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Smoking Cessation Outcomes After Counseling on the Florida Quitline, 2001-2003

Executive Summary

Description of the Program

The Florida Quit-for-Life-Line (“Quitline”) is a telephone-based tobacco cessation service that was established to meet the needs of Florida adults who use tobacco. In Florida, approximately 2.4 million adults smoked tobacco in 1999 while tobacco use accounted for almost 1 out of every 5 deaths in Florida in 1998, and more than \$2.6 billion in hospital charges. The Florida Department of Health (DOH) responded with a tobacco cessation telephone counseling service, the Quitline. DOH used funding from the Centers for Disease Control and Prevention (CDC), and negotiated a contract with the American Cancer Society (ACS) 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 during a stakeholders’ meeting in 2001. 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)

Smoking Cessation Evaluation Three Months After Calling the Florida Quitline

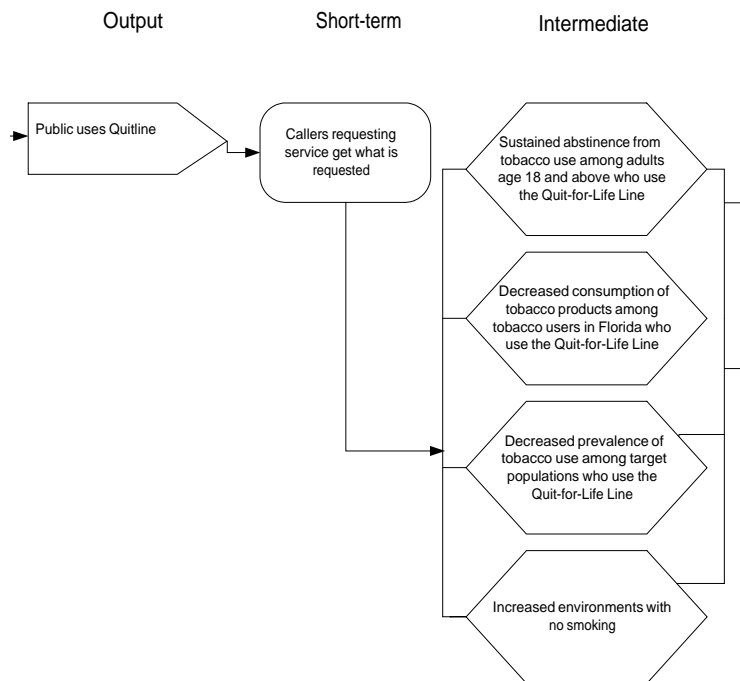
Once a Florida resident calls the Quit-for-Life Line, he or she receives counseling, referrals to services, coupons for nicotine replacements or self-help materials. The caller is also called back after three months to determine whether he or she was able to quit smoking. The three-month follow-up evaluation is used to validate whether the intermediate goals of the Quitline are being met.

- 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.
- 16% (N=159) of all Quitline clients contacted in the three-month evaluation quit smoking. Extrapolated to all Quitline clients, this finding indicates that 524 Floridians potentially quit smoking after calling the Quitline.
- There is a significant statistical relationship ($p < .000$) between Quitline clients who received counseling and subsequently quit smoking.
- 61% of Quitline clients contacted during the three-month evaluation reported reducing their tobacco consumption.
- 82% of the 30-44 age group quit smoking, compared to 65% for the 18-29 and 45-64 age groups.
- 15.6% (N=53) of Quitline clients living with children under 18 quit smoking.
- An estimated 104 children of Quitline clients are no longer at risk of second-hand smoke in the home.
- 67% of Florida smokers who stopped smoking for one or more days after calling the Quitline received counseling sessions.
- 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.
- There are statistically significant relationships between reducing tobacco consumption and receiving counseling ($p < .008$), receiving coupons for nicotine-replacement patches ($p < .003$) and using medications ($p < .000$).
- An estimated 67 children had their risk of second-hand smoke eliminated in the three-month evaluation sample. Extrapolated to all of the Quitline clients, this would amount to an estimated 184 children who would have their risk eliminated after their parent(s) stopped smoking.
- Quitline clients rated their satisfaction with the Quit-for-Life Line at 7.7 on a ten-point scale.
- Quitline clients rated their satisfaction with Quitline counseling services at 8.7 on a ten-point scale.

Smoking Cessation Evaluation Three Months After Counseling on the Florida Quitline, 2001 to 2003

Once a Florida resident calls the Quit-for-Life Line, he or she receives counseling, referrals to services, coupons for nicotine replacements or self-help materials. The caller is also called back after three months to determine whether he or she was able to quit smoking. The three-month follow-up evaluation is used to validate whether the intermediate goals of the Quitline are being met, as expressed in the Quitline logic model shown in Figure 1. In Figure 34, a subsection of the model is displayed, which relates directly to the 3-month evaluations. In these three sections, the initial call to the Quitline is modeled, followed by a set of services. The expected outcomes of these services are shown in the Intermediate column and include: 1) sustained abstinence, or 2) decreased consumption, 3) decreasing prevalence of tobacco use in target populations and 4) less second-hand smoke.

Figure 34. Section of Quitline Logic Model Related to 3-Month Follow-up Evaluations



Three Month Follow-up Evaluation

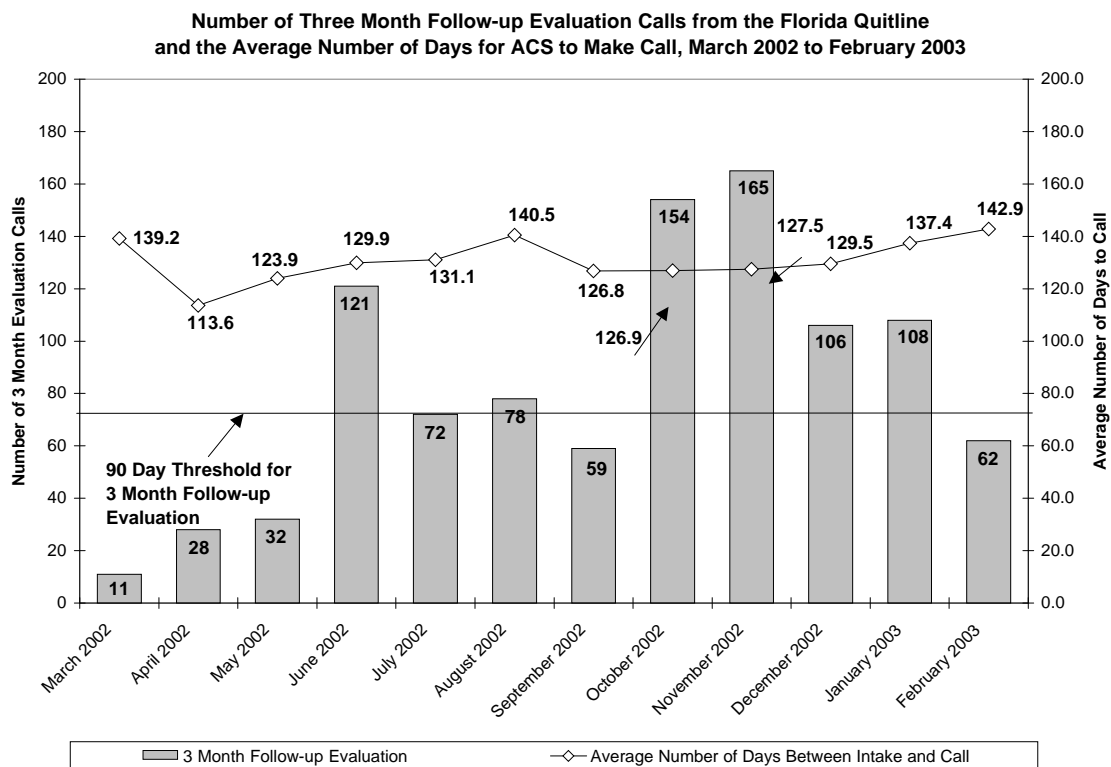
The focus of this analysis of the 3-month evaluations will be to determine whether any of these four intermediate goals were met in the three months following a call to the Florida Quitline. To start, the 3-month follow-up sample will be assessed, then each of the goals will be tested using the evaluation data and the original Quitline data on demographics of callers. Finally, an analysis of the satisfaction section of the 3-month evaluation will be presented.

