

**Florida Department of Health
Quit-for-Life Line
2006 Evaluation Report
and
Quit Rate Report**

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Submitted by:

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Executive Summary

2006 Florida Quit-for-Life Line Evaluation Report

Description of the Program

The Florida Quit-for-Life-Line (Quitline) is a telephone-based tobacco cessation hotline that was established to meet the needs of Florida adults who use tobacco. The Florida Department of Health negotiated a contract with the American Cancer Society to operate the Quitline. The service began operation in December, 2001.

Quit-for-Life Line Objectives

The Florida Quit-for-Life Line staff established a set of goals in 2001 that continue to guide the smoking cessation hotline. These goals include:

- Objective 1. Establishment of a statewide telephone tobacco use cessation hotline for adults in Florida
- Objective 2. Use by adults in Florida of the telephone-based tobacco use cessation hotline increasing quarterly throughout the contract period
- Objective 3. Sustained abstinence from tobacco use among adults age 18 and above who use the Quit-for-Life Line
- Objective 4. Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-for-Life Line
- Objective 5. Decreased prevalence of tobacco use among adults who use the Quit-for-Life Line
- Objective 6. Reduction in Exposure To Environmental Tobacco Smoke (Second-Hand Smoke)

Target Populations for the Quit-for-Life Line

Several target populations were selected as the intended audience for the Quitline. These populations include:

- Floridians (Age 13 and Over) Who Smoke – 3,027 adults called the Quitline between July 2004 and April !! 2006.
- Parents Who Smoke and Who Have Children Under Age 18 In Household – 623 smokers called the Quitline with children under 18, with an estimated 1,161 children at risk.
- Pregnant Women – 78 pregnant women called the Quitline.
- DOH Employees and DOH Clients – 50 health employees called the Quitline

Discussion of the Intake Data from Florida Residents Calling the Quitline

Callers to the Florida Quitline are asked a set of intake questions when they call, and the answers are recorded by an American Cancer Society intake specialist. The goals of this

evaluation analysis are to confirm whether the Quitline reached its target populations and whether it had a positive effect on smoking cessation.

Calls from Florida Smokers to the Quitline

The period of this evaluation covers calls from July 2004 to April !! 2006. A total of 13,027 Florida residents called the Quitline in this period, and all completed intake surveys, to become the base sample for this analysis.

- The Quitline averaged 421 calls per month in this period.
- 75.3% of the people calling the Quitline wanted to quit smoking.
- 90.8% of smokers requested counseling from the Quitline.
- 49.3% of all Quitline callers requested counseling.

Target Population: Age and Gender of Adult Smokers

- 59.0% of the Quitline clients are women compared to 34.4% who are men.
- 75.7% of the women called to quit smoking versus 88.0% of the men.
- Women smokers had a Quitline call rate of 0.114% of the female smoking population, almost twice that of male smokers, whose call rate was 0.067% of the smoking population.
- Quitline callers tend to be middle-aged, with 62.8% of them between 30 and 64.
- Women between 30 and 64 report smoking an average of 20 cigarettes per day.
- Men between 30 and 64 report smoking an average of 22 cigarettes per day.
- Women report making an average of 5 quit attempts before calling the Quitline, compared to an average of 6 quit attempts among men.
- 57.4% of women and 33.2% of men requested counseling.

Target Population: Race/Ethnicity of Adult Floridians Who Called the Quitline

The race/ethnic makeup of callers to the Florida Quitline is predominantly White, followed by Hispanic and Black callers.

- 48.9% of all Floridians who called the Quitline were White.
- The Quitline call rate for White smokers was 0.075%, slightly below average for all of Florida.
- 7.2% of Floridians who called the Quitline were Hispanic.
- The Quitline call rate for Hispanic smokers was 0.092%, the highest in the state.
- 7.6% of Floridians calling the Quitline were Black.
- The Quitline call rate for Black smokers was 0.054%, an increase from the prior year.
- Between 90% and 97% of all race/ethnic groups calling the Quitline want to quit smoking.

- 62.3% of White smokers, 66.7% of Black smokers and 72.9% of Hispanic smokers who called the Quitline requested counseling.

Target Population: DOH and County Health Employees

- 52 health employees called the Quitline.

Target Population: Pregnant Women

- 95 pregnant women called the Quitline.
- 44.2% of the pregnant women had children under 18 in their household.

Target Population: Children At Risk of Exposure to Second-hand Smoke

- 22.6% of all smokers who called the Quitline had children under 18 in the household.
- 52.6% of households with children under 18 allow smoking somewhere in the house.

An estimated 1,834 children live with smokers who have called the Quitline and who are at risk of second-hand smoke.

- An estimated 775 of these children under 18 live in households with two smokers.
- 10.7% of all people calling the Quitline live with a smoker.

How Callers Heard About the Quitline

- 38.7% of calls to the Quitline cite the electronic media as the source of information.
- 17.0% of callers cite medical professionals as their source of information about the Quitline.
- 66.3% of caller in April 2006 cited the electronic media as how they heard about the Quitline.
- 60% of Quitline calls come from Miami-Dade during the media campaign in April 2006

Florida Quitline Quit Rate Report

- The ACS was able to conduct a six month follow-up evaluation with 22.8% of the clients who called the Quitline between December 2001 and October 2005.
- 65.0% of respondents at 6 months had stopped smoking more than one day.
- 18.9% of respondents had quit smoking. This is the Point Prevalence Quit Rate.
- 13.7% of smokers used medications to help them quit smoking.
- The nicotine patch was the most preferred nicotine replacement therapy, with 14.1% of respondents using it.

- 57.2% of respondents were set for counseling at the time of their call.
- The average satisfaction rating the Quitline is 8.4 on a ten point scale,

Assessment of the Florida Quitline, July 2005 to April 2006

The overall assessment of the Quitline is that the service is successful in providing counseling and smoking cessation materials to help Floridians reduce their consumption of tobacco products or to stop smoking entirely.

How Effectively Did the Florida Quitline Meet the Goals of The Program?

- More than the targeted 4,000 clients called the Florida Quitline between July 2005 and April 2006.
- 80.2% of Floridians who called the Quitline requested counseling, self-help services or information.
- The Quit Rate among smokers who call the Quitline is 18.9% at six months after counseling.

How Well the Quitline Data Meet Program Needs

- The intake survey data reports and dataset sent from the ACS were timely and accurate. They were very reliable.
- Data on the six month follow-up evaluations was generated upon request, up to October 2005.
- Some data elements were not reported by the ACS as contracted; for example, time of day of calls, number of referrals made or coupons sent.

Recommendations to Improve the Effectiveness of the Quit-for-Life Line Program

- The Florida Quitline should target a greater number of smokers in Florida and motivate them to call. At present, the call rate is 0.089% based on 3,175 smokers calling in 2005-2006. The target for this call rate should be 0.1%, and should provide counseling services for 90% of the smokers.
- The Florida Quitline should continue to seek funding for smoking cessation communication campaigns. The dramatic increase in Quitline calls to 721 following one month of smoking cessation advertising in April 2006, indicates the importance of media presence in motivating smokers to call the Quitline.
- The Florida Quitline should continue working with smoking-cessation groups and medical professionals to increase awareness of the Quitline services, and to increase referrals from the medical community.
- The Florida Quit-for-Life Line should continue cooperating with North American Quitline Consortium to share Quitline data from other states using the minimum data set. The benefit of this action is that Florida's Quitline outcomes can be compared with the figures nation-wide, and thus can gauge its successfulness from a wider perspective.

2006 Quit-for-Life Line Evaluation Report

- The evaluator should continue to work closely with the American Cancer Society to create more efficient Quitline data reporting and should continue to provide monthly report updates to the Quitline contract manager at the DOH and interested staff.

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Florida Department of Health Quit-for-Life Line Draft Evaluation

Introduction to the Quitline Evaluation and Quit Rate Report

The 2006 Quitline Evaluation covers calls to the Florida Quitline from July 2005 to April 2006, and provides a summary of the information about callers provided by the intake survey administered to each caller. The analysis of the Florida Quitline focuses on the smoking cessation goals for specific target populations.

The Quit Rate Report summarizes the follow-up evaluation surveys conducted by the American Cancer Society (ACS) at three and six months after a counseling session. These surveys contain information on smoking behaviors, medications and satisfaction, and cover calls between December 2001 and November 2005. The analysis of these data is followed by an assessment of the Quitline and recommendations for its future activity.

The total report is divided into six sections. In Section I the objectives and background of the Florida Quit-for-Life Line (Quitline) are discussed, processes for receiving smoking cessation counseling, the target populations of interest and the evaluation methodology employed.

Section II examines the target populations of Floridians who called the Quitline between July 2005 and April. The section then looks at the tobacco use behaviors of callers, the presence of children under 18 in the household, the presence of other smokers, and the implicit risks of second-hand smoke on the children. This is followed by a discussion of how callers heard about the Quitline.

Section III contains the quit rate report, which details the results of follow-up evaluations at three and six months following counseling sessions.

Section IV of the evaluation assesses the effectiveness of the Quitline program. Section IV compares the results of the evaluation data analysis with the program goals of the Quitline to demonstrate whether its implementation was successful.

Section V contains specific recommendations from the evaluator concerning ways to improve and empower the Florida Quit-for-Life Line.

Section VI includes appendices for Quitline logic models, intake survey, follow-up evaluations and data tables.

This evaluation is turned in to the Department of Health Quit-for-Life Line as a contracted deliverable, June 15, 2006. This evaluation would not be possible without the collegial help of staff in the Department of Health and the American Cancer Society, to whom thanks are given.

I. Background and Objectives of the Florida Quitline

Background

The Florida Quit-for-Life-Line (Quitline) is a toll-free, telephone-based tobacco cessation counseling hotline that was established to meet the needs of Florida adults who use tobacco and want to quit. The Quitline number is 1-877-U-CAN-NOW (1-877-822-6669) and is available 24 hours per day. The Quitline has served Floridians since December 2001.



The Florida Department of Health (DOH) contracts with the American Cancer Society (ACS) to operate Florida's Quitline. Inbound calls and counseling are handled through the ACS National Cancer Information Center (NCIC) in Austin, Texas. Staff members work around the clock to provide state-of-the-science medical information about cancer, counseling, referrals to local community programs and self-help materials.

For the Florida Quitline, the ACS has included Florida specific questions to their standardized intake forms, protocols, and databases. As part of the ACS intake assessment, Quitline callers are asked a set of questions that document their demographics, smoking patterns, social settings, and interest in Quitline services. Callers are also assessed for their readiness to change, or their "stage of change," i.e., their readiness to quit tobacco use. All pregnant smokers who call the Quitline are offered a specialized counseling protocol, specifically designed for prenatal smoking cessation.

The Quitline is intended to help Florida achieve its goals of reducing adult tobacco use, reducing exposure to environmental ("second-hand") tobacco smoke, and sustaining a coordinated, comprehensive statewide tobacco control initiative. The program can also help in meeting the Centers for Disease Control goals of eliminating exposure to second-smoke smoke, promoting quitting among adults and young people, and preventing the initiation of tobacco use among young people.

Goals of the Florida Quitline

The goals of the Florida Quitline are short-term smoking cessation, long-term maintenance, and relapse prevention, as well as reducing exposure to second-hand smoke. Quitline services include assessing addiction, counseling, and selecting appropriate medications. The provision of these services is expected to:

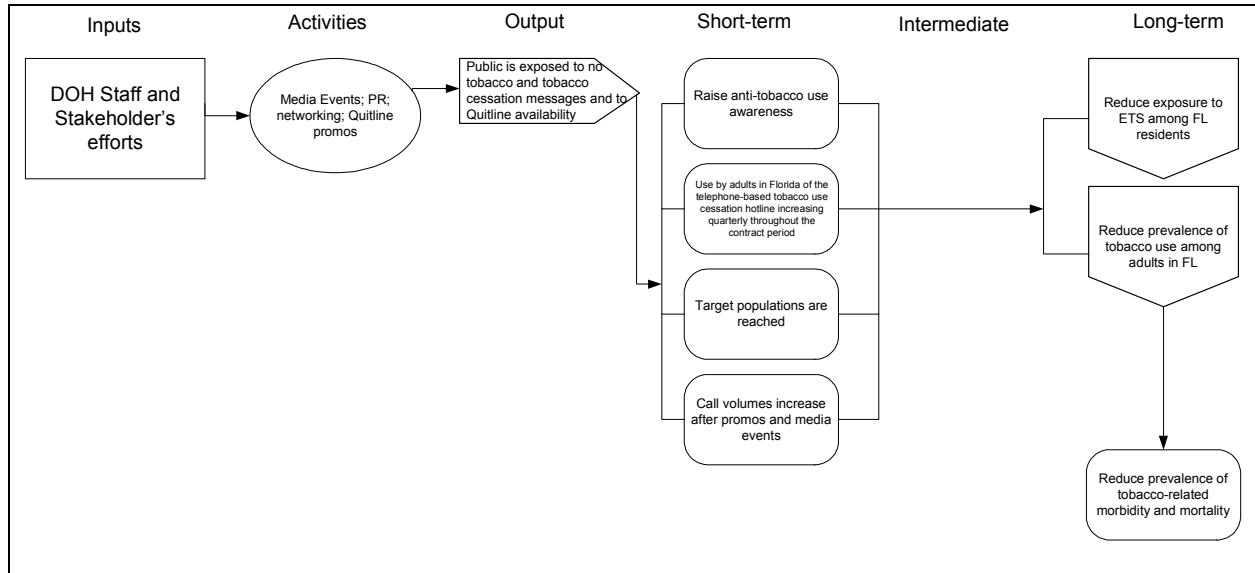
- 1) Increase a caller's understanding of the problem of tobacco use;
- 2) Increase initial self-efficacy and build a progressive sense of mastery in coping with the problem; and
- 3) Allow the caller to express emotions and thoughts related to his or her problems.

In the fall of 2001 the DOH and other stakeholders established a set of objectives for the Florida Quitline. These goals include:

- Objective 1. Establishment of a statewide telephone tobacco use cessation hotline for adults in Florida
- Objective 2. Use by adults in Florida of the telephone-based tobacco use cessation hotline increasing quarterly throughout the contract period
- Objective 3. Sustained abstinence from tobacco use among adults age 18 and above who use the Quit-for-Life Line
- Objective 4. Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-for-Life Line
- Objective 5. Decreased prevalence of tobacco use among adults who use the Quit-for-Life Line
- Objective 6. Reduction in Exposure To Environmental Tobacco Smoke (Second-Hand Smoke)

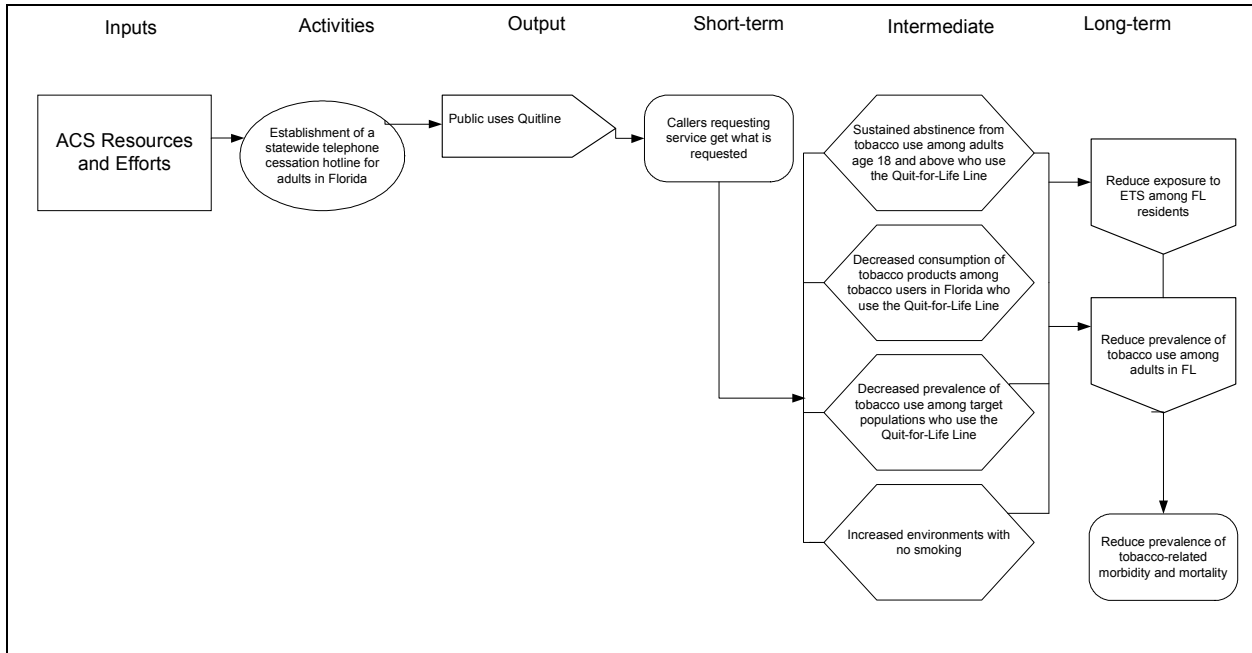
Along with these objectives, the DOH developed a set of logic models to portray the goals and expected outcomes from the perspective of both DOH and the ACS. The DOH goals, shown in Figure 1, represent the outcomes from DOH staff activities on behalf of the Quitline. These activities include Quitline promotion, public relations and media campaigns. The immediate effect of these activities is to raise the awareness in the public of the importance of smoking cessation and the availability of the Quitline. The model then links smoking cessation awareness with motivation among members of the target populations to call the Quitline and a resultant long-term decrease in the prevalence of tobacco use.

Figure 1. Department of Health Staff and Stakeholder Goals and Outcomes



The goals and the final outcomes for the American Cancer Society are similar to those of the DOH staff, but entail an intermediate set of steps relevant to the counseling role of the ACS, as shown in Figure 2. For the Quitline, the ACS accepts calls from the public and provides tobacco-cessation counseling and other services. The intermediate goals are to decrease tobacco consumption and sustain abstinence from tobacco use among the clients who call the

Figure 2. American Cancer Society Resources, Goals and Outcomes



Quitline. This in turn leads to the long-term goals of lowering the prevalence of tobacco use in Florida and decrease tobacco-related illness.

Quitline Services from the American Cancer Society

The Quitline is available for any tobacco user over the age of 13 who is a Florida resident. Non-residents who call from a Florida telephone number and who give a Florida address are not denied services since the system does not recognize them as non-residents. However, if callers give a non-Florida address, they will be referred to another Quitline.

Call volume is balanced over the entire Quitline staff in order to provide maximum coverage for the least amount of money. The Florida Quitline is able to handle changes in call volume due to media campaigns or outreach efforts by diverting existing staff as appropriate. Florida-specific training for intake specialists and counselors occurs prior to live calls being taken from Florida. Inbound service (for incoming calls) is provided 24 hours a day, 365 days a year, and proactive counseling appointments are provided 90 hours per week. Quitline telephone counselors generally schedule calls for evening hours when most callers prefer appointments. The Quitline does not provide counseling appointments on federal holidays (except New Year's Day).

The telephone counseling protocol is formulated based on the stages of change model, as described in Table 1. Telephone counseling includes prompts and reminders, praising callers' successes, and persuading them to increase self-efficacy expectations. The ACS uses these techniques, but also includes several other counseling strategies that have traditionally been used only in face-to-face therapy. For example, clients are encouraged to express their emotions about their tobacco use and the counselors systematically provide social reinforcement as they teach clients how to use self-help techniques. Community referrals, health care provider information and referrals, and other information are also provided at every stage, as appropriate.

Table 1. Stage of Change Based Call Handling

| Stage of Change | Services Provided for Stage of Change |
|--|--|
| Pre-Contemplation - Individuals who are not aware of the need to change their behavior, and there is no intention to change in the foreseeable future | <ul style="list-style-type: none"> • Provide brief motivational message and materials, if requested |
| Contemplation – People who become aware that a problem exists and they engage in thinking about the problem and the need for change; however, they have not yet made a commitment to take action | <ul style="list-style-type: none"> • Discuss and reinforce reasons for quitting • Provide motivational message • Assess if ready to set a quit date. If yes, proceed to preparation. If no, set date for check-in call back and provide “Set Yourself Free: Guide to Quitting Smoking” • Encourage them to call back when they are ready |
| Preparation – Individuals who start getting ready to change in the next month, by combining intention and behavioral actions. They start making a plan for how they will change their problem behavior(s) | <ul style="list-style-type: none"> • Start process to think about quit date • Send quit kit – “Break Away from the Pack” • Discuss pharmacological assistance • Offer counseling, self-help, and community or health care provider referral to every caller. If caller chooses counseling, set appointments |
| Action – This stage involves putting the behavior-change plan into place and actually making the change in the personal environment and discontinuing the problem behavior (i.e., quitting smoking) | <ul style="list-style-type: none"> • If participating in counseling, follow protocol for appointments • If not participating in counseling, provide motivational message and information and offer encouragement to call again for assistance • A special protocol has been developed for callers who join the program in this stage |
| Maintenance – In this stage, individuals have consistently changed their problem behavior for at least 6 months (i.e., have stopped smoking) and continue to do so for an indeterminate period of time past the initial action | <ul style="list-style-type: none"> • Provide brief, motivational messages to reinforce tobacco-free status |

All tobacco users who choose counseling are eligible for three proactive counseling appointments. These appointments can extend up to 110 minutes, depending on the needs of the caller. The appointments are scheduled to help the tobacco user prepare for the quit attempt and are timed to the relapse prevention curve. Evening and weekend appointments are available.

Florida Quitline scripting is specific to Florida programs and services, so information specialists follow scripted protocols that are relevant to Floridians. Specialists gather demographic data, screen tobacco users for their stage of change, and provide appropriate information and assistance. Tobacco users who are ready to quit are offered a choice of options, including a series of five proactive counseling appointments, self-help materials, and a referral to a community or health care provider service.

The survey tool used to deliver the intake and counseling protocol is database-driven and proven computer and telephone systems allow ACS to handle multiple, simultaneous in-coming and out-going calls. The existing telephone systems provide staff with information on the location of the caller to allow for geographic specific services. All Quitline services are tailored to individual caller's needs and concerns. Therefore, issues related to cultural norms and backgrounds are dealt with uniquely for each caller.

At least one-third of callers are expected to contact the Quitline for reasons other than a personal quit attempt, which holds true in the 2005-2006 data with 26.2% of clients calling for other reasons than to quit smoking. Table 2 describes how these calls are handled, depending on type of caller.

Table 2. Type of Caller and Call Handling Procedure

| Type of Caller | Call Handling Procedure |
|--|---|
| Friend or family member of tobacco user | <ul style="list-style-type: none"> • Answer questions • Provide written information • Provide support • When appropriate, assist in crafting a motivational quit using tobacco message to deliver to the tobacco user |
| Non-smoker interested in environmental risk of tobacco | <ul style="list-style-type: none"> • Answer questions • Provide written information • Provide referrals to resources in the community |
| Media | <ul style="list-style-type: none"> • Answer questions or refer based on Florida Department of Health procedures |
| Community groups or teachers | <ul style="list-style-type: none"> • Answer questions • Provide written information to distribute to members or students • Provide referrals to resources in their community |
| Health care providers and organizations | <ul style="list-style-type: none"> • Answer questions • Provide written information to distribute to members • When appropriate, work with them on ways to encourage their patients who use tobacco to use Quitline services |

The ACS has also made arrangements with pharmaceutical companies to provide coupons and rebates to reduce the cost of Nicotine Replacement Therapy (NRT) for callers. These coupons help make up the matching funds required of the ACS in the DOH contract. Since funds for the Quitline prohibit the direct purchase of pharmacotherapy products, ACS is required to provide a match of one dollar in pharmacotherapy assistance for every four dollars in the Quitline services contract.

Follow-up evaluations at three, six and twelve months are conducted on Quitline callers receiving counseling services. Questions in the follow-up evaluation include self-reports on smoking, quit attempts and cessation, medication use, and satisfaction with the Quitline counselors and with other services provided.

The Quitline has English and Spanish speakers available, as well as materials in both languages. At peak times, Spanish calls might be routed to a voicemail to avoid long delays. For Haitian Creole speakers, select ACS staff members in Florida can provide intake and counseling services. If they are not available, the Quitline finds other qualified counselors to provide the service on an as-needed basis. Callers can be routed to these staff either through a prompt on the initial messaging service or through a separate toll-free number; however, this is not available 24 hours a day due to limited staffing. Translation services for all other languages are provided through Language Line Services. This occurs through a three-way conversation with the caller, a translator, and the Quitline/ACS staff person. To date, there have been no reports provided of any Florida Quitline callers utilizing these services. A TDD service for the hearing-impaired is also available and has message-recording capability when it cannot be answered live. Calls are returned the same business day.

During the 2002-2003 fiscal year, DOH contracted for ACS to handle 4,000 calls to the Quitline, but due to budget cuts in the 2003-2004 fiscal year, DOH contracted with ACS to handle only 1,704 calls. During the 2004-2005 fiscal year, DOH contracted with ACS for 2,500 calls, and had received 3,027 calls by May of 2005. The Quitline received 4,214 calls between July 2005 and April 2006.

Program Monitoring

The monitoring of the Florida Quitline is conducted by the independent evaluation consultant, Image Research. The evaluator receives call data from the ACS on a monthly basis and maintains a local database of Quitline calls from the monthly data reports. The evaluator submits a monthly cumulative data report to DOH staff on each of the target populations identified by the Florida Quitline. In June 2004 the evaluator made an on-site visit to the ACS call center in Austin, Texas, to review intake and counseling practices and follow-up evaluation survey protocols and to discuss data needs for Quitline reports.

Information from ACS and DOH conference calls, e-mails and other correspondence and meetings help maintain program monitoring. Other information that can be used to determine future changes in the Quitline include services requested by and rendered to specific demographic populations, program participation and completion information, and outcomes found for target populations at six month follow-up evaluation surveys. Specific data collection protocols are discussed below.

Quitline Protocols for the Intake Survey

All of the calls coming into the Florida Quitline are handled by a trained intake specialist. When a client calls, he or she is asked a battery of questions from the Florida Quitline Intake Survey. The intake survey is a research tool that records a variety of types of information about each caller. The intake survey is constructed to guide both the telephone counselor and caller to the appropriate questions for each case using identification questions, then demographic and tobacco-use questions, and finally questions about services. The types of questions in the survey include: demographic and social questions, questions to identify DOH employees or pregnant callers, questions on smoking and quitting activity, frequency of tobacco use, willingness to quit, smoking rules in the house, whether children under 18 or other smokers live in the house, how the caller heard about the Quitline and finally descriptions of services from which the caller can choose. Most of the data recorded in the intake session are made available to the DOH staff by the ACS. A copy of the Florida Quitline Intake Survey is available in Appendix C.

Quitline Protocols for Counseling Sessions

Callers who request counseling are given three follow-up sessions scheduled before and after a date on which the caller decides to quit smoking. The counseling session asks the client about his or her smoking habits and offers medications for nicotine-replacement. The counselor then asks the client about his or her reasons for quitting and suggests the person write them down. Finally, the counselor helps the client set a date to stop smoking, and asks him or her to estimate the chances of quitting for good. The counselor also sets date for further counseling, the second just before the client's quit date and the third just after that quit date. The client receives postcards confirming these counseling dates as well as self-help materials in the mail. This counseling session is repeated four more times for the client. Copies of these sessions are available in Appendix F.

Quitline Protocols for Six Month Evaluations

The follow-up evaluation given at six months employs a long survey form to provide a rich dataset. Information from this evaluation allows one to track changes in smoking activity six months after counseling, as well as attempts to quit and success at quitting, changes in the number of children at risk of second-hand smoke, smoking rules in the home, the use of medications and satisfaction with the Quitline services. The satisfaction section of the 6-month evaluation survey asks respondents to rate the Quitline on a number of dimensions: helpfulness of the resources provided; aspects of their counseling experience such as their perceptions of the counselor's attitude, sincerity, compassion, helpfulness and overall quality of service; and finally, the respondents rate the quality of service of the Quitline, as exemplified by its staff on the telephones. A copy of the six month evaluation is available in Appendix D.

Reports from the American Cancer Society

As part of its contract with DOH, ACS provides monthly data sets and data reports. These data reports present indicators for measuring objectives as well as other kinds of information. Monthly reports include the following

- Number of calls by county;
- Number of calls by stage of readiness to quit/disposition;
- Number of calls by age group (under 18, 18-29, 30-44, 45-64, 65 and over) by county;
- Other caller demographics, including sex, race, education level, marital status and ethnicity;
- Number of calls from Department of Health or County Health Department employees;
- Number of referrals made by county;
- Number of follow-up calls made by counseling staff;
- Time of day for all calls, including calls that are sent to voice mail;
- How callers heard about the hotline;
- Type of caller (client, relative, friend, etc.);
- Number of callers who were pregnant or thought they were;
- Number of callers who refuse to answer;
- Number of callers who are "warm transferred" to another service due to age of caller, lack of contract funds or other reasons;
- Number of callers who have "children under 18 living in the home;"

- Frequencies of number of children under 18 in household;
- Frequencies for “rules about smoking in the home;”
- Other information required by the evaluator and agreed to by all parties.

The ACS is also required to provide the DOH a quarterly match report on the total value of pharmacotherapy matches to date. These data include:

- Type of assistance (e.g., coupon for nicotine patches);
- Number of each type of assistance distributed through Quitline;
- Number of each type of assistance distributed through other outlet (list how distributed);
- Subtotal value of each type of assistance;
- Total value of pharmacotherapy provided.

ACS quarterly budgetary reports provide details of how much money the project is using, specifically program activities and amounts rendered. Direct and in-kind funding is determined by DOH and ACS, and monitored by DOH.

Tracking of Quitline Promotions

The Florida Quitline was funded through a CDC grant to run a smoking cessation media campaign in several counties in Florida during May and June, 2005. Spanish radio ads were aired in Miami (Miami-Dade County), Tampa (Hillsborough County) and Orlando (Orange County) in April !! 2006. A prenatal smoking cessation ran television and radio ads in June, targeting pregnant women in Dixie, Holmes, Franklin, Gulf, Citrus, Walton, Wakulla, Calhoun and Charlotte counties. Printed promotional materials were also distributed around the state, specifically targeting doctor’s offices. The summary results of these media campaigns is discussed in the last section of the evaluation.

Target Populations

Target populations for the Florida Quitline include Floridians (age 14 and over) who smoke or use smokeless (spit) tobacco, parents who smoke and who have children under age 18 in their household, pregnant women and DOH employees. The rationale for targeting these populations are discussed below.

