoma State Department of Health and cost-sharing partnerships with Oklahoma state agencies such as the Employees Group Insurance Division and the Oklahoma Health Care Authority. Additionally, adequate infrastructure is essential to continue to provide quality services and resources for the American Indian population. Funding and resources ensure that individuals who are disproportionately affected by tobacco dependence are provided with the proper resources to help them quit using commercial tobacco.



MAJOR MILESTONES IN 15 YEARS

2011

Centers for Medicare & Medicaid Services (CMS) determines that states may claim a 50% administrative match rate for quitline counseling provided to Medicaid beneficiaries.

2012

The first-ever *Tips From Former Smokers*® campaign leads to more than 207,000 additional calls to 1-800-QUIT-NOW. CDC funds California Asian Smokers' Quitline to provide services nationwide in Chinese, Korean, and Vietnamese.

Serving the Medicaid Population: Washington State Tobacco Quitline

The Washington State Tobacco Quitline (WAQL) began operation in November 2000, when many states were investing Master Settlement Agreement (MSA) dollars in tobacco prevention and control. In the early 2000s, the Washington State Department of Health (DOH) served thousands of Medicaid enrollees each year through the WAQL, providing each with multiple telephone counseling calls and nicotine replacement therapy.

However, state funding for tobacco prevention and control began to decline during the Great Recession, ultimately leading to a complete defunding of the WAQL by 2012. Quitline funding from CDC enabled DOH to continue WAQL operations the following year. At this point, Washington State opted to expand Medicaid coverage eligibility to individuals with incomes at 138% of the federal poverty level. Around the same time, the Washington State Medicaid program, Apple Health, began contracting with several managed care organizations (MCOs) as payers for the vast majority of the state's Medicaid population (a small segment of the Medicaid population remained in fee-for-service coverage).

Anticipating the growing need for comprehensive tobacco cessation coverage for the state's Medicaid population, the DOH Tobacco and Vapor Product Prevention and Control Program worked with the Washington State Health Care Authority (HCA) to ensure that cessation coverage was included in the new MCO contracts. The state government, also recognizing the gap in cessation coverage, evaluated the cost-effectiveness of the state's existing CDC-funded quitline counseling services; the Washington



State Institute for Public Policy (WSIPP), a nonpartisan public policy research group affiliated with the state legislature, conducted two cost-effectiveness analyses of these services using information provided by DOH and HCA. The first analysis estimated that access to quitlines was associated with an excess of \$20,000 per participant in net societal benefit.¹ The second analysis estimated that providing multiple telephone counseling calls (as compared to the single call provided to WAQL callers) would yield an additional \$10,000 per participant in marginal benefit.²

By 2015, tobacco cessation telephone counseling/quitline coverage was codified in state regulation,³ and five of the six MCOs had contracted with the WAQL vendor. As a result, Apple Health enrollees could call 1-800-QUIT-NOW, register with the quitline, and be seamlessly triaged to their Medicaid MCO or fee-for-service benefit and receive telephone counseling and medication. CDC funding has since been used to maintain the core infrastructure of the WAQL for the Medicaid MCO and fee-for-service programs, while also providing cessation resources to uninsured and underinsured Washingtonians. This post-registration triage process has served as a model for dozens of commercial health plans and employers in Washington State.

Today, the WAQL serves approximately 2,000 callers per year with minimal NRT. Although this number is a far cry from the WAQL's historical figures, the strong public-private partnerships built in the wake of state funding cuts allow more than 1,000 Washingtonians to be triaged to their more robust tobacco cessation telephone counseling benefit each year, saving the state an estimated \$250,000 annually. CDC funding has been essential to the sustainability of tobacco cessation telephone counseling for Medicaid enrollees in Washington State.

1 Washington State Institute for Public Policy. (December 2018.) [Benefit-Cost Results: Access to tobacco quitlines](#). Olympia, WA.

2 Washington State Institute for Public Policy. (December 2018.) [Benefit-Cost Results: More intensive tobacco quitlines \(compared to less intensive quitlines\)](#). Olympia, WA.

3 Tobacco cessation counseling 2015. [WAC 182-531-1720](#).

MAJOR MILESTONES IN 15 YEARS

2013

CDC works with NCI to establish 1-855-DÉJELO-YA ("quit now") to link callers to state-based Spanish-language quitline services. NCI and the Veterans Health Administration establish 1-855-QUIT-VET to serve eligible veterans.