The protocol for the 3-month evaluation is split into two sections. The first includes questions about tobacco use in the past three months, for example whether the caller used tobacco at all, or stopped smoking for one day or longer, how often did he or she try to quit, how many days did he or she smoke, and how many cigarettes per day did he or she smoke? Next are questions about whether the respondent lives with a smoker, or children under 18, and the

smoking rules of the house. The last questions in the first section deal with coupons for nicotine replacement, medications to help quit smoking and whether the caller's health plan covered the medications. Section two of the 3-month evaluation survey asks a battery of satisfaction questions intended to provide feedback on how the Quitline counseling and help was received.

The staff at the American Cancer Society (ACS) began making calls to Quitline callers in March 2002, three months after the first calls came in. Figure 35 shows the number of calls per month between March 2002 and February 2003. No sampling methodology was provided by the ACS staff, nor is there any information on the total number of call attempts made versus those completed.

Figure 35. Number of Three-Month Evaluation Calls Compared to the Average Number of Days Between the Original Call and the Follow-up Call, by Month

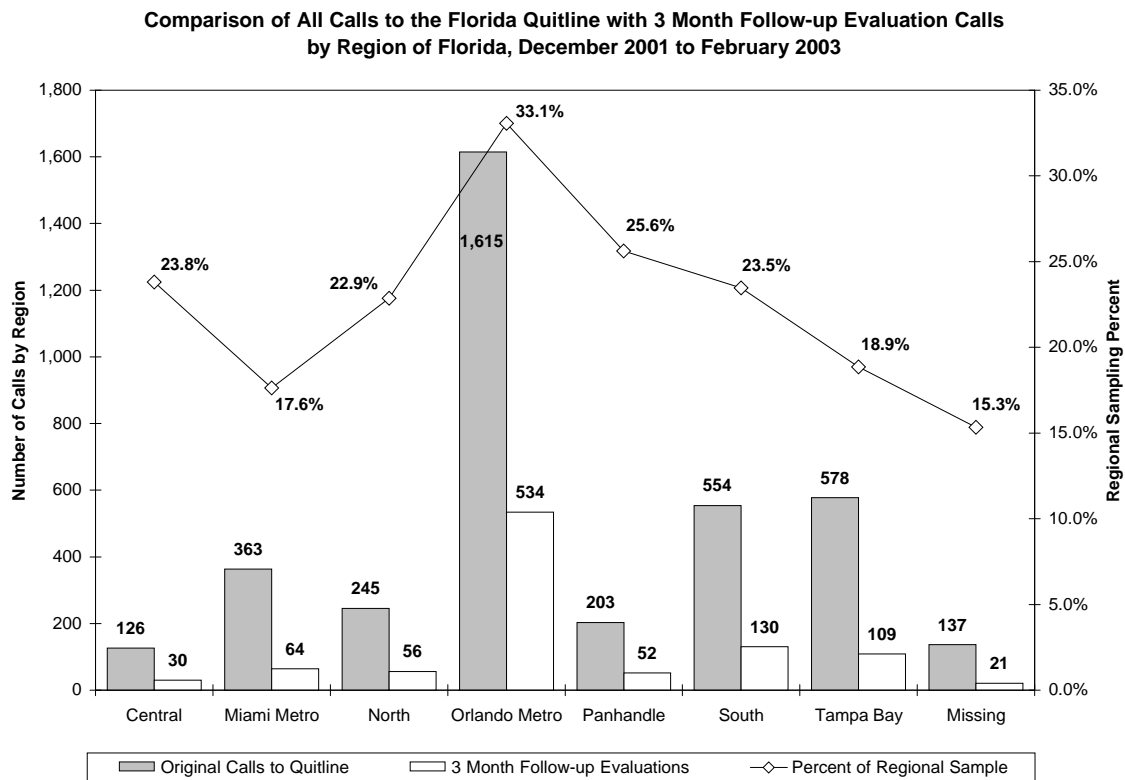


A total of 996 (26.1% of all original calls) 3-month evaluations were conducted over the span of twelve months, with a majority of the evaluations administered between October 2002 and January 2003. The number of callers contacted each month fluctuated as a percentage of all callers who had contacted the Florida Quitline three to four months previously. An accurate percentage match month to month is unlikely since each month of evaluation calls overlaps calls to the Quitline from four to five months before. The average period of time between the original call and the evaluation call was 131 days for all calls, about four months and a week for the follow-up call.

Follow-up calls from the different regions of Florida also varied compared to the location of the original calls. Figure 36 compares the frequency of original calls from each of the regions in Florida with the follow-up calls and the percentage of each region represented in the follow-up

calls. The region with the largest sample of evaluation calls is the Orlando Metro region, in which 33.1% of the original callers received a follow-up call. This percentage changes with the other regions, however, from 26.6% of the Panhandle callers to only 17.6% of the Miami Metro callers. While the over-sampling of the Orlando Metro area is beneficial because that was the site of the anti-tobacco media campaigns, it would also be preferable to sample each of the regions equitably in order to check on regional differences.

Figure 36. Evaluation Calls Compared to Original Calls, by Florida Region



The Quitline callers contacted by the ACS were predominantly smokers, though several had already quit, and a number had originally called for a family member or friend. Table 6 shows the original reason for calling the Quitline, and the response to two questions: “During the past 3 months, have you stopped smoking for one day or longer” and “Have you used tobacco at all?” The significance of this comparison is that one determines an attempt at quitting and the other indicates successful quitting. If the respondent answers ‘yes’ to the first question (N = 608), the intermediate question asks whether he or she has smoked in the past 48 hours. If the answer to this question is ‘no’ (N = 234) then the respondent is asked if he or she has smoked at all. So, the second question in this comparison is a subset of all those respondents who have quit for at least one day, and had not smoked within two days of the evaluation call.

Callers to the Florida Quitline included smokers who called the line ostensibly after quitting or for someone else, as can be seen in the seven smokers who had not quit smoking, but had called in for someone else. The first question, “have you stopped smoking for one day or longer” addresses the goal of decreased consumption of tobacco for Quitline callers. Here it is clear that the majority of respondents (N = 608, 61.0% of all evaluations) were able to quit smoking for at least one day. Of this group, 234 respondents had not smoked in the past two days, and 159 of

them (16% of all evaluations) had successfully quit smoking entirely for the three months. Calling the Quitline appears to make a difference for the majority of callers. While the majority quit smoking at least for a while, a small percentage of respondents quit entirely.

Table 6. Comparison of Callers Success in Quitting Smoking by Their Original Reason for Calling.

Original Reason for Calling the Quitline	During the past 3 months, have you stopped smoking for one day or longer?				Have you used tobacco at all in the past three months?			
	No	Yes	Missing	Total	No	Yes	Missing	Total
Personally quitting Smoking	377	570		947	144	64	741	949
Already Quit	1	2		3	1		2	3
Friends and Family	7	36		43	14	6	23	43
Missing	1		2	3			1	1
Total	386	608	2	996	159	70	767	996

A second way to look at the success of callers in either attempting to quit or quitting entirely is to consider the services they requested from the Quitline when they called. Figure 37 shows the services requested by respondents to the 3-month evaluation, and their ability to quit smoking for one or more days. Respondents requesting counseling are the largest group, at 28.7% of all evaluations. In this group, 187 (65.4%) were able to quit for at least one day. Counseling and Referrals is the next largest group, consisting of 20.0% of all evaluations; in this group 54.8% of all respondents quit for one or more days.

For the rest of the services, between 55% and 65% of all respondents were able to quit smoking for one or more days. From this chart it appears that more than half of all respondents were able to quit temporarily, across all of the services they received, though slightly more appear to benefit from the counseling. This finding suggests that the act of calling the Quitline helped some of the callers decrease their smoking, regardless of the service.

By comparison, Figure 38 shows the original request for services by respondents and whether they were to quit smoking entirely. This group equals that subset of callers who were able to quit for one or more days and had not smoked within 48 hours of the evaluation (N = 234, 23.5% of all respondents). For this group, the type of service provided does appear to make a difference in the respondent's decision to quit smoking. Callers who requested counseling again make up the largest group (N = 66, 28.8% of respondents), followed by those who requested counseling and referrals (N = 30, 13.1%). These two groups make up almost half of all respondents in this sample, which at 96 is still small for anything but exploratory analysis.

