S&E Webinar Series

Evaluation of Your State’s Telephone Quitline: Approaches from Two States

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September 18, 2018
Ohio Tobacco Quit Line
Secret Shopper Evaluation
2017-2018
Today’s Agenda

1. Evaluation Elements
   - Evaluation Questions
   - Methodology
   - Program Fidelity

2. Key Findings
   - Practical
   - Supportive
   - Procedural

3. Targeted Populations
   - Mental Health
   - Pregnant Women

4. Recommendations
   - Suggestions
   - Future Research Agenda
     - State Findings
But First....

This work was funded by the Ohio Department of Health Tobacco Use, Prevention, and Cessation Program (TUPC)

The views expressed in these presentation are solely those of the authors and do not necessarily represent the views of the Ohio Department of Health.
Evaluation Questions

Ohio Tobacco Quit Line Evaluation

• To what degree does the OTQL meet fidelity to program standards for evidence-based procedures?

• How well does the OTQL promote engagement with Pregnant Women and People with Mental Health issues?
Methodology

- Observations: Developed Fidelity Rubric based on Quit Line vendor proposed services
  - Based on Evidence-Base Practices
  - Developed by TUPC and SRG
  - Tested on random audio quit line recordings
  - No comparative data yet

- Secret Shopper Perceptions
  - Call Journals
Fidelity Ratings

1) Independent observations

- Two evaluators listen to call audios, score calls using fidelity instruments developed using the stated practices (evidence-based strategies)

<table>
<thead>
<tr>
<th>Rating Scale</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Coach thoroughly fulfills all element requirements, asking many questions/giving a lot of advice/suggestions. Engaging with client and giving appropriate feedback.</td>
</tr>
<tr>
<td>Good</td>
<td>Coach fulfills most element requirements, asking questions/giving advice/suggestions. Engaging with client and giving appropriate feedback.</td>
</tr>
<tr>
<td>Acceptable</td>
<td>Coach fulfills basic element requirements, asks at least one question/gives one piece of advice/suggestion.</td>
</tr>
<tr>
<td>Poor</td>
<td>Coach does not fulfill requirements but attempts to engage client.</td>
</tr>
<tr>
<td>Inadequate</td>
<td>Coach does not fulfill requirements and does not attempt to engage client.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>Element is not applicable to the client’s situation.</td>
</tr>
</tbody>
</table>
Fidelity Ratings

• Key areas for scoring
  • **Practical**—coping skills and other suggestions that are aimed at helping the tobacco user during their quit attempts
  • **Supportive**—motivational techniques to show support and understanding of the difficulties of quitting tobacco use
  • **Procedural**—items that should be discussed during the first call and items that should be discussed during each call
Journals

2) Secret Shopper Feedback

- **Open-ended questions:** Qualitative items regarding their experience: how the caller felt during the call, the helpfulness of quit strategies that were discussed, most and least helpful aspects of the call.

- **Coaching Call Questionnaire:** Quantitative questions regarding their perceptions of coaching session: supportiveness of the coach, helpfulness of quit strategies developed, and quality of call content.

- Responses used to triangulate and validate results from fidelity evaluation.
Secret Shoppers

**Two Waves**

- **Actual Tobacco Users** who worked with SRG as interviewers who wanted to quit tobacco use
- **Non-Tobacco Users** who were research staff and given a Profile to follow

<table>
<thead>
<tr>
<th></th>
<th>Total Number of Secret Shoppers</th>
<th>Number Completed Counseling Calls</th>
<th>Total Number of Counseling Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Wave 1</strong></td>
<td>7</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Wave 2</strong></td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Key Findings