2016 to 2020

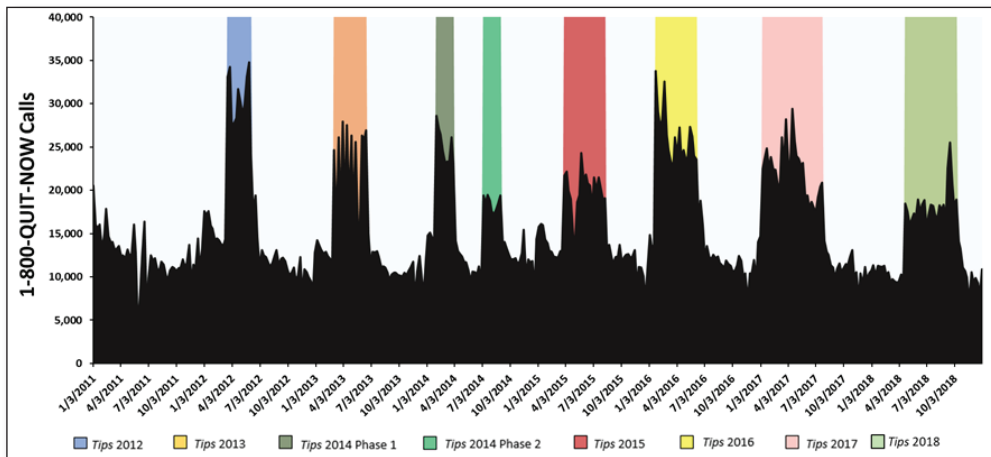
The *Tips*® campaign includes a promotion for NRT. Calls to 1-800-QUIT-NOW increase further during weeks when the promotion airs.

Quitlines Today

Each year, quitlines receive more than **one million calls**, provide cessation services to approximately **425,000** tobacco users, and help over **126,000** callers quit using tobacco. Quitline services have expanded beyond a telephone-based system to include text messaging and web services, as well as mobile applications.

State quitlines can reduce health care spending and lost productivity due to smoking-related medical issues and deaths, and some states have reported **a return of \$6–\$10 for every \$1 invested**.^{4,5}

Since *Tips*® began in 2012, it has driven substantial increases in calls to 1-800-QUIT-NOW. From 2012–2018, *Tips*® generated more than **1.3 million** additional calls to 1-800-QUIT-NOW. The chart below shows the increase in call volume compared to baseline for each year the campaign has been on air.



4 Kansas Tobacco Quitline Stakeholder Report. http://www.kdheks.gov/tobacco/download/KSQL_Stakeholder_Report.pdf.

5 Pauly N, Talbert J, Parsley S, Gray B, Hahn EJ. Kentucky's Smoking Cessation Quitline: Annual Estimated Return on Investment to Employers. *American Journal of Health Promotion*: AJHP. 2019;33(2):285-288.

Quitlines and Enhanced Quit Support Services Tomorrow

Quitlines play a pivotal role in providing treatment for tobacco use and dependence as a chronic, relapsing condition. What quitlines look like, and even the definition of what constitutes a quitline, has changed and will continue to change over time. Fifteen years after the launch of the National Network of Tobacco Cessation Quitlines, and 27 years after the first state quitline received its initial call, quitlines continue to evolve, keeping pace with the changes, challenges, and improvements needed to help individuals who use tobacco quit for good.

Today, quitlines are exploring innovative ways to:

- Broaden their reach to young adults by offering cessation services delivered through expanded communication platforms, including text messaging, websites, chat, and mobile apps.
- Establish bidirectional electronic referral systems with health care systems to streamline referrals from health care providers to quitlines and reports from quitlines to providers on patient outcomes.
- Address questions about e-cigarettes and other emerging tobacco products.

Quitlines are also engaging partners and key stakeholders in pursuing service delivery models to increase reach, reduce barriers, and ensure access to needed services for specific populations. These partnerships enhance the delivery of high-quality cessation support designed to meet individuals where they are on their quit journey.

Over the years, quitline staff members have accumulated a wealth of experience and expertise. Innovation at the state level, combined with strategic and coordinated actions at the federal level, has helped to institutionalize consistent, high-quality service delivery. These combined efforts will continue to be important to further enhance state quitline services, equipping quitlines to overcome challenges and to take advantage of opportunities.

MAJOR MILESTONES IN 15 YEARS

2019 1-800-QUIT-NOW reaches a milestone of 10 million calls.

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Smoking and Health, 2019.

More information:

For more information about tobacco control and
prevention, visit CDC's Smoking & Tobacco Use
website at www.cdc.gov/tobacco.



**U.S. Department of
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Centers for Disease
Control and Prevention
CDC.gov/tips