Figure 37. Services Requested by Caller to the Florida Quitline and Whether Caller Had Quit for One or More Days.

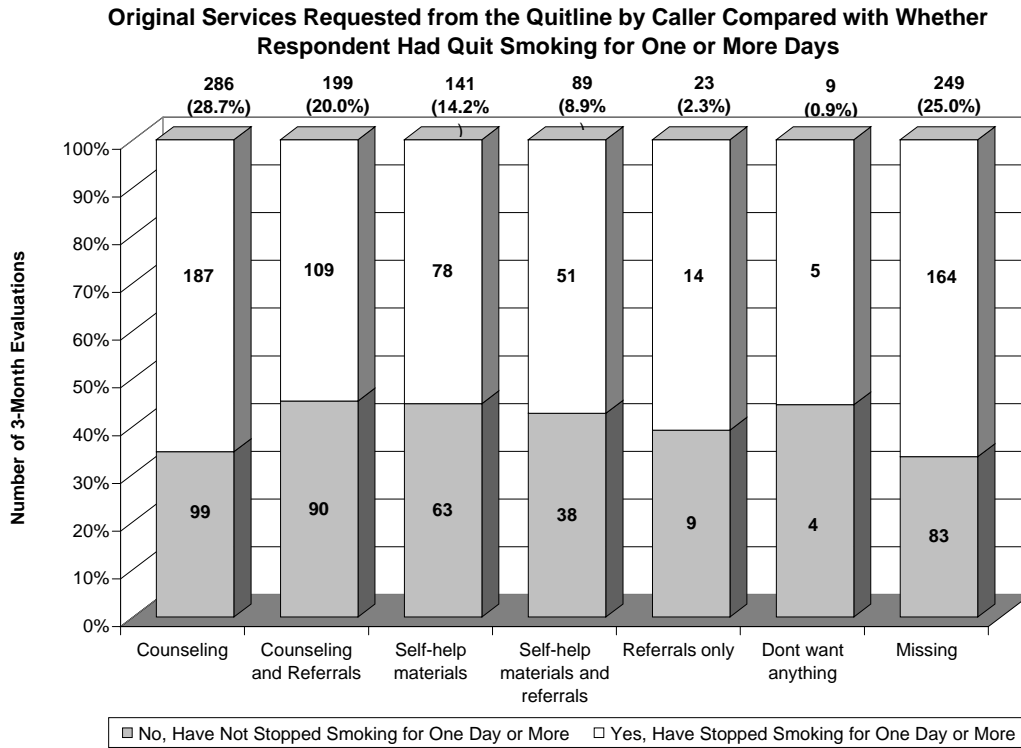
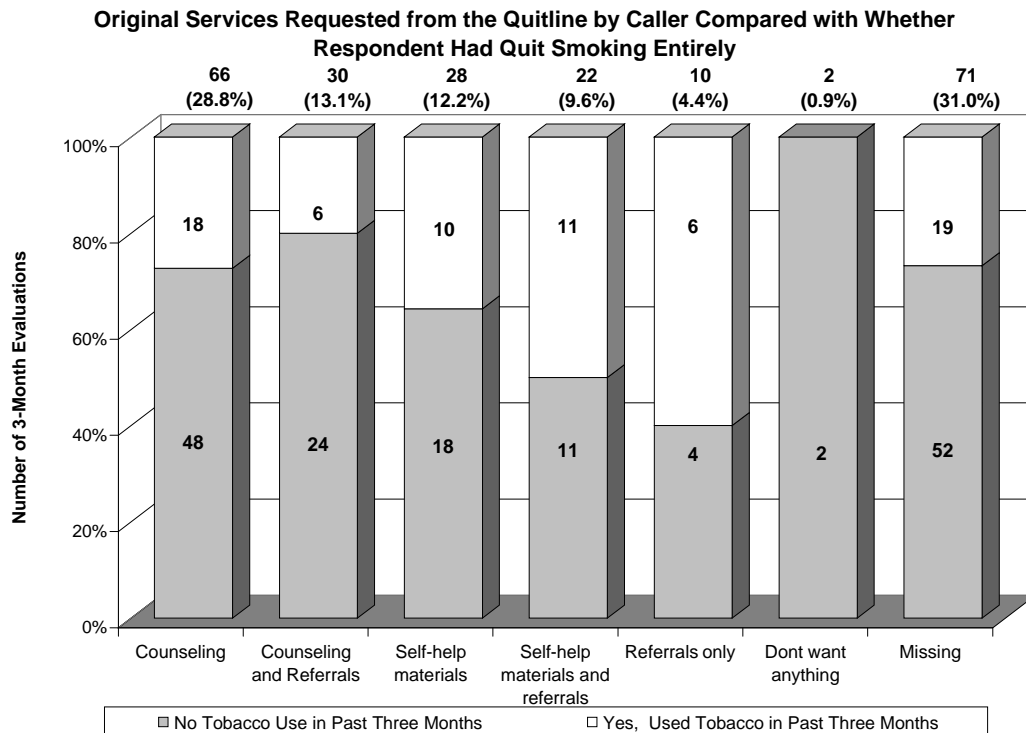


Figure 38. Services Requested by Caller to the Florida Quitline and Whether Caller Had Smoked at All



Smoking Cessation Outcomes After Counseling on the Florida Quitline, 2001-2003

Figure 38 shows that the majority of respondents who quit smoking received either counseling (N = 48, 72.7% of those requesting counseling) or counseling and referrals (N = 24, 80.0% of those requesting counseling and referrals). Compare these high percentages with the lower percentages of respondents who asked for self-help materials (N = 18, 64.3%) or self-help and referrals (N = 11, 50%) and referrals only (N = 4, 40%). It appears that these other services have less of an effect on callers to the Quitline, or conversely, that counseling and counseling joined with referrals leave a lasting imprint on the caller, helping him or her to successfully quit smoking. The numbers in this last analysis are too small to allow for generalization to all callers to the Quitline. However, the findings point to an important result, if it were to hold true for most callers.

Target Populations – Florida Adults Who Smoke

Among the target populations of interest to the Quitline, gender differences and age differences may play the greatest role in determining why people quit smoking. In this section these and other demographic factors are analyzed to determine what role they do play in helping people quit smoking.

Gender of Adult Floridians in Smoking Cessation

ACS staff completed evaluations for 588 women (59.0% of evaluations) and 384 men (38.6% of evaluations), which closely approximates the proportion of each gender originally calling the Quitline. When respondents were asked if they had stopped smoking for one or more days in the past three months, 63.6% of women (N=374) and 58.1% of men (N=223) replied in the positive, as shown in Figure 39.