<table>
<thead>
<tr>
<th>Practical Elements</th>
<th>Score (1-5)</th>
<th>Supportive Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploring thoughts about tobacco use</td>
<td>3.96</td>
<td>Providing encouragement of quit attempt</td>
</tr>
<tr>
<td>Recognizing danger situations</td>
<td>3.64</td>
<td>Communicating caring and concern</td>
</tr>
<tr>
<td>Helping the participant to develop coping skills</td>
<td>3.39</td>
<td>Encouraging participant to talk about the quitting process</td>
</tr>
<tr>
<td>Assessing current coping strategies</td>
<td>3.28</td>
<td></td>
</tr>
</tbody>
</table>

**Calls satisfying required elements**

- Percent of intake/first calls that met all requirements: **88.9%**
- Percent of coaching calls that met all requirements: **61.8%**
Practical Key Findings

- All above "acceptable" rating
  - Highest rating given to “Exploring thoughts about tobacco usage” (4.24)
    - Consistently asked open-ended questions regarding reasons for quitting and about history and current usage of tobacco
  - Lowest ratings were for assessment of coping strategies (3.28) and development of coping skills (3.39)

"Maybe if he had gone a little bit more into additional strategies I could use it would have been nice, but he seemed to think the strategies I was already using were helping, and I would also be adding the gum, so maybe he didn’t feel the need to recommend more strategies?”
Practical Key Findings

- In about 2/3 of calls (67.6%), the coach provided strategies to help or stay quit
  - Average rating of 4.11 given when asked to rate helpfulness
  - 92.3% “somewhat” or “very likely” to try strategies
Journal responses provided a variety of coping strategies

<table>
<thead>
<tr>
<th>Practical Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participate in enjoyable activity to keep mind/hands occupied</strong></td>
</tr>
<tr>
<td><strong>NRT</strong></td>
</tr>
<tr>
<td><strong>No new strategies discussed</strong></td>
</tr>
<tr>
<td><strong>Straws</strong></td>
</tr>
<tr>
<td><strong>Cinnamon sticks</strong></td>
</tr>
<tr>
<td><strong>Candy/mints/gum/sunflower seeds</strong></td>
</tr>
<tr>
<td><strong>Local cessation resources/Text support</strong></td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
</tr>
<tr>
<td><strong>Changing routine</strong></td>
</tr>
<tr>
<td><strong>Support network</strong></td>
</tr>
<tr>
<td><strong>Healthy eating/Drinking water</strong></td>
</tr>
<tr>
<td><strong>Avoid triggers</strong></td>
</tr>
</tbody>
</table>
Supportive Key Findings

- Overall ratings well above “acceptable”
  - “Providing Support of Quit Attempt” rated above “good”

- Positive feelings about calls reported in journals
  - Average rating of 4.68 on coach supportiveness

“He said things like ‘you’re doing a fabulous job,’ ‘you’re really thinking,’ and ‘look at the progress you’ve made!’ and reinforced the reasons I want to quit. I just felt really good about his supportive tone, it seemed natural and genuine.”
## Procedural Key Findings

<table>
<thead>
<tr>
<th>Percent Meeting All Call Procedures</th>
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<tbody>
<tr>
<td>[Image of bar chart]</td>
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</tbody>
</table>

- Assessed participant’s readiness to quit using Stages of Change Model
- Used appropriate evidence-based intervention based on participant’s SOC
- Used motivational interviewing
- If NOT COMMITTED, delivered MI intervention to strengthen commitment...
  - IF QUITTING WAS NOT IMPORTANT, worked with participant to...
  - IF CONFIDENCE WAS HIGH, helped participant to set a goal for quitting
- Discussed elements to aid in preparing quit attempt
- Identified goals of participant
- IF PARTICIPANT SLIPPED/RELAPSED, helped participant use information...
- IF NOT FINAL CALL, scheduled a follow-up appointment
Targeted Populations

- Mental Health (Depression)
  - Caller brought up issue of depression and stress during each call
  - Coaches generally sympathetic and supportive
  - 1 of 5 coaches helped develop specific coping skills