Floridians (Age 13 and Over) Who Smoke

Smoking has devastating consequences for adults in Florida. Lung cancer accounted for 7.1% of all of cancer deaths in Florida in 2004. A DOH report estimated that in 1998 tobacco use accounted for one in five deaths and \$2.6 billion in hospital costs. More recent estimates published by Tobacco Free Friends (<http://www.tobaccofreekids.org>) show that there are 28,700 smoking-related deaths in Florida each year, and that smoking-caused health costs amounted to \$5.82 billion in 2002¹. The prevalence of smoking-related cancer and associated costs of health care make smokers in Florida a top priority for the Florida Quitline.

¹ Campaign for Tobacco Free Kids (2005). Key State Specific Tobacco-Related Data and Rankings. Retrieved, October 8, 2005 from <http://tobaccofreekids.org/research/factsheets/pdf/0176.pdf>.

Parents Who Smoke with Children Under Age 18 In Household

Studies show that second-hand tobacco smoke has serious health effects on adults and children, including non-smokers. Second-hand smoke contains more than 4,000 chemicals, including 43 cancer-causing agents and 200 poisons, and is known to cause cancer in humans. This problem is intensified for children, who are more likely to get pneumonia, bronchitis and other lung diseases, to have more ear infections, and a to develop asthma if they are exposed to second-hand smoke.

Youth tobacco use occurs within a family and community context, where adults model tobacco use behaviors, make tobacco products available to youth, and promote family and community norms that support youth tobacco use. Adolescents whose parents have quit smoking are less likely to be smokers and are more likely to quit if they do smoke. The earlier parents quit, the less likely their children are to become smokers. Promoting a smoke-free home might be a way for family members to encourage smokers to quit and to modify smokers' behavior in ways that would help them quit. Promoting the Quitline among adults, particularly young adults and parents, could result in reduced cigarette use for both youth and adults.

Pregnant Women

Pregnant women can experience adverse health effects from smoking, including low birth weight babies, premature rupture of membranes, pre-term delivery, and a slightly increased risk of intrauterine growth retardation. A higher percentage of women stop smoking during pregnancy, both spontaneously and with assistance, than at other times in their lives. Pregnant smokers are offered extended or augmented counseling interventions that exceed the counseling advice to quit in the Florida Quitline.

Department of Health and County Health Department Employees

In 2001, DOH conducted an employee survey to obtain information that would help DOH in considering new policies or promotions regarding tobacco use in the workplace. The prevalence of cigarette use among the DOH survey respondents was 14.4 percent, which is lower than the average prevalence rate of 22.3% in Florida. DOH headquarters launched a worksite wellness campaign, called Health In Site, which included promotion of tobacco-free lifestyles. Quitline promotions to DOH employees should result in employee participation in these campaigns.

Evaluation Methodology

The Department of Health created a statewide tobacco cessation telephone counseling service to reduce the prevalence of tobacco use among adults in Florida and to reduce exposure to second-hand smoke among adults and children. The Quitline was opened after an analysis of literature and data from tobacco surveys in Florida helped to develop the outcome measures for the Quitline and to identified priority target audiences. Objectives were established at a stakeholders' meeting and logic models for the Quitline's inputs, activities, outputs and outcomes were developed. The evaluation methodology for the Quitline was established during this period, and has been followed for over two years.

Current Surveillance and Evaluation Activities

The Florida Quitline is evaluated by an independent vendor, Image Research, that receives call data from the ACS every month. Data are collected by the ACS during the intake survey, during counseling sessions and during the three, six and twelve-month follow-up evaluations.

Data collected at intake include demographics, whether client is pregnant, reason for calling, smoking behaviors, quit attempts, smoking rules and whether client lives with a smoker or has children in the household, how the client heard about the Quitline and the services requested. These data are sent monthly from the ACS.

The counseling data asks about tobacco behavior, quit attempts and medications. The follow-up evaluations ask questions that include smoking behavior and quit attempts, medications and insurance, whether there are children in the household or if the client lives with a smoker, and a series of client satisfaction questions. The only data available to the evaluator are a count of complete counseling sessions, which is sent upon request and need to be joined to the intake survey records by the evaluator.

The follow-up evaluation data ask questions about smoking cessation and quitting success, smoking behavior, whether children live with the smoker, information on medications and Quitline satisfaction questions. These data are sent upon special request of the evaluator and need to be joined to the intake survey records by the evaluator.

The evaluator submits a monthly data report and narrative to the DOH, covering the pertinent target populations for the Florida Quitline. These include Gender, Age Group, Pregnant Callers, Ethnicity of Callers, Education Level, Marital Status, Department of Health Employee, Children Under 18 in Household, Live With a Smoker, Smoking Rules, Reason for Calling the Quitline, Willing to Quit Within 30 Days, How Heard About the Quitline, Interest in Services, Florida Region and Florida County. Each table in the report is cumulative from the beginning of the fiscal year to the latest month of data. The narratives discuss the changes in Quitline figures and trends over the fiscal year.

The final evaluation covers the target populations, at-risk populations, and follow-up evaluation data. Its goal is to determine whether the target and at-risk populations are being served, whether media campaigns were successful, whether there is a positive smoking cessation outcome reported during the follow-up evaluations and whether the client was satisfied with the Quitline services.

Data Management Plan

ACS prepares a monthly data file with the raw data from the previous month's intake surveys and a monthly report file, which is sent electronically to DOH staff and Image Research. The summary tables sent by ACS provide reports for that month's calls for populations of interest. The report tables provide information on the number and frequency of calls by gender, age, race/ethnicity, education, marital status and whether the caller is a DOH employee. They also report:

- (a) whether callers have children under 18 in the household,
- (b) what the smoking rules are in all households,
- (c) the average number of cigarettes smoked,

- (d) the length of time caller has been a smoker,
- (e) how many times the caller has tried to quit, and
- (f) the caller's appropriate stage of change.
- (g) Finally, the report tables provide information on the location of callers by region in Florida and
- (h) how callers heard about the Florida Quitline.

The report tables published by ACS are useful as monthly summaries, but are not cumulative over the entire year.

The data file sent by the ACS each month contains client IDs, demographic data on clients who called the Quitline, and intake information and responses that are linked to the demographic information by a client ID. The majority of records have complete data, though a small number of callers do not complete the intake survey. The new data file received every month is appended to a cumulative database in Microsoft Access, Microsoft Excel and SPSS, and retained for analysis purposes.

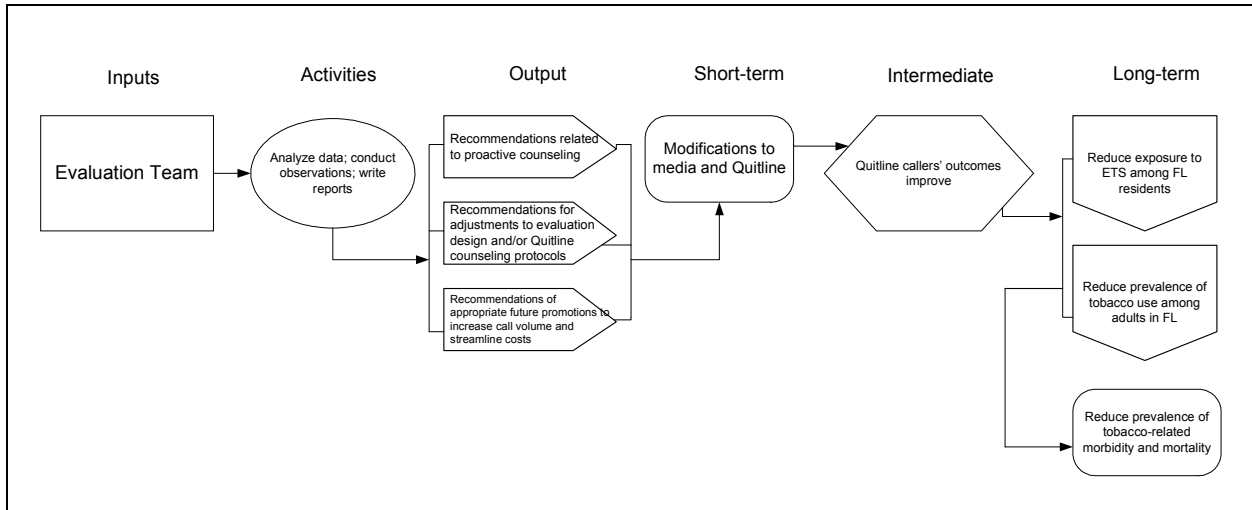
By contract, ACS is also responsible for sending counseling data and data files containing records of the quality assurance follow-up responses at three and six month intervals. These three files need to be joined to the intake records by client identification numbers and provide follow-up data on the effectiveness of the Quitline. Image Research takes the responsibility for maintaining all of the datasets in an integrated database. All data are backed up and are included on a CD with the final evaluation.

Outcome Indicators for the Quitline Evaluation

The goals and objectives for the Florida Quitline provide a guide for the summary data that need to be measured and reported as indicative of positive outcomes. These data include demographic, behavioral and social indicators of importance. Use of the Quitline by various demographic groupings (such as race/ethnicity, gender, and age) is established from data provided monthly from the ACS database. The number of calls broken down by demographics and by service provided are used to assess the types of services being accessed by different populations.

The goals of the evaluation analysis are to confirm whether the Quitline reached its target populations and whether it provided appropriate counseling and referral services. Using the ACS intake surveys and the three- and six-month follow-up evaluation surveys it is possible to determine the outcomes of the ACS counseling sessions and referrals. The evaluation follows the logic path of the Florida Quitline Evaluation Goals and Outcomes Logic Model, shown in Figure 3.

Figure 3. Florida Quitline Evaluation Goals and Outcomes



The Florida Quitline Evaluation Goals and Outcomes Logic Model charts a path from the evaluation of the Quitline to use of evaluation recommendations to modify and improve the Quitline, to the eventual reduction of tobacco use and exposure to second-hand smoke. The model envisions short-term, intermediate and long-term goals for the Florida Quitline. This evaluation constitutes the major activity output leading to possible modifications in the Quitline media campaigns and ACS proactive counseling.

The intermediate goal of the evaluation is to improve the outcomes experienced by Quitline clients from their counseling sessions and other services, either by enabling them to quit altogether or by decreasing their tobacco use. These outcomes are estimated by using data from the three- and six-month follow-up evaluation reports, which are included in the Quit Rate Report in this evaluation. The long-term goal of the model is to reduce the prevalence of tobacco use, exposure to environmental tobacco smoke and tobacco-related health problems among Florida residents. This goal should be reflected in the smoking prevalence rates reported in surveys such as the Behavioral Risk Factor Surveillance System from the US Centers for Disease Control and Prevention and the Adult Tobacco Survey conducted by the DOH.

Indicators for the sustained abstinence from tobacco use come from self-reports of program participants who complete the program and who are still abstinent at follow-up. Indirect indicators are also obtained from the monthly ACS reports showing the number of responses to questions on self-efficacy assessment (for example, how long they've been quit, how much tobacco did they use, number of quit attempts, addiction level). Indicators for patterns of tobacco use and quit behavior following their call to the Quitline are obtained during the three-month follow-up evaluations. Related indicators are reduced consumption of tobacco products, and decreased tobacco usage among Quitline callers, both of which are reported by Quitline callers at the three- and six-month follow-up evaluations. Changes in the quantity and frequency of tobacco use following counseling are reported during these follow-up surveys.

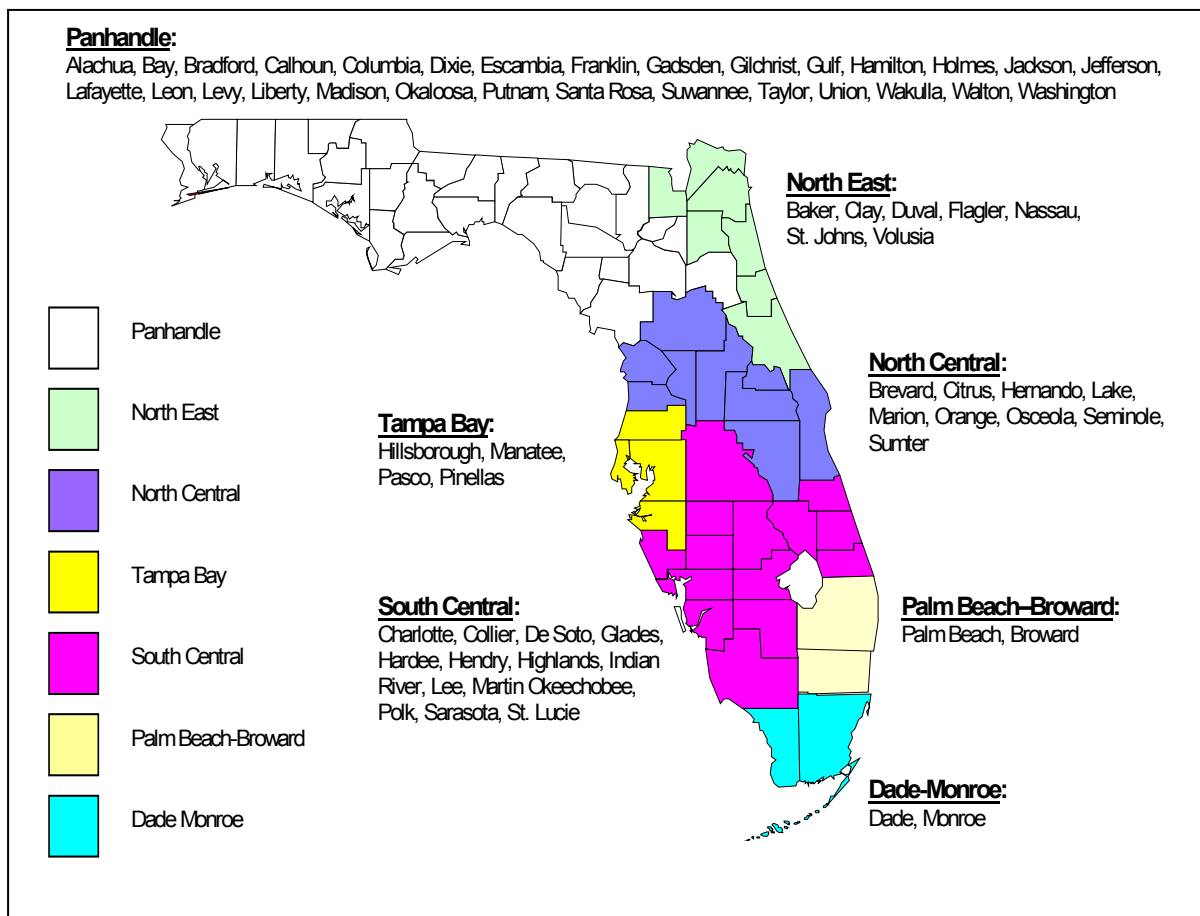
The final objective of reducing exposure to environmental tobacco smoke (second-hand smoke) is measured using a question from the Behavioral Risk Factor Surveillance System (BRFSS), "Which statement best describes the rules about smoking in your home?" This

question was added Florida Quitline intake and follow-up forms. The number of callers who report changing their house rules from allowing smoking in the home to not allowing it at all indicates a reduction in second-hand smoke.

To indicate the number of children exposed to second-hand smoke, ACS included questions regarding whether children under 18 live in the caller's household and, if so, how many children. The number of children in the household of callers who change their house rules from "smoking is allowed in the home" to "smoking is not allowed at all in the home" could indicate the number of children no longer exposed to second-hand smoke in the home. A more reliable indicator is to calculate the number of children under 18 who live in homes where the smoker has quit for three or six months. This is a more accurate estimate.

Finally, the demographics of Quitline callers are aggregated into regional locations around the state of Florida: Panhandle (Region 1), Northeast (Region 2), North Central (Region 3), Tampa Bay (Region 4), South Central (Region 5), Palm Beach/Broward (Region 6), Dade/Monroe (Region 7). The regional groupings of counties allow comparison of different population groups in Florida. Which counties are grouped into each of the seven regions is shown below and in Appendix B.

Figure 4. Florida Regions as Specified by the Florida Department of Health



II. Analysis of the Intake Data from Florida Residents Calling the Quitline

Background to Evaluation of the Quitline

The Florida Quit-for-Life Line (Quitline) began operations in December 2001 from the American Cancer Society (ACS) Call Center in Austin, Texas. The goal of the Florida Quitline is to provide telephone counseling to residents of Florida who want to stop using tobacco products. In its four and a half years of activity, the Quitline has received over 14,500 calls from Floridians seeking counseling, referrals and informational materials on quitting smoking.

When someone calls the Quitline, he or she is asked a set of intake questions by the ACS counselor. In addition to demographic questions, the ACS counselor asks questions related to the caller's reason for calling, willingness to quit tobacco, tobacco use, household smoking rules, the presence of children under 18 in the household, how the caller heard about the Quitline, and a number of other, related questions. All callers are called back after six-months for a follow-up evaluation. The follow-up evaluation determine whether the caller has quit smoking, or has at least made an attempt at quitting. The analysis contained in this evaluation uses data from the intake surveys of Floridians who called the Quitline between July 2005 and April 2006. The Quit Rate Report analyses data from the six month follow-up evaluation of Quitline clients who called between December 2001 and September 2005.

The populations of interest in this evaluation include all adults in Florida who smoke, broken out by age, gender, race/ethnicity, education and marital status. A second population includes Florida Department of Health (DOH) and County Health employees. A third population of interest are those at risk from smoking, including pregnant women, callers with children under 18 and callers who live with smokers. For each of these groups the risk entails a danger of second-hand smoke, either for the fetus of a pregnant woman or for children in a smoking household. A second focus of interest in this evaluation is the reason Floridians call the Quitline, their smoking behaviors, previous attempts to quit smoking and the services that they request.

A final area of interest in the evaluation is to understand how callers heard about the Florida Quitline in 2005-2006. In May and June 2005 a grant for a quarter of a million dollars from the Centers for Disease Control (CDC) supported a television and radio advertising campaign in over 40 counties in Florida. That media campaign is published in a report for the Department of Health, Division of Health Awareness and Tobacco, "Evaluation of the Florida Quitline Spanish Language and Prenatal Smoking Cessation Campaigns, May and June 2005." Employing a second grant from the CDC, the Department of Health, Division of Health Awareness and Tobacco conducted another media campaign running from April 2006 to June 2006. Only the first month of the campaign is covered in the data used in the evaluation, but it meets the test of whether an increased number of smokers called the Florida Quitline in response to the advertising campaign. There were 721 calls in April 2006, the most calls of any month since the Quitline started.

Summary of Findings from the 2001-2003 Quitline Evaluation

The period of the first Quitline evaluation covers calls from December 2001 to February 2003. A total of 3,996 Florida residents called the Quitline in this period, and 3,821 completed intake surveys, to become the base sample for the analysis. The Florida Quitline averaged 266 calls per month over these fifteen months, with 79% of the people calling the Quitline wanting to quit smoking. 54% of smokers requested counseling and referral services from the Quitline.

Among callers there were some clear gender and age distinctions. 58% of the Quitline clients were women, compared to 34% who were men. Quitline callers tended to be middle-aged, with 67% of them between 30 and 64. 46% of women and 44% of men requested counseling and referrals. The race/ethnic makeup of callers to the Florida Quitline was predominantly White, followed by Black and Hispanic callers. 55% of all Floridians who called the Quitline were White, 6.5% were Black and 5.9% were Hispanic. 52% of White smokers, 56% of Black smokers and 57% of Hispanic smokers who called the Quitline requested counseling and referrals.

Among the Quitline clients were 58 employees from the DOH or the county health departments; no health employees succeeded in quitting smoking. 54 pregnant women called the Quitline, 46% of whom had children under 18 in their household. Seven (13%) pregnant women succeeded in quitting smoking. 31% of all smokers who called the Quitline had children under 18 in the household, with 52% of them allowing smoking somewhere in the house. 28% of all people calling the Quitline lived with a smoker. An estimated 882 children lived with smokers and were at high risk of second-hand smoke.

The DOH ran a smoking cessation radio and television media campaign during January and February and then June through October, 2002. Over the course of the campaign 490 30-second radio commercials were aired over three months and 4,800 60-second television commercials were aired over five months. During the radio campaign, 83% of all people calling the Quitline were from Orlando. During the television campaign, 96% of all calls to the Quitline came from Orlando. Overall, 42.3% of all Floridians who called the Quitline lived in Orlando.

The three-month follow-up evaluation of all Quitline callers is conducted to determine the outcome of the Quitline call on helping the client stop smoking. 26% of all Quitline clients were contacted for the three-month follow-up evaluation. 61% of Quitline clients contacted had stopped smoking for one or more days in the three-month period and 16% of those contacted had quit smoking entirely. 15.6% of Quitline clients living with children under 18 quit smoking, with an estimated 104 children of Quitline clients no longer at risk of second-hand smoke in the home. 77% of Florida Smokers who quit smoking after calling the Quitline received counseling sessions. 84% of Quitline clients contacted during the three-month follow-up evaluation would recommend the Quitline to others who are trying to quit using tobacco.

The overall assessment of the 2003 Quitline evaluation was that it did succeed in helping Floridians reduce their consumption of tobacco products or to stop quitting entirely. 82% of the targeted 4,000 clients called the Florida Quitline in fiscal year 2002-2003 and 95.6% of all Floridians who called the Quitline received services. 16% (N=159) of all Quitline clients contacted in the three-month evaluation quit smoking. Extrapolating from these 16% of callers 524 Floridians potentially quit smoking after calling the Quitline.

Summary of Findings from the 2003-2004 Quitline Evaluation

Between July 2003 and March 2004, 1,603 Floridians called the Quitline for help in quitting smoking and 1,586 completed the ACS intake survey to form the sample for the evaluation analysis. The Florida Quitline received an average of 176 calls per month in this period, although during the month of November the number of calls spiked at 303. The majority of people who called the Florida Quitline, 72.5% of all callers, did so to quit smoking tobacco. Two out of five callers, 41.6%, requested counseling services; smokers make up the overwhelming majority of callers asking for counseling (92.9%).

Floridians called the Quitline from every part of the state, but the greatest number of calls came from Tampa Bay (21.1%) and the North Central region area (20.9%). The Quitline call rate for the state was .032%, indicating that less than one third of one percent of smokers in Florida called the Quitline. Quitline call rates did vary by region. Adults made up the majority of calls to the Florida Quitline, with three women calling (65.5%) for every man (23.3%). About the same proportion of men and women called the Quitline to quit smoking (78.2% for women and 77.6% for men). The number of cigarettes smoked per day increased with the age of the caller, for both genders. Between 18 and 44, men smoked more cigarettes a day than women; for smokers 45 and older the number of cigarettes smoked per day was almost equal – about a pack a day for both men and women.

The race/ethnic makeup of callers to the Florida Quitline is predominantly White (59% of callers), followed by Hispanic callers (6.9%) and Black callers (6.6%). Smoking is most prevalent among the White population (23.9%), while only 19.5% of Hispanics are smokers, and only 14.9% of Blacks. The Quitline call rates for each group also differ also, with .034% of White smokers calling, .029% of Black callers and only .020% of Hispanic callers calling the Quitline. The majority of callers had a high school degree and some college or technical school education (50.9%), followed by callers with less than a high school degree (13.4%) and callers with a college or graduate degree (11.9%).

Only 15 DOH employees and 17 County Health employees called the Quitline, for a total of 32; only 28.1% called to quit smoking. Only 42 pregnant callers called the Florida Quitline. All of the pregnant women called to seek help in quitting smoking, and all but two asked for counseling. More than half of the pregnant women had children under 18 in the household (54.8%) who were at risk of second-hand smoke. About one third of Quitline callers had children under 18 in the household (31.7% of all smokers). The average number of children in the smoking households was 1.8 per household, for an estimated 657 children of Quitline callers at risk of second-hand smoke. The children with the greatest risk of second-hand smoke live with the 175 callers who smoke and/or who live with a smoker.

A larger number of callers heard about the Quitline from an “Other” source (34.7%) than from the media (29.6%) or medical professionals (27.6%). The Other category is a catch-all for responses that don’t fall into coding selections. Other sources of information about the Quitline include ACS materials in print and on the web, the American Lung Association, Medicare, magazine stories, flyers, commercials from tobacco companies, Nicoderm boxes, various websites and posters in doctor’s offices.

Summary of Findings from the 2004-2005 Quitline Evaluation

Between July 2004 and May 2005, 3,027 Floridians called the Quitline for help in quitting smoking, which represents a 90.9% increase in the volume of calls for the same period in 2003-2004. Calls to the Quitline in this period averaged 275 calls per month though during May the call volume climbed to 496 and in June is spiked at 625, almost double the monthly average. Almost two thirds of people who called the Florida Quitline, 64.1% of all callers, did so to quit smoking tobacco and 61.8% of smokers requested counseling services.

Quitline callers tend to be middle-aged, with over half of them, 57.7%, between 30 and 64. More women than men called the Quitline (52.4% versus 29.6%), but each gender called to quit smoking at the same rate (78.2% versus 77.6%). Women between 30 and 64 report smoking an average of 21 cigarettes per day. Men between 30 and 64 report smoking an average of 23 cigarettes per day. Women report making an average of 9 quit attempts before calling the Quitline, compared to an average of 14 quit attempts among men. 65.1% of women and 34.8% of men requested counseling.

Floridians called the Quitline from every part of the state, but almost a quarter of the calls came from the Tampa Bay Region (22.4%), followed by the North Central region which accounted for 18.2% of the calls and the Panhandle with 15.0% of calls. The race/ethnic makeup of callers to the Florida Quitline was predominantly White callers who accounted for 45.2% of calls. Hispanic callers accounted for 12.3% of callers between July 2004 and May 2005, although this number is inflated due to the large number of calls in response to a Spanish language advertising campaign in Miami, Orlando and Tampa. In May 2005 there were 213 Hispanic callers, accounting for 42.9% of all calls in May. The majority of Hispanic calls were from the three target cities. Black callers accounted for only 5% of all calls. Between 90% and 95% of all race/ethnic groups called the Quitline to quit smoking. 63.1% of White smokers, 68.9% of Black smokers and 65.9% of Hispanic smokers who called the Quitline requested counseling.

The majority of callers, 48.0% had a high school degree or some college or technical school education. Callers with less than a high school degree accounted for 14.5% of all calls and those with a college or graduate degree accounted for 14.3%. There were 27 Department of Health employees and 23 County Health employees who called the Quitline between July 2004 and May 2005, for a total of 50, of whom 40.7% called to quit smoking

Between July 2004 and May 2005, a total of 78 pregnant callers called the Florida Quitline, an increase of 86% over the year before. All but one of the pregnant women called to seek help in quitting smoking, and almost all asked for counseling. Almost half of the pregnant women, 46.2%, had children under 18 in the household, compared to only 20.6% of smoking callers in the general population. An estimated 513 of these children under 18 live in households with two smokers.

A larger number of callers heard about the Quitline from an "Other" source, 40.0%, than from the electronic media at 26% or from medical professionals at 21.9%. The Other category is a catch-all for responses that don't fall into coding selections. Other sources of information about the Quitline include ACS materials in print and on the web, the American Lung Association, Medicare, magazine stories, flyers, commercials from tobacco companies, Nicoderm boxes, various websites and posters in doctor's offices.

During the evaluation period between July 2004 and May 2005, 121% of the contracted 2,500 clients called the Florida Quitline between. 80.2% of Floridians who called the Quitline

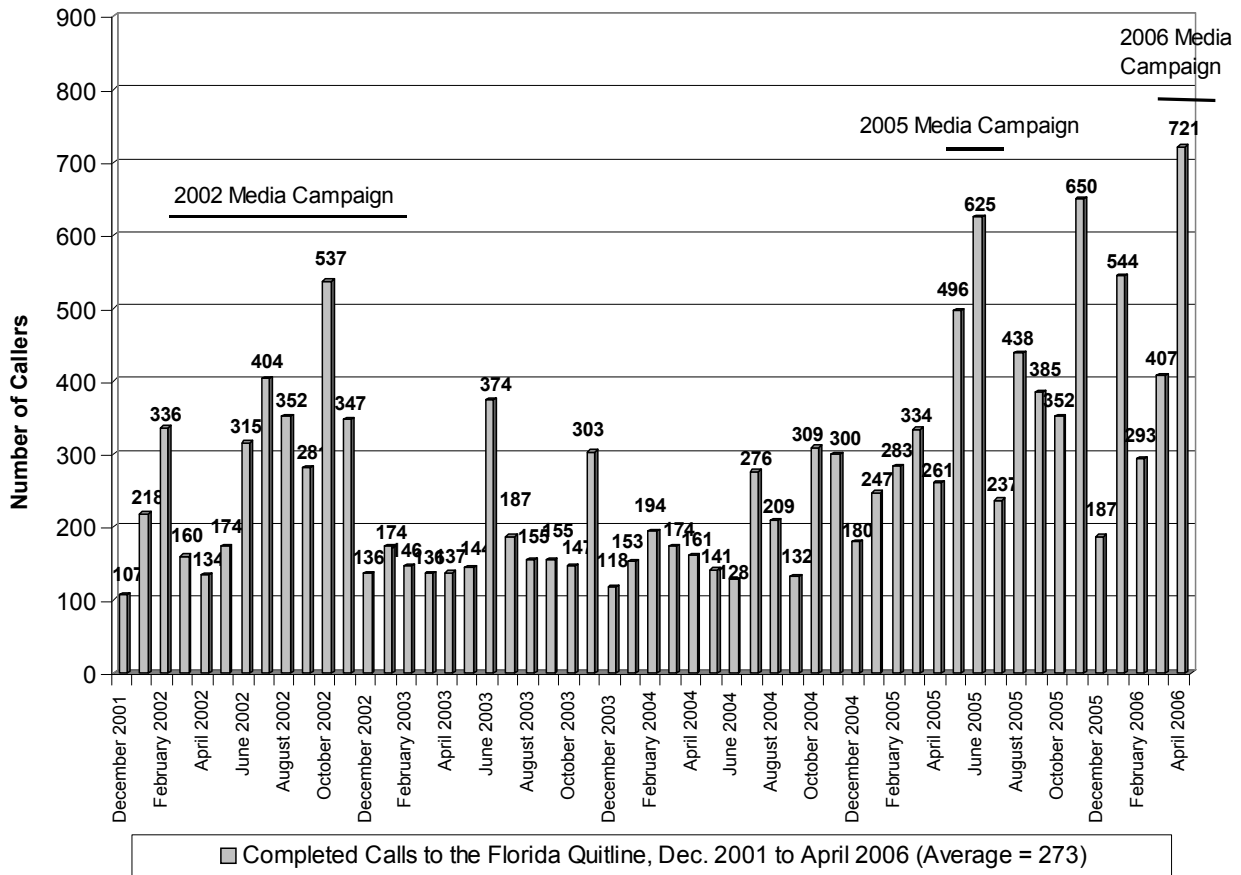
requested counseling, self-help services or information. The Quit Rate among smokers who call the Quitline was 18.2% at six months after counseling.