Figure 39. Success at Quitting and Smoking Behaviors by Gender

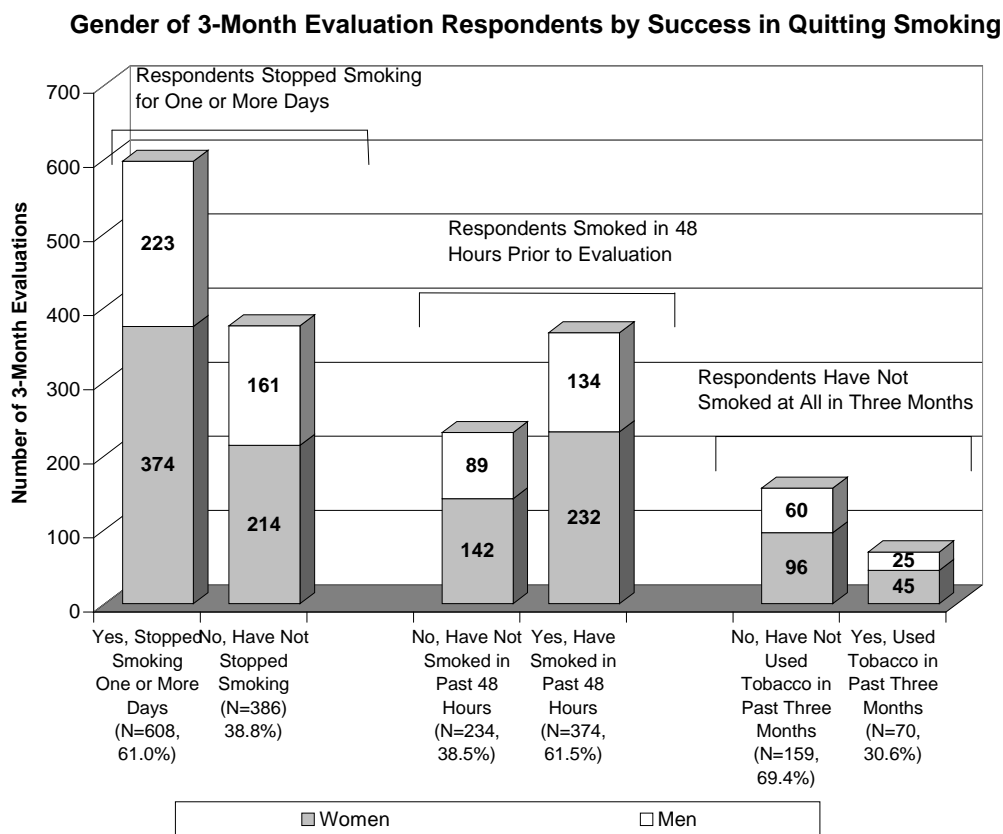
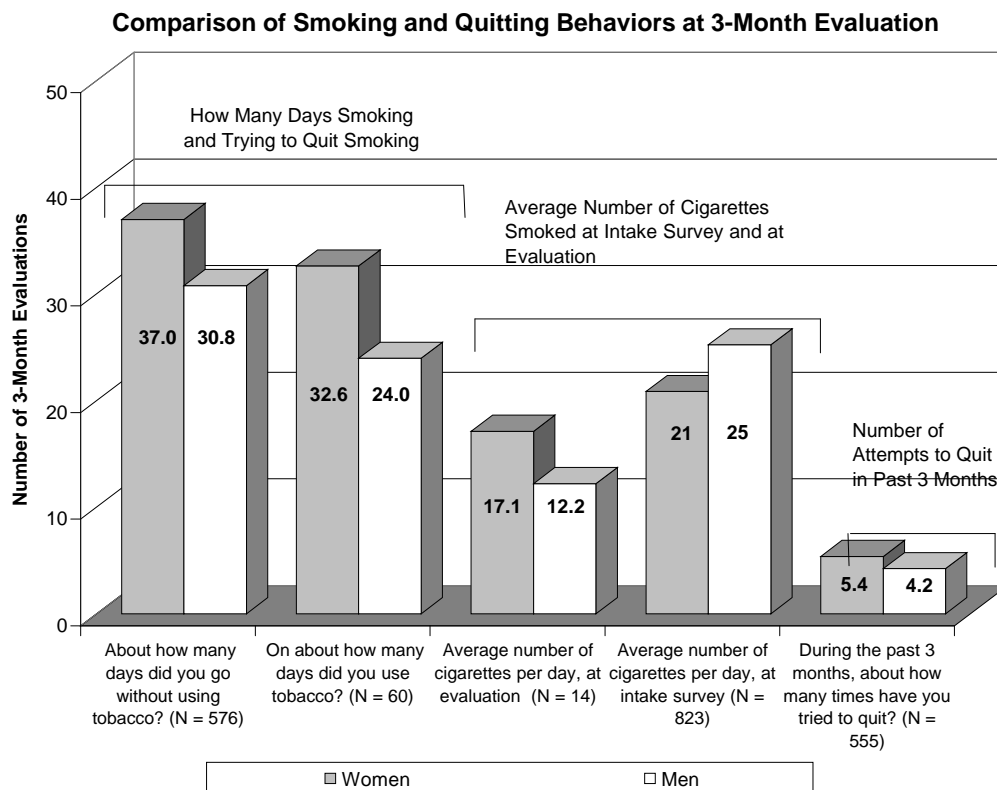


Figure 39 shows that an equal proportion of men and women were able to stop smoking for a some amount of time during the three months between their call to the Quitline and the call back for evaluation. An equal proportion of men and women were also able to continue not smoking as 38.0% of women (142) and 39.9% of men (89) had not smoked within 48 hours of the 3-month evaluation. The same holds true for quitting smoking, where 68.1% of women (96) and 70.6% of men (60) had not smoked in the three months since they called the Quitline. The percentage of women and men who quit smoking entirely was also equal compared to their gender, with 16.3% of women, and 15.6% of men quitting smoking.

While only a small percentage of callers to the Quitline actually succeeded in quitting smoking for the three months, a larger proportion was successful in making an attempt to quit smoking and in reducing the amount of tobacco consumed. Figure 40 shows three sets of comparisons, by gender. The first is a comparison between the average number of days the respondent went without smoking or did smoke during the three months. The second comparison is between the average number of cigarettes smoked at the time of the original Quitline call versus the average number smoked at the time of the evaluation. The last comparison relates to attempts to quit smoking. Each sample is drawn from those respondents who answered 'yes' when asked if they had quit smoking for one or more days.

Figure 40. Comparison of Smoking Behaviors and Quit Attempts at the 3-Month Evaluation, by Gender



The first set of comparisons in Figure 40 consists of how many days the respondent quit smoking versus how many days he or she smoked between the first call to the Quitline and the 3-month evaluation. Women outpaced men at quitting smoking, going for about a week longer (37 days) than the men (30.8 days). In either case, though, men and women quit smoking for a

month during this period, indicative of a reduction in smoking behaviors, assuming each smoked every day when he or she called the Quitline. Men also smoked more than a week longer than the women, at 32.6 days compared to 24 days. Finally, women made more attempts to quit smoking than men, at 5.4 times to the men's average of 4.2. As self-reported frequencies, though, these numbers could be too close to make much difference. Note, too, that the low number of respondents to this question make any generalizations from these findings unreliable.

The second set of comparisons looks at the average number of cigarettes smoked by men and women. The first comparison is taken from the 3-month evaluation as described above, the sample for second comparison is taken from the Quitline intake survey data. It should be noted that the low number of respondents on the evaluation survey make these findings preliminary only. On the intake survey women smoked an average of 21 cigarettes per day; at the time of evaluation they smoked an average of 17.1 cigarettes per day. This finding equates to a reduction of four cigarettes per day. For men the change is even more dramatic. At the time of the intake survey, men smoked an average of 25 cigarettes per day, but the sample at evaluation smoked only 12.2, which is a reduction of 13 cigarettes per day. In sum, there is a tendency for callers to smoke less in the first three months after calling the Quitline.

Age of Adult Floridians in Smoking Cessation

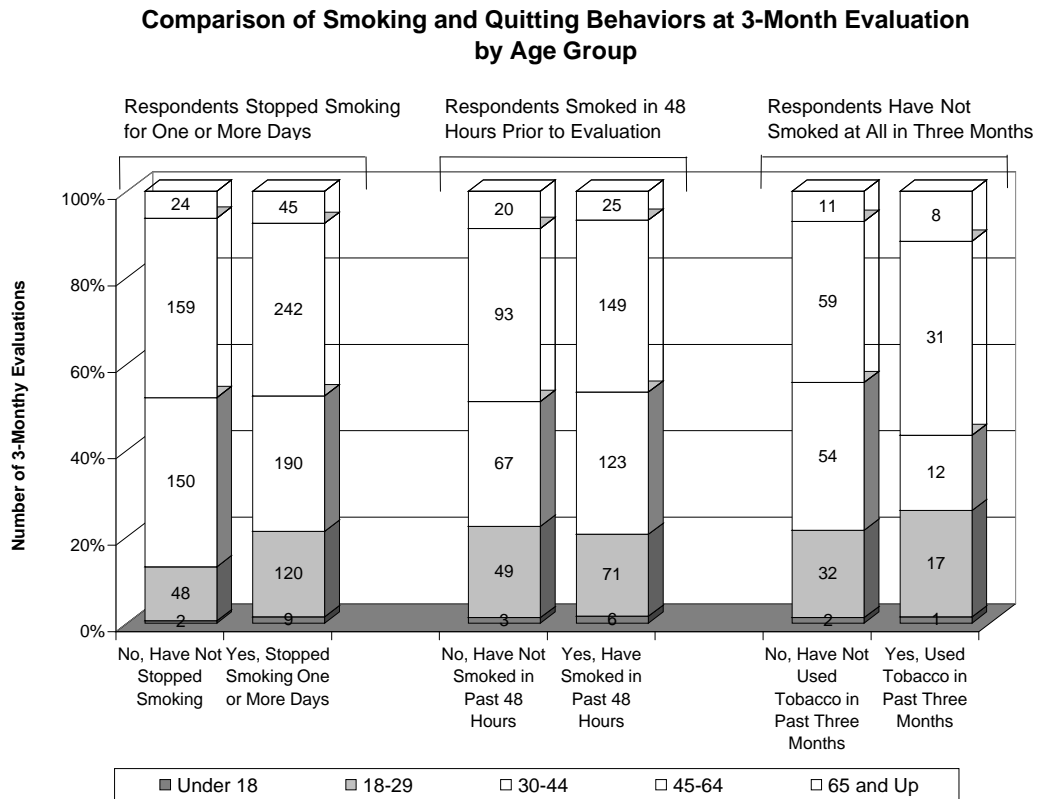
The comparison of the quitting and smoking behaviors of different age groups is a bit more complicated than comparing by gender, and not helped by the generally low numbers. The age breakout of respondents called during the 3-month evaluation is shown in Table 7. In this table the age group percentages of respondents called for an evaluation is fairly close to within a few percentage points as the percentages in which they called the Quitline originally. This indicates a considered approach to the evaluation sampling, which is a good sign. It should be noted, again, that the relatively low sample numbers in some age groups make it difficult to come to any strong conclusions.

