



Tobacco Evaluation and Data Planning Process: Meeting 2

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Kansas Tobacco Use
Prevention Program
Kansas Department of Health and Environment

Nine Components of Best Practices for Tobacco Control Programs

- Community Programs
- Chronic Disease Programs
- School Programs
- Enforcement
- Statewide Programs
- Counter-Marketing
- Cessation Programs
- Surveillance and Evaluation
- Administration and Management



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Four Programs Goals National, State and Local

- Preventing the initiation of tobacco use among young people.
- Promoting quitting among young people and adults.
- Eliminating nonsmokers' exposure to environmental tobacco smoke.
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

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Ways to Help Tobacco Users Quit

- Offering help through the healthcare or other systems
- Use of media
- Research, evaluation, and surveillance
- Policy
 - Price of tobacco products – tax increases
 - Youth access ordinances
 - Reimbursement for treatment
 - Tobacco-free environments
 - Community and worksite interventions

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Promoting Quitting Among Young People and Adults

- “Provide telephone counseling and support services along with other strategies”
- “Using provider education and having providers implement self-reminder systems to ensure that this issue is raised during clinical examination”



-American Journal of Preventive Medicine, The Guide to Community Preventive Services: Tobacco Use Prevention and Control

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Kansas Services to Assist Tobacco Users

- “Treating Tobacco Use During Pregnancy and Beyond” initiative
- “Delivering Solutions” initiative
- Kansas Tobacco Quitline
- Oral Health initiative
- TASK’s Smokeless Does Not Mean Harmless Initiative for youth
- Communities with CIA ordinances and many more in planning stages
- Each CDRR Grantee required to promote
- Other

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Kansas Tobacco Quitline



A tobacco cessation program as unique as your thumbprint.

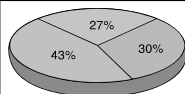
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Kansas Tobacco Quitline

- Launched for GASO in November 2003
- 1-866-KAN-STOP (1-866-526-7867)
- Toll-free
- Intake offered 24 hours a day / 7 days a week / 365 days a year
- English, Spanish, and other languages available
- Experienced cessation counselors to provide callers with one on one support to form a unique plan for quitting

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Kansas Tobacco Quitline Highlights

- ACS became vendor in July 2005
- Approximately 5000 tobacco users have called since inception
- Approximately 1500 faxed referrals/831 pregnant women
- 64% female / 36% male
- 35% have an annual household income of \$0 to \$14,999 per year
- Approximately 300+ health care providers have called
- LGBT status self-identified during intake (2.6% of callers)
- Limited activity added to intake (32.5% of callers)

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Quit Rates with ACS



The ACS state quit rates average 20-25%, which is a range that can be affected by the offering of NRT, media and other types of promotion.

- For June 1, 2005 – May 31, 2006, the 30 day point-prevalence quit rate at three months for Kansas is 17.2% for respondents.
- For June 1, 2006 – May 31, 2007, the 30 day point-prevalence quit rate at three months for Kansas is 20.4% for respondents.

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Kansas Tobacco Quitline Available Data

- Monthly Quitline Report
- Monthly Fax Referral Report
- Monthly Data Set
- Cumulative Report
- Annual Utilization and Satisfaction Reports



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National Quitline Consortium – Minimum Data Set

The MDS is valuable for the following activities:

1. Establishing commonly defined performance indicators to assist in assessing quitline performance, improving the quality of quitlines, identifying knowledge gaps, and designing new strategies to fill the gaps.
2. Providing a common language allowing for consistent communication with others both within and external to the Consortium.
3. Identifying quitline performance benchmarks that can be used to determine effective, cost-efficient tobacco cessation interventions.
4. Testing and assessing new treatment techniques across large diverse populations not possible by a single quitline.
5. Collecting consistent data and allowing aggregation of data across quitlines for improved analyses of a variety of variables relevant to the success of quitlines in North America.

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American Cancer Society Quitline Staff

- Highly trained tobacco cessation counselors
- All telephone counselors are required to have a Bachelors' degree and over 50% of telephone counselors have a Masters' degree or higher
- Counselors trained for 112.5 hours (the longest counselor training in the Quitline industry)
- Training curriculum covers theory and practice of tobacco cessation, pharmacological aids, crisis intervention, pregnancy and smoking, motivational interviewing, and listening skills
- One hour of continuing education per week



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How the Counseling Process Works



- Eight Sessions, 210 Minute Protocol
 - Proactive counseling with clearly defined objectives for each call
 - Pregnant smokers and those indicating depression
 - 40% of callers
- Five Sessions, 105 Minute Protocol
 - Proactive counseling with clearly defined objectives for each call
 - All other callers
 - 60% of callers
 - Specific protocol for youth
- Follow up assistance is provided to individuals who are interested