Overview of Calls from Florida Residents to the Quitline, 2005-2006

Comparison of Calls Between December 2001 and April 2006

Between December 2001 and April 2006 the Florida Quitline received an average of 278 calls per month. This average is pulled higher this year because of the increased number of calls between July 2005 and April 2006, which averaged 421 calls per month. The calls in April 2006, following one month of a media campaign, pushed the average up with 721 calls to the Quitline. Figure 5 shows a comparison of all completed calls from December 2001 to April 2006. When the chart is examined the large fluctuation of call volumes per month becomes apparent across the period. The months with call volumes over the average of 278 calls per month are increasing as the Quitline is able to market itself. There were three months in the past year in which the call volume was double the average of 278, including June 2005, November 2005, and April 2006. In June and April the Department of Health ran smoking cessation media campaigns, and the Great American Smokeout took place in November.

Figure 5. Calls to the Florida Quitline by Month, December 2001 to April 2006



It is interesting to note that the months with high call volume correlate so strongly the presence of anti-smoking messages in the mass media. Between January and November 2002 the DOH conducted a smoking cessation campaign in the Orlando Metro area, which accounts for much of the call volume in that period. Calls in June 2003 could follow the well-publicized World No Tobacco Day on May 31. A heightened media coverage of smoking cessation also occurs each November during Lung Cancer Awareness Month, which includes the Great American Smokeout. This heightened media airplay is likely related to the increase in calls in November 2003, 2004 and 2005. In May and June 2006 the DOH conducted smoking cessation campaigns aimed at pregnant smokers and Spanish-speaking smokers in over 40 Florida counties. Another media campaign was launched in April 2006 in Miami, Orlando and Tampa. It is interesting to note that the peaks in call volume fall squarely during these months.

Reasons for Calling the Florida Quitline

The majority of people calling the Florida Quitline do so to quit smoking tobacco, accounting for 75.3% of all callers, as shown in Table 3. Family members calling for someone and Other callers seeking information account for another 18.3% of callers, lower than in previous years. Callers who have already quit make up 6.2% of the total number of callers. These figures show an increase of 11 percentage points from 2004-2005 in the proportion of people calling to quit smoking, from 64.1% to 75.3%.

Table3. Reasons for Calling the Florida Quitline, July 2005 to April 2006

| Reason for Calling the Quitline | July 2005-April 2006 | | July 2004-May 2005 | |
|---|----------------------|---------------|--------------------|---------------|
| | Number of Calls | Percent | Number of Calls | Percent |
| Personally Quitting | 3,175 | 75.3% | 1,940 | 64.1% |
| Already Quit | 265 | 6.3% | 188 | 6.2% |
| Family Members (including spouses)/ Friend of Current Smoker | 371 | 8.8% | 357 | 11.8% |
| Other (examples: Drs. Office, Teachers, Community Orgs.) | 401 | 9.5% | 542 | 17.9% |
| Missing | 2 | 0.0% | 0 | 0.0% |
| Total | 4,214 | 100.0% | 3,027 | 100.0% |

Over the 2005-2006 fiscal year, the number of Floridians calling the Quitline to quit smoking, generally stayed fluctuated around the monthly average period average of 75.3%, as shown in Figure 5. The one exceptional month that pulls the average up is April 2006, in which 87.5% of callers wanted to quit smoking. This is first month of a three month smoking cessation media campaign, which evidently met with some success in motivating smokers to call the Quitline. September through November also show higher percentages of callers who want to quit smoking. The motivating factor is less clear, though the death of ABC anchor Peter Jennings in August 2005 of lung cancer from smoking may have raised some awareness of quitting smoking, as did the Great American Smokeout in November.

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Figure 6. Calls to the Florida Quitline from Smokers and Non-Smokers by Month and Percent Calling to Quit Smoking, July 2005 to April 2006

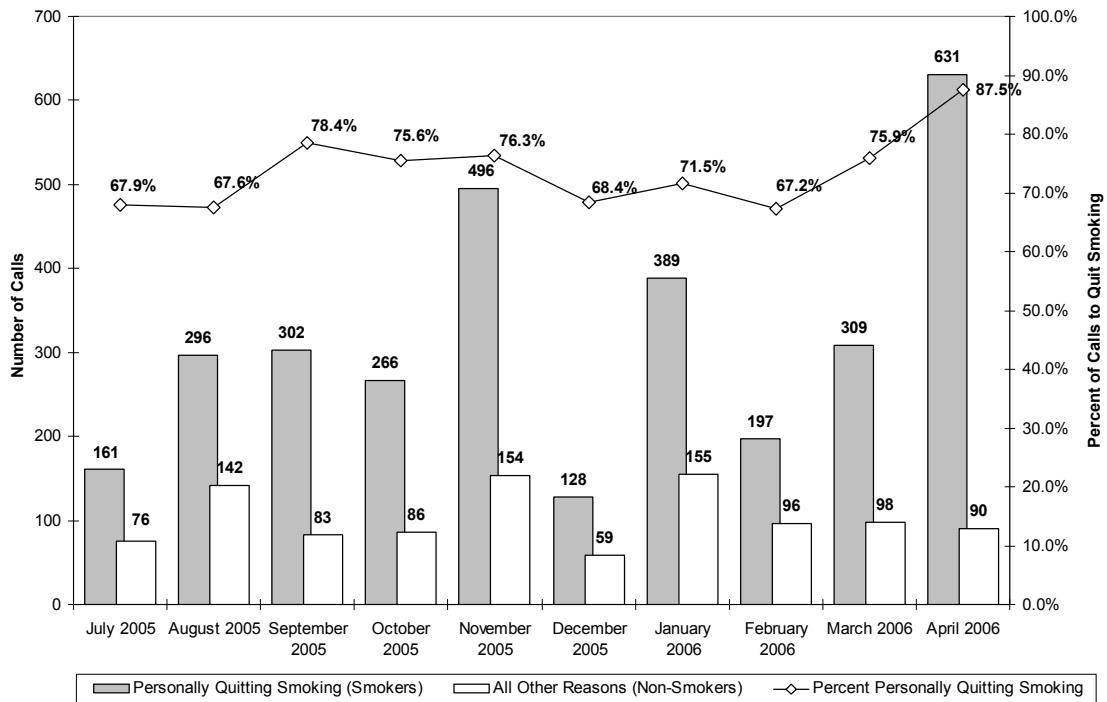
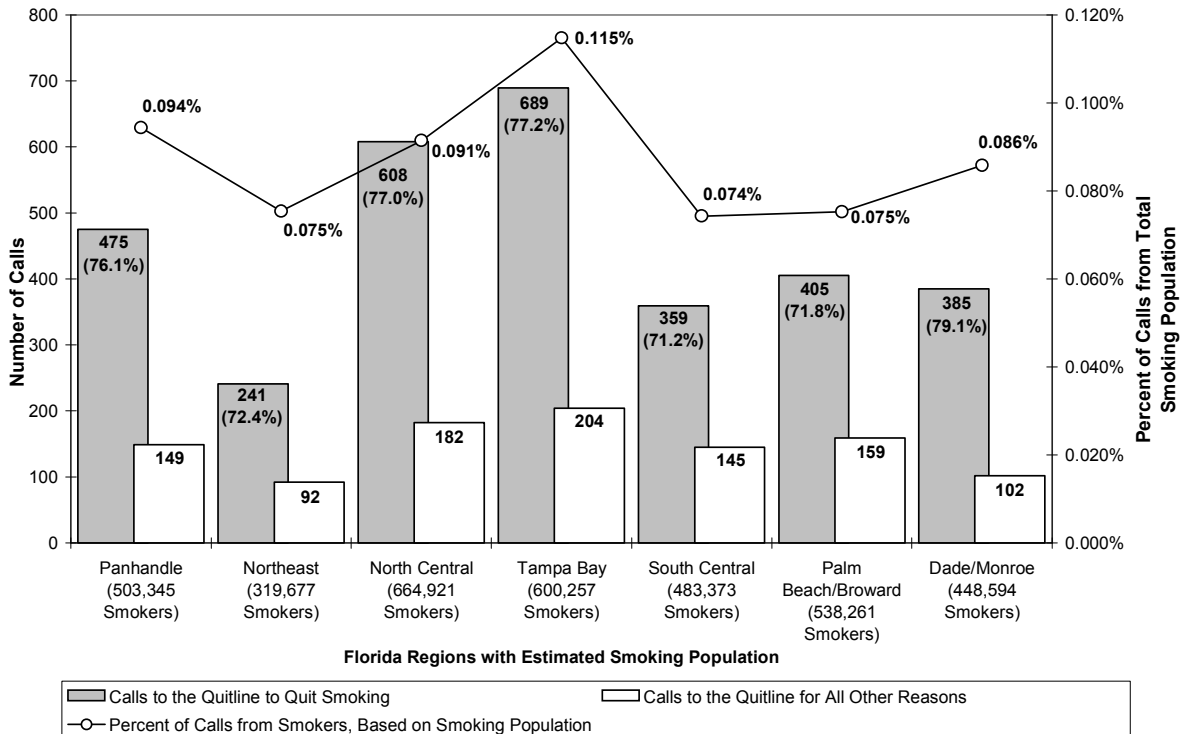


Figure 7. Calls to the Florida Quitline by Percent of Smoking Population and by Region of Florida, July 2005 to April 2006



Floridians called the Quitline from every part of the state, though the number of calls differed by region, as shown in Figure 7. Almost one quarter of the calls in the period, 21.2%, came from the Tampa Bay Region (n=893). It is interesting to note that the largest proportion of smokers also called the Quitline from Tampa Bay, at a call rate of 0.115% of smokers, which is higher than the statewide average of .089%, as shown in Table 4. The regions with the next highest percent of calls are the North Central region accounting for 18.7% (n=790) and the Panhandle, accounting for 14.8% (n=624) of all calls. A smaller proportion of calls came from the other five regions of the state.

The proportion of calls from smokers in each region is fairly consistent at between 71% and 79% of callers. The two regions with the greatest percentage of smokers calling the Quitline are the Dade/Monroe with 79.1% of callers ((n=385) and Tampa Bay at 77.2% of callers (n=689).and the North Central Region with 77.0% of callers who are want to quit smoking. These numbers do not reflect the smoking populations in each region, however. A second calculation was required to adjust the call rates to reflect the smoking population, based on the smoking prevalence in each region, as established by the 2002 BRFSS, and show in Table 4.

Table 4. Calculations to Determine Quitline Call Rates from July 2005 to April 2006, from Quitline Calls, US 2000 Census and BRFSS 2002 Data

| Region | Calls to the Quitline to Quit Smoking | Calls to the Quitline for All Other Reasons | Population Estimates Based on 2000 Census | Smoking Prevalence Rate Based on 2002 BRFSS | Smoking Population Estimate | Percent of Calls from Smokers, Based on Smoking Population |
|---------------------|---------------------------------------|---|---|---|-----------------------------|--|
| Panhandle | 475 | 149 | 2,128,312 | 23.65% | 503,345 | 0.094% |
| Northeast | 241 | 92 | 1,428,088 | 22.38% | 319,677 | 0.075% |
| North Central | 608 | 182 | 2,782,053 | 23.90% | 664,921 | 0.091% |
| Tampa Bay | 689 | 204 | 2,529,213 | 23.73% | 600,257 | 0.115% |
| South Central | 359 | 145 | 2,027,581 | 23.84% | 483,373 | 0.074% |
| Palm Beach/ Broward | 405 | 159 | 2,754,209 | 19.54% | 538,261 | 0.075% |
| Dade/Monroe | 385 | 102 | 2,333,368 | 19.23% | 448,594 | 0.086% |
| Total | 3,175 | 1,039 | 15,982,824 | 22.26% | 3,558,428 | 0.089% |

Calculating the call rates based on smokers required several assumptions about the target populations. The first assumption was that people calling the Quitline to quit smoking would be classified as smokers, whereas people calling for all other reasons would be classified as non-smokers. The call rate is calculated only for those who request help to quit smoking. The population of smokers in each region was calculated using data on smoking prevalence from the 2002 Behavioral Risk Factor Surveillance System (BRFSS) and published population figures from the 2000 US census, as shown in Table 4. An estimate of the smoking population for each region was then calculated by multiplying the prevalence rate times the population. The regional call rate was then calculated by dividing the total number of smokers by the estimated smoking population of a region, 600,257 in the case of Tampa Bay. The number of smokers is calculated

by multiplying the smoking prevalence of a region, based on the 2002 BRFSS, by the 2000 census figures for that region. As can be seen, the Quitline call rate for Tampa Bay is 0.115%.

From the secondary analysis of call rates from smokers, it is clear that the proportion of calls based on the smoking population gives a different picture of callers. The Tampa Bay Region has the largest number of callers and the highest Quitline call rate of 0.115% and the lowest call rate is from the South Central Region, in which 0.074% of all smokers called the Quitline. The average call rate across Florida for July 2005 to April 2006 is 0.089%, which is higher than the 0.054% Quitline call rate from 2004-2005 and the call rate of .032% in 2003-2004.

Services Requested from the Florida Quitline

When clients call into the Quitline, they are offered a number of services to help them quit their use of tobacco. These services include counseling, referrals to smoking cessation resources, self-help materials, and smoking cessation information. Callers can choose the service they would like to receive. If they ask for counseling, they can receive up to three telephone counseling sessions to help them prepare to quit, select a quit date and take the action step to quit. Table 5 shows a percentage breakdown of the services requested by callers, grouped by the reason for the call. Because the majority of callers want to quit smoking, this group accounts for most of the services.

Table 5. Types of Services Requested by Callers by Reason for Calling the Quitline

| Interested in Service | Quitting Smoking | Percent of Smokers Requesting Service | Smokers as Percent of All Callers Requesting Service | Already Quit | Family/Friend of Current Smoker | Other | Total | Percent of All Callers Requesting Service. |
|-----------------------|------------------|---------------------------------------|--|--------------|---------------------------------|-------|--------|--|
| Counseling | 1,907 | 91.8% | 171 | | | | 2,078 | 49.3% |
| Self-help | 881 | 93.2% | 64 | | | | 945 | 22.4% |
| Information | 271 | 25.3% | 30 | 371 | 401 | | 1,073 | 25.5% |
| Missing | 116 | 98.3% | | | | 2 | 118 | 2.8% |
| Total | 3,175 | 75.3% | 265 | 371 | 401 | 2 | 4,214 | 100.0% |
| Percent | 75.3% | | 6.3% | 8.8% | 9.5% | 0.0% | 100.0% | |

Counseling services are the most requested service offered by the Quitline, requested by 43.3% of callers (1,907), 91.8% of whom are smokers who want to quit smoking. Requests for information are the next most popular service, with 25.5% of all callers asking for information. Interestingly, 74.7% of callers request information call for other reasons than to quit smoking. The majority are Other callers (n=401) followed by Family and Friends (n=371). Self help materials are requested by only 22.5% of callers (n=651), the vast majority of whom, 93.2%, are calling the Quitline to quit smoking.

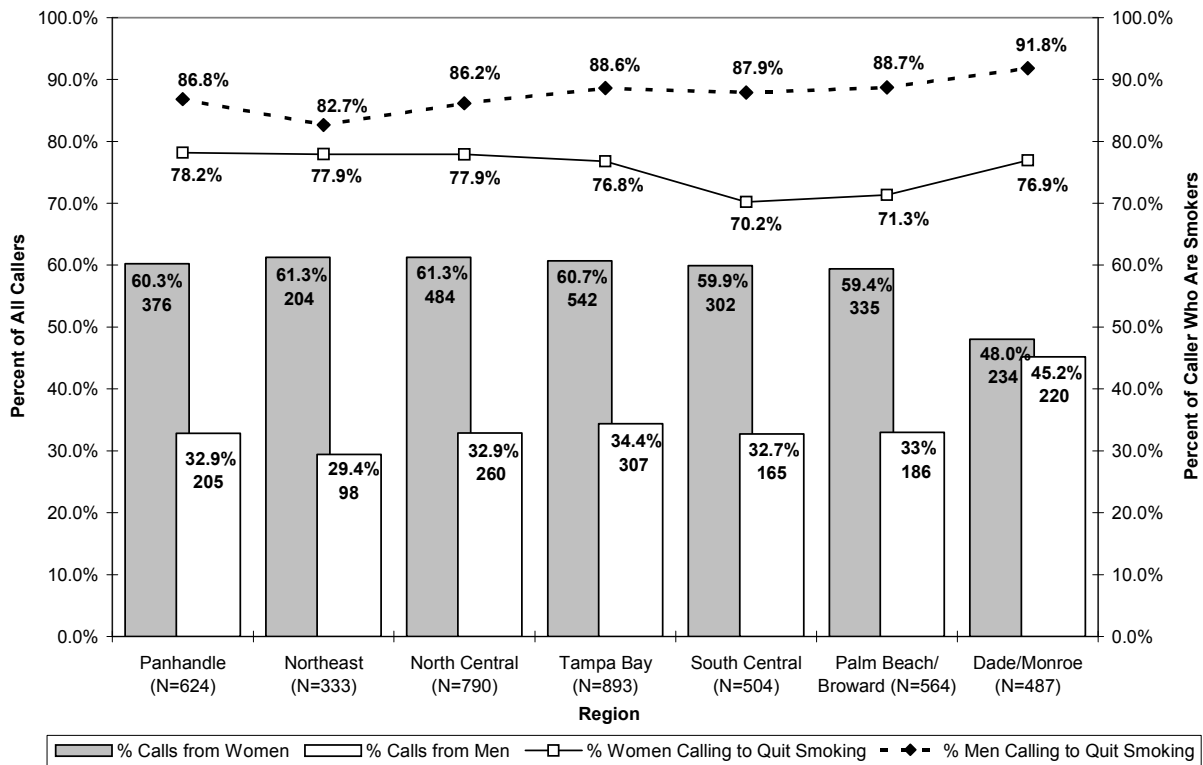
Target Populations – Florida Adults Who Smoke

This section focuses on the demographic characteristics of the Florida Quitline target populations: Florida adults by gender, age, race/ethnicity and education, DOH employees, pregnant women, smokers with children under 18 in the household and clients who live with a smoker.

Gender of Floridians Who Call the Quitline

Florida adults make up the majority of calls to the Florida Quitline. The gender of Quitline clients is split unevenly, though in the a common pattern, with 59.0% of calls from women (n=2,487) and only 34.4% of calls from men (n=1,448). These percentages change somewhat across the different regions of Florida, with the percentage of women calling the Quitline always larger than men, from a low of 48.0% in the Dade-Monroe Region to 60.7% in Tampa Bay, as shown in Figure 8. Between 29% and 45% of callers are men, with the high being 45.2% of male callers from the Miami region. These percentages represent all callers, and show that about twice (1.7 times) as many women call the Quitline as men.

Figure 8. Region of Call by Gender of Caller and by Percent of Calls from Smokers, July 2004 to May 2005



When smokers are compared by gender, the disparity of calling between men and women who are smokers becomes less pronounced, as shown in the lines in Figure 8. In fact, a greater percentage of men call to quit smoking than women, between 82.7% of men from the Northeast to 91.8% of male smokers from Miami-Dade. Women by comparison call only between 70% and 78% percent of the time to quit smoking.

While women call the Quitline more frequently than men across the state, their reasons for calling the Quitline differ in some respects. A comparison of reasons for calling the Quitline by men and women is shown in Table 6.

Table 6. Reason for Calling the Florida Quitline by Gender

| Reason for Calling the Quitline | Women Calling the Quitline | Percent of Women Calling | Men Calling the Quitline | Percent of Men Calling | Missing | Total |
|---------------------------------|----------------------------|--------------------------|--------------------------|------------------------|---------|--------|
| Quitting Smoking | 1,883 | 75.7% | 1,274 | 88.0% | 18 | 3,175 |
| Already Quit | 198 | 8.0% | 67 | 4.6% | | 265 |
| Family/ Friend of Smoker | 293 | 11.8% | 78 | 5.4% | | 371 |
| Other | 111 | 4.5% | 29 | 2.0% | 261 | 401 |
| Total | 2,487 | 100.0% | 1,448 | 100.0% | 279 | 4,214 |
| Percent of Callers | 59.0% | | 34.4% | | 6.6% | 100.0% |

As was demonstrated in the regional comparison in Figure 8, fewer men called the Quitline than women between July 2005 and April 2006, but a greater proportion of the men calling the Quitline call to quit smoking, 88.0%, than do women, 75.7% of all women who call the Quitline. Conversely, women are more likely to call the Quitline out of concern for someone else, 11.8%, than do men at 5.4%. A higher percentage of women who have already quit, 8.0%, call the Quitline than men, 4.6%. 9.5% of all calls to the Quitline fall into the Other category. The percentage of callers who want to quit smoking is higher in 2005-2006 than in any earlier year.

Table 7. Calculations to Determine Quitline Call Rates for Men and Women from Quitline, 2000 Census and 2002 BRFSS Data

| Gender | 2000 US Census Florida Population | 2002 BRFSS Smoking Prevalence | Estimated Smoking Population | Quitline Call Rates 2005-2006 | | Quitline Call Rates 2004-2005 | |
|--------|-----------------------------------|-------------------------------|------------------------------|-------------------------------|----------------------------------|-------------------------------|----------------------------------|
| | | | | Quitline Calls from Smokers, | Quitline Call Rate from Smokers, | Quitline Calls from Smokers, | Quitline Call Rate from Smokers, |
| Men | 7,797,933 | 24.5% | 1,910,494 | 1,274 | 0.067% | 768 | 0.040% |
| Women | 8,184,891 | 20.2% | 1,653,348 | 1,883 | 0.114% | 1,171 | 0.071% |
| Total | 15,982,824 | 22.3% | 3,563,842 | 3,157 | 0.089% | 1,939 | 0.054% |

Comparing the calls from men and women based on their smoking prevalence provides a revealing picture of the differences in Quitline calling behavior between the genders. Smoking prevalence is based on the 2002 Behavioral Risk Factor Surveillance Survey (BRFSS) which puts smoking prevalence among women at 20.2%, for a total of 1.6 million women smokers, and the prevalence of smoking among men at 24.5%, for a total of 1.9 million smokers. The calculations for comparing the Quitline call rate between men and women are shown in Table 7, as well as a comparison between call rates in 2005-2006 and in 2004-2005.

When the frequency of Quitline calls by male and female smokers versus non-smokers is compared to the prevalence of smoking in Florida, based on the calculations in Table 7, the differences in their call rates stands out markedly. In 2005-2006, women have a Quitline call rate of 0.114% from the estimated population of female smokers, compared to the call rate for men of 0.067%. The Quitline call rate for all smokers in Florida in this period is 0.089%, as shown in Table 4. When compared to the Quitline call rates in 2004-2005, there is a marked improvement in the call rate, especially among men, where the call rate increased from .040% to 0.067%. Likewise for women, the Quitline call rate improved markedly. While this is still a very low volume of calls from smokers, there is a clear improvement in the rate of smokers calling the Quitline over the years.

Age of Floridians Who Call the Quitline

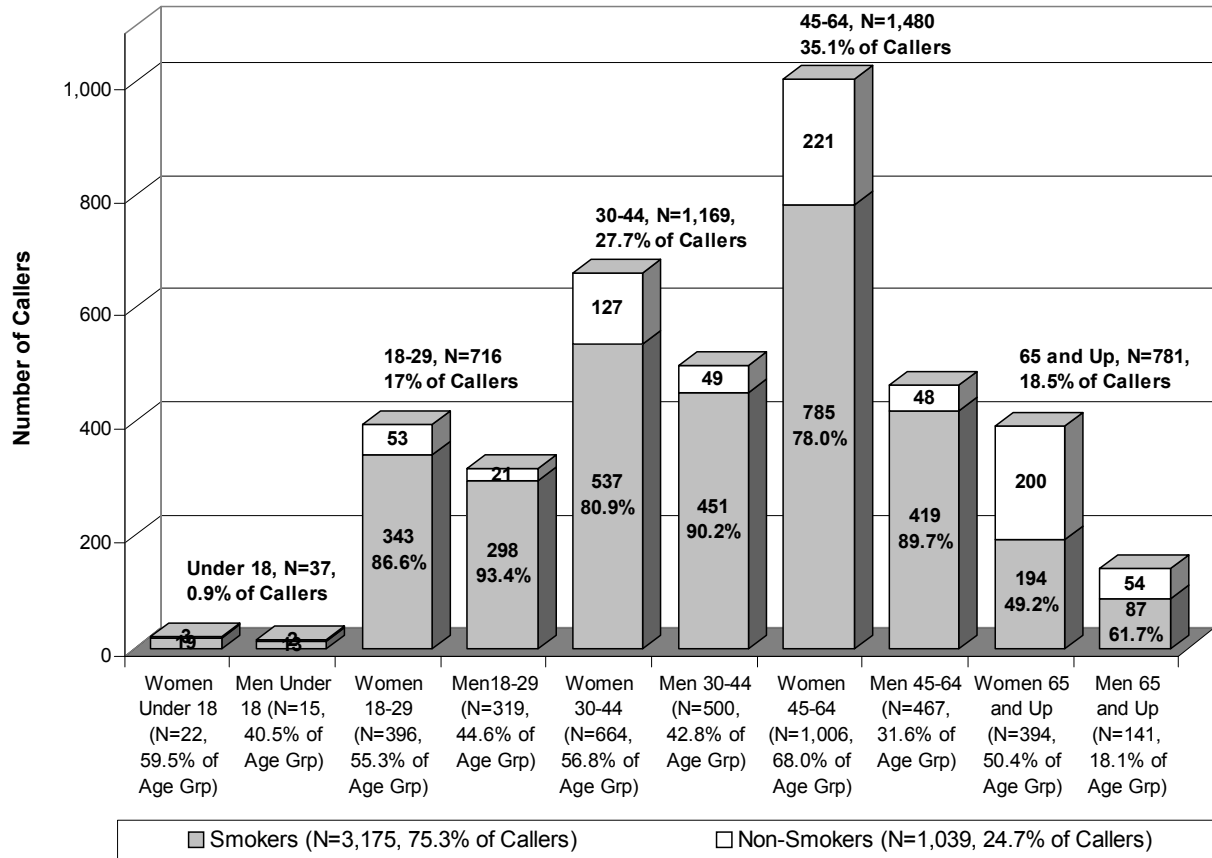
When comparing calls to the Quitline across age groups between July 2005 to April 2006, more than a third of the calls, 35.1 came from the 45-64 age group (n=1,480), and one quarter come from the 30-44 age group, 27.7% (n=1,169), as shown in Table 8. Fewer calls come from the 18-29 age group, 17.0% (n=716), and from the 65 and up age group, 18.5% (n=781). Very few calls came from the Under 18 age group. The percentage of calls to quit smoking is fairly consistent for each age group up to age 65, between 81.8% and 89.7% of callers. The 65 and up age group has the fewest proportion of people calling to quit smoking, 36.6%, with the majority calling for other reasons, 63.4%, such as calling for family and friends. Across all age groups, 75.3% of clients called to quit smoking. The number of missing records is very low in this period.

Table 8. Comparison of Age Groups Calling the Quitline by Smokers and Non-Smokers, July 2004 to April 2006

| Age Group of Client | Quitting Smoking | Percent of Age Group Quitting Smoking | All Other Reasons | Percent Other Reasons | Total | Age Group as Percent of all Callers |
|----------------------------|-------------------------|--|--------------------------|------------------------------|--------------|--|
| Under 18 | 32 | 86.5% | 5 | 13.5% | 37 | 0.9% |
| 18-29 | 642 | 89.7% | 74 | 10.3% | 716 | 17.0% |
| 30-44 | 993 | 84.9% | 176 | 15.1% | 1,169 | 27.7% |
| 45-64 | 1,211 | 81.8% | 269 | 18.2% | 1,480 | 35.1% |
| 65 and Up | 286 | 36.6% | 495 | 63.4% | 781 | 18.5% |
| Subtotal | 3,164 | 75.6% | 1,019 | 24.4% | 4,183 | 99.3% |
| Missing | 11 | 35.5% | 20 | 64.5% | 31 | 0.7% |
| Total | 3,175 | 75.3% | 1,039 | 24.7% | 4,214 | 100.0% |

When comparing Quitline calls by gender across age groups, the general proportion of callers of each gender is similar across age groups, with more women calling the Quitline than men, as shown in Figure 9. In this chart callers are compared by gender, by age group and by intent to quit smoking versus all other reasons to call. Of interest to note is that age and gender play an important role in quitting smoking, with the greatest percentage of callers among women in the 45-64 age group.

Figure 9. Comparison of Gender and Age of Quitline Clients by Smokers versus Non-Smokers, July 2005 to April 2006



Across all age groups, the proportion of women callers is higher than men, and the percentage of men calling to quit smoking is higher than women. In the 45-64 age group, women make up a majority of callers in the age group, at 68%. However, even at only 31.6% of the calls from 45-64 year olds, men call to quit smoking 89.7% of the time, compared to only 78.0% of the women. The gender difference in calls in the 18-29 and the 30-44 age groups is a bit more equal, with about 55% of the age groups women and 44% men. Again, about 91% of men call the Quitline to quit smoking in these age groups, compared to 84% of the women. The greatest deviation from these “norms” is among the 65 and Up age group, in which there is a large missing component, 31.5% of records. In this age group, only 18.1% of callers are men, and only 61.7% call to quit smoking. Among women in the 65 and Up age group, only 49.2% called to quit smoking, and the rest called for family and other reasons. There are too few callers in the Under 18 age group to analyze.

Figure 10 provides a comparison of the average number of cigarettes smoked by men and women smokers, by age group, based on responses in only 36.5% of .Quitline calls (n=1,537). Two findings stand out: callers tend to smoke more cigarettes per day as they grow older, and men smoke more than women. Men in the Under18 age group reported smoking the smallest average number of cigarettes per day, at 13.6; this is four cigarettes more than women in this age group reported smoking, at 9.3. The number of cigarettes smoked per day increases to over a pack for both genders, but women stay several cigarettes behind men on average. The 45-64 year olds smoke the most, an average of 22 cigarettes per day, and call in the most at 35.1% of all calls.

Figure 10. Number of Cigarettes Smoked per Day by Gender and Age Group

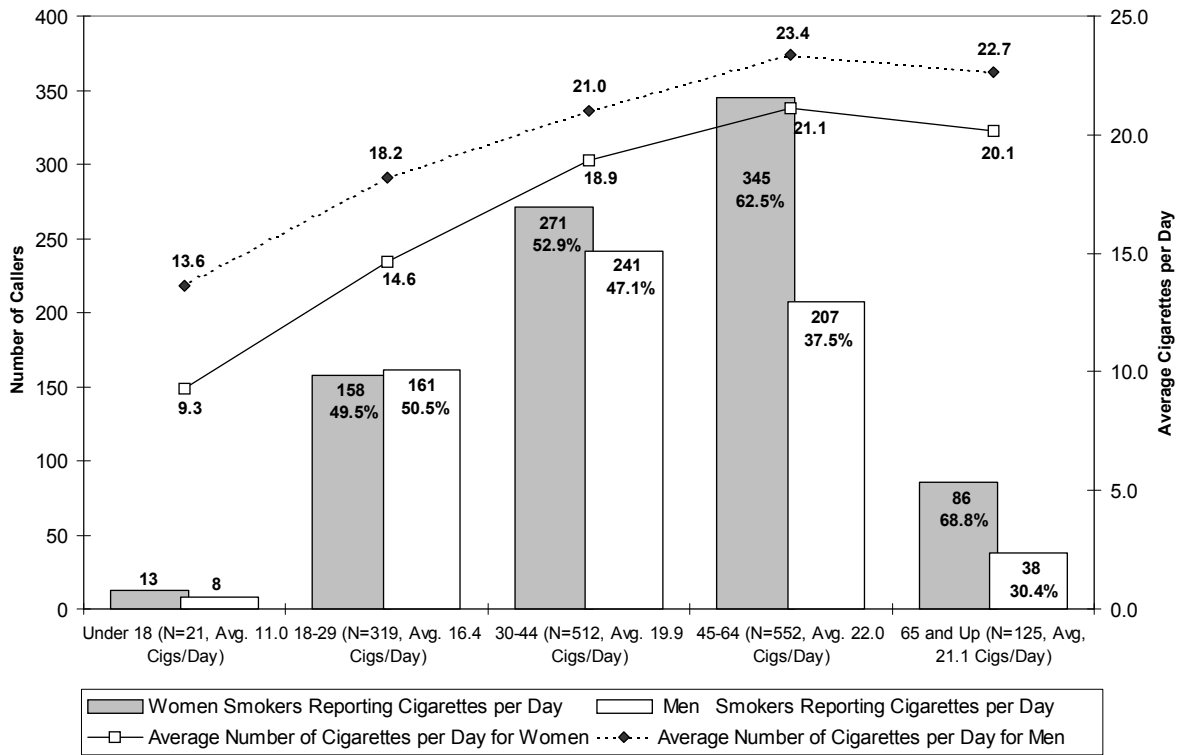
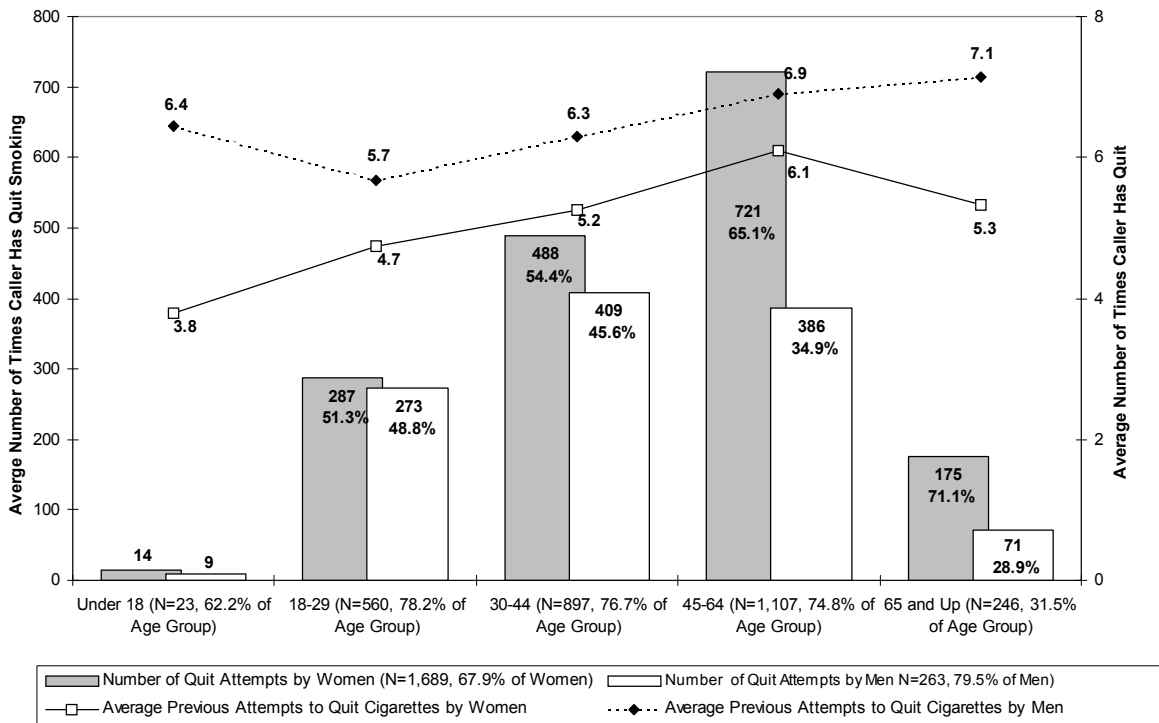


Figure 11. Average Number of Times Men and Women Calling the Quitline Have Tried to Quit Smoking, by Age Group

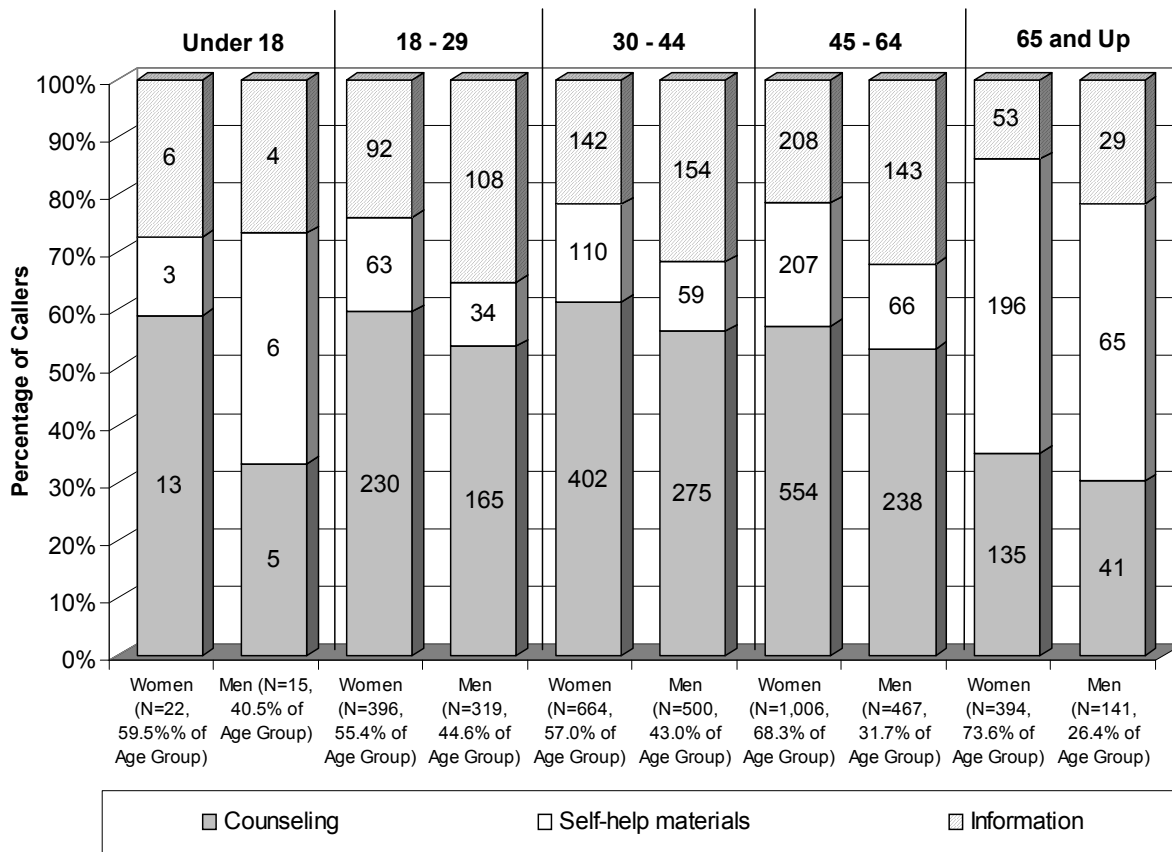


The 30-44 age group smoke a bit less, on average, than the 44-65 age group, with men smoking 21 cigarettes per day and women smoking 19. Of interest to note is that the greatest disparity between men and women calling the Quitline is within the 65 and Up age group, with 68.8% of callers women. Compare this to the 62.5% of women callers among the 35-44 age group and the 52.9% of women callers in the 30-44 age group. Younger callers tend to call in the same proportion, while older callers tend to be women more than men.

During the ACS intake interview, people who call in to quit smoking are asked how many times they have tried to quit smoking. Figure 11 shows how many men and women in each age group have tried to quit smoking and the average number of times they have attempted to quit, based on responses by 67.4% of the 2,840 smokers who called the Quitline between July 2005 and April 2006. It appears from the chart that a similar proportion of smoker in each age group have tried to quit smoking, from 78.2% in the 18-29 age group to 74.8% of callers in the 45 to 64 age group. The 65 and Older age group drops by forty percentage points, however, to 31.5% of the age group who have tried to quit smoking.

Overall men try to quit smoking more than women do, though both genders have increasing attempts to quit up to 65. Men report about 5.7 quit attempts in the 18-29 group, compared to 4.7 quit attempts for women. These numbers peak at 7.1 quit attempts for men in the 65 and Up age group and 6.1 attempts for women. In the 45-64 age group. Because the number of quit attempts is a self-estimate, the numbers must be treated as subjective measures. It is clear that most people who call the Quitline have tried to quit smoking numerous times before the call.

Figure 12. Request for Services by Age and Percentage of Men and Women



The final chart in the analysis of Florida adults shows the percentage of men and women requesting services in each age group, as shown in Figure 12. Counseling is the most requested service across genders and age groups, although men and women demonstrate dissimilar percentages in each age group.

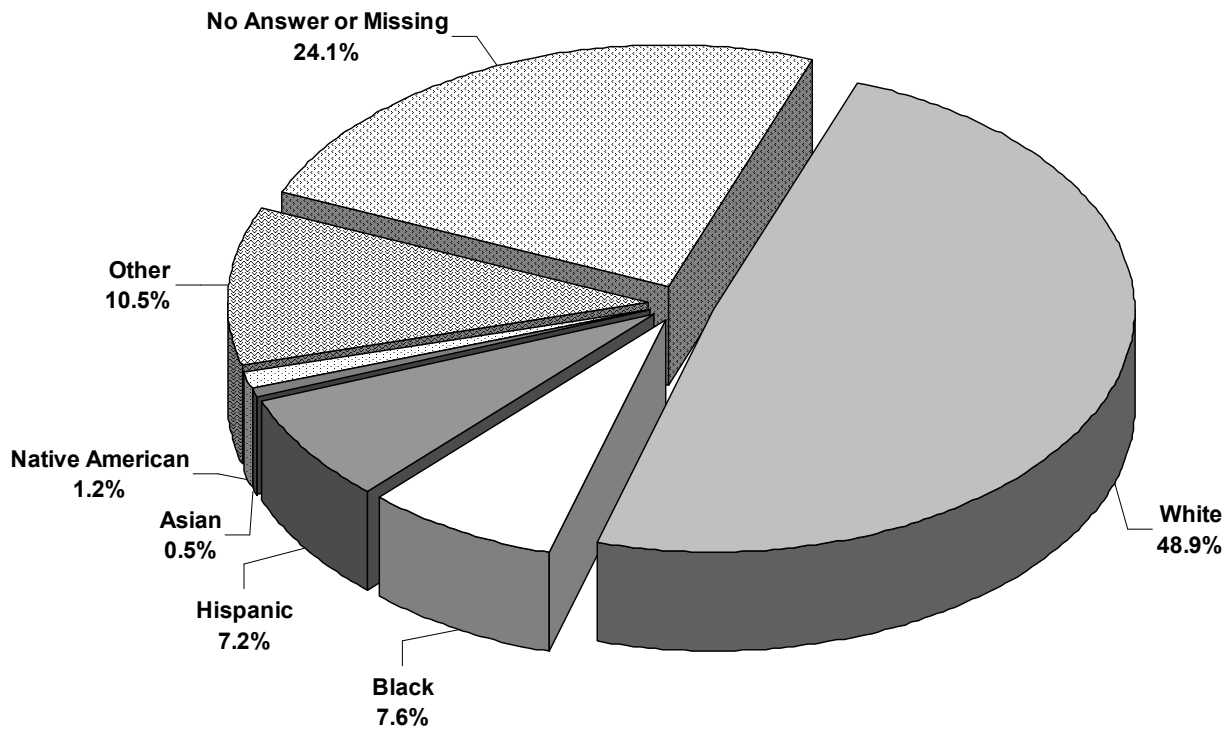
The highest proportion of men and women requesting counseling is among the 30-44 age group, in which 57.9% of callers requested counseling; men and women in this age group request counseling in about the same proportion. Similarly, in the 18-29 age group 55.2% of callers and in the 45-64 age group 52.8% of callers requested counseling. In general, women and men request counseling at about the same rate, with 55.3% of women and 51.9% of men requesting counseling, across most age groups. The 65 and Older age group has the lowest proportion of callers asking for counseling, with only 35.2% of the women and 30.4% of the men in that age group.

The next most requested service is self help materials, with 22.4% of all callers requesting this service. Men are more likely to request self help materials, with 31.5% of all men calling the Quitline. Only 20.8% of women request self help. This pattern when callers request information, which is requested 19.3% of the time. Women request information 24.0% of the time compared to only 6.6% of men. It should be noted, however, that often requests for information come from organizations not from smokers wanting to quit.

Race/Ethnicity of Adult Floridians Who Called the Quitline

The racial/ethnic makeup of callers to the Florida Quitline between July 2005 and April 2006 was predominantly White, followed by Black and then Hispanic callers, as shown in Figure 13. White callers account for 48.9% of all calls to the Quitline (n=2,059) and Black callers account for 7.7% (n=321) of calls, both higher than the previous year. There are about the same number of Hispanic callers as in 2004-2005 (n=305), which is a positive sign, though the percentage, 7.2%, is a lower percentage than the previous year. More few Native Americans, 50, called the Quitline, though still a low percentage of callers, 1.2%, and only 19 Asians called the Quitline. A fairly large proportion of Other callers, 10.5%, called the Quitline (n=444). The small numbers of non-White callers makes it difficult to come to any conclusions about these target populations. One quarter of the calls are Missing (24.1%, n=1,015).

Figure 13. Race/Ethnicity of Callers to the Florida Quitline



In terms of call rates based on smoking prevalence, Whites callers account for a higher frequency than Blacks or Hispanics. An estimate of call rates among smokers was calculated based on the total population of Florida in the 2000 Census (15,982,378) broken out using the US Census percentages of each race/ethnic group: 65.4% are White, 14.2% are Black and 16.8% are Hispanic. Estimates of the smoking populations among these three racial/ethnic groups were calculated based on the 2002 BRFSS. According to the BRFSS, smoking prevalence is greater for Whites than for any other racial/ethnic group, at 23.9%. Hispanics have the next highest rate at 19.5% and Blacks have a smoking prevalence of 14.9%. The final

estimates are shown in Table 9, below. Based on the figures from the US Census and the BRFSS, the population of smokers in Florida was estimated for each race/ethnic group; clearly the greatest number of smokers is among the White population.

Table 9. Smoking Population Estimates and Call Rates to the Quitline for White, Black and Hispanic Populations in Florida

| Smoking Prevalence and Quitline Call Rates | | White | Black or African American | Hispanic or Latino |
|---|--|--------------|----------------------------------|---------------------------|
| Smoking Prevalence Statistics | Population, 2000 Census | 10,452,475 | 2,269,498 | 2,685,040 |
| | Smoking Prevalence, 2002 BRFSS | 23.9 | 14.9 | 19.5 |
| | Estimated Number of Smokers | 2,498,142 | 338,155 | 523,583 |
| Call Rates, 2005-2006 | Calls to the Quitline from Smokers 2005-2006 | 1,871 | 310 | 283 |
| | Call Rate to the Quitline 2005-2006 | 0.075% | 0.092% | 0.054% |
| Call Rates, 2004-2005 | Calls to the Quitline from Smokers 2004-2005 | 1,237 | 142 | 353 |
| | Call Rate to the Quitline 2004-2005 | 0.050% | 0.042% | 0.067% |
| Call Rates, 2003-2004 | Calls to the Quitline from Smokers 2003-2004 | 856 | 98 | 105 |
| | Call Rate to the Quitline 2003-2004 | 0.034% | 0.029% | 0.020% |

Based on the reasons for calling the Quitline, 1,871 Whites called to quit smoking (90.9% of White callers), with an estimated Quitline call rate of 0.075% - higher than the previous year. Among Black callers, 310 were smokers (96.6% of all Black smokers), with an estimated call rate of 0.092%, twenty-three percentage points higher than the call rates of the White smoking population, and higher than the previous year. Hispanics had 283 smoking callers (92.8% of Hispanic callers), fewer than in the previous year, with the lowest Quitline call rate of 0.054%. The call rate figures indicate an improvement in the number of calls from smokers in two out of three ethnic groups. The number of Hispanic calls could be related to the smoking cessation ads in Spanish in May 2005 and in April 2006. (Note: The format of reporting calls by the ACS changed mid-year, and Hispanic calls for April 2006 may not be fully reported.)

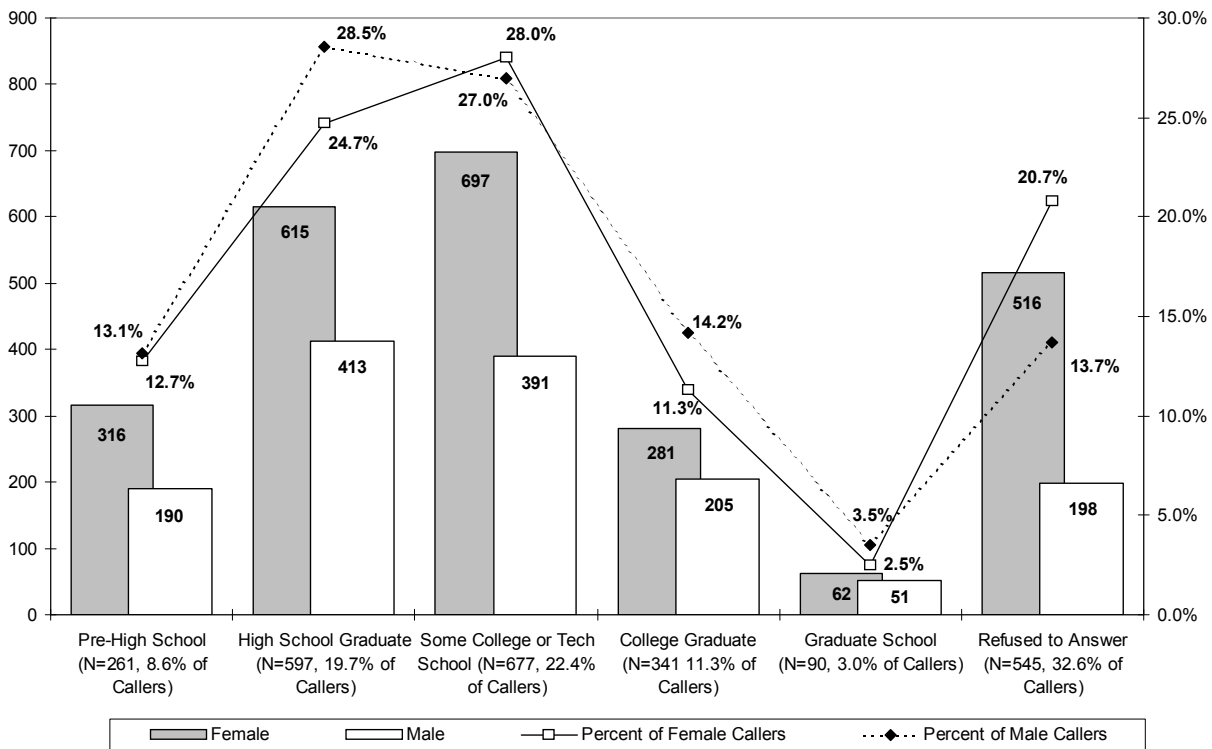
Requests for service from among members of different racial/ethnic groups are fairly similar across services across White, Black and Hispanic callers at 62% to 68%, but much higher for Asians at 84.2% and Native Americans at 72.9%. Requests for counseling among Hispanics came from 65.5% of callers (n=209), with Black callers at 66.7% (n=214) and 62.3% of White callers asking for counseling (n=1,283). Less than a third of the callers requested self-help materials, with 29.7% of White callers (n=611), 26.5% of Black callers (n=85) and 24.9% of Black callers (n=76) requesting this service. Each of the three major ethnic groups requested information less than 4% of the time.

While the percentages for each ethnic/racial group show some fluctuation, which may be indicative of cultural differences, there are too few callers among non-White callers to determine whether variations in the requests for service are meaningful. Also, since the American Cancer Society changed its data reporting format in November 2005, Hispanic callers have tended to be under reported. Ethnicity numbers have been corrected until March 2006, but April 2006 the number of Hispanic callers was not reported, so these numbers will not show up in this analysis. Finally, note that 97.0% of callers requesting information (n=954) have missing ethnic identification.

Education Levels of Floridians Who Called the Quitline

The Florida Quitline intake survey asks callers for their educational background, using seven educational levels to pinpoint the amount of education that a caller has received; three of the lowest levels have been collapsed into one pre-high school level, as shown in Figure 14. About one quarter of Quitline callers, 25.9%, have some college or technical school education (n=1,093), and another quarter, 24.5%, have a high school degree (n=1,033). Fewer callers had less than a high school education, only 12.1% (n=509), and about the same percentage of calls, 11.7%, come from people with a college degree, 11.7%, come from people with a college degree (n=491). Only 2.7% of calls come from callers with a graduate degree (n=114).

Figure 14. Education Level of Callers to the Florida Quitline by Gender, July 2005 to April 2006



Differences between men and women across education levels are slight but evident. About the same percentage of men and women below high school call the Quitline. A greater proportion of men with a high school, 28.5%, called the Quitline than women, 24.7%. But more women have some college and technical school, 28.0%, called the Quitline compared to 28.0% of callers who are men. More callers with a college education were men, 14.2%, than women,

11.3%, and the same of for callers with a graduate degree. It is of interest to note that 20.7% of men refused to answer compared to 13.7% of women.

Department of Health or County Health Employees

Employees of the DOH and County Health Offices called into the Quitline in relatively small numbers between July 2005 and April 2006, with 17 Department of Health employees calling, and 35 County Health employees calling, for a total of 52.

Table 10 shows the regions of Florida from which the health employees called. While there were callers from all parts of the state, the largest proportion, 34.6% (n=18), were from Tampa Bay, followed by 17.3% of calls from the Panhandle (n=624). Almost half, or 46.2% of DOH employees called to quit smoking and another 46.2% called for Other reasons, generally for information (55.8%). About one third of DOH employees (32.7%) requested counseling, and only 7.7% asked for self-help materials.

Table 10. Department of Health and County Health Employees Calling the Florida Quitline, by Region in Florida

| Region | Department of Health Employee | County Health Employee | Total Health Employees | No | Missing | Total |
|--------------------|-------------------------------|------------------------|------------------------|-------|---------|-------|
| Panhandle | 2 | 7 | 9 | 571 | 44 | 624 |
| Northeast | 3 | 3 | 6 | 301 | 26 | 333 |
| North Central | 3 | 2 | 5 | 727 | 58 | 790 |
| Tampa Bay | 5 | 13 | 18 | 816 | 59 | 893 |
| South Central | 1 | 5 | 6 | 464 | 34 | 504 |
| Palm Beach/Broward | 1 | 2 | 3 | 523 | 38 | 564 |
| Dade/Monroe | 2 | 3 | 5 | 453 | 29 | 487 |
| Missing | | | 0 | 16 | 3 | 19 |
| Total | 17 | 35 | 52 | 3,871 | 291 | 4,214 |

At-Risk Target Populations

Pregnant Callers

About 40% more pregnant women called the Quitline between July 2005 and April 2006 (n=95) than called during the same months in 2004-2005, a year earlier (n=67). All but five of the of the pregnant women called to seek help in quitting smoking, and those five had already quit smoking. Almost all of them asked for counseling (87.4%). Fewer than half of the pregnant women who called the Quitline had children under 18 in the household (44.2%) who were at risk of second-hand smoke. This at-risk population will be examined in the following section.

Table 11. Pregnant Callers to the Florida Quitline with Children Under 18 in the Household, July 2005 to April 2006

| Month of Call | Total Pregnant Women | Pregnant Callers with Children Under 18 in Household | Average Number of Children in Household of Pregnant Caller | Pregnant Callers with No Children Under 18 in Household |
|------------------|----------------------|--|--|---|
| July 2005 | 14 | 6 | 1.7 | 8 |
| August 2005 | 10 | 3 | 1.7 | 7 |
| September 2005 | 12 | 5 | 1.2 | 7 |
| October 2005 | 10 | 4 | 1.8 | 6 |
| November 2005 | 9 | 2 | 1.5 | 4 |
| December 2005 | 6 | 5 | 1.6 | 1 |
| January 2006 | 13 | 4 | 2.3 | 9 |
| February 2006 | 5 | 4 | 2.8 | 1 |
| March 2006 | 5 | 3 | 1.0 | 2 |
| April 2006 | 11 | 6 | 1.3 | 5 |
| Total | 95 | 42 | 1.7 | 50 |
| Percent of Total | 100.0% | 44.2% | | 52.6% |

Children and Adults at Risk of Exposure to Environmental Tobacco Smoke

One of the major at-risk target populations for the Florida Quitline is children who risk exposure to environmental tobacco smoke (ETS). Table 12 shows those smokers who have children under 18 in the household and estimates the total children at risk of second hand smoke. Among the Quitline callers who smoke, about one in five had children under 18 in the household (N=953, 22.6% of all smokers). Of the non-smokers who called with children under 18, 41 lived with a smoker, so these children are also at risk of second-hand smoke.

The total number of smoking households with children under 18 comes to 994. The average number of children in the smoking households was 1.8 per household. If the 994 households with one or more smokers is multiplied by 1.8, there are an estimated 1,834 children at risk of second-hand smoke. This population of children is also the most likely to be spared some of the risk of second-hand smoke, compared to other children in smoking households, because one parent has demonstrated a desire and willingness to quit smoking.

Another determinant of risk is if another adult in the household smokes, so that children under 18 run a higher risk of second-hand smoke because more than one person smokes in the household. Table 12 breaks down households with children under 18 and those with more than one smoker. The children with the greatest risk of ETS live with the 408 callers who smoke and who live with a smoker, as shown in the first column. This doubles the risk of second-hand smoke for the approximately 853 children under 18 living in them.

Table 12. Comparison of Smokers and Non-Smokers with Children Under 18 In the Household, Who Live with a Smoker

| Do You Live With a Smoker? | Smoker with Children Under 18 | Non-Smoker with Children Under 18) | Households with Children at Risk of Second Hand Smoke | Average Number of Children in Household | Total Children At Risk (Est'd.) |
|-------------------------------|-------------------------------|------------------------------------|---|---|---------------------------------|
| Yes, Live with a Smoker | 408 | 41 | 449 | 1.9 | 853 |
| No, Do Not Live with a Smoker | 545 | | 545 | 1.8 | 981 |
| Total | 953 | 41 | 994 | 1.8 | 1,834 |
| Percentage | 22.6% | 1.0% | 23.6% | | |

One final measure of risk of second-hand smoke is whether smoking is allowed in the household. Children under 18 who live in households where smoking is allowed are at higher risk of ETS than those households where smoking is not allowed in the house. Table 12 shows that among Quitline callers, there were 994 households with one or more smokers; however, 68.1% of these households (n=677) do not permit smoking in the house, as shown in Table 13. Of the estimated 1,834 children under 18 living with smokers, 66.4% of the children (n=1,219) live in a household that does not allow smoking inside the house.

Table 13. Comparison of Smoking Rules in Households with Children Under 18, and One or More Smokers in the Household

| Smoking Rules in the Household | Smoker, Living With Smoker | Smoker, Not Living With a Smoker | Non-Smoker Living with Smoker | Total | Children Under 18 at Greater Risk of ETS |
|---|----------------------------|----------------------------------|-------------------------------|-------|--|
| Smoking is not allowed anywhere inside your home | 243 | 409 | 25 | 677 | 1,219 |
| Smoking is allowed in some areas or at some times | 71 | 66 | 5 | 142 | 256 |
| Smoking is allowed anywhere inside the home | 48 | 31 | 1 | 80 | 144 |
| There are no rules about smoking inside the home | 44 | 38 | 3 | 85 | 153 |
| Refused to answer | 2 | 1 | | 3 | 5 |
| Total Households with ETS | 165 | 136 | 9 | 310 | 558 |

Another 310 households do permit smoking in the household, with a total of 558 children under 18 at a higher risk for environmental tobacco smoke. Of this group there are an estimated 166 children living in 92 homes with two smokers, who allow smoking anywhere in the house.

These children have their risk of second hand smoke intensified because the added frequency of a second smoker increases their chances of being exposed to ETS over what they would encounter with just one smoker. In the homes with two smokers who allow smoking anywhere, the children not only encounter more second-hand smoke, but they are still at high risk even if the person who called the Quitline is successful in quitting smoking. All of the children in homes with more than one smoker remain at risk of second-hand smoke until all smokers quit smoking.

How Callers Heard About the Florida Quitline

The measure used to determine how callers became aware of the Florida Quitline is a question in the intake survey that asks them how they heard about the Quitline telephone number. There are 24 possible responses plus an Other category, which are listed in Table 14 along with the frequency of responses for the ten months of the Quitline sample. To simplify the analysis, similar modes of communication are grouped together; for example, radio, TV and the Internet are grouped as Electronic Media, and so forth. These groupings are also listed in Table 14, along with the frequency of responses for each aggregated communication type.

The way people heard about the Florida Quitline is affected by the types of communication campaigns the DOH can afford to run. During May and June, 2005, the DOH ran smoking cessation media campaign in over 40 counties in Florida. While these two months fall just before the time period under consideration, spillover effects could still be in play in motivating callers. The Great American Smokeout in November apparently motivates smokers to call the Quitline, perhaps intensified in 2005 by the death from lung cancer of ABC news anchor Peter Jennings, a long time cigarette smoker.

The DOH initiated a media campaign in April 2006 to run through June 2006, which included Spanish language radio advertising in Miami, Orlando and Tampa. The results of these ads show up in the April 2006 figures and will be discussed below. However, since the American Cancer Society changed its data reporting format in November 2005, problems with reporting the data have persisted, one outcome being Hispanic callers are under-reported in April 2006, so the number of Hispanic callers can only be inferred.

Looking at the response frequencies in the communication methods column of Table 14, the majority of clients calling the Quitline, 38.7%, cite the electronic media as their primary source of information about the Quitline (n=1,629). Over a third of Quitline callers who mention the electronic media, 36.3%, cite radio ads as a source of information (n=592). This is significant because the DOH launched a Spanish language radio campaign in April 2006, and almost three quarters of radio ad citations, 74.3%, come in April (n=440), half of them from the Miami-Dade region.

About a quarter of callers mentioning the electronic media, 25.8%, cite a television ad (n=420). Another 12.2% cite a television show (n=198) and 5.9% of callers, all of whom called in November 2005, mentioned an ABC News Broadcast(n=96). Total mentions for television come to 44.4% of all citations of the electronic media (n=724). The Internet or a website is cited, after television, 18.0% of the time as a source of information.

The second most mentioned information source for the Quitline came under the Other category, with 22.9% of all callers responding with a description (n=964). When a caller cites this category, he or she is prompted to describe the source, as these callers did. The Other category is a catch-all for responses that don't fall into the coding selections in the ACS intake survey. Unfortunately, the descriptions are as varied as the clients.

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Table 14. Comparison of Original Source of Information with Source Aggregated by Type of Communication, July 2005 to April 2006

| How Client Heard About the Quitline | Number of Callers | % Within Comm Method | % of All Callers | Source Within Comm Method | Number of Callers | % of All Callers |
|-------------------------------------|-------------------|----------------------|------------------|---------------------------|-------------------|------------------|
| Cigarette Pack (on/inside) | 307 | 55.9% | 7.3% | Print Media | 549 | 13.0% |
| Newspaper ad | 73 | 13.3% | 1.7% | | | |
| Newspaper story | 72 | 13.1% | 1.7% | | | |
| Flyer from work | 54 | 9.8% | 1.3% | | | |
| Flyer (school/community) | 42 | 7.7% | 1.0% | | | |
| Grocery Receipt | 1 | 0.2% | 0.0% | | | |
| Radio Ad | 592 | 36.3% | 14.0% | Electronic Media | 1,629 | 38.7% |
| TV ad | 420 | 25.8% | 10.0% | | | |
| Internet/Website | 293 | 18.0% | 7.0% | | | |
| TV news story | 198 | 12.2% | 4.7% | | | |
| ABC Evening News Broadcast | 96 | 5.9% | 2.3% | | | |
| Good Morning America Show | 10 | 0.6% | 0.2% | | | |
| NCI - 800-Quit-Now | 10 | 0.6% | 0.2% | | | |
| ABC News Website | 6 | 0.4% | 0.1% | | | |
| Radio News Story | 4 | 0.2% | 0.1% | | | |
| Doctor/Healthcare Provider | 339 | 47.3% | 8.0% | | | |
| County Health Department | 116 | 16.2% | 2.8% | | | |
| Other health care provider | 108 | 15.1% | 2.6% | | | |
| ACS Office | 105 | 14.7% | 2.5% | | | |
| Nurse | 27 | 3.8% | 0.6% | | | |
| Dentist | 11 | 1.5% | 0.3% | | | |
| Pharmacist | 5 | 0.7% | 0.1% | | | |
| Transferred from NCIC | 5 | 0.7% | 0.1% | | | |
| Family/Friend | 279 | 100.0% | 6.6% | Inter-personal Comms | 279 | 6.6% |
| Other | 964 | 100 | 22.9% | Other | 964 | 22.9% |
| Missing | 77 | 100 | 1.8% | Missing | 77 | 1.8% |
| Total | 4,214 | | 100.0% | Total | 4,214 | 100.0% |

For example, in the top twelve citations for all of July 2005 to April 2006, as shown in Table 15, the telephone book is cited 81 times, but in three different ways. Another example is the reference to Phillip Morris and its Quit Assist program to help people quit smoking. IN this table it is mentioned 52 times in these two variations, 15 other times in different ways, and from cigarette packages another 15 different ways. Callers cite ACS materials in print and on the web, the AARP, information on cigarette packs and from the Philip Morris website, magazine stories, flyers, Nicoderm boxes, various websites and posters in doctor's offices. There were numerous other citations of newspaper and magazine stories, interpersonal referrals and telephone numbers. One person mentioned chapstick containers, which was one publicity approach adopted by the DOH.

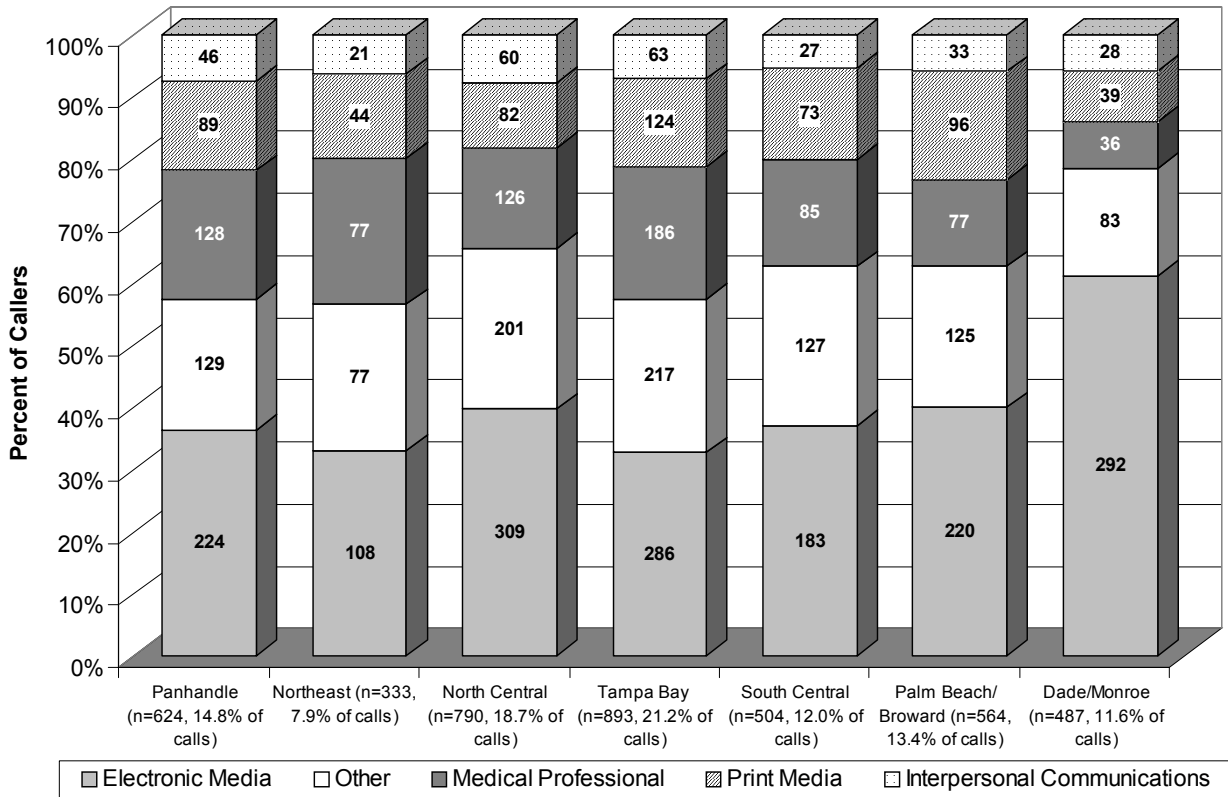
Table 15. Top Twelve Citations in Other Source of Information About the Quitline, as Entered, July 2005 to April 2006

| | Number of Citations | Percent of All Citations |
|---------------------------|---------------------|--------------------------|
| phone book | 57 | 1.35% |
| Quit Assist | 27 | 0.64% |
| Phillip Morris | 25 | 0.59% |
| Phonebook | 17 | 0.40% |
| medicare | 10 | 0.24% |
| American Lung association | 7 | 0.17% |
| Yellow pages | 6 | 0.14% |
| ACS brochure | 6 | 0.14% |
| Magazine | 6 | 0.14% |
| Insurance | 5 | 0.12% |
| hospital | 5 | 0.12% |
| brochure | 5 | 0.12% |

The next largest source of information came from medical professionals, 17.0% (n=716). Within this group, with 47.3% of all information came from doctors, followed by the county health departments and other health care provider. Since each of these information sources is a credible medical source, they should hopefully provide an added motivation for the Quitline client to quit smoking.

Print media account for 13.0% of all mentions, with cigarette packs being cited the most, at 55.9% of callers who mentioned print media (n=307). Newspaper ads and stories and finally flyers accounted for rest of the print sources of information about the Quitline. Interpersonal communication accounts for only 6.6% of clients who cite it as a source of information (n=279), all of whom cite family or friends as sources of information about the Quitline.

Figure 15. How Callers Heard About the Quitline Telephone Number by Percentage of Callers and by Region in Florida, July 2005 to April 2006

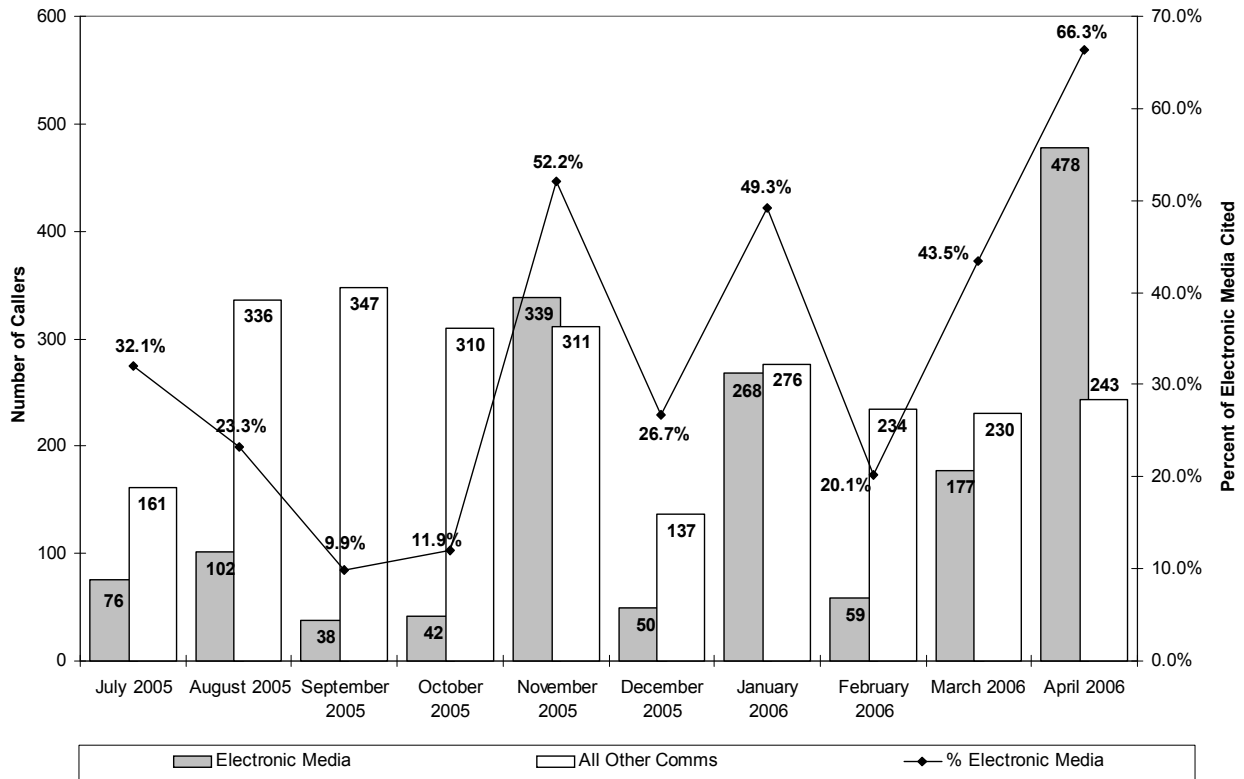


How people heard about the Quitline varied in different regions of the state. Figure 15 compares the proportion of information sources in the seven regions of the state. The ways that people heard about the Quitline are ranked in terms of frequency, with the largest number of callers in the Electronic Media category on the bottom of each column and Interpersonal Communications on the top. The Electronic Media category accounts for 30% to 40% of all mentions across six of the regions, from a low of 32.0% in Tampa Bay to 39.1% in the North Central Region, both areas in which smoking cessation radio ads were aired. The proportion of citations then climbs to 60% in Miami-Dade, where the Spanish language campaign was started in April 2006.

People mentioned Other sources of information equally consistently across the regions, in a band from a low of 17.0% mentions in Miami-Dade to high of 25.4% in the North Central Region. Mention of Medical Professionals falls varies more among the regions, with only 7.4% of mentions in Miami-Dade, to highs of 20.5% in the Panhandle and 20.8% in Tampa Bay. Mention of print media follow a similar pattern, with Miami-Dade again the lowest percentage at 7.4% of callers and Palm Beach/Broward with the highest proportion of citations, 17.0%

Two of the regions with the largest share of calls to the Quitline were Tampa Bay, at 21.2% of calls (n=893) and the North Central Region with 18.7% of calls (n=790). These two counties are followed by the Panhandle at 14.8%, the Palm Beach/Broward Region at 13.4%, and the South Central Region at 12.0% of calls.

Figure 16. Comparison of Electronic Media As a Source of Information about the Quitline Versus All Other Forms of Communication, July 2005 to April 2006



Since the Electronic Media take up the largest proportion of citations as a source of information about the Quitline, and because there were significant media events between July 2005 and April 2006, it is of interest to compare this communication method with all other forms of communication about the Quitline. Figure 15 compares references to electronic media with all other forms of communication between July 2005 and April 2006. Of immediate note is that the mentions of Electronic Media fluctuate through the year, hitting highs only three times, in November 2005 with 52.2% of mentions January 2006 with 49.3% and in April 2006, with 66.3% of all mentions. Callers citing the television in November 2005 contributed to the large percentage in that month, with the majority, 280, mentioning that medium. Callers noting radio account for most of the calls in April 2006, at 440 of mentions. In January 2006, 219 of the callers mention television ads as their source of information about the Quitline. The sudden increase in the number of Electronic Media citations in November 2005, January 2006 and April 2006 points to the efficacy of these media in getting across a message to listeners to call the Quitline.

III. Florida Quitline Quit Rate Report

When a person calls the Florida Quitline to quit smoking, ACS counselors contact the person at three and six months after the call to determine whether the Quitline client had successfully quit or reduced smoking. During the call, the ACS counselor asks the client a number of questions including: whether he or she had quit or reduced smoking, whether there are children in the household, smoking rules in the household, whether the client lives with a smoker, what medications the client may have used, whether the client received counseling or referral materials and finally a set of satisfaction questions regarding the Quitline and the client's counseling session. In this analysis, follow-up survey data come from Floridians who had called the Quitline between December 2001 and October 2005.

The number of callers included in the six-month evaluations are a percentage of the 11,558 Floridians who called the Quitline in that period. The six-month sample contains 2,641 respondents, which equals 22.8%% of all callers.

The first set of questions in the evaluation survey relate to smoking cessation. Among the initial survey questions, the Quitline counselor asks the client if he or she has stopped smoking for one or more days in the period following the call to the Quitline. Table 14 shows the frequency with which clients at six months answered. At six months, 65.8% (n=1,716) of respondents indicated they had reduced their tobacco consumption – they had stopped smoking for one or more days. If the answer is 'yes' to this first question, the counselor asks if the client has smoked in the past 48 hours. In this question, 25.8% of the respondents had not smoked in that period. Each of the respondents who answered 'yes' to this question were then asked if he or she had used tobacco at all during the time period of the evaluation.

Table 14. Success at Smoking Reduction at Six Month Follow-up Evaluations

| Question on Evaluation | Response to Evaluation Question | Six Month Follow-up | Percent of Six Month Sample |
|--|---------------------------------------|---------------------|-----------------------------|
| During the past 6 months, have you stopped smoking [or using tobacco] for one day or longer? | Yes, Stopped Smoking One or More Days | 1,716 | 65.0% |
| | No, Have Not Stopped Smoking | 925 | 35.0% |
| | Total in Sample | 2,641 | 100.0% |
| Have you used tobacco within the last 48 hours? | No, Have Not Smoked in Past 48 Hours | 682 | 25.8% |
| | Yes, Have Smoked in Past 48 Hours | 1,037 | 39.3% |
| | Total in Responding Sample | 1,719 | 65.1% |
| | Missing | 922 | 34.9% |
| | Total | 2,641 | 100.0% |

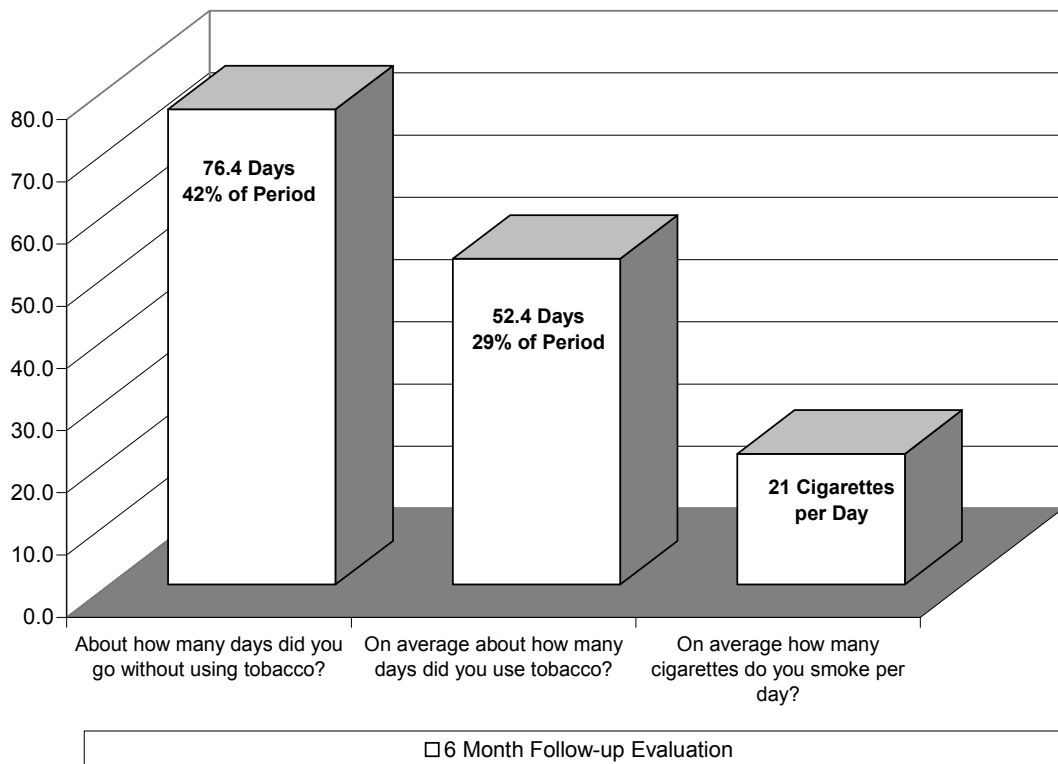
The number of respondents who answer 'no' to the question of having smoked in the prior six-month period is used to calculate the quit rate. The first quit rate reported is the 'Point Prevalence' quit rate for callers, which divides the number who answer 'no' by the number of respondents in the evaluation. In this sample of Quitline clients, the Point Prevalence quit rate is 18.9%, as shown in Table 15..

Table 15. Quit Rates at Six-Month Follow-up Evaluations

| Question on Evaluation | Response to Evaluation Question | Six Month Follow-up | Percent of Six Month Sample |
|-------------------------------|---------------------------------|---------------------|-----------------------------|
| Have you used tobacco at all? | No, Have Not Used Tobacco | 498 | 18.9% |
| | Yes, Used Tobacco | 183 | 6.9% |
| | Total in Sample | 681 | 25.8% |
| | Missing | 1,960 | 74.2% |
| | Total | 2,641 | 100.0% |

An alternative method of calculating the quit rate is generally a lower rate. The Intent to Quit rate makes the assumption that people not contacted for a follow-up evaluation have continued to smoke. The 'Intent to Quit' rate is calculated by dividing the number who answer 'no' by all Quitline callers during the base time period, in this instance 11,558 from December 2001 to October 2006. In this sample of Quitline clients, the Intent to Quit rate is 4.3%.

Figure 17. Average Days Without Smoking, Average Days Smoking and Cigarettes Smoked per Day at Six Month Follow-up Evaluations



Respondents are asked several questions on their smoking habits and their attempts to quit during the follow-up evaluations. The first question asks the number of days the person has gone without using tobacco. This is a self-estimate, and it serves as an indicator of the how seriously the respondent tried to quit. It also estimates one level of smoking reduction. The average number of days without smoking for these respondents is 76.4 days, as shown in Figure 17. This amounts to 42% of the six month period of 180 days.

A second question asks respondents how many days they smoked in the six month period. The average number of days smoking is 52.4, or 29.1% of the period. That the sample quit smoking for about twenty days more than they smoked is a good indicator of smoking reduction. A third question asks how many cigarettes the respondent smokes a day. Respondents who have not quit smoking consume an average of 21 cigarettes a day, or just over a pack.

Table 16. Respondents Whose Medications Were Covered by Their Health Plan, Compared to Those Who Used Medications to Quit Smoking

| | | Did your health plan cover the medications to help you quit smoking? | | | | | | | |
|--------------------------------|---------|--|-------|-----|-------|----------------|---------|-------|------------|
| Six Month Follow-up Evaluation | | Yes | % | No | % | No Health Plan | Missing | Total | % of Total |
| | | Did you take any medications to help you quit smoking? | Yes | 279 | 23.1% | 787 | 65.3% | 30 | 110 |
| | No | 82 | 5.8% | 182 | 12.9% | 89 | 1060 | 1,413 | 53.5% |
| | Missing | 0 | 0.0% | 5 | 22.7% | 0 | 17 | 22 | 0.8% |
| | Total | 361 | 13.7% | 974 | 36.9% | 119 | 1187 | 2,641 | 100.0% |

During the six month follow-up evaluation, respondents are asked whether they took medications to quit smoking. Table 16 compares respondents who had health plans that covered medications and those who used medications. From the table is plain that a minority of respondents, 13.7%, had health plan coverage for medications to help quit smoking (n=361). The majority had no health plan coverage, and 4.5% had no health plan coverage at all. It seems clear that health plan coverage is an important inducement to use nicotine replacement therapy (NRT). Because 77.3% of the respondents with health insurance (n=279) used medications. On the other hand, 74.7% of respondents who were not covered by their health plans or had no insurance (n=817) used NRT to help them quit smoking. This high percentage appears to indicate the perceived efficacy of using medications to quit smoking. Overall, 45.7% of all respondents used medications to help them quit smoking (n=1,206).

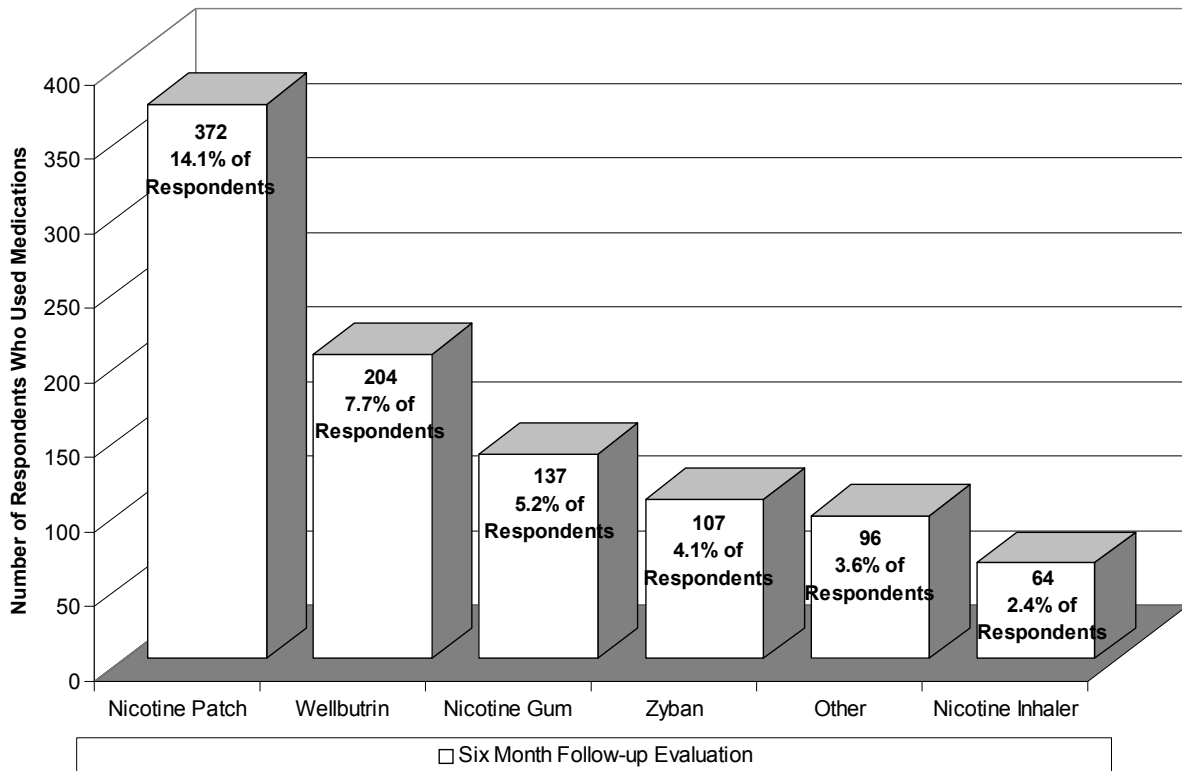
When the use of medications is compared to quit rates, the results show a fairly even split, as shown in Table 17. Six months after counseling, 47.0% of respondents who had not used tobacco also used medications (n=234) while 51.4% of those who quit smoking did not use medications (n=256). A similar finding holds true with those who did not quit smoking, with 53.0% using medications (n=97) and 47.0% not using medications (n=86). From the data it would appear that an equal number of people quit smoking using medications as do quit without any medication.

Table 17. Respondents Who Quit Smoking Compared to Those Who Used Medications to Quit Smoking

| | | Have you used tobacco at all? | | | | | |
|--|---------|-------------------------------|--------|-----|--------|---------|-------|
| | | Yes | % Yes | No | % No | Missing | Total |
| Did you take any medications to help you stop smoking? | Yes | 97 | 53.0% | 234 | 47.0% | 875 | 1,206 |
| | No | 86 | 47.0% | 256 | 51.4% | 1,071 | 1,413 |
| | Missing | 0 | 0.0% | 8 | 1.6% | 14 | 22 |
| | Total | 183 | 100.0% | 498 | 100.0% | 1,960 | 2,641 |

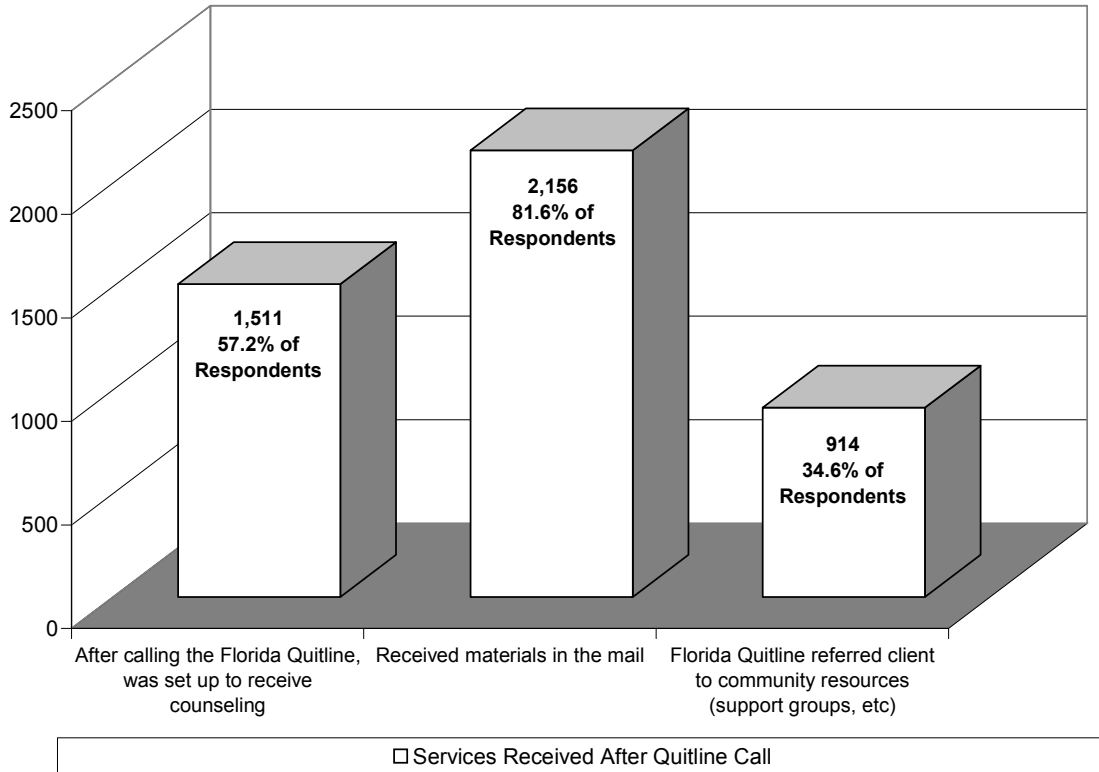
The most-used NRT for respondents was the nicotine patch, with 14.1% of respondents using this method (n=372), as shown in Figure 17. The second most widely used medication was Wellbutrin, with 7.7% of the respondents using this medication (n=204). Nicotine gum is the third most popular medication at 5.2% of respondents followed by Zyban with 4.1% of respondents.

Figure 18. Comparison of Medications Taken to Quit Smoking for Six-Month Follow-up Evaluations



Clients calling the Quitline also received other services as shown in Figure 19. Among the respondents, 57.2% remember being set up to receive counseling after their call to the Quitline (n=1,511). This percentage is significantly lower than the target or 90% for the Quitline. A larger proportion of clients received materials in the mail, 81.6% (n=2,156). A smaller number of clients received referrals to community resources, only 34.6% of respondents. (n=914).

Figure 19. Number and Percentage of Quitline Clients Receiving Quitline Services



At the end of the follow-up evaluations, respondents are asked to rate their satisfaction with the Florida Quitline along a number of dimensions. The ratings use a ten point scale, with 10 being 'very' and 1 being 'not at all' for each dimension. The prompt is generally: "On a scale from 1 to 10, where "1" represents "did not meet expectations," and "10" represents "exceeded expectations", overall, how would you say:..." A summary of the satisfaction ratings is given in Figure 20.

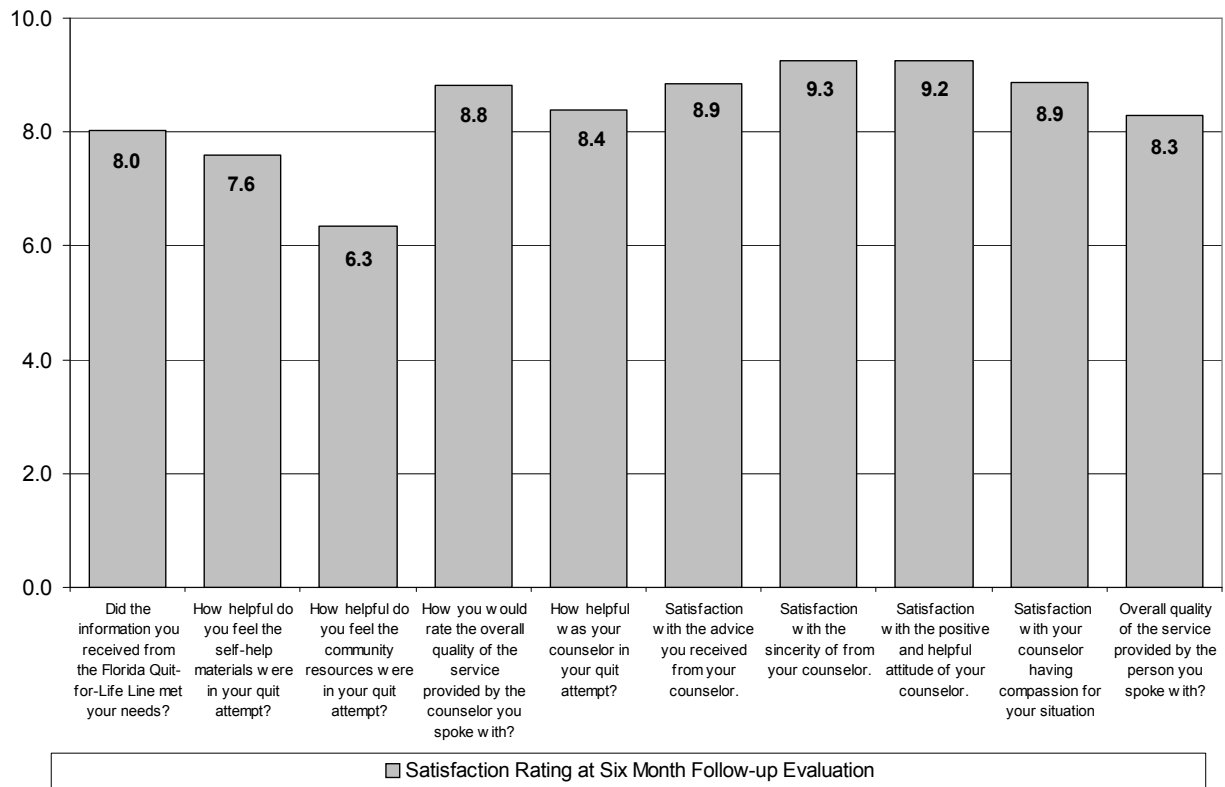
Looking across all ten dimensions, it is of interest to note that the satisfaction ratings for the respondents are generally good, with seven out of ten above 8.0. The highest satisfaction rating is a 9.3 rating for the sincerity of the counselor. This rating is closely followed by a 9.2 score for "Satisfaction with the positive and helpful attitude of your counselor." This is followed by an 8.9 rating for the satisfaction with one's counselor's and for the counselor's compassion for the client. Just below these two is an 8.8 rating for overall quality of service offered by the counselor. Respondents rated counselors at only 8.4 for their helpfulness in the quit attempt, and less, 8.3, for the perceived overall quality received from the counselor.

A few ratings fall below 8.0. The rating of the information received from the Quitline was given only an 8.0, which is still good, but not as high a rating as others. Next, with a 7.6 rating, is

how helpful the self-help materials were in the quit attempt. The difference between the rating on self-help materials and talking directly with a counselor may indicate the efficacy of interpersonal communication over printed materials for helping with the quit attempt. The lowest rating given any of the dimensions is a 6.3 rating for the helpfulness of the community resources provided to help quit smoking. This dimension is out of the control of the ACS.

In general, most clients were satisfied with the Florida Quitline. The greatest satisfaction rating is given to the smoking cessation counselors, who appear quite successful in all of their attributes of helpfulness, sincerity and so on.

Figure 20. Satisfaction Ratings of Quitline Services At Three and Six Months After Calling the Florida Quitline



IV. Assessment of the Florida Quitline, July 2005 to April 2006

This section assesses the effectiveness of the Florida Quit-for-Life Line in two areas. The first assessment deals with how well the Florida Quitline achieved its program goals, as interpreted from the Department's contract with the American Cancer Society. A second assessment deals with the Quitline data collection procedures and processes. Both program goal and data are closely related. The program goals provide guidelines for prioritizing and collecting data, but unless the data are available and accurate, there is no way to know if the program is meeting its goals.

How Effectively Did the Florida Quitline Meet the Goals of The Program?

The Department's 2005-2006 Quit-for-Life Line contract with the American Cancer Society states: "The Department's major goals in creating a statewide tobacco use cessation telephone counseling service are to reduce the prevalence of tobacco use in Florida and to reduce exposure to environmental tobacco smoke ("second-hand smoke") among all people who reside in Florida, especially children and youth." The ACS is asked to demonstrate success in six areas:

Goal 1: Establishing a statewide telephone Quit-for-Life Line for tobacco users in Florida.

Goal 2: Maximizing the use of the Quit-for-Life Line throughout the contract period.

Goal 3: Sustained abstinence from tobacco use among tobacco users in Florida who use the Quit-For-Life Line.

Goal 4: Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-For-Life Line.

Goal 5: Decreased exposure to environmental tobacco smoke among callers and members of their household.

Goal 6: Decreased prevalence of tobacco use among target populations.

In the following section each of these goals will be discussed in light of the data from the Quitline intake surveys. Some of the goals cannot be assessed due to a lack of data. In general the American Cancer Society staff have been successful providing Quitline services during the fiscal year 2004-2005. The target number of people who called the Florida Quitline in this period matched the targeted populations, though to a greater and lesser extent depending on age, gender and race/ethnicity. More people called the Quitline in 2005-2006, 4,214, than in any previous year, and more called than was budgeted in this time period.

Goal 1: Establishing a statewide telephone Quit-for-Life Line for tobacco users in Florida

The Florida Quitline is now well-established as a smoking cessation counseling and referral hot-line. The ACS program staff are available during periods of operation. The results of the calls are recorded accurately and summary data reports on the calls are distributed in a timely fashion. Florida residents call the Quitline from all regions of the state, evidence of statewide availability, though some regions of the state contribute more callers than other regions. People of all ages call the Quitline, with more middle-aged people calling. The goal of establishing a Quitline as a public utility appears to be successful.

Goal 2: Maximizing the use of the Quit-for-Life Line throughout the contract period

The 2005-2006 ACS contract with the Department of Health required the ACS to answer calls to the Quitline from at least 4,000 Florida residents, and to offer referral and counseling services to at least 95% of these callers. The budget for the Florida Quitline during the 2005-2006 fiscal year was somewhat greater than previous year, at \$180,000. This increase in the number of people who can call the Florida Quitline is a positive step toward maximizing the number of smokers who receive counseling from the Quitline..

The story of calls to the Quitline between July 2005 and April 2006 show that smokers call the Quitline when there is information about the service in the mass media, or when they are instructed by their doctors. There were 4,214 calls from Florida residents in this time period, more than anticipated for the entire fiscal year. The average number of callers per month in this period is 421, clearly an increase over the 275 callers per month in the year before.

From July 2004 to May 2005, 3,027 people called the Florida Quitline, at an average of 275 a month. The 4,214 calls in the July 2005 to April 2006 period demonstrate a 37.2% increase over the number calling the Quitline in 2004-2005, one month shy of the being a complete comparison. The average number of Quitline calls increased by 53.1% from the prior year. The Quitline call rate for smokers in Florida rose to .089%, an increase from the previous year's call rate of 0.054%.

Between July 2005 and April 2006, 1,907 smokers requested counseling services to help them quit tobacco use; this represents 91.8% of all smokers who called the Quitline, on target with the Quitline goals,. This proportion of callers requesting counseling suggests a good level of service being offered to Floridians calling the Quitline.

The DOH successfully submitted a proposal to the Centers for Disease Control (CDC) in 2005 for a \$225,000 grant to conduct a media campaign in specific counties of the state. The proposal was accepted and was funded. The advertising campaign took place from April to June in 2006. Only April 2006 is covered in this evaluation. In this month, 721 people contacted the Quitline, almost twice the average number of people calling the Quitline in previous months. The percentage of callers indicating they had heard about the Quitline over the electronic media rose to 66.3% in April, a dramatic increase over previous months. From all evidence, the DOH communication campaign was successful in motivating people to call the Florida Quitline.

In sum, the Florida Quitline was maximized to a greater extent during the 2005-2006 contract period than in previous years. However, a 0.089% call rate is still too low for a fully functional state Quitline.

Goal 3: Sustained abstinence from tobacco use among tobacco users in Florida who use the Quit-For-Life Line

Data from follow-up evaluation calls at six months, for clients who called the Quitline between December 2001 and October 2005, indicate an 18.9% point prevalence quit rate among Floridians who called the Quitline. This is a slight increase over the 18.3% quit rate reported in the 2004-2005 Quitline evaluation, so this goal is met.

Goal 4: Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-For-Life Line

Data from follow-up evaluation calls at six months, for clients who called the Quitline between December 2001 and October 2005, indicate that that 65.0% of callers reduced their

tobacco consumption after calling the Florida Quitline. This is a slight increase over the 63.3% reported in the 2004-2005 Quitline evaluation, so this goal is met.

Goal 5: Decreased exposure to environmental tobacco smoke among callers and members of their household

No data were reported on children under 18 when the six month follow-up evaluation dataset was updated, so there is no analysis of second hand smoke and children in this year's evaluation.

Data from the Quit Rate report for smokers who called between December 2001 and April 2004 show that at three months, 72.8% (n=115) of people with children had quit smoking, which reduces the risk for an estimated 207 children, or 16.4% of all children at risk among the three-month group. In the six-month group, a larger percentage, 79.8% (n=91), report quitting during the period, which reduces the risk for an estimated 164 children, or 17.9% of all children. These data demonstrated that one outcome of calling the Florida Quitline is a reduction of second-hand smoke for about one out of five children in smoking households.

Goal 6: Decreased prevalence of tobacco use among target populations

Data to test the success of this goal will have come from health surveys like the BRFSS, the Florida Adult Tobacco Survey and the Florida Youth Tobacco Survey. Given the relatively small number of people that the Quitline has serviced in the past years, the impact on population prevalence will be low to nonexistent.

How Well the Quitline Data Met Program Needs

When the DOH contracted with the American Cancer Society for the Florida Quit-for-Life Line, a set of required service tasks were included in the contract. Many of service tasks generate information about the Quitline and its services or provide summaries of Quitline activities. The service tasks relevant to the data needs of the evaluation are listed below with a short assessment of how well the ACS performed its data reporting requirements, from the evaluator's perspective. In a number of cases important information about the Quitline was missing or not reported, which proved to be a hindrance to the Quitline evaluation.

Contractual Service Tasks for ACS Reporting of Quitline Data

- *The Provider will deliver telephone-based intake and referral, and self-help materials as core services.*

ACS has done an excellent job of delivering these services to Florida residents who have called the Quit-for-Life Line. The ACS staff completed intake interviews with 100% of the Floridians who called the Quitline. ACS received 651 (26.5% of callers) requests for referral and self-help materials. ACS did not provide any data on self-help materials mailed out, or the total number of referrals that were not requested.

- *The Provider will provide pro-active telephone-based counseling (fiver 50 minute sessions) to callers referred for counseling services.*

The ACS staff received requests for counseling from 49.3% of callers (n=2,078). Data on counseling sessions submitted by the ACS to the evaluator are not available in this evaluation.

- *The Provider will provide pharmacotherapy assistance (coupons or the opportunity for discounts) to all adult counseling clients if appropriate as indicated in intake.*

No information on coupons sent by the ACS to callers was submitted to the evaluator.

- *The Provider will consult the Quitline evaluation contractor in the design of the program and program evaluation.*

The ACS did not consult with the current evaluator concerning program evaluation, but is responsive to requests for information and data.

- *The Provider will submit monthly activity reports and quarterly evaluation reports according to the evaluator's design and requirements. In addition, a download of all Quitline data will be sent to the department in a format compatible with department requirements, on a monthly basis and at the completion of the final three, six and twelve month follow-up calls.*

The ACS is expected to submit monthly activity reports and Quitline datasets to the evaluator and the DOH contract manager by the 15th of each month. The datasets and activity reports should include a list of topics, which cover the following data:

- Number of calls by county;
- Number of calls by stage of readiness to quit/disposition;
- Number of calls by age group (under 18, 18-29, 30-44, 45-64, 65 and over) by county;
- Other caller demographics, including sex, race, education level, marital status and ethnicity;
- Number of calls from Department of Health or County Health Department employees;
- Number of referrals made by county;
- Number of follow-up calls made by counseling staff;
- Time of day for all calls, including calls that are sent to voice mail;
- How callers heard about the hotline;
- Type of caller (client, relative, friend, etc.);
- Number of callers who were pregnant or thought they were;
- Number of callers who refuse to answer;
- Number of callers who are "warm transferred" to another service due to age of caller, lack of contract funds or other reasons;
- Number of callers who have "children under 18 living in the home;"
- Frequencies of number of children under 18 in household;
- Frequencies for "rules about smoking in the home;"
- Other information required by the evaluator and agreed to by all parties.

The ACS staff sent in monthly reports to the evaluator and DOH staff in a timely manner, with many, but not all of the data points listed above. The ACS reported on the following data elements in a monthly report: Note that there are summaries of data reported that go beyond the minimum requested, and provide some good information about the Quitline. However, other data fields are not reported at all, for example smoking rules in the household.

Number of Calls by Gender of Caller

Average Age by Gender of Caller
Frequency of Calls by Age Group of Caller
Number of Calls by Education Level of Caller
Number of Calls by Marital Status of Caller
Number of Calls by Race/ethnicity of Caller
Do you have Children Under 18 in the home?
Number of Children in the Home under 18
Number of Calls by How Called Heard About Quitline
Number of Calls by Type of Service Requested
Average Number of Cigarettes Smoked per Day
Average Number of Previous Quit Attempts
How Long Have You Been Smoking
Number of quit attempts during the past 12 months
Stage of Change
Florida - Daily Call Volume w/ Chart
Florida - Call Volume by County
Florida - How Heard - Other Responses

The ACS sent datasets from the intake survey to the evaluator generally in a timely manner each month. However, during the fall of 2003, the ACS changed its database to a Siebel server, and there was a disruption of data reporting for about three months. When the new datasets arrived the data were included in one file which facilitated updating. However, several fields were missing, requiring the evaluator to request their addition to the reported data. Some data remains missing from the mid-year changeover.

There was no information provided to the evaluator on the following data elements:

- Number of referrals made by county
- Number of follow-up calls made by counseling staff;
- Time of day for all calls, including calls that are sent to voice mail;
- Type of caller (client, relative, friend, etc.);
- Number of callers who refuse to answer;
- Number of callers who are “warm transferred” to another service due to age of caller, lack of contract funds or other reasons;

None of the quarterly evaluation reports called for as a service task were submitted to the evaluator. The evaluator requested the three-month and six-month follow-up evaluation data and received records for callers from December 2001 to April 2004, when the database server was updated, and a new database format initiated.

- *The Provider will provide any updated copies (electronic if possible) of the following to the contract manager:*
 - (a) *print screens*
 - (b) *data dictionary*

- (c) National Cancer Information Center (NCIC) procedures*
- (d) telephone counseling training materials*
- (e) community resource directory (CRD) that will be used for referral to local services*
- (f) all materials that will be included in the self-help materials package*
- (g) intake form and follow-up form (Florida-specific forms that will be modified to meet the State of Florida's needs, and subject to approval by the contract manager prior to quitline telephone intake or counseling services being provided)*
- (h) Written description of all program platforms and database languages that the provider uses or will use in performance of this contract.*

The contract between the DOH and ACS states that the ACS will share information about its Quitline activities noted above with the DOH project manager. The evaluator traveled to the ACS facility in Austin, Texas, in June 2004 for a tour of the facility, discussion with intake specialists and counselors, a presentation of calling protocols for the three and six month follow-up evaluations, and discussions of data reporting. ACS supplied data coding sheets and copies of the intake form, counseling protocols and follow-up evaluation forms. These are included in the appendices.

Data Required for Evaluation

The data sent in the monthly intake survey datasets were sufficient to generate good picture of the calls from target populations to the Quitline. However, all of the data required for a thorough evaluation need to be sent, as indicated above. Several of the intake survey fields should be reported regularly as well as the follow-up evaluation and counseling data.

The ACS did send information on all of the counseling sessions conducted with clients and the three, six and twelve month follow-up evaluations as required by contract. Data on the number of coupons sent and community referrals actually made could be included. There could be an additional "services" file that can be linked to the intake survey and the follow-up evaluations. This information would be very useful in understanding the process by which the Quitline counselors help people to quit smoking or reduce the amount they smoke. This information should be included with each monthly report.

The ACS staff are responsible for collecting and submitting all materials used in the Quitline to the evaluator. In general the data supplied were accurate. Follow-up evaluation data and counseling data should be sent on a regular basis.

Quitline Protocols for Intake Survey

The Quitline Protocols for Intake Survey are well thought out and sufficient for the information needed to determine the caller's demographic status, smoking behaviors and interest in services. A major problem from an analysis perspective, is the high number of missing records in the dataset.

Quitline Protocols for Six Month Evaluations

The six-month follow-up evaluation protocol consists of a long form to generate the maximum amount of information possible. The six-month protocol is available in Appendix D.

Summary

Overall, the ACS provided excellent intake and counseling services to Florida callers to the Quitline. More callers were accepted than were contracted for several months before the end of the contract. Caller satisfaction with the Quitline services as a whole, was 8.4 points on a 10-point scale, averaged across ten satisfaction dimensions. Data on caller satisfaction is provided in the Quit Rate Report.

The data reports and datasets submitted by the ACS were in general excellent. The submission of counseling data in the Spring of 2006 will be of benefit once it is analyzed. As specified in the ACS contract, staff provide data on these services in a timely manner. Follow-up evaluation data should be provided on a biennial basis.

V. Recommendations to Improve the Effectiveness of the Quit-for-Life Line Program and the Program Evaluation

Recommendations to Improve the Quitline Program for Upcoming Year, 2005-2006

1. The Florida Quitline should continue to target a greater number of smokers in Florida and motivate them to call. With the call rate increasing to 0.089%, based on 3,175 smokers calling the Quitline, the service is headed in the right direction. The target for this call rate should be 0.1%, and should provide counseling services for 90% of the smokers.
2. The Florida Quitline should continue to seek funding for smoking cessation communication campaigns. The dramatic increase in calls to the Quitline following one month of smoking cessation advertising in April 2006, indicates the importance of media presence in motivating smokers to call the Quitline.
 - 2.1. The media campaign should target specific Florida regions based on the reports of differential call rates. For example the South Central Region has the lowest call rate of all Florida's regions, and should be targeted with a media campaign.
 - 2.2. The media campaign should target minority race/ethnic groups to increase their participation in Quitline services. For example, smokers from Miami-Dade called the Quitline at much higher rates following the advertising campaign there in April 2006. These targeted ads should be continued.
 - 2.3. The media campaign should focus specific target groups, as it did in June 2005. Target populations could include pregnant women with children under 18 in the household, or young people between 18 and 29, who call the Quitline the least.
3. The Florida Quit-for-Life Line should continue working with smoking-cessation groups and medical professionals to increase awareness of the Quitline services, and to increase referrals from the medical community.
 - 3.1. The Florida Quit-for-Life Line should continue working with health maintenance organizations and insurance companies to generate awareness of Quitline services in these organizations and among their clients.
4. The Florida Quit-for-Life Line should continue cooperating with North American Quitline Consortium to share Quitline data from other states using the minimum data set. The benefit of this action is that Florida's Quitline outcomes can be compared with the figures nation-wide, and thus can gauge its successfulness from a wider perspective.

Recommendations to Improve the Quitline Evaluation for Upcoming Year, 2006-2007

5. The evaluator should continue to work closely with the American Cancer Society to create more efficient reporting of all Quitline data.

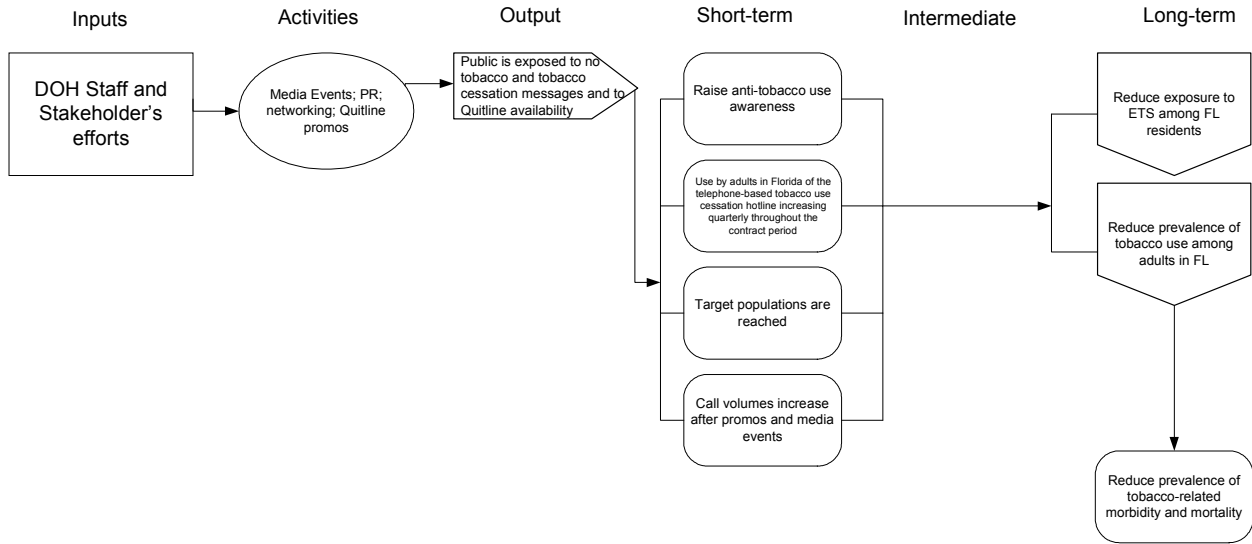
2006 Quit-for-Life Line Evaluation Report

- 5.1. The ACS monthly data reporting of the intake survey data, containing all relevant data fields should continue to be delivered timely for inclusion in the evaluator's dataset and monthly report.
 - 5.2. Follow-up evaluations at six months should be reported biennially.
 - 5.3. Quitline counseling and referral services should be summarized for each client and reported biennially.
6. The evaluator should continue to provide monthly report updates to the Quitline contract manager at the DOH and interested staff.
- 6.1. The evaluator should submit monthly reports to the DOH project manager and interested parties at DOH and in county health departments around the state.

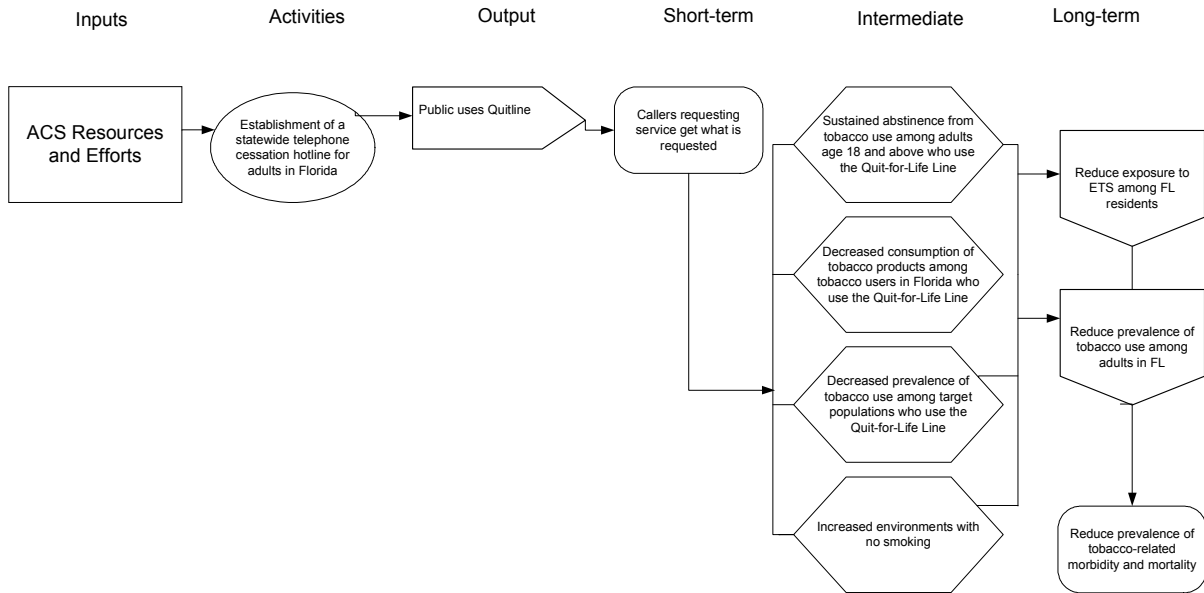
Appendix A
Evaluation Logic Models

Evaluation Logic Models

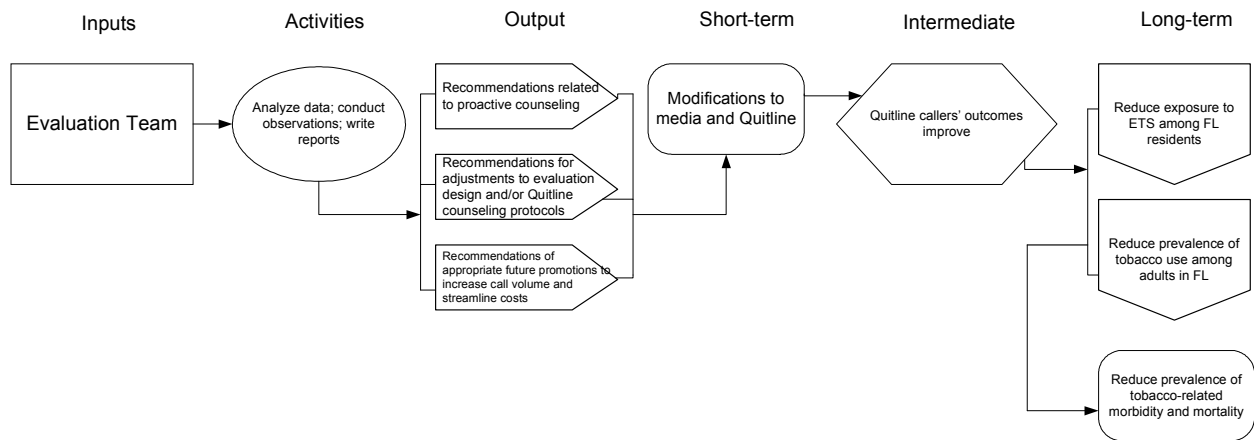
1. DOH Staff and Stakeholder Goals and Outcomes



2. ACS Resources, Goals and Outcomes



3. Evaluation Goals and Outcomes



Appendix B
Florida Regions

Florida Regions

Panhandle:

Alachua, Bay, Bradford, Calhoun, Columbia, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Holmes, Jackson, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Okaloosa, Putnam, Santa Rosa, Suwannee, Taylor, Union, Wakulla, Walton, Washington

North East:

Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia

North Central:

Brevard, Citrus, Hernando, Lake, Marion, Orange, Osceola, Seminole, Sumter

Tampa Bay:

Hillsborough, Manatee, Pasco, Pinellas

South Central:

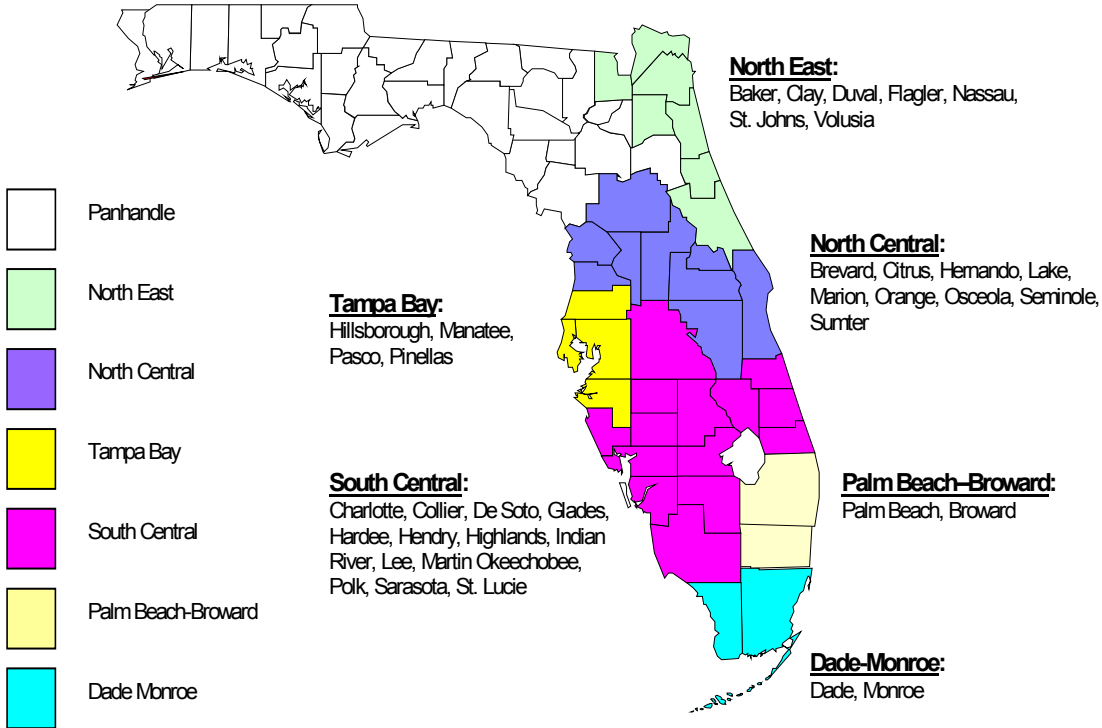
Charlotte, Collier, De Soto, Glades, Hardee, Hendry, Highlands, Indian River, Lee, Martin Okeechobee, Polk, Sarasota, St. Lucie

Palm Beach-Broward:

Palm Beach, Broward

Dade-Monroe:

Dade, Monroe



| | |
|----------------------------------|---|
| Panhandle (Region 1) | Alachua, Bay, Bradford, Calhoun, Columbia, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Holmes, Jackson, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Okaloosa, Putnam, Santa Rosa, Suwannee, Taylor, Union, Wakulla, Walton, Washington |
| Northeast (Region 2) | Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia |
| North Central (Region 3) | Brevard, Citrus, Hernando, Lake, Marion, Orange, Osceola, Seminole, Sumter |
| Tampa Bay (Region 4) | Hillsborough, Manatee, Pasco, Pinellas |
| South Central (Region 5) | Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Indian River, Lee, Martin, Okeechobee, Polk, Sarasota, St. Lucie |
| Palm Beach/Broward (Region 6) | Palm Beach, Broward |
| Dade/Monroe (Region 7) | Dade, Monroe |

Source: Florida Department of Health

Appendix C
Quit-for-Life Line Survey Intake Survey

Quit-for-Life Line Survey Intake Survey

(Collect Infonet Demographic Information)

Date: _____

Caller Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

D.O.B.: _____

1. Can you tell me what county you live in? _____
2. Are you a Department of Health or County Health Department employee?
 Yes-Dept. of Health Yes-County Health No

Indicate reason for call

3. Personally quitting – Cigarettes
 Personally quitting – Smokeless Tobacco
 Already Quit
 Family/Friend of current smoker
 Other (examples: Drs. office, Teachers, Community Orgs., etc, pipe and/or cigar smokers)

4. How did you hear about this phone number?

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Newspaper story | <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> TV news story |
| <input type="checkbox"/> TV ad/Describe Ad | _____ | |
| <input type="checkbox"/> Radio news story | <input type="checkbox"/> Radio ad | <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Other health care provider |

Flyer from school Flyer from work Flyer from community

Friend Relative Internet/Website

County Health Department

Other/Describe Ad _____

If caller is under 18 go to # 5

If calling for family member or friend go to # 5A

Already quit go to # 15

Personally quitting cigarettes go to # 7

Personally quitting smokeless tobacco go to # 7B

If "Other", handle per standard NCIC procedures. If applicable, order appropriate materials according to caller's needs. End Call.

If caller indicates they are pregnant, you may refer them to the Great Start phone number: 1-866-667-8278

5. Since you are under 18, we are only able to offer you self-help materials and referrals to smoking cessation resources in your community. What would you like?

- Yes – Materials only
 Yes – Community Resources only (**Look in CRD**)
 Yes – Materials and Community Resources(**Look in CRD**)
 No

Is there anything else I can do for you today?

Thank you for calling your American Cancer Society, good bye.

(If applicable, order Quitline Only, Self-help materials (# 0020.90)

Refer caller to the Quitline phone number for their area: 1-877-822-6669. If applicable, refer to CID for "caller appropriate" materials then press continue.

5A That's great that you want to help your friend or family member to quit. It's a tough decision and smoker's can use all the help they can get.

There are some different types of brochures I can send you. There are some that talk about all the different ways to quit and others that focus more on the effects of smoking on your health. You can read them yourself and perhaps give them to the person you want to help.

Also, please try and encourage your friend or family member to give us a call when they are ready to quit, we're here to help. Do you have our Quitline phone number?

Is there anything else I can do for you today?

- Yes (**Handle per Standard NCIC procedures, go to # 6**)
 No (**go to # 6**)

6. Thank you for calling your American Cancer Society. Good bye. **(If applicable, order caller specific materials, end call)**

7. We have several services that you can choose from to help you quit smoking. I will describe what we have available for you but first I'd like to ask you a few more demographic questions, would that be okay?

- Yes (go to # 14)
- No (go to # 10)
- Insists on more information (go to # 8)

7B. We have several services that you can choose from to help you quit using tobacco. I will describe what we have available for you but first I'd like to ask you a few more demographic questions, would that be okay?

- Yes (go to #15)
- No (go to # 11)
- Insists on more information (go to # 9)

8. There are three services...

The Counseling Program consists of five counseling sessions held over the course of one month and scheduled around your quit date. These sessions help you to learn more about your smoking habits, prepare you for the day you quit, and support you in your efforts to remain quit.

The self-help materials are a package of three booklets called "Break Away From the Pack". They help prepare you for your quit date and give you skills to remain a non-smoker.

We can also provide Community Referrals where we look in your area or surrounding communities for support groups or other services available to smokers.

If you are interested in any of these, I will need to gather a little more demographic information, will that be okay?

- Yes (go to # 14)
- No (go to #10)

9. There are three services...

The Counseling Program consists of five counseling sessions held over the course of one month and scheduled around your quit date. These sessions help you to learn more about your tobacco use, prepare you for the day you quit, and support you in your efforts to remain quit.

The Self-help materials are designed to help you quit by preparing you for your quit date and teach you skills to help you remain tobacco free.

We can also provide Community Referrals where we look in your area or surrounding communities for support groups or other services available to tobacco users.

If you are interested in any of these free services I will need to gather a little more information, will that be okay?

- Yes (go to # 15)
- No (go to # 11)

10. Are you interested in trying to quit smoking within 30 days?

- Yes (go to # 12)
- No (go to # 31)

11. Are you interested in trying to quit using tobacco within 30 days?

- Yes (go to # 13)
 No (go to smokeless tobacco protocol # 6)

12. I'd like to ask you a couple of questions about your smoking. You're currently smoking on a regular basis, is that right?

- Current Smoker (go to # 23)
 Already Quit (go to # 23)

13. I'd like to ask you a couple of questions about your tobacco use (go to # 23)

14. You're currently smoking on a regular basis, is that right?

- Current Smoker
 Already Quit

15. Do you have access to the Internet for your personal use?

- Yes
 No

16. Do you have email?

- Yes (Collect address) _____
 No

If Already Quit go to # 17. Otherwise, go to # 19

17. We are offering some help for people who have already quit smoking. I will describe what we have available for you in more detail but first I need to gather some additional information, will that be okay?

- Yes (go to # 19) No (go to # 18)

18. Okay, but please feel free to call us back at another time, we're here to help. Is there anything else I can do for you today?

Thank you for calling your American Cancer society, good bye.

19. What is the highest grade or year of school you completed?

- Never attend school or only Kindergarten
 Grades 1-7 (some Grade School) High School Graduate or GED
 Grades 6-8 (some Jr. High School) Some College or Technical School
 Grades 9-11 (some High School) College graduate
 Graduate School
 Refused to answer

20. What is your marital status?

- Single Married Widowed Divorced
 Separated Refused to answer

21A. Do you have any children under 18 living in your household?

- Yes (go to # 21B) No (go to # 22)

21B. How many? _____

1. What is your ethnic background?

- White
 Black
 Hispanic
 Asian
 American/Native Indian
 Other _____
 Refused to answer

2. Which statement best describes the rules about smoking in your home?

- Smoking is not allowed anywhere inside your home
 Smoking is allowed in some areas or at some times
 Smoking is allowed anywhere inside the home
 There are no rules about smoking inside the home
 I don't know
 Refused to answer

**If Personally Quitting Smokeless Tobacco, go to Smokeless Tobacco protocol # 1
Otherwise go to # 24**

**For MALE CALLERS, do not ask the following question go to # 25
If caller asks why you are asking this question say: "Because we have a program
specifically designed for pregnant women who want to quit smoking"**

3. May I ask if you are currently pregnant?

- Yes (go to Great Start Legacy protocol) No (go to # 25)

4. Do you live with a smoker?

- Yes (go to # 26) No (go to # 28; If AQ, go to # 27)

5. Are they willing to quit with you?

- Yes (go to # 28; If AQ, go to # 27) No (go to # 28; If AQ, go to # 27)

6. That's great that you've quit smoking, how many days have you been quit?

- 24 hours or less
- 1 - 3 days
- 4 - 7 days
- 8 - 14 days
- More than 14 days

(go to # AQ session # 1)

7. How long have you been smoking?

- less than six months six months to one year one to five years
- six to ten years greater than ten years

8. On the average, about how many cigarettes do you smoke a day? _____

If caller refused to answer demographic questions but has indicated that they were interested in quitting, go to # 40. Otherwise go to # 30

9. Are you willing to make a serious quit attempt in the next 30 days?

- Yes **(go to # 40)** No **(go to # 31)**

10. Even though you're not ready to quit right now, there are a couple of things that can help you get ready to quit. If you have a few minutes, I can discuss them with you?

- Yes **(go to # 32)** No **(go to # 36)**

11. Can you tell me some of the reasons why you're thinking about quitting?

- health benefits cost family pressure
- peer pressure right thing to do work is/going smoke-free
- smell/dirty habit role model doctor pregnant
- health/well being of others other _____

(If Health Benefits was NOT mentioned go to # 33 otherwise go to # 35)

12. I noticed that you didn't mention the effects of smoking on your health. Are you aware of the significant health benefits from quitting?

- Yes **(go to # 36)** No **(go to # 34)**

13. The materials I'm going to send you contain some good information about the health risks of smoking and the benefits from quitting. I think you may find it very useful in preparing to quit. **(go to #36)**

14. It sounds like you have some really good reasons for wanting to quit. That can be very helpful in terms of your motivation to stay quit. **(go to # 36)**

15. The last thing I'd like to mention is that you should seriously consider using one of the available medications to help you quit when you're ready. Research has shown that use of one or more of these products can double your chances of quitting successfully. Would you like some information about the available medications now?

- Yes (go to # 37) No For those who have selected "no" at Q #31, go to Q # 39 otherwise go to # 38

16. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. One clinical study showed that using Zyban plus a nicotine patch was much more effective than either method alone. However, if you consider using a combination of products we highly recommend you talk with your Doctor first. **(For those who have selected "no" at Q #31, go to Q # 39 otherwise go to # 38)**

17. I hope this has helped you prepare for quitting. Please remember when you're ready to quit in the next 30 days, call us, we'll be glad to help. **(go to # 39)**

18. When you're ready to quit, call us, our program might be able to help. In the mean time, I'll send you some information about quitting and how to prepare for it. Is there anything else I can do for you today?
Thank you for calling your American Cancer Society, good bye. **(end call)**
Order "Set Yourself Free: A Smokers Guide"

19. As previously mentioned, there are three options available to you; self-help materials, telephone counseling supplemented with materials, and/or referrals to smoking cessation resources in your community. Are you interested in any of these services?

- Counseling (go to # 41) Counseling & Referrals (go to # 41)
 Self-Help Materials (go to # 41) Referrals Only (go to # 41)
 Self-Help Materials & Referrals (go to # 41)
 No Help Wanted (go to # 45)

20. I just have a few more questions for you.

21. Do you have a cigarette within the first 15 minutes after you wake up?

- Yes No

22. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes No

23. Since you began smoking regularly, how many times have you tried to quit? _____

24. On a scale of 0-100%, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____

- Counseling (go to # 52)
- Counseling & Referrals (go to # 49)
- Self-Help Materials (go to # 46)
- Self-Help Materials & Referrals (go to # 46)
- Referrals Only (go to # 46)
- No Help Wanted (go to # 47)

If caller asks about the coupons say: "The coupons are worth \$5 each and can be used towards the purchase of over the counter nicotine replacement products."

25. I want to mention that you should seriously consider using one of the available medications to help you quit when you're ready. Research shows that use of one or more of these products can double your chances of quitting successfully. Also, included in the materials that you'll be receiving are discount coupons provided by the State of Florida for nicotine replacement products, should you decide to use them. Would you like some information about these products?

- Yes (go to # 48)
- No
 - Self-Help Materials (go to # 50)
 - Referrals Only (go to # 49)
 - Self-Help Materials & Referrals (go to # 49)

26. I want to mention that you should seriously consider using one of the available medications to help you quit when you're ready. Research shows that use of one or more of these products can double your chances of quitting successfully. Also, we will be sending you discount coupons provided by the State of Florida for nicotine replacement products, should you decide to use them. Would you like some information about these products?

- Yes (go to # 48)
- No (go to # 57)

27. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. One clinical study showed that using Zyban plus a nicotine patch was much more effective than either method alone. However, if you consider using a combination of products we highly recommend you talk with your Doctor first. Do you have any questions?

- Self-Help Materials (go to # 50)
- Referrals Only (go to # 49)
- Self-Help Materials & Referrals (go to # 49)
- No Help Wanted (go to # 57)

(Look up referrals in CRD)

28. Let me look up the community resource information you requested.

- Counseling & Referrals (**go to # 52**)
- Referrals only (**go to # 57A**)
- Self-Help Materials & Referrals (**go to # 50**)

29. You've elected to receive self-help materials to help you quit smoking. We have some new materials that we'll send you right away. They consist of 3 booklets that can help you quit for good by teaching you various skills.

Booklet 1 goes over things you should know about quitting and how to prepare for your quit date.

The second booklet shows you what you need to do to get through your first few days, especially the methods you can use to handle nicotine withdrawal symptoms. If you are strongly addicted to tobacco, this booklet also provides information on the available medications that you and your Doctor might want to consider.

The third booklet focuses on the situations that can cause you to relapse and how you can prepare yourself to handle them. Together, these three booklets tell you almost everything you might need to know about how to stop smoking.

Do you have any questions?

I want to let you know that one of our evaluation staff may call in a few months just to see how you're doing with your quit attempt, would that be alright? ____ (**go to # 51**)

30. Is there anything else I can do for you today?

Thank you for calling you American Cancer Society, good bye.

Order Quitline Only – Self-Help Materials (item # 0020.90) and FI discount coupons # 0001.00

If caller asks about the coupons say: "The coupons are worth \$5 each and can be used towards the purchase of over the counter nicotine replacement products."

31. You've elected to receive telephone counseling supplemented by self-help materials. I'm going to send you the materials today and I want to let you know that included in the materials will be discount coupons provided by the State of Florida for nicotine replacement products, should you decide to use them. If a counselor is available would you like to have your 1st counseling session now? It takes about 10 minutes..

- No (**go to # 54**)
- Yes. Transfer to Counselor. If Counselor is unavailable (**go to # 53**)
(Order Quitline Only – Counseling Materials (item # 0020.90) and FI discount coupons # 0001.00

32. I'm sorry, all of our counselors are currently busy. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ (**go to # 55**)

33. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ (go to # 55)

34. Is there anything else I can do for you today?

- Yes – (Handle per standard NCIC procedures and go to # 56)
 No – (go to # 56)

35. Thank you for calling your American Cancer Society, good bye.
(Order Quitline Only – Counseling Materials (item # 0020.90) and FI discount coupons # 0001.00

36. Is there anything else I can do for you today?
Thank you for calling your American Cancer Society, good bye.
Order FI discount coupons # 0001.00

57A. I want to let you know that one of our evaluation staff may call in a few months just to see how you're doing with your quit attempt, would that be alright? ____ (go to # 57)

Already Quit Counseling Sequence

1. I can send you some information that can help you remain quit and if you're interested, you can talk to one of our counselors about any problems with quitting that you may be experiencing.

___ Self help materials only (go to # 2) ___ Counselor (go to # 8)
___ Nothing wanted (go to # 2)

2. I'd like to ask you one more question. Are you using any medications to help you quit?

3. The reason I ask is that withdrawal symptoms are among the most common reasons why people relapse. Research has shown that use of one or more of the available medications to help you quit can nearly double your chances of quitting for good. Would you like some information about these products?

4. There are 2 types of medications, nicotine replacement therapy, or NRT and Zyban. Nicotine replacement therapy includes products such as nicotine gum, patches, nasal spray and the inhaler. The gum and the patch can be bought from any drug store. The inhaler and nasal spray require a prescription. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It is recommended that you talk with your doctor to determine if it's is right for you.

5. I'm going to send you the materials to help you remain quit today. Included in these materials will be discount coupons that the State of Florida is providing for you to use should you decide to use nicotine replacement products. We also have access to Community Resource information. There might be a program or support group in your area. Would you like me to look that information up for you?

Give caller Quitline phone number if necessary 1-877-822-6669

6. I just want to let you know that we do have a program that is designed to help people quit smoking. If you should have trouble and relapse you might consider giving us a call to help you quit again for good. Do you have our quitline number? I also want to let you know that one of our evaluation staff may be calling you in a few months to see how you're doing with your quit attempt. Would that be okay?

7. Is there anything else I can do for you today? Thank you for calling your American Cancer Society, good bye.

If applicable, Order CID "Quitting smoking". Also order FL discount coupons, fulfillment number 0001.00

8. Let me see if a counselor is available

If Counselor is available, **go to # 12**. If Counselor is unavailable **(go to # 9)**
(Order CID doc "Quitting Smoking" and FI discount coupons # 0001.00

9. I'm sorry, all of our counselors are currently busy. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ **(go to # 10)**

10. Is there anything else I can do for you today?

- Yes – **(Handle per standard NCIC procedures and go to # 11)**
 No – **(go to # 11)**

11. Thank you for calling your American Cancer Society, good bye. **(go to # 14)**
(Order CID doc "Quitting Smoking" and FI discount coupons # 0001.00

12. Yes a counselor is available, I will transfer you now. **(go to # 13)**

13. Hi (client name) that's great that you've quit smoking, how's it going so far? Do you mind if I call you by your first name? **(go to # 15)**

14. Hi this is (counselor name) from your American Cancer Society, may I speak with (client name). I understand you've recently quit smoking and you'd like some help remaining quit. May I call you by your first name?

(If caller indicates that they have relapsed they are routed back to the service options for personally quitting)

15. Are you taking any of the available medications to help you quit?

Yes. Which ones? **(go to #16)**

Nicotine gum Nicotine patch Nicotine Inhaler Nicotine Nasal Spray
 Zyban Other medication (please list) _____

No. Would you like a little information about them?

Yes **(go to 17)**

No **(go to # 18)**

16. How are they working for you?

Do you have any questions about them? **(go to # 18)**

17. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time.

Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. However, if you consider using a combination of products we highly recommend you talk with your Doctor first.

Do you have questions? (answer any questions and then go to # 18)

18. Have you been having any problems with physical withdrawal symptoms?

(If yes and are not already on medications) These symptoms are normal and should go away as soon as your body has adjusted to not having nicotine. But if you're having severe problems with these symptoms, you could either consider using one or more of the available medications or you might want to give your Doctor a call, Okay?

(If yes and are on medications) These symptoms are normal and should go away as soon as your body has adjusted to not having nicotine. But if you're having severe problems with these symptoms, I would suggest that you give your Doctor a call, okay?

(If no) That's great.

(go to # 19)

19. Are you noticing certain situations or circumstances where your desire to smoke is especially strong?

Yes **(go to # 21)**

No **(go to # 20)**

20. In case this changes let's go over a few things that could be useful for you. **(go to # 23)**

21. What do you think is the hardest situation for you to handle without smoking?

22. And how are you handling that situation now? _____ -

23. It's important that you know that the length of time that a craving or urge lasts largely depends on what you do about it. For example, if you just sit there waiting for it to go away, it can seem like an eternity. But, if you actively do something to combat the craving whether it's taking a walk or cleaning out a closet, you'll find that it can go away in a matter of minutes. Does that make sense?

24. When trying to think about different things or "strategies" you can do to combat a craving, keep in mind that whatever you choose should be easy to do, not unpleasant and, reasonably effective in eliminating the craving or urge to smoke. You might even have to experiment with various strategies to find a set that work best for you. It would also be a good idea for you to write these things down so you'll have a plan next time you have a strong craving, okay?

25. Why don't we take your toughest situation and come up with some strategies that you can use to handle it without smoking so you can get a good idea of how this process works. You mentioned you were having a hard time with _____. What do you think you can do in this situation instead of smoking?

26. Another thing that can be helpful for you is to become more aware of some of the thoughts you might be having about smoking. It's very common for someone who has recently quit to try and talk themselves into having "just one". For instance, you might have a thought like "you know, just one cigarette isn't going to kill me and it doesn't mean that I'm really smoking again either". Sound familiar?

Well, you can counter these thoughts by saying something like "wait a minute one cigarette might be all it takes to turn me back into a smoker and then I'll have to start this whole process over again"! Does that make sense? You'll find that if you make yourself use these counter thoughts eventually you'll do it automatically.

27. On a scale of 0-100%, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____

28. I think it's great that you've quit smoking and I hope we've been able to help you remain quit. I want to let you know a couple of things.
We have a program that is designed to help people quit smoking. If you should have trouble and relapse, call us we're here to help. Do you have our quitline number?
(1-877-822-6669)

Included in the materials that you will be receiving are discount coupons that the State of Florida is providing for you to use should you decide to use nicotine replacement products.
(If caller asks about the coupons say: "The coupons are worth \$5 each and can be used towards the purchase of over the counter nicotine replacement products.")

We also have access to Community Resource Information. There might be a program or support group in your area. Would you like me to look that information up for you?

- Yes (look in CRD then go to # 29)
- No (go to #29)

29. I want to let you know that one of our evaluation staff may call in a few months just to see how you're doing with your quit attempt, would that be alright? _____
30. Is there anything else I can do for you today? Thank you for calling your American Cancer Society, good bye.

Smokeless Tobacco Protocol

1. Do you live with a tobacco user or someone who smokes?
Yes (go to # 2) No (go to # 3)
2. Are they willing to quit with you?
Yes No
3. How long have you been using tobacco?
 less than six months six months to one year one to five years
 six to ten years greater than ten years
4. On the average, about how many times do you dip (or chew) a day? _____

If caller refused to answer demographic Q's, go to # 17

5. Are you willing to make a serious quit attempt in the next 30 days?
Yes (go to # 17) No (go to # 6)
6. Even though you're not ready to quit right now, there are a couple of things that can help you get ready to quit. If you have a few minutes, I can discuss them with you?
Yes (go to # 8) No (go to # 7)
7. When you're ready to quit, call us, our program might really be able to help. In the mean time, I'll send you some information about quitting and how to prepare for it. (go to # 12)
8. Can you tell me some of the reasons why you're thinking about quitting?
 health benefits cost family pressure
 peer pressure right thing to do smell/dirty habit role model
doctor dentist
other _____

(If Health Benefits was NOT mentioned go to # 9 otherwise go to # 11)

9. I noticed that you didn't mention the effects of smoking on your health. Are you aware of the significant health benefits from quitting?

Yes (go to # 12) No (go to # 10)

10. The materials we'll be sending you talk quite a bit about the negative effects of tobacco use on your health. It also talks about the immediate and long-term health benefits from quitting. But I can give you some information about this now if you'd like?.

No - Well, you can review that information when you receive our materials, OK? Let's move on to the next set of questions. (go to # 12)

Yes – The most serious health effect is cancer of the mouth and pharynx. You can also develop sores in the mouth that can lead to cancer. Gum recession, tooth abrasion and bone loss around the teeth are also common. The chances of avoiding these things are significantly increased upon quitting. The disappearance of sores in the mouth and gums is a readily visible benefit to quitting. It might be a good idea to give your Doctor or Dentist a call for more information. (go to # 12)

11. It sounds like you have some really good reasons for wanting to quit. That can be very helpful in terms of your motivation to stay quit. (go to # 12)

12. The last thing I'd like to mention is that you should seriously consider using one of the available medications to help you quit when you're ready. Research has shown that use of one or more of these products can greatly increase your chances of quitting successfully. I can give you some information about the available products now if you'd like?

Yes (go to # 13) No

For those who have selected "no" at Q #14, go to Q # 15)

13. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. However, if you consider using a combination of products we highly recommend you talk with your Doctor first.

For those who have selected "no" at Q #14, go to Q # 15)

14. I hope this has helped you prepare for quitting. Please remember when you're ready to quit in the next 30 days call us, we'll be glad to help. (go to # 15)

15. Is there anything else I can do for you today?

- Yes – (Handle per standard NCIC procedures and go to # 16)
- No (go to # 16)

(Order "Quitting Spitting" fulfillment item # 2090.00)

16. Thank you for calling your American Cancer Society. Good bye. **(End call)**
17. As previously mentioned, there are three options available to you; self-help materials, telephone counseling supplemented with materials, and/or referrals to smoking cessation resources in your community. Are you interested in any of these services?
- Counseling (go to # 18)
 - Self-Help Materials (go to # 18)
 - Self-Help Materials & Referrals (go to # 18)
 - No Help Wanted (go to # 23)
 - Counseling & Referrals (go to # 18)
 - Referrals Only (go to # 18)
18. I just have a few more questions for you.
19. Do you dip or chew minutes within the first 20 minutes after you wake up?
- Yes
 - No
20. Since you began using tobacco regularly, how many times have you tried to quit? _____
21. On a scale of 0-100%, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____
- Counseling (go to # 27) (because they are covered in the first counseling session, medications are not mentioned at this time)
 - Counseling and referrals (go to # 25) (because they are covered in the first counseling session, medications are not mentioned at this time)
 - Self-Help Materials (go to # 22)
 - Self-Help Materials & Referrals (go to # 22)
 - Referrals Only (go to # 22)
22. I want to mention is that you should seriously consider using one of the available medications to help you quit when you're ready. Research has shown that use of one or more of these products can greatly increase your chances of quitting successfully. Also, included in the materials that you'll be receiving are discount coupons provided by the State of Florida for nicotine replacement products should you decide to use them. I can give you some information about the available products now if you'd like?
- Yes (go to # 24)
 - No
 - Self-Help Materials (go to # 26) Referrals Only (go to # 25)
 - Self-Help Materials & Referrals (go to # 25)

23. I want to mention is that you should seriously consider using one of the available medications to help you quit when you're ready. Research has shown that use of one or more of these products can greatly increase your chances of quitting successfully. Also, included in the materials that you'll be receiving are discount coupons provided by the State of Florida for nicotine replacement products should you decide to use them. I can give you some information about the available products now if you'd like?

- Yes (go to # 24)
 No (go to # 32)

24. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. However, if you consider using a combination of products we highly recommend you talk with your Doctor first.

- Self-Help Materials (go to # 26) Referrals Only (go to # 25)
 Self-Help Materials & Referrals (go to # 25)
 No Help Wanted (go to # 32)

(Look up referrals in CRD)

25. Let me look up the community resource information you requested.

- Referrals only (go to # 32)
 Self-Help Materials & Referrals (go to # 26)
 Counseling and Referrals (go to # 27)

26. You've elected to receive self-help materials to help you defeat your dependence on tobacco. We have some a new self-help guide that we'll send you right away. It can help you quit for good by teaching you various skills.

There are 3 sections to the guide. The first section goes over things you should know about quitting and how to prepare for your quit date.

The second section shows you what you need to do to get through your first few days, especially the methods you can use to handle nicotine withdrawal symptoms. If you are strongly addicted to tobacco, this section also provides information on the available medications that you and your Doctor might want to consider.

The third section focuses on the situations that can cause you to relapse and how you can prepare yourself to handle them. This guide tells you almost everything you might need to know about how to stop your dependence on tobacco.

Do you have any questions?

Order Quitline Only – Self-Help Materials (item # 1499.00 and FL coupons # 0001.00)

Is there anything else I can do for you today? Thank you for calling your American Cancer Society. Good bye.

27. You've elected telephone counseling supplemented by our self-help guide to help you quit smoking. I will send the materials to you today. Also, included in the materials that you'll be receiving are discount coupons provided by the State of Florida for nicotine replacement products should you decide to use them.

If a counselor is available, would you like to have your 1st counseling session now? It takes about 15 minutes.

No (**go to # 29**)

Yes. Transfer to Counselor. If Counselor is unavailable (**go to # 28**)

(Order Quitline Only – Counseling Materials (item # 1499.00 and FI coupons # 0001.00)

28. I'm sorry, all of our counselors are currently busy. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ (**go to # 30**)

29. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ (**go to # 30**)

30. Okay [client's name], a counselor will call you on [day, date] at [time]. (**go to # 31**)

31. Is there anything else I can do for you today? Thank you for calling your American Cancer Society. Good bye.

32. Is there anything else I can do for you today?

Yes – (**Handle per standard NCIC procedures**)

No

Thank you for calling your American Cancer Society. Good bye.
(If appropriate order FI coupons # 0001.00)

Appendix D
Six-Month Follow-up Evaluation

FLORIDA – 6 MONTH EVALUATION

CONSENT PROTOCOL FOR FOLLOW-UP INTERVIEWS

Constituent ID _____

Date of Evaluation / /2006

1. This is _____ calling from the Quitline evaluation research unit at the Florida Quit-for-Life Line.

May I speak with _____

If client is not there, when is a good time to call back? _____

Repeat introduction if appropriate.

We are studying the effects of the assistance you recently received from the quitline project. This interview will take 5 to 10 minutes to complete. May I have your permission to continue?

If yes, continue below.

If no, thank the person for her or his time and ask what time is better.

Callback date and time _____

The purpose of the interview is to find out about your tobacco use and your efforts to stop smoking after your call to the American Cancer Society's Quitline.

It is important that you know that your participation is entirely voluntary. You may decide not to take part or to quit the interview at any time without penalty.

There will be no risk or discomfort to you in providing responses to the questions asked in this interview; however, should you feel uncomfortable in providing a response to a specific question, you may skip that question.

Your participation will benefit the American Cancer Society and other tobacco users by providing useful information on the effectiveness of the assistance that we've provided you.

Your answers will be kept confidential. Your name will not be known to anyone nor will it be used in any reports or publications from this study.

Are you willing to participate in this interview?

If yes, say "Good, thank you." and continue on the next page.

If no, thank the person for her or his time, probe for why not, and describe below.

I'd like to ask you a few questions about your smoking status since you contacted the Florida Quit-for-Life Line.

1. During the past 6 months, have you stopped smoking [or using tobacco] for one day or longer?

___ 1 Yes (go to 1a)

___ 0 No (go to 3 for smokers;
go to 4 for spit tobacco users)

1a. Have you used tobacco within the last 48 hours?

___ 1 Yes (go to 2)

___ 0 No (go to 1b)

1b. Have you used tobacco at all?

___ 1 Yes (go to 1c)

___ 0 No (go to 2)

1c. On about how many days did you use tobacco? ___ Days

1d. When was the last day you used tobacco? _____

2. About how many days did you go without using tobacco? _____ Days (go to 5)

If spit tobacco user, go to #4.

3. On average how many cigarettes do you smoke per day? _____ Cigarettes

3a. Do you have a cigarette within the first 15 minutes after you wake up?

___ 1 Yes (go to 5)

___ 0 No (go to 5)

[Spit tobacco users only]

1. On average, about how many times do you dip (or chew) a day?"

___ Number of times

4a. Do you dip or chew within the first 15 minutes after you wake up?

___ 1 Yes (go to 6)

___ 0 No (go to 6)

5. During the past 6 months, about how many times have you tried to quit?

___ Number of times

6. Do you live with a smoker [or tobacco user]?

___ 1 Yes (go to 7)

___ 0 No (go to 8)

7. Has that person tried to quit tobacco with you?

____ 1 Yes
____ 0 No

8. Do you have any children under 18 living in your household?

____ 1 Yes (go to 8a)
____ 0 No (go to 9)

8a. How many? _____

9. Which statement best describes the rules about smoking in your home?

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some areas or at some times
3. Smoking is allowed anywhere inside the home
4. There are no rules about smoking inside the home
5. I don't know
6. Refused to answer

10. Did you get any discount coupons for nicotine replacement products from the Quitline?

____ 1 Yes (go to 10a)
____ 0 No (go to 11)

10a. Did you use those coupons?

____ 1 Yes (go to 11)
____ 0 No (go to 11)

11. Did you take any medications to help you quit smoking?

____ 1 Yes (go to 11a)
____ 0 No (go to 12)

11a.(If yes) Which ones did you take?

- ____ 1. Nicotine gum
____ 2. Nicotine patch
____ 3. Nicotine inhaler
____ 4. Zyban
____ 5. Wellbutrin
____ 6. Other medication(s)
List _____

11b. Did your health plan cover the medications (to help you quit smoking)?

____ 1 Yes (go to p.5, #1)
____ 0 No (go to p.5, #1)
____ 2 Don't know (go to p.5, #1)

12. Can you tell me why you didn't use a medication to help you quit? (Eval staff - select the phrase that most accurately describes the response. If none are appropriate, choose other and define)

- 1. Cost
- 2. Concern that nicotine-based medicines could harm them
- 3. Difficulty of getting a prescription (for Zyban/inhaler)
- 4. Used NRT in the past and didn't work
- 5. Used Zyban in the past and didn't work
- 6. Used both NRT and Zyban in past and didn't work
- 7. Want to quit without medicine
- 8. Don't think that medicines are effective/help much
- 9. Other - define _____

12a. Does your health plan cover medications to help you quit smoking?

- 1 Yes (go to p.5, #1)
- 0 No (go to p.5, #1)
- 2 Don't know (go to p.5, #1)

Now I'd like to ask you about your satisfaction with our services.

1. If you were to have a relapse, would you use the Quitline again?

_____ 1 Yes
_____ 0 No

1. Would you recommend the Quitline to others who are trying to quit tobacco use?

_____ 1 Yes (go to 22 <next question>)
_____ 0 No (go to 22 <next question>)

22. Did the Florida Quit-for-Life Line give you a better understanding of the options and resources available?

(EVALUATOR: If client asks, "Options and Resources" refer to quitting smoking)

_____ 1 Yes (go to 3 <next question>)
_____ 0 No (go to 3 <next question>)

Could you please rate the next question for me on a scale from 1 to 10, where "1" represents "Poor," and "10" represents "Excellent"

3. Please tell me how you would rate your overall experience with the Florida Quit-for-Life Line?

_____ (If 1, 2, or 3 go to 4)
(If 4 or more go to 5)

4. Can you tell me why you feel that way?

PROBE: Are there any other reasons?

5. On a scale from 1 to 10, where "1" represents "did not meet expectations," and "10" represents "exceeded expectations", overall, how would you say the information you received from the Florida Quit-for-Life Line met your needs?

6. Did you receive our materials in the mail?

_____ 1 Yes (go to 7)
_____ 0 No (go to 8)
_____ 2 Don't recall (go to 8)

7. On a scale of 1 - 10, where "1" represents "not at all helpful" and "10" represents "extremely helpful", how helpful do you feel the self-help materials were in your quit attempt?

8. Did the Florida Quit-for-Life Line refer you to any community resources (support groups, etc.)?

_____ 1 Yes (go to 9)
_____ 0 No (**go to 10**)
_____ 2 Don't recall (**go to**

10)

9. On a scale of 1 - 10, where "1" represents "not at all helpful" and "10" represents "extremely helpful", how helpful do you feel the community resources were in your quit attempt?

10. After you called the Florida Quit-for-Life Line were you set up to receive counseling?

- _____ 1 Yes (go to 11)
- _____ 2 No (**go to 18**)
- _____ 3 Don't know (**go to 18**)

11. On a scale from 1 to 10, where "1" represents "Poor," and "10" represents "Excellent" please tell me how you would rate the overall quality of the service provided by the counselor you spoke with?

_____ (If 1, 2, or 3 go to 12)
(If 4 or more go to 13)

12. Ok, is there anything in particular that you can tell us about why you feel that way?

PROBE: Are there any other reasons?

13. On a scale of 1 - 10, where "1" represents "not at all helpful" and "10" represents "extremely helpful", how helpful was your counselor in your quit attempt?

14. On a scale of 1 - 10, where "1" represents "not at all satisfied" and "10" represents "extremely satisfied", please rate your satisfaction with the advice you received from your counselor.

On a scale from 1 to 10, where "1" represents "did not meet expectations," and "10" represents "exceeded expectations", please rate your counselor(s) on the following attributes:

15. Their sincerity _____

16. Having a positive and helpful attitude _____

17. Having compassion for your situation _____ (**go to 20**)

18. On a scale from 1 to 10, where "1" represents "Poor," and "10" represents "Excellent" please tell me how you would rate the overall quality of the service provided by the person you spoke with?

_____ (If 1, 2, or 3 go to 19)
(If 4 or more go to 20)

19. Ok is there anything in particular that you can tell us about why you feel that way?

PROBE: Are there any other reasons? (**go to 21**)

20. What parts of the telephone assistance or self-help materials were most useful to you?

21. How could this service be improved in the future?

This concludes the interview. You will be contacted again in about 6 months to see how you are doing. Please feel free to ask questions you may have about the interview or about your rights as a research subject. Do you have any questions now?

If other questions occur to you later, we have a number that you can call. Do you have a pen and paper? You may contact Dr. Alfred McAlister, the principal investigator at (713) 500-9676. And for concerns specifically about your rights as a research subject, you can call the Committee for the Protection of Human Subjects at (713) 500-5827. Thank you for your participation on behalf of your Florida Quit-for-Life Line.

Appendix E
Quitline Counseling Sessions

Counselor Name: _____
Date: _____

Client Name: _____

Con. ID: _____
Phone: _____ **Time Zone** _____

SESSION 1

1. Hi this is _____, from your American Cancer Society; may I speak with _____?

___ Yes (continue w/ session)

___ No (reschedule) Date: _____ Time _____

___ No Contact (enter in date _____)

(enter in date _____)

(enter in date _____)

___ 3 Attempts

2. Is it ok if I call you by your first name?

3. I'd like to give you a little information about how our counseling program works. As previously mentioned, your calls may be monitored for quality assistance but any information you provide will remain private and confidential. However, we are required by law to report any reference of harm to yourself or others. We'll be sending you our self-help booklets that will help you learn skills about how to quit smoking. We'll then have four more short sessions in addition to this one. Your next session will be right before your quit date and the others will be scheduled within the two weeks after you quit. Today, I'd like to ask you some questions so we can plan the best way for you to get ready to quit.

(IF YES TO ANY Q's # 4 through 7, go to # 8)

(IF NO TO All Q's # 4 through 7, go to # 9)

4. Do you normally smoke within 10 or 20 minutes after you wake up in the morning? _____

5. Do you usually smoke even when you are sick? _____

6. Do you feel withdrawal symptoms of any kind when you go without smoking? _____

7. Do you sometimes smoke more than 10 cigarettes per day? _____

8. Based on your answers, it seems you are most likely physically addicted to nicotine. Using the patch, nicotine gum or a prescription medication like Zyban could greatly increase your chances of quitting for good. You can read about these medications in the booklets we're sending you. But you should go ahead and consult your doctor or your pharmacist now to find out what might be best for you.

9. Based on your answers, you may not be seriously addicted to nicotine. However, you still might want to consider using one of the available medications to help you quit. The materials you'll be receiving

have information about these products and you can also talk to your Dr. to determine which medication may work best for you.

10. Now let's talk about your reasons for quitting. Can you tell me about them?

(please list)

11. It sounds like you're really ready to quit. To keep your motivation up, I suggest you write those reasons down on a piece of paper and put them somewhere you will see them, like on your bathroom mirror or refrigerator. **(go to # 12)**

12. Now let's set a quit date for you. I think it's best to set it for about two weeks from now. That will give you plenty of time to receive the booklets and prepare a bit before you quit. We'll also set your 2nd and 3rd appointments. The 2nd one should occur about 2 days before your quit date and your 3rd appointment the day after your quit date. I'll be sending you a reminder postcard with these dates and times on it if that's all right? ___ Yes ___ No

Quit Date _____
Session 2 Date _____ Time _____ Counselor _____
Session 3 Date _____ Time _____ Counselor _____

(if yes to addiction question otherwise go to # 14)

13. I just want to remind you, if you decide to use one of the medications to help you quit, don't forget to talk to your doctor or pharmacist about which one may be right for you. If you are going to use Zyban you need to get a prescription and start taking it at least 7 days before you quit, OK?

14. When you get your booklets, read them carefully, especially booklets 1 and 2, to get ready for our next call. And don't forget to write or mark down a list of your reasons for quitting and put it where you can see it.

1- 877-"Yes-Quit" (877-937-7848)

15. Do you have our quit line number? Give us a call if you don't receive the self-help booklets within a week so we can make sure they're sent out to you right away. If you're not in at our scheduled time, our policy is to call you back within 10 minutes if possible. We'll then try to contact you again 2 more times. After the 3rd attempt, you would need to call us back to continue with the program. If you're not there when we call, do we have your permission to leave information about your counseling sessions on your machine or with anyone who answers?

___ Yes ___ No

16. I'd like to ask you one last question. On a scale of 0 to 100 where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____

17. OK, I'll talk to you on the _____ at _____. Thank you Good-bye.

SESSION 2

Date _____

1. Hi this is _____, from your American Cancer Society; may I speak with _____?

___ Yes (continue w/ session)

___ No (reschedule) Date: _____ Time _____

___ No Contact (enter in date _____)

(enter in date _____)

(enter in date _____)

___ 3 Attempts

2. Did you get the self-help booklets we sent you? **(If no, check address and arrange re-mailing but tell client you can go on now anyway).**

3. Are you ready to quit on _____? ___ Yes **(go to # 5)** ___ No **(go to # 4)**

4. All right, we can set the date again but we only like to do this once, OK? We'll have to reschedule this and your 3rd appointment too. **(Set date and arrange new appointments for sessions 2-and 3. if this happens again on second appointment urge client to: "Call back again when you're really ready")**

New QD

Session 2 Date _____ Time _____

Session 3 Date _____ Time _____

5. That's great! Did you talk to your doctor or pharmacist about a medication to help you quit?

___ Yes**(go to # 6)** ___ No **(go to # 7)**

6. Have you decided to use one of them?

___ Yes**(go to # 8)** ___ No **(go to # 9)**

7. Are you planning on using any of them?

___ Yes**(go to # 8)** ___ No **(go to #9)**

8. Which one(s)?

___ Nicotine gum ___ Nicotine patch ___ Nicotine inhaler ___ Nicotine Nasal Spray

___ Zyban ___ Other medication (please list) _____ **(go to # 10)**

9. Well, many people have quit without these medications. We can always revisit the issue if withdrawal symptoms or cravings become real problem, OK? **(go to # 10)**

10. Here's something else we recommend: Find somebody who will agree to give you some support and encouragement during your quit attempt. We can encourage you over the phone, but it would be best for you to find someone you know to support you. Do you have any ideas? **(Praise any positive answers)**

11. Now I want to ask if you've thought about or started learning things to do instead of smoking to relax when you're stressed out, angry or depressed?

___ Yes **(go to # 12)** ___ No **(go to # 13)**

12. Can you give me an example? **(if example given, praise and go to # 14, If no example given, go to # 13)**
13. It's going to be helpful for you to take a little time out to come up with a list of things that you can do instead of smoking while in some of these types of situations. For example, deep breathing is a nice technique where you take five seconds to slowly breathe in through your nose and five seconds to slowly breath out through your mouth. Doing it three or more times can help you relax. **(go to # 15)**
14. Good, the self-help booklets talk about how you can reduce stress with something as simple as taking a walk every day. They also list several other things you can do in different situations. It would be a good idea to read them carefully, OK? **(go to # 15)**
15. Now, I want to ask you this: What are the times or situations when the desire to smoke is the strongest? _____ **(go to # 17)**
If no good responses are given and go to # 16)
16. Well, OK? _____ **(go to # 17)**
17. What do you think you can do instead of smoking? _____
18. Let's take a couple of minutes now and talk about something else. Negative thoughts can defeat you before you even get started. For example, sometimes a smoker who is about to quit starts telling him or herself "I can't do it, I've tried before and I just can't do it!" What would you tell yourself if you started thinking like that? **If no reasonable response, go to # 19 otherwise go to # 20)**
19. Well, how about trying something like this: "I'm more ready to quit now and this time I really think I can do it". Can you say that to yourself?
20. OK, I think you have an excellent chance of quitting for good this time. Just read the self-help booklets carefully and follow as many instructions as you can.
21. Your next appointment is set for [session 3 date/time]. Good luck and don't forget, if you haven't done it already, to make a list of your reasons for quitting and put it up somewhere you will see it every day. Above all, get rid of all your cigarettes just before you quit.
22. I'd like to ask you one last question. On a scale of 0 to 100 where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____
23. OK, I'll talk to you on the _____ at _____. Thank you Good-bye.

SESSION 3

Date _____

1. Hi this is _____, from your American Cancer Society; may I speak with _____?

___ Yes (continue w/ session)

___ No (reschedule) Date: _____ Time _____

___ No Contact (enter in date _____)

(enter in date _____)

(enter in date _____)

___ 3 Attempts

2. Your quit date was _____. How are you doing?

___ No attempt made (**go to # 3**)

___ Attempt made but not successful (**had a cig. w/in 6 hours of this call - go to # 6**)

___ Successful Attempt, Not Currently Smoking (**go to # 9**)

3. It often takes more than one try before someone attempts to quit for good. Let's set a new quit date, Okay?

___ Yes (**go to # 5**)

___ No (**go to # 4**)

1. Please call us back when you're ready, we're here to help. (**close and exit**)

2. After we set your new quit date, let's go over the last session again so you can get better prepared.

(**Set new quit date and recycle to session 2.1**)

(Angela chged 3-5 to 5-7)

6. Many times it takes someone **5 to 7** serious attempts before they're able to quit for good. Do you want to set a new date and try again?

___ Yes (**go to # 8**)

___ No (**go to # 7**)

1. Please call us back when you're ready, we're here to help. (**Closing and exit**)

2. Let's go over the last session to help you get better prepared for your next quit attempt. (**Set new quit date and recycle to session 2.1**)

3. That's great! Let's go over some things to help you remain a non-smoker.

(**Ask Question # 10 only if "NO" was answered to # 6 in Session 2**)

(**Ask Question # 15 only if "YES" was answered to # 6 in Session 2**)

4. Did you go to a pharmacy or talk with your doctor for medications to help you quit?

___ Yes (**go to # 11**)

___ No (**go to # 12**)

5. Have you decided on one?

___ Decided not to use any (**go to # 13**)

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Nicotine gum Nicotine patch Nicotine inhaler Nicotine Nasal Spray
 Zyban Other medication (please list) _____
(go to # 14)

6. Have you decided to use any?

No **(go to # 13)**
 Nicotine gum Nicotine patch Nicotine inhaler Nicotine Nasal Spray
 Zyban Other medication (please list) _____
(go to # 14)

7. If you start having trouble with withdrawal symptoms, you might want to consider using one of them, Okay? **(go to # 16)**

8. Great, if you use them correctly, medications like this can double your odds of quitting. Make sure you follow the product instructions carefully. **(go to # 16 or # 17)**

9. How is *(medication indicated in Session 1or2)* working for you?
(go to # 16 or # 17)

(Ask question # 16 only if client indicated that they do NOT live with a smoker at Intake otherwise, go to # 17)

Condition on # 13, 14 and 15

10. Here's something else important: If possible, it would be helpful to you if you could avoid being around other people who are smoking. The smell of cigarette smoke can make it hard to stay quit during the first week or two. Do you think you can do that? **(go to # 21)**

Condition

11. You mentioned earlier that you lived with a smoker, right?

Yes **(go to # 18)** No **(go to # 19)**

12. Have you asked them not to smoke in the house and not give you any cigarettes even if you ask for one?

Yes **(go to # 19)** No **(go to # 20)**

13. That's good. It might also be helpful if you could avoid being around other people who smoke for a week or two when you're trying to quit, Okay? **(go to # 21)**

14. You might want to consider doing that. It can really be helpful to not smell cigarette smoke while you're trying to quit. Even a week or two would be good so consider talking to him or her about it, Okay? **(go to # 21)**

15. Let's talk for a minute about stress. What can you do to handle stress without smoking?

(if good example is given) That's great! **(go to # 22)**

(if no good example) You probably need to work on learning ways to deal with stress without smoking. For example, the self-help booklets recommend deep breathing and getting more exercise. It could be really helpful to read through booklets 2 & 3 again, Okay? **(go to # 22)**

16. How about substitutes? Have you found other things you could do instead of smoking?

Yes (**go to # 23**) No (**go to # 24**)

17. Can you give me a couple of examples?

18. It's going to be important for you to think about the times where you'll want to smoke the most and learn to do something else instead. It can be something as simple as chewing gum or using mints. The self-help booklets have ideas on this too.

19. Now let's talk about risky situations. When do you think you'll want to smoke the most and what do you think you can do to resist it?

(if good example) Great (go to # 26)

(if no good example) It would be a good idea to work on this. Think of when you'll want to smoke the most and get ready for those situations. Booklets 2 and 3 have some suggestions. (go to # 26)

20. Just remember, the key is to find other things to do besides smoking. As your sense of taste improves after quitting, you might enjoy food more and sometimes eating becomes one substitute for smoking. That's not necessarily bad, but some people have a concern about gaining weight when they quit smoking. Is this a concern for you?

No (**go to # 27**)

Yes – It's possible that you might gain a little weight but not everyone does. There are things you can do to help avoid it like eating low or no fat foods and things like carrot and celery sticks. But if you do gain a little weight, you can worry about losing it after you're successful in quitting. You'll probably feel better too so exercising might be easier. **(go to # 27)**

21. Do you have any questions before we end today?

22. I'd like to ask you one last question. On a scale of 0 to 100 where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____

23. Let's go ahead and set our next appointment for about 5 to 7 days from now. (set 4th counseling session date/time).

24. I'll talk to you on the _____ at _____. Thank you Good-bye.

SESSION 2.1

Date _____

(RECYCLING RELAPSES OR THOSE WHO DON'T QUIT ON FIRST QUIT DATE)

Counselors: You must know the following before you begin the session:

1. Medication status: Yes/No?; If yes, what kind?

2. If client indicated they "live w/ a smoker"

(For clients who made an attempt but failed)

1. Let's talk about the thing or things that got in your way from quitting this time. Was there something that happened in particular?

(Allow client to describe relapse causes)

1A. (For those who made no attempt at all) Let's talk about the thing or things that made you decide not to try and quit on the day you planned?

(Allow client to describe relapse causes)

2. What do you think you could have done differently to not give in to the urge to smoke? **(Praise any appropriate responses)**
3. OK, let's go over the basics again.

Ask Q # 4 if client indicated that they were planning on getting a medication in Session 3

Ask Q # 5 if client indicated that they were using a medication in Session 3

4. Did you get a medication to help you quit?
___ No – Well, you might want to rethink that since you had trouble quitting next time. Maybe you could re-read pages 8 and 9 in booklet 1 and ask you doctor or pharmacist what they think, but medications can really help you quit, OK? **(go to # 5)**

___ Yes - Great, that can really improve your odds of quitting permanently this time.
(go to # 6)
5. How is the medication working for you? **(go to # 6)**
6. Did you find someone who will give you support and encouragement during your quit attempt?

___ Yes - That's great. In the self-help booklets, you can look at page 8 in book 2 for ideas on how to use this support to help you quit.

___ No - It would probably be helpful to you if you had some type of social support while you're going through this process. Think about everyone you know and try and decide on someone you can talk to. Also, look on page 8 in booklet 2 for ideas on how to use this support to help you quit, OK?

(If client indicated that they do NOT live with a smoker at intake go to # 7 otherwise, go to # 8)

7. Here's something else important: If at all possible, it would be helpful to you if you could avoid being around other people who are smoking. The smell of cigarette smoke can really be tempting during the first week or two of quitting. Do you think you can do that? **(go to # 12)**

8. You mentioned earlier that you lived with a smoker, right?

___ Yes **(go to # 9)** ___ No **(go to # 10)**

9. Have you been able to ask them not to smoke in the house and not to give you any cigarettes even if you ask for one?

___ Yes **(go to # 9)** ___ No **(go to # 11)**

10. That's great. It might also be helpful if you could avoid being around other people who smoke for a week or two if that's at all possible, OK? **(go to # 12)**

11. Well, you might want to consider doing that. It can really be helpful to you to not smell cigarette smoke while you're going through this. Even a week or 2 would be helpful so consider talking to him or her about it, OK? **(go to # 13)**

12. Great. You might even consider avoiding being around others who smoke if that's at all possible. Even a week or two can help, OK? **(go to # 13)**

13. Let's talk a bit about things you can do instead of smoking if you are stressed out, angry or depressed. What can you do to relax? **(If no good response to request go to # 14)**

14. OK, you'll find this quitting process a little easier for you if you could learn about ways to relax and deal with stress or without smoking. We recommend a deep breathing technique and getting more exercise. The self-help booklets have a lot of information of this too, OK?

15. Tell me about things you can use as substitutes for smoking. **(Praise any reasonable responses, go to # 16)** _____

(Please list response(s))

(If no good response) In booklet 2 has lots of information about the things that people can do instead of smoking. Gum, lozenges, anything like that can help. **(go to # 16)**

16. OK, now you might start telling yourself "I can't do it, I've tried before and I just can't do it!" What will you tell yourself now if you start thinking like that?

(If no reasonable response is given) Well, this time it will be different, because you know more. You can use your past attempts to your advantage, does that make sense? **(go to # 17)**

17. Do you have any ideas about how you can keep from smoking again if you run into the same things that got in your way last time? **(go to # 18)**

(If this is a recycle at session 5, go to # 21 otherwise go to # 18)

18. OK, you're learning and I have a better feeling about your chances this time. Let's set your new quit-date for tomorrow or the next day and your next appointment a day or two after that. **(Set quit date and next appointment)**

19. Read through the self-help booklets again, especially book 2, Do you have any questions before we end today? I have one last question for you. On a scale of 0 to 100 where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? ____

20. Good bye and I'll talk to you on _____. Thank you, good-bye. **(End session)**

21. OK, well this is your final session, how are you feeling about that? I think you're going to be fine. I know you can do this. Just remember everything we've talked about, how to generate substitutions for cigarettes in hard situations, being aware of your own thoughts and read through the booklets periodically, OK?

22. I just have a few questions for you before we end today, OK?

23. How do you feel about the assistance that we have provided?

24. What were some of the most useful things?

25. Was there anything you didn't find useful?

26. Was there anything that you didn't like?

27. Would you recommend this service to a friend who wants to stop smoking?

28. On a scale of 0-100, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time?

29. Do you have any final questions or concerns? Ok, it was really great talking with you. Good luck to you. Thank you, good-bye

Appendix F
Quitline Data Coding Sheet

Florida Quitline Variables Reported Monthly from the ACS Intake Survey

Coding Sheet For Quitline Variables, Descriptions and Values

ACS Intake Survey Questions for Florida Quitline

| Number | Variable Name | Codes |
|---------------|--|---|
| Generated | month Month and year of Call | Month and Year e.g., July 2005 |
| Generated | yrmonth Numeric Month | Month Number |
| Generated | seqyear Year of Call | Year Number e.g., 2005 |
| Generated | qlseqmo Sequential Month of Call Since December 2001 | Number of Sequential Month e.g., 44 (July 2005) |
| 1 | qcidsid Caller ID Assigned by ACS | ID Number |
| 2 | contdate ACS Call Date | Date |
| 3 | gender Gender of Client | Female Male Missing Unspecified |
| 4 | dob Date of Birth of Client - No Longer Reported by Acs | Date |
| 5 | age Age of Client | Number |
| Generated | agegroup Agegroup of Client | Under 18 18-29 30-44 45-64 65 and Up Missing |
| 6 | edlevel Education Level of Client | Never attended school or only Kinder Grades 1-5 (some Grade School) Grades 6-8 (some Jr. High School) Grades 9-11 (some High School) |

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| Number | Variable Name | Codes |
|--------|--|--|
| | | High School Graduate or GED Some College or Technical School College Graduate Graduate School Refused to answer Missing |
| 7 | ethnic Ethnicity of Client | American Indian or Native American Asian Black Hispanic Missing Other Refused to answer White |
| 8 | ethothr Other Ethnicity of Client | American Indian or Native American Asian Black Hispanic Missing Other Refused to answer White |
| 9 | marital Marital Status of Client | Single Married Separated Divorced Widowed Refused to answer Missing |
| 10 | pregnant Currently Pregnant? | Pregnant Not Pregnant Missing |
| 11 | cigxday Number of Cigarettes Smoked per Day | Number |
| 12 | hhqline How Client Heard About the Quitline | ACS Office County Health Department Dentist Doctor |
| | | Flyer from community event Flyer from school |

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| Number | Variable Name | Codes |
|-----------|--|---|
| | | Flyer from work Friend Grocery Receipt Internet/Website Missing NCI - 800-Quit-Now Newspaper ad Newspaper story Nurse Other Other health care provider Pharmacist Radio Ad Radio News Story Relative Transferred from NCIC TV ad TV news story Wal-Mart Health Fair |
| Generated | howheard How Caller heard About the Quitline | Print Media Electronic Media Medical Professional Interpersonal Communications Other Missing |
| 13 | hhtype Type of Communication | Ads News Referrals Other Missing |
| 14 | hhqloth Other Source of Information About Quitline | Open Text Field |
| 15 | tv_ad Recall TV Ad? | Open Text Field |
| 16 | prevquit Previous Attempts to Quit | Number |
| 17 | quiti12 Whether Client has Quit in the Last 12 Months | Yes No Missing |

2006 Quit-for-Life Line Evaluation Report

| Number | Variable Name | Codes |
|---------------|---|--|
| 18 | quitstge Stage of Quitting | Action Contemplation Missing |
| 19 | smokdur How Long Client Has Smoked | Less than six months Six months to one year One to five years Six to ten years Greater than ten years Missing |
| 20 | whycall Reason for Call | Personally Quitting Personally quitting – Smokeless Tobacco Family Members (including spouses)/Friend of Current Smoker Other (examples: Drs. office Teachers Community Orgs) Already Quit Missing |
| 21 | referral Did Client Get a Referral? | Yes No Missing |
| 22 | svcreq Service Requested by Client | Counseling Self-help materials Info Missing |
| 23 | tobuse Tobacco Use by Client | Cigarettes Cigars Smokeless Non-smoker Missing |
| 24 | empdoh Employee of Department of Health | Yes - Dept. Yes - County No Missing |
| 25 | numchild Number of Children in Household | Number |
| 26 | under18 Children Under 18 in Household | Yes No Missing |

2006 Quit-for-Life Line Evaluation Report

| Number | Variable Name | Codes |
|--------|---|--|
| 27 | smkrules Smoking Rules in the Household | Smoking is not allowed anywhere inside your home Smoking is allowed in some areas or at some times Smoking is allowed anywhere inside the home There are no rules about smoking inside the home I don't know Refused to answer Missing |
| 28 | livwsmkr Do You Live With a Smoker? | Yes No Missing |
| 29 | quitwith Is Your Companion Willing to Quit With You? | Yes No Not Sure Missing |
| 30 | longquit How Long Has Client Been Quit? | 24 hours or less 1 - 3 Days 4 - 7 Days 4 - 14 Days 8 - 14-days Greater than 2 weeks Missing |
| 31 | inbound Source of Call | ACS Inbound Call Fax Referral Missing |
| 32 | county Florida County of Caller | 1: Alachua 2: Baker 3: Bay 4: Bradford 5: Brevard 6: Broward 7: Calhoun 8: Charlotte 9: Citrus 10: Clay 11: Collier 12: Columbia |

2006 Quit-for-Life Line Evaluation Report

| Number | Variable Name | Codes |
|--------|---------------|------------------|
| | | 13: Dade |
| | | 14: Desoto |
| | | 15: Dixie |
| | | 16: Duval |
| | | 17: Escambia |
| | | 18: Flagler |
| | | 19: Franklin |
| | | 20: Gadsden |
| | | 21: Gilchrist |
| | | 22: Glades |
| | | 23: Gulf |
| | | 24: Hamilton |
| | | 25: Hardee |
| | | 26: Hendry |
| | | 27: Hernando |
| | | 28: Highlands |
| | | 29: Hillsborough |
| | | 30: Holmes |
| | | 31: Indian River |
| | | 32: Jackson |
| | | 33: Jefferson |
| | | 34: Lafayette |
| | | 35: Lake |
| | | 36: Lee |
| | | 37: Leon |
| | | 38: Levy |
| | | 39: Liberty |
| | | 40: Madison |
| | | 41: Manatee |
| | | 42: Marion |
| | | 43: Martin |
| | | 44: Monroe |
| | | 45: Nassau |
| | | 46: Okaloosa |
| | | 47: Okeechobee |
| | | 48: Orange |
| | | 49: Osceola |
| | | 50: Palm Beach |
| | | 51: Pasco |
| | | 52: Pinellas |
| | | 53: Polk |
| | | 54: Putnam |
| | | 55: Santa Rosa |
| | | 56: Sarasota |
| | | 57: Seminole |
| | | 58: St. Johns |

2006 Quit-for-Life Line Evaluation Report

| Number | Variable Name | Codes |
|-----------|--------------------------------------|---|
| | | 59: St. Lucie 60: Sumter 61: Suwannee 62: Taylor 63: Union 64: Volusia 65: Wakulla 66: Walton 67: Washington |
| Generated | region Florida DOH Region of Call | Panhandle (Region 1) Northeast (Region 2) North Central (Region 3) Tampa Bay (Region 4) South Central (Region 5) Dade/Monroe (Region 7) Palm Beach/Broward (Region 6) |
| 33 | zip Zip Code of Caller | Zip code |
| 34 | st State | Florida |