- Pregnant Women
  - Pregnancy coach assigned
  - Pre and post partum program explained
  - No info shared specific to pregnancy (packet sent but not discussed)
  - Issues reaching coach if missed scheduled call
Areas for Improvement

❖ Helping develop coping skills
  • Coaches did not always help participants develop successful coping strategies to deal with danger situations or work with participants to alter coping strategies to help them work more successfully

❖ Assessing coping strategies
  • Received lower ratings on fidelity and participant journals

❖ Help understanding why smoking is important

❖ Setting goals

❖ Relapse management (2 out of 4 addressed)
Recommendations

- Most coaching sessions met *acceptability* fidelity ratings

- Identified gaps
  1. When applicable, work to understand nicotine’s importance
  2. Setting concrete goals when confidence is high
  3. Help develop detailed plans on how coping strategies will be implemented
Recomme ndations

❖ Strategies for improving coaching on coping strategies

• Once a coping strategy is identified by a participant, coach uses idea as a starting point and help caller come up with a more detailed plan of how to implement the strategy during a danger situation
Recommendations

• Helping the caller to come up with a plan of how they might go about avoiding places that might be triggers

• Helping the caller come up with the details of a schedule they could follow to use their NRT

“He said I need to get on a schedule with the gum so I will reach for it instead of a cigarette. He said to avoid places I liked to smoke, since they would be triggers. He didn’t offer a lot in the way of additional strategies, he seemed to be saying I need to figure it out for myself what strategies work for me because everyone is different.”
Future Evaluation Efforts

- Continue monitoring
- Re-evaluate interventions
- Decrease costs
- Need observations of “naturally” occurring counseling calls
- Add quit rate as a final outcome
Question: what are other state tobacco programs doing in terms of secret shopper evaluations of their tobacco quit lines?

Used internet and Evaluators Network to identify potential states.
State Summary

- Current secret shoppers: 1
- Previous secret shoppers: 3
- Not secret shoppers: 2
- Variety of approaches
  - Usually 6-12 callers/personas, usually with specific protocols that address areas of interest (special populations, etc.)
State Results

❖ Positives
  • Qualitative data that improved the evaluation
  • Control over content

❖ Negatives
  • Time and expense
  • Staff challenges
Alternate approach

- Several states ultimately decided to use an approach in which they listen to recordings of actual calls to evaluate fidelity
  - Get benefit of “real world” call experience, but lose a measure of control over the content
  - One state mentioned that their vendor charged them for pulling the audios (which SRG has heard in other contexts)
Questions?

❖ For more information contact:
  ❖ Darby Schaaf: dschaaf@strategicresearchgroup.com
  ❖ Kathleen Carr: kcarr@strategicresearchgroup.com

❖ Ohio Department of Health, Tobacco Use, Prevention, and Cessation Program
  ❖ Mandy Burkett: Mandy.Burkett@odh.ohio.gov
Wyoming Quit Tobacco
September 18, 2018
CSR (Client Service Representative)
- Perform intakes only
- Process fax referrals
- 2 ½ weeks of training
- Makes up about 20% of our staff

Coach
- Can do intakes and all coaching
- 4+ weeks of training, Bachelor’s degree required
- Makes up 80% of staff
5 Call Program

- 1 Intake Call (Inbound or provider referral)
- Up to 5 Coaching Calls (Outbound at time scheduled with the participant)
  - The completion of Coaching Call #1 signals and official enrollment
- Unlimited inbound calls for support
- Text & Email support available to all callers
- Nicotine Replacement Therapy (NRT) Available
  - Shipped directly to participants
  - 12 Weeks of Patch, Gum, Lozenge, or Combo
  - Chantix and Bupropion
- Participants can enroll by
  - Calling 1-800-QUIT-NOW
    - Direct WY Helpline: 855-313-0013
  - Referred by a provider or self
  - Enroll online at https://wyo.quitlogix.org
Wyoming Quit Tobacco Program has its own website: https://wyo.quitlogix.org