Technical Assistance for Clinicians



- In-depth information on NRT and pharmacotherapy
- Cessation support for clients with case histories
- Fulfillment of Kansas Quit Kit materials
- Local cessation resources
- Toll-free Fax Referral System

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Kansas Tobacco Quitline Fax Referral Process

- Health care provider completes a simple referral form (patient/client receives a copy) and fax to the Quitline
- The Kansas Tobacco Quitline contacts the patient/client and the service delivery protocol begins
- Patient/client will receive the exact same intake, assessment, and offer of services

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“TREATING TOBACCO USE DURING PREGNANCY AND BEYOND” Initiative

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“Treating Tobacco Use During Pregnancy and Beyond” Course Objectives

- Apply the “5 A’s” approach for tobacco cessation in a clinical setting.
- Discuss the use of nicotine replacement therapy and pharmacotherapy during pregnancy.
- Actively refer pregnant smokers to tobacco cessation services, including the Kansas Tobacco Quitline (1-866-KAN-STOP).
- Learn about the statewide pregnancy and smoking program and resources, as well as upcoming training opportunities.

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“Treating Tobacco Use During Pregnancy and Beyond” Target Audience

- Physicians
- Nurses
- WIC Clinics
- Home Visitors
- Pre-natal Clinics
- Health care professionals providing care to pregnant women



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“Treating Tobacco Use During Pregnancy and Beyond” Systems Change

- \$500 educational stipends were available per office to implement a provider reminder system
- Attendance at training was required to apply for stipend
- Applications were due 30 days after training
- Provider Reminder Systems Change occurred within 60 days after training
- Recipients participated in evaluation component (Survey with AIR)
- Provider Reminder trainings also occur at the local level to ensure information distribution



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“TTUDP&B” Training Highlights

- Almost **500** participants attend the 13 trainings
- **80+** Provider Reminder Systems Change Stipends awarded
- Approximately 1500 faxed referrals/831 pregnant women (June 2007)
- **100%** of attendees felt the four Course Objectives were met
- New initiative for dental community to address spit tobacco usage

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DELIVERING SOLUTIONS



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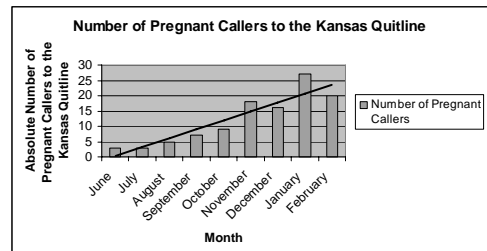


Delivering Solutions for Tobacco Cessation

- May 22, 2007
- 105 participants
- Host and 5 tele-conference sites
- Training of trainers in academic detailing
- Earned and paid media campaign
- Continued contact via email and material distribution
- KUMC student developing tracking instrument similar to CPEF

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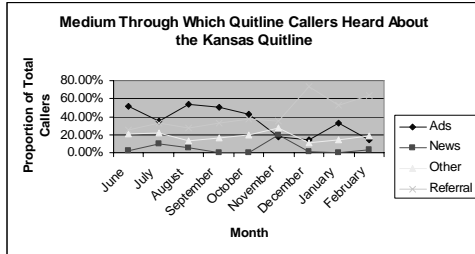
Pregnant Callers to the Quitline (2005-2006)



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Referrals Increasing

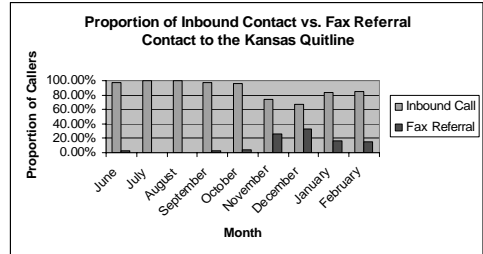
(2005-2006)



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Fax Referrals to the Quitline

(2005-2006)



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Unique Partnerships/ Promotions



- Training at Fort Riley military base
- Contact with 2 other military bases
- Strategic use of media (paid and earned)
- All local grantees required to promote the Quitline
- INTRUST Bank (Kansas and Oklahoma)
- Governor's Public Health Conference (06, 07)
- TASK, KSNA, CSHP, KPTA, TFCK, KAFP, ACS, SRS, hospitals, universities, faith community, businesses
- Many, many more

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Tools to Assist Local Grantees

- "101 Ways to promote the Kansas Tobacco Quitline for At No Cost or Low Cost"
- "Incorporating the Kansas Tobacco Quitline into PAN"
- Monthly Technical Assistance Conference Calls
- FREE promotional materials
- Technical assistance from TUPP staff to health care providers, oral health professionals, etc.



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QUESTIONS???

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