Table 7. Breakdown of Age Groups Called at 3-Month Evaluation

During the past 3 months, have you stopped smoking for one day or longer?		
Age Group	Total Respondents	Percent of Respondents
Under 18	11	1.1%
18-29	168	16.9%
30-44	340	34.1%
45-64	401	40.3%
65 and Up	69	6.9%
Missing	7	0.7%
Total	996	100.0%

The respondents' ability to stop smoking one or more days, is similar across all age groups. Figure 41 shows the comparisons between quitting smoking for one or more days, smoking within 48 hours of the evaluation interview and attempts to quit. The 18 to 29 year old age group (N=120) had the largest percentage, with 71.4% of them quitting for one or more days. The 45 to 64 year old age group had 60.3% of its sample (N=242) stop smoking while the 30 to 44 year old age group had 55.9% of its sample (N=190) quit for one or more days. All three show a majority of each age group able to reduce smoking.

Figure 41. Success at Quitting and Smoking Behaviors by Age Group

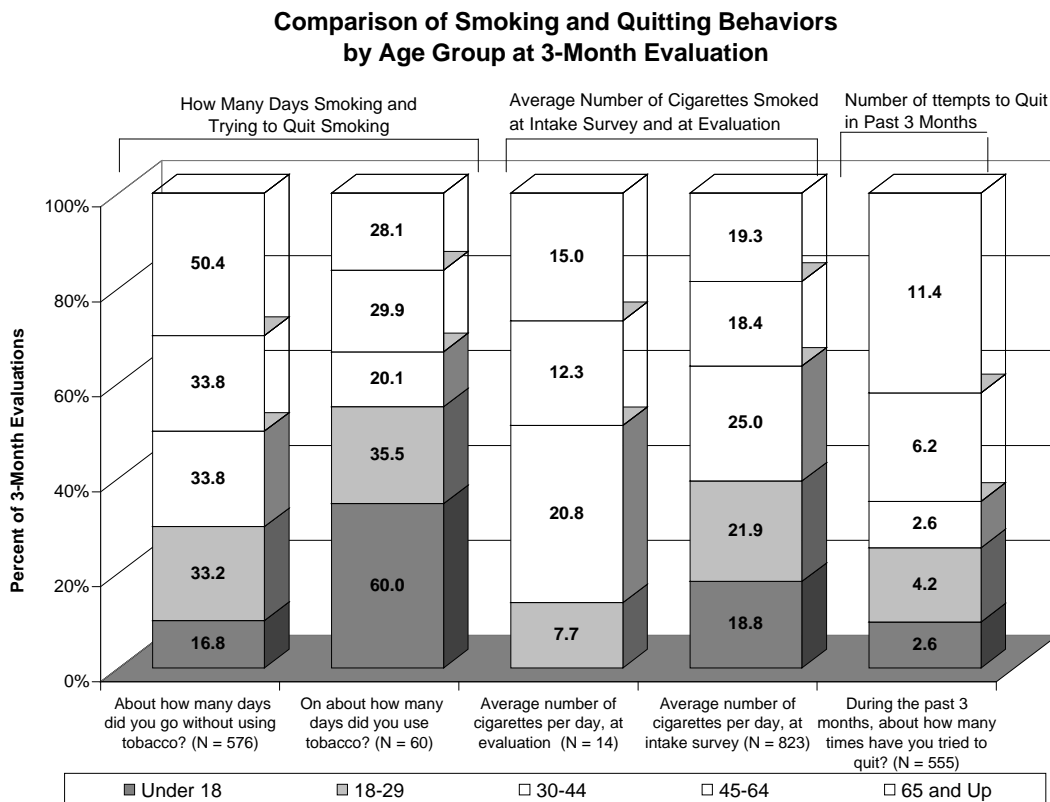


In answering the question whether they had smoked within 48 hours of the evaluation interview, each age group showed a similar proportion of respondents. Between 35% and 40% of the three middle age groups had not smoked within 48 hours of the call. In the final comparison of not smoking at all, there does appear to be a difference in age groups among those who have successfully quit, though sample sizes are very low. The 30 to 44 year old age group had the largest percentage of respondents, at 81.8% not smoking at all. Both of the other age groups came in 15 percentage points lower, both at 65% of their group who had quit smoking. Other than these differences, age does not appear to make much of a difference when it comes to quitting smoking.

When it came to describing efforts to quit smoking, age difference again made little difference, as shown in Figure 42. Each of the middle three age groups were able to go without smoking for about 33 days, more than a month. When it came to days smoking, though, the 30-44 year old age group set the record at 20.1 days, whereas the other two age groups smoked between 29.9 and 35.5 days in the four month period between original call and follow-up

evaluation call. As for the average number of cigarettes smoked, there was a general reduction of between four and six cigarettes per day in all age groups. Finally, the number of attempts to quit ranges from 3 to 6 for all age groups, with the two older age trying to quit more often than the other age groups. In sum, though, there appears to be little difference between age groups when it comes to attempts to quit smoking. Respondents at all ages have made similar efforts and have reduced their tobacco use to similar extents.

Figure 42. Comparison of Smoking Behaviors and Quit Attempts at the 3-Month Evaluation, by Age Group



Race/Ethnicity of Adult Floridians and Smoking Cessation

The sampling of the Quitline population by race/ethnic background was successful in matching the percentages of each race/ethnic group among the callers to the Quitline. A breakdown of the sample is shown in Table 8, where the percentage of Blacks and Hispanics is within a percentage point of the relative proportion at the time of the original call. At 67.4%, only the White group is over-sampled relative to the Quitline population, though the difference might be in the high number of “missing” responses to race/ethnicity. One downside of this evaluation sample is the very small numbers of non-White groups. There are only 74 Black respondents and 51 Hispanic respondents.

When asked if they had quit smoking for one or more days, 66.2% of Blacks answered positively, compared to 61.3% of the Whites and only 51.0% of Hispanics. Of the group that quit for one or more days, 31% of the Blacks and Hispanics had not smoked within 48 hours of the evaluation call, compared to 39% of the Whites. However, the percentage of respondents in each race/ethnic group to quit smoking entirely came to 16% of the entire sample for Whites

and Blacks and 12% for Hispanics. These percentages suggest that race/ethnicity does not play a major role in why a person will quit smoking.

Table 8. Breakdown of Race/Ethnicity of Respondents Called at the 3-Month Evaluation

Race/Ethnic Background of Respondents to the Quitline's 3-Month Follow-up Evaluation			
Race/ethnicity of Respondent	Respondents to Evaluation	Percent at 3-Month Evaluation	Percent at Time of Quitline Call
White	671	67.4%	55.0%
Black	74	7.4%	6.5%
Hispanic	51	5.1%	5.9%
Asian	6	0.6%	0.3%
Native American	13	1.3%	0.9%
Other	30	3.0%	2.6%
No answer	151	15.2%	28.8%
Total	996	100.0%	100.0%

Department of Health Employees and Smoking Cessation

Thirteen Department of Health and County Health employees were called during the 3-month evaluation out of the original 58 who called the Quitline; ten were DOH employees and the other three worked for the county health department. Half of the DOH employees (5) were able to quit one or more days, and all of the county employees. Three of these had not smoked within 48 hours of the evaluation call, and none of them successfully quit smoking.

At-Risk: Pregnant Floridians and Smoking Cessation

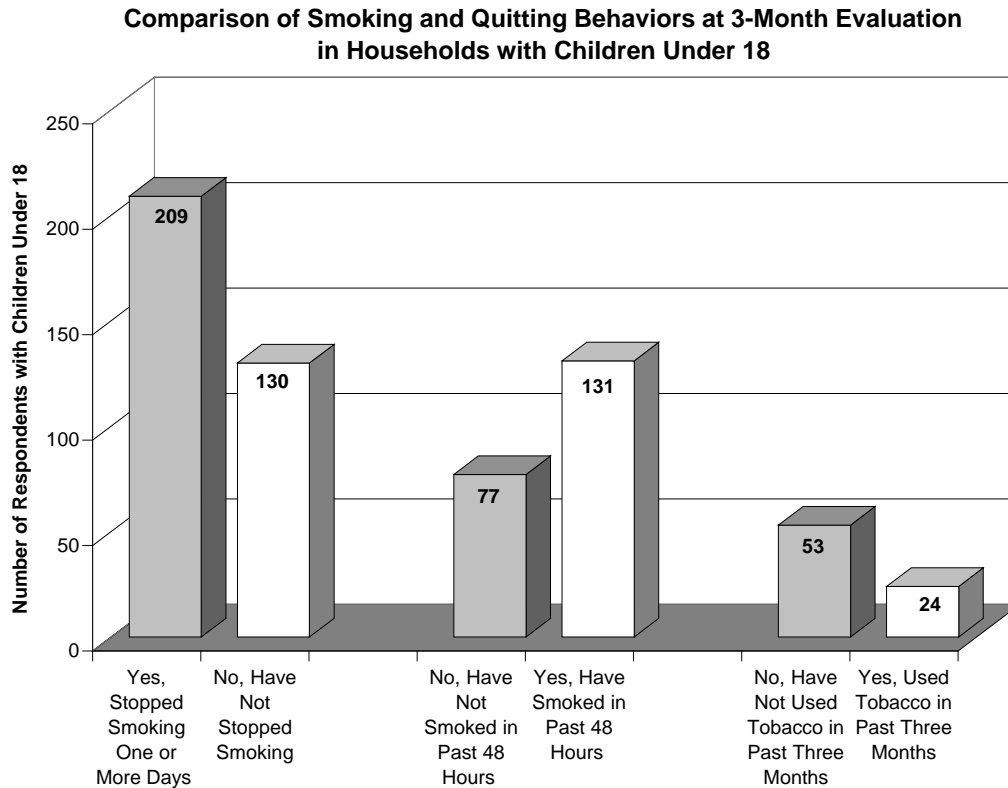
Pregnant smokers are an important at-risk group. In the Quitline intake survey sample there were 54 pregnant women who called in. ACS staff contacted 13 pregnant women in the 3-month evaluation. Twelve of the pregnant women were able to quit smoking one or more days after calling the Quitline, and seven of these had not smoked within 48 hours of the call. These seven successfully quit smoking, too. This is a 54% success rate, which is much higher than with any other group in the sample.

At Risk: Children Under 18 at Risk of Environmental Tobacco Smoke

Another important at-risk group includes children under 18 with an adult smoker in the house. In the sample of calls to the Quitline, 937 households had children under 18, or 26% of all callers. In the 3-month follow-up evaluation, ACS staff contacted 339 households with children under 18, a population that equals 36.2% of the evaluation sample. Of these households, 32 respondents who had answered 'yes' to having children under 18 during their call to the Quitline, answered 'no' when called for the evaluation. While small, this group

represents a percentage of error in the sample that should not exist. Figure 43 shows the success that adults with children under 18 had with quitting smoking before the evaluation.

Figure 43. At-Risk Population of Children Under 18 and Success in Quitting by Adults in Their Household

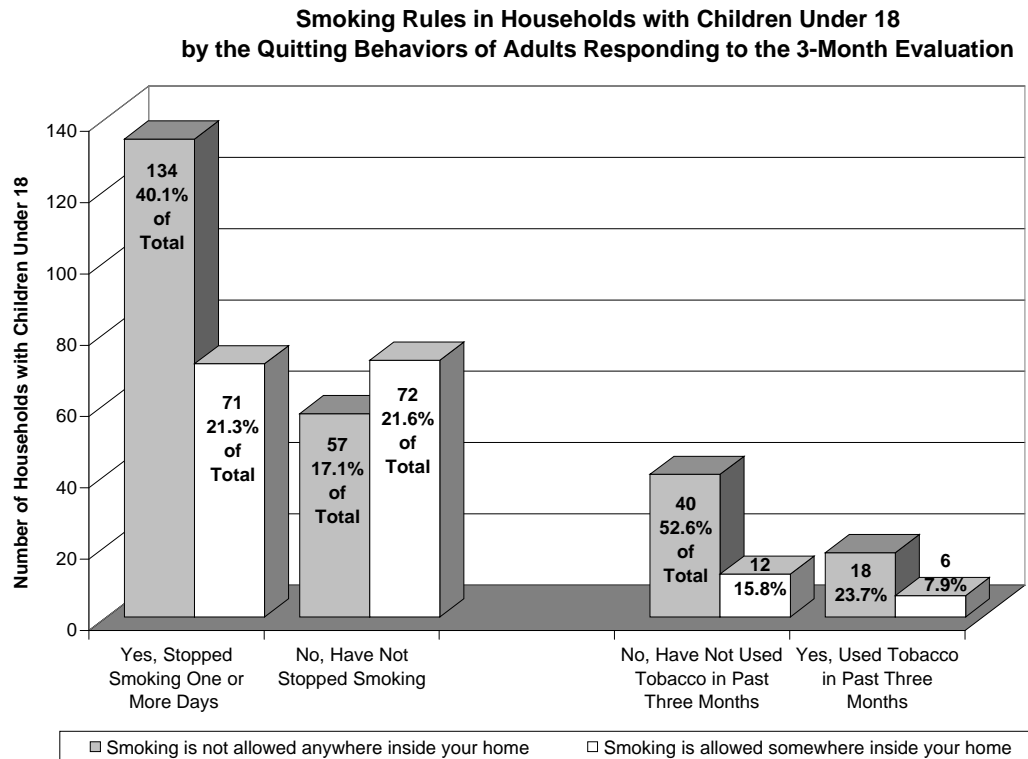


In households with children under 18, 61.7% (209) of the adults stopped smoking for one or more days between their call to the Quitline and the 3-month evaluation. Of these, 77 had not smoked in the past 48 hours before the evaluation call. When asked if they had smoked at all, 53 (15.6% of households with children under 18) answered that they had quit entirely. The percentage of respondents quitting smoking is in line with the percentages already presented among gender and age groups. From this finding one can extrapolate that about 95 children live in families where one adult has quit smoking, thus reducing the risk of second-hand smoke for those children.

Another way to estimate the risk of second-hand smoke is to consider the smoking rules in households with children under 18. Adults who give up smoking reduce the risk of second-hand smoke, as do adults who change the rules of smoking in the house. Unfortunately, the results of the question concerning smoking rules during the 3-month evaluation yielded results that were at variance with the rules recorded during the call the Quitline. For example, 19% (53) of respondents who answered that smoking was not allowed in the house, now allow it somewhere. Another 53% of households that did allow smoking somewhere do not allow it now; of that group 17% allow smoking anywhere. Given the variety of changes between the smoking rules as described during the intake survey and the rules as given during the 3-month evaluation, it is probably best to take the new smoking rules at face value, and try to determine how many children have their risk of second-hand smoke reduced. Figure 44 shows the

smoking rules for respondents who have quit smoking one or more days, and for those who have quit entirely, comparing households that do not allow smoking anywhere and those that do.

Figure 44. Comparison of Smoking Rules in Households with Children Under 18 and Adults Have Tried to Quit



In this chart the majority of respondents (N=205, 61.4%) with children under 18 in the household tried to quit for one or more days, as was the case with other target populations. Of this group, 40.1% (134) do not allow smoking in the house, while 21.7% (71) do allow smoking in the house. In this circumstance, approximately 240 children have a reduced risk of second-hand smoke (based on an average of 1.8 children per family) because smoking is not allowed in the house and at least one adult has taken steps to quit. Another 102 children live in homes in which the parent did not stop smoking, but the household rules do not allow any smoking in the house.

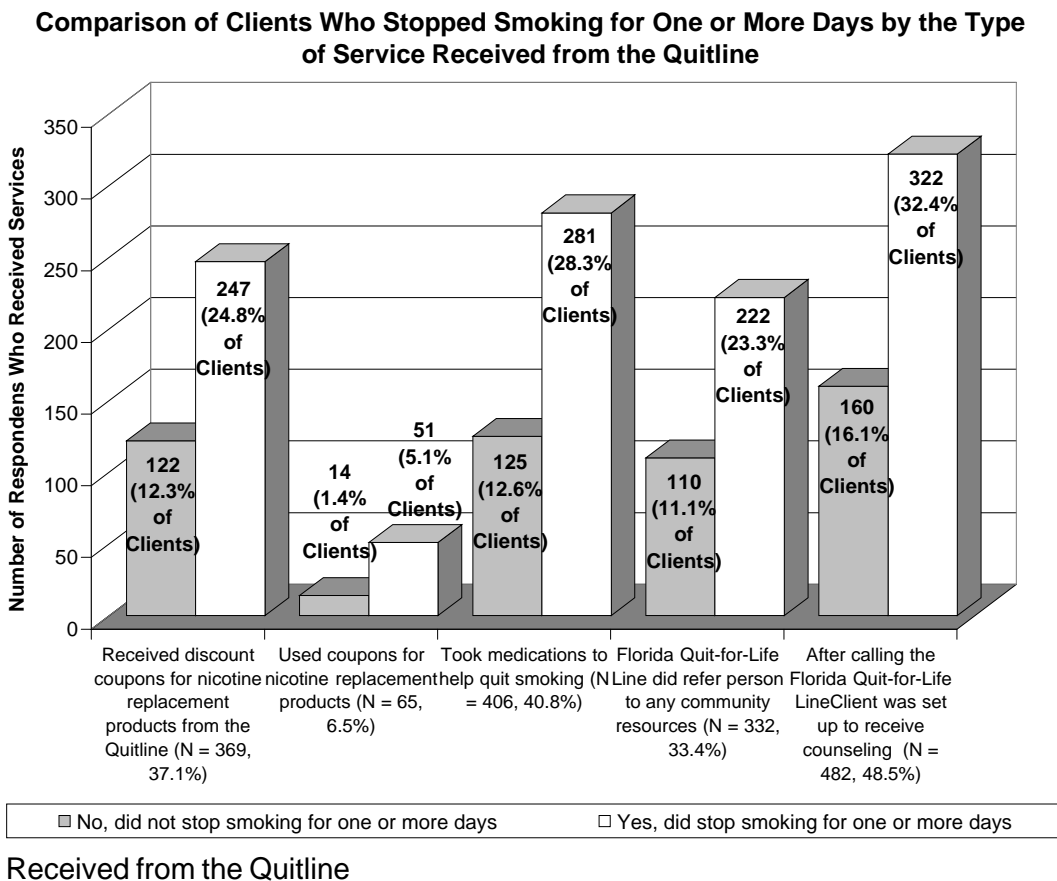
Among the respondents who had not smoked within 48 hours of the evaluation, 68.4% (52) had quit smoking entirely after calling the Quitline. This number equates to 15.5% of all households with children under 18 that have adults who have quit smoking. About half of these households do not allow smoking anywhere in the house; another 15.8% allow smoking in the house, but unless there is another smoker, children should see reduced risk of second-hand smoke here. And even in the households in which adults did not quit smoking, 23.7% do not allow smoking. From these numbers we can estimate that 104 children definitely have a reduced risk of second-hand smoke, and another 54 have a somewhat reduced risk of second-hand smoke.

Services Provided by the Quitline and Success in Smoking Cessation

During the 3-month evaluation, clients were asked about the services they received. The responses provide an interesting perspective on the provision of services by the Quitline staff. Out of all the clients evaluated, 48.5% (482) received appointments for counseling, 37.1% (369) received discount coupons for nicotine replacement coupons and 33.4% (332) received community resource referrals. Only 17.6% of the clients who received coupons (65 out of 369) used them.

When the services provided by the Quitline are compared to the success that clients have in quitting smoking, some interesting associations appear. Figure 45 shows a comparison of those clients who received services from the Quitline with their success in stopping smoking for one day or more. (Clients who did not receive the services are not included in this chart.) The chart shows clearly that the majority of clients who received services, or who used pharmacotherapy services, did stop smoking for one or more days between the original Quitline intake survey and the follow-up call three months later.

Figure 45. Clients Who Stopped Smoking for One or More Days by the Type of Service



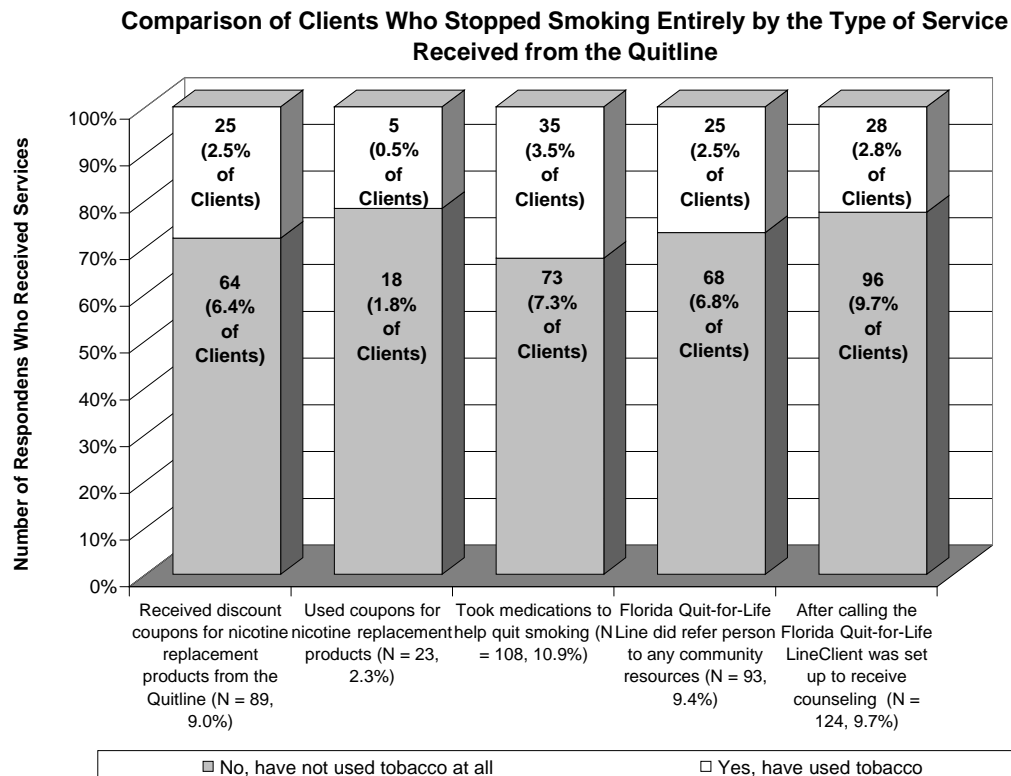
One finding about the Quitline clients who stopped smoking for one or more days is that an equal percentage of them received each Quitline service: 66.9% of the clients who received coupons for nicotine replacement products succeeded in quitting temporarily; 66.9% of clients who received community referrals quit smoking temporarily; and 66.8% of those who received

counseling appointments did, too. Clients who used pharmacological treatment had an equal success. Even though very few of the clients who received coupons used them, 78.5% of those who did use the coupons (51) stopped smoking for one or more days, as did 69.2% of those who took medications (281).

A final finding is that the when each relationship between Quitline Services and smoking reduction is tested using the chi square statistic, several of the relationships are shown to be statistically significant. The relation between quitting smoking for one or more days and the client receiving discount coupons is significant at $p < .003$; and likewise, its relationship to the client receiving a counseling appointment is significant at $p < .008$. In like kind, relationship between clients who took medications to quit smoking and their temporary cessation was statistically significant at $p < .000$. Each of these significant relationships points to the success of the Quitline services in helping Florida residents reduce the number of cigarettes they smoke.

The number of people who actually quit smoking is much smaller in number than those who merely stopped temporarily. However, Quitline services also play an important role in helping clients quit, as shown in Figure 46. In this chart, it is clear that between 60% and 70% of all clients who received Quitline services and were asked if they had used tobacco at all during the 3-month evaluation indicated that they had not smoked in that time. This suggests an important relationship between Quitline services and clients quitting smoking. When tested statistically, however, only one Quitline service had a statistically significant finding, but that one is very important. The relationship between clients who received counseling and who quit smoking is $p < .000$. This finding means that there is an important relationship between counseling and smoking cessation, and that Quitline counseling plays an important role in clients quitting smoking.

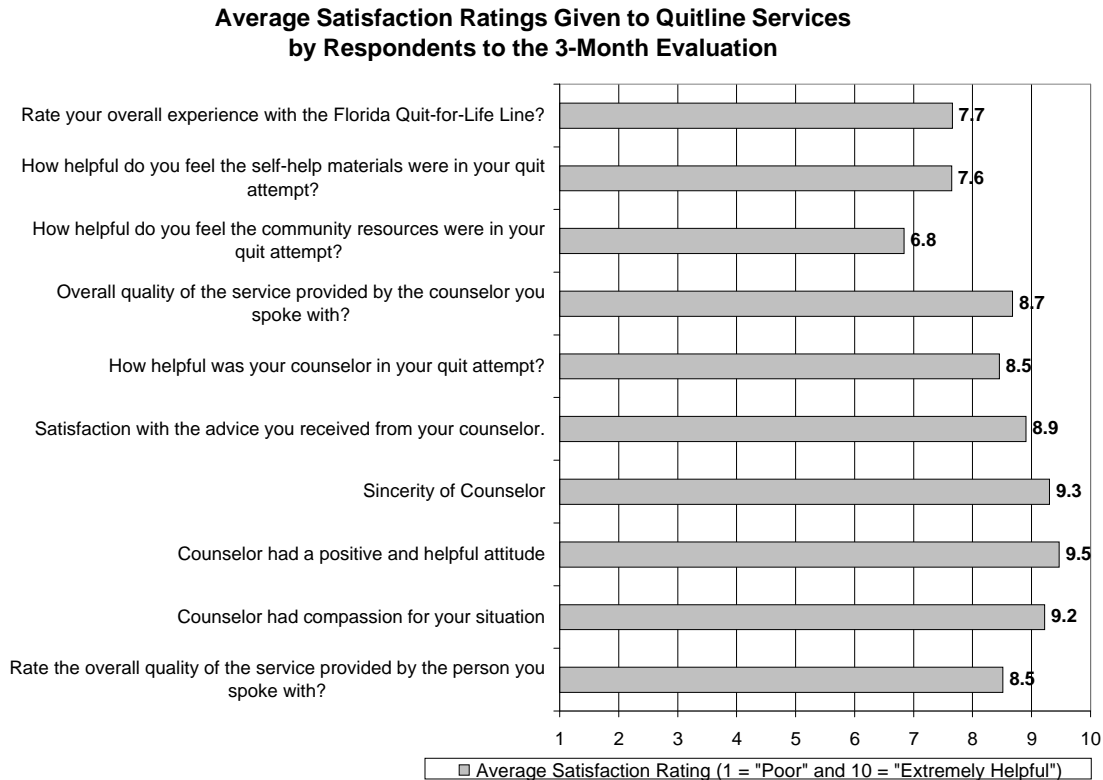
Figure 46. Clients Who Stopped Smoking by the Type of Service Received from the Quitline



Satisfaction with the Quitline

At the end of the 3-month evaluation survey, respondents were asked a battery of satisfaction questions, asking them to indicate their satisfaction with the Florida Quitline. They were also asked if they would use the Quitline again, and whether they would recommend it to others. Figure 47 shows the average satisfaction rating given to the Quitline by respondents. The satisfaction questions asked the respondents to assess Quitline services by rating them a 1 for “poor” service and 10 for “extremely helpful” service.

Figure 47. Responses to Quitline Satisfaction Questions



The satisfaction section of the 3-month evaluation survey ask 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 could rate the quality of service of the Quitline, as exemplified by its staff on the telephones.

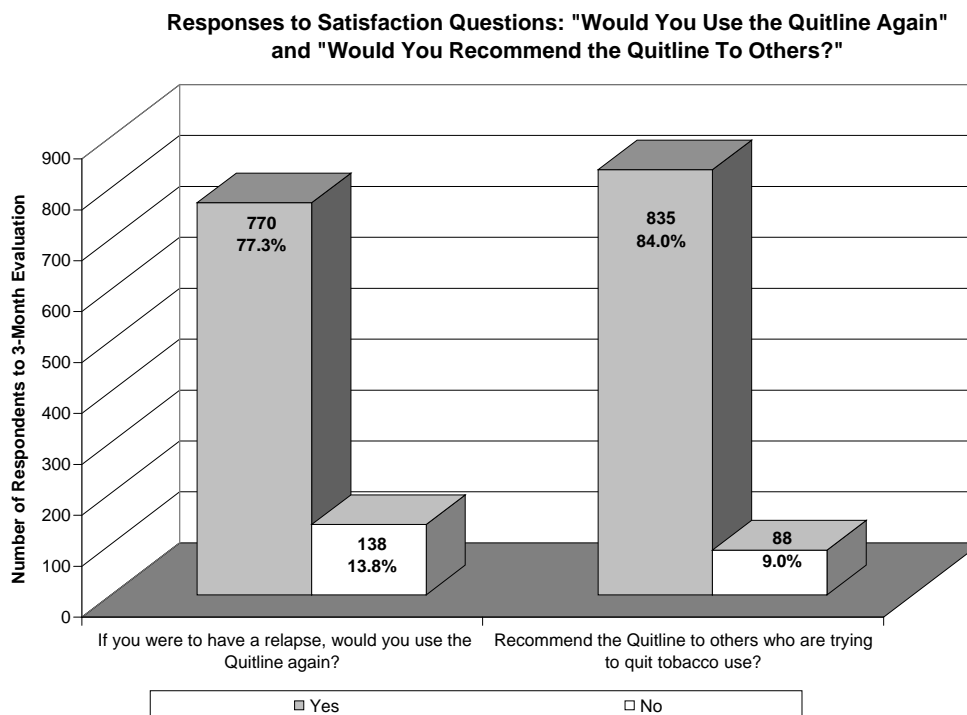
With a 10 point range between the worst and the best rating, the mid-point tends to be a neutral point, with the positive or negative response gaining in intensity as one goes further toward one or ten from that midpoint. In Figure 48 the smallest average estimate is 6.8 for the “helpfulness of community resources.” The highest rating is given to “counselor has a positive and helpful attitude” with a 9.5 rating. This high rating is followed by several others such as 9.3 for “sincerity of counselor” to an 8.5 rating on the counselor’s helpfulness. All of these are in the upper range of positive estimates of the counselor and Quitline services. The ratings of the Quitline services in general are somewhat lower, with a 7.7 rating for “overall experience with the Florida Quit-for-Life Line” and an 8.5 rating for the “overall quality of service provided by the

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person you spoke with.” As an overall estimate of the Quitline services, a 7.7 is still in the “good” range, in part because those services included some that were outside of the Quitline’s control, such as self-help materials and community services. All told, the respondents were satisfied with the Quitline services.

A final set of questions asks the respondents whether they would use the Quitline services again, or would recommend them to a friend. The results are shown in Figure 46, which compares the ‘yes’ and ‘no’ answers to both of the questions posed.

Figure 48. Whether Respondent’s to the 3-Month Evaluation Use the Quitline Again or Recommend It to Their Friends



In response to the question “would you use the Quitline again,” 77.3% of the respondents answered positively. When asked if they would “recommend the Quitline to others” the respondent’s answered even more positively, with 84% voting ‘yes.’ Both of these questions were answered by about 900 people responding to the evaluation. The interpretation is an endorsement of the quality and helpfulness of the Florida Quitline.