- Website features include:
  - Program Enrollment
  - Participant Profile
  - Local Resources
  - English/Spanish available
Phone or Web-phone protocols offered

Shorter intake to eliminate barriers

10 coaching calls with dedicated AI coaches

7 reset attempts for enrolled participants

3 reset attempts for referrals

NRT: Wyoming offers a choice of patch, gum or lozenge, up to 12 weeks

Chantix is also available
American Indian Enrollment

**Dedicated Toll-Free Number:** 1-855-372-0037
- This number connects directly to our AICTP coaches.
- Callers can also reach the AICTP by calling 1-800-QUIT-NOW

**Designated coaches**

**Website:** [https://americanindian.quitlogix.org](https://americanindian.quitlogix.org)
- Online enrollment available
- Additional cessation resources available
To be eligible for participation in the Post-Partum protocol, participants MUST have completed at least 1 coaching call while pregnant.

Dedicated Pregnancy / Post-Partum coaches receive additional and on-going training related to the protocol. All dedicated coaches are female.

Coach will ask whether the participant would be willing to receive text messages to their cell phone during program enrollment.

Pending Doctor’s consent, pregnant participants may receive NRT.

Rewards are offered as an incentive to complete program.
Pilot Recruitment:
- Recruitment for the BH pilot ended September 3, 2018. During the next few months we will focus on gathering quit outcomes, and analyzing and compiling results for the final report.

Continual retention monitoring:
- We continue to see higher retention rates in both the Anxiety and Depression groups for calls 1-3 and similar retention rates for calls 4 and 5.

Continual quality assurance monitoring:
- The coaches are consistently delivering the behavioral health interventions with a high level of compliance to the content. In addition, the quality of the interventions remains above expectations for our staff.
Cile Fisher
Client Relationship Manager
National Jewish Health
303-728-6553
fisherc@njhealth.org
Thank You!!
Sampling and Survey Methods

• Monthly calls, 7 months post enrollment
• Follow-up survey follows the MDS, for the most part
• Attempted census (of those who agreed to the follow-up)
• SPSS to analyze the data
Goal Area 3
Promoting Quitting Among Adults and Young People

**Inputs**
- Comprehensive functioning tobacco control infrastructure with continued support for sustainability
  - Counter-marketing
  - Community mobilization
  - Policy & regulatory action
  - Disparities assessment & action planning
  - Surveillance & evaluation

**Activities**
- Completed media campaigns and counter-marketing activities to prompt tobacco users to quit
- Completed activities to increase access to cessation services
- Completed activities to enhance cessation linkages in communities, workplaces, and schools
- Completed activities to develop and implement comprehensive health care systems change policies for cessation
- Completed activities to increase insurance coverage for cessation
- Completed activities to implement and enforce evidence-based policies that support cessation, including smokefree laws and increasing excise tax

**Outputs**
- Short-Term
  1. Increased intention to quit, perceived harm of tobacco use, and awareness of and support for cessation services
  2. Increased availability and expanded coverage of comprehensive cessation services
  3. Increased health care systems change to promote and support cessation
  4. Increased policy and environmental changes to support quitting, strengthen smokefree laws, and increase tobacco product price
  5. Reduced tobacco industry influence

- Intermediate
  6. Increased quit attempts and attempts using evidence-based cessation services
  7. Increased cessation of all tobacco products as early in life as possible

- Long-Term
  8. Reduced tobacco-use prevalence and consumption
  9. Reduced tobacco-related morbidity and mortality
  10. Decreased tobacco-related disparities

Focus on reducing tobacco-related disparities
Monthly Enrollment with Media Info

"Quit It" media campaign
June 18, 2017 - September 16, 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun</td>
<td>284</td>
<td></td>
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<tr>
<td>Jul</td>
<td>237</td>
<td>251</td>
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<tr>
<td>Aug</td>
<td>251</td>
<td>301</td>
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<tr>
<td>Sep</td>
<td>247</td>
<td>262</td>
</tr>
<tr>
<td>Oct</td>
<td>208</td>
<td>219</td>
</tr>
<tr>
<td>Nov</td>
<td>176</td>
<td>244</td>
</tr>
</tbody>
</table>
# 33% Response Rate

<table>
<thead>
<tr>
<th>Intake survey month</th>
<th>Jun 2017</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-Up Survey month</td>
<td>Jan 2018</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>Total eligible respondents*</td>
<td>169</td>
<td>165</td>
<td>190</td>
<td>158</td>
<td>130</td>
<td>144</td>
<td>956</td>
</tr>
<tr>
<td>Total complete interviews</td>
<td>53</td>
<td>55</td>
<td>66</td>
<td>55</td>
<td>46</td>
<td>44</td>
<td>319</td>
</tr>
<tr>
<td>Response rate</td>
<td>31%</td>
<td>33%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>31%</td>
<td>33%</td>
</tr>
</tbody>
</table>

*Total eligible respondents includes all persons who were 18+ years old, provided a phone number on the WQTP intake questionnaire seven months previously, enrolled in the WQTP, and had an in-service phone number at the time of the survey. It excludes those who did not wish to be contacted for the Follow-Up Survey. For those who enrolled more than once within this six-month timeframe, WYSAC used the date of the first enrollment to determine eligibility for a follow-up interview.
Percentage of enrollees who wanted to quit using...

- Cigarettes: 92%
- Smokeless tobacco: 11%
- Other tobacco: 6%
Quitline Coaching and NRTs Are the Most Popular Services

- Quitline: 85%
- NRTs: 58%
- Rx medications: 28%
- Texts or chat: 34%
- Educational materials: 28%
- WQTP website: 19%
- Other: 2%
- None of the above: 6%
Quit Rates

- Quit for 7 days: 41%
- Quit for 30 days: 35%
Combo of Quitline and Medication Results in Highest 30-Day Quit Rate

- Quitline & Rx medication: 55%
- Coaching & NRT & Rx medication: 42%
- Coaching & NRT: 31%
- Quitline only: 27%
- Neither Quitline nor medication: 24%
Impact of Free Chantix

- Enrollment
- Use of prescription medication

- 44% quit rate for those who used Chantix and phone coaching
- Overall program quit rate did not change
Other Outcomes

- Used less tobacco than 3 months prior: 51%
- Made at least 1 quit attempt: 85%
- Were very or mostly satisfied: 76%
- Had recommended WQTP: 66%
Using ENDS

- Not using now, but had used to quit other tobacco: 25%
- Not using now, but had used to cut down on other tobacco: 16%
- Using now to quit other tobacco: 4%
- Using now to cut down on other tobacco: 3%
- Not using now, but had used for some other reason: 7%
- Using now for some other reason: 1%
- Never used: 43%
Differences among Those Reporting Mental Health Conditions

**Rx medications**
- Any MH conditions: 24%
- No MH conditions: 31%

**Quitline**
- Any MH conditions: 90%
- No MH conditions: 81%

**NRTs**
- Any MH conditions: 65%
- No MH conditions: 52%
Enrollees with Mental Health Conditions Had a Lower Quit Rate

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any MH conditions</td>
<td>29%</td>
</tr>
<tr>
<td>No MH conditions</td>
<td>40%</td>
</tr>
</tbody>
</table>
Most Enrollees Reported No Problems with Using the WQTP

- Difficulty contacting the program by telephone: 9%
- Difficulty accessing the program on the Internet: 8%
- Difficulty getting Rx medications: 10%
- Difficulty acquiring NRT products: 16%
- None of the above: 76%
Wyoming’s Quitline Evaluation

September 18, 2018

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With contributions from
Muneyuki Kato, Laran Despain, and Janelle